

Timestamp	First Name	Last Name	Point of View	What are some pros and cons to active selector or clearing house?	
11/7/2013 11:22:05	Samuel	Boadu	Provider	Immigrant patients risk exclusion from enrollment due to MNSURE's overlook on services of language interpreters at community health centers	Unintended consequence: Please allow me to bring to the attention of MNSURE Board an overlooked issue that has the potential to exclude greater number of immigrants who are non-English speaking. Many FQHC patients depend on language interpreters. MNSURE did not make provisions for interpreter services. The language interpreters play important role in healthcare industry and delivery system. They are the conduits, enablers, and facilitators. Many immigrant patients are linguistically handicapped. They need to have language interpreters accompany them to MNSURE navigators to help them enroll. The problem is that there is no provision made to financially reimburse the interpreters and because of that the many immigrant populations are unable to use the services of the interpreters and they risk exclusion from the enrollment. This issue warrants an immediate redress by MNSURE to ensure promotion of initiatives to reduce health disparity.
11/8/2013 10:24:01	Jonathan	Watson	Provider, Safety Net	Number of consumer choices, connection to MA/MNCare, market concentration, fair comparison, quality and alignment w/ payment reform efforts.	<p>"Active purchaser" goes well beyond securing the lowest price for consumers. It can be used as an effective tool to meet other components of the Triple Aim - increased quality and better patient engagement.</p> <p>MNsure should provide the greatest number of choices, if the differences between offerings are substantial. Multiple plan offerings by a single individual carrier, per metallic level, should be legitimately different from one another. Otherwise, consumers face an overwhelming number of choices, with little difference between products.</p> <p>Standardizing the enrollee cost-sharing between plans is an example of balancing choice with number of plans on the market. This "apples-to-apples" comparison provides consumers with meaningful means to compare plans against one another. This role does not necessarily limit the number of carriers, rather, the number of plans offered by a carrier.</p> <p>Low-income populations experience great "income churn," – their income changes often during the year. MNsure enrollees on the lower end of the eligibility income scale, will move between public programs and private coverage eligibility. Requiring a connection or "bridge plan" between MNsure and MNCare will provide patients with continuity of care and not disrupt their care.</p> <p>An active purchaser can also lead to too few plans. MNsure should monitor the market concentration of plans – especially in rural areas where competition is already less than metropolitan areas. Minnesota's current measure of market concentration is highly concentrated based on the Herfindal-Hirschman Index (HHI). MNsure should ensure a robust HHI measure throughout the state.</p> <p>MNsure's plans should align health plan products with the payment and delivery system reforms (ACO and TCOC arrangements) underway in public programs. Plans should be required to develop innovative programs that advance the goals of lower spending, higher quality and better consumer experience.</p> <p>Requiring QHPs to report comparative patient experience or customer service as a reportable metric will provide consumers with another tool to make an informed decision. Minnesota already uses a robust tool to capture patient satisfaction with over 600 clinics. MNsure should apply or extend current efforts of the state to QHPs on MNsure. As this data may already be reported by plans, the administrative costs should be relatively low. Consumers should have access to this information when making a choice on MNsure.</p>
11/8/2013 11:00:37	Michael	Scandrett	Insurer, Provider	Too active: confusion, fewer choices, less enrollment. Too passive: premium inflation, hard to compare plans, Bronze reduces access to care.	<p>Too active: Not enough data/experience to make decisions. Making changes this early in MNsure's life could exacerbate public confusion. Could reduce plan choices and force people to switch plans. Could give market advantage to national plans. Could result in people choosing non-MNsure coverage instead, reducing the size of MNsure pool and MNsure's marketplace clout.</p> <p>Too passive: Difficult to comparison shop due to complexity of benefits and cost-sharing. Premiums may rise more in future. Some existing plans and metal levels reduce access to needed care due to high cost-sharing. Too few choices in some areas.</p>
11/8/2013 16:27:18	Reuben	Moore	Insurer, Provider, Healthcare Ecosystem	-If abused, active purchaser powers and authorities could lead MNSure into a single purchaser model, which could hinder many Minnesotan's	<p>-If abused, active purchaser powers and authorities could lead MNSure into a single purchaser model, which could hinder many Minnesotan's</p> <p>-If abused, active purchaser powers and authorities could lead MNSure into a single purchaser model, which could hinder many Minnesotan's</p> <p>-If abused, a single purchaser model could restrict competition in the healthcare marketplace, thus increasing cost and reducing innovation</p> <p>-If abused, a single purchaser model could improperly steer the Minnesota healthcare marketplace into an over regulated environment which will increase the administrative cost of healthcare and add additional layers of complexity for consumers</p> <p>-If abused, a single purchaser model could lead Minnesotan's into a single payer model which would recentralize the healthcare purchasing power structure and challenge the mission of MNSure to positively serve all Minnesotan's</p> <p>-If properly enabled, an active purchaser model could function as a key instrument towards increasing healthcare quality, increasing market competition, improving consumer experience, remediating disparity gaps, supporting methods for improved patient outcomes and breaking the overall cost trend of healthcare for all Minnesotans</p> <p>-If properly enabled, an active purchaser model could encourage an end to end approach to healthcare modernization, systemic innovations, improved communication and information sharing, healthcare simplification and technological advancements that will support the mission of MNSure and positively enhance impact the healthcare ecosystem for all Minnesotan's</p>

11/9/2013 7:36:50	Chris	Johnson	Provider	Almost by definition, the unintended consequences will become apparent only with implementation. But here are some thoughts...	<p>As a provider, I cannot claim to know all of the possible economic / business consequences of choosing an active purchaser model vs a 'clearing house' model for plans offered on the exchange. Perhaps the clearing house model would result in more plans being offered, from more insurance companies, leading to more competition and better prices and benefits for consumers. My caution, however, is that patients / consumers will find this overwhelming and the increased choices could actually make patients LESS likely to find an appropriate plan on the exchange. For many of my patients in the ER, a substantial number of which who are uninsured (and for whom the exchange is targeted to help), they are not in the position of being an investor with advanced education who can look at a prospectus with a fine tooth comb and decide which Mutual Fund they want to invest in that fits their risk profile. For many in this position, life occurs a week at a time. And just getting to the ER with a sick child requires expending an enormous amount of energy (which is why they will often bring the rest of the children to get 'checked out' even though they have no symptoms of being ill). As such, I think the exchange may play a role in 'streamlining' the choices and to help them think farther ahead in terms of their needs than they typically would. I do not mean this to be condescending. I am simply stating a reality I see with my patients who are operating with limited resource reserves and who have multiple, more immediate stressors that require their attention. And let us not forget that many of us with more education and more financial means still rely on those to assist in decisions affecting our lives that we have less experience in. Many professionals, for example, will still hire a financial planner to help them develop an investment portfolio and plan for the future. Because they know better than us doctors, or lawyers, or other non-financial types what fits us based on age, years of career ahead, presence or absence of children, etc. I think MNSure can help play a role in that capacity. But of course, again, one may find themselves with unanticipated problems and so the best one can do is keep a system that has some flexibility to deal with these as they arise. Such is always the case when trying something new.</p>
11/9/2013 8:42:22	Stacey	Ko	Provider	A Provider's Perspective: More For The Sake of More Is Not Easier Or Of More Value to the Consumer Patient	<p>MNSure has a clear, concise mission statement but of course (although it is not explicitly stated) the real purpose of ensuring that the target population can "...easily find, choose, and purchase a health insurance product that they value..." is to empower them to be healthier both as individuals and as a collective whole. In fact, that is the sole purpose of health insurance: to help improve or maintain one's physical or mental wellbeing. That having been said, it is my Provider perspective that the unintended consequence of an Open Market in 2015 would be to perpetuate the dissatisfying status quo of MN residents' health care situations today. The reason for this is because consumers want ease and value in their everyday dollar decision-making. More options for the sake of more options is not necessarily easier or of more value. Consumer patients ask for ease and value everyday when they interact with their health care Providers. For instance, when patients are seen for an acute symptom, they want a specific diagnosis and if one can't be given they want to know the top two or three possible diagnoses. They want to choose from one or two straightforward treatment plans. And if a medication is needed, they only want the few most valuable, convenient options presented. Point being, that when it comes to complex health issues consumers want an expert third party to sort through all the overwhelming industry information and present them with the top few most valuable options to make their health care experience easier and make their health care dollars go further.</p> <p>As a clinician and proponent of the Active Purchaser model, it is harder for me to anticipate the unintended consequences of this method. I see a lot of potential in the Active Purchaser model: opportunities for progressive health plan wellness incentives, meaningful engagement of consumers to be actively involved patients, and a chance to create synergy in the consumer - patient - provider relationships. That having been said, an unintended consequence of the Active Purchaser model could be consumer dissatisfaction due to the lack and content of available options.</p>
11/12/2013 19:25:14	Heidi	Michaels	Broker	The form will not allow my answer.	<p>Brokers view MNSure as a tool. It is not our only tool - it is one of many tools. In order to be used effectively, MNSure needs to deliver a great product. One that is easy to use, easy to explain, and helps the broker achieve their goal of providing their client with the best outcomes. Right now, MNSure is not providing the brokers with a great product. There is no broker portal on the individual side. The broker "search" function is inadequate. The account creation process is cumbersome and fails many times. The broker support team does not have credibility. There are many issues identified that need work. MNSure's market is already limited, and to impose further limitation will decrease its chance of success.</p> <p>Let me explain how the MNSure's market is limited: because of the low prices in MN, we are finding that few of our clients qualify for APTC. Typically only those below 260% of FPL receive any subsidy. And those below 200% are required to participate in MNcare. So, MNSure's target market are those between 200-260% of FPL. Those individuals who are beyond that income can shop elsewhere -- more easily. Brokers have already developed their own tools to tell them if a client is in the MNSure income target. Those who are outside of that target CAN shop in MNSure, but likely WONT shop in MNSure until you deliver a better product.</p> <p>If MNSure does not improve broker-relations it will quickly find itself as the place brokers only bring clients if they fit the target income range. Brokers already have tools that will compile all available products and prices. It can search and filter. When the information is sent to the client they can immediately apply. Brokers have confidence that they will be credited as the broker, and will be able to access the status and progress of the application. MNSure does not provide the same.</p> <p>On the SHOP side, the process is unclear, the training has been inadequate and the time frame is nearly over. The pricing of the small group business is unattractive and unlikely to bring any new employers to offer coverage.</p> <p>If MNSure goes down the road of active purchaser, they will likely further limit a marketplace that is already becoming very limited. For MNSURE to be successful, my recommendation is that MNSure spend it time and resources in the next year to develop a superior tool that will help expand its market - not further limit it.</p>

11/15/2013 14:55:49	Ken	Bence	Insurer, Public Health	<p>Too soon to mess w/ the process, don't know what consumers will choose, what they value, rates are low. Focus on user experience via website</p>	<p>What is the consequence of the MNsure board guessing what its customers want? It will lose customers it can't get back.</p> <p>At this point, the board would be presuming what their customers want and value. There is no information or data available for the MNsure board or the advisory committees to understand how consumers are shopping for coverage, what additional information they would like to have available, and how they make value judgments on their coverage options. The data MNsure gathers in the future will guide the direction it may take in developing tools that will help consumers make value decisions on available products. It's too soon to know whether they feel needs are not being met with current choices, and active purchaser may take away plans in year 2 that consumers chose and liked in year 1.</p> <p>Competitive forces will not only help to keep costs down, but also encourage creativity, innovation and higher quality. If MNsure creates cost-sharing standards for its products based on a presumption that's what its customers want, it will be an outlier in terms of online marketplaces that serve a vast array of customers with a vast array of products. As more choices are made available to consumers, enhanced functionality of the website can help them select based on preferences and criteria. The thought that health plans must compete for a space on the shelf has no relation to online or virtual marketplaces equipped with sophisticated consumer support tools.</p> <p>MNsure has to consider its time and available resources. The basic functionality of the website and tools are not fully in place yet.</p> <p>MNsure requesting insurers' products, networks, and rates weeks in advance of filing with our regulators would create greater volatility in premiums, give MNsure information subject to substantive change in the regulatory process, and could require that this information be made public. All of these would create greater uncertainty and volatility in the marketplace.</p>
11/18/2013 16:30:00	Ghita	Worcester	Insurer	<p>Before going down the path of implementing some type of active purchaser a number of questions must be answered such as clarity on the problem we are trying to solve.</p>	<p>I have significant concerns about active purchaser (AP) and believe a number of questions must be answered before it is implemented in Minnesota. A core question that must be asked is, what problem are we trying to solve? Are we trying to address affordability, access or the number of plan offerings in Minnesota? Once we have determined what problem we are solving, we need to determine what metrics the Board should develop and utilize to know if we have the right tools to address the problem.</p> <p>Proponents of AP have suggested that it can be used to drive down health care costs. With MN having the lowest rates in the country for 2014 – we need to ask if AP is needed at this time? We must ensure that active purchaser strikes the right balance to provide choices and access to affordable coverage without driving health plans out of the exchange because the rules become excessively burdensome.</p> <p>It has been suggested that too many product offerings from the plans may become confusing for the enrollees. However, the MNsure web site just went online in the past few months. As MNsure gains more experience and the website gains additional functionality, it is expected the website will help enrollees eliminate plan offerings based on the criteria the individual enrollee submits to MNsure. We should allow time for MNsure to be fully implemented before making significant changes to what products may or may not be sold.</p> <p>If the MNsure Board begins to set limits on plan offerings, the board needs to determine what would be considered a reasonable number of offerings. Will these plans meet the diverse needs of the members expected to enroll? This would likely be a very challenging exercise and I believe unnecessary at this early juncture.</p> <p>A major consideration is the timing of when to implement AP. Based on the numbers released thus far from MNsure, one would be hard pressed to identify a trend that could be useful in determining the proper criteria to be utilized for AP in 2015 by the February 1, 2014 deadline. The majority of the enrollment has come from state public programs and only a minimal number of people have enrolled for qualified health plans. Open enrollment continues through March 2014. Past open enrollment experience has shown that many people will likely make plan decisions at the last possible moment which will likely alter the current trends of who is signing up for MNsure.</p> <p>If AP is to be implemented in Minnesota, plan years 2014 and 2015 must be viewed as benchmark years. AP should be implemented in 2016 only if proper goals and metrics have been established. It is critical to establish benchmark data to understand if AP is meeting the goals set by the MNsure Board and others. I hope that the committee and board will delay taking any formal action on AP at this time until some the questions I have raised are fully considered.</p>