



Health Industry Advisory Committee Meeting Minutes

Thursday, December 1, 2016, 2:30 – 5:00 p.m.

UCare, 500 Stinson Boulevard NE, Minneapolis, MN 55413

Members in attendance: Jonathan Watson – Chair, Ghita Worcester – Vice Chair, Kyle Bozentko (via phone), Forrest Flint, Thomas Hoffman, Hillary Hume, Heidi Mathson, Andy McCoy, Daniel Miesle, Reuben Moore (via phone), Chris Rofidal, Charles Sawyer

Members not in attendance: Kenneth Bence, David Dziuk, Carl Floren, Harlan Johnson, Bette Zerwas

Staff in attendance: Aaron Sinner – Board and Federal Relations Director, Marcus Schmit – Director of Legislative Relations and Community Partnerships, Debby Dill – Board and Federal Relations Coordinator

Meeting Topics

Welcome & Introductions

Jonathan Watson, Chair

Jonathan called the meeting to order at 2:45 p.m. He noted the HIAC has four new members, bringing the membership total to 17. Members introduced themselves.

Overview of HIAC Charter, Role and History

Jonathan Watson, Chair

Jonathan reviewed highlights of the [HIAC Charter](#), [Board Policy on Advisory Committees](#), and [Board Policy on Advisory Committee Roles and Responsibilities](#).

Charter

Jonathan noted the charter gives a description of HIAC's scope. He also noted the committee can provide input at any time to the board, and may make recommendations.

Board Policy on Advisory Committees

Jonathan reported that MNsure has two advisory committees, the Health Industry Advisory Committee and the Consumer and Small Employer Advisory Committee. The two committees periodically hold joint meetings. The board has appointed a liaison to each advisory committee; the liaison to the HIAC is Marcus Schmit, and the liaison to the CSEAC is Aaron Sinner.

Aaron outlined the requirements of the Open Meeting Law, to which the HIAC is subject. Anytime a quorum of committee members gathers and discusses MNsure, the gathering is an official meeting of the committee that must be properly noticed to the public. Aaron noted this includes email communication.

Jonathan noted staff/liaisons provide support to the advisory committees, but the members do most of the work. Jonathan stated he attends two or three board meetings a year to let the board know how the HIAC is doing and what they are working on. Additionally, the board receives a copy of committee meeting minutes.

Board Policy and Advisory Committee Roles and Responsibilities

Jonathan encouraged members to familiarize themselves with the “Roles and Responsibilities” section found on page 2 of the policy, as it describes the duties of the committee.

Jonathan noted that board materials, such as board meeting minutes, can be found on the MNsure website under Board and Advisory Committee Document Library.

Jonathan reported that over the past year, the committee had been asked by the board to make a recommendation around MNsure’s financing mechanism. The HIAC made a recommendation to the board in September after much research and discussion. Jonathan encouraged all members to voice their opinions, as committee members have a genial relationship even though they do not always have unanimous votes.

Public Comment

None.

Approval of October 27, 2016 Joint Advisory Committee Meeting Minutes

Jonathan Watson, Chair

MOTION: Andy McCoy moved to approve the draft [October meeting minutes](#). Chris Rofidal seconded. All were in favor and the minutes were approved.

MNsure Board & Staff Update

Jonathan presented slides 9-15 of the [HIAC meeting deck](#), including summaries of who sits on the MNsure Board of Directors.

Aaron reviewed highlights from the MNsure board meeting on November 16. He noted the board had appointed new members to the HIAC and the CSEAC, and had also appointed Richard Klick as chair of the CSEAC and reappointed Jonathan Watson and Ghita Worcester as chair and vice chair of the HIAC.

Aaron also noted that MNsure had enrolled over 30,000 Minnesotans in QHPs, which was two and half times more individuals than were enrolled by the same date last year. Additionally, Medica had reached its enrollment cap, and its plans had been removed from the MNsure

website and are not for sale to new enrollees, on- or off-exchange. However, current Medica enrollees can still change Medica plans or enroll through MNsure.

Chris asked if Medica plans might become available again if some current enrollees selected plans with other carriers. Aaron reported that the enrollment caps had been triggered with this possibility in mind, and so Medica plans would not be for sale for a minimum of 180 days. The enrollment count at which to trigger the Medica cap had been worked out between Medica and the Department of Commerce.

Jonathan asked for clarification on the current enrollment numbers. Aaron stated that it was active enrollments, which included current enrollees actively selecting a plan as well as new enrollees.

Committee members asked if some individuals applying for coverage were determined eligible for public programs. Aaron explained that the enrollments listed as Medical Assistance and MinnesotaCare were new enrollments in those programs.

Committee members asked if other carriers besides Medica had enrollment caps. Aaron explained that the enrollment caps were negotiated as part of the rate review and approval process between the carriers and the Department of Commerce, and that all individual market carriers except BluePlus had enrollment caps this year.

Dan Miesle asked how consumers obtain coverage once open enrollment ends. Aaron explained that public programs are available for enrollment year round, and that for the private insurance-eligible population, individuals could enroll in coverage if they experienced a life event change, which can generally be thought of as a change in insurance eligibility or insurance status.

Some members expressed concern about the five counties in which only capped plans were available. Aaron noted that Medica, despite triggering its enrollment cap, had agreed to continue offering plans in those counties.

Jonathan asked Aaron to explain MNsure's funding sources. Aaron noted MNsure receives funding through three revenue streams. The first is a 3.5% premium withhold on all plans sold through MNsure. The second is through a cost allocation formula with DHS based on activity MNsure carries out that benefits DHS and public programs enrollees. The third is through grants from the federal government for establishment-related activities, which will be going away in 2017.

Committee members discussed the state of the open enrollment period, and agreed things were generally going well. Marcus noted that the average tax credit tripled, so even though premiums have increased, the tax credit is around \$637 a month.

Jonathan next discussed slides 18-23 of the [HIAC meeting deck](#), on the Governor's Health Care Financing Task Force. The Task Force passed health reform recommendations in January 2016. Due to the problems in the individual market, the Task Force reconvened on November 14. Jonathan noted that at that meeting, the Department of Commerce reported that within the

individual market, 2.2% of the individuals had 50% of the claims. He noted this is a source of the high individual market premiums.

Ghita noted that when a healthier segment of the population is excluded from the individual market because they are eligible for MinnesotaCare, and when many millennials and other healthy individuals did not buy health insurance, those left in the individual market skew toward individuals who need coverage and have a higher cost to insure. The individual market is not what it was five years ago, as it is older and has more people with chronic conditions.

Jonathan said he was not sure if there had been any progress toward a special session to give tax rebates to those in the individual market whose income was too high for Advanced Premium Tax Credits.

Operational Feedback Loop

Jonathan Watson, Chair

Jonathan explained that this is the section of the meeting where he asks committee members if they are hearing anything or have any issues they would like him to bring before the board. Heidi Mathson said she was seeing the same issues with call wait times and no good choices for people, but had nothing new to report. Jonathan asked what plans consumers are picking. Heidi said most are picking bronze or silver because of the affordability.

Ghita said she was concerned that if the legislature doesn't have a special session, the individual market might shrink from 260,000 enrollees to 150,000. If that occurs, the individual market is beyond broken. It would mean people with a healthier profile had chosen to go without insurance and pay the penalty.

Andy asked Ghita if she was receiving better enrollment data from MNsure this year. Ghita responded that it is slightly better.

Discussion on 2017 US Congress and MN Legislature

Marcus Schmit, Director of Legislative Relations and Community Partnerships

Jonathan suggested, given the uncertainty around the future of the Affordability Care Act, the committee continue to operate with the assumption that MNsure will continue for the foreseeable future.

Marcus noted there have been no immediate changes to MNsure. He said he did not think the state legislature would act on any legislation with a major effect on MNsure until it was clear what would be occurring on the federal level.

Ghita said that no matter what course of action occurred, any changes would take years to implement.

Committee members agreed to operate under this assumption and reexamine it in June 2017, once federal and state action might be clearer.

Development of Joint HIAC/CSEAC Recommendations – Health Literacy

HIAC members reviewed [the health literacy and communication recommendation](#) approved by the CSEAC at its most recent meeting. Aaron noted the CSEAC had invited the HIAC to review the recommendation and potentially endorse it prior to the CSEAC's presentation to the board.

Jonathan noted there is a difference between health literacy and health insurance literacy, and that health literacy is a larger concept that might be beyond the scope of MNSure.

Ghita commented that the recommendation presented a component of health insurance literacy, mostly focused on the reading level of text used by MNSure. She noted other components are concepts like the benefits of having health coverage and the benefits of receiving preventive services.

Hillary Hume asked if the language used by MNSure in the recommendation's examples was governed by federal regulations. Ghita answered that these sorts of language pieces aren't as tightly regulated as language around Medicaid.

Tom Hoffman said he saw value in simplifying language, but noted that comes with a cost, and wondered if the return on investment would be worthwhile. He noted MNSure wouldn't just need to simplify its language, but would need ongoing monitoring of content.

Dan commented on the need to think beyond English, and to also consider the value of translating MNSure's information into other languages. He noted that can also take a lot of work and would have a cost associated with that. Ghita noted one way to address this is to use a language block that tells individuals in their native languages who to contact to explain the information to them if they do not speak the language in which it's written.

Dan asked if MNSure's call center included representatives trained in languages other than English. Aaron noted MNSure services some languages in-house, but also uses a "language line" that offers translators fluent in over 150 languages.

Andy commented the recommendation was not so much about health literacy or health insurance literacy, but rather about literacy and communication generally. He noted it is important to focus recommendations on MNSure's role, which this recommendation does.

Jonathan commented that the executive summary of the recommendation defined health literacy, but that the purpose of the MNSure website isn't to provide consumers with health literacy, broadly defined.

Kyle Bozentko commented that health literacy is a particular, well-defined criteria within a broader set of patient initiatives, and that making language more accessible and useful to a broader audience misconstrues what health literacy is. He said health literacy is about making people more engaged in their actual healthcare activities.

MOTION: Ghita moved that the HIAC endorse the recommendation if the title were changed to "MNSure Literacy & Communication Recommendation" and if the first two paragraphs of the

Executive Summary were removed. Chris seconded. All were in favor and the motion was approved.

Aaron said he would share this result with the CSEAC leadership to decide how they wished to proceed.

HIAC Priority Topics for CY2017

Jonathan Watson, Chair

Jonathan asked committee members to identify two or three topics about which the committee would be like to make recommendations to the board. After much discussion, committee members agreed they were most interested in exploring the following topics in 2017:

- Strategies to enroll Minnesotans who are eligible for APTC, Medical Assistance, and MinnesotaCare, but who aren't enrolling;
- Strategies to enhance the website's functionality for assisters;
- Strategies to enroll young, healthy enrollees through MNsure;
- Strategies to reform/stabilize the individual health insurance market in Minnesota

Jonathan said he would send out a survey and share the results at the January HIAC meeting to help prioritize these topics.

Next Meeting and Topics

Jonathan Watson, Chair

Jonathan shared the HIAC meeting schedule found on slide 29 of the [HIAC meeting deck](#). He asked committee members if they would like to hold joint meetings with CSEAC every other month. HIAC members expressed a preference for quarterly joint meetings to allow more meeting time devoted to independent HIAC work. Aaron said he would communicate this to CSEAC leadership.

Jonathan said he thought the HIAC should aim to pass a recommendation for presentation to the MNsure board in either July or August.

Jonathan then asked if there were any speakers that the committee would like to have present. Committee members agreed selection of a speaker should wait until the legislature had taken office and the policy changes they would be pursuing were clearer.

Jonathan asked if committee members would object to canceling the December 22 meeting. Committee members were agreeable and Jonathan canceled the December meeting.

Chris moved to adjourn. Andy seconded. All were in favor and the meeting adjourned at 5:00 p.m.