



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

MNSure has facilitated the enrollment of over 237,000 people into health plans since the beginning of Open Enrollment on October 1, 2013. This is an incredible accomplishment, and the benefits to Minnesotans are already evident in the stories we hear from enrolled individuals. A recent SHADAC report demonstrated that the number of uninsured Minnesotans has dropped 40% since MNSure was launched. This is great news, but the report leaves many questions unanswered. Assessing the statewide change in the uninsurance rate doesn't isolate the impact of MNSure and can't pinpoint the impact on specific populations. It also can't offer insight into whether the insurance people chose through MNSure is adequate to meet their healthcare needs. In order to fully assess MNSure's impact on Minnesotans' access to health insurance and health care, MNSure needs to establish a system for data collection and analysis specific to the MNSure population, and that can disaggregate data by specific populations. 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 Business Advisory Committee identified as top priorities for data collection and analysis for 2014:

1. **Outreach evaluation.** Navigators, certified agents, certified application counselors, call center staff, and other assisters offered critical help to MNSure enrollees during the 2013-2014 open enrollment period. Additionally, outreach grants enabled community organizations to conduct outreach to populations that might experience barriers to enrollment. These efforts were crucial 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 of MNSure applicants

- b. Current insurance status (MA, MNCare, metal level, ESI, uninsured)
- c. Primary type of outreach that connected individual to MNsure
- d. Any enrollment assistance sought and/or received
- e. Qualitative information about 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 Business 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. Did you know what healthcare services and prescription drugs were covered by your health plan when you enrolled in the plan?
- b. Did you understand the cost-sharing requirements of your health plan (like co-pays, deductibles, and out of pocket maximums) when you enrolled in the plan?
- c. Since you enrolled in a MNsure plan, have you gone without healthcare you needed because you couldn't afford the cost of the care?
- d. Since you enrolled in a MNsure plan, have you gone without healthcare you needed because you didn't know what the care would cost?
- e. Do you currently have any unaddressed health care needs?
- f. If so, why haven't those needs been addressed?
- g. What would make it easier to choose a plan that covers your healthcare needs?