Health Care Industry Advisory Committee

Synthesis of Discussion of November 19, 2013

The Committee found it difficult to move to a discussion about possible future changes to MNsure when so much is not delivering now.

Several members felt that issues relating to web site functionality, navigation delays, and other problem need to be resolved quickly so that functionality does not impede enrollment and the number of people choosing coverage through MNsure grows to a sufficient number to ensure the ongoing viability of MNsure.

Assuming these issues can be resolved in the near future, most of the Committee members generally felt it would be reasonable to make some additional improvements to MNsure to make it easier for consumers to use the web site or seek help from navigators, and insurance brokers and agents and to have the information and assistance they need to make an informed choice of a health plan that is best for them. No committee members suggested moving this year to a competitive bidding process or otherwise limiting or heavily regulating the health plans that would be offered on the exchange in 2013. The sense of the group is that changes for 2015 should focus on the following three problems:

1. Consumers need help comparing health plans on MNsure
2. Some geographic regions need more health insurance options
3. Consumers need more price/benefit transparency before they choose a plan.

Members discussed that there are already many examples of websites, products and other consumer tools that can be used to provide information and assist consumers in selecting a product that meets their needs and circumstances. These products should be used by MNsure to make it easier for consumers to sort through the information and select the health plan option that is best for them. This is especially important for people and groups who experience the greatest health disparities today due to socio-economic factors, including race, ethnicity language and other factors. A “calculator” would be a good addition, so that people can enter their information and preferences and the calculator would identify the products that best match their criteria.

A number of members stressed the importance of MNsure working with the affected qualified health plans, consumers, state regulators (MDH and Commerce) and other stakeholders to be sure changes will accomplish the goals of improving consumer choice and do not have negative unintended consequences. There is currently some confusion about the roles of the respective health plan regulatory agencies and the MNsure board, so this needs to be clarified. The impact on both the MNsure health plans and consumers and the non-MNsure private sector plans and consumers should be considered.

Some committee members were unclear as to which of these activities actually require "Active Selector" (also known as "Active Purchaser) authority. Many of these changes are technical and operational and could be done without triggering Active Selector. It was discussed, though, that the changes that have the broadest support are at the less regulatory end of the Active Selector continuum and may not require Active Selector authority at all. To the extent this authority may be needed, it is required of the Board to post its criteria by February 2014 in order to have the authority to use the criteria for the 2015 enrollment year.

The committee members agreed that the primary goal is to do what is best for the consumer and make it easier for them to select and enroll in the best health plan product for them. All members agreed that improving functionality and ease of use is the top priority for immediate attention. Some members argued that making any major changes using Active Selector authority during this time of transition would cause more confusion and would be implemented before there is adequate information on how MNsure it working. They argued for postponing use of Active Selector at least until 2016. Others pointed out that there may be more that MNsure could do to reduce barriers and confusion and these steps might required Active Selector authority.

In conclusion, most members supported making changes to improve functionality, expand choices and develop tools to make it easier for consumers to select a health plan. While some of these changes could be made without using Active Selector authority, some could not. The majority of members voted in favor of the Board using Active Selector authority for 2015 in order to address these issues.

Industry Perspectives

Provider

What are some positive affirmations or ideas on the topic of active selector or clearing house? Keep in mind the MNsure board's 4 focus areas, unit cost of health care, choice in geographic areas, easy comparison and selection, price transparency.	Nurse practitioners are for quality affordable care and they help to reduce unit cost of healthcare
	The healthcare system is at crossroads. Generative leadership that believes in reframing and system thinking is needed. Nurse practitioners have what it takes to reduce the per capita cost of healthcare. Healthcare cost is ever increasing. Affordable care will be eluded if measures are not put in place during the formative period of the ACA. MNSURE Advisory Board must use its active purchaser authority to promote meaningful choice for consumers, meaningful use for providers and clinics, and dialogue with hospitals to reduce their overhead cost. System thinking approach and the Lean Six Sigma management approach could underpin our efforts in finding ways to provide quality and affordable care to all. We need favorable legislative mandates that would expand the scope of practice for NPs and allow NPs to work to the full extent of their education and certification. Next, each Qualified Health Plan must include NPs in provider's lists.
	Not all Qualified Health Plan (QHP) offer gym membership incentives
	MNSURE exchange site mentions prevention and wellness as part of essential health benefits. Unfortunately, Medical Assistance (MA) does not offer any discounted gym membership incentives. Gym membership has proven to be money saver for the insurance carriers and customers in many ways. This is about meaningful choice for customers and meaningful use for providers that could reduce the unit cost of healthcare

In reference to the synthesis agreed to by the committee at the end of the meeting. Please describe a few negative considerations or constraints that the MNsure Board should consider on the topic of active purchaser, active selector, or open marketplace related MNsure board's 4 focus areas, unit cost of health care, choice in geographic areas, easy comparison and selection, price transparency?	The Active Selector will provide the MNsure Board and State of Minnesota the best option to ensure indicators are developed and bench mark.
	The MNsure Board will be able to engage all key stakeholder's interests to better craft a health exchange market for Minnesotans, while developing key indicators like: unit cost of health care, standards for equal cover across Minnesota, transparency standards for plans, and easy comparison and selection. These indicators will become the bench market for standard and improvement effort for future markets and to better meet the health Industry interests. In addition, these tools or indicator will increase in value and become assets to the Industry and with the pubic; it may develop the user or users into high fidelity consumers. These users will be more conscientious consumers and create a more efficient industry and effect the positive value we seek in the unit cost of health care.
	The MNsure board must more clearly define timelines and indicators for all Stakeholders, to ensure active participation in entire process .
	The timelines and lack of information seems to be our biggest challenge, however, the MNsure board and each committee must focus on the tasks at hand and not get pulled off topic with things outside of our review or control. The "unit cost of health care" and "comparison and selection" will be the most challenging indicators, as their' values will be hard to apply across the health industry for key stakeholders. The Board must better define or clarify its questions to the committee and be prepare to make decisions if committee feedback is mixed or lacks consensus.

Insurer

What are some positive affirmations or ideas on the topic of active selector or clearing house? Keep in mind the MNsure board's 4 focus areas, unit cost of health care, choice in geographic areas, easy comparison and selection, price transparency.	Determining interests of individuals/employers, active purchasing authority should be exercised where Board has prioritized criteria.
	In determining the interests of qualified individuals and qualified employers, active purchasing authority should only be exercised in limited situations where the MNsure Board has specifically prioritized one or more of the criteria listed in Chapter 62 V, Sec. 7, subd. 5 and has evidence-based metrics that can be applied uniformly and impartially. Additionally, the Board's intent to establish evidence-based metrics for one or more of the criteria must follow the rulemaking requirements in 62V. However, before undertaking any consideration of active purchasing, the MNsure Board should first conduct a thorough analysis of 2014 and 2015 enrollment data. At a minimum, this analysis should include: 1. Analyze MNsure enrollment data from October 1, 2013 – March 31, 2014. Data should include which plan member enrolled in (QHP/metal level, Medicaid, which carrier they chose, etc.) 2. An initial review of the 2014 enrollment data should be available for review by the summer of 2014. Work can then begin to identify trends and gaps that the MNsure board may want to address. 3. In the fall of 2014, the board can begin to develop recommendations and identifying metrics that may be needed to address any trends of concern. 4. 2015 open enrollment will presumably close in mid-December, 2014. After the open enrollment period closes, initial data should be analyzed to see if there are any changes to the 2014 trends. 5. The MNsure Board can review these trends in January 2015 and determine if any action needs to be made for the plan year 2016 open enrollment process by the February 1, 2015 deadline. Based on the need to collect and analyze the data needed against the selected criteria, it is not feasible to apply active purchasing any earlier than plan year 2016. The board will have two years of data to review that will ensure that the board is focusing on the true areas of concern backed up with data analytics. By then end of 2014, the MNsure IT infrastructure should be fully operational. This will allow greater abilities to compare plans and prices. Once this is fully operational, MNsure will be in a better position to identify what, if any additional information the plans need to provide in order to compare on price or location. I strongly urge delaying implementation of active purchaser selection criteria any earlier than plan year 2016.
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	I have significant concerns about active purchaser (AP) before it is implemented in Minnesota: • What problem is active purchaser trying to solve? • What data supports the fact that the problem exists? • Once the problem is identified, and data is authenticated, which of the criteria listed in Chapter 62 V, Sec. 7 subd 5 will contribute toward a solution? • What evidence-based metrics will determine if the criteria has achieved its desired effect? Proponents suggest AP can drive down health care costs. In fact, AP cannot address the underlying cost drivers of health care. A study found that the 91 percent rise in health care spending was due to the increasing costs of drugs, procedures, and hospital care.

comparison and selection, price transparency?	We also urge the MNsure Board to carefully consider how the entry of two multi-state plans into the MNsure market place will affect consumer choice and access, affordability and quality. The Board should not act prematurely to address perceived gaps that may be addressed by increased competition from MSPs. If the active selector process is overly burdensome, there is a risk health plans may choose not to participate creating more limited plan offerings as we saw in southeast Minnesota. It has been suggested that too many product offerings may become confusing for the enrollees. As the MNsure website gains added functionality, it is the expected to help enrollees compare plans based on the specified criteria. We should allow time for MNsure to fully implement the IT functionality before making decisions as to what products may or may not be sold. Based on the enrollment numbers released thus far, it is difficult to identify any trends that could be useful to determine the criteria to be utilized for AP by the February 1, 2014 deadline. The majority of the enrollment is in state public programs. Only a small number of people have enrolled in qualified health plans. Open enrollment continues through March, 2014. As of late November, none of the health plans in Minnesota have received any information about members who have chosen them for 2014. To start setting selection rules for 2015 when the plans don't have any data on who has enrolled in 2014 is not a prudent policy.

Insurer, Provider

What are some positive affirmations or ideas on the topic of active selector or clearing house? Keep in mind the MNsure board's 4 focus areas, unit cost of health care, choice in geographic areas, easy comparison and selection, price transparency.	Minnesotans deserve a choice in their health plan options
	The Board of MNsure should focus on ensuring that the MNsure website is fully functional and meets the enrollee needs for easily identifying and comparing coverage options in their area. Minnesotans should be able to search on the key attributes important to them and make informed decisions about what is right for them (goals 3 and 4). Only then should we consider trying active selector/purchaser. Minnesotans should be able to choose which option is best for them, not someone else. Health plans will respond to consumers with innovative and competitive products based on what products consumers buy.
	Use 2014 as a year to build a solid operational platform for the future.
	Moving ahead with active purchaser right now is not recommended given so much is not working with the MNsure website and operations today. I would recommend that MNsure use 2014 as the year to gather together key stakeholders including the DOC, DOH, Health Plans, etc. to carefully evaluate how active selector can make MNsure work more effectively. The number one goal right now should be to get as many members enrolled as possible.
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	Use Active selector for 2015 to help ensure every consumer is able to find and select a health plan that is a good value for them, given their unique circumstances, through the following activities (1) expand carrier and health plan product choices when choices are limited, (2) require carriers to offer model plans that will make it easier to compare carriers and plans; (3) require all carriers to offer a product with low consumer cost-sharing requirements; (4) improve calculator/selection/ranking programs and collect the necessary information from carriers to be able to make the premiums, out-of-pocket costs, provider networks, benefits and other information transparent to consumers; (5) establish special types of consumer engagement activities with racial, ethnic and immigrant groups and consumers with socio-economic barriers to improve understanding of MNsure and how to use it, and to collect input to ensure that health plan products offered and information, navigation and selection tools provided by MNsure work effectively with these groups; (6) add risk-adjustment so that health plans who specialize in serving people with health disparities due to poverty, race, ethnicity language barriers and other socio-economic factors are not disadvantaged due to the often higher costs of effectively serving these members. When appropriate, provide information on participation of carriers and network providers in health care reform projects and models such as, but not limited to, health care homes, accountable care organizations, health care delivery systems, accountable communities for health, and other payment and care delivery reforms that have an impact on patients.

	Don't make changes that will add to the existing confusion and/or discourage individuals, families and small employers from using MNsure.
	Because of the delays, confusion and functionality problems with launching the insurance exchanges, it is important not to introduce major new changes before the existing problems have been resolved and enrollment in MNsure has reached a critical mass sufficient to make it strong and sustainable. An exception is if the MNsure changes will actually make MNsure more attractive and easier to use than the current system so that enrollment increases. MNsure should not implement competitive bidding or take other actions that will limit the number of health carriers offered on MNsure for 2015. MNsure should be mindful of the future addition of multi-state carriers to the Minnesota marketplace and implement regulations for Minnesota carriers in a way that will not put them at an unfair competitive disadvantage compared to national carriers. Be sure that all proposed changes are well researched and analyzed and test them before implementing them to be sure they will work as intended. Make all changes after consulting with affected stakeholders, regulators, and consumers to be sure the changes are feasible, will work as intended and will make MNsure work better for consumers. Existing state health carrier regulations and requirements established by the MN Department of Health, the Commerce Department, and the Department of Human Services for public program health plans) should be evaluated and reformed in order to reduce complexity, eliminate unnecessary regulations and reports, and improve transparency and accountability.

Provider, Safety Net

What are some positive affirmations or ideas on the topic of active selector or clearing house? Keep in mind the MNsure board's 4 focus areas, unit cost of health care, choice in geographic areas, easy comparison and selection, price transparency.	Model health plans provide meaningful consumer choice and recognizing social determinants will increase choice and reduce costs.
	An active selector should promote the use of a model health plan that will provide consumers with a "benchmark" plan, with low cost sharing, to compare any options against. Consumers can evaluate the choices before them as it relates to cost-sharing and benefits relative to the model plan. This will allow consumers to better understand their out-of-pocket costs. Additionally, health plans offered by a single carrier should be "meaningfully" different from one another in the areas of cost-sharing and benefits in order to prevent an overwhelming, unusable web site. Eventually, the consumer experience of the specific plans should be presented to the consumer. Ensuring consumer options throughout the state of Minnesota can be accomplished through active selection. MNsure should avoid creating disincentives that would lead to providers and carriers avoiding certain areas and populations of the state. MNsure should use the risk-adjustment tool available to them to ensure that plans serving populations that traditionally experience barriers to care are not placed at a disadvantage. By adjusting for a specific population -- ranging from cultural to geographic considerations -- plans will be incented to participate and consumers will not face higher costs.
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	The successes and remaining problems related to the operation and functionality of the MNsure website are well-documented. Moreover, the specific task for the Committee is to provide input to the Board regarding active selector, not the current daily operations of the web-site. An open marketplace will not allow MNsure to fully achieve the four goals of cost, choice, easy comparison and price transparency. The recommendation to collect data is not specific enough and does not ensure that: a] the data collected is relevant; nor b] MNsure can use the data in any actionable way. Recognizing the fact that any active selection could not occur until 2015, this should not prevent the MNsure Board from laying a strategic blueprint on specific areas of where they can impact cost, choice, meaningful comparison and transparency. I recommend that the MNsure Board develop strategic direction related to the following specific recommendations: establishing a model health plan per metallic level, ensure standardized cost-sharing for

	comparative purposes, ensure participation of national health plans do not put any Minnesota plan at a competitive disadvantage, guard against high market concentration in rural areas of the state, incorporate the social determinants of health in any risk adjustment and, lastly, ensure that MNsure engages communities in a culturally competent manner. One addition I suggest is a requiring a "bridge" for enrollees who churn between MinnesotaCare and plans under MNsure. Research has documented that low-income populations move between income categories more than those in higher incomes. In order to ensure continuity of care, plans should ensure a smooth transition for these populations. Ultimately, this will allow the MNsure Board to ensure consumers are provided with legitimate choices with the end goal being a robust enrollment into coverage through MNsure.

Broker, Small Employer

What are some positive affirmations or ideas on the topic of active selector or clearing house? Keep in mind the MNsure board's 4 focus areas, unit cost of health care, choice in geographic areas, easy comparison and selection, price transparency.	'Active Selector' presents itself as an additional set of power(s) that would the Board to pursue current healthcare/insurance initiatives.
	If the Active Selector powers could somehow be changed to focus on incentives for carriers to drive down costs, and eliminate fraud, -they could work. As presented, they seem to give the Board the power to select plans that somehow cover everything for everybody, and force participation in the sparsely populated counties in MN.
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	As a Broker, and a Small Employer, and therefore part of the largest employer group, I hoped for some light at the end of the tunnel. Instead I see onerous regulation and inefficiency. The targets necessary for successful autonomy appear to be unattainable at this time, why would I consider broadening MNsure's power via 'Active Selector', that appears to give more power to demand results, vs. establishing an arena with competitive incentives to lower costs? The unit cost of health care is what it is. Their is competition & choice now. MNsure adds layers of bureaucracy & regulation. Savings appear to be due to federal subsidies only.

Healthcare Ecosystem

What are some positive affirmations or ideas on the topic of active selector or clearing house? Keep in mind the MNsure board's 4 focus areas, unit cost of health care, choice in geographic areas, easy comparison and selection, price transparency.	Thinking beyond the current state to re-envision a future state that transforms healthcare for all Minnesotans.
	If properly enabled, leveraging active selector authority can encourage technological advancements within Health Plan's and other industry partners. These advancements should be centered on quality and seek to create process efficiencies, data sharing, cost reductions, improved communication and member engagement. If properly enabled, leveraging active selector authority can help to shift business practices into a more modernized paradigm. This new paradigm will encourage private and public partners in a balanced effort to support the mission of MNsure. (All of the above focus areas) If properly enabled, leveraging active selector authority can help consumers navigate the complex healthcare system. (All of the above focus areas) If properly enabled, leveraging active selector authority can help improve the overall healthcare literacy of consumers and overall transparency,
In reference to the synthesis agreed to by the committee	Thinking beyond the current state to re-envision a future state that transforms healthcare for all Minnesotans.

at the end of the meeting. Please describe a few negative considerations or constraints that the MNsure Board should consider on the topic of active purchaser, active selector, or open marketplace related MNsure board's 4 focus areas, unit cost of health care, choice in geographic areas, easy comparison and selection, price transparency?	If abused, leveraging active selector authority could create additional bureaucracy, complexity and requirements that will burden the system and negatively impact the mission of MNsure. If abused, leveraging active selector authority could lead MNsure into an unfocused agenda and overreaching actions that negatively impact the mission of MNsure.