



Consumer and Small Employer Advisory Committee Meeting Minutes

Tuesday, May 22, 2018, 2:30 – 5 p.m.

UCare, 500 NE Stinson Blvd, Minneapolis, MN 55413

Members in attendance: Denise Robertson – Chair, Mary Ellen Becker, Leigh Grauman, Kim Johnson (via phone), Richard Klick, Ann McIntosh (via phone), Shari Meyer (via phone), Kate Onyeneho, Jamie Rancour

Members not in attendance: Matthew Steffens – Vice-Chair, Matthew Flory, Bentley Graves, Peter Musimami, Kathleen Saari

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

Meeting Topics

Welcome & Introductions

Denise Robertson, Chair

Denise Robertson, chair, called the meeting to order at 2:36 p.m. A quorum became present approximately five minutes after the meeting began.

Update from MNsure CEO

Nate Clark, Acting CEO

Nate Clark, acting CEO, introduced himself and outlined his priorities. He placed an emphasis on receiving feedback from external stakeholders. Nate provided a brief legislative update to the committee members, noting MNsure had been tracking multiple bills, with a particular focus on the bill to decrease MNsure's premium withhold percentage and loosen restrictions on short-term limited duration plans. However, both provisions were removed from the omnibus spending bill. Nate noted that one provision that was included would eliminate the MNsure board's active selector tool. He noted the omnibus spending bill was currently being reviewed by the governor for signature or veto.

Next, Nate outlined preparations for 2019 open enrollment. The first step in preparing for the next open enrollment was reviewing the positives and negatives of the previous open enrollment period and building strategies from those lessons. Nate noted 2018 open enrollment was MNsure's best yet, with lower call volumes and better technology which led to an overall better

operational experience and record enrollment. However, he indicated that much work remains, which is why he welcomes stakeholder voices. Nate also reviewed the GetInsured technology implementation, outlining the decision support tool that will come online in July 2018 and noting GetInsured will assist MNsure in other ways such as improving data integrity and the plan selection interface.

Finally, Nate noted the 2019 open enrollment dates are November 1 to December 15, 2018, as required by federal regulation. Nate reported that regulation does allow for a special enrollment period for “exceptional circumstances” but MNsure has not yet made a decision on whether it would take such a step. Mary Ellen Becker indicated the committee had put forward a recommendation the previous year to begin open enrollment earlier, on October 1 rather than November 1. Nate acknowledged the recommendation and welcomed the idea of moving up the start date of open enrollment. However, when MNsure reached out to the Centers for Medicare and Medicaid Services (CMS), CMS expressed disapproval. The Department of Commerce also indicated they would have trouble completing their internal work if the start date of open enrollment was moved up.

Kim Johnson asked about Nate’s vision for SHOP and the role of small business owners in the future of MNsure. Nate noted the SHOP offering is winding down as MNsure never fully implemented a SHOP technology platform and the one participating carrier withdrew from the market. Nate noted MNsure had reached out to the Internal Revenue Service (IRS) to discuss making SHOP credits available outside of the exchange, but was told the IRS would make such a decision when 2018 taxes are filed in spring 2019. Nate noted MNsure was still reviewing successful SHOP models to better understand its options going forward.

Dick Klick raised a concern about the Medicare program migration issue and how brokers will be able to manage the extra workload during the 2019 open enrollment period. Dick also noted he had been receiving robo-calls from “agencies” claiming to want to assist his agency through the Medicare and ACA open enrollment. Leigh Grauman asked for clarification and Dick noted these robo-calls are originating from master agencies and are targeting small agencies. These calls indicate they can assist the agency with all their books of business. Nate and Denise asked to be kept informed of any further robo-calls and the language they use.

Mary Ellen asked Nate to outline the big challenges for MNsure in the next six months. Nate discussed working on further enhancing the consumer experience, such as improving notices, a potential online form for canceling coverage through MNsure, and future IT investment.

Mary Ellen asked if there MNsure knew its current cost per enrollment. Aaron Sinner, MNsure staff, clarified it’s difficult to calculate a cost per enrollment due to MNsure also providing some services to public program enrollees.

Denise commented on MNsure’s purpose statement, which includes serving small businesses, and asked Nate for further comments on how the advisory committees could assist. Nate acknowledged this is tricky because there are no plans to sell on the SHOP exchange and asked committee members to advise MNsure and the board. Nate noted there is a small business tax credit that is run through the IRS, which could be an avenue forward, but the fact remains there are no plans on the SHOP exchange. Kim indicated he had previously received

the small business tax credit and it was a great incentive to keeping him in a small business plan. Kim would like to see MNSure play a more involved role in leveraging SHOP to carriers. Kim explained further that perhaps it should be a requirement that if carriers offer policies in the individual market, they also offer policies in the small group market. Mary Ellen raised a concern that leveraging carriers with such a proposal could encourage carriers to pull out of the individual market completely, not just the SHOP market. Mary Ellen noted the original intent of MNSure was to be a one-stop shop for all individual market plans and much of the confusion around MNSure can be tied back to carriers not selling their plans solely through MNSure.

Denise expressed concern about discussing another recommendation related to expanding open enrollment dates, as a recommendation had already been completed. Nate acknowledged the previous recommendation and indicated it was important for external stakeholders to be vocal about the open enrollment dates and express to MNSure that its stakeholders are on the same page this year.

Denise followed up with Nate about the Health Access Survey and asked for his thoughts. Nate acknowledged the increase in the uninsured rate but also recognized the numbers regarding consumers who are eligible for tax credits but have no health insurance. MNSure is preparing to work with Princeton Analytics and SHADAC to understand and analyze this question. Nate also indicated MNSure is developing focus groups to help MNSure answer questions related to where consumers are purchasing health care and how consumer's attitudes towards health care have changed. Ann McIntosh questioned whether Nate meant health care or health insurance, as they are very different from each other. Nate clarified the focus groups will be focused on health insurance purchase attitudes and not on the care side of things.

Kate Onyeneho noted it would be clarifying to the committee's work to have a roadmap of MNSure's future. She also placed emphasis on MNSure's focus on the consumer and how to reach them. She noted MNSure keeps trying the same thing and expecting a different result. Denise reiterated that MNSure's attention needs to shift to consumer-facing improvements now that it's the sixth open enrollment period.

Public Comment

There was no public comment, but Dick noted he had received from a consumer addressed to him as a member of the CSEAC who requested his assistance. There was discussion among the committee members about how to correctly direct consumers so they can receive assistance. Aaron noted the case dealt more with issues under the Department of Commerce's jurisdiction, so the case had been referred there. Denise brought up the idea of an ombudsman for MNSure, the Department of Human Services, and the Department of Commerce that committee members could refer consumers to with questions.

Approval of April Meeting Minutes

CSEAC Committee Members

MOTION: Kim moved to approve the draft [April 24, 2018 CSEAC meeting minutes](#). Leigh seconded. All were in favor and the minutes were approved.

MNsire Updates & Legislative Session Recap

Aaron Sinner, Board and Federal Relations Director

Christina Wessel, MNsire staff, noted the navigator grants are still in process with no information publicly released as of yet.

As Nate completed a legislative update for the state session, Aaron provided the committee an update on federal actions. MNsire is currently awaiting two rules from CMS related to association health plans and short-term limited duration plans. Aaron outlined the proposed rule regarding association health plans, which would allow individuals or sole proprietors to band together in the group market to enroll in an association plan. MNsire has concerns about this rule because the association health plans are not required to cover essential health benefits and therefore could attract healthier enrollees through skimpier coverage and lower premiums, segmenting the market and harming individual market enrollees, particularly those in greater need of comprehensive coverage. Additionally, the proposed rule did not clarify if the regulation would supersede state law.

The proposed short-term limited duration plan rule extends the short-term plan enrollment from 90 days to 364 days. Furthermore, Aaron noted that short-term plans do not cover essential health benefits and can deny individuals coverage due to pre-existing conditions. Denise noted the [article from the Center on Budget and Policy Priorities](#) would be able to put the rules in context with the federal discussion.

Leigh asked for clarification on the focus groups mentioned by Nate. Leigh offered her services for MNsire to use if they need any additional information from consumers about why they are not purchasing insurance. Denise seconded this point, noting it's now become about who has been missed in the process. Aaron noted the focus groups do not specifically include people who decided not to purchase insurance, but MNsire hopes to ask questions that might give insights into why consumers would make that choice. He noted MNsire would be happy to collect feedback from consumers who chose not to purchase insurance if Leigh or Denise know of consumers who made that decision.

Kate reiterated her point acknowledging MNsire tries the same idea expecting different results but always receives the same results. Mary Ellen noted that MNsire has done good work in decreasing the uninsurance rate from about 10% to 6% and acknowledged that there are always going to be individuals who will not have insurance. Ann also noted it's important to acknowledge that many people have multi-barrier issues.

Discuss proposals to bring to MNsire Board of Directors' June 20 meeting

CSEAC Members

Denise discussed the current and potential proposals with the committee members. Denise clarified that there are potential recommendations around the length of the open enrollment

period, clarifying call center metrics, and the creation of an ombudsman to clarify MNSure, the county, the Department of Human Services and Department of Commerce issues.

Denise began by clarifying the creation of an ombudsman, noting this person or small agency would be neutral and would not be housed under MNSure or the Department of Human Services. This arrangement would allow this person or small agency to advocate on behalf of the consumer. Denise indicated she has information surrounding building an ombudsman and will write up a brief recommendation to present. She said she would pass along the information to Dick, who would assist in writing the recommendation.

Dick commented that the purpose of the ACA was to reduce the number of people seeking care from the emergency room and asked Ann if she has seen any change in numbers. Ann noted that emergency room visits continue to increase. Kate commented this issue could be resolved, or at least clarified, by an improvement of health care literacy. She provided an example of a household with a child who has a fever whose parents call an ambulance, an action that is potentially not necessary. Kate also expressed a concern about consumers taking advantage of the system and remaining on Medicaid when they may not qualify. Ann reiterated that improving health care literacy is the first step in educating the consumer and making them their own advocate in their health care. Ann suggested potentially providing insurance discounts for consumers who attend classes to improve their health care literacy. Kate recommended focusing on the providers to educate the consumer as well. She provided the example of when a consumer picks up a prescription, the provider should explain to them exactly what the medication does for them. Denise noted the discussion around health care literacy and health care education could be developed into a recommendation. Denise indicated she would be happy to write up a simple recommendation and pass it along to Kate to refine.

Denise moved to discussing the dates of open enrollment. Mary Ellen suggested revisiting the previous recommendation surrounding open enrollment dates and amending that recommendation. Dick reminded the committee that Medicare open enrollment begins October 15, 2018. Aaron suggested clarifying in the recommendation the reason for lengthening the open enrollment dates and whether the emphasis is on start and end dates or total days in the open enrollment period.

Kate discussed building a small fund from the navigator grants to assist small agencies that can be used to educate consumers. Kate expressed concern that the navigator grants are assisting the same agencies who are assisting the same people every year. Mary Ellen suggested building out a recommendation to present at the next CSEAC meeting. Denise suggested tying in better, more professionalized training for navigators and holding navigators to higher standards. Dick suggested building out a compliance element for navigators, similar to what is done in the Medicare world, or even providing a synopsis of the compliance to the consumer to review. Jamie Rancour noted that she had attended a meeting with the tribal organizations and discussed “best practices” for navigators. Denise welcomed the idea and suggested Jamie could discuss the idea at a future meeting.

Denise asked Mary Ellen to review the call center metrics and Mary Ellen commented she would like to focus on reviewing and clarifying the current metrics before writing a

recommendation. Mary Ellen also volunteered to review the previous recommendation on the open enrollment period dates and update it as necessary.

Denise noted she would contact Kim to potentially write a recommendation for how to bring the small group and SHOP issue to the board for review.

Denise also reviewed the committee's concerns about the MNSure marketing campaign. Aaron suggested that someone from the MNSure marketing team could come and present to CSEAC. Mary Ellen recommended they present at the July or August meeting when the fall campaign is more defined. Mary Ellen noted this meeting would have the purpose of ensuring that everyone is on the same page and did not think a recommendation would be necessary.

Next Meeting

CSEAC Members

Denise noted the next MNSure board meeting is June 20 and she thought it would be a good idea to move the next meeting date to before the board meeting.

Based on the SurveyMonkey results, June 5, 2018, will be the next CSEAC meeting and Denise noted this meeting will focus on finalizing recommendations.

Adjourn

MOTION: Kate moved to adjourn. Dick seconded. There were no objections and the meeting adjourned at 5:04 p.m.