

# Consumer and Small Employer Advisory Committee Meeting Minutes

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**Tuesday, February 27, 2018, 2:30 – 5 p.m.**

**UCare, 500 NE Stinson Blvd, Minneapolis, MN 55413**

**Members in attendance:** Denise Robertson – Chair, Matthew Steffens – Vice-Chair, Matthew Flory, Leigh Grauman, Bentley Graves (via phone), Kim Johnson (via phone), Richard Klick, Ann McIntosh, Kate Onyeneho, Kathleen Saari

**Members not in attendance:** Mary Ellen Becker, Shari Meyer, Peter Musimami, Jamie Rancour

**Staff in attendance:** Christina Wessel – Senior Director of Partner and Board Relations, Aaron Sinner – Board and Federal Relations Director, Stephanie Grisell – Legal Analyst

**Board Members in attendance:** Martha Eaves

## Meeting Topics

### Welcome & Introductions

*Denise Robertson, Chair*

Denise Robertson, chair, called the meeting to order at 2:35 p.m. and reminded the committee members of MNsure's purpose: The purpose of MNsure is to ensure that every Minnesota resident and small business, regardless of health status, can easily find, choose, and purchase a health insurance product that they value and does not consume a disproportionate share of their income.

### Public Comment

Matt Steffens commented that many of his clients are experiencing issues related to their passive enrollments. MNsure passively enrolled the consumer's 2017 coverage into 2018 and some consumers now have other insurance effective January 1, 2018. As such, the carriers continue to bill the consumers and some consumers are receiving huge bills for coverage they did not request. He noted concern because the only way to resolve the issue is to file an appeal.

### Approval of January Meeting Minutes

*CSEAC Committee Members*

**MOTION:** Kathy Saari moved to approve the draft [January 23 meeting minutes](#). Leigh Grauman seconded. All were in favor and the minutes were approved.

## MNsire Updates

*Aaron Sinner, MNsire Board and Federal Relations Director*

Aaron Sinner, MNsire staff, provided committee members with four updates: a 2018 open enrollment recap, information on the current MNsire Board of Directors vacancy, a summary of the [Minnesota Department of Health \(MDH\) 2017 Health Access Survey](#), and an update on the navigator grant program.

Aaron began with a 2018 open enrollment recap. He noted that the National Academy for State Health Policy had compiled data on marketplace enrollment across the country and found that in states with state-based exchanges like MNsire, enrollment was flat or very slightly up, while in the 34 states that use the federal marketplace, enrollment had dipped.

Matt Flory asked how many of the enrollments through MNsire were new enrollees. Aaron reported that about 30% of the enrollments that occurred through MNsire were new. Dick Klick noted there had been changes in carrier behavior, like Medica only selling plans through the MNsire exchange, which could have increased that number. Kim Johnson and Matt Steffens noted they would like to see the new enrollment broken down by age and by geographic area. Aaron noted that among all enrollment 37% of 2018 enrollments were among individuals age 55-54, compared to about 34% of enrollments in 2017. There was discussion among the committee members about the behavior of the 60-64 age range and the growing number of individuals who are close to Medicare age.

Aaron provided the committee with background on the current MNsire board vacancy. The board's current opening is for an individual with expertise and leadership in areas of public health, health disparities, public health care programs, and the uninsured. Aaron noted the board vacancy will close when the governor appoints a member.

Aaron moved on to summarizing the 2017 Health Access Survey results. Denise also included [demographic data of the uninsured](#) for the committee's review. Aaron noted the survey found that in 2017, the uninsured rate had risen to 6.3%, an increase from 4.3% in 2015. This increase was driven by declines in employer-sponsored coverage, which fell 3.0% to 52.9% of Minnesotans, and in the individual market, which declined 1.8% to 4.4% of Minnesotans.

As for the reasons why individuals lost coverage, 32.5% of respondents reported that they lost their job that had offered coverage or their job no longer provided insurance coverage. An additional 18.3% reported that they were no longer eligible for their insurance but didn't state why. Finally, 17.5% cited cost barriers.

Aaron also noted that 51% of uninsured Minnesotans would be eligible for Medical Assistance or MinnesotaCare. Respondents with incomes over 400% federal poverty line, which would mean they are not eligible for tax credits, have a lower-than-average uninsured rate. Aaron noted 22.7% of the uninsured would be eligible for tax credits, which is about 75,000 Minnesotans, and about 44,000 Minnesotans, or 12.5% of the uninsured, are not eligible for tax credits or public programs or employer-sponsored coverage.

Aaron indicated the uninsured rates are comparable but slightly higher in the Twin Cities vs. Greater Minnesota, at 6.4% and 6.1%, respectively. Aaron also noted the highest predictor of being uninsured was Minnesotans not born in the United States, about 18% of whom are uninsured. He also noted the uninsured are more likely to report fair or poor health at 21.6% of the uninsured compared to 12.7% of the general population.

Martha noted for individuals who are not U.S. citizens, there are federal laws that limit their ability to receive affordable healthcare. Aaron noted he understood tax credit eligibility was contingent on legal status in the U.S. Leigh clarified that although some sponsored immigrants might not be eligible for Medical Assistance due to the deeming of their sponsor's income, people who are lawfully present are still eligible for MinnesotaCare or federal tax credits if they fall within those income guidelines; however, she noted that individuals who qualify for Deferred Action for Childhood Arrivals (DACA) have concerns about applying for coverage. Martha raised the issue that if individuals have trouble applying for coverage, they are less likely to try to apply again. Denise indicated new immigrants would potentially be a good outreach opportunity.

Martha commented she found one of the most alarming findings to be that most of uninsured Minnesotans would have access to subsidized health coverage. She noted issues associated with confusion about MNSure and the single front door concept. Kim pointed out that some individuals do not go through MNSure as a matter of pride and the social stigma associated with publicly subsidized health insurance. Kathy also raised the issue of the Medical Assistance estate recovery, which may have driven people away from applying for Medical Assistance. The committee discussed the MA estate recovery issue and Christina Wessel, MNSure staff, referred the members to the Department of Human Services [page](#) for more information.

Matt Steffens found the uninsured based on ethnicity of particular interest. He noted the relationship between ethnicity, particularly African-American and Native populations, and the rate of employer-sponsored insurance and access to coverage. Matt also noted the Minnesotans under age 25 made up a significant population of the uninsured population.

Kate Onyeneho noted the uninsured populations are clear from the report. Kate indicated the committee should take action on these populations and place less emphasis on discussion of ways to market to them. The committee has the power to reach out to these groups and develop a plan of action to work on resolving these gaps in insurance. Denise indicated this is a point well taken, noting the data has been consistent and the committee can develop an actionable policy to point the board in the right direction about how to reach out to these groups. Kathy noted an infomercial she viewed on PBS about MNSure and noted there is a marketing opportunity within public broadcasting to reach these uninsured groups. Aaron noted MNSure operates its marketing plan through a marketing firm who has a solid understanding of which communities and geographic areas have the most need. Matt Flory indicated it would be useful to view the marketing plan so the committee could ask questions. Kate asked the committee to think about the barriers to purchasing health insurance and about an innovative idea to bring people back into the marketplace.

Leigh noted that she finds it concerning the amount of times an individual has to apply before being successfully enrolled in a public program. Consumers tell her they are eligible but find the

verification process burdensome enough to not complete enrollment. Denise also noted the account creation process, both manually and online, can be frustrating to consumers.

Kim noted the uninsured rate for the “young invincible” population is quite significant and needs to be addressed. Ann McIntosh indicated that health insurance companies already market significantly to the invincible population because that population is essential in lowering costs. Matt Steffens reiterated the young population, who have less health care cost, are important in paying for those members who have high health costs. He emphasized educating the young invincibles about the community element of health insurance and health care costs. The committee discussed how young adults are often covered through their parents’ plan or under their parents’ employer-sponsored coverage.

Martha indicated a statistic that concerned her was the percentage of uninsured that were of high income. In her experience, Martha found that the hassle of the system is a barrier to gaining coverage. Kim added the social stigma associated with publicly-subsidized assistance.

Denise indicated she was already developing ideas about proposals to bring to the board. Aaron noted the board meets on March 14, 2018, and then not again until June 20, 2018. He also indicated the board will be gearing up for 2019 open enrollment marketing so he suggested bringing any ideas to the June board meeting so those ideas could be heard before final decisions are made. Denise noted she would like to see more community-based marketing. Matt Flory also indicated it would be beneficial to understand how MNsure uses social media and targeted Facebook ads, which can be used to market to very specific populations. Matt also emphasized MNsure acknowledging the primary computer for many adults is their phone. Ann raised a concern whether the board understands who this population is. Martha noted the board works to decrease the uninsured population just as the committees do. She also indicated the board looks to the committees to fine-tune the conversation. Denise noted she was encouraged by the discussion and the potential to develop something to present to the board.

Denise suggested a joint meeting for March so both committees could have an in-depth breakdown of the Health Access Survey. Aaron indicated he could begin the process of reaching out to the Health Industry Advisory Committee. Aaron suggested asking members for questions and then sharing the questions with MDH before the presentation. Aaron offered to set up a Survey Monkey for the group.

Dick brought up the proposed federal rule to extend short term coverage for up to 364 days. Aaron noted the rule is currently open to public comment before the proposal is finalized.

Bentley Graves provided the committee with an update on legislative action on the state level. He began with freshmen state Senator Scott Jensen and his select committee, which reviewed the cause of health care costs. Bentley said he saw a lot of potential legislation coming out of the select committee that could potentially ruffle some feathers about the future of health care costs, especially related to transparency in the health care system. In regards to trends in state legislature, Bentley noted the opioid crisis is a main topic this session, along with reforming the system related to elder care. Bentley added 2018 is a bonding year and much of the session will be taken up with aligning Minnesota with the new federal tax code, and was unsure how much of the session would be used to discuss health care reform.

Matt Steffens asked about a potential bill from Senator Michelle Benson requiring grant funds MNsure uses go to non-profit organizations and not for-profit organizations. Bentley noted he had not seen the bill.

Aaron finalized his overall update by providing the committee an update on the navigator grant program and Broker Enrollment Centers update. Christina noted the letter of intent for the grant program had closed the previous week, noted a strong response, and stated a request for proposal (RFP) would be released on March 5, 2018.

## **Review Research Documents**

*Denise Robertson, Chair and Matthew Steffens, Vice-Chair*

Matt Steffens referenced the Eighth Annual Industry Pulse Report from Change Healthcare, and noted he did not intend the report to be a point of discussion but a point of reference. For example, he highlighted page ten which illustrated how health carriers interact with marketing, calling back to the earlier discussion.

Denise outlined the [Administrative Costs at Minnesota Health Plans in 2016 report](#) she included for members. She also noted this document is a point of review for members about the administrative cost and its relationship to coverage to care. Matt Steffens led discussion in outlining the appropriate administrative costs for a health plan, which operate between 10-15%. Denise pointed out the flat rate of inflation and administrative costs and the striking rise in 2010. Matt noted this dramatic increase correlated with the passage of the Affordable Care Act (ACA) and the increased administrative burden to implement the ACA. Kathy thought there a limit on administrative cost and Matt noted the carriers that operate in Minnesota are all non-profits. He added that there is a desired loss ratio of 82% but indicated all carriers are over that desired loss ratio.

Denise recommended committee members read through the information so they can understand the whole health care process and system better.

## **Topics for March CSEAC Meeting or Possible Joint CSEAC/HIAC Meeting with Guest to Discuss Health Access Survey**

*Denise Robertson, Chair*

Denise noted that Aaron, herself, and Matt Steffens would be reaching out to discuss the possibility of a joint meeting in March. From there, she encouraged the committee to think about potential actionable items related to the uninsured population that could be presented to the board in the form of a recommendation.

## **Work Group Updates**

*Denise Robertson, Chair*

Denise apologized to the committee members for not providing an update on the work groups. She noted she will be sending out an email to the Stabilization and State-Based Exchanges Work Group about availability of members and also asked for a potential co-leader. Matt Steffens added that he found himself in a similar position to Denise and would also be seeking a co-leader for the Coordination of Existing DHS/County/MNsire Services Work Group.

Matt Steffens asked for contacts at the Department of Human Services (DHS) that the Coordination of Existing DHS/County/MNsire Services Work Group could speak to about the whole process. Matt noted the work group was looking for someone who understood DHS's Medical Assistance and MinnesotaCare process in a detailed way, as well as potential barriers to enrollment. Matt Flory indicated he would like to hear an individual from DHS analyze the progress DHS has made. Aaron noted the DHS commissioner sits on the MNsire board, so any recommendation presented to the MNsire board is also heard the DHS commissioner. Matt Steffens and Kathy Saari noted they had contacts at the county level who could serve as resources to the work group.

Kate asked how much knowledge the committee members have about the public program enrollment process. She encouraged the committee members to develop solutions for areas that are barriers to enrollment. Matt Steffens noted his goal was to find people who want to create a consensus so the committee can develop actionable items to improve the system.

Dick noted the concerns he hears from consumers are about the cost of health care. Ann noted the consumers she sees are concerned about care, across all demographics, age-groups, and gender, and less about cost.

## **Adjourn**

**MOTION:** Dick moved to adjourn. Ann seconded. There were no objections and the meeting adjourned at 5:01 p.m.