MNsure Staff Response
MNsure Consumer and Small Business Advisory Committee
Recommendations on Data Collection
July 16, 2014

Introduction:

MNsure has facilitated the enrollment of over 250,000 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 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 improved.

Recommendations:

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 for the 2014 applicant population that includes:

a. Previous insurance status of MNsure applicants

MNsure staff response: MNsure will only be able to produce information on persons who both applied for assistance and filled out this question on the application. A person was able to submit an application without filling out this question. While we will be able to look at the answers to this question for those who filled it out, it is very possible that this will data will be biased since only a portion of those asked filled out this part of the application.

b. Current insurance status (MA, MNCare, metal level, ESI, uninsured)

MNsure staff response: MNsure at this time cannot report if a person is enrolled in MNCare or MA; that is a function of DHS. MNsure's system can show what a person was eligible for on the date they applied, but for public programs, DHS is the responsible party. In terms of QHP insurance status, MNsure's system can show what a person was eligible for on the date they applied, and in most cases plan selection.

c. Primary type of outreach that connected individual to MNsure

MNsure staff response: MNsure has included broker and navigator information in the 834 transactions so current data includes what navigator or broker is associated with which individual enrollments.

d. Any enrollment assistance sought and/or received

MNsure staff response: MNsure has no way of tracking this information at this time. This would likely be best captured in an enrollee survey.

In 2016, MNsure is required by the Final Exchange Rule to administer a Consumer Satisfaction Survey. Currently, MNsure is waiting on CMS to release final standards around this survey, which will be based off of CAHPS 5.0, the survey currently required for state and federal programs. There will likely be room for states to add additional questions, which is where an opportunity for this would lie.

e. Qualitative information about how the assistance was helpful or not helpful

MNsure staff response: MNsure has no way of tracking this information at this time. This would likely be best captured in the above-described Consumer Satisfaction Survey.

f. Reason for abandoning application if enrollment was not completed

MNsure staff response: MNsure has no way of tracking this information at this time. This would likely be best captured in the above-described Consumer Satisfaction Survey.

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, sexual orientation and race/ethnicity/language categories as defined by Minnesota Community Measurement at http://mncm.org/wp-content/uploads/2013/04/REL-Data-Field-Specifications-and-Codes-2014-Final-12.20.2013.pdf.

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 the 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 include 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 A: MNsure should survey a sample of enrollees associated with each MNsure health plan provider network, first providing education to ensure that these enrollees are familiar with all terms in the survey, 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?

MNsure staff response: In 2016, MNsure is required by the Final Exchange Rule to administer a Consumer Satisfaction Survey. Currently, MNsure is waiting on CMS to release final standards around this survey, which will be based off of CAHPS 5.0, the survey currently required for state and federal programs. It is likely that many of the questions above will be addressed, as they are similar to questions currently found in the CAHPS survey.

Recommendation B: MNsure should conduct a comparative analysis of provider networks associated with health plans offered on MNsure and those offered outside MNsure, as well as provider networks associated with similar plans in previous years, to establish network trend data and provide context for evaluating networks associated with MNsure plans.

MNsure staff response: The Minnesota Department of Health is responsible for evaluating and approving all carrier networks, for all plans—both on and off the Exchange.

Recommendation C: MNsure should survey a sample of providers included in provider networks associated with health plans offered on MNsure to assess the capacity of these networks to serve the expanding need for healthcare services as more Minnesotans gain access to health insurance due to health reform.

MNsure staff response: The Minnesota Department of Health is the certifying entity that reviews provider networks. MNsure currently has no plans to further review the adequacy of these networks. MNsure will take this recommendation under advisement for future consideration.

The enrollee satisfaction survey that is required by Federal Law does include CAHPS questions that address provider networks as well. CMS is still releasing information about the requirements of the upcoming survey.

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 or prescription drugs you needed because you couldn't afford the cost?
   d. Since you enrolled in a MNsure plan, have you gone without healthcare or prescription drugs you needed because you didn't know what the care or prescriptions would cost?
   e. Do you currently have any unaddressed health care or prescription drug needs?

MNsure staff response: These questions could be included in the same Consumer Satisfaction Survey mentioned above and there are very similar questions in the CAHPS survey. It will be important to verify that the sample size is large enough in order to obtain enough response for a statistically significant sample, which is

considered by CAHPS to be 300 persons. This might prove difficult to achieve at all metal levels for all carriers. If faced with issues of small sample size, MNsure could explore conducting smaller focus groups with consumers to obtain more real-life input.