

Draft: 4/7/21

Consumer Information (B) Subgroup  
Virtual Meeting  
April 1, 2021

The Consumer Information (B) Subgroup of the Health Insurance and Managed Care (B) Committee met April 1, 2021. The following Subgroup members participated: Mary Kwei, Chair, Joy Hatchette and Paul Meyer (MD); Debra Judy, Vice Chair (CO); Anthony L. Williams (AL); Randy Pipal and Weston Trexler (ID); Michelle Baldock (IL); LeAnn Crow, Brenda Johnson and Craig Van Aalst (KS); Judith Watters (ME); Carrie Couch, Jo LeDuc and Michelle Vickers (MO); Kathy Shortt (NC); Laura Arp and Martin Swanson (NE); Cuc Nguyen and Mike Rhoads (OK); Katie Dzurec and Lars Thorne (PA); Candy Holbrook and Jill Kruger (SD); David Combs, Brian Hoffmeister, Jennifer Ramcharan and Vickie Trice (TN); Heidi Clausen, Shelley Wiseman and Jaakob Sundberg (UT); and Christina Keely and Jennifer Stegall (WI). Also participating was: Emily DeLaGarza (MI).

1. Discussed Potential Areas of Work for 2021

Ms. Kwei said the Subgroup would work on products to help both state insurance regulators and consumers. She asked the Subgroup to consider the different topics it would like to cover during 2021, including direction from the Health Insurance and Managed Care (B) Committee to work on the federal No Surprises Act. She said some No Surprises Act topics likely fit into the Subgroup's plan to develop a guide for consumers on the claims process.

Ms. Kwei asked whether changes to premium tax credits and COBRA subsidies are the key topics to cover from the federal American Rescue Plan. Subgroup members agreed that they are. Ms. Judy asked whether the Subgroup should work on individual coverage health reimbursement arrangements as part of its work on the American Rescue Plan, but the Subgroup concluded that it is not relevant to that law.

Eric Ellsworth (Consumers Checkbook) asked if the Subgroup would consider working on data products that could be incorporated into consumer materials, like in an app. He said consumer understanding of networks should also be considered.

Kris Hathaway (America's Health Insurance Plans—AHIP) asked how the Subgroup would address the proposed topic of Current Procedural Terminology (CPT) codes. Ms. Kwei responded that consumers frequently encounter the codes as part of a denial, but they do not understand them. She said a product could explain what a CPT code is and why they are important.

2. Discussed the Sequencing of Work Products

Ms. Kwei asked where materials on the claims process fit in with materials on new federal legislation. She asked whether revising the "Frequently Asked Questions About Health Care Reform" document (FAQ document) should be done sooner than in past years. Ms. Arp said the FAQ responses would be useful in other materials, so either one could come first. Ms. DeLaGarza said the American Rescue Plan changes are temporary, so the full FAQ document should not necessarily be updated. Subgroup members voiced support for starting with updates to the FAQ, in a separate addendum, to reflect changes made by the American Rescue Plan.

Mr. Ellsworth said exchanges will make a lot of information available to consumers about expanded tax credits, so the FAQ document should incorporate existing materials. He said there is less available on the No Surprises Act.

Ms. Kwei said No Surprises Act work will need to be informed by rules expected from federal agencies over the summer, so the Subgroup should wait to develop related materials until those are available.

The Subgroup discussed the timeline for completing new questions for the FAQ addendum related to the American Rescue Plan.

Jeff Klein (McIntyre & Lemon) said the Virginia State Corporation Commission (SCC) recently released a helpful consumer document on health savings accounts (HSAs).

Harry Ting (Consumer Representative) said the Subgroup is not reaching as many people as it should with its products. He said the Subgroup should discuss strategies for how to make more people aware of the group's products. Sylvia Yee (Disability Rights Education and Defense Fund—DREDF) said new networks have been formed by community organizations around COVID-19 vaccinations, and they could be used to disseminate insurance consumer information. Mr. Ellsworth said the Subgroup should work to gather feedback on whether its products are useful and understandable for consumers.

Ms. Judy said that the Subgroup should take advantage of existing documents and mentioned one from Beyond the Basics on American Rescue Plan provisions.

The Subgroup decided that it would consider new questions for the FAQ document addendum drafted by Ms. Kwei and Ms. Kruger.

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

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Draft: 6/4/21

Consumer Information (B) Subgroup  
Virtual Meeting  
May 25, 2021

The Consumer Information (B) Subgroup of the Health Insurance and Managed Care (B) Committee met May 25, 2021. The following Subgroup members participated: Mary Kwei, Chair, and Paul Meyer (MD); William Rodgers and Anthony L. Williams (AL); Michele Mackenzie, Kathy McGill and Randy Pipal (ID); Michelle Baldock and Ryan Gillespie (IL); Alex Peck (IN); LeAnn Crow, Brenda Johnson and Tate Flott (KS); Judith Watters (ME); Helen Bassett, Galen Benshoof and Candace Gergen (MN); Camille Anderson-Weddle, Carrie Couch, Amy Hoyt, Jessica Schrimpf and Michelle Vickers (MO); Kathy Shortt (NC); Laura Arp and Martin Swanson (NE); Kurt Cagle and Mike Rhoads (OK); Katie Dzurec and Elizabeth Hart (PA); Gretchen Brodtkorb, Lisa Harmon and Jill Kruger (SD); David Combs, Bill Huddleston, Jennifer Ramcharan and Vickie Trice (TN); Tanji J. Northrup, Shelley Wiseman and Jaakob Sundberg (UT); and Barbara Belling, Eric Cormany, Diane Dambach, Darcy Paskey, Jennifer Stegall, Jody Ullman and Julie Walsh (WI). Also participating was: Jana Jarrett (OH).

3. Discussed Briefs on the Claims Process

Ms. Kwei noted that the Subgroup had finalized its addendum to the Frequented Asked Questions about Health Care Reform (FAQ) document, and she said the Subgroup would return to the FAQ document prior to the beginning of Open Enrollment in the fall. She said the Subgroup would next turn to consumer guides on the claims process, as had been discussed on previous calls.

Ms. Kwei asked for input from Subgroup members and interested parties on how the guides should be written. Bonnie Burns (California Health Advocates—CHA) asked whether the guides would take the form of a FAQ document. Ms. Kwei responded that she is open to suggestions; although, she said she envisioned a series of separate, stand-alone guides that were brief, hopefully 1–2 pages. She mentioned that one of the most popular documents Maryland makes available to consumers is a short one on in- versus out-of-network claims issues, with definitions, explanations and FAQ. Ms. Shortt said North Carolina provides consumers with a six page toolkit on medical necessity denials that helps consumers through their own appeals. Ms. Jarrett suggested that the documents be thought of as tip sheets or infographics rather than guides. Harry Ting (Healthcare Consumer Advocate) said an existing brochure from Colorado is a useful model for appeals, as well as a sample letter Pennsylvania provides. Eric Ellsworth (Consumers Checkbook) said consumers need examples of what can be challenged through appeals and what cannot.

Ms. Kwei listed the topics that had been proposed and discussed on past calls, including filing claims; understanding explanations of benefits (EOBs); how to appeal a denial; medical necessity; balance billing; and CPT codes. Ms. Burns said the issues with current procedural terminology (CPT) codes should be covered in the guide to denied claims. She noted that individuals covered by Medicare and Medicaid have different issues with appeals, and there are a good deal of existing documents for the Medicare population. She asked whether EOBs are similar enough across insurers and different types of insurance (TOIs) that one guide could help with all of them. Ms. Kwei said EOBs are not standardized, but they all follow a general template. Ms. Dzurec said denial codes may not fully explain the reason a claim was denied; she said medical necessity may be implicated without being mentioned. She said those who appeal should start with the TOI, because the regulatory agency and potential helpers differ. She said after that determination, there is some baseline content that the Subgroup can develop, then work with sister agencies to determine what is helpful for those covered by other TOIs.

Joe Tuschner (NAIC) asked whether the guides are intended for enrollees in state-regulated plans or for consumers with any type of coverage. Ms. Kwei said there is often a distinction made between public plans and commercial plans, and commercial plans include self-funded plans and others not regulated by the state. She said the focus should be on the plans states regulate; although, a guide on how to read an EOB should be applicable for non-state regulated plans, as well. Mr. Ting said a guide should have content for any consumer, regardless of their coverage source, even if it does not go into detail. Mr. Ellsworth said consumers want an answer to their question, not to understand how the health care system works. He suggested organizing around a specific situation a consumer is in. He said FAQ can offer smaller bits of information that are easier to read and better able to be formatted on a mobile-friendly web page.

Ms. Kwei asked about existing documents that can serve as models for the guides. Ms. Dzurec said Pennsylvania could share the script for its YouTube videos. The Subgroup discussed the benefits of both digital and paper-based materials.

Ms. Burns said consumers are interested in getting answers to their questions; i.e., what it is, what they are looking at, why it happened, what they can do about it, and where they can get help.

Ms. Shortt explained that North Carolina has a unit that helps consumers file appeals with their insurers, and it provides sample appeal letters, as well as brochures, that explain how to reach the department.

Ms. Watters suggested producing a document that is broad to increase literacy, rather than a specific how-to in constructing an appeal.

Ms. Kwei asked for an individual to take the lead on each of the topics, with others assisting. Subgroup members volunteered for each of the topics, except balance billing. Ms. Kwei suggested that the balance billing guide should wait until more is known about federal regulations under the No Surprises Act. Kris Hathaway (America's Health Insurance Plans—AHIP) said her organization would soon complete a consumer-facing one-pager on the No Surprises Act and would share it with the Subgroup. Ms. Kwei said each topic should be covered in one to two pages; for some, a graphic may be the best way to explain it.

Ms. Burns asked if in- and out-of-network concepts should be included. Ms. Kwei said those concepts could be included in the other topics.

The Subgroup agreed that draft guides for each topic should be completed by the end of June.

Ms. Hathaway offered to review the guides for consistency with health plan operations.

#### 4. Discussed Other Matters

Ms. Kwei said some questions have been raised regarding how the Subgroup can better reach consumers with its materials. She said the various sources of coverage, different insurance regulators, and variety of consumer situations all create challenges to having general materials. She said the Subgroup generally relies on states to fill in the specifics where they can. She said the Subgroup is open to suggestions on how it can better fulfill its charges, which center around developing resources for state insurance regulators and others who assist consumers.

Mr. Ting said consumer representatives are concerned that many consumers do not look for information online from insurance departments. He said departments should get the information out to consumers, rather than wait for consumers to come to the departments. He suggested a survey to identify best practices among the states. He said some examples are distributing guidance on choosing plans to consumers who disenroll from Medicaid or file unemployment claims. Ms. Arp said search optimization is important to ensure that insurance department materials come up when consumers search for information on claim denials or other issues. Ms. Dzurec suggested working with communications staff to think about how to better optimize for searches and otherwise break down silos between drafters and communications work.

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

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