Health Industry Advisory Committee Meeting Minutes

> **Monday, October 30, 2017, 2:30 – 5:00 p.m.**
> **UCare, 500 Stinson Boulevard NE, Minneapolis, MN 55413**
>
> **Members in attendance:** Jonathan Watson – Chair, Ghita Worcester – Vice Chair, Kenneth Bence, Kyle Bozentko (via phone), David Dziuk, Forrest Flint, Carl Floren, Thomas Hoffman, Hillary Hume, Harlan Johnson (via phone), Chris Rofidal, Andy McCoy, Heidi Mathson, Daniel Miesle (via phone), Reuben Moore, Bette Zerwas
>
> **Members not in attendance:** Charles Sawyer
>
> **Staff in attendance:** Christina Wessel – Senior Director of Partner and Board Relations, Aaron Sinner – Board and Federal Relations Director, Stephanie Grisell – Legal Analyst

Meeting Topics

Welcome & Introductions

Jonathan Watson, Chair

Jonathan Watson, Chair, called the meeting to order at 2:36 p.m. He noted a quorum was present. He referred to the agenda found in the meeting slide deck. Jonathan noted the goal of the meeting was adopt a MNsure reporting metrics recommendation and refine an individual market stabilization recommendation.

Members introduced themselves.

Approval of September 28 Minutes

HIAC Members

MOTION: Ken Bence moved to approve the draft September 28, 2017 minutes. Forrest Flint seconded. All were in favor and the minutes were approved.

Public Comment / Operational Feedback Loop

Jonathan Watson, HIAC Chair

No public comment.

No operational feedback loop comments.

MNsure Board & Staff Update

Aaron Sinner, Director of Board and Federal Relations

Jonathan reviewed the SHOP recommendation he presented to the MNsure Board at its October 18, 2017 meeting. He noted it had been well-received. Aaron Sinner, MNsure staff, agreed, noting that MNsure had begun moving in a similar direction with SHOP, so the recommendation and presentation validated MNsure's plans in regards to SHOP.

Aaron updated Committee members about MNsure's open enrollment readiness and reviewed the October 18 Board Meeting. He noted that MNsure was entering 2018 open enrollment with a robust assister network of over 1,600 individuals ready to help consumers. Chris Rofidal asked how that number compared to previous years. Christina Wessel, MNsure staff, noted the number was down slightly, but comparable to previous years. Aaron informed the Committee the MNsure marketing plan was in effect and television ads were set to begin on October 31, 2017. Operationally, MNsure had a new Contact Center vendor in place as of August 31, 2017. Aaron also noted there will be 75% more agents taking calls on the first day of 2018 open enrollment than there were on the first day of 2017 open enrollment. The Minnesota Eligibility Technology System ("METS") maintenance window would be midnight to 4 a.m., during which individuals would be unable to log into their accounts. However, there would be 24-hour system availability around deadline days and for the first several days of 2018 open enrollment. Additionally, the MNsure Board's Operations Work Group provided an update on the MNsure IT request for proposal (RFP). There were currently two finalists around the plan shopping and system of record component. Aaron noted the RFP had included a SHOP component, but it was no longer under consideration.

Andy McCoy asked if MNsure was able to tell if people were shopping ahead of time. Aaron indicated that MNsure does track that information, but it was not readily available to present.

Dave Dziuk asked about the status of the Advisory Committee applications. Aaron noted a subcommittee of Board members would be meeting soon to review applicants, with plans to recommend individuals for appointment at the Board's November meeting. That way, new members would be in place for the November Advisory Committee meetings.

Jonathan highlighted the MNsure response to the HIAC Assister Functionality Recommendations for Committee members. Jonathan noted he had spoken to Dick Klick, Chair of the Consumer and Small Employer Committee, who had raised concerns about items the interagency IT governance structure and its effect on recommendations five and six related to the assister portal.

Political Landscape Discussion

Jonathan Watson, Chair

Jonathan provided the Committee with an update of the political landscape. Jonathan reviewed the decision by the Trump Administration to discontinue the cost-sharing reductions (CSRs) payments to carriers, along with decreases in marketing spending for 2018 open enrollment.

The Committee discussed the various ways the decrease in federal funding could drive down enrollment and potentially de-stabilize the individual market. Jonathan indicated that because the initial efforts to repeal and replace were unsuccessful, Congress was likely to focus on eliminating the Affordable Care Act via regulatory means. Ghita Worcester, Vice Chair, noted that Minnesota was well-positioned because the state elected to create a state-based exchange in MNsure, and thus Minnesota has its own funding.

Jonathan reviewed the Alexander-Murray bill introduced in the U.S. Senate. The bill would continue the CSR payments for two years and provide grants for future open enrollment marketing. The bill also introduced new language related to "affordability" and provided for more 1332 waiver flexibility. Jonathan also noted that the bill would restore the MinnesotaCare lost as a result of the federal partial approval of Minnesota's 1332 waiver.

Ken asked how federal actions could affect state legislative efforts. Jonathan indicated with MNsure as a state-based exchange, Minnesota has a bit of freedom in developing its own healthcare policies. Committee members discussed the CSR payments, noting the Minnesota carriers' 2018 premiums already accounted for the federal government not paying the CSR payments.

HIAC Reporting Metrics Discussion/Recommendation

Jonathan Watson, Chair and HIAC Members

Jonathan opened discussion about the reporting metrics recommendation. Jonathan reviewed MNsure's current reporting metrics dashboard and then reviewed the different buckets of reporting metrics MNsure focuses on including call volume, service level, average speed of answer, calls abandoned while in queue, and top caller inquiries as metrics for the Contact Center. Jonathan provided Committee members with three examples of other state-based exchanges' call center metrics.

Jonathan reviewed the draft recommendation he had developed and presented slides 12-22 of the meeting deck. He added additional metrics and noted the draft recommendation pushed MNsure to meet industry standards. Jonathan sought to add seven new metrics to MNsure's overall metrics: average wait time in seconds, benchmark of wait time with a goal of 120 seconds, first call resolution percent, first call resolution percent with a goal of 90%, average duration of a call, overall "cost-per-call," and interactive voice response (IVR) metrics. Additionally, Jonathan believed the metrics should be reported weekly and broken down with a separate column for the assister line and for the consumer line.

Chris asked for clarification on "handle time." Aaron noted that MNsure defined handle time as the amount of time on the phone with a consumer plus the amount of follow up work related to a call, up until the agent could begin taking calls again.

Hillary Hume asked if the new overflow vendor has required metrics in their contract. Aaron reported that he wasn't sure, but he expected there were certain quality targets that could be tied to metrics.

Ken recommended presenting the metrics with the caveat they do not need to be implemented immediately. Dave noted, in reviewing other states' metrics, if perhaps it made sense for exchanges to have different standards than the overall healthcare industry. He added that he would like to see a budgetary breakdown of money the Contact Center would spend to achieve different service levels. Having benchmarks is not the whole issue. Chris noted that perhaps the recommendation could be used to collect data to make a larger discussion about staffing or service level. Jonathan recommended the Committee use today's discussion as perhaps phase one of a larger discussion; this recommendation is about gathering data. Ken added that individuals are not required to use MNsure, so to make MNsure comparable to the industry, ensuring MNsure meets benchmark industry standards is necessary to remain competitive. However, Tom Hoffman noted that if a consumer is seeking financial assistance, they have to enroll in coverage through MNsure, which might mean MNsure doesn't have a financial reason to achieve industry standards.

Ken asked about who should receive the weekly metrics and what action that group could take in regards to the metrics. Jonathan noted the weekly element of the recommendation is to even out the metrics to understand a better picture of the overall service level.

Discussion turned to any potential IVR metrics. Jonathan noted that perhaps it should be scrapped from the recommendation. However, Chris indicated it was likely a similar pull to pulling call metrics. Dave noted some IVRs can be quite lengthy before a caller enters the call hold queue. Chris recommended leaving in a metric about the IVR. Committee members decided they would recommend two IVR metrics: how long people are on the phone after they've selected the option to speak to an agent, and the number of individuals who drop out during the IVR.

Tom suggested changing the "industry standard" to "goal." It would allow MNsure an opportunity to meet the goal. Ghita noted that industry standard may be unattainable during high season calls. Ken recommended adding a year to date average on the weekly metrics in a column to the right. Jonathan noted it may be beneficial to remove the language about an industry standard; however, Ghita noted the Board would likely immediately ask where the goal came from. The industry standards were currently the Medicare standards and Jonathan suggested the group think of Medicare standards where they see "industry standards." Hillary reviewed Medicare standards for the Committee for reference. She noted there was a targeted average hold time of two minutes; however, hold time was not clearly defined Hillary noted Medicare standards also included that all incoming calls must be answered in 30 seconds or less with a disconnect rate of five percent or less. Jonathan noted the goals on the chart were similar.

Jonathan asked the Committee to review the overall cost per call metric. Hillary believed that specific metric may be too difficult to calculate. Jonathan noted it would be an interesting metric to calculate over time as there is no goal associated with this metric.

Aaron asked the Committee to differentiate between average speed of answer and average hold time. Aaron noted the definition of average speed of answer, as MNsure uses the definition, is the amount of time a consumer waits in queue until a MNsure agent greets the consumer.

Jonathan reviewed each element of the chart. Call volume was self-explanatory and provided a straight-forward number. Jonathan asked the group to define service level. Dave and Reuben Moore suggested remove the heading of "service level" and putting "percent of calls answered in 5 minutes or less" and "percent of calls answered in 30 seconds or less" under the "average speed of answer" heading. Reuben noted that all the metrics pertain to overall service level.

Dave asked about the metric "percent of calls answered in five minutes or less," questioning where the five minute number came from. Ken noted that is the benchmark MNsure uses in its current metrics. Dave expressed hope there was a way to see that target decrease to three or even one minute. Heidi Mathson commented that the current metric, five minutes, is unattainable during open enrollment. Tom suggested breaking out the "percent of calls answered" to a five minute, 10 minute, 15 minute, and perhaps a 70 minute metric to provide a more in-depth understanding. Reuben suggested the Committee think about the average hold time that is allowable. He recommended using MNsure's best performing period as the standard year-round, during busy season and low season. Andy welcomed the idea of adding multiple benchmarks against which to measure percent of calls answered within a certain time period. Dave recommended adding the HIAC experience with Medicare, having looked at what their service levels are and recommending that MNsure adopt those as service levels to implement and encourage the Board to adopt these metrics.

Jonathan asked about the definition of the average speed of answer. Reuben suggested including post-IVR in the definition of average speed of answer. The definition becomes the amount of time, post-IVR, a consumer is on hold. There was discussion of the elements to be included in the average speed of answer heading. The "percent of calls answered in 5 minutes or less" was eliminated and the "percent of calls answered in 30 seconds or less" was updated to "percent of calls answered in two minutes or less, post-IVR." Jonathan also noted the reference to Medicare standards was eliminated.

Jonathan reviewed the calls abandoned while in queue. Committee members were comfortable with five percent as the benchmark. Jonathan moved on to the average wait time. Chris asked where the 120 seconds standard came from. Jonathan noted it was a Medicare standard. After brief discussion, Committee members agreed that "compared to industry standard of 120 seconds" would be eliminated. Reuben recommended adding a histogram of all call hold times and developing a standard deviation of average call hold times. Reuben noted this could provide a plan of action for other underlying issues. Jonathan suggested adding an additional metric to illustrate call hold time as a histogram.

Jonathan moved to reviewing the IVR metrics, defining post-IVR as the time from "button to person." Chris noted time spend in the IVR and time on hold to connect to an agent were two different metrics and recommended separating those two ideas into two separate metrics. Chris suggested adding a metric about those individuals who were dropped in the IVR.

The Committee discussed first call resolution next. Jonathan noted the first call resolution was about resolving a case without having to transfer the call or the consumer calling back. The Committee recommended tracking the number of calls to resolution to develop a benchmark.

Jonathan moved on to the average duration of the call, which Dave noted should already be tracked. The Committee settled on clarifying the metric to illustrate either the "talk time" only or the handle time of the call. The average duration of a call was to include the time an agent spent in follow-up related to a call. Andy clarified the total time of a call is different than the length of the call. Chris suggested potentially adding a metric in the future to tease out the length of follow-up for each call.

Jonathan reviewed the recommendation, which interpreted to now be:

Time Period Week of November 1-8		Consumer Service	Year To Date Avg.	Assister Service	Year to Date Avg.
CALL VOLUME		XX,XXX	XX,XXX	XX,XXX	XX,XXX
AVERAGE SPEED OF ANSWER (Post Interactive Voice Response)					
	Time	H:MM:SS	H:MM:SS	H:MM:SS	H:MM:SS
	Percent of Calls Answered in 30 seconds or less (GOAL: 80%)	XX.X%	XX.X%	XX.X%	XX.X%
CALLS ABANDONED WHILE IN QUEUE					
	Percent Abandoned	XX.X%	XX.X%	XX.X%	XX.X%
	Compared to Industry Standard of 5%	-XX.X%	-XX.X%	+XX.X%	+XX.X%
FIRST CALL RESOLUTION					
	Percent (GOAL: 90%)	XX.X%	XX.X%	XX.X%	XX.X%
TOTAL CALL TIME (Post IVR to Hang Up)					
	Time	H:MM:SS	H:MM:SS	H:MM:SS	H:MM:SS
OVERALL COST-PER-CALL					
	Cost	$X.XX / call	$X.XX / call	$X.XX / call	$X.XX / call
INTERACTIVE VOICE RESPONSE (IVR) METRICS					
	Beginning of IVR to "live" person (GOAL: 120 Seconds)	MM:SS	MM:SS	MM:SS	MM:SS
	Percent Drop Out During IVR	XX.X%	XX.X%	XX.X%	XX.X%
	Percent Drop Out Post-IVR, Pre-Live Person ("In Queue")	XX.X%	XX.X%	XX.XX%	XX.XX%
	Time in IVR	XX.X%	XX.X%	XX.X%	XX.X%
	Time Post-IVR, Pre-Live Person ("In Queue")	XX.X%	XX.X%	XX.X%	XX.X%

Heidi asked if MNsure ever presents demographic data about calls, specifically looking at where the calls are coming from. Heidi said she would like to see a post-open enrollment report with a regional breakdown of calls received from certain areas. Andy asked who would use that information. Hillary suggested it could be used to inform the MNsure communications plan.

Jonathan noted he would include language about a post-open enrollment call geographical report in the narrative portion of the recommendation.

MOTION: Ken moved to adopt the recommendation as reviewed by Jonathan. Andy seconded. All were in favor and the motion was approved.

Dave recommended adding language in the narrative section about driving MNsure to the goals outlined in the new metrics reporting dashboard. Jonathan noted he would add language about MNsure's goals to achieve industry standards.

HIAC Individual Market Stabilization Discussion

Jonathan Watson, Chair

Jonathan opened discussion to Committee members about a recommendation related to an individual market stabilization. Jonathan turned to Tom to guide discussion. Tom recommended using Covered California as an example of a state-based exchange taking aggressive action to stabilize the individual market. Tom reviewed his handout, MinnesotaCare/MNsure and Covered CA APTC/CSR Funding, for the Committee.

Tom noted Minnesota was a bit of a special case because Minnesota set up MinnesotaCare, the basic health plan, which covers a lot of the CSR-eligible population. Additionally, the Department of Commerce had informed health carriers in Minnesota to bake the lack of CSR payments into 2018 plan premiums. He noted many states were adding surcharges to silver-level premiums to offset the loss of CSR payments, such as Covered California. Ghita noted that 50% of UCare consumers were paying premiums without lack of assistance, so those consumers would feel the surcharge rather than have it covered by tax credits. Tom indicated the surcharge would eliminate the uncertainty related to CSR payments and noted HIAC could take time to review Covered California's actions and develop a recommendation from their actions, because this action can be taken at the state level.

Chris asked where Covered California developed the 12.4 percent surcharge. Tom noted the value was related to the cost of funding CSR reimbursement. Dave noted that MinnesotaCare was not eligible for reinsurance or reimbursement. Aaron added the 1332 Waiver that Minnesota submitted was to continue receiving full APTC and CSR reimbursement to fund MinnesotaCare and to continue receiving those dollars on the individual market side to fund the reinsurance program, but the approved waiver did not include the MinnesotaCare funding. Tom noted the CSR surcharge was a way to get around the 1332 waiver. Ghita noted that in Minnesota, the premium increase to fund CSR payments was maybe 2 percent. Tom viewed this idea as focusing on the federal dollars coming in and how to best use those federal dollars. He noted that's the brilliance of Covered California, they've required carriers to offer near-identical plans on-exchange and off-exchange, but those purchasing a plan off-exchange do not have the 12.4 percent surcharge. Dave noted there may be unintended consequences of pushing for market stabilization.

Next Steps & Next Meeting Date

HIAC members

Jonathan noted there was a MNsure Board meeting scheduled for November 15, 2017. He also noted his appreciation the work the Committee had completed over the course of his tenure.

Bette Zerwas suggested moving the next HIAC meeting to January 2018 and potentially providing an on-boarding orientation for the next committee members. Aaron said he would raise the suggestions with the incoming leadership.

MOTION: Ken moved to adjourn. Heidi seconded. All were in favor and the meeting adjourned at 4:49 p.m.