

MNsure

Consumer and Small Employer Advisory Committee (CSEAC) and Health Industry Advisory Committee (HIAC)

Joint Meeting
May 30, 2017

Agenda

1. Welcome & Introductions
2. Approve Minutes
3. Public Comment
4. Legislative Update/Overview
5. MNsure Board & Staff Update
6. Open Enrollment Period | Joint CSEAC & HIAC Recommendation
7. Assister Functionality Workgroup
8. Operational Feedback Loop
9. Next Steps, Future Topics and Next Meeting

Welcome & Introductions

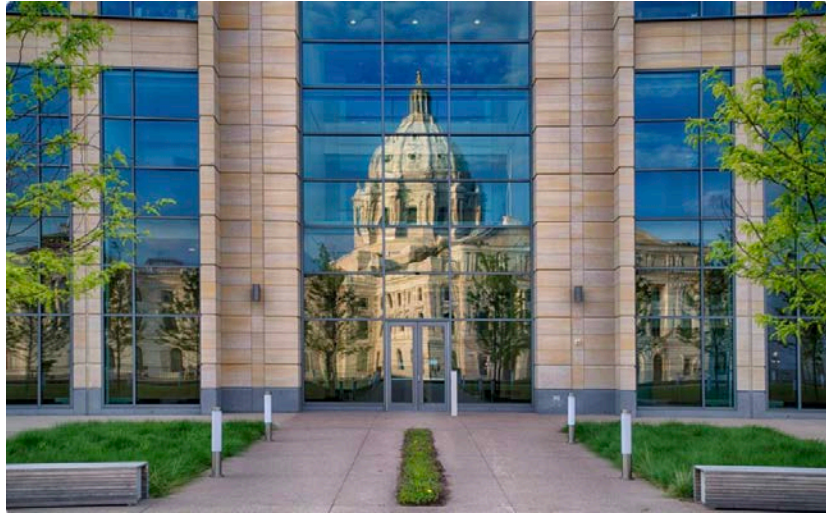
Public Comment



2017 Congress & MN Legislature Discussion



MNsure Legislation in 2017 & Federal Developments



Health & Science

Trump administration to dismantle small-business part of ACA marketplaces

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201



Date: May 15, 2017

Title: The Future of the SHOP: CMS Intends to Allow Small Businesses in SHOPs Using HealthCare.gov More Flexibility when Enrolling in Healthcare Coverage

The Small Business Health Options Program (SHOP) Marketplaces were created to make it easier for small employers to provide health coverage to employees. However, insurance company and agent/broker participation, as well as overall enrollment in the Federally-facilitated SHOP Marketplaces has been lower than anticipated and, at its current pace, is unlikely to reach expectations. In states where the Centers for Medicare & Medicaid Services (CMS) operates a Federally-facilitated SHOP Marketplace, and in states with a State-based SHOP on the Federal platform, as of January 2017, approximately 7,600 employers had active SHOP coverage, covering nearly 39,000 individuals. Nationwide (including both Federally-facilitated and State-based SHOP Marketplaces), as of January 2017, approximately 27,000 employers have active coverage through SHOP Marketplaces, covering nearly 230,000 individuals. These numbers fall significantly short of the Congressional Budget Office (CBO) estimate that 4 million people nationwide would enroll in coverage through the SHOP Marketplaces by 2017.¹

CMS will be exploring a more efficient implementation of the Federally-facilitated SHOP Marketplaces in order to promote insurance company and agent/broker participation and make it easier for small employers to offer SHOP plans to their employees, while maintaining access to the Small Business Health Care Tax Credit. CMS intends to propose rulemaking that would change how small employers and employees in SHOPs using HealthCare.gov enroll in SHOP plans taking effect on or after January 1, 2018. Under the approach CMS intends to propose, instead of enrolling online at HealthCare.gov, employers would enroll directly with an insurance company offering SHOP plans, or with the assistance of an agent or broker registered with the Federally-facilitated SHOP. Under the intended approach, employers would still obtain a determination of eligibility by going to HealthCare.gov. Employers that have enrolled in SHOP coverage for plan years that began in 2017 would be able to continue using HealthCare.gov in 2018 for enrollment and premium payment, until their current plan year ends and it's time to renew. Employers can sign up for SHOP coverage taking effect in 2017 on HealthCare.gov until November 15, 2017. Under the approach CMS intends to propose, it is anticipated that states operating State-based SHOP Marketplaces would be able to provide for online enrollment, or could opt to direct small employers to insurance companies and SHOP-registered agents and brokers to directly enroll in SHOP plans.

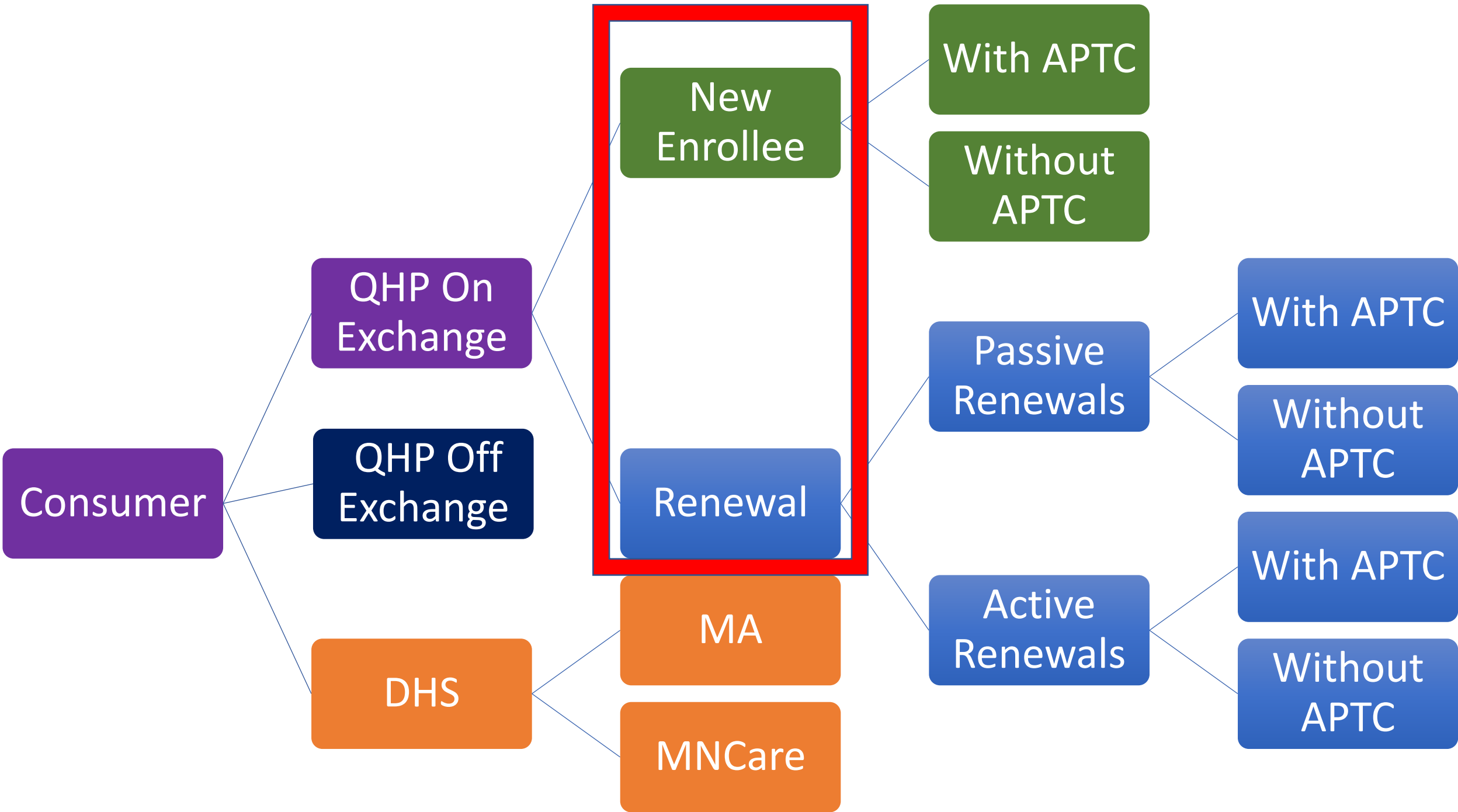
CMS anticipates that the changes it intends to propose for 2018 would reduce burden on insurance companies, consumers, and American taxpayers, and make SHOP plans more readily available to those small businesses that need affordable health insurance options.

¹ <http://www.gao.gov/assets/670/666873.pdf>

MNsure Board & Staff update



Open Enrollment Recommendation Discussion



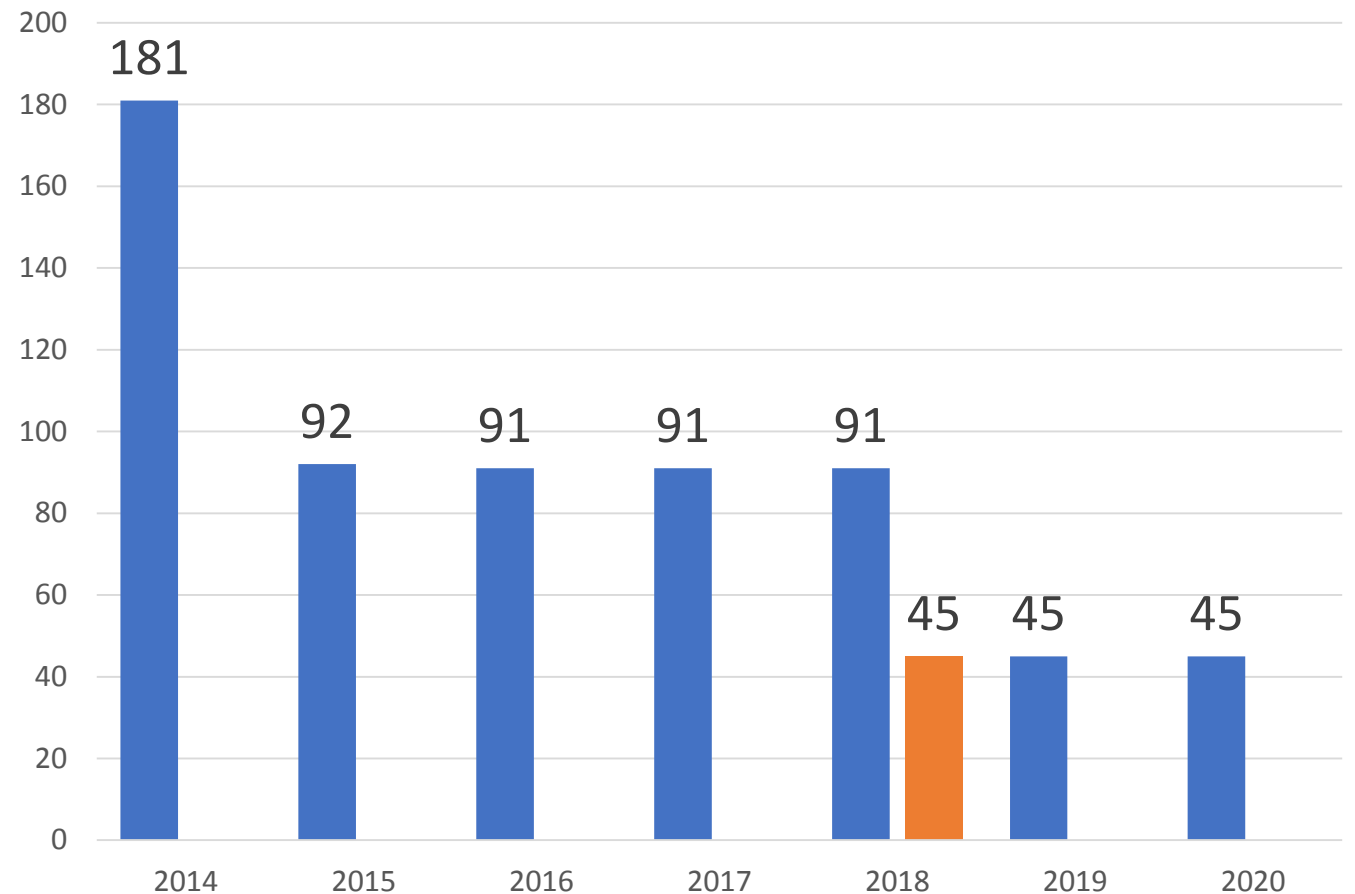
Background

- On April 13, 2017, CMS released final rule designed to “improve the risk pool and promote stability in the individual insurance market” for 2018.
- Final Rule reduces the length of 2018 open enrollment from three months or 92 days (11/1/2017-1/31/2018), to 45 days (11/1/2017-12/15/2017) to “reduce opportunities for adverse selection.”
- Minnesota’s open enrollment period will match federal rule - 45 days (11/1/2017 to 12/15/2017) – unless MNsure Board actively changes period.
- ACA statute - § 155.410 Initial and annual open enrollment periods – reduces OE for CY2019 to 45 days

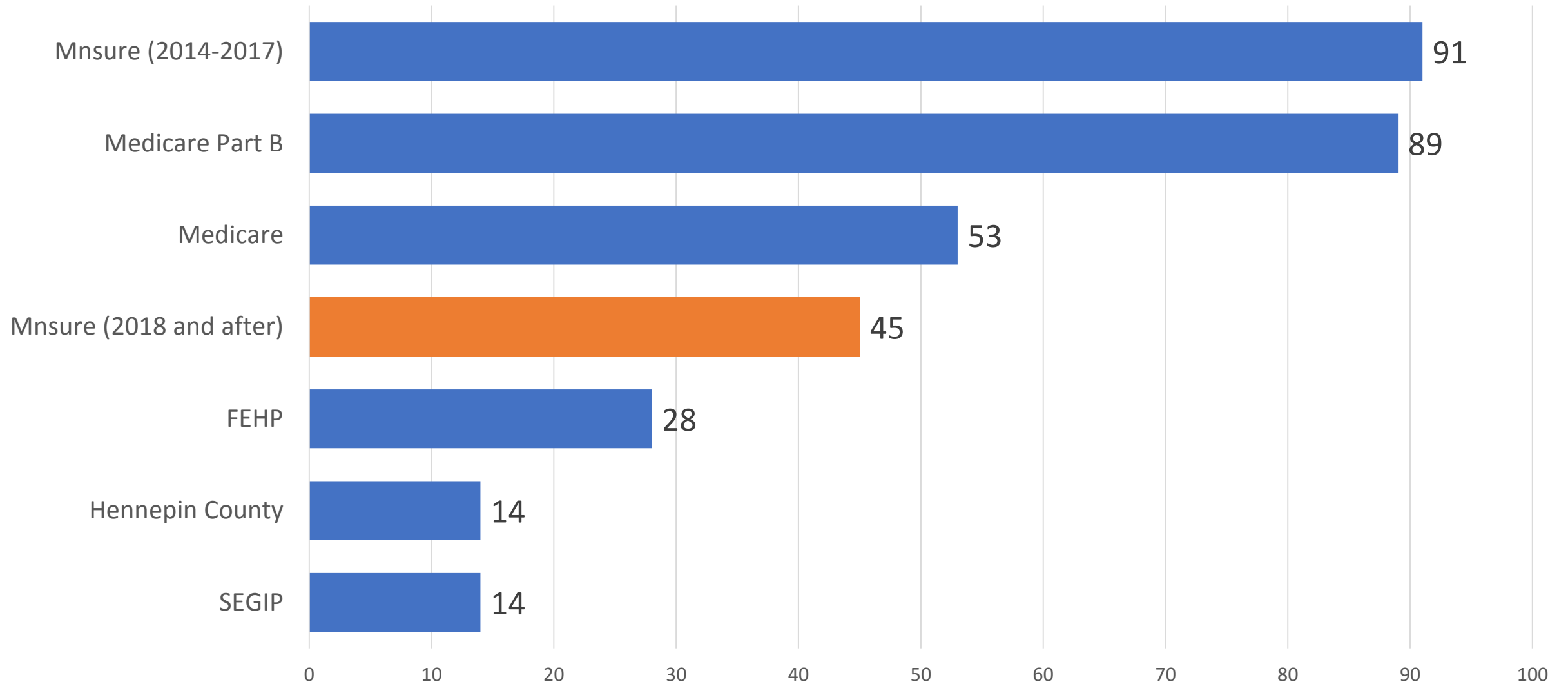
Open Enrollment Periods

Coverage Year	Start Date	End Date
2014	10/1/2013	3/31/2014
2015	11/15/14	2/15/15
2016	11/1/15	1/31/16
2017	11/1/16	1/31/17
2018	11/1/17	1/31/18
2018	11/1/17	12/15/17
2019	11/1/18	12/15/18
2020	11/1/19	12/15/19

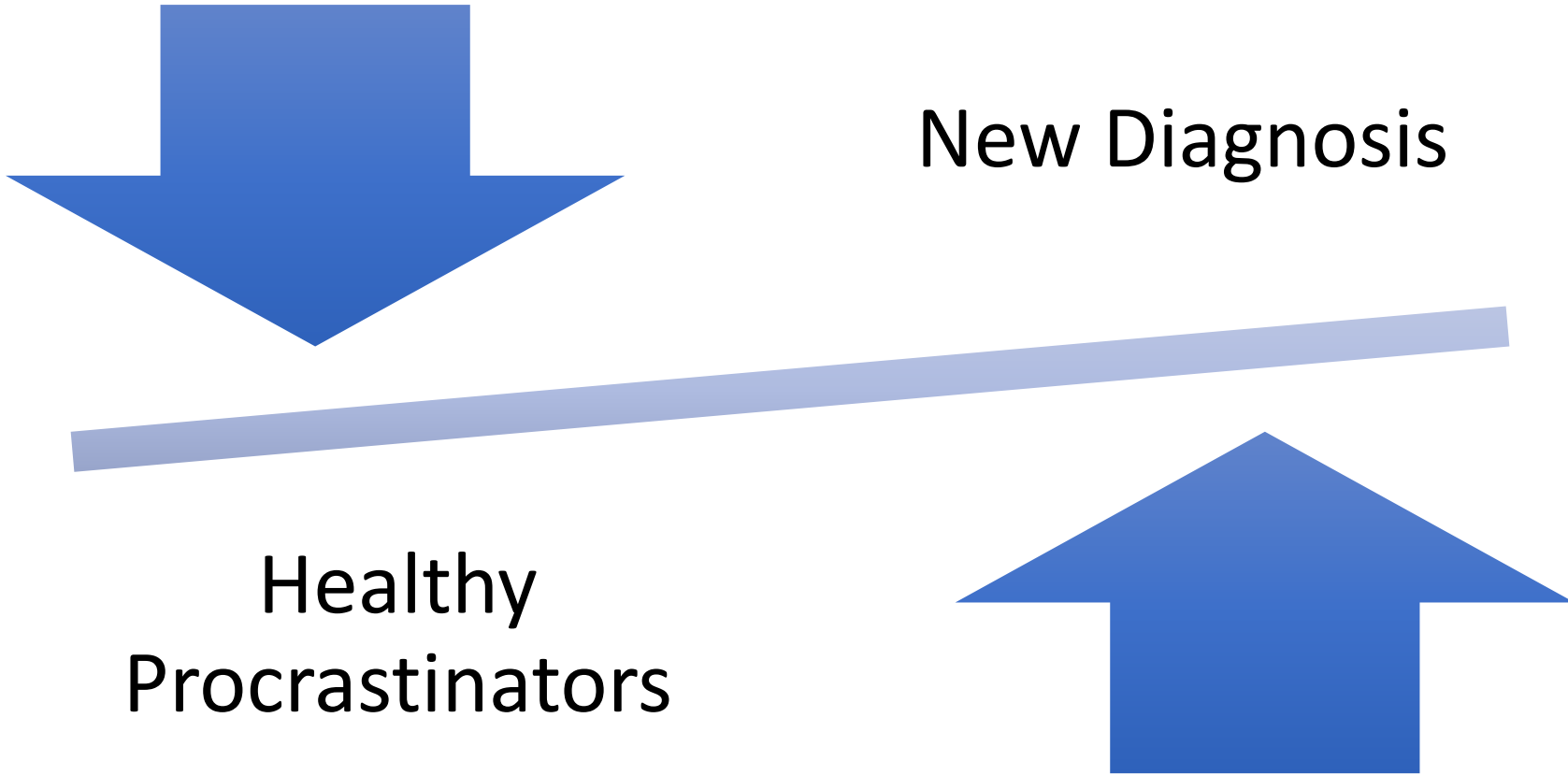
Open Enrollment Days, by Coverage Year



Other Open Enrollment Periods



The Tension...Who Enrolls Late?



Questions for Analysis

- **CSEAC & HIAC Recommendation for the length (in weeks) of MNsure's Open Enrollment period:**
 - coverage starting January 1, 2018; and
 - in subsequent years:
- **Deliberative Questions:**
 - Past enrollment statistics
 - Adverse selection vs. Procrastinators
 - Cost to MNsure
 - Legislative Authority (State & Federal)
 - Consumer Impact
 - Assister Impact
 - Health Plan Impact
 - Other?

“Exchange Pulse, Public Health Exchange and Off-Exchange Report,” October 2014



2 LATER ENROLLEES ARE YOUNGER AND HAVE FEWER HEALTH CONDITIONS

Later enrollees are, on average, 4.4 years younger than early enrollees. They also have a lower prevalence of chronic conditions, such as heart disease, depression, high cholesterol and diabetes, and a lower prevalence of specialty conditions, such as cancer and multiple sclerosis. Additionally, 56% of early enrollees and 70% of later enrollees did not have prescription drug coverage from Express Scripts prior to 2014.

Health Affairs **Blog**

Looking Ahead To 2018: Will A Shorter Open Enrollment Period Reduce Adverse Selection In Exchange Plans?

Paul Shafer and Stacie Dusetzina

April 14, 2017

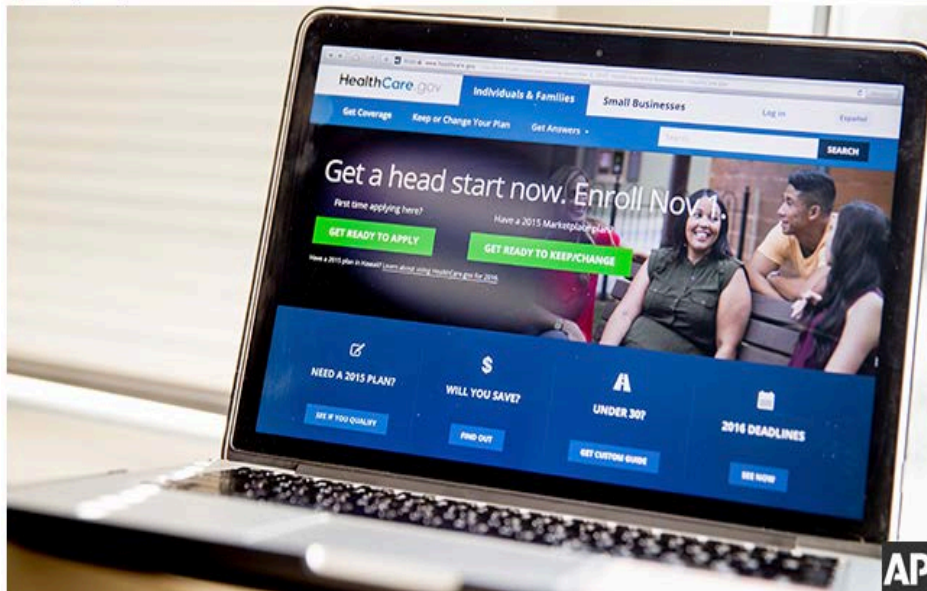
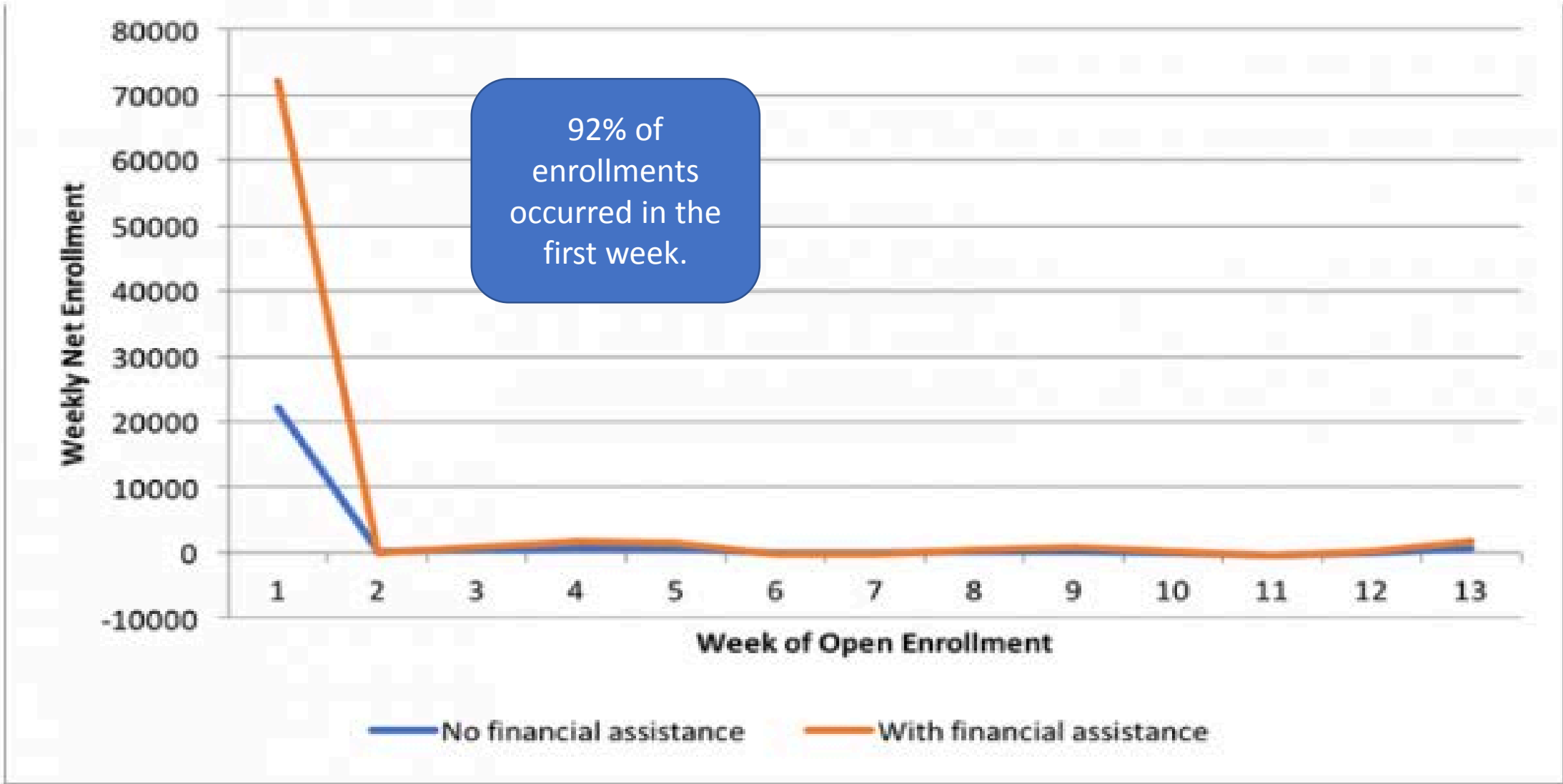


Exhibit 2: Weekly Re-Enrollment By Financial Assistance



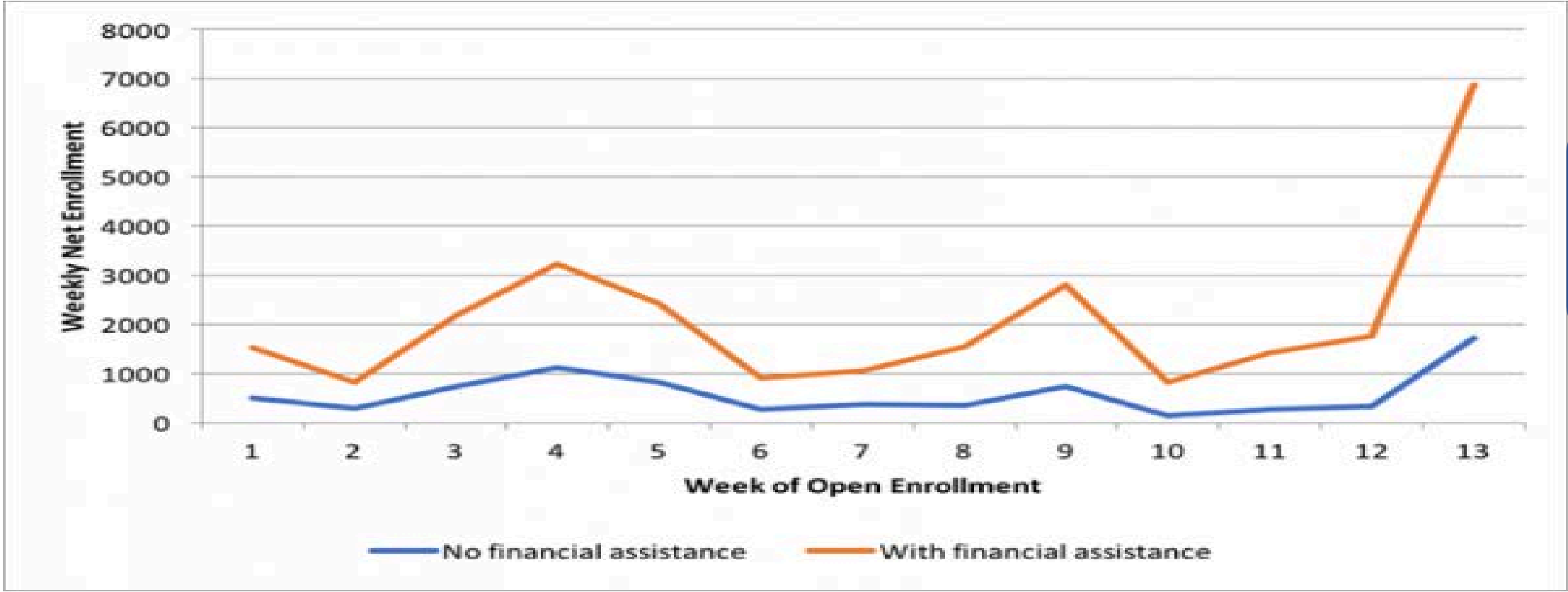
Source: Office of Kentucky Health Benefit Exchange, 2015 open enrollment period (November 15, 2014–February 15, 2015)

60% second half

33% - 3 weeks

25% - last week

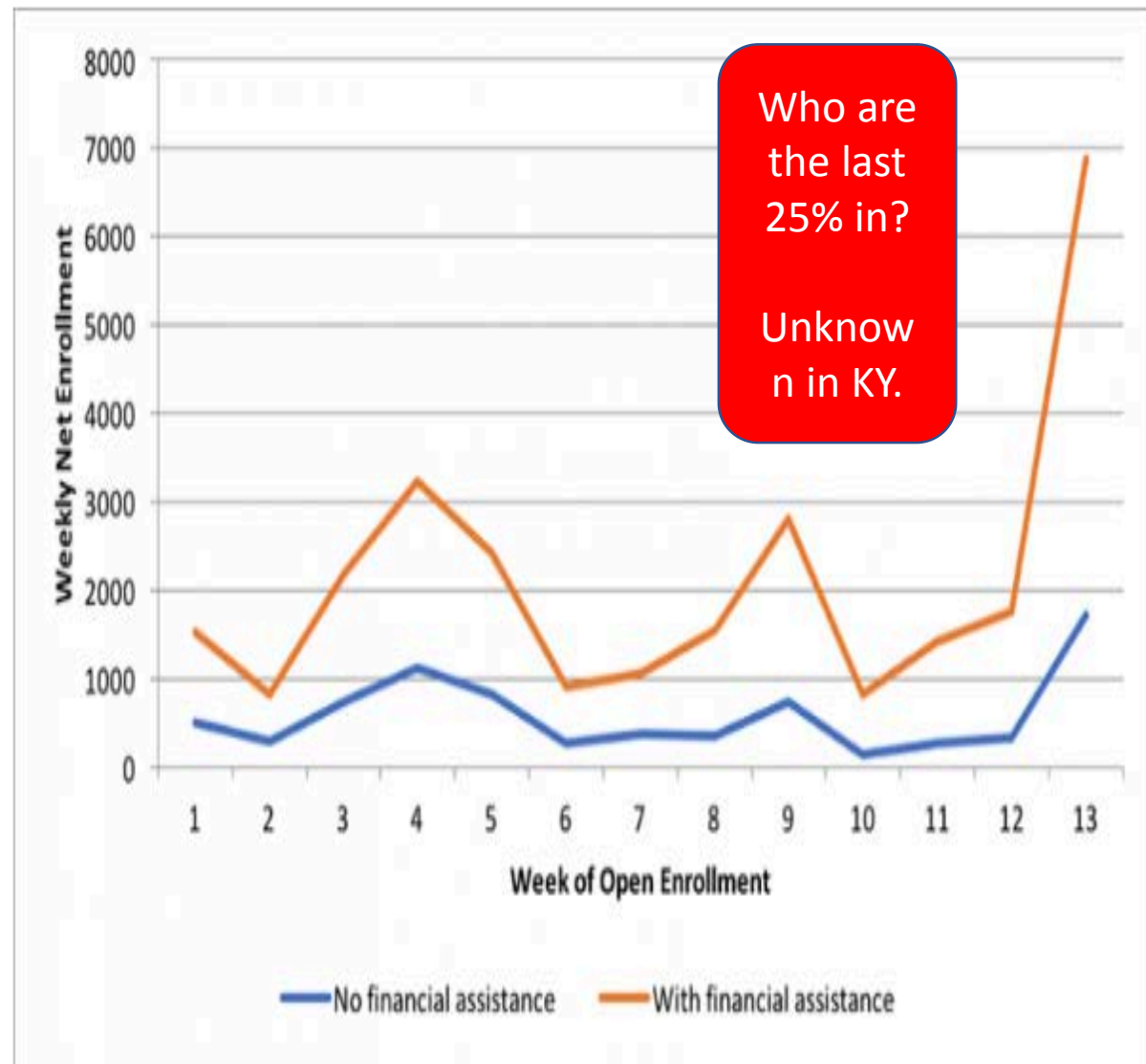
Exhibit 3: Weekly New Enrollment By Financial Assistance



Who are the last 25% in?
Unknown in KY.

Source: Office of Kentucky Health Benefit Exchange, 2015 open enrollment period (November 15, 2014–February 15, 2015)

Exhibit 3: Weekly New Enrollment By Financial Assistance



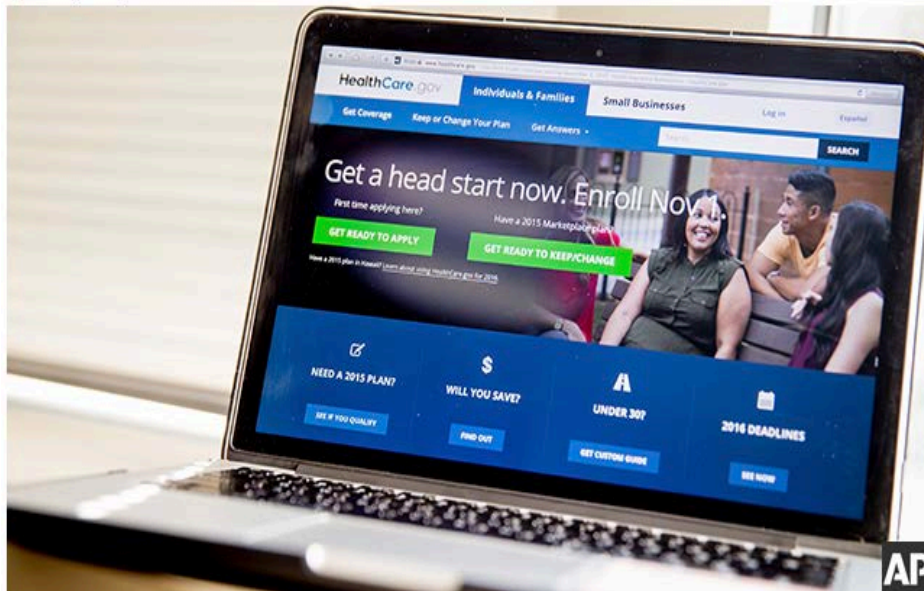
- From Kentucky Health Issues Poll, as a proxy for uninsured entering insurance market:
 - 73.8% reported that they are in “good health”
 - 64.2% are “employed at least part-time”
 - 58.0% below age 45
 - 25.1% - 18-24 years of age
 - 32.9% - 30-45 years of age
 - 35.0% - 46-64 years of age
 - 7.0% - over 65 years of age
 - 51% female/49% male

Source: Office of Kentucky Health Benefit Exchange, 2015 open enrollment period (November 15, 2014–February 15, 2015)

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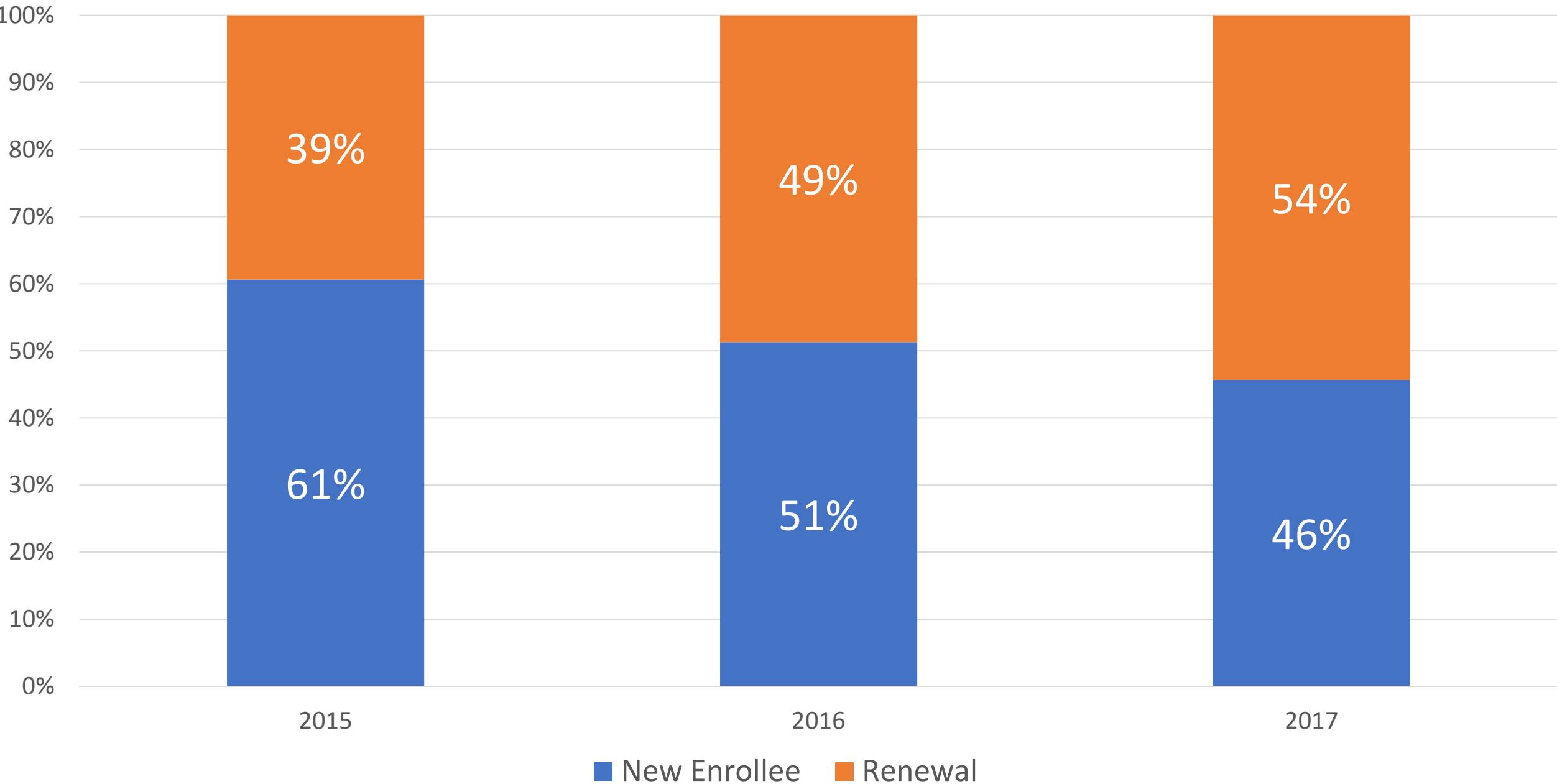
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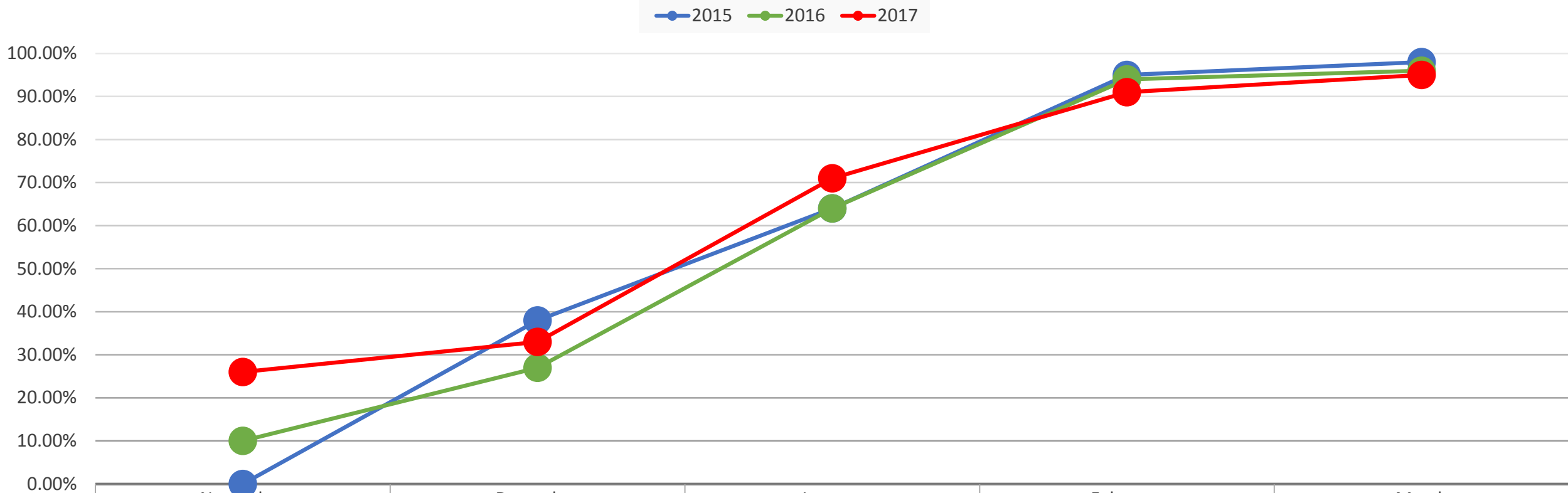
- Avoiding adverse selection is an obvious concern for insurers, but **limiting enrollment periods could also potentially reduce enrollment by younger and/or healthier individuals** — a group critical to balancing the risk pool and lowering (or at least slowing the growth of) premiums in exchange plans.
- Although our findings are descriptive, they suggest that **reducing the length of the open enrollment period in 2018 may cause as much or more harm for consumers** (e.g., reduced plan switching among re-enrollees, lower enrollment among those eligible but previously uninsured) **than any potential reduction in adverse selection for insurers**

MNsure Data

QHP Enrollment, New vs. Renewal, 2015-2017



QHP NEW ENROLLEES, Cumulative, 2015-2017



	November	December	January	February	March
2015	0%	38%	64%	95%	98%
2016	10%	27%	64%	94%	96%
2017	26%	33%	71%	91%	95%

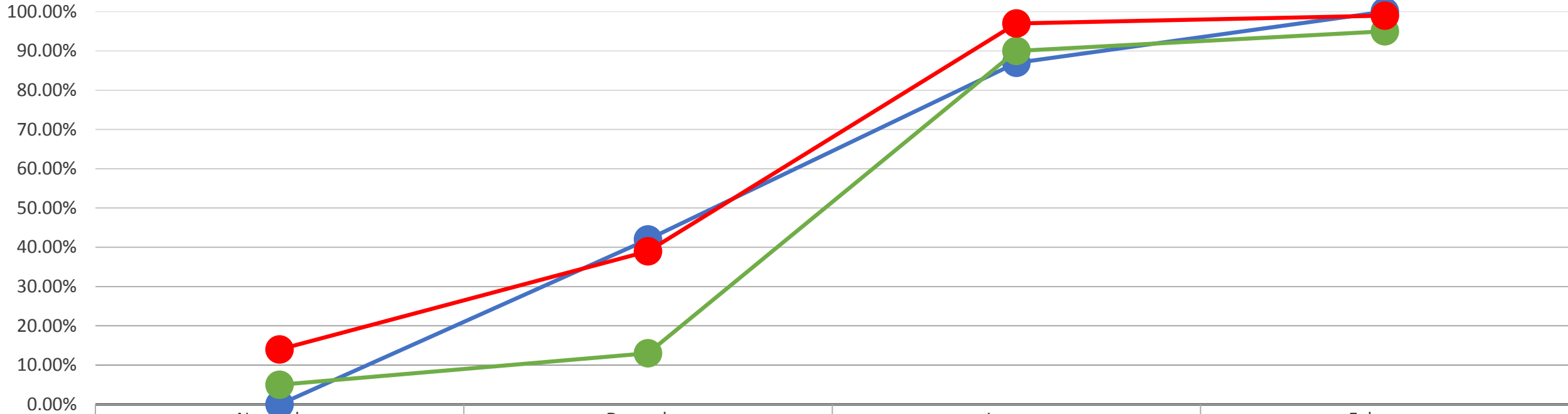
OE CY2015 | November 15, 2014 – February 15, 2015

OE CY2016 | November 1, 2015 – January 31, 2016

OE CY2017 | November 15, 2016 – January 31, 2017

OE CY2018 | 11/1/17 – 12/15/17

QHP RENEWALS, Cumulative, 2015-2017



	November	December	January	February
2015	0%	42%	87%	100%
2016	5%	13%	90%	95%
2017	14%	39%	97%	99%

2015 2016 2017

OE CY2015 | November 15, 2014 – February 15, 2015

OE CY2016 | November 1, 2015 – January 31, 2016

OE CY2017 | November 15, 2016 – January 31, 2017

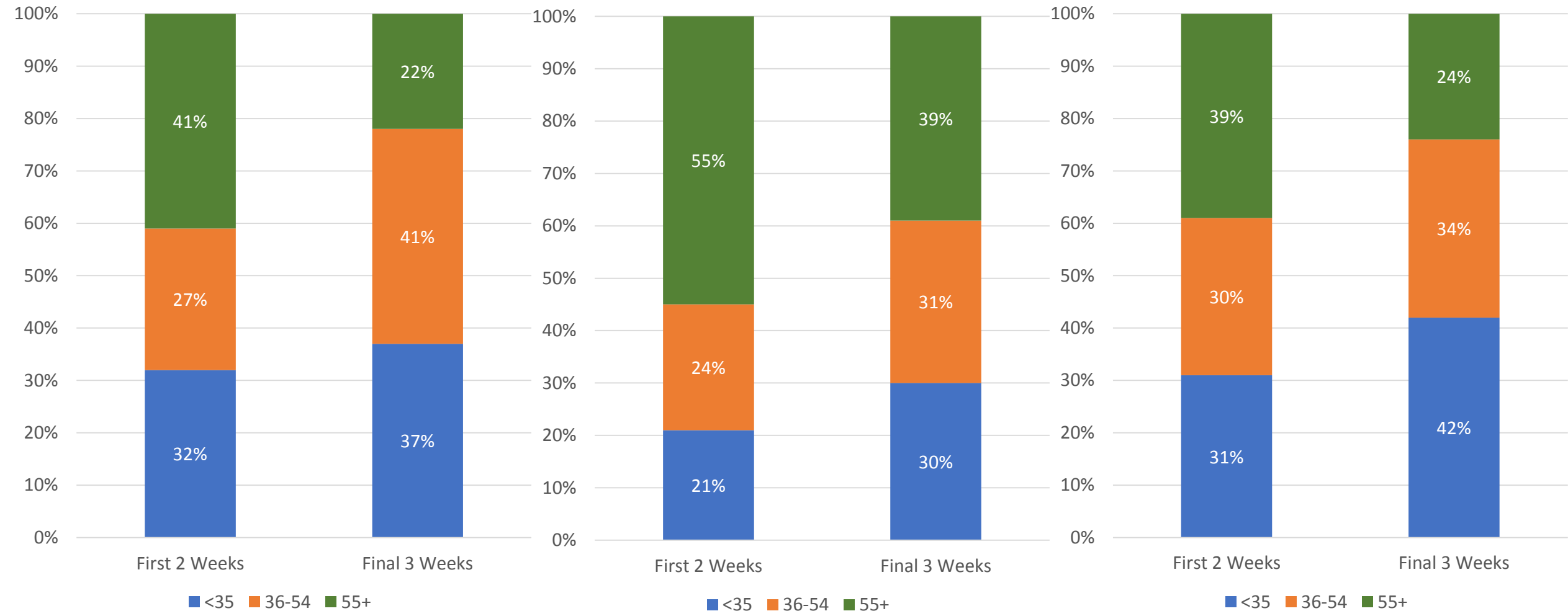
OE CY2018 | 11/1/17 – 12/15/17

Comparing 1st Two Weeks vs. Last Three Weeks, By Age, QHP Enrollment Only

OE2015

OE2016

OE2017

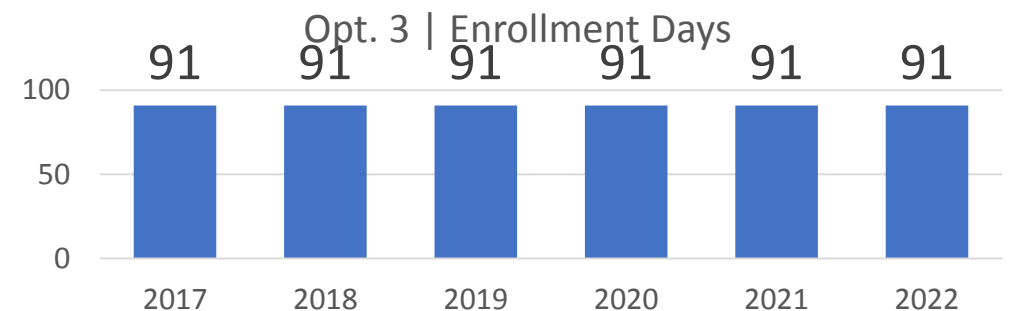
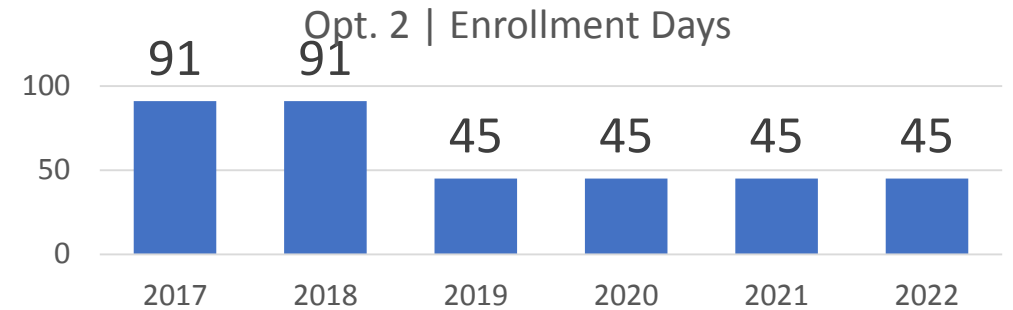
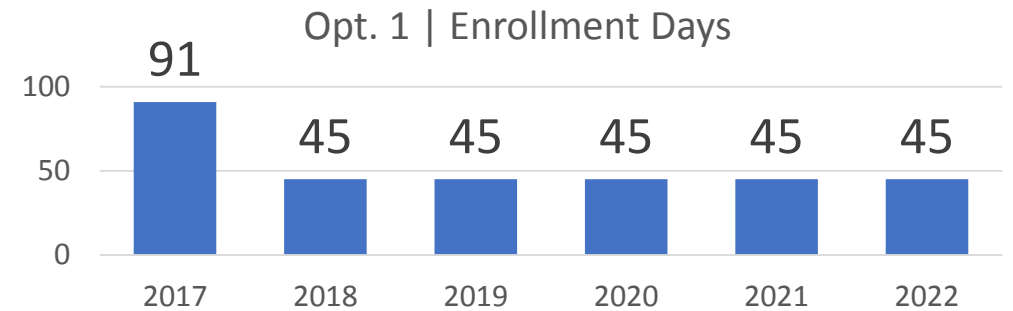


Data Observations

- Over time, QHP renewals are a greater portion of MNsure volume while new QHP enrollees are less
 - Renewals went from 39% of total QHP volume to 54% over the 2015-2017 period
 - New enrollees went from 61% to 46%.
- Renewals complete process quicker than new enrollees –
- Younger enrollees tend to enroll later in the process compared to older enrollees
- Historically (2015-2017), on average, by 7 ½ weeks or day 45:
 - Estimated 30% of new enrollees have made a selection
 - Estimated 40% of renewals have made selection
- Kentucky experience suggests that APTC eligible new enrollees are the ‘last ones in’ and that they may be young and relatively healthier.
 - Who are they in Minnesota? Detail not reported in slide deck dashboard.

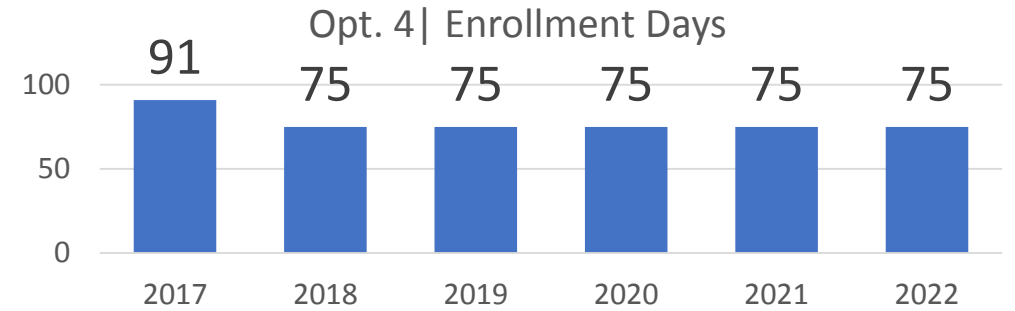
Options

1. For open enrollment for CY2018, adopt new federal timeline
 - CY2018 – 45 days – 11/1/17 to 12/15/17
 - CY2019 – 45 days – 11/1/18 to 12/15/18
2. For open enrollment for CY2018, maintain time frame outlined by the ACA:
 - CY2018 – 91 days – 11/1/17 to 1/31/18
 - CY2019 – 45 days – 11/1/18 to 12/14/18
 - CY2020 and thereafter = CY2019
3. For open enrollment for CY2018, maintain time frame outline by ACA permanently in MN:
 - 91 days – 11/1 to 1/31 every year



Options

4. Use 75 day enrollment – Start Early,
End with Federal Deadline
 - 10/1/2017 – 12/15/2017
5. Other



Recommendation to MNsure Board

Assister Enhancement Subgroup



- Subgroup Members Tasks:
 - Assess MNsure Assister plans from 4.24.2017 Joint Meeting
 - Identify other improvements
 - Develop recommendations for both CSEAC and HIAC to consider either jointly or individually.

Recommendations to MNsure Board
August/September 2017.

Spring 2017 improvements

- April IT Release (weekend of April 1 & 2) included enhancements to the assister portal:
 - Improving assister portal landing page navigation.
 - Providing assisters with more contact information for associated consumers, adding consumer address and phone number and listing consumers by last name.
 - Allowing consumers to see an organizational affiliation when selecting or viewing an assister.
- Assister portal online training has been updated for new users in the MNsure Learning Center.
- Resources in the [Assister Portal Section](#) of [Assister Central](#) updated for current assister portal users.

Assister portal feedback from survey



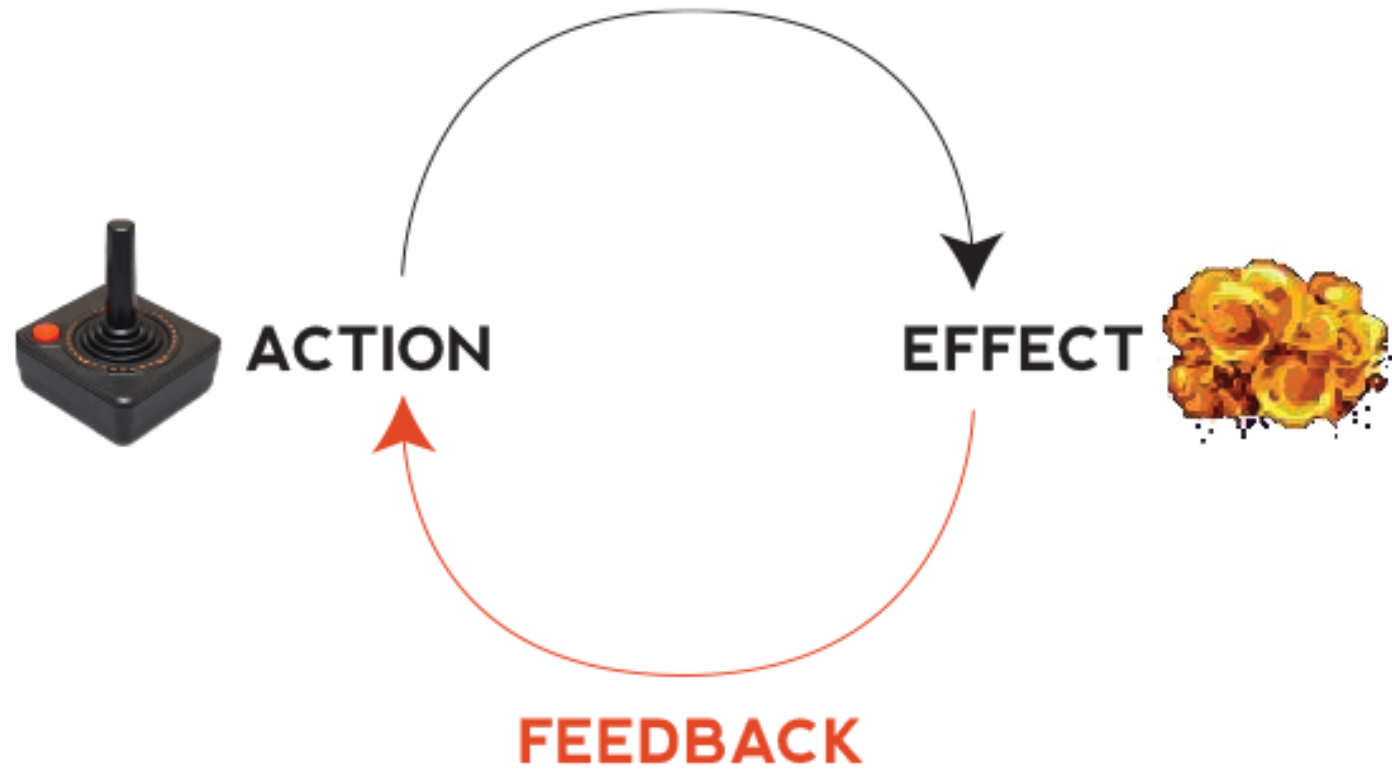
- Most commonly requested future assister portal improvements:
 - Ability to see the consumer's notices
 - Ability to see information from the consumer's submitted application
 - Ability to understand where the consumer is at in the application and enrollment process
- Commonly cited barriers to setting up associations:
 - Consumer lacks access to a computer or lacks computer literacy
 - Consumers who are limited English speakers
 - When meeting in-person, it just adds an extra step
 - Multi-factor authentication/passwords expiring slows the process

Assister portal long-term potential



- The assister portal is already a useful tool, but additional features are needed to enhance its value:
 - Ability to see the consumer's notices
 - Ability to see/print information from the consumer's submitted application
 - Ability to understand where the consumer is at in the application and enrollment process
 - Safe/secure storage of consumer documents needed for enrollment
 - Receive an email when consumer creates/ends an association
 - Allow consumer to associate with multiple types of assisters
- IT resources are limited and assister portal improvements are not currently scheduled in any future release.

Feedback Loop



Upcoming Meetings

- June 29, 2017 – HIAC
- July 27, 2017 – Joint CSEAC/HIAC Meeting
- August 17, 2017 - HIAC