

Minnesota Health Insurance Exchange

Presentation to Minneapolis Urban League
Wednesday, July 11, 2012

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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" and "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, a "Login to an existing account" section with fields for User ID and Password, and a "Forgot Your Password" link. 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 several informational sections: "How this Site Works", "What is Health Care Reform?", "Quality Assured Health Care Providers", and "How will the Health Reform Act affect my household?". The "How will the Health Reform Act affect my household?" section includes a calculator with dropdown menus for "Adults" and "Children", a text input for "What is the annual income of your household?", and a "Check" button.

Why an Exchange?

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



Supreme Court Decision



We are pleased with the outcome – it allows Minnesota to remain dedicated to developing a Minnesota-made health insurance exchange.

Moving forward on a Minnesota-made exchange has been a high priority for Governor Dayton, this administration, and the Department of Commerce.

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**

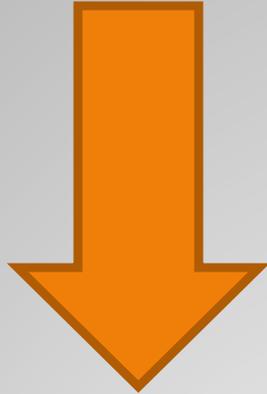
**Lack of
Consumer
Engagement**

**Barriers to
Health Care
Market
Competition**

**Lack of Mobility
and Portability**

Too Few Sellers

Why an Exchange?



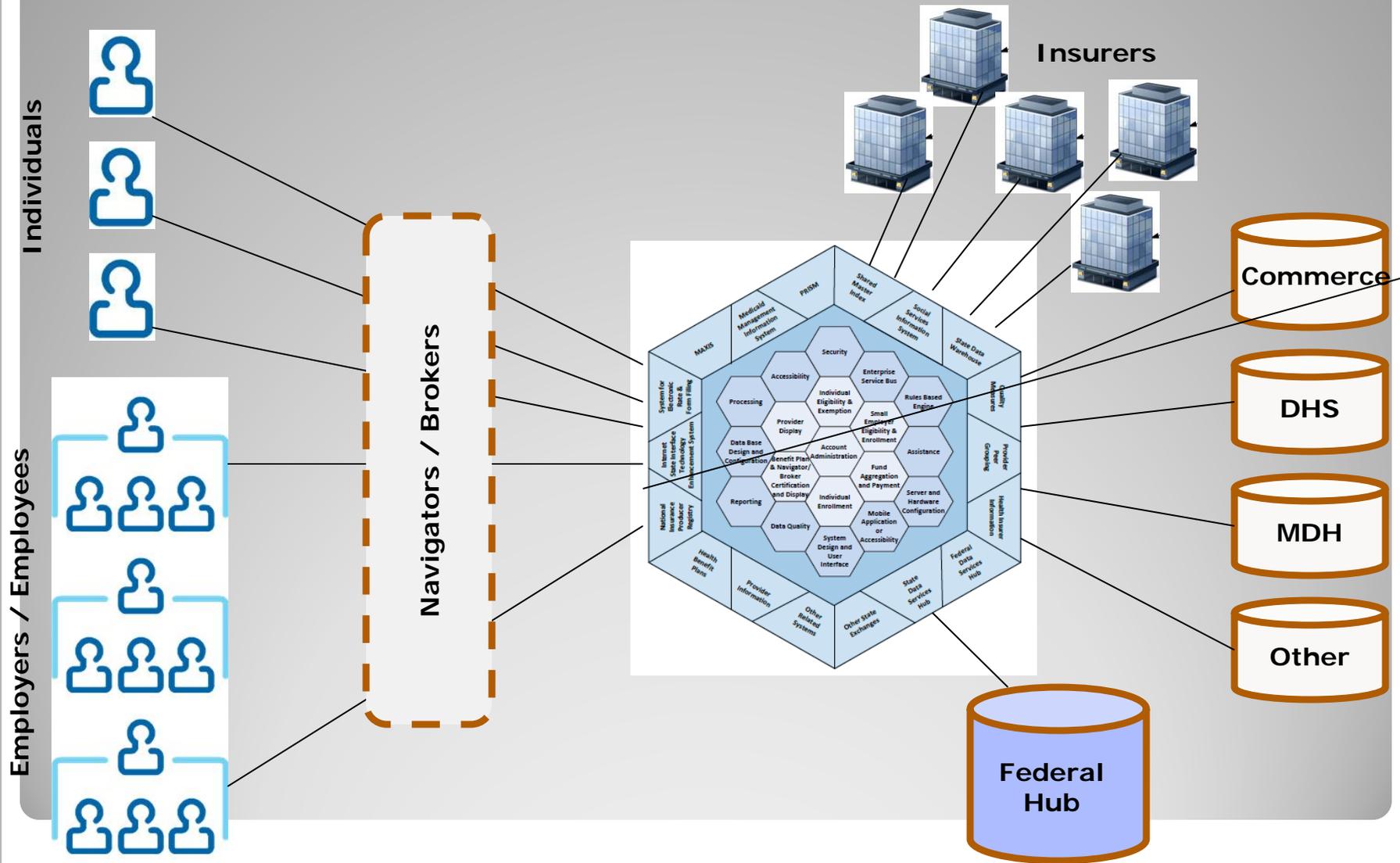
Better Access



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

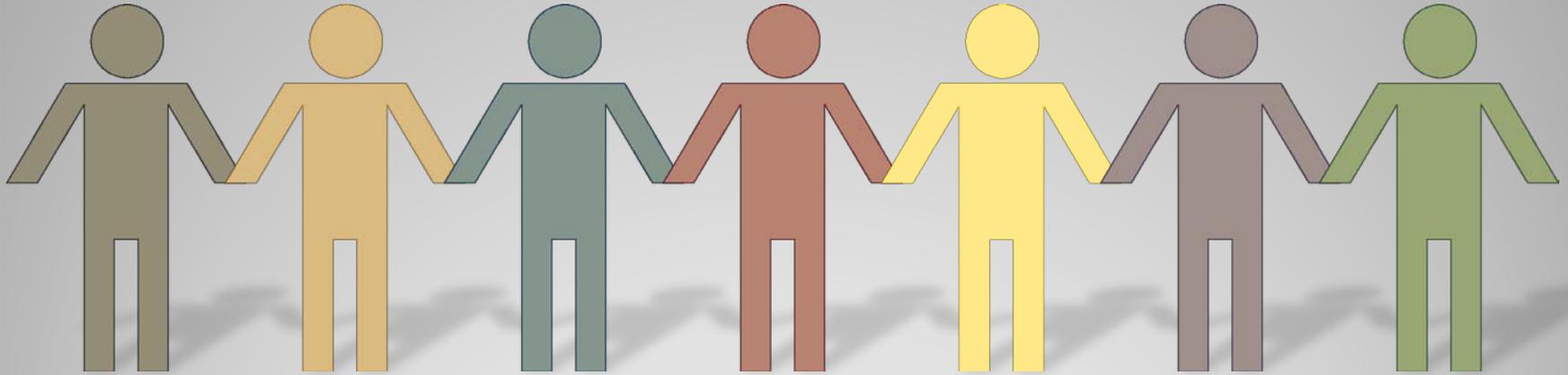


Exchange Opportunities

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

2011/2012
Design &
Development

January 1, 2013
Certification

Fall 2013
Enrollment

**January 1,
2014**
Launch

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

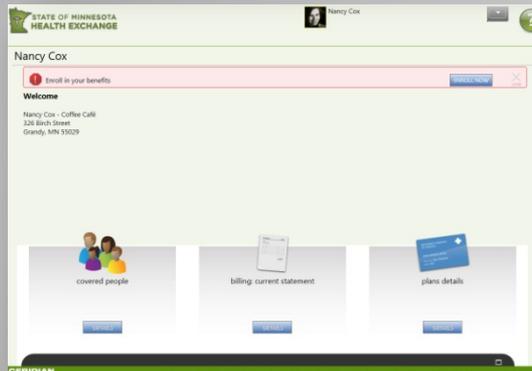
- Analyze the impact of Exchange requirements and options
- Estimate the level of upfront and ongoing funding for implementation and operation
- Determine whether to establish an Exchange or defer to federal government
- Develop a work plan and budget for federal implementation funds if the state decides 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
 - Consulted with numerous stakeholder groups
- In contract negotiations with IT vendor

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

Milestones

February
2011

- Minnesota receives a \$1 million planning grant from the federal government to fund the initial stages of planning a health insurance exchange.

June
2011

- A Request for Proposals was issued for prototypes to evaluate technical options and costs for an Exchange. The RFP is a two-stage “proof of concept” approach.

August
2011

- Minnesota receives a \$4.2 million grant to advance planning to the design and development stage.

September
2011

- A Health Exchange Advisory Task Force is assembled to advise on the design and development of a Minnesota-made health insurance exchange. The members 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.

October
2011

- Governor Mark Dayton signed Executive Order 11-30 to design and develop a Minnesota-Made Insurance Exchange. The Exchange is currently being developed by the Minnesota Department of Commerce in coordination with the Minnesota Department of Human Services and the Minnesota Department of Health, with assistance from the Minnesota Health Insurance Exchange Advisory Task Force.

Milestones

October
2011

- Stage II vendors for the IT RFP are selected and awarded stipends to create prototypes and detailed cost, work plan and timeline proposals.

November
2011

- Technical Work Groups are formed to develop, discuss, and provide technical assistance on options to the Commerce Commissioner and the Health Insurance Exchange Advisory Task Force. The four initial groups are: Governance; Finance; Adverse Selection and Encouraging Market Competition/Value; and Navigators and Agents/Brokers.

December
2011

- Sample modules from vendors seeking to build the IT infrastructure for the Exchange are made available to the public. Feedback is documented and used in the evaluation assessment of the vendor's proposal.

January
2012

- The Advisory Task Force votes for recommendations that should be the basis for the development of a Minnesota-made health insurance exchange.

February
2012

- Minnesota receives a \$23 million grant for the design and development of the Exchange.

Milestones

February
2012

- Additional Technical Work Groups are initiated. They are: Individual Eligibility; Measurement and Reporting; Outreach, Communications and Marketing; and Small Employers and Employees.

May
2012

- Minnesota meets with the U.S. Department of Health and Human Services for a design review to assess progress on IT and operational functions of an exchange.

January
2013

- Deadline for Minnesota to achieve certification on the design and development of a Minnesota-made exchange, or a federal health insurance exchange will be imposed.

October
2013

- Consumer and small employer enrollment in the Exchange scheduled to begin.

January
2014

- The Minnesota Health Insurance Exchange launches.

Health Disparities

ACA
"No Wrong Door"
model



Questions?

Minnesota Health Insurance Exchange

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



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