



Market Development Work Group

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Purpose of Market Development Work Group

- Thoughtfully address the broad objectives in the enabling statute
 - An outgrowth of Active Purchaser
 - Desire to cooperate vs. mandate
- Learn what tangible actions will improve the marketplace for consumers and the MNsure assister community
- Understand the needs of our business partners
 - Provide actionable direction for staff to improve 2016 open enrollment
 - Address market recommendations from the recent Office of the Legislative Auditor report

Goals

- Build upon the support of the various constituencies that want to see MNsure succeed
- Define the goals beyond the current essential IT goals
- Consider the strategy, tools available and appropriate timing to achieve the goals
- Prioritize the information into actions possible in 2015-16 and into longer-term goals

Results

- Fantastic response
 - Two dozen meetings
 - Nearly 100 individuals
 - Every meeting produced tangible, actionable ideas
- Concepts were organized into actionable categories, taking into consideration:
 - Time frame
 - IT burden
 - Which consumers would benefit
 - Excluding items already in the work plan

Process

- A series of conversational meetings over 3 months
- Dozens of invitations to groups and individuals representing perspectives and experiences significant to MNsure
- Discussion was forward-looking and based on the assumption of a stable, functioning IT system
- Participants included:
 - health care providers
 - business groups
 - insurers
 - health and wellness programs
 - decision support businesses
 - startups
 - navigators
 - brokers
 - policy experts
 - counties
 - and more

Categories

- Plan design suggestions
- Consumer education and information
- Plan comparison and shopping tools
- Additional product offerings
- Innovation
- Other

Recommendations

- Generated an extensive list of ideas to serve as a resource for the next 2-3 years
- A majority of participants emphasized three areas:
 - Make the enrollment process and workflow transparent to the public and our partners
 - Enrich the consumer experience including options for decision support tools
 - Call for innovative product designs

Recommendations

| Topic | Tactic/Motion | IT impact | Staff impact | Third-party impact | Segment |
|---|--|-----------|--------------|--------------------|-----------------|
| Enrollment Process Transparency | Direct MNsure staff to display application workflow and handoffs to various parties (DHS, counties, MNsure) as a reference tool | None | Moderate | Minimal | Public Programs |
| Consumer Experience & Comparison Tools | Direct MNsure staff to incorporate existing third-party plan comparison tools | Minimal | Moderate | Significant | QHP |
| Innovative Product Design | Prepare a letter to the carriers outlining a request for innovative products to address specific circumstances and include guidance based on the work group research | None | Minimal | Significant | QHP |

Enrollment Process Transparency

- Identify expertise within MNsure familiar with the complete workflow process
- Publish workflow processes: both simple and complex
- Engage business experts and community leaders to advise on process improvement

Consumer Experience & Comparison Tools

- Choose options that link with an external vendor
- Minimize demand on MNsure IT system
- Maximize value offered to consumers
- Potential application for public program consumers as they make their choices
- Create application protocol interface (API) to allow all third parties to offer their tools

Innovative Product Design

- Publish MNsure priorities for product innovation
 - Examples:
 - End-of-life planning visit covered as essential health benefit
 - Hospice benefits standards
 - Chronic-disease-oriented plans
 - Address affordability of access to routine care
 - Transition plans between public programs and QHPs
 - Price transparency
 - More first dollar coverage for primary care
- Publish plan responses in the form of product offerings
- Designations for innovative plans on MNsure website

Additional Recommendations

- Two additional ideas stood out, having significant potential in a public exchange, but requiring more exploration and research:
 - Non-medical insurance products
 - Promote and fund organizations with products and services focused on underserved populations
- Designate individual(s) within MNsure dedicated to guiding organizations with innovative products and services successfully from concept to introduction into the marketplace

Non-Medical Insurance Products

- Define the supplemental and ancillary services that are desired by MNsure users.
Examples:
 - Wellness programs or apps
 - Chronic condition programs
 - Mental health insurance
 - Long-term care insurance
- Partner with businesses to enhance the options available to Minnesotans in the individual and small business markets

Products Focused on Underserved Populations

- Identify organizations effectively targeting underserved populations with specialized services
 - Direct medical care
 - Care management
 - Mental health needs
 - Culturally competent care
- Explore mechanisms to support their work
- Remove insurance and financial barriers to delivery of needed services



Summary of Actionable Ideas for Future Consideration

developed by the
Market Development Work Group

Summary – Design, page 1 of 2

| PP | QHP | IT | Topic |
|----|-----|----|--|
| | X | | Encourage specially designed product for individuals with chronic or special needs |
| X | X | | Create incentives for use of certain benefits shown to improve health |
| X | X | | Encourage end-of-life conversation coverage |
| X | X | | Encourage appropriate hospice benefit |
| | X | | Encourage two routine visits exempt from deductible (primary care setting) |
| | X | | Encourage telehealth coverage |
| | X | | Encourage flat-rate charges instead of co-insurance |
| | X | | Encourage one zero-deductible offering at each metal level |

Summary – Design, page 2 of 2

| PP | QHP | IT | Topic |
|----|-----|----|---|
| | X | | Establish benchmark plan |
| | X | | Create a three-year fixed-premium plan |
| | X | | Establish inexpensive sick visit process for high-deductible plans (primary care setting) |
| | X | | Offer rebates for healthy activities |
| | X | | Encourage a no/low-use rebate (like “no-accident” rebates in auto insurance) |
| | X | | Encourage personalized plan design (e.g., name your deductible, name your network, etc.) |
| X | X | | Encourage QHP plan design structure similar to MinnesotaCare to ease transition |

Summary – Education

| PP | QHP | IT | Topic |
|----|-----|----|---|
| X | X | X | Provide links to third-party resources about maximizing use of insurance benefits |
| X | X | X | Provide glossary of basic terms and use of insurance |
| X | X | | Highlight resources available for special vulnerable populations |
| X | X | X | Provide a list of preventive services available under each plan |
| X | | | Establish a facilitator (or Contact Center staff) to help consumer transition from public programs to QHP |
| X | X | X | Add video and audio instructions for enrollment process |
| X | X | | Expand role of navigator to explain preventive services and how to use insurance |

Summary – Comparison/Selection, page 1 of 2

| PP | QHP | IT | Topic |
|----|-----|----|---|
| | X | X | Include a chart showing cost to consumer of a set number of standard services for each plan |
| X | X | X | Add decision-support tools showing total cost of health care services (premium plus out-of-pocket) |
| X | X | X | Add links to clinical quality measures (e.g., MNCM ratings) |
| X | | X | Add links to plan quality ratings (e.g., JD Power, CAHPS, CMS star ratings) |
| X | X | | Indicate QHPs most similar to public programs to help consumers transitioning from public programs to QHP |
| | X | | Release premium rate information earlier |
| | X | X | Allow sorting of plans by topic (see appendix for more detail) |
| | X | X | Add comparison shopping tools (see appendix for more detail) |

Summary – Comparison/Selection, page 2 of 2

| PP | QHP | IT | Topic |
|----|-----|----|--|
| | X | X | Have health risk assessment direct consumer to health plan type |
| | X | X | Offer guided selection: pop-up about consequences of selection and suggest alternatives |
| | X | X | Limit plan choices to simplify enrollment decisions |
| X | X | X | Allow consumers who qualify for public programs to opt out and select QHP (with or without APTC) |
| X | X | X | Separate the process for online enrollment between public programs and QHP |
| X | X | X | Provide contact access to inquire about status of application |
| | X | | List five factors to consider when selecting an insurance plan |

Summary – Additional Product

| PP | QHP | IT | Topic |
|----|-----|----|---|
| X | X | X | Allow complementary products to be sold on MNsure (e.g., wellness, LTC) |
| | X | X | Provide optional add-on features to offered plans (e.g., first dollar coverage, wellness) |
| X | X | X | Promote expansion of offerings from innovations like Hennepin Health |
| | X | | Encourage non-insurers (e.g., Accountable Care Organizations or others) to offer services tied to broader insurance |

Summary – Innovation

| PP | QHP | IT | Topic |
|----|-----|----|---|
| | X | | Create funding mechanism for low-income households with HSA products |
| X | X | X | Send reminders during course of year to use covered services (e.g., preventive or pharma) |
| X | X | | Make health risk assessment available annually |
| X | X | X | Establish consumer ratings (exit survey or evaluate prior year plan at time of re-enrollment) |
| X | | | Establish a temporary or bridge plan |
| X | X | | Prorate out-of-pocket cost and deductible accumulations when transferring into QHP mid-year |

Summary – Other

| PP | QHP | IT | Topic |
|----|-----|----|---|
| X | | X | Use 62(L) to allow small businesses to enable individual employees to purchase |
| X | X | | Clearly show consumer process—what to expect from login to insurance card in hand |
| X | X | | Identify when consumers are handed from one agency to another and back |
| X | X | | Segment Contact Center staff by subject-matter experts |
| X | | | Establish a grace period when leaving public programs to ease transition to a commercial plan |
| | X | X | Outsource SHOP |
| X | X | | Permit enrollment by phone |
| X | X | | Require brokers and plans to screen for public program/APTC eligibility and refer to MNsure |

Appendix – Plan Comparison Tools

- Consumer comparison tools
 - Bloom – series of questions
 - Picwell – total cost (predictive)
 - Checkbook.org – total cost (reported)
 - Gravie – surround of services
 - Healthcare.com – what consumer selects
 - Value Penguin – consumer sorting model
 - Health Sherpa – consumer sorting model
 - CodeBaby – intelligent virtual assistant

Appendix – Plan Sorting Capabilities

- Co-insurance for office visit (in-network)
- Co-insurance for office visit (out-of-network)
- Co-insurance for hospital stay (in-network)
- Co-insurance for hospital stay (out-of-network)
- Premium price
- Deductible amount
- Post-deductible payments (in-network)
- Post-deductible payments (out-of-network)
- Out-of-pocket maximum
- Provider