

**MNSure Consumer and Small Employer Advisory Committee
Draft recommendations on Data Collection**

MNSure facilitated the enrollment of over 175,000 people into health plans during its first open enrollment period. This is an incredible accomplishment, and the benefits to Minnesotans are already evident in the stories we hear from enrolled individuals. Existing processes for state data collection are likely to reflect a substantial drop in uninsurance, much of which will be credited to MNSure. In order to fully assess MNSure's impact on Minnesotans' access to health insurance and health care, however, MNSure needs to establish a system for data collection and analysis specific to the MNSure population and implement the process in time to capture information from 2014 enrollees. Collecting data that yields information about enrollment, plan choice, consumer experience, and remaining barriers to access for the enrollment population for the first open enrollment period will help MNSure develop more targeted outreach efforts, better plan selection, and enhanced consumer tools. In short, good data collection will help us understand what was successful about MNSure's first enrollment period and what still need to be worked on.

The following are the areas the Consumer and Small Employer Advisory Committee identified as top priorities for data collection and analysis for 2014:

1. **Outreach evaluation.** More than X Navigators, Y brokers and Z call center staff assisted MNSure enrollees during the 2013-2014 open enrollment period. Additionally, \$X in outreach grants enabled community organizations to conduct outreach to populations that might experience barriers to enrollment. These efforts were critical to helping the many individuals and families who experienced problems completing their application and enrollment on MNSure, and to the final enrollment numbers that reflect MNSure's overall impact. However, information about how and why outreach and enrollment assistance was effective, and what geographic regions or demographic populations benefited most (and least), will help develop MNSure outreach strategies to be even more effective leading up to and throughout the next open enrollment period.

Recommendation: MNSure should develop and implement a framework for data collection and analysis that includes:

- a. Previous insurance status
- b. Current insurance status (MA, MNCare, metal level, ESI, uninsured)
- c. Primary type of outreach that connected individual to MNSure

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- d. Any enrollment assistance sought and/or received
- e. How the assistance was helpful or not helpful
- f. Reason for abandoning application if enrollment was not completed

This data should be collected from MNSure enrollees and from individuals who began an application on MNSure but abandoned their application without enrolling in a plan. The data must be able to be disaggregated by zip code, income, age, family structure and REL categories.

2. **Provider Network Adequacy.** Securing health insurance is only the preliminary step to accessing health care. While MNSure's mission is to ensure that all Minnesotans have the security of health insurance, the Consumer and Small Employer Advisory Committee believes it is critical to evaluate the extent to which insurance offered by MNSure enables people to access the health care they need. At a recent MNSure Board meeting, a representative from the Minnesota Association of Clinical Oncologists spoke about the Association's concern that an inadequate number of oncologists were being included in the provider networks associated with some MNSure plans. More broadly, concern is growing nationwide that many Exchange plans have extremely narrow provider networks that may make it difficult for some patients to access timely and appropriate healthcare services. Collecting information about whether existing provider networks are able to make all covered services available in a timely manner is a critical component of assessing whether MNSure plans offer real access to needed health care.

Recommendation: MNSure should survey a sample of enrollees associated with each MNSure health plan provider network and collect the following information:

- a. Were you knowledgeable about the provider network associated with your health plan before you enrolled in the plan?
- b. Would you consider yourself knowledgeable about the provider network associated with your health plan now?
- c. Have you accessed any covered health care services from an out-of-network provider since enrolling in the plan?
- d. If so, were you aware at the time you accessed services from an out-of-network provider that the provider was out of network?
- e. Have you gone without any needed health care because you could not get an appointment with an in-network provider soon enough to meet your need?
- f. Have you gone without any needed health care because you were unable to find an appropriate provider in-network?

- g. Have you ever been unable to get an appointment with an in-network provider for covered services quickly enough to meet your health care needs?

3. **Cost-sharing.** In order for individuals to get the health care they need, accessing care needs to be affordable, both in terms of health insurance premiums and cost-sharing at the point of service. A lot of attention has been given to the fact that MNsure health plans have the lowest average premiums for Exchange plans in any state. However, less attention has been focused on the fact that MNsure also has the highest average deductibles of Exchange plans across the country. Low premiums have been cited as one factor in the unexpectedly high level of enrollment in “gold” and “platinum” plans on MNsure. However, it is likely also the case that high deductibles in lower level plans persuaded people to “buy up” to higher metal levels to avoid unaffordable cost-sharing. An important factor in measuring the success of MNsure is finding out whether the plans affordable to people at different income levels make accessing health care affordable for those people, or whether deductibles and other cost-sharing present barriers to accessing needed care.

Recommendation: MNsure should survey a sample of enrollees associated with each carrier and metal level and collect the following information:

- a. Were you knowledgeable about the cost-sharing requirements of your health plan (like co-pays, deductibles, and out of pocket maximums) before you enrolled in the plan?
- b. Would you consider yourself knowledgeable about the cost-sharing requirements of your health plan now?
- c. Have you gone without any health care you needed because you couldn't afford the cost of the care?
- d. Have you gone without any health care you needed because you didn't know what the care would cost and didn't know how to find out?
- e. Do you currently have any unaddressed health care needs?
- f. If so, why haven't those needs been addressed?