



# Market Development Work Group

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# Purpose of Market Development Work Group

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- Thoughtfully address the broad objectives in the enabling statute
  - An outgrowth of Active Purchaser
  - Desire to cooperate vs. mandate
- Learn what tangible actions will improve the marketplace for consumers and the MNsure assister community
- Understand the needs of our business partners
  - Provide actionable direction for staff to improve 2016 open enrollment
  - Address market recommendations from the recent Office of the Legislative Auditor report

# Goals

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- Build upon the support of the various constituencies that want to see MNsure succeed
- Define the goals beyond the current essential IT goals
- Consider the strategy, tools available and appropriate timing to achieve the goals
- Prioritize the information into actions possible in 2015-16 and into longer-term goals

# Results

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- Fantastic response
  - Two dozen meetings
  - Nearly 100 individuals
  - Every meeting produced tangible, actionable ideas
- Concepts were organized into actionable categories, taking into consideration:
  - Time frame
  - IT burden
  - Which consumers would benefit
  - Excluding items already in the work plan

# Process

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- A series of conversational meetings over 3 months
- Dozens of invitations to groups and individuals representing perspectives and experiences significant to MNsure
- Discussion was forward-looking and based on the assumption of a stable, functioning IT system
- Participants included:
  - health care providers
  - business groups
  - insurers
  - health and wellness programs
  - decision support businesses
  - startups
  - navigators
  - brokers
  - policy experts
  - counties
  - and more

# Categories

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- Plan design suggestions
- Consumer education and information
- Plan comparison and shopping tools
- Additional product offerings
- Innovation
- Other

# Recommendations

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- Generated an extensive list of ideas to serve as a resource for the next 2-3 years
- A majority of participants emphasized three areas:
  - Make the enrollment process and workflow transparent to the public and our partners
  - Enrich the consumer experience including options for decision support tools
  - Call for innovative product designs

# Recommendations

Topic	Tactic/Motion	IT impact	Staff impact	Third-party impact	Segment
<b>Enrollment Process Transparency</b>	Direct MNsure staff to display application workflow and handoffs to various parties (DHS, counties, MNsure) as a reference tool	None	Moderate	Minimal	Public Programs
<b>Consumer Experience &amp; Comparison Tools</b>	Direct MNsure staff to incorporate existing third-party plan comparison tools	Minimal	Moderate	Significant	QHP
<b>Innovative Product Design</b>	Prepare a letter to the carriers outlining a request for innovative products to address specific circumstances and include guidance based on the work group research	None	Minimal	Significant	QHP



# Enrollment Process Transparency

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- Identify expertise within MNsure familiar with the complete workflow process
- Publish workflow processes: both simple and complex
- Engage business experts and community leaders to advise on process improvement

# Consumer Experience & Comparison Tools

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- Choose options that link with an external vendor
- Minimize demand on MNsure IT system
- Maximize value offered to consumers
- Potential application for public program consumers as they make their choices
- Create application protocol interface (API) to allow all third parties to offer their tools

# Innovative Product Design

- Publish MNsure priorities for product innovation
  - Examples:
    - End-of-life planning visit covered as essential health benefit
    - Hospice benefits standards
    - Chronic-disease-oriented plans
    - Address affordability of access to routine care
    - Transition plans between public programs and QHPs
    - Price transparency
    - More first dollar coverage for primary care
- Publish plan responses in the form of product offerings
- Designations for innovative plans on MNsure website

# Additional Recommendations

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- Two additional ideas stood out, having significant potential in a public exchange, but requiring more exploration and research:
  - Non-medical insurance products
  - Promote and fund organizations with products and services focused on underserved populations
- Designate individual(s) within MNsure dedicated to guiding organizations with innovative products and services successfully from concept to introduction into the marketplace

# Non-Medical Insurance Products



- Define the supplemental and ancillary services that are desired by MNsure users.  
Examples:
  - Wellness programs or apps
  - Chronic condition programs
  - Mental health insurance
  - Long-term care insurance
- Partner with businesses to enhance the options available to Minnesotans in the individual and small business markets

# Products Focused on Underserved Populations

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- Identify organizations effectively targeting underserved populations with specialized services
  - Direct medical care
  - Care management
  - Mental health needs
  - Culturally competent care
- Explore mechanisms to support their work
- Remove insurance and financial barriers to delivery of needed services



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# Summary of Actionable Ideas for Future Consideration

developed by the  
Market Development Work Group

# Summary – Design, page 1 of 2

PP	QHP	IT	Topic
	X		Encourage specially designed product for individuals with chronic or special needs
X	X		Create incentives for use of certain benefits shown to improve health
X	X		Encourage end-of-life conversation coverage
X	X		Encourage appropriate hospice benefit
	X		Encourage two routine visits exempt from deductible (primary care setting)
	X		Encourage telehealth coverage
	X		Encourage flat-rate charges instead of co-insurance
	X		Encourage one zero-deductible offering at each metal level



# Summary – Design, page 2 of 2

PP	QHP	IT	Topic
	X		Establish benchmark plan
	X		Create a three-year fixed-premium plan
	X		Establish inexpensive sick visit process for high-deductible plans (primary care setting)
	X		Offer rebates for healthy activities
	X		Encourage a no/low-use rebate (like “no-accident” rebates in auto insurance)
	X		Encourage personalized plan design (e.g., name your deductible, name your network, etc.)
X	X		Encourage QHP plan design structure similar to MinnesotaCare to ease transition

# Summary – Education

PP	QHP	IT	Topic
X	X	X	Provide links to third-party resources about maximizing use of insurance benefits
X	X	X	Provide glossary of basic terms and use of insurance
X	X		Highlight resources available for special vulnerable populations
X	X	X	Provide a list of preventive services available under each plan
X			Establish a facilitator (or Contact Center staff) to help consumer transition from public programs to QHP
X	X	X	Add video and audio instructions for enrollment process
X	X		Expand role of navigator to explain preventive services and how to use insurance

# Summary – Comparison/Selection, page 1 of 2

PP	QHP	IT	Topic
	X	X	Include a chart showing cost to consumer of a set number of standard services for each plan
X	X	X	Add decision-support tools showing total cost of health care services (premium plus out-of-pocket)
X	X	X	Add links to clinical quality measures (e.g., MNCM ratings)
X		X	Add links to plan quality ratings (e.g., JD Power, CAHPS, CMS star ratings)
X	X		Indicate QHPs most similar to public programs to help consumers transitioning from public programs to QHP
	X		Release premium rate information earlier
	X	X	Allow sorting of plans by topic (see appendix for more detail)
	X	X	Add comparison shopping tools (see appendix for more detail)

# Summary – Comparison/Selection, page 2 of 2

PP	QHP	IT	Topic
	X	X	Have health risk assessment direct consumer to health plan type
	X	X	Offer guided selection: pop-up about consequences of selection and suggest alternatives
	X	X	Limit plan choices to simplify enrollment decisions
X	X	X	Allow consumers who qualify for public programs to opt out and select QHP (with or without APTC)
X	X	X	Separate the process for online enrollment between public programs and QHP
X	X	X	Provide contact access to inquire about status of application
	X		List five factors to consider when selecting an insurance plan

# Summary – Additional Product

PP	QHP	IT	Topic
X	X	X	Allow complementary products to be sold on MNsure (e.g., wellness, LTC)
	X	X	Provide optional add-on features to offered plans (e.g., first dollar coverage, wellness)
X	X	X	Promote expansion of offerings from innovations like Hennepin Health
	X		Encourage non-insurers (e.g., Accountable Care Organizations or others) to offer services tied to broader insurance

# Summary – Innovation

PP	QHP	IT	Topic
	X		Create funding mechanism for low-income households with HSA products
X	X	X	Send reminders during course of year to use covered services (e.g., preventive or pharma)
X	X		Make health risk assessment available annually
X	X	X	Establish consumer ratings (exit survey or evaluate prior year plan at time of re-enrollment)
X			Establish a temporary or bridge plan
X	X		Prorate out-of-pocket cost and deductible accumulations when transferring into QHP mid-year

# Summary – Other

PP	QHP	IT	Topic
X		X	Use 62(L) to allow small businesses to enable individual employees to purchase
X	X		Clearly show consumer process—what to expect from login to insurance card in hand
X	X		Identify when consumers are handed from one agency to another and back
X	X		Segment Contact Center staff by subject-matter experts
X			Establish a grace period when leaving public programs to ease transition to a commercial plan
	X	X	Outsource SHOP
X	X		Permit enrollment by phone
X	X		Require brokers and plans to screen for public program/APTC eligibility and refer to MNsure

# Appendix – Plan Comparison Tools

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- Consumer comparison tools
  - Bloom – series of questions
  - Picwell – total cost (predictive)
  - Checkbook.org – total cost (reported)
  - Gravie – surround of services
  - Healthcare.com – what consumer selects
  - Value Penguin – consumer sorting model
  - Health Sherpa – consumer sorting model
  - CodeBaby – intelligent virtual assistant



# Appendix – Plan Sorting Capabilities

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- Co-insurance for office visit (in-network)
- Co-insurance for office visit (out-of-network)
- Co-insurance for hospital stay (in-network)
- Co-insurance for hospital stay (out-of-network)
- Premium price
- Deductible amount
- Post-deductible payments (in-network)
- Post-deductible payments (out-of-network)
- Out-of-pocket maximum
- Provider