

Draft: 5/8/23

Consumer Information (B) Subgroup
Virtual Meeting
April 17, 2023

The Consumer Information (B) Subgroup of the Health Insurance and Managed Care (B) Committee met April 17, 2023. The following Subgroup members participated: LeAnn Crow, Chair (KS); Anthony L. Williams (AL); Randy Pipal (ID); Alex Peck (IN); Mary Kwei (MD); Carrie Couch (MO); Cuc Nguyen (OK); David Buono (PA); Jill Kruger (SD); Shelley Wiseman (UT); and Christina Keeley (WI). Also participating were: Susan Brown (MT); and Cynthia Cisneros (NM).

1. Adopted its March 2 Minutes

The Subgroup met March 2 to discuss potential Subgroup activities for the year.

Couch made a motion, seconded by Pipal, to adopt the Subgroup's March 2 minutes (Attachment). The motion passed unanimously.

2. Discussed a Regulator Guide on Medicaid Redeterminations

Crow said the Subgroup identified a guide on Medicaid redeterminations as a top priority during its March 2 meeting. She said millions of people will leave Medicaid in 2023 and need to find new coverage. She said a small group met to draft a guide for state insurance regulators to aid in understanding the resumption of redeterminations. She said many other groups have developed materials aimed at consumers.

Crow said the guide focuses on providing links to existing useful tools. Couch said the guide is a good resource for those who take calls from consumers. She said the draft guide lacks information on navigators and assisters.

Bonnie Burns (California Health Advocates—CHA) said she applauds the group for developing the document. She said people dropped from Medicaid may not know they remain eligible for Medicare Savings Programs or other state-based assistance with health costs. She recommended that the guide refer readers to State Health Insurance Assistance Programs (SHIPs) to check into other programs that may offer benefits. Harry Ting (Health Care Consumer Advocate) agreed that SHIPs should be referenced and provided a suggested resource for assisting Medicare-eligible individuals.

Crow said other emailed suggestions included adding references to enrolling in employer-sponsored plans. Kris Hathaway (AHIP) also recommended adding information on employer coverage. Burns said individuals who lose Medicaid after a redetermination may not have a total loss of assistance due to eligibility for other benefits. She added that not all insurance departments have SHIPs within their departments, so it would be useful to link to them.

Crow asked whether the guide should mention coverage of preexisting conditions since it is not an issue under plans under the federal Affordable Care Act (ACA), but it is for other plans. Subgroup members agreed that there should be information on preexisting condition exclusions.

3. Discussed Other Matters

Crow said the Health Insurance and Managed Care (B) Committee had discussed statistics on claim denials and appeals. She said they showed that consumers appeal very few denials. She said the Subgroup may wish to consider how to assist consumers in understanding denials and making appeals. She reminded the Subgroup that it has already produced a guide for consumers on how to appeal denied claims.

Dr. Ting said it would be a good idea to refresh the denials guide and also to encourage consumers to appeal denials because there is a good chance that a denial would be overturned. He said communications outreach around the value of appealing would be useful in addition to updating the guide. Couch said social media can be a good avenue for reaching consumers.

Cisneros said overall health insurance literacy is also important and that the appeals guide could be part of a larger set of resources. Crow said the Subgroup had put out a more comprehensive guide to using insurance in the past. Buono said Pennsylvania uses a similar comprehensive guide.

Katie Dzurec (Regulatory Insurance Advisors) said information on coverage for preventive services may be useful for state insurance regulators and consumers after the recent *Braidwood* decision.

Crow asked Subgroup members and interested parties to suggest over email other topics for the Subgroup to take up.

Having no further business, the Consumer Information (B) Subgroup adjourned.

SharePoint/NAIC Support Staff Hub/Committees/B Committee/National Meetings/2023 Summer National Meeting/Final Minutes/Cons Info 4.17

Attachment

Draft: 3/8/23

Consumer Information (B) Subgroup
Virtual Meeting
March 2, 2023

The Consumer Information (B) Subgroup of the Health Insurance and Managed Care (B) Committee met March 2, 2023. The following Subgroup members participated: LeAnn Crow, Chair (KS); Debra Judy (CO); Randy Pipal (ID); Alex Peck (IN); Mary Kwei (MD); Carrie Couch (MO); Mike Rhoads and Rebecca Ross (OK); David Buono (PA); Jill Kruger (SD); Vickie Trice (TN); Shelley Wiseman (UT); and Christina Keeley (WI). Also participating were: Susan Brown (MT); and Cynthia Cisneros (NM).

4. Adopted Its Jan. 31 Minutes

The Subgroup met Jan. 31 to discuss the results of a survey of states' consumer engagement activities.

Rhoads made a motion, seconded by Trice, to approve the Subgroup's Jan. 31 minutes (Attachment). The motion passed unanimously.

5. Discussed Potential Subgroup Activities

Crow reviewed ideas raised during the last meeting for the Subgroup's next projects. She listed ideas including a resource document on using social media, a guide to forming partnerships with other agencies, methods for measuring the effectiveness of outreach, and creating alternate versions of existing documents. She also raised the idea of an education piece for consumers who may lose Medicaid.

Rhoads said the most pressing issue for Oklahoma and many states is helping consumers find coverage after they come off Medicaid. He said assisting consumers who lose access to Medicaid will be a critical priority in the coming months. Other states agreed that it would be helpful to have something in this area fairly quickly. Cisneros said New Mexico has worked with its state-based Marketplace and Medicaid agency, which has developed a toolkit to guide activities.

Bonnie Burns (California Health Advocates—CHA) said that consumer representatives would be happy to assist in developing a document. She said consumers are looking for answers to questions, so a document should be designed to give answers to specific questions.

Eric Ellsworth (Consumers' Checkbook) said there is a lot of messaging already from the Centers for Medicare & Medicaid Services (CMS) and state-based marketplaces. He said information dilution is a risk. He said state insurance regulators should consider what they can do that is additive to what has been produced already (e.g., compelling insurers to add messages to their websites). Kruger said consumers will be directed to Marketplaces, not individual carrier websites. She said a risk to consider is that consumers may end up on scam websites rather than Marketplace sites. Ellsworth said consumers may or may not read a letter from the Medicaid agency, but they may need help in avoiding scam websites when they seek new coverage. He said state insurance regulators should consider asking Google to mark official government sites so they can be easily distinguished. Burns said consumers have been attracted to health care sharing ministries (HCSMs) because they search for something inexpensive, so consumers should be warned what they should not do in addition to learning about official resources.

Cisneros said New Mexico has been working proactively to steer consumers away from HCSMs and scam plans with webinars and advertising. Crow said consumers may not seek help or information until it is too late.

Couch suggested the Subgroup could consider reworking its older document on shopping for low-cost health plans.

Harry Ting (Health Care Consumer Advocate) said a frequently asked questions (FAQ) document would be a more effective format and said dual eligible individuals should be addressed.

Kris Hathaway (AHIP) said her organization has been spending a lot of time on redeterminations. She said the Subgroup should not reinvent the wheel and instead make use of materials that have already been developed. She said timing and alignment with Medicaid agencies and Marketplaces are concerns, so the Subgroup should consider a library of resources rather than a new document.

Ross said states have navigators involved already and that states should help consumers find navigators.

Crow asked for volunteers to help with the project. Ross, Brown, and Burns said they would help. Burns said the Subgroup could produce multiple documents, one for consumers and one for state insurance regulators.

Ellsworth suggested that the Subgroup later in the year could work to analyze the barriers to consumers getting the information they need. The intention would be to make policy changes (e.g., requiring issuers to include Health Insurance Oversight System [HIOS] identification numbers on the Summary of Benefits and Coverage [SBC]).

Having no further business, the Consumer Information (B) Subgroup adjourned.

SharePoint/Support Staff Hub/Committees/B Committee/National Meetings/2023 Spring National Meeting/Final Minutes/Cons Info 3.2