

Minnesota Health Insurance Exchange

Presentation to Outreach, Communications and Marketing
Work Group
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What is an Exchange?

online marketplace where Minnesotans can find, compare, choose, and purchase health care coverage that best fits their personal and family needs

The image shows two overlapping screenshots of the Minnesota Health & Human Services Exchange Prototype website. The top screenshot displays the main navigation bar with links for Home, How to Use, Request Exemption, Health Insurers, and About the Exchange. Below the navigation is a large banner with a family photo and the text: "Welcome to the Health Insurance Exchange. Use this site to shop for and compare health plans from our major health in...". A sidebar on the right contains a "What would you like to do?" section with a "GET STARTED" button, and a "Login to an existing account" section with fields for "User ID:" and "Password:" and a "LOGIN" button. The bottom screenshot shows the "Minnesota Exchange Prototype" header with a "START HERE" link. The main content area includes a "Welcome to the Minnesota Exchange Prototype" section with a family photo and a "Login" button. Below this are three columns of information: "How this Site Works" (with a "View a Demo" button), "What is Health Care Reform?" (with a "Health Care Reform Act Explained" link), and "Quality Assured Health Care Providers" (with a "View list of qualified providers" link). At the bottom, there is a "How will the Health Reform Act affect my household?" calculator with input fields for "Adults", "Children", and "Annual income", and a "Check" button.

Why an Exchange?

Provision within the federal
Affordable Care Act (ACA)
enacted in March 2010



Why an Exchange?

More Choice

Consumer has many plans to pick from and can pick the one that best fits their needs

Lower Costs for Consumer

Multiple plans in one place means greater market incentives for competition on quality & cost

Simple One-Stop Shop

Makes it easier to search, select and enroll, plus greater mobility and portability

Quality Ratings

Consumer can find transparent comparison information on the plans and health providers

Why an Exchange?

**Imperfect
Information**

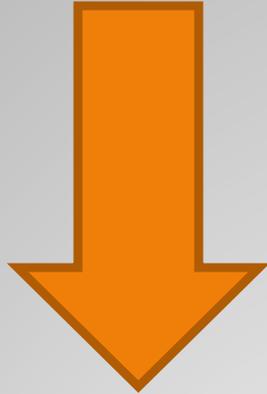
**Lack of
Consumer
Engagement**

**Barriers to
Health Care
Market
Competition**

**Lack of Mobility
and Portability**

Too Few Sellers

Why an Exchange?



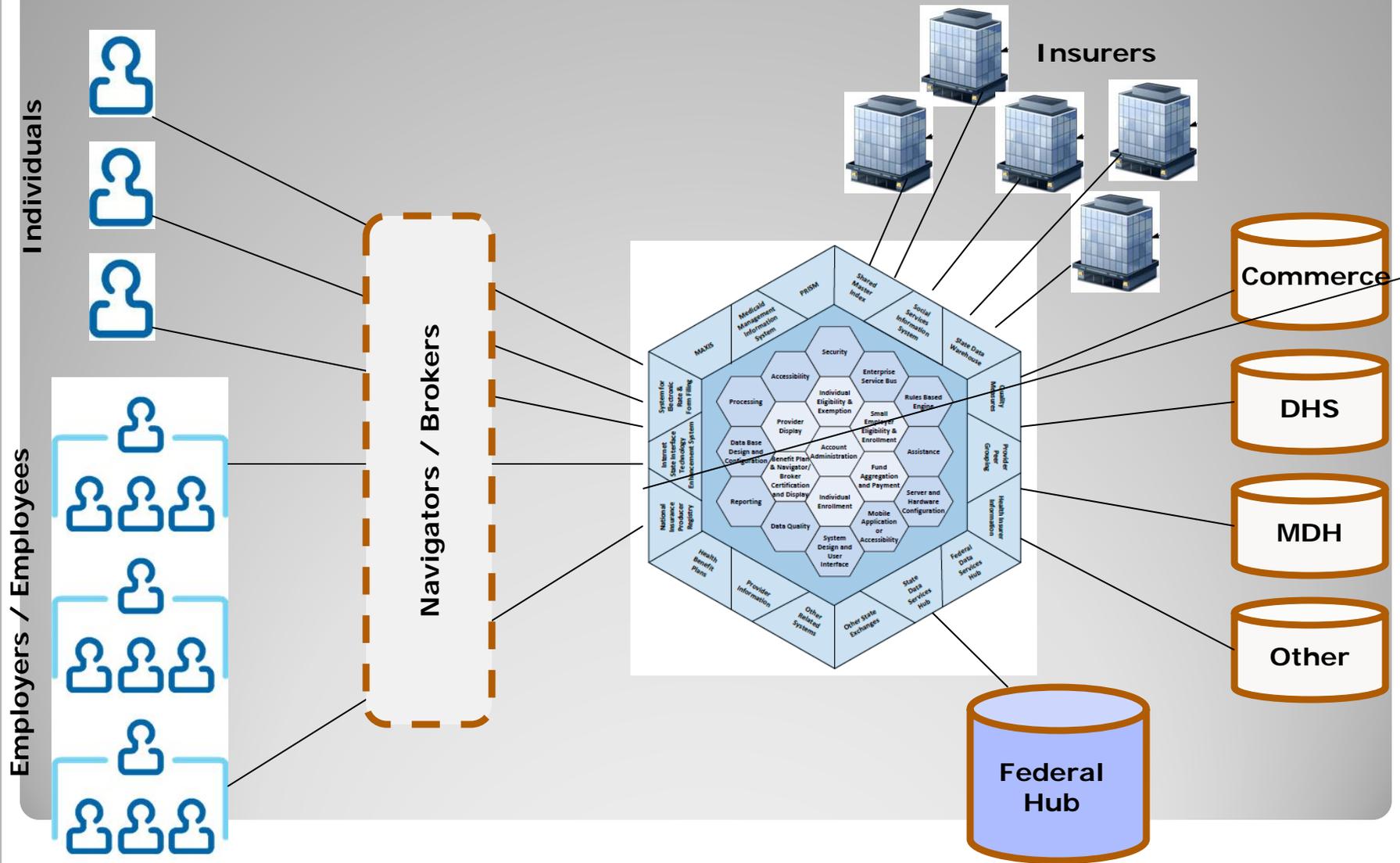
Better Access



Better Care



How will an Exchange Work?



Exchange Opportunities

Advance the Triple Aim

- Potential incentives for health improvement
- Simple one-stop shop
- Streamline access to public and private coverage
- Financial assistance for individuals and small businesses
- Aggregate contributions for one health plan

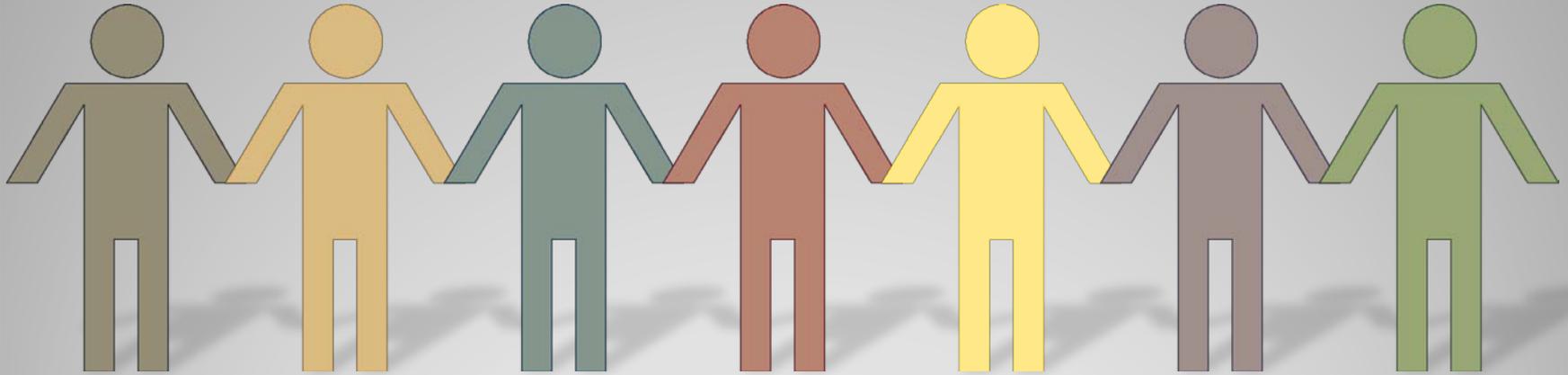


Exchange Opportunities

Enhance Market Competition

- Transparent “apples to apples” comparison information
- Foster market competition on value and affordability
- Engage consumers in well-informed decision making
- Choice, mobility, and portability
- Reduce barriers to entry for newer and smaller insurers

Projected Audience



**Individual
Consumers**

**Small Business
Owner**

**Medical Assistance
Enrollee**

Timeline



Planning – Key Issues

- Type of governance
- Technical infrastructure
- Interfacing Exchange functions with existing state/federal systems or processes
- Size of the small group market
- Health plan offerings
- Setting up an assistor/navigator system
- How to fund ongoing operations
- Market competition and value
 - Competition within vs against the Exchange
 - Adverse selection
 - Cost, quality, satisfaction data to incent competition on value

Planning – Advisory Task Force

Task

Advises the Commissioner of Commerce on the design and development of a Minnesota Health Insurance Exchange

Composition

15 members appointed by Commissioner to represent a balance of interests, including consumers, employers, labor, health care providers, health insurers, Medicaid, agents and those with experience navigating health plan enrollment, and experts in public and private health care markets and public health improvement

Planning – Advisory Task Force

Members

Commissioner Mike Rothman, Minnesota Department of Commerce (ex-officio/CHAIR)
Commissioner Ed Ehlinger, Minnesota Department of Health (ex-officio)
Commissioner Lucinda Jesson, Minnesota Department of Human Services (ex-officio)
Sue Abderholden, Executive Director of the Minnesota Alliance on Mental Illness (St. Paul)
Representative Joe Atkins, District 39B, Minnesota House of Representatives
Alfred Babington Johnson, CEO, Stair Step Foundation (Minneapolis)
Dannette Coleman, Vice President/General Manager, Individual and Family Business, Medica (Minnetonka)
Phillip Cryan, Health Policy Specialist and Organizing Director, SEIU (St. Paul)
Mary Foarde, Attorney, Fmr. General Counsel, Allina (Minneapolis)
Dorii Gbolo - CEO/Executive Director, Board Member, Open Cities Health Center (St. Paul)
Robert Hanlon, Founder and President of Corporate Health Systems (Chaska)
Representative Tom Huntley, District 7A, Minnesota House of Representatives
Roger Kathol, Owner, Cartesian Solutions, Inc. (Burnsville)
Senator Tony Lourey, District 8, Minnesota State Senate
Phil Norrgard, Director of Human Services, Fond du Lac Indian Tribe (Cloquet)
Stephanie Radtke Deputy Director, Community Services Division, Dakota County (West St. Paul)
Senator Ann Rest, District 45, Minnesota State Senate
Daniel Schmidt, Vice President, Great River Office Products (St. Paul)

Planning – Technical Work Groups

Develop, discuss, and provide technical assistance on options directly to the Commerce Commissioner and indirectly to the Health Insurance Exchange Advisory Task Force

Governance	Finance	Adverse Selection	Navigators
<i>Focus:</i> potential options for the long-term governance of a Minnesota Health Insurance Exchange	<i>Focus:</i> options related to the on-going financing of a Minnesota Health Insurance Exchange	<i>Focus:</i> options to avoid adverse selection between the Exchange and the outside market, and provide options for incentives for encouraging market competition and value.	<i>Focus:</i> options for navigators and agents/brokers to assist individuals and small employers and employees seeking coverage through a Minnesota Health Insurance Exchange
<i>Member Composition:</i> health care law experts, and state agency and legislative staff	<i>Member Composition:</i> consumer, small employer, health insurer, navigator, agent/broker, provider, and county representatives as well as state agency and legislative staff and market experts	<i>Member Composition:</i> consumer, large and small employer, health insurer, navigator, agent/broker, and provider representatives as well as agency and legislative staff and market experts	<i>Member Composition:</i> consumer, small employer, health insurer, navigator, agent/broker, provider, county, and tribal representatives as well as state agency and legislative staff

Planning – Technical Work Groups

	<i>Focus</i>	<i>Member Composition</i>
Individual Eligibility	options for criteria, functions, processes, and assistance to support streamlined individual eligibility determinations for public and private coverage	consumer, health insurer, navigator, agent/broker, provider, county, and tribal representatives as well as state agency and legislative staff
Small Employers and Employees	options for coverage choices, services, processes, and assistance for small employers and employees	small employer and employee, health insurer, and navigator/broker representatives as well as agency staff, health care market experts, legal experts, and human resources experts
Measurement and Reporting	options for the reporting of cost, quality and satisfaction for health insurers, benefit plans, and providers	consumer, small and large employer, health insurer, and provider (physician clinics and hospitals) representatives as well as agency staff and measurement and reporting experts

Planning – Technical Work Groups

	<i>Focus</i>	<i>Member Composition</i>
IT and Operations	address multiple technology and operational issues for the development of a Minnesota Health Insurance Exchange	consumer, small and large employer, health insurer, navigator, agent/broker, provider, county, and tribal representatives as well as state agency staff
Outreach, Communications and Marketing	options related to outreach, marketing, and communication for a Minnesota Health Insurance Exchange	consumer, small and large employer, health insurer, navigator, agent/broker, provider, and tribal representatives as well as agency staff and other experts
Tribal Consultation	address issues for American Indians in the design and development of a Minnesota Health Insurance Exchange	Tribal and state agency representatives

What's Been Done to Date

Federal Grant of \$1 M
February 2011

Federal Grant of \$4.2 M
August 2011

Federal Grant of \$23 M
February 2012



Purpose

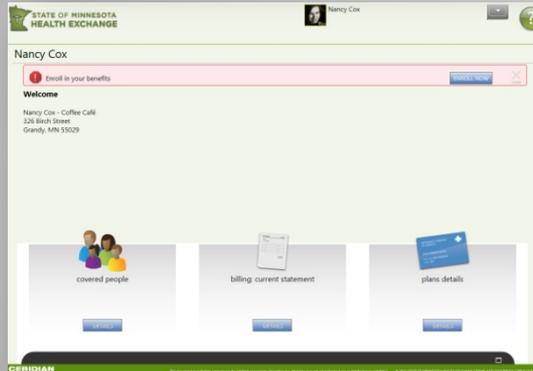
- Analyze the impact of Exchange requirements and options
- Estimate the level of upfront and ongoing funding for implementation and operation
- Determine whether to establish an Exchange or defer to federal government
- Develop a work plan and budget for federal implementation funds if the state decides to establish an Exchange

Components

- Background Research
- Program Integration
- Governance
- Technical Infrastructure
- Legal and Regulatory
- Stakeholder Engagement
- Resources and Capabilities
- Financing
- Business Operations

What's Been Done to Date

Technical Infrastructure



- Visual presentation and back-end support for an online marketplace
 - Need innovative, flexible designs that can accommodate any policy decision
- Consulted with numerous stakeholder groups
- Two-stage “proof of concept” RFP
 - Sample modules for 7 web components
 - Solicited public feedback by posting samples online and gathering comments via survey

What's Been Done to Date

Advisory Task Force Recommendations

Voted on January 18 and presented to Governor Dayton

Adverse Selection

Recommendations to ensure a well-functioning market that provides a level playing field and encourages greater market competition on value

Governance

Recommendations to ensure a sustainable governance structure that is responsive and accountable

Finance

Recommendations to ensure fair and equitable long-term financing starting in 2015

Navigators & Brokers

Recommendations to ensure all consumers and businesses served by a Minnesota-made exchange will get the assistance they need and want

Health Disparities

ACA
"No Wrong Door"
model



Health Disparities

Outreach Recommendations

- Multi-pronged campaign aimed at broadest population
- Targeted outreach to hard-to-insure populations
- Thorough review to develop strategies for insured and uninsured populations
- Engage organizations with culturally-specific expertise
- Develop in tandem with the Navigator program
- Measurements/standards for assessing outreach to target populations
- Partner with community organizations having strong existing relationships with target populations
- Transparent marketing standards for benefits, drug formularies, etc.
- Multi-lingual web sites and written materials

Outreach Work Group

develop, discuss, and provide technical assistance on options to the Commerce Commissioner and to the Health Insurance Exchange Advisory Task Force



Outreach Work Group

ACA Requirements

- Perform market analysis/environmental scan to assess outreach/education needs to determine geographic and demographic-based target areas and vulnerable populations for outreach efforts.
- Develop outreach and education plan to include key milestones and contracting strategy.
- Distribute outreach and education plan to stakeholders and HHS for input and refinement.
- Develop a “toolkit” for outreach to include educational materials and information.
- Develop performance metrics and evaluation plan.
- Design a media strategy and other information dissemination tools.
- Submit final outreach and education plan (to include performance metrics and evaluation plan) to HHS.
- Focus test materials with key stakeholders and consumers and make refinements based on input.
- Launch outreach and education strategy and continue to refine messaging based on response and feedback from consumers.

Outreach Work Group

90% of MN knows who we are by
Summer 2013

Make the Exchange
the 1st stop for every
MN buying health
insurance

Exchange self-
sufficiency

Outreach Work Group

Objectives

Comply with ACA Requirements

Help Achieve Outreach Goals

- What are we missing? Are we headed in the right direction?
- 1st place to test marketing concepts, materials, etc.

Outreach Work Group - Milestones

Infrastructure (staff resources, support systems) – 2012

Develop Minnesota specific market research – May 2012

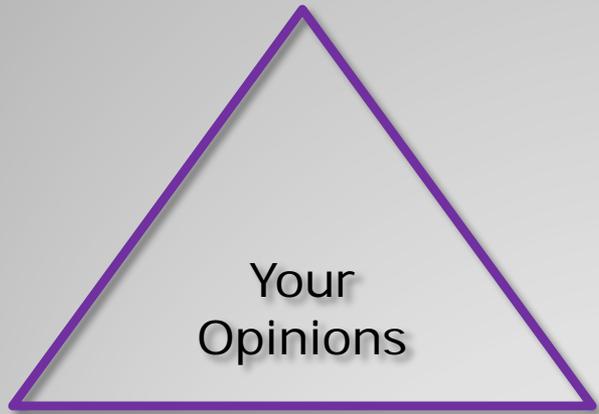
Develop marketing and communication strategy for Minnesota Exchange based on Minnesota specific market research findings

Launch marketing and outreach campaign – Intro, July 2012; Full-scale, January 2013

Outreach Work Group

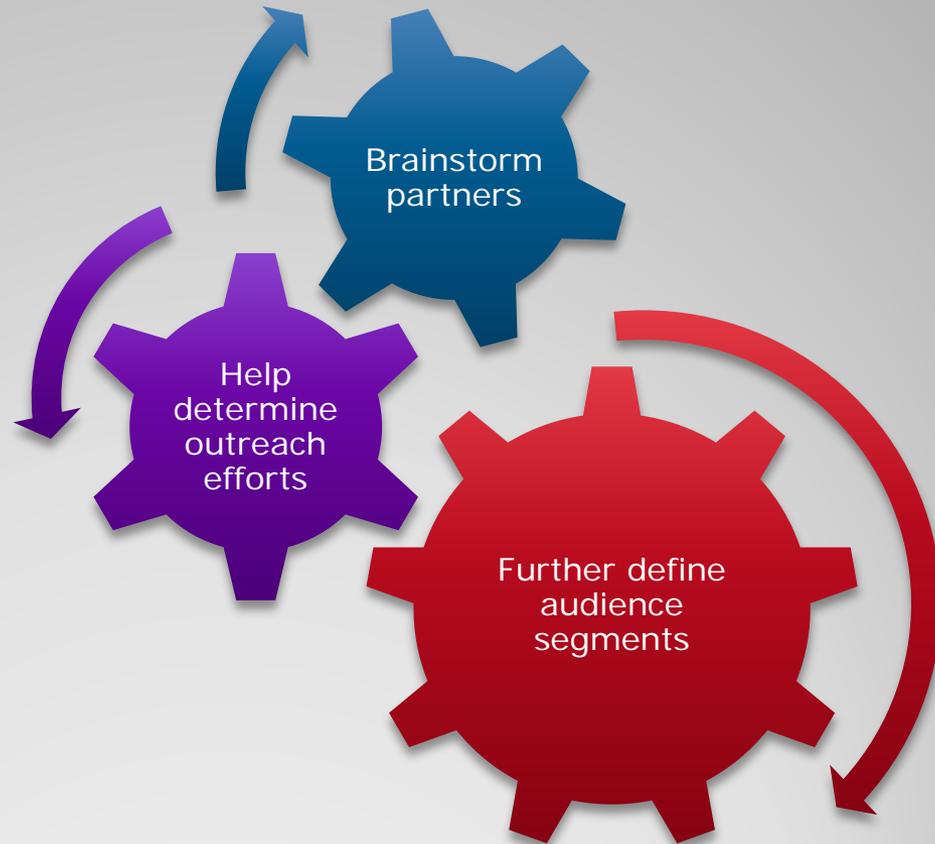


Outreach Work Group - Expectations



Outreach Work Group – Where We're At

Outreach Work Group – Next Steps



Questions?

Minnesota Health Insurance Exchange

<http://mn.gov/commerce/insurance/topics/medical/exchange/>



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