

**MNsure**  
***Health Industry***  
***Advisory Committee (HIAC)***

## **HIAC 2018 Recommendations**

### **Subgroups:**

- **Member Retention**
- **MNsure Broker/Navigator Portal**
- **Attracting the Uninsured**

*The Health Insurance Advisory Committee (HIAC) was established by the MNSure Board under authority of Minn. Stat. § 62V.04, subd. 13(a).*

*The HIAC “will provide appropriate and relevant advice and counsel on MNSure’s duties and operations and other related issues for the benefit of the Board.”*

**July 18, 2018**

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### ***HIAC Members***

**Hillary Hume** is the committee chair. She resides in the Twin Cities and is the director of clinical innovation with Hennepin Health.

**Thomas Hoffman** is the committee vice chair. He resides in the Twin Cities and is a general manager for Prime Therapeutics, a pharmacy benefit manager for Blue Cross Blue Shield Minnesota and other health plans across the country.

**Matthew Aiken** resides in the Twin Cities and works as a registered agent with Tonka Financial Services, a MNSure broker enrollment center.

**Kyle Bozentko** resides in the Twin Cities and is the executive director of the Jefferson Center.

**Carl Floren** resides in the Twin Cities and is a retired software professional.

**Hodan Guled** resides in the Twin Cities and is the chief executive officer of Briva Health, a navigator organization and official MNsure partner.

**Jenifer Ivanca** resides in rural Minnesota and owns Jenifer Ivanca Insurance Agency, a MNsure broker enrollment center.

**Andy McCoy** resides in the Twin Cities and is the vice president of revenue management for Fairview Health Services.

**Daniel Miesle** resides in rural Minnesota and works as a health care facility consultant.

**Chris Rofidal** resides in the Twin Cities and is a market access director for Pierre Fabre Pharmaceuticals.

**Joel Ulland** resides in the Twin Cities and is associate vice president and public affairs officer with UCare.

**Nancy Yaklich** resides in the Twin Cities and works as a customer experience management consultant. She is a small business owner and has previously worked for both Optum and UnitedHealthcare.

**Bette Zerwas** resides in rural Minnesota and is the government payer program specialist at North Memorial Health.

## ***Executive Summary***

The HIAC developed three recommendations for 2018 that support MNsure's mission and vision.

*"Mission: To ensure all Minnesotans have the security of health insurance.*

*"Vision: To create a statewide resource that provides access to private health insurance and public medical assistance programs" (MNsure, 2018).*

The recommendations are centered on three core areas, where there may be options for MNsure to improve outcomes, leading to increased enrollment and retention. The three core areas are retention of members who enroll to stay enrolled all year; assister portal functionality; and attracting the uninsured.

The HIAC finalized these recommendation at our June 21, 2018 meeting. **The vote was unanimous** for the members present. Eleven (11) voted in favor and Two (2) were not present.

## ***Background***

At the end November 2017, the HIAC welcomed several new members, including a new Chair and Vice Chair. Between January and February 2018, the HIAC created four initial subgroups to research topics for preliminary recommendations for a future MNsure Board recommendation later in the year. The four initial subgroups and members are listed below.

- **MNsure Broker/Navigator Portal Subgroup:**  
Lead: Matt Aiken, members: Thomas Hoffman and Hillary Hume.
- **Consistent Member Transition from Sign-up to Effectuation:**  
Co-leads/members: Kyle Bozentko, Joel Ulland, and Nancy Yaklich.
- **Member Retention:**  
Lead: Andy McCoy, members: Dan Miesle, Chris Rofidal, and Bette Zerwas.
- **MNsure's Ability to Attract the Uninsured:**  
Lead: Jennifer Ivanca, members: Carl Floren and Hodan Guled.

Member retention and consistent member transition from sign-up to effectuation upon further research were similar topics, therefore the final subgroup was Member Retention, led by Any McCoy.

Each recommendation will be supported by an issue statement and background in the forthcoming information.

## ***Broker/Navigator Portal***

### **Issue Statement:**

Consumers continue to require significant assistance when determining the status of their application. The status messages are unclear for the average consumer.

### **Background:**

Brokers who assist consumers in obtaining health insurance through MNsure hold a license in the State of Minnesota and are registered through the Department of Commerce (Minnesota Statute, 2017). Brokers are trained and certified by MNsure before they are able to assist consumers in gaining coverage through MNsure. Brokers are able to assist their clients in filing their applications through MNsure; however, when there is an error or a delay in obtaining coverage, a broker is not able to assist their client in completing the process without phoning MNsure, with the client on the phone with them in most cases.

Two of the most common circumstances that occur are related to consumer notices and income information. Consumers receive a variety of notices from MNsure providing information or requesting information. Notices vary from a renewal notice, to no longer meeting eligibility due to Medicare enrollment which may be an error, to verification of income because of the information supplied on the initial application. The consumer does not recall or cannot validate the details that they entered on the application because there is no print function and they cannot go back into the application to view once it's been submitted.

### **Recommendation:**

MNsure enhance the assister portal to allow visibility into key member data. This includes application records (income on file) and notifications.

## ***Member Retention***

### **Issue Statement**

Five to ten percent of people who purchase insurance lose coverage due to lack of premium payment after one month paying premiums and 10-15% stop paying premiums after 90 days. Affordability may be one of the main reasons that people discontinue by lack of payment of premiums over time.

### **Background**

When consumers purchase insurance, effectuation drops over time. The member retention subgroup researched common causes.

Percent of Enrollees that Remained Effectuated													
		Month Coverage Effectuated											
		January	February	March	April	May	June	July	August	September	October	November	December
Monthly Retention Rate	January	100.00%											
	February	95.70%	100.00%										
	March	92.80%	96.80%	100.00%									
	April	90.50%	92.80%	97.00%	100.00%								
	May	88.50%	89.40%	91.20%	95.10%	100.00%							
	June	86.40%	85.80%	86.70%	88.70%	94.10%	100.00%						
	July	84.50%	83.40%	83.10%	85.50%	87.10%	94.40%	100.00%					
	August	83.00%	81.80%	81.00%	82.40%	83.60%	88.20%	95.70%	100.00%				
	September	81.50%	80.40%	79.30%	78.10%	80.30%	83.80%	89.20%	91.80%	100.00%			
	October	80.20%	79.00%	78.00%	76.00%	77.30%	80.80%	84.70%	83.30%	95.30%	100.00%		
	November	79.30%	78.20%	77.40%	75.30%	74.60%	78.10%	82.10%	80.80%	86.70%	96.40%	100.00%	
	December	79.20%	78.10%	77.30%	75.20%	74.30%	77.90%	82.00%	80.70%	86.70%	96.40%	100.00%	100.00%

(Health Industry Advisory Committee, 2018)

There are several reasons that consumers discontinue coverage; some are considered non-problematic and others are problematic. The non-problematic reasons why consumers discontinue coverage:

- Coverage gains through employer or through a spouse.
- Gains coverage through Medicare (age-in).
- Gains coverage or is determined to be eligible for MinnesotaCare or Medical Assistance.

The problematic reasons for discontinuing coverage are:

- Cost of coverage not affordable.
- Avoiding paying premium at end of year to take advantage of grace period.
- Lack of tax penalty reduced incentive for coverage.
- Didn't fully understand financial obligation of coverage.

In 2017, the Minnesota Legislature passed the reinsurance program which has led to reduced premiums for 2018.

**Recommendation:**

The MNsure Board advocate for the continuation of reinsurance beyond plan year 2019.

***Attracting the Uninsured***

**Issue Statement**

After 5 years of the Affordable Care Act and launching of MNsure, there are still consumers that are unaware of their options. They assume they cannot afford coverage or think the ACA has been repealed.

**Background**

In 2017, the Minnesota Department of Health produced its biennial Health Access survey that reported that 51.1% of the uninsured are likely eligible for public coverage, with an additional 22.7% likely eligible for advanced premium tax credits (Simon & Gildemeister, 2017). The subgroup researched several reasons why people are uninsured; small business are dropping coverage, employees are not informed, individual coverage is not affordable and there are less options, and there are unclear media messages regarding the ACA and whether it has been repealed. In addition, the marketing efforts currently in practice by MNsure focus on the open enrollment period.

Minnesota was compared to Connecticut and Massachusetts, states that have state-based exchanges and similar uninsured rates. Massachusetts has the lowest uninsured rate and the greatest variation is related to marketing efforts, which are year round and focused based upon their target populations following survey results and gap analysis.

**How do we compare to CT and MA?**

MN (6.3%)	CT (6.2%)	MA (4%)
No state mandate	No state mandate	State mandate
Marketing strategy-mainly focus on individual market	Marketing strategy-mainly focus on individual market	Marketing strategy-data driven, focus on minorities (particularly young latino men)
Marketing campaign-during open enrollment only	Marketing campaign-during open enrollment only	Year round marketing campaign
No merge market policy	No merge market policy	Attracts large # of carriers by merge market policy (>5000 off exchange must participate)
State based option available to <=200%FPG	State based options available to <=300%FPG	State based options available to <=300%FPG
Catastrophic option <=25		catastrophic option <=30
No point of service plans available	Point of service plans available	Point of service plans available
Plans listed though comparison tool only (website)	Plans listed though comparison tool only (website)	User friendly site and all plans listed on website

(Health Industry Advisory Committee, 2018)

**Recommendation:**

MNsure’s marketing campaign be held year-round, rather than only during the open enrollment period. This would increase MNsure awareness and attract those who are eligible for public programs and special enrollment periods.

## References

- Health Industry Advisory Committee. (2018, June 21). Member Retention Subgroup.
- Health Industry Advisory Committee. (2018, March 24). Mnsure's Ability to Attract the Uninsured Presentation . Retrieved from <https://www.mnsure.org/about-us/directors/board-meeting-materials.jsp>
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- Simon, A., & Gildemeister, S. (2017, March 14). 2017 Minnesota Health Access Survey. Minnesota Department of Health Economics Program.