

## Proof of provisional coverage

### **Situation**

Numerous MNsure applications are in the midst of the enrollment process, such as in a “pending” status, which prolongs the amount of time applicants are without health insurance. Further complicating the problem, the current system is limited in showing the status of a submitted application and not providing a “confirmation of receipt” that an application was submitted and the enrollee is preliminarily eligible for a program/ product (i.e. confirmation email or receipt).

During this time period enrollees will need to access healthcare services, but they are often barred from services when they cannot present proof of insurance. In a small number of cases, enrollees can access Emergency Medical Assistance (EMA) for emergent care. Some access primary care from community clinics (federally qualified health centers, free community clinics, etc.). However, the majority of enrollees forgo care services. In some situations, forgoing care results in decreased health to the point of individuals presenting in the Emergency Departments of Minnesota hospitals.

### **Background**

MNsure operations have been an evolving process since the website first came online in October 2013. Early system malfunctions meant that many of those applying for 2014 coverage in the opening months of the first open enrollment period had long waits to receive their insurance cards. This led DHS to publically remind consumers that they were still entitled to a January 1<sup>st</sup> start date even if application processing was still taking place after that date (Kaiser 2013). However, consumers did not have documentary proof of this, so it was of limited consolation.

Many faulty functions and processes have been corrected since that time, although system “glitches” and unclear process flows still happen and cause enrollment delays. Even as progress continues to be made on eliminating these, delays between application and receipt of a health insurance card will always exist due to the nature of start dates. For example, consumers approved for Medical Assistance will have a start date no later than the first of the month they completed their application in. Currently, MinnesotaCare enrollees start their coverage on the first of the month after they apply, even if they apply late in the month.

In either case, a gap between enrollees’ legal start date and receipt of their insurance card is all but guaranteed. Some consumers will be denied services they need without some documentation that their application has been received, while others will avoid the risk of being billed altogether and forgo even seeking care.

One recent example involves a pregnant woman who was experiencing intense nausea and needed a prescription for an anti-nausea medication. Her MNSure case was in “pending” status due to her immigration status, and her enrollment in Medical Assistance was stalled, despite her pregnant health status. She could not fill the prescription because she could not provide proof of Medical Assistance coverage to the pharmacy. Her condition worsened and resulted in her admission to the Emergency Department (ED) for dehydration. The prescription was approximately \$200-\$300. The ED visit was about four times that cost.

## **Assessment**

MNSure applications to the Minnesota Public Health Care Programs (MHCP), Medical Assistance and MinnesotaCare, make up many of the impacted applications/cases. These applications must go through additional rounds of verification with either DHS or the resident county after completing the MNSure verification. Additional verifications require separate documentation and different definitions of terms depending on the county or state-level agency, which leads to increased reporting burden on enrollees. These multiple “touch points” present increased opportunity for miscommunication and errors. Case complications are further compounded by complex immigration and resident statuses. Each of these factors contributes to numerous case applications being stopped in their enrollment system, leaving their enrollees in coverage “limbo.”

## **Recommendation**

### **The Committee recommends MNSure, or appropriate agency administering health coverage programs, issue enrollees temporary health insurance cards.**

MNSure enrollees may present these cards to health providers as proof they have completed their part in the process of enrolling in a health insurance product, public or private. Providers retain their right to bill for the services provided under the interim proof of coverage, many would be more likely to provide services with the reassurance the consumer has found preliminarily eligible for coverage.

There are two goals of this recommendation:

- 1) Provide MNSure applicants access to the health services they need while they wait for their applications to be verified and processed.
- 2) Offer health care providers some level of assurance services provided during this interim period will be reimbursed.

We are working with MNSure staff to research this recommendation. To our knowledge, MNSure does not currently have an option like this for enrollees. The model most similar we know exists is the notice of coverage provided under Hospital Presumptive Eligibility authority.

## REFERENCES

Kaiser Health News. December 8, 2013. <http://khn.org/news/minnesota-insurance-exchange-problems/>