

## **Success Measure #1: Lack of Barriers to Using Insurance**

As the MNsure Board reflects on whether and to what extent MNsure has been successful, it is important that it looks not just at how many people are obtaining insurance, but also how easy it is to *use* that insurance. In other words, are there barriers to the use of health insurance and, if so, how successful has MNsure been in addressing those? The factors that should be considered in determining whether there are significant barriers to use include the following:

### **Cost**

- Are the out-of-pocket costs associated with MNsure QHPs low enough that families can afford them in addition to the premiums?
- Or, are the out-of-pocket costs so high that they act as a deterrent to seeking health care?

### **Health Insurance Literacy**

- Do consumers understand the Summaries of Benefits and Coverage (SBCs) well enough to make informed choices about seeking care, and to have clear expectations about what the cost of care will be?
- Do the SBCs include enough information to allow for such understanding?
- Do consumers clearly understand how the out-of-pocket costs associated with their plans function?

### **Networks**

- Do consumers understand the financial impact of seeking care out of network?
  - Are the networks broad enough to allow consumers to find providers in their area without too much difficulty or delay?
  - Is there clear information about which providers are included in each network?
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## **Success Measure #2: Clear and Effective Process for Dispute Resolution**

Eligibility for financial help through MNsure and eligibility for special enrollment period access are complex, and there will always be disagreements regarding eligibility for assistance, the amount of assistance, and many other issues. In considering the success of MNsure, we believe the Board should consider MNsure's dispute resolution process and whether that process is clear and effective. The factors that should be considered in making that determination should include the following:

### **Clarity**

- Do consumers know where to start when resolving a dispute? Are they provided clear information about their appeal rights and other forms of dispute resolution? In what ways is this information communicated?
- Do communications, such as hearing notices and related documents, come in the language specified in the consumer's MNsure application?

### **Effectiveness**

- Consumers are provided many avenues for appeal, including calling the contact center and creating an oral appeal. Are all the promised appeal avenues working and being utilized?

- Is MNsure complying with appeals obligations (e.g., providing timely appeal summaries and timely notices of hearings)?
- How successful is MNsure at resolving appeals, and what is the satisfaction level of the appellant?
- Is the relationship between MNsure and DHS on appeals that impact both public programs and QHPs working well?
- Are the appeals as a whole being used to identify and correct systemic errors, such as errors in system eligibility determinations?

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