



# Health Industry Advisory Committee Meeting Minutes

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**Thursday, April 26, 2018, 2:30 – 5:00 p.m.**

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

**Members in attendance:** Hillary Hume – Chair, Thomas Hoffman – Vice Chair, Matthew Aiken, Hodan Guled (via phone), Jenifer Ivanca, Andy McCoy, Chris Rofidal, Joel Ulland

**Members not in attendance:** Kyle Bozentko, Daniel Miesle, Nancy Yaklich, Bette Zerwas

**Staff in attendance:** Christina Wessel – Senior Director of Partner and Board Relations, Aaron Sinner – Board and Federal Relations Director, Marie Harmon – Marketing and Communications Specialist

## Meeting Topics

### Welcome & Introductions

*Hillary Hume, Chair*

Hillary Hume, chair, called the meeting to order at 2:36 p.m. and referenced the agenda found in the [meeting slide deck](#). Members introduced themselves.

### Approval of February 22 and March 27 Minutes

*Hillary Hume, Chair*

**MOTION:** Chris Rofidal moved to approve the draft [February 22, 2018 HIAC meeting minutes](#) and draft [March 27, 2018 joint Advisory Committee meeting minutes](#). Joel Ulland seconded. All were in favor and the minutes were approved.

### Public Comment / Operational Feedback Loop

*Hillary Hume, Chair*

Joel commented on an issue that came to his attention as a part of a legislative inquiry. The inquiring party had a MNSure enrollee who aged onto Medicare last August. Under the current process, the member should reach out to MNSure, cancel their plan, and switch their coverage to Medicare. Joel noted that in this instance, the member enrolled in Medicare, but did not call MNSure to terminate their coverage. Ultimately, they were double-billed until they canceled in December. The member appealed through MNSure and tried to retroactively terminate their coverage back to August. Joel mentioned that in the end, the member ended up with medical

claims in their double-coverage period under both Medicare and their private insurance through MNSure.

Joel stated that the bottom line is that transitioning onto Medicare is a once-in-a-lifetime event, and people will make mistakes and not follow through with the intended process. Joel suggested MNSure could make additional education efforts to reiterate the termination process for individuals approaching Medicare eligibility. He suggested MNSure clarify the process and encourage Medicare-eligible enrollees to cancel their coverage.

Chris noted that the tough part is that MNSure cannot forcibly terminate coverage for Medicare-aged enrollees, as individuals do not have to enroll in Medicare. Joel agreed and noted that is why it is more of an educational opportunity. Joel suggested if committee members see other evidence of cases like this, they could consider making a recommendation to the MNSure board on education efforts surrounding Medicare.

## **MNSure Board & Staff Update**

*Aaron Sinner, Board and Federal Relations Director*

Aaron Sinner, MNSure staff, noted that the board had not met since prior to the committee's last meeting, so there were no updates on that front.

Aaron mentioned there hadn't been any more effectuation data since the March board meeting, but that January is the first month MNSure has had over 100,000 individuals that paid their premiums. He noted that MNSure is excited to see effectuation numbers that high.

Chris inquired about the new CEO. Aaron noted that since April 14, the acting CEO has been Nate Clark, MNSure's previous COO. He said that currently, a small number of board members were developing possible plans of action for a permanent selection process and further information would be announced at the June board meeting.

Tom Hoffman asked Aaron if there was a consideration or action being taking regarding the recently-released Notice of Benefit and Payment Parameters and the additional flexibility offered to states to select a new essential health benefits benchmark plan. Aaron noted that all of the state actuaries work for the Department of Commerce, which, by assumption, would mean that Commerce would be in charge of making a selection. Aaron explained, however, that the Department of Commerce hasn't been explicitly granted that power by the state legislature, and has taken the position that it will not attempt to exercise it unless it receives legislative authorization. Aaron noted that the legislature has yet to authorize any department to do so. He also noted that he wasn't sure if Commerce had made this part of their legislative agenda.

Tom noted that this was a great opportunity to streamline benefits for the health plans and adjust minimum standards of coverage. Tom said Commerce should feel empowered to make this choice.

Aaron provided some background on the issue for committee members. He explained that the Affordable Care Act lays out ten categories of essential health benefits. However, it doesn't define what it means to offer coverage under each of these categories. Federal guidelines

released after the enactment of the law created a menu of options for each state to select based on employer plans within the state. If the state did not actively make a selection, the largest small group market product in the state would become the default benefit set, which is what occurred in Minnesota. Aaron explained that with the new rule, the state can mix and match; rather than selecting a single employer plan as its default benefit set, the state could select some benefit categories from one plan and others from another plan, or even look to another state's employer plans for some or all categories. Tom clarified the change would impact plan year 2020 and that many states have already taken action on this rule.

Aaron noted that the most logical route for any committee recommendation on the topic would be to recommend to the MNsure board that the ability to select essential health benefits be a part of MNsure's legislative agenda and that MNsure advocate for that power be put into statute.

**MOTION:** Tom moved to recommend that the MNsure board advocate that the state legislature authorize the Department of Commerce to make decisions around essential health benefits as part of MNsure's legislative agenda. The motion died for lack of a second.

Joel suggested that the committee should go through ramifications before a recommendation is made. He also noted that the state legislative session is nearly over and so any proposal would likely have to wait until next year. Hodan Guled suggested that Tom to put together a presentation for their next meeting.

## Political Landscape Discussion

*Joel Ulland, HIAC Committee Member*

Joel began by discussing legislation at the federal level. He noted that Congress came to a budget agreement about a month ago, which funds the federal government through September 30 of this year. Joel notes that ultimately, no federal reinsurance program passed. He also notes that he doesn't expect to see anything from Congress on the individual market until after the fall elections.

Joel stated that the comment period on a federal proposed rule related to short-term limited duration plans had recently closed. He noted his understanding was that there had been thousands of comments submitted. A date for release of the final rule was not yet established.

On the state side, Joel noted that Minnesota's House Health and Human Services Committee saw an amendment that would allow short-term limited duration plans be available for a full year with one additional opportunity for renewal. Joel mentioned noted there was no clarification on moving from provider to provider. He noted that such plans might take healthier individuals out of the individual market.

Relating directly to MNsure, Joel noted there were proposals in both the House and Senate that would reduce MNsure's premium withhold from 3.5% to 2% percent. Joel said this would have a substantial impact on MNsure's operations and is concerning. Joel also noted that a section of the bill would allow individual to access tax credits both through MNsure and directly through the carrier. Joel noted that the governor had expressed concerns with the bill.

## Reactions/Discussion Health Access Survey

*Hillary Hume, Chair*

Hillary solicited members' comments regarding the Health Access Survey presentation at the March meeting.

Committee members discussed circumstances that may account for why the number of uninsured Minnesotans increased, including increased premiums, ACA repeal efforts, and individual mandate confusion. Committee members noted that like the survey had indicated, there were a lot of opportunities for coverage for uninsured individuals, but it would have been helpful if the survey indicated if people were aware of these options. Members indicated that because consumer confusion is so widespread, it should be a priority for MNsure to focus their outreach efforts on targeting the uninsured and educating individuals about the ACA and its policies.

## Subgroup Updates

*Thomas Hoffman, Vice Chair*

Tom explained that the subgroups were formed as a way to focus efforts on specific recommendations to the MNsure board. He noted that during the May 24 meeting, the subgroups will present their findings and the HIAC will decide which recommendations to bring to the June board meeting. Tom indicated that today, subgroups would give a quick preview into their research so far.

### **MNsured Broker Portal**

Matt Aiken noted that the group is currently looking at what a typical broker would see in the broker portal and dissecting the uses and purpose of each screen. From there, they will make recommendations for each screen. Matt indicated that in the coming weeks, the group hopes to formalize their recommendations so they can be presented to the board. Additionally, Matt noted that the subgroup is making an effort to reduce any repetition in their recommendations by being attentive to past recommendations as well as current updates within the portal.

### **Consistent Member Transition from Signup to Effectuated**

The subgroup indicated that they had not yet met.

### **Member Retention**

Andy McCoy [presented](#) on the subgroup's findings so far. He began by noting that Aaron had provided the subgroup with information on member enrollment and their continued enrollment in subsequent months.

The broader committee affirmed that member retention should focus on retaining members who sign up, so they continue to be insured throughout the year and pay their premiums (decreasing the drop off of members from month to month). The committee also discussed that the data

presented in the graph doesn't speak to which members may be gaining other coverage, gaming the system, or terming coverage because of non-payment, etc.

Some members asked how many individuals were effectuating coverage during special enrollment periods rather than open enrollment. Aaron noted that historically, MNSure tends to enroll a little more than 1,000 consumers per month.

Andy stated that he had inquired with a couple health plans about their how their member retention compared pre- and post-ACA. In the end, the plans indicated it was difficult to compare, as the market structure has changed so much. Andy went on to discuss the subgroups' current gaps in understanding, including why members dropped out and whether it was for problematic or non-problematic reasons.

Next, Andy discussed the subgroup's preliminary solution discussion slide and possible recommendations, which were still a work in progress. Matt advised that in addition to considering an individual mandate, they could consider incentivizing consumers. Additionally, Joel suggested to the subgroup that MNSure could do a survey to ask consumers why they are terminating their coverage. He advised that this could determine which consumers are ending coverage because of problematic vs. non-problematic reasons.

Hodan added that in addition to looking at consumers who have terminated their coverage, it may be beneficial to look at those who have been covered by MNSure since inception or for years at a time for any identifying characteristics.

### ***MNSure's Ability to Attract the Uninsured***

Jenifer Ivanca reported that the subgroup had met twice, but does not currently have a preview of their recommendations. She noted that they were waiting on requested data from the Department of Health related to the Health Access Survey. Jenifer identified that many of the issues they were identifying were similar to the retention subgroup. Carl Floren noted he was looking at ideas and legislation from other states, including public program buy-in options.

Tom noted that the committee will hear from each subgroup about their recommendations at the next meeting. He also noted that, as a part of the journey and after performing the research, it is logical that some subgroups might conclude they had no recommendations to make.

Aaron noted that the board has a thinner agenda in June, so it is a good meeting to present recommendations.

## **HIAC/CSEAC Combined Options/Interest Topics**

*Hillary Hume, Chair*

The committee decided that they would not combine with the Consumer and Small Employers Advisory Committee (CSEAC) subgroups with similar recommendation topics. They noted that this would allow for more possible recommendation ideas.

## **Wrap-Up/Adjourn**

*Hillary Hume, Chair*

Aaron noted that the next HIAC meeting is scheduled for May 24. Hillary advised that the next MNSure board meeting is June 20.

**MOTION:** Tom moved to adjourn. Chris seconded. All were in favor and the meeting adjourned at 4:24 p.m.