



Health Industry Advisory Committee Meeting Minutes

Thursday, May 24, 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, Hodan Guled, Jenifer Ivanca, Andy McCoy, Daniel Miesle, Chris Rofidal (via phone), Joel Ulland, Bette Zerwas

Members not in attendance: Matthew Aiken, Kyle Bozentko, Nancy Yaklich

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

Hillary Hume, Chair

Hillary Hume, chair, called the meeting to order at 2:31 p.m. and referenced the agenda found in the [meeting slide deck](#). Members introduced themselves.

Approval of April 26 Draft Meeting Minutes

Hillary Hume, Chair

MOTION: Joel Ulland moved to approve the draft [April 26 meeting minutes](#). Tom Hoffman seconded. All were in favor and the minutes were approved.

Public Comment / Operational Feedback Loop

Hillary Hume, Chair

No public comment or operational feedback.

MNSure Board & Staff Update

Nate Clark, MNSure Acting CEO

Nate Clark, MNSure acting CEO, introduced himself and outlined his priorities. He placed an emphasis on receiving feedback from external stakeholders and stakeholder groups.

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. However, the provision was eliminated from the omnibus spending bill. Nate noted that the final omnibus spending bill did include elimination of the active selector tool; however, Governor Dayton had vetoed that bill.

Nate also noted for committee members two proposed federal rules currently being reviewed—one related to adjustments to short term limited duration plans and the other related to association health plans. He noted MNSure is currently awaiting final rules to evaluate their impact on MNSure and the individual market.

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 and building strategies from those lessons. Nate noted 2018 open enrollment was MNSure's best yet, with lower call volume and better technology, which led to an overall better operational experience. However, he indicated that much work remains, which is why he welcomes stakeholder voices. Nate also reviewed the GetInsured implementation, noting the decision support tool that would come online in July 2018, and noting GetInsured would assist MNSure in other ways such as improving data integrity and plan selection.

Finally, Nate acknowledged the 2019 open enrollment dates are November 1, 2018, to December 15, 2018, as required by federal regulation. Nate noted that regulation does allow state-based exchanges to implement a special enrollment period open to all state residents due to "exceptional circumstances," but MNSure has not yet made a decision on a potential special enrollment period.

Andy McCoy indicated the committee had put forward a recommendation to begin open enrollment earlier than the November 1 start date. Nate acknowledged the recommendation and welcomed the idea of pushing back the start date of open enrollment. However, when MNSure investigated the idea with the Centers for Medicare and Medicaid Services (CMS), the agency expressed a high degree of skepticism. The Department of Commerce also indicated they would have trouble completing their internal work if the start date of 2019 open enrollment was pushed back. Joel asked if MNSure had any potential waiver authority and Nate indicated the CMS response indicated there was no avenue of opening the exchange before November 1, 2018.

Tom asked about the proposed rules related to short term duration health plans and association health plans, noting the proposed rules could unbalance the individual market in Minnesota. He asked if there was any discussion to create a state-level individual insurance mandate through the legislature. Nate noted MNSure had raised the issue with some legislators, and a bill had been introduced; however, the idea received no traction in the state legislature this year.

Hodan Guled indicated, from an assister perspective, each open enrollment requires assisters to adopt innovative methods to resolve operational issues. Hodan noted she would like to share potential pressure points with Nate to improve the next open enrollment. Nate welcomed any suggestions and asked that such feedback include as much detail as possible.

Political Landscape Discussion

Joel Ulland, HIAC Member and Aaron Sinner, Board and Federal Relations Director

Joel provided an overview of the state legislative session. As mentioned earlier, Gov. Dayton vetoed the omnibus spending bill, which made much of the work completed during the legislative session moot. Joel indicated there were a few legislative items proposed that ultimately were defeated or vetoed, but one interesting item would have sought a waiver to provide tax credits for plans purchased off-exchange. Aaron Sinner, MNsure staff, noted a large question surrounding that idea would be what entity would be completing the eligibility determinations for tax credits. Joel noted this idea did not land in any final legislation.

Andy asked if any language surrounding for-profit HMOs was included in any bills. Joel noted this language is related to an amendment presented on the floor of the state House of Representatives associated with for-profit health plans. It essentially repealed some of the language related to for-profit health plans, but only after the Office of the Legislative Auditor indicated the for-profit health plan did not create a barrier to competition. Joel indicated the language was not included in any bills. Nate noted there had not been any outreach from for-profit health plans to the exchange.

Essential Health Benefits (EHB) Current State (2014-2019)

Thomas Hoffman, Co-Chair

Tom reviewed the history of why essential health benefits (EHB) are an important element of individual market discussion. He defined EHB as the minimum coverage elements of the small and individual market for coverage on- and off-exchange. Currently, what constitutes coverage of an essential health benefit category is defined by each individual state. Tom noted if a state does not select a benchmark plan, the default benchmark applies, which is the largest small group plan in the state.

Tom noted that beginning in 2020, states can change their benchmark selection and take a more active role in selecting the essential health benefits. He clarified there are four options. Option one is to select another state's current EHB benchmark plan in total, option two is to partially select another state's EHB benchmark, option three is to create a unique EHB, or option four is to retain the status quo. Tom indicated he brings up potentially shifting the EHB selection for Minnesota to make it more efficient for carriers. Chris Rofidal asked if changing the EHB for a state affects all lines of business or just commercial business. Tom clarified the change would only affect individual or small group plans on- or off-exchange. Tom noted his proposal would be to develop a potential recommendation for the MNsure board to add EHB oversight, likely housed with the Department of Commerce, to the MNsure legislative agenda.

Andy raised concerns about changing the EHB selection, noting while changing the option would be good for pharmacy benefits, it would be bad for other benefits and health plans could exclude certain benefits and services. He expressed hesitation at even beginning to review the state's EHB selection. Tom acknowledged Andy's concern, adding that changing the EHB selection would not stop a carrier from covering a benefit, but that benefit could be covered at a

different level. Joel added he is concerned about changing one element of the EHB and the effect it could have on other elements. Chris asked if it was possible to tinker with one essential health benefit category without adjusting the others and Tom pointed to the drug formulary benefit, which could be adjusted without touching other categories. Joel also noted this topic could become politicized very quickly.

Hodan asked for clarification on the purpose of empowering MNsure and the Department of Commerce to review the essential health benefits. Tom noted it's about eliminating overall inefficiency and potentially lowering premiums, but noted the recommendation would focus on just reviewing other options and allowing a state agency to be empowered to review the EHB.

Andy asked if Minnesota had minimum standards for health plans that were set prior to the Affordable Care Act (ACA). Joel noted there were certain "mandated benefits," providing the example of maternity benefits. He also indicated the mandated benefits, before the ACA, were provided by federal law, which Minnesota clarified and amended via statute.

Andy indicated he understands the benefit of reviewing the prescription drug to potentially decrease cost but does not see changing the EHB as the avenue to adjust that cost. Dan Miesle appreciated the discussion and clarification of essential health benefits.

Sub Group Updates

HIAC Members

Hillary asked committee members to provide updates on their research and potential recommendations.

MNsure Broker Portal

Tom presented an update of the [MNsure broker portal recommendation](#) and noted much of it includes updates on the recommendation presented last year. He was pleased to hear that MNsure will be completing a lot of lifting in operational work. Tom also reviewed the current iteration of the Assister Central. As he understands, the Assister Central is a link to information and not a tool to view the consumer's information. He noted the recommendation didn't outline any recommendations for the Assister Central but reviewed what was already contained. Tom indicated the main recommendations were to provide brokers access to view consumer notices, income tracking, and updating the agent of record (AOR) process. Hillary noted it's about providing full access in a meaningful and trackable way.

Andy asked Christina Wessel, MNsure staff, to clarify things that are not available in the broker portal that stakeholders have been asking for. Christina noted there is particular interest in being able to view the consumer's submitted application, especially the income. Tom asked for further clarification on if Christina sees the correct language in the recommendation regarding being able to see application information after submitted. Christina said the first recommendation in the summary, to have the portal "show what income MNsure has on file for consumers," spoke to this desire.

Consistent Member Transition from Signup to Effectuated

The subgroup indicated they did not have any new updates.

Member Retention

Andy noted there were no updates to the group's presentation from the previous month.

MNsure's Ability to Attract the Uninsured

Hodan presented the [Attracting the Uninsured subgroup's recommendation](#). She began by summarizing the demographic and geographic characteristics of Minnesota's uninsured population. Most of Minnesota's uninsured are in the Twin Cities area and are between the ages of 25 – 54. Hodan acknowledged the pressure point of cost increases, which can be a barrier to purchasing health insurance, adding that a large majority of uninsured would potentially qualify for some financial assistance. Hodan also explained there is much confusion about employer-sponsored insurance as well. She found it concerning many individuals who have access to or are offered access to employer-sponsored insurance are not enrolled in that insurance.

Hodan clarified the subgroup compared Minnesota's uninsured population and reaction to other states running their own state-based health exchanges, specifically focused on comparing Minnesota to Massachusetts and Connecticut. Hodan noted a main difference between the states is related to the marketing. Massachusetts focuses on strategy-driven data, looking at the populations most susceptible to being uninsured, and also does marketing throughout the year. Massachusetts also has a merged market policy which requires health plans with over 5,000 members to sell on the exchange. Both Connecticut and Massachusetts have narrow network, point of service plans which allow for low premiums. Additionally, Massachusetts allows for state-funded financial assistance up to 300% of the federal poverty line (FPL). Hodan summarized Massachusetts as being highly proactive in their approach.

Jenifer Ivanca summarized three bronze-level plans offered from Minnesota, Massachusetts, and Connecticut to illustrate the difference in cost and benefits for each state-based exchange. Andy pointed out the comparison is tricky because of how much higher the income for state-funded financial assistance is in Massachusetts.

Hodan outlined the subgroup's recommendations, focusing on four major points to help attract the uninsured: marketing, attracting individual market consumers, attracting individuals under 200% FPL, and attracting uninsured employees. Hodan clarified the marketing aspect of the recommendation, noting the subgroup is recommending adopting a data-driven marketing scheme and to implement a year-around marketing campaign. In regards to attracting individual marketing consumers, Hodan indicated MNsure should push to require all plans to sell through the exchange and to simplify the MNsure homepage. She also encouraged MNsure to work with carriers to develop "point of service" plans and expand catastrophic options. To attract those individuals who are under 200% FPL, the subgroup recommended informing all citizens eligible for MinnesotaCare of their potential eligibility. The subgroup also recommended diversifying the MNsure executive team to better reflect the demographics of Minnesota and to bring in ideas to reduce the uninsured rate. Finally, Hodan clarified the recommendations for attracting uninsured

employees. The subgroup recommended the MNSure marketing team send out letters to small employers (2 – 100 employees) with information on MNSure.

Hodan also provided a list of “wish list recommendations,” which are not included in the formal recommendation. They recommended creating a state mandate, raising the 400% FPL eligibility for health plan financial assistance, adding a state tax to lower premiums, and allowing undocumented immigrants to purchase through the marketplace at full price. Finally, Hodan clarified that labor laws require human resources to offer COBRA suggested requiring that they also refer employees to MNSure. Jenifer added that another item on the wish list is to add value to tax credits by allowing consumers to increase their tax credits by volunteering their time to serve their community. She noted it’s about adding a public service element into the tax credits.

Andy and Hillary indicated it’s important to ensure the recommendations are within the scope of the HIAC charter. Andy also raised a concern about the “point of service” aspect of the recommendation. He indicated there are plans sold on MNSure that already offer narrow networks.

June 20, 2018 Board Recommendations Review

Hillary Hume, Chair

Hillary outlined the options for the committee related to the recommendations. She noted there was a July MNSure board meeting which would allow for recommendations to be presented then, if the subgroups were not ready by the June meeting.

Aaron provided guidance to the committee that it’s entirely up to them how to structure their recommendation presentation. Aaron noted it’s possible to prioritize certain recommendations within a list of recommendations for the board.

Next Steps/Wrap/Adjourn

Hillary Hume, Chair

Hillary noted there is not a HIAC meeting until after the June 20, 2018 MNSure board meeting.

Hillary confirmed she and Tom would not be available for the June 28, 2018 HIAC meeting currently scheduled. As such, she will send out a SurveyMonkey for alternative date options.

MOTION: Tom moved to adjourn. Andy seconded. All were in favor and the meeting adjourned at 4:54 p.m.