

MNsure Health Industry Advisory Committee (HIAC)

January 19, 2017

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Agenda

1. Welcome & Introductions
2. Review of HIAC Charter
3. Public Comment
4. Approval of December 1, 2016 HIAC Minutes & Meeting Evaluation Tool
5. MNsure Board & Staff Update
6. Operational Feedback Loop
7. 2017 Congress and MN Legislative Session
8. Joint HIAC/CSEAC Health Literacy Recommendations
9. Priority Topics for HIAC 2017
10. Next Meeting, Topics, Speakers

Welcome & Introductions

HIAC – Review of Charter

- <https://www.mnsure.org/about-us/health-industry/index.jsp>

HEALTH INDUSTRY ADVISORY COMMITTEE CHARTER

Authority. The official designation of this advisory committee is the Health Industry Advisory Committee (the “Committee”). This article constitutes the charter for the Committee pursuant to the provisions of Minnesota Statute § 62V.04, subdivision 13(a). The Committee is established by the MNsure Board of Directors (the “Board”).

Scope of Activities. The Committee will provide appropriate and relevant advice and counsel on MNsure’s duties and operations and other related issues for the benefit of the Board.

Description of Duties. The Committee will have the following duties:

- a) The Board and staff of MNsure may seek advice from the Committee that contributes to its strategic decision-making. When the Board requests health-industry guidance on a question or issue, the Committee should analyze issues utilizing its members’ experiences and technical expertise to facilitate discussion. It should then provide the Board with analysis and advice that reflects health-industry perspectives related to the question at hand.
- b) When directed by the Board, the Committee may be asked to provide recommendations on specific issues identified by the Board.
- c) At any time, the Committee may provide input to the Board on key policy and relevant operations decisions, both prospectively and retrospectively. When the Committee provides input that is not in response to a specific request from the Board, it should be as specific as possible, and should provide direction that is intended to ensure that MNsure is successful.
- d) The Committee may have such other duties and responsibilities as the Board assigns to it.

Public Comment

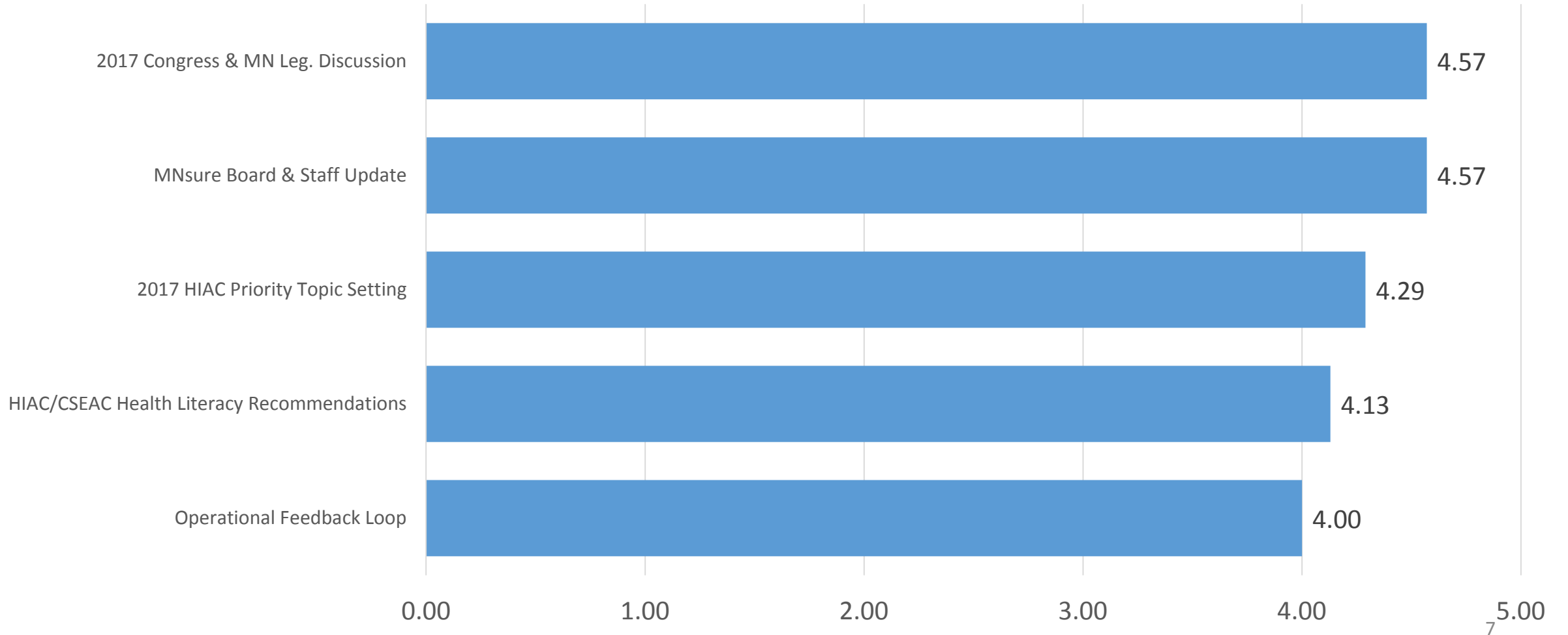


Approval of December 1, 2016 Minutes



HIAC Meeting Evaluation Tool | 12.1.2016

0=Not Effective, 1=Somewhat Effective, 2=Neutral, 3=Good, 4=Excellent (n=10)



MNsure Board and Staff Update

MNsure Board and Staff Update

Enrollment Dashboard – 1 of 2

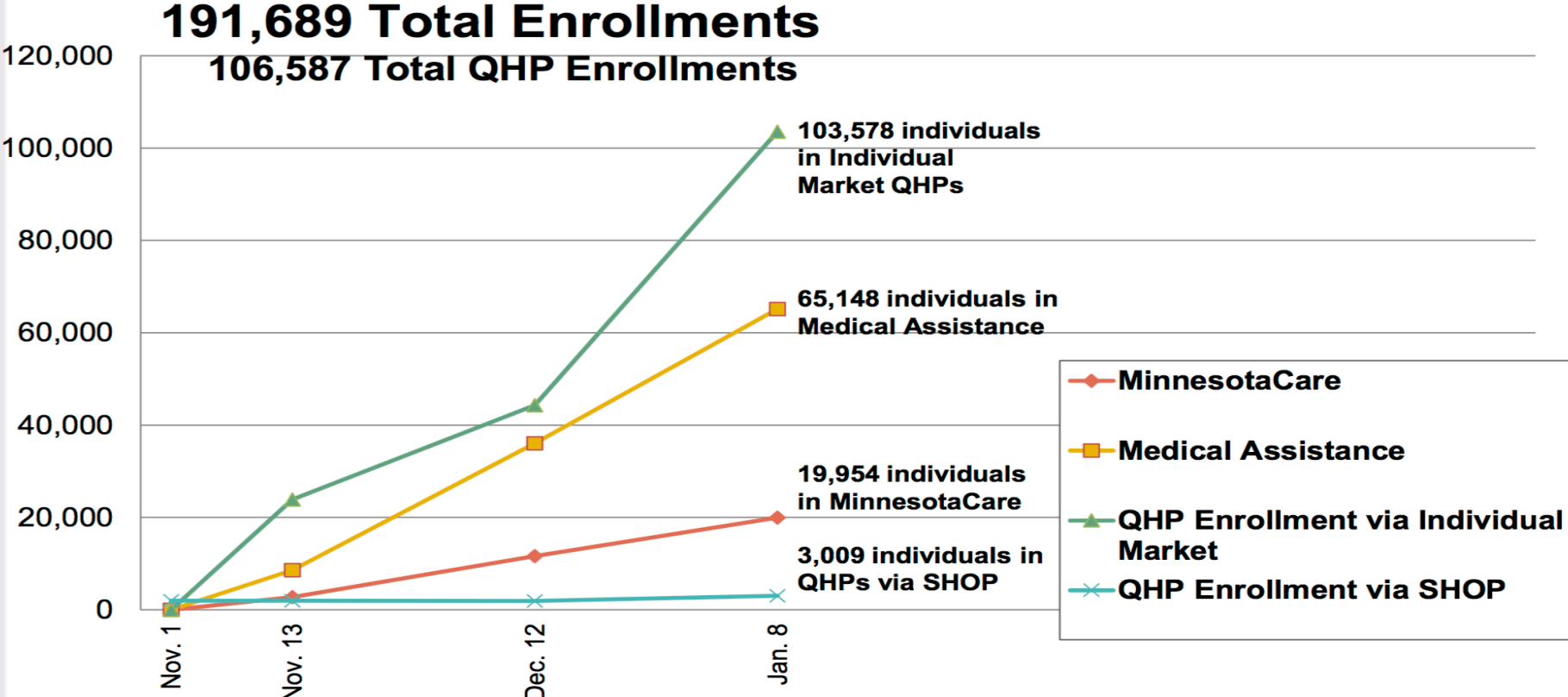
Cumulative Enrollment, Nov. 1, 2016 – Jan. 8, 2017	
Total Enrollments	191,689
Medical Assistance	65,148
MinnesotaCare	19,954
Qualified Health Plans	106,587
QHP new enrollees	38,940
QHP renewals	64,638
QHP via SHOP	3,009
Qualified Dental Plans	10,269

QHP Households Receiving Financial Help, Nov. 1, 2016 – Jan. 8, 2017	
Households with Advanced Premium Tax Credits	62.3%
Households with Cost Sharing Reductions	12.5%

Current SHOP Enrollment, Jan. 8, 2017	
Employers enrolled	438
Employees enrolled	1,934
Individuals enrolled (including dependents)	3,009

MNsure Board & Staff Update

Enrollments by Program Nov. 1, 2016 – Jan. 8, 2017



Program enrollment began at zero for all programs except SHOP starting November 1, 2016.



MNsure Board and Staff Update

Enrollment Dashboard – 2 of 2

Plans & Carriers, Nov. 1, 2016 – Jan. 8, 2017		
Carrier	2017 Enrollment To Date	2016 Enrollment
Blue Cross Blue Shield	--	20.2%
BluePlus	22.8%	8.0%
HealthPartners	26.2%	26.6%
Medica	23.9%	21.3%
UCare	27.1%	23.8%
Metal Level		
Platinum	--	--
Gold	10.6%	16.4%
Silver	32.5%	35.2%
Bronze	55.6%	47.0%
Catastrophic	1.4%	1.4%

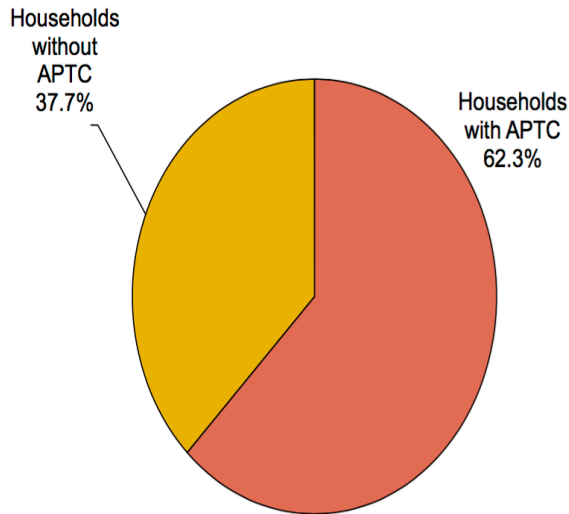
QHP Enrollee Demographics, Nov. 1, 2016 – Jan. 8, 2017		
Age	2017 Enrollment To Date	2016 Enrollment
<18	10.5%	10.4%
18-25	6.9%	7.3%
26-34	14.2%	16.9%
35-44	13.1%	14.0%
45-54	18.2%	18.5%
55-64	36.5%	32.6%
65+	0.6%	0.3%
Sex		
Male	47.9%	48.3%
Female	52.1%	51.7%

Note: Data reflects all QHP enrollment except SHOP enrollment.

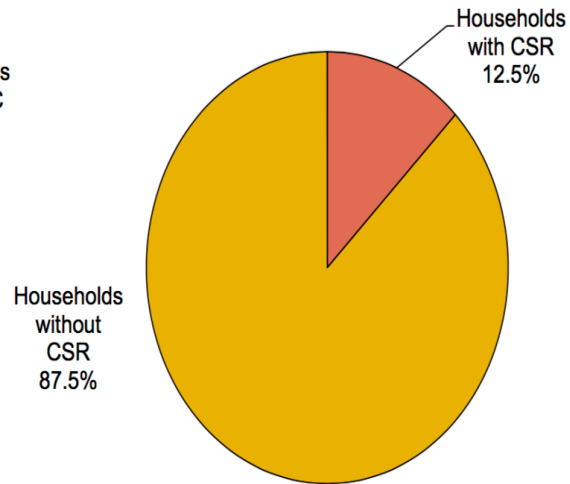
MNsure Board and Staff Update

QHP Households Receiving Financial Help Nov. 1, 2016 – Jan. 8, 2017

Advanced Premium Tax Credit subsidies



Cost Sharing Reduction subsidies



Note: Based on cumulative QHP enrollment for Open Enrollment 2017. Subsidies will be applied to payments beginning January 2017.
Data reflects all QHP enrollment except SHOP enrollment.

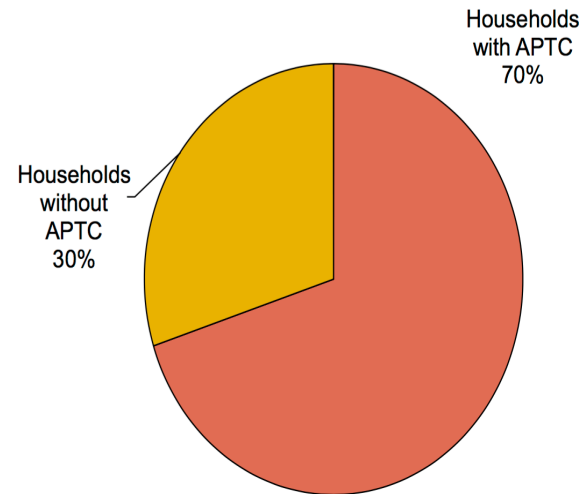
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Prepared for January 11, 2017 Board Meeting

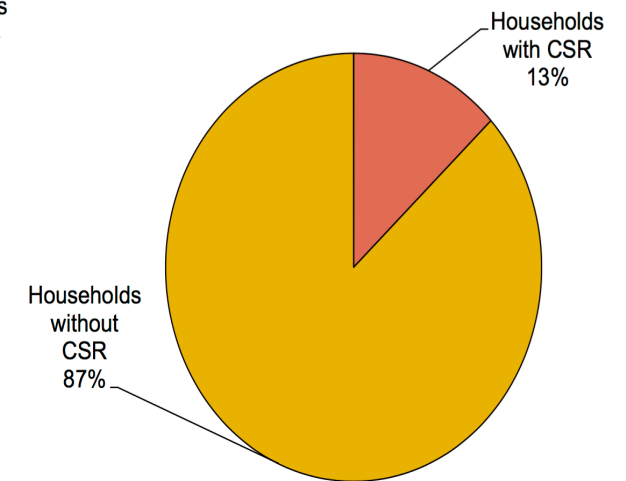


QHP Households Receiving Financial Help November 1, 2015 – January 10, 2016

Advanced Premium Tax Credit subsidies



Cost Sharing Reduction subsidies



Note: Based on cumulative QHP enrollment for Open Enrollment 2016. Subsidies are applied to payments beginning January 2016.

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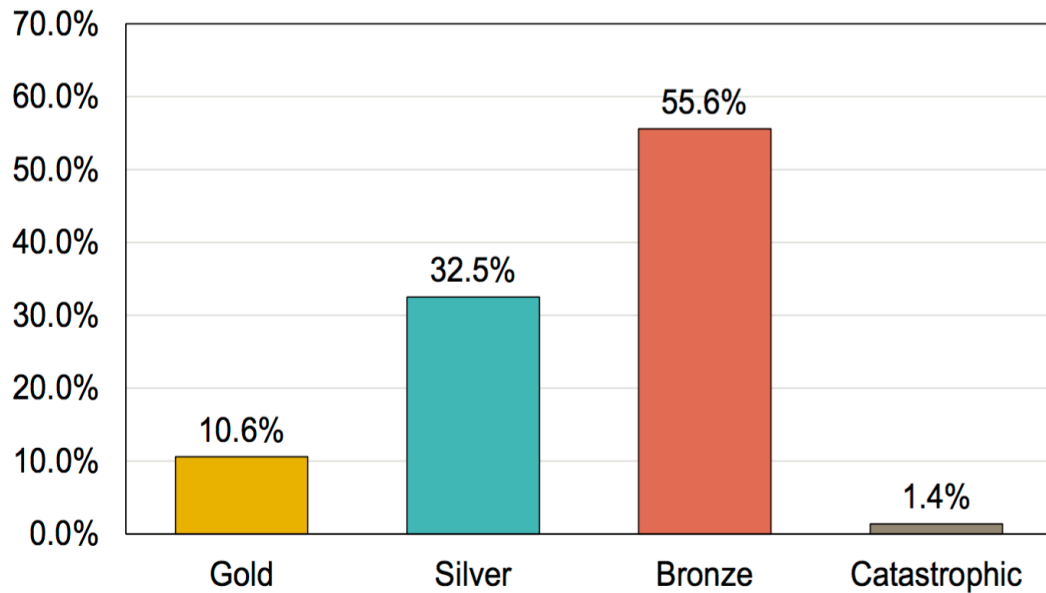
Numbers prepared for January 13, 2016 Board Meeting



MNsure Board and Staff Update

Individual Market: Metal Levels Nov. 1, 2016 – Jan. 8, 2017

2016 QHP Metal Level Selection



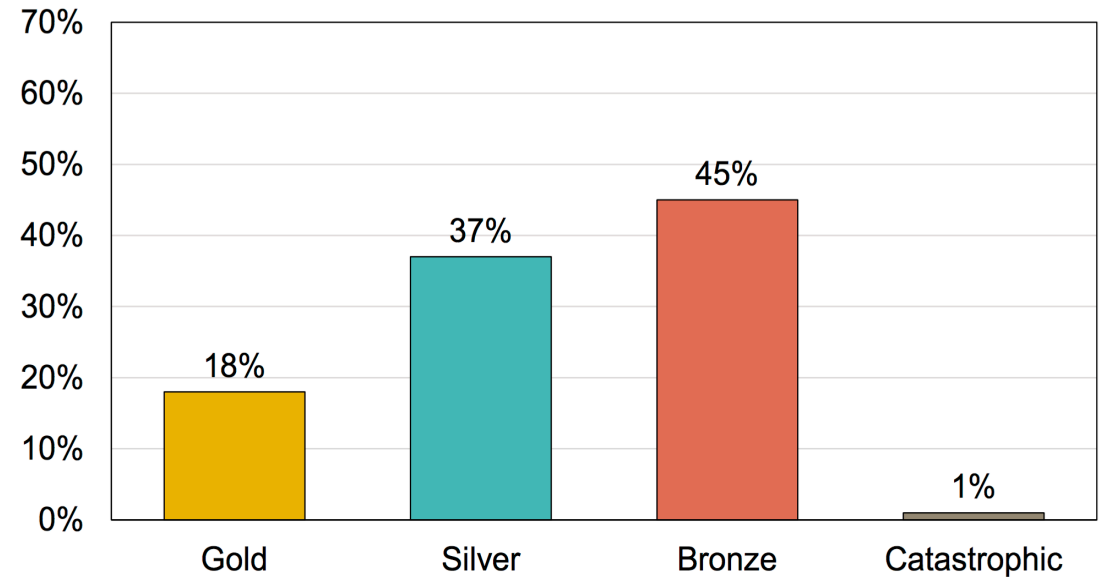
Note: Data reflects all QHP enrollment except SHOP enrollment.



Prepared for January 11, 2017 Board Meeting

Individual Market: Metal Levels November 1, 2015 – January 10, 2016

2016 QHP Metal Level Selection



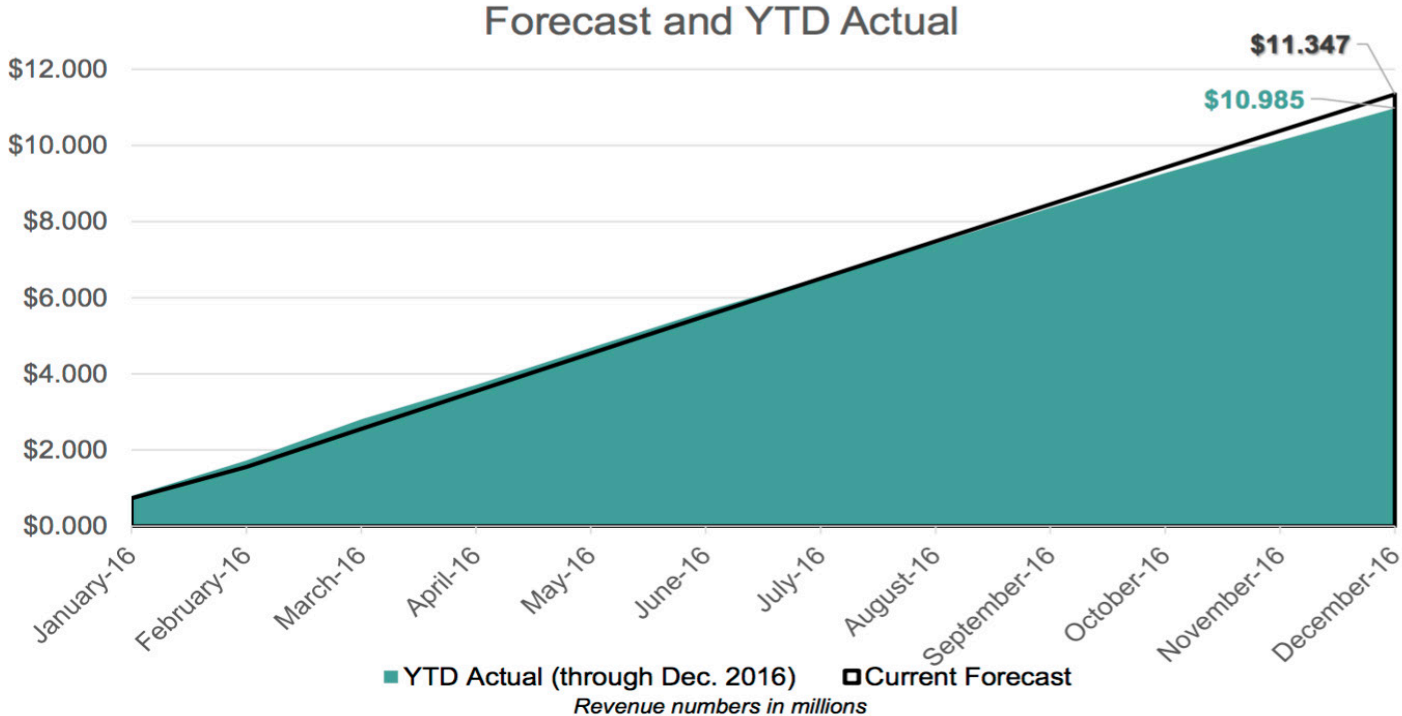
Note: Data reflects all QHP enrollment except SHOP enrollment.



Numbers prepared for January 13, 2016 Board Meeting

MNsure Board and Staff Update

MNsure Premium Withhold Revenue Calendar Year 2016



Note: EY16 forecast is based on budget passed at July 20, 2016 MNsure Board meeting.

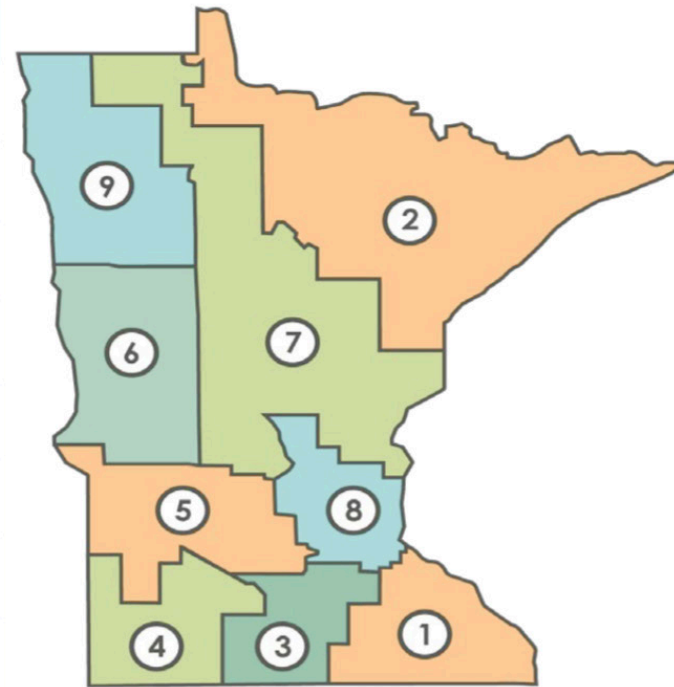
Prepared for January 11, 2017 Board Meeting



MNsure Board & Staff Update

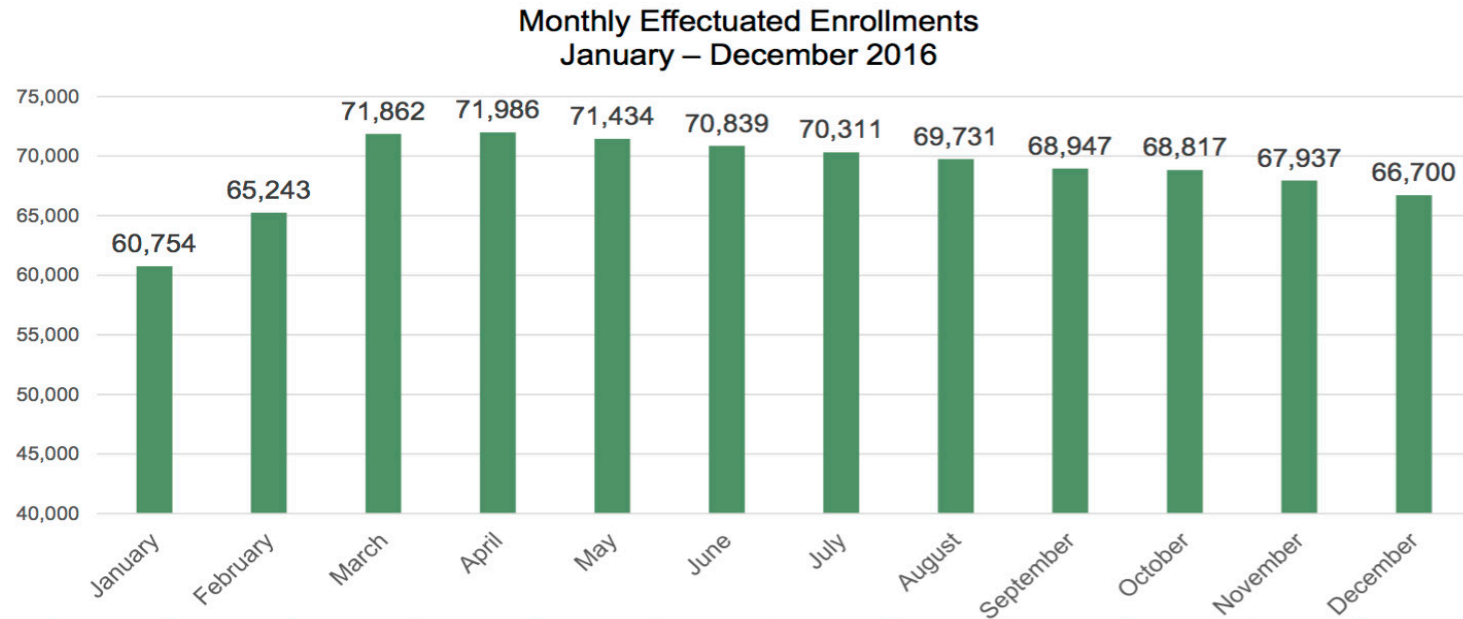
QHP Enrollment by Rating Region Nov. 1, 2016 – Jan. 8, 2017

Rating Area	Percent of State's Population in Region	Percent of QHP Enrollees in Region
1	8.1%	7.3%
2	5.9%	6.3%
3	4.7%	5.1%
4	2.2%	3.2%
5	3.8%	4.3%
6	4.2%	4.7%
7	7.9%	8.9%
8	61.6%	58.7%
9	1.6%	1.5%



MNsure Board & Staff Update

Effectuated Enrollments and Average Premiums, 2016



Average Monthly Premium	January	February	March	April	May	June	July	August	September	October	November	December
	\$385.16	\$381.89	\$375.34	\$376.03	\$375.83	\$376.02	\$375.88	\$375.51	\$375.95	\$375.61	\$376.55	\$377.23

Note: Enrollment count includes both individual market and SHOP QHPs.
Premium data represents the full cost of a plan, prior to any application of Advanced Premium Tax Credits.
Effectuated enrollments and average premium amounts are based upon the latest data received from carriers.

MNsure Board and Staff Update

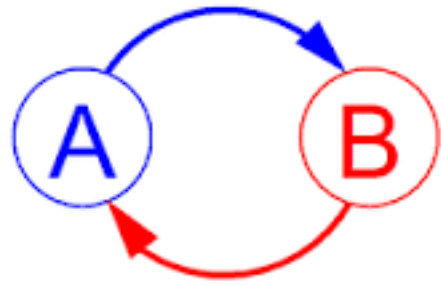
Customer Service Dashboard

Contact Center, Dec. 12, 2016 – Jan. 8, 2017	
Call Volume	64,054
Service Level (% of calls answered in 5 min. or less)	81.83%
Average Speed of Answer	0:02:35
Calls Abandoned while in Queue	5.99%

All Callers Top Contact Center Inquiries, Dec. 12, 2016 – Jan. 8, 2017	
1. General Questions	12.56%
2. Password reset/Account unlock	11.81%
3. MA/MCRE	9.67%

Assister Resource Center (ARC) Top Inquiries, Dec. 12, 2016 – Jan. 8, 2017	
1. Existing/pending inquiry	51.68%
2. Password reset/Account unlock	14.06%
3. Determination Result	8.75%

Operational Feedback Loop



Legislative Scan on MNsure-related Issues



MN Legislature & Governor – Individual Market Proposals

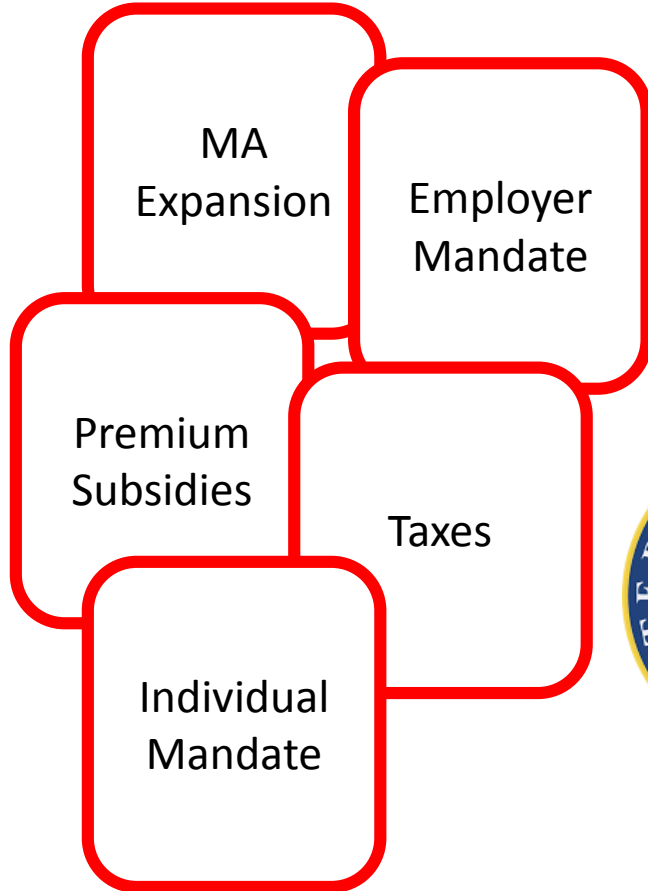
- HF1/SF1 & Governor's Proposal for Premium Relief in Individual Market
 - Administration
 - Legislature directs MMB to issue monthly checks to individuals
 - Governor directs health plans to provide relief to individuals with lower premiums
 - Means Testing –
 - Legislature targets 25% premium relief to those with incomes between 300-800% of FPL (Senate further targets 20-25% depending on income).
 - Governor does not have means testing – 25% relief for persons in individual market
 - Insurance Market Reforms –
 - Legislature – reduced allowed attachment point from \$20K to \$10K, settlement periods under stop loss policy, allows for-profit HMOs in state, continuity of care provision,
 - Governor – No provisions
 - Reinsurance –
 - Legislature includes a program
 - Governor does not

Other Legislation

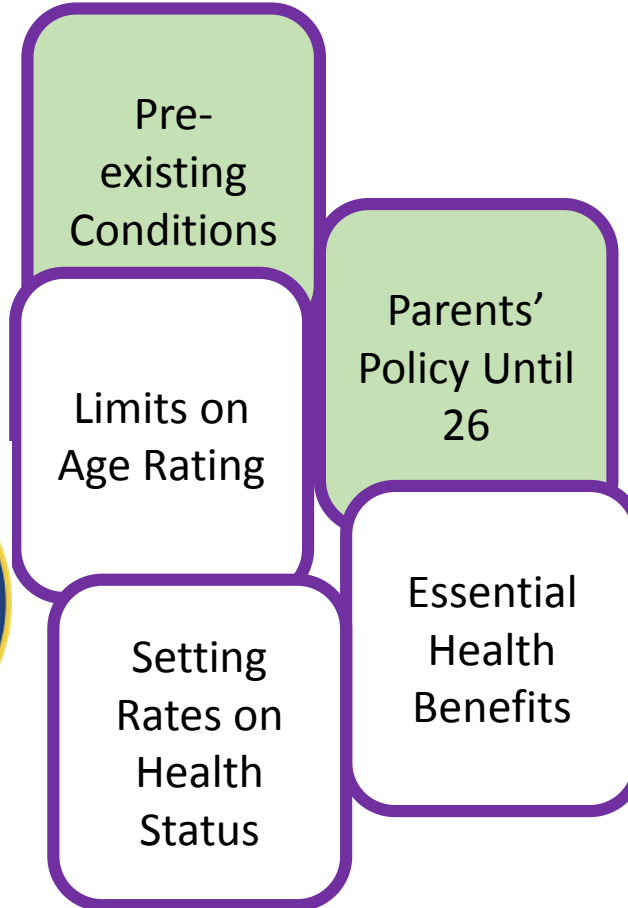
- HF92 / SF58 – Allowing individuals above 200% FPL to purchase MinnesotaCare coverage
- HF10 & HF130 – MNsure transition to federally-facilitated marketplace required
- HF82 – MNsure repealed

US Senate - 2017

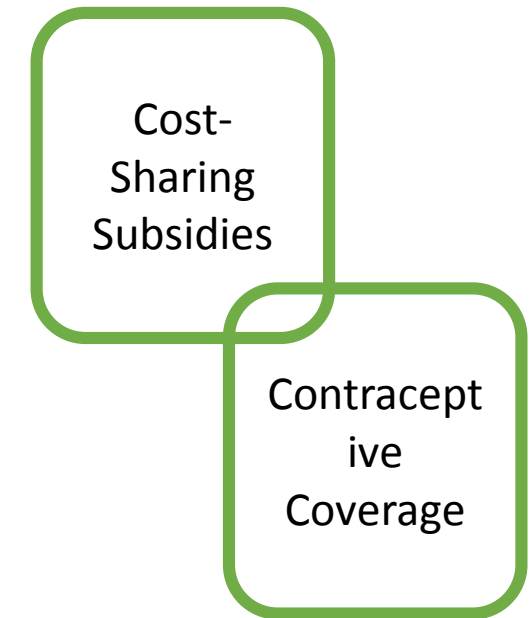
Budget Reconciliation Need 51 Votes



Motion for Cloture Need 60 Votes



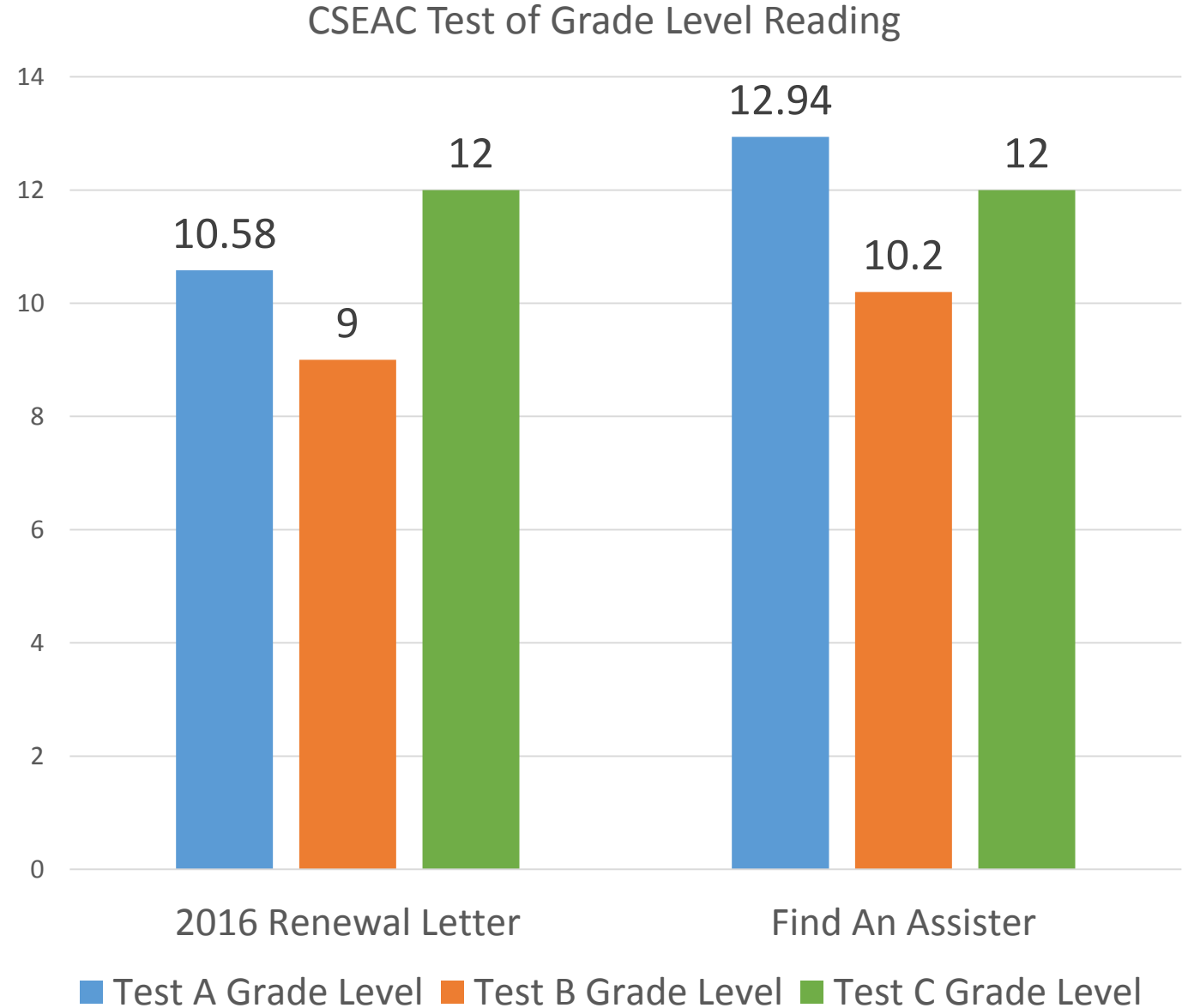
Trump Regulatory



Joint HIAC/CSEAC Literacy Recommendation Update

Health Literacy

- MNsure Consumer & Small Employer Advisory Committee (CSEAC) approves recommendation on November 22, 2016
- Three recommendations
 - All of MNsure's consumer communications need to be identified, inventoried, reviewed and updated to an 8th grade reading level
 - Simplify all written and web-based communications with the use of graphics and visual images
 - Implement the MN Action Plan to Improve Health Literacy

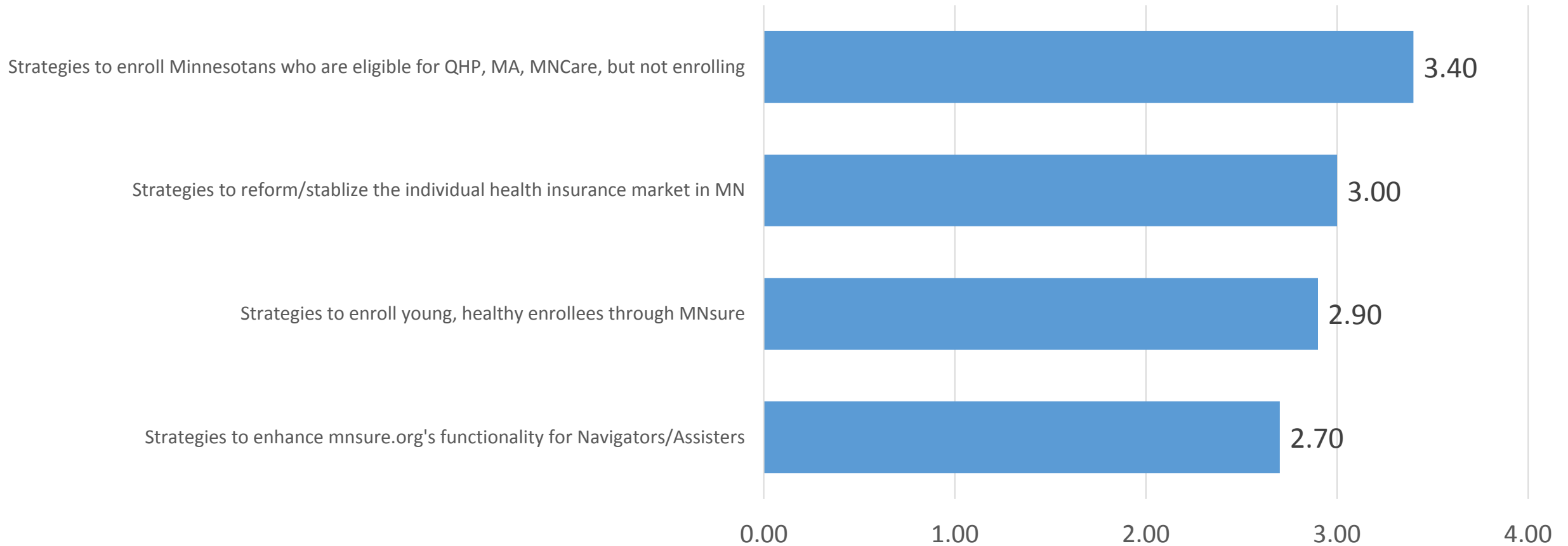


HIAC Actions on CSEAC Health Literacy

- December 1 HIAC recommends amending CSEAC report:
 - Change title from “Health Literacy & Communication Recommendation” to “MNsure Literacy & Communication Recommendation”
 - Remove first two paragraphs of the Executive Summary
- CSEAC
 - Comfortable with changing title
 - Not comfortable removing first two paragraphs of Executive Summary
- HIAC Chair recommended language proposed to distinguish between **health insurance literacy** and **health literacy**
- CSEAC Actions

HIAC 2017 Priorities

1=Low, 2= Average, 3=Above Average, 4=High Priority (n=10)



HIAC Roadmap – CY2017

February- March

- Preliminary Research Topic #1
- Develop Options

April-May

- Finalize Options
- Recommendation on #1

June-July

- Recommendation on #1 (if needed)
- Preliminary Research #2

September- October

- Finalize Options
- Recommendation #2

Volunteers for Research?



Evaluating MNsure



Evaluation of MNsure Meeting Statutory Intent (Minn. Stat. 62V.03)

1

MINNESOTA STATUTES 2016

62V.03

62V.03 MNSURE; ESTABLISHMENT.

Subdivision 1. **Creation.** MNsure is created as a board under section 15.012, paragraph (a), to:

(1) promote informed consumer choice, innovation, competition, quality, value, market participation, affordability, suitable and meaningful choices, health improvement, care management, reduction of health disparities, and portability of health plans;

(2) facilitate and simplify the comparison, choice, enrollment, and purchase of health plans for individuals purchasing in the individual market through MNsure and for employees and employers purchasing in the small group market through MNsure;

(3) assist small employers with access to small business health insurance tax credits and to assist individuals with access to public health care programs, premium assistance tax credits and cost-sharing reductions, and certificates of exemption from individual responsibility requirements;

(4) facilitate the integration and transition of individuals between public health care programs and health plans in the individual or group market and develop processes that, to the maximum extent possible, provide for continuous coverage; and

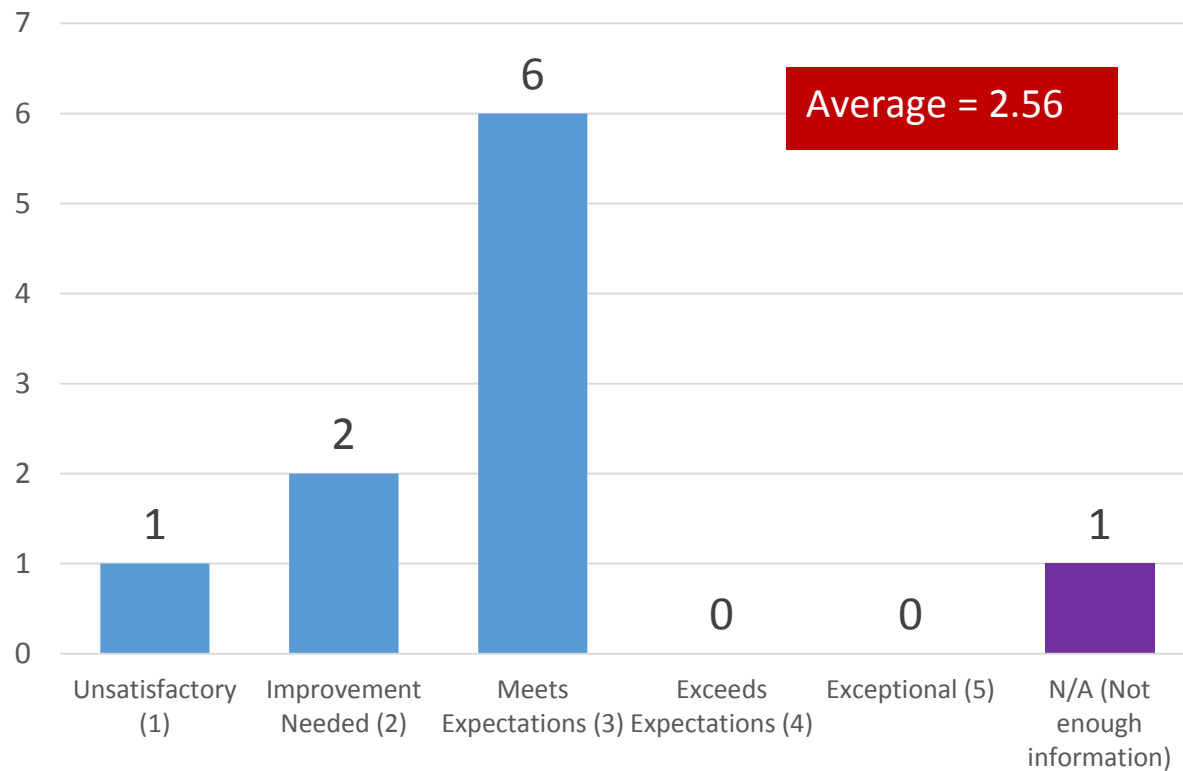
(5) establish and modify as necessary a name and brand for MNsure based on market studies that show maximum effectiveness in attracting the uninsured and motivating them to take action.

MNsure Evaluation

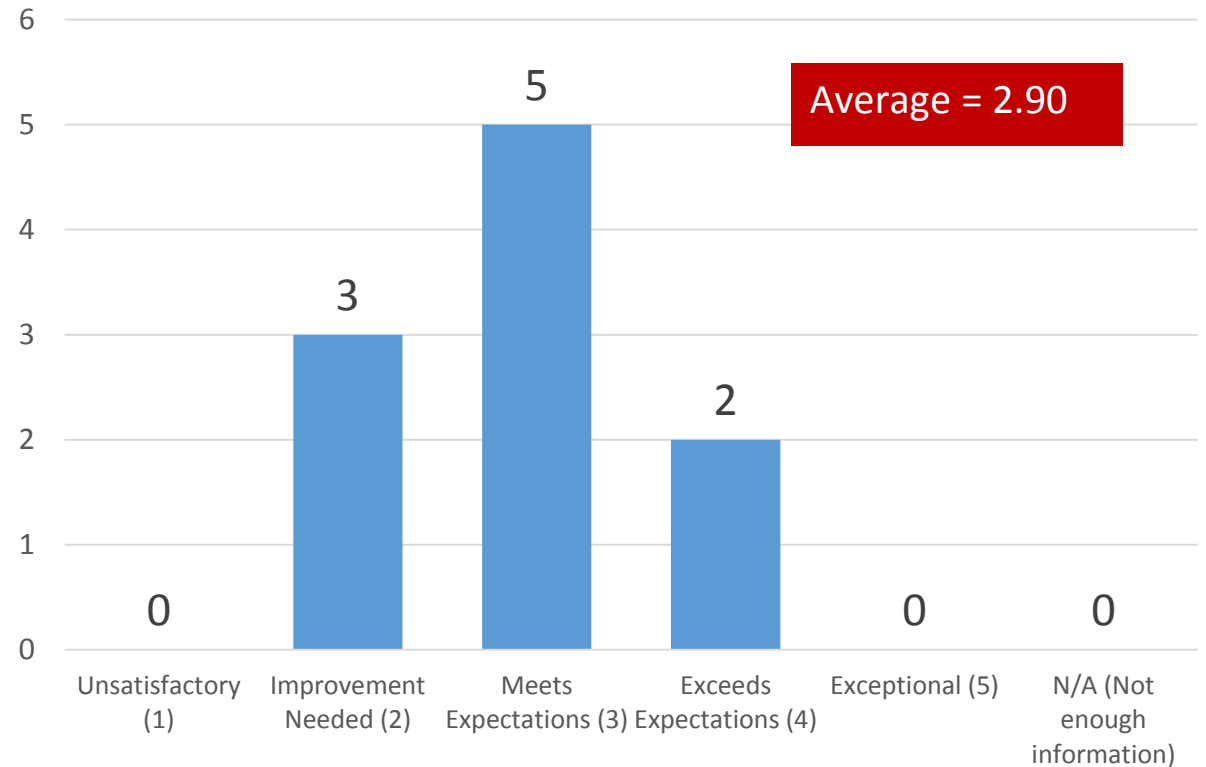
Promote informed consumer choice, innovation, competition, quality, value, market participation, affordability, suitable and meaningful choices, health improvement, care management, reduction of health disparities, and portability of health plans

Facilitate and simplify the comparison, choice, enrollment, and purchase of health plans for individuals purchasing in the individual market through MNsure

Number of Votes



Number of Votes

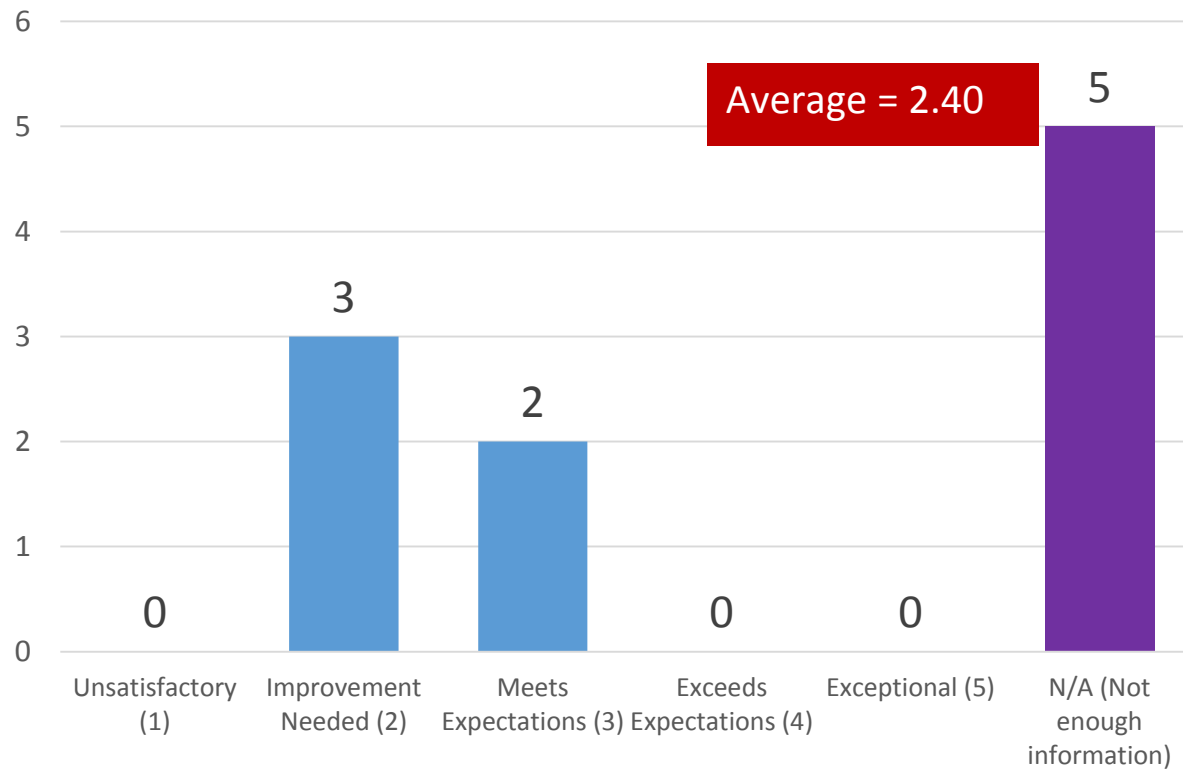


MNsure Evaluation

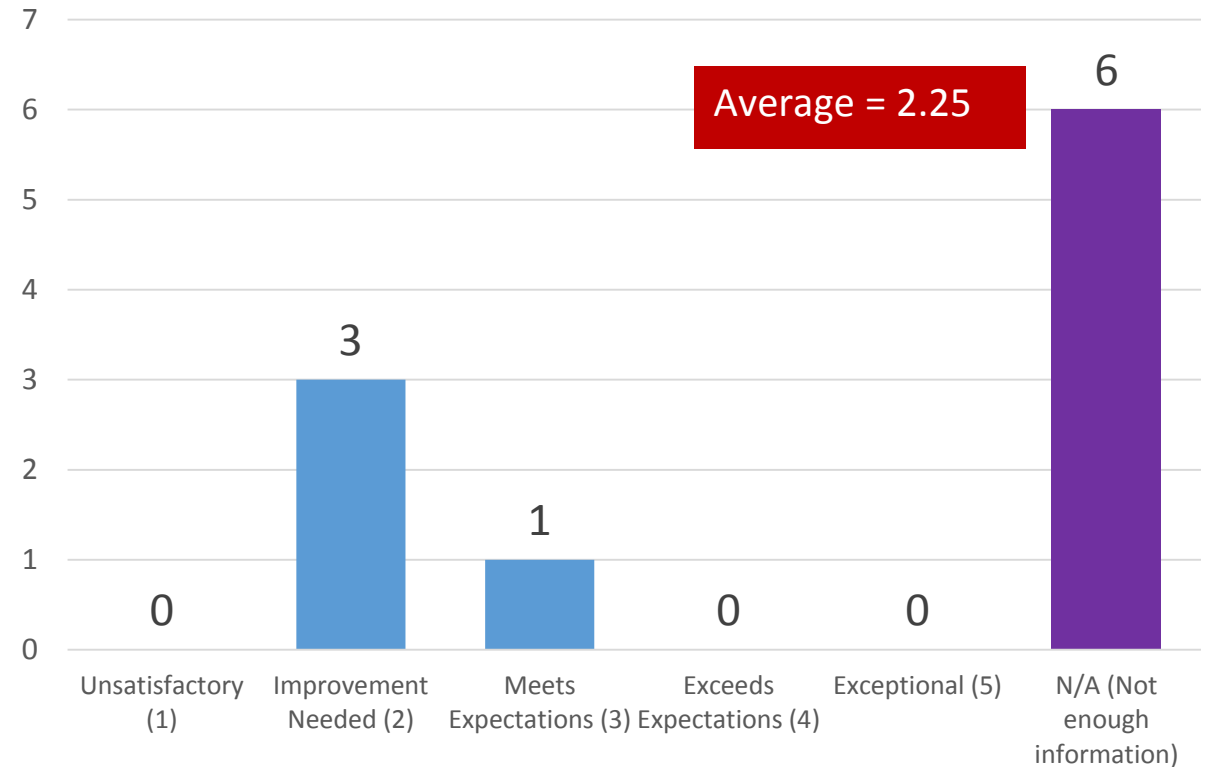
Facilitate and simplify the comparison, choice, enrollment, and purchase of health plans employees and employers purchasing in the small group market through MNsure;

Assist small employers with access to small business health insurance tax credits

Number of Votes



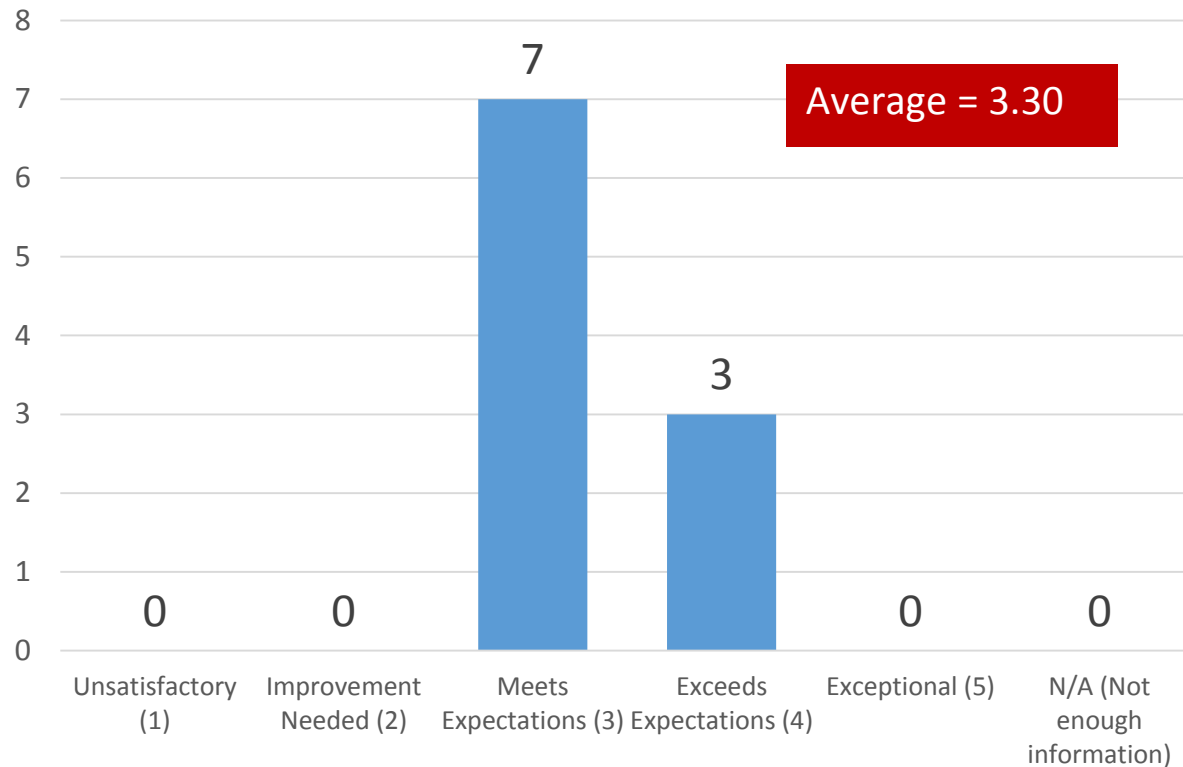
Number of Votes



MNsure Evaluation

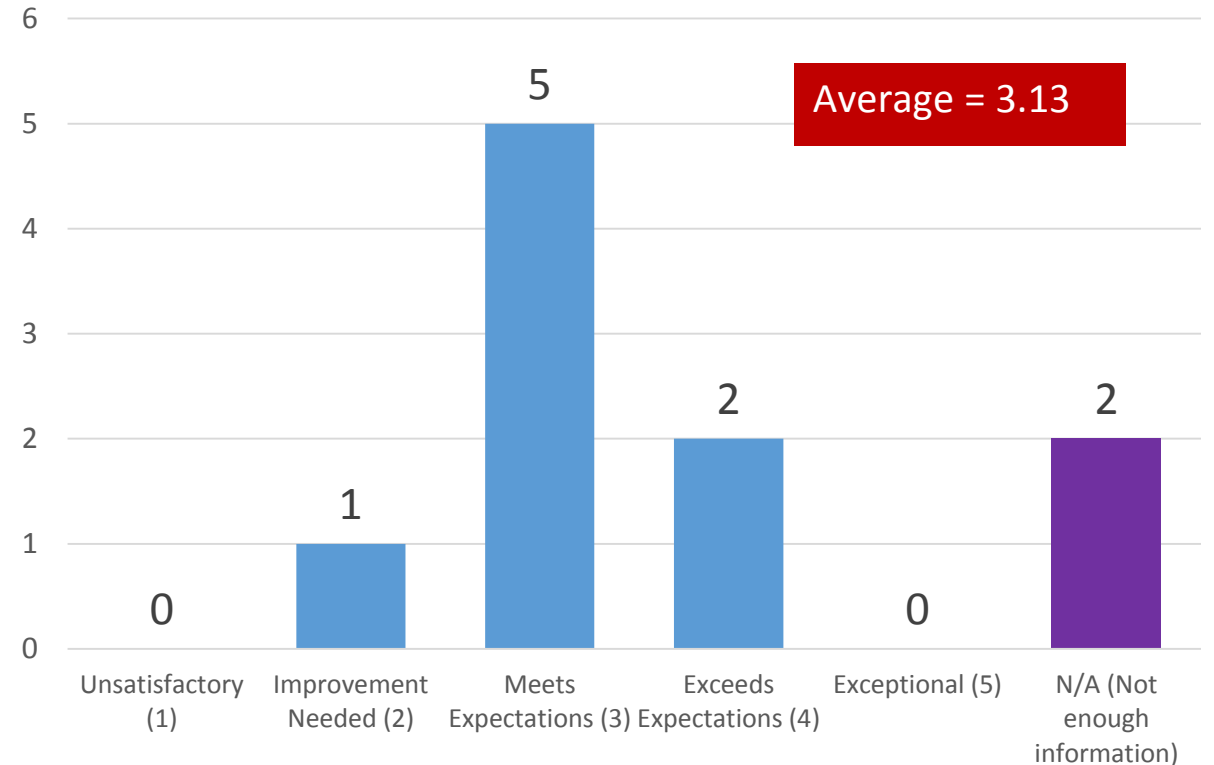
Assist individuals with access to public health care programs, premium assistance tax credits and cost-sharing reductions, and certificates of exemption from individual responsibility requirements

Number of Votes



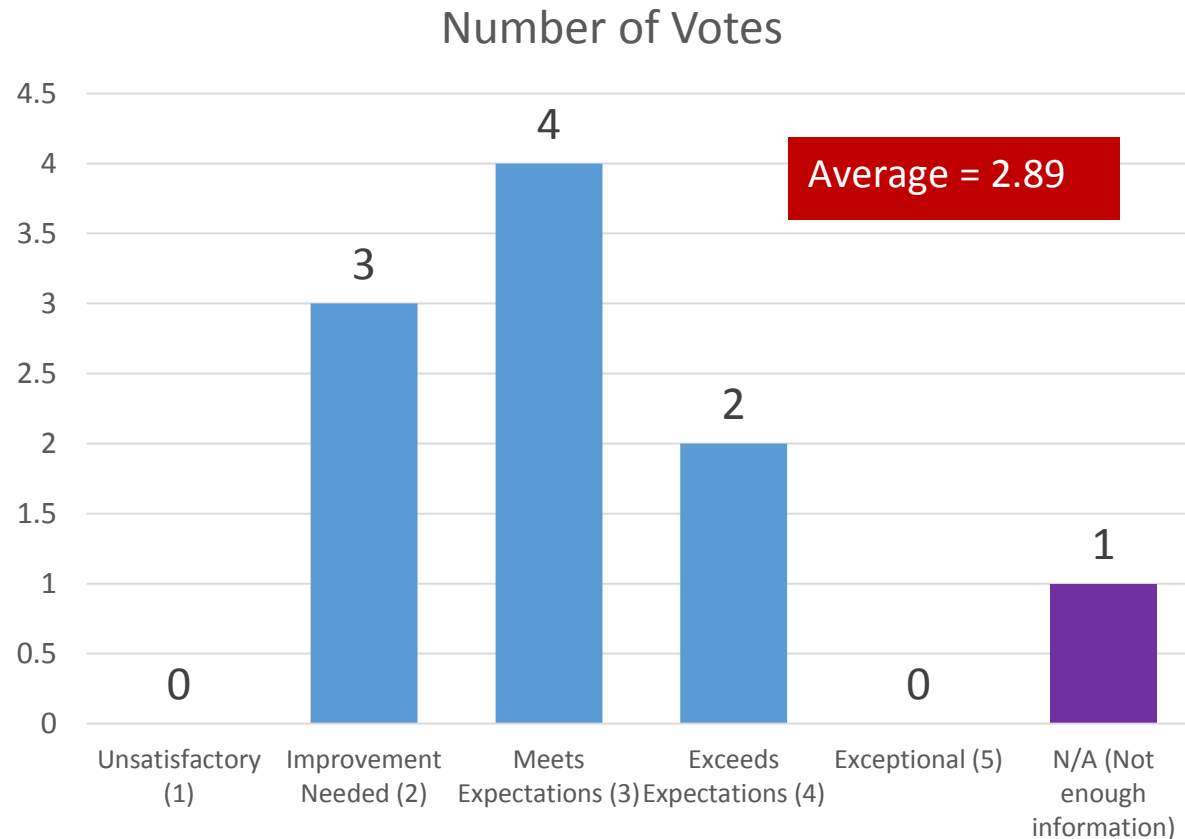
Facilitate the integration and transition of individuals between public health care programs and health plans in the individual or group market and develop processes that, to the maximum extent possible, provide for continuous coverage

Number of Votes



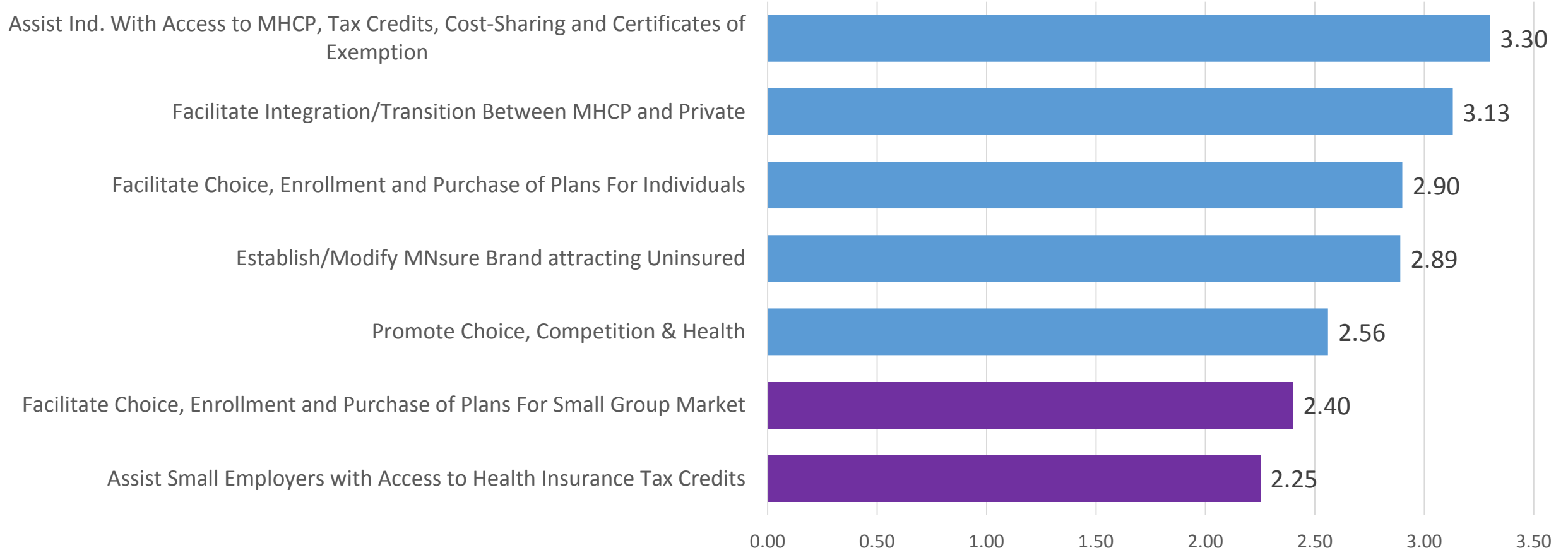
MNsure Evaluation

Establish and modify as necessary a name and brand for MNsure based on market studies that show maximum effectiveness in attracting the uninsured and motivating them to take action



MNsure Evaluation Relative To Minn. Stat.

1=Unsatisfactory, 2=Improvement Needed, 3=Meets Expectations, 4=Exceeds Expectations, 5=Exceptional



Speaker & Topics

- Health literacy
- Learnings from other states operating state based exchanges
- Consumers/Users sharing perspective
- Efforts to reduce costs of health care
- Reaching individuals not enrolling

Upcoming Meetings

- February 23, 2017 – HIAC
- March 23, 2017 – Joint CSEAC/HIAC Meeting
- April 27, 2017 – HIAC
- May 18, 2017 – Joint CSEAC/HIAC Meeting
- June 29, 2017 – HIAC
- July 27, 2017 – Joint CSEAC/HIAC Meeting
- August 17, 2017 - HIAC