



**This is a summary and integration of the ideas Thompson Aderinkomi heard at the last MNSure board meeting in regards to the use of Active Selector. This is not an official document in any way and does may not represent the entirety of the MNSure board's ideas. The MNSure board has not reached consensus on this document nor have all board members reviewed this document.**

**Problem 1:** The unit cost of healthcare services is too high for Minnesotans.

**Problem 2:** Consumers need help comparing health plans on MNSure

**Problem 3:** Some geographic regions need more health insurance options

**Problem 4:** Consumers need more price/benefit transparency before they choose a plan

**Solution:** RFP + Comparison + Rating + Shelf Space

Think of the solution as a funnel through which MNSure will reward activity and features that are in the best interest of the consumer. The first funnel is the RFP. Second, well defined factors gleaned from the RFP responses and from Commerce submissions, that make sense to consumers, are attached to each product so consumers can make apples to apples comparisons via filters. This will allow consumers to filter on only the plans they want to see based on their perceived needs and risk profile. Third, MNSure rates each product on a 5 star scale using the RFP response as the inputs. Fifth, products are sorted and displayed to consumers in the order of the star rating.

## **RFP**

RFP may not be the best term, as this process is intended to solicit information about each carrier and the plans they will offer. Answers to the questions in the RFP will be used to help consumer compare products and to rate the carriers and plans in a format that is easy for consumers to understand. The following are draft questions that would be included in the RFP. Many of the questions can be answered by reviewing the submission to the Department of Commerce but were included here for completeness to fully articulate what is important to the MNSure board. The carriers may need to submit their complete rate filings to MNSure roughly 6 – 12 weeks (*this is just an estimate*) in advance to the Commerce filing deadline. It would not be the desired outcome, but it would be possible for some or all of a carrier's products to be deemed unsatisfactory.

### **RFP - Carrier Level Questions**

1. In how many rating areas will you be offering products?
2. How many products at each metal level are you offering in each of the rating areas?
3. How many Tiered Cost Sharing products are you offering at each metal level in each rating area?
4. How many bronze and silver products with more than \$300 of first dollar coverage (excluding preventative and ACA mandated medical care) are you offering in each rating area?
5. Do you have a price transparency tool that consumers can use before they become members of your health plan?
6. What is your average premium in each metal level in each rating area?



7. What was the rate of change in the average premiums in each metal level in each rating area?
8. Do you educate your Bronze and Silver metal level plan members on the availability of affordable cash-based providers?
9. Do you engage innovative low cost/high quality medical providers who are currently out of network in an effort to make their services available to Bronze and Silver metal level plan members

### **RFP - Product Level Questions**

1. What providers are included in each product?
2. What is the estimated out of pocket expense for a consumer in each product for each of these scenarios:
  1. Scenario 1 - Low Utilizer (to be defined by MNSure)
  2. Scenario 2 - Medium Utilizer (to be defined by MNSure)
  3. Scenario 3 - High Utilizer (to be defined by MNSure)
3. What is the amount of first dollar coverage for each product, excluding preventative care and ACA mandated medical care?

### **Comparison**

Consumers would be asked a series of BloomHealth style survey questions that capture their known and unknown preferences. Then on the MNSure website the products that appear first in the list of plans in the chosen metal level would be marked as being a good match for the consumer based on the way they answered the survey questions. Then, on the MNSure website consumers would be able to easily toggle the list of displayed products based on the following in order to make apples to apples comparisons if they were not satisfied with the matches produced by the survey:

1. Out of pocket estimates
2. Amount of first dollar coverage
3. Deductible Amount
4. Premium
5. Providers in Network
6. Out of Pocket Maximum
7. Imbedded Deductible (yes/no and how much)

### **Rating**

MNSure would use the answers to the questions in the RFP to rate carrier. In a separate rating each product would be rated as well. The two ratings would be combined and then used to sort products that are displayed to consumers (note: not hide, only sort). The rating system would emphasize those features and attributes at the carrier level and product level that are important to MNSure's board by giving greater or lesser weight to the various inputs collected in the RFP process. MNSure would use a 5 star rating system. This rating would be different than the full accreditation process mandated by the ACA.



### **Shelf Space**

Similar to shelf space in a retail setting, there is only so much space at eye level. MNSure would fix the number of products that could receive 5 stars and so on, by essentially grading on a curve. The top 10% of products get 5 stars, the next 10% get 4 stars, the next 10% get 3 stars, the next 10% get 2 stars, all others get 1 star. Products with incomplete information get 0 stars. When a consumer uses check boxes or levers to filter plans so they are able to make apple-to-apple comparisons, the filtered set of plans would be sorted by star rating. Highest stars at the top.