

# MNsure

## *Health Industry Advisory Committee (HIAC)*

August 17, 2017

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# Agenda

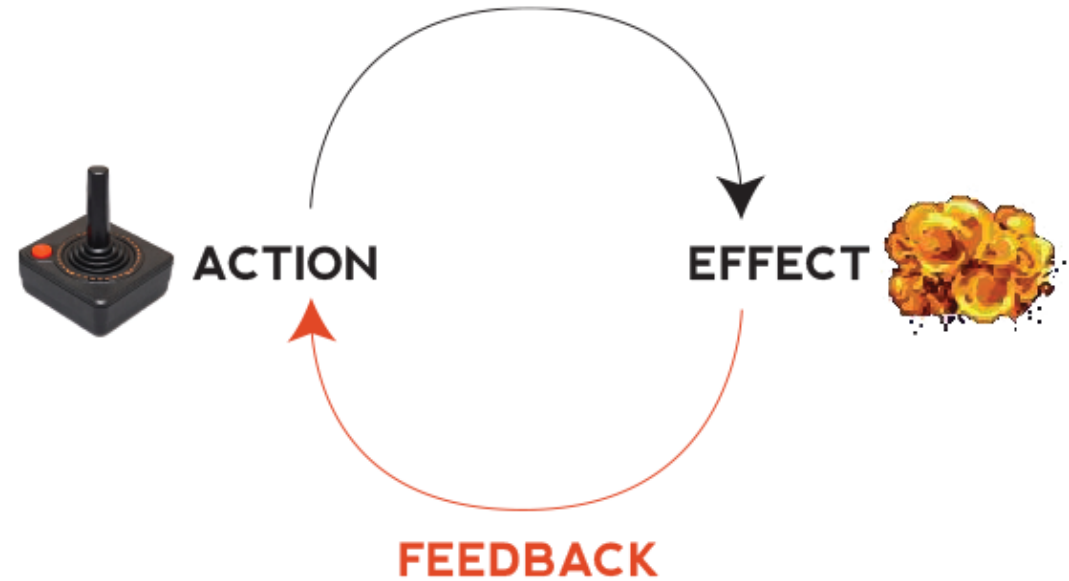
1. Welcome & Introductions
2. Approval of Minutes
3. Public Comment/Operational Feedback Loop
4. MNsure Board & Staff Update
5. Political Landscape Discussion
6. State-Based Exchange Studies
7. Topics for Remaining HIAC Term (November 2017)
8. Next Steps & Future Meetings

## KEY DECISIONS TODAY

1. Topic(s) for recommendation with two meetings left
2. Joint HIAC/CSEAC or HIAC-only in September
3. October meeting date

# Welcome & Introductions

# Public Comment & Operational Feedback Loop

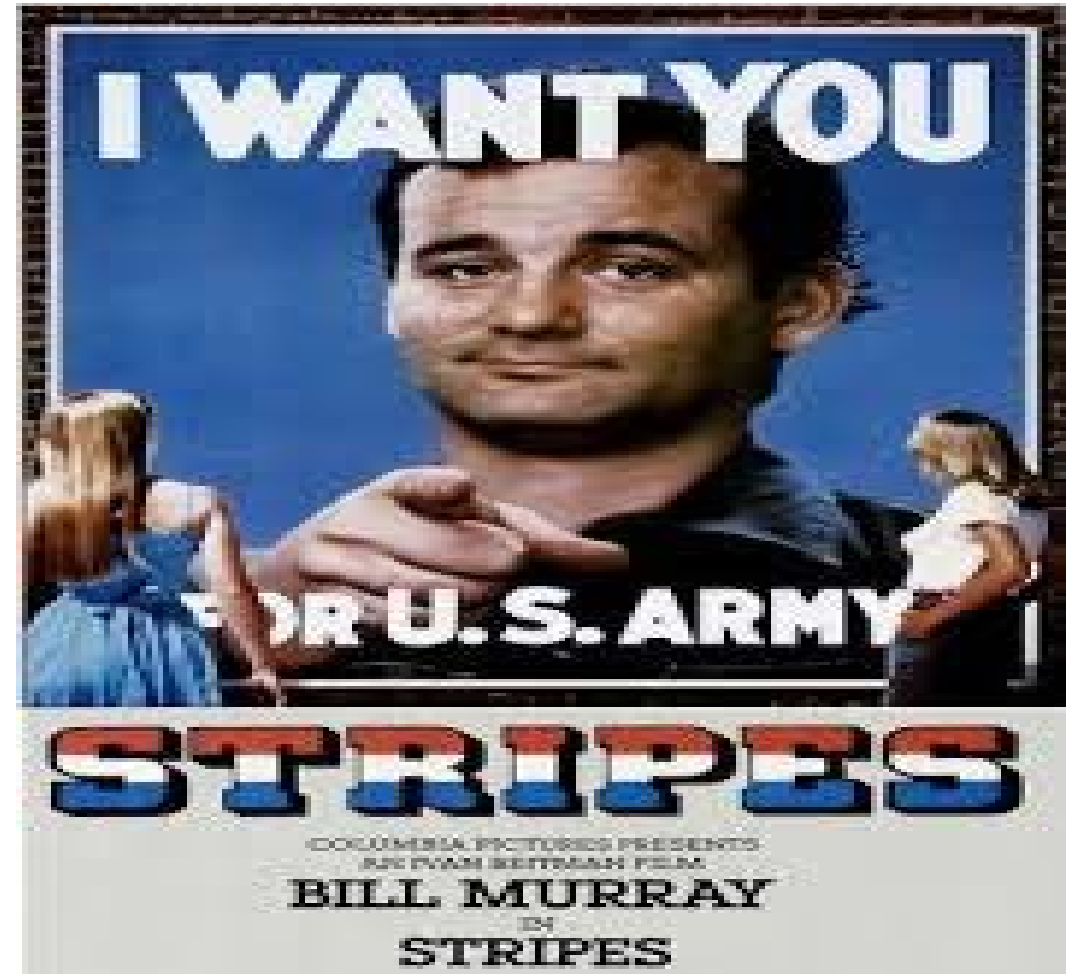


# MNsure Board & Staff update



# HIAC Reappointment and Recruitment

- Currently 17 members on Committee
- Need new Chair and Vice-Chair
- 8 current members are “term-limited” off HIAC
- Process and timetable



# MNsure Board Meeting – July 26, 2017

- Joint HIAC/CSEAC Recommendation for Assister Functionality
  - MNsure staff will provide a written response to our recommendations
- Contact Center overflow vendor contract close to being finalized
- FY18 budget approved by Board
  - Customer service budget line increased by \$1.8 million
  - Updated cost allocation methodology with DHS
  - Enrollment year 2017 projected premium withhold revenue has been increased, but not future years.
- CEO Report
  - Extension of navigator grantee contracts for an additional year
  - MNsure will host nine Assister Assemblies
  - Rate release on July 31, 2017

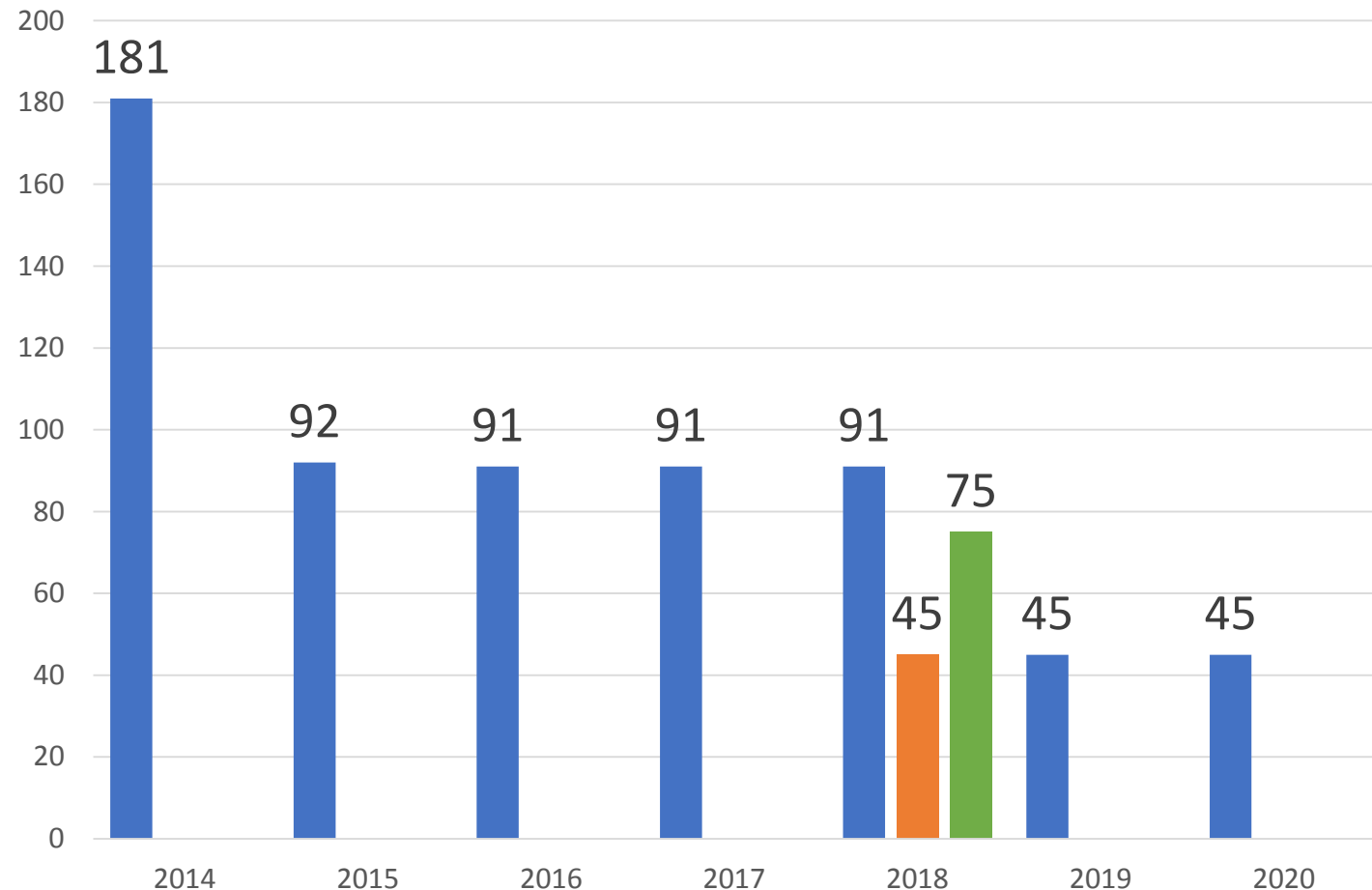
# 2018 Open Enrollment



- MNsure announces that 2018 Open Enrollment (OE) will add a ‘special enrollment period’ to supplement federal OE guidance

- Federal = 11/1/2017 – 12/15/2017
- Supplement = 12/16/2017 – 1/14/2018

Open Enrollment Days, by Coverage Year





# Open Enrollment Options from HIAC/CSEAC

	September		October		November		December		January		TOTAL DAYS
#1 - Adopt Federal Timeline											45
#2 – Maintain 90 days for CY2018 Only									2018 Only		90 – 2018 45 – 2019+
#3 – Keep Previous											90
#4 – “Start early, finish early” & 75 days											75
#5 – “Education period” + Fed Timeline											45
#6 - Rolling	<i>Throughout the year – OE=30 days before birthday</i>										30
<b>MNsure Announcement</b>											75

# Key MNsure Rate Mileposts

7/17/17

- Carriers file individual market rates

7/31/17

- Rates become public (with and without "re-insurance")

End of  
August

- Federal Decision on MN 1332 waiver to implement "re-insurance"

9/5/17

- Rate/Form Reviews Complete

10/2/17

- Final Rates Announced

11/1/17

- Open Enrollment Begins

# Rates for 2018

- Influenced by federal approval of MN's pending "reinsurance" waiver

Insurer	Proposed Average Change with Reinsurance	Proposed Average Change without Reinsurance
Blue Plus	-1.5% — +11.4%	+16.4% — +31.7%
Group Health*	-14.5% — -13.4%	+3.3% — +4.6%
Medica Insurance Company*	-5.3% — +5.3 %	+15.4% — +29.4%
PreferredOne Insurance Company	-40.8% — -36.8%	-25.5% — -20.6%
UCare	-14.5%	+9.4%

# SHOP News for 2018

- Authorized by the ACA, Small Business Health Options Program (SHOP) helps businesses provide health coverage for their employees
  - Employers with 1-50 Full-Time Equivalent Positions
  - Less than 25 employees, can qualify for tax credit
- On 8/7, Blue Cross/Blue Shield announced that they will no longer sell small business coverage through SHOP in 2018
  - Transition customers to the market where small business buy directly from health plans
- MNsure, under federal regulation, keeps SHOP option available and will “ramp up” if carrier files rates in 2018



# Political Landscape

# US Senate

- Repeal and Replace fails (BCRA)
  - \$100M for MA expansion states
  - Sell non-compliant ACA plans on individual market
- Repeal and Delay fails
- “Skinny Bill” fails 51-49 on 7/28
  - Repeal individual mandate
  - Repeal employer mandate
  - Delay ACA tax on medical devices
  - Cut off funding for Planned Parenthood
  - Expand ACA waiver program for states
  - Repeal ACA funding for public health programs
  - Provide more funding for Health Centers



# What's Next for Health Care in Congress

- “Implosion of ObamaCare”
  - Weak enforcement of individual mandate by IRS
  - Limited outreach for enrollment activity through Exchanges
  - Cease cost-sharing reduction payments to health insurers
- Senators Alexander (R-TN) and Murray (D-WA) looking to draft a “ACA market stabilization bill” for September
  - Private health carriers must sign contracts to participate on Exchanges in 2018 by end of September
  - **“Trade-Off” = state waivers for essential health benefits**
- Debt Ceiling, FY18 Budget, CHIP reauthorization and Health Center Funding.

**UNITED STATES SENATE**  
*115th Congress, 1st Session*  
**2017**

**SEPTEMBER**

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

**HOUSE CALENDAR** **September 2017**  
 MAJORITY LEADER KEVIN MCCARTHY 115<sup>th</sup> Congress, First Session

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 District Work Week	2
3	4 Labor Day	5 D.C. Work Week Votes postponed until 6:30 p.m.	6 D.C. Work Week	7 D.C. Work Week	8 D.C. Work Week Votes no later than 3:00 p.m.	9
10	11 D.C. Work Week Votes postponed until 6:30 p.m.	12 D.C. Work Week	13 D.C. Work Week	14 D.C. Work Week Votes no later than 3:00 p.m.	15 No Votes	16
17	18 District Work Week	19 District Work Week	20 District Work Week Rosh Hashanah Begins at Sundown	21 District Work Week	22 District Work Week Rosh Hashanah Ends at Sundown	23
24	25 D.C. Work Week Votes postponed until 6:30 p.m.	26 D.C. Work Week	27 D.C. Work Week	28 D.C. Work Week Votes no later than 3:00 p.m.	29 No Votes Yom Kippur Begins at Sundown	30 Yom Kippur Ends at Sundown

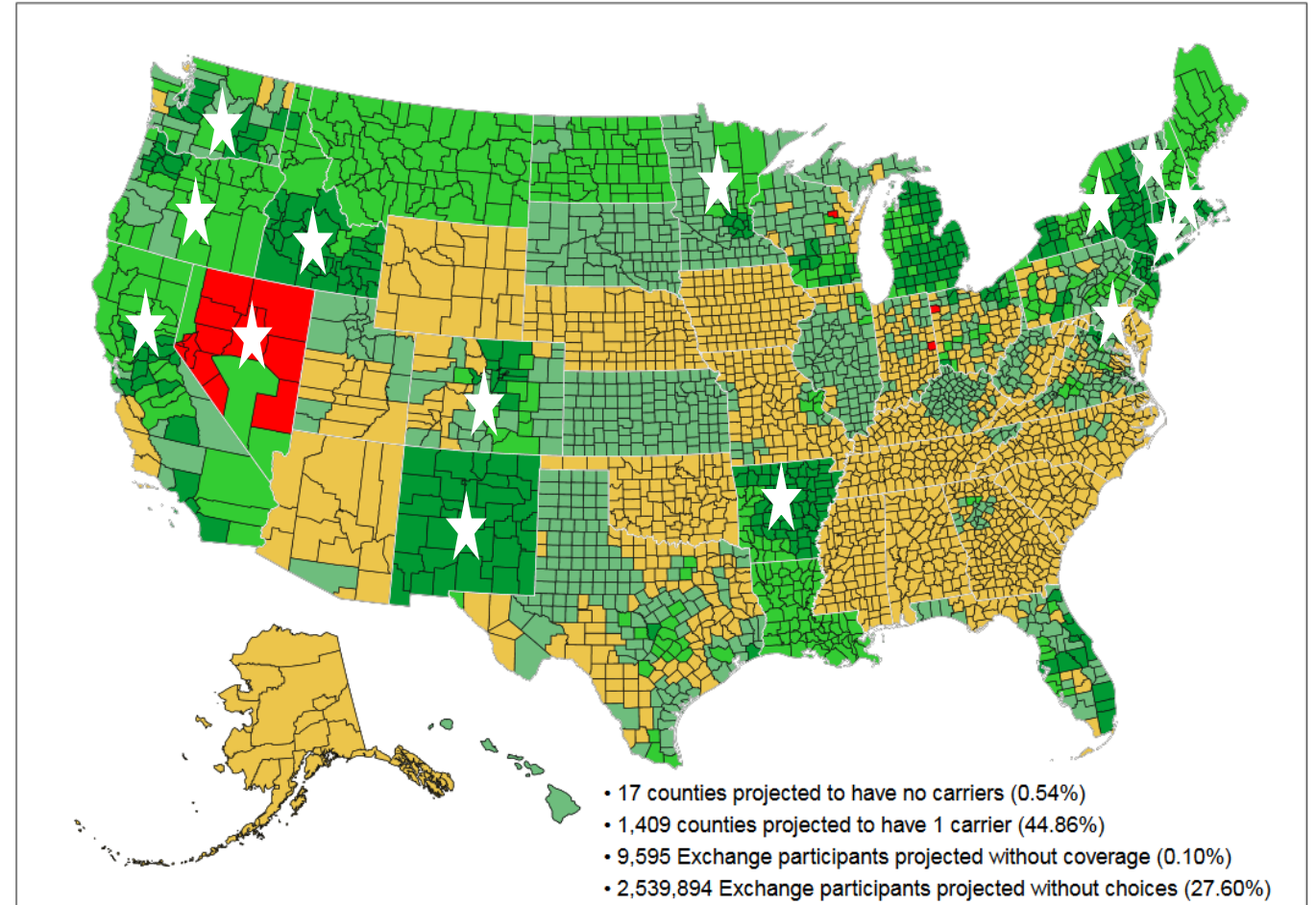
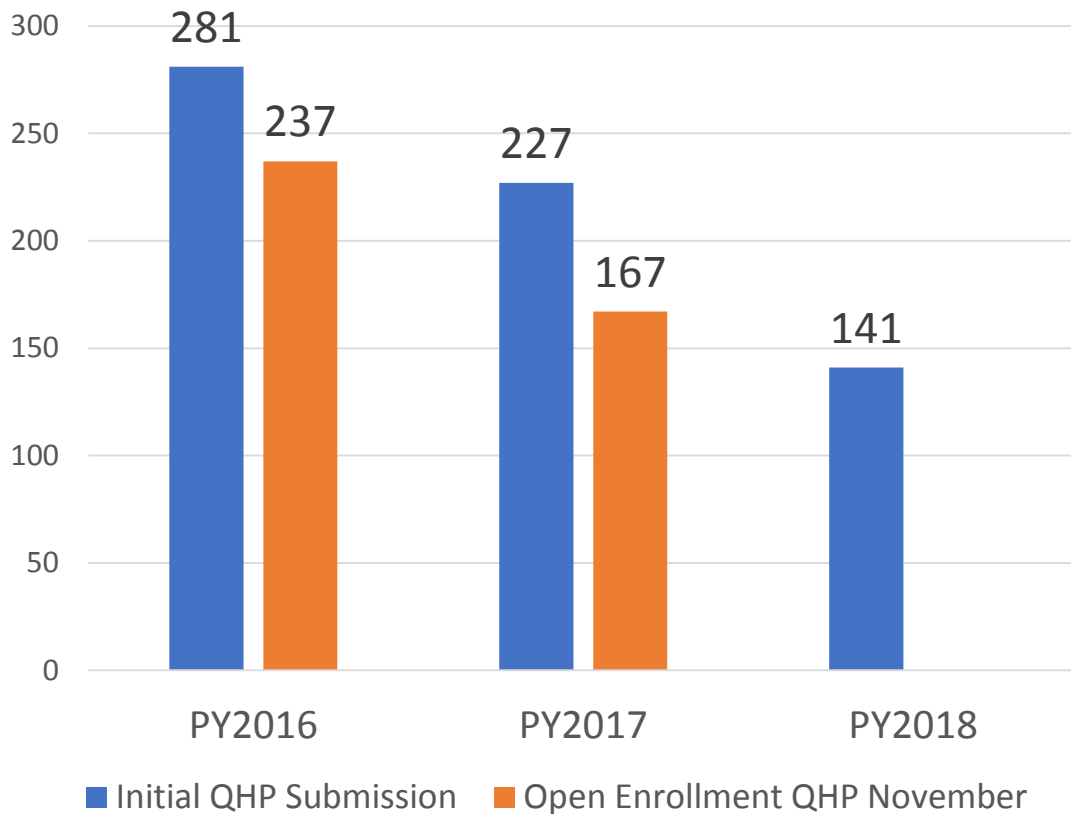
# State-Based Exchange Study



# Insurer Participation in Health Exchanges

County by County Analysis of Current Projected Insurer Participation in Health Insurance Exchanges

QHPs in Individual Market, Federal Exchanges Only (39 States), June 2017 CMS Data



Exchange Carrier Number

0 Carriers (17 Counties)	1 Carrier	2 Carriers	3 Carriers	> 3 Carriers
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• All State Exchange data is self-reported from the Exchanges to CMS (CA, CO, CT, DC, ID, MA, MD, MN, NY, RI, VT, WA).  
 • All data reflected on this map is point in time as of 8/9/2017 and is expected to fluctuate.  
 • This map represents continued 2017 county-level participation in 2018 unless a carrier has publicly announced otherwise.  
 • Enrollment numbers reflected are plan selections as of the end of Open Enrollment, January 31, 2017, and do not include enrollment in single carrier counties for State-Based Exchanges.

# Issuers Hold Steady in State-based Exchange States

By [Christina Cousart](#) | July 12th, 2017



<b>Total number of issuers offering individual market coverage through the SBEs and SBE-FPs</b>					
	<b>2016</b>		<b>2017</b>		<b>2018</b>
	<b>Proposed</b>	<b>Final</b>	<b>Proposed</b>	<b>Final</b>	<b>Proposed</b>
<b>Arkansas<sup>1</sup></b>	--	4	4	3	N/A
<b>California</b>	12	12	11	11	11
<b>Colorado</b>	10	8	7	7	7
<b>Connecticut</b>	4	4	3	2	2
<b>District of Columbia</b>	2	2	2	2	2
<b>Idaho</b>	5	5	5	5	4
<b>Kentucky<sup>1</sup></b>	5	5	5	5	4
<b>Maryland</b>	5	5	3	3	5
<b>Massachusetts</b>	--	10	9	9	9
<b>Minnesota</b>	4	4	4	4	4
<b>New Mexico<sup>1</sup></b>	--	4	4	4	4
<b>New York</b>	15	15	14	14	13
<b>Nevada<sup>1</sup></b>	4	3	4	3	4
<b>Oregon<sup>1</sup></b>	10	10	6	6	5
<b>Rhode Island</b>	3	3	2	2	2
<b>Vermont</b>	2	2	2	2	2
<b>Washington</b>	8	8	6	6	6

<sup>1</sup>State-based Exchange on the Federal Platform

# HIAC Topics for Recommendations to MNsure Board

# HIAC Work-plan for 2017

- Taking stock of our work to date
- HIAC Member & Chair Turnover - November 2017
- MNsure Board does not meet until October



## HIAC Recommendations

- Financing
- Literacy
- Open Enrollment
- Assister Functionality

## HIAC Potential Topics/Issue Areas

- SHOP
- Individual Market Stabilization
- MNsure Reporting Metrics
- Marketing/Communications
- Roles & Responsibilities (Brokers, Carriers vs. MNsure)

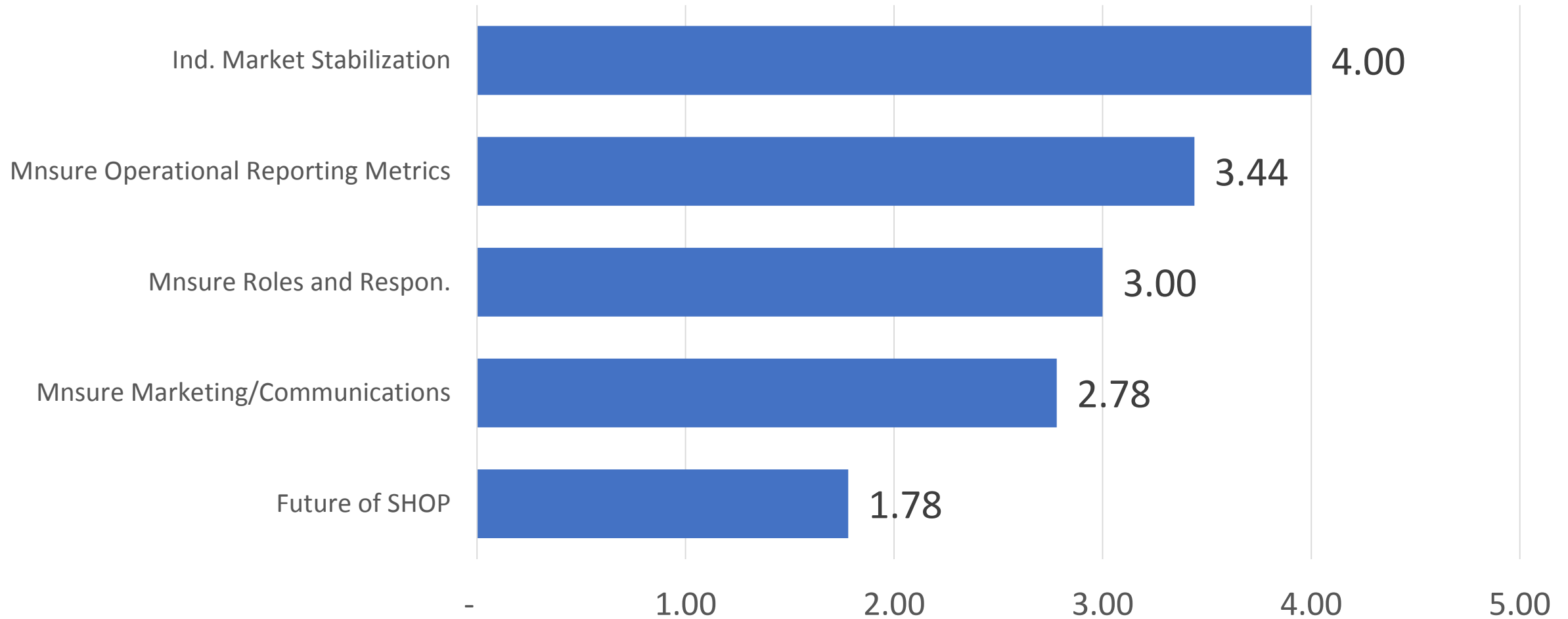
# HIAC Work-plan for 2017



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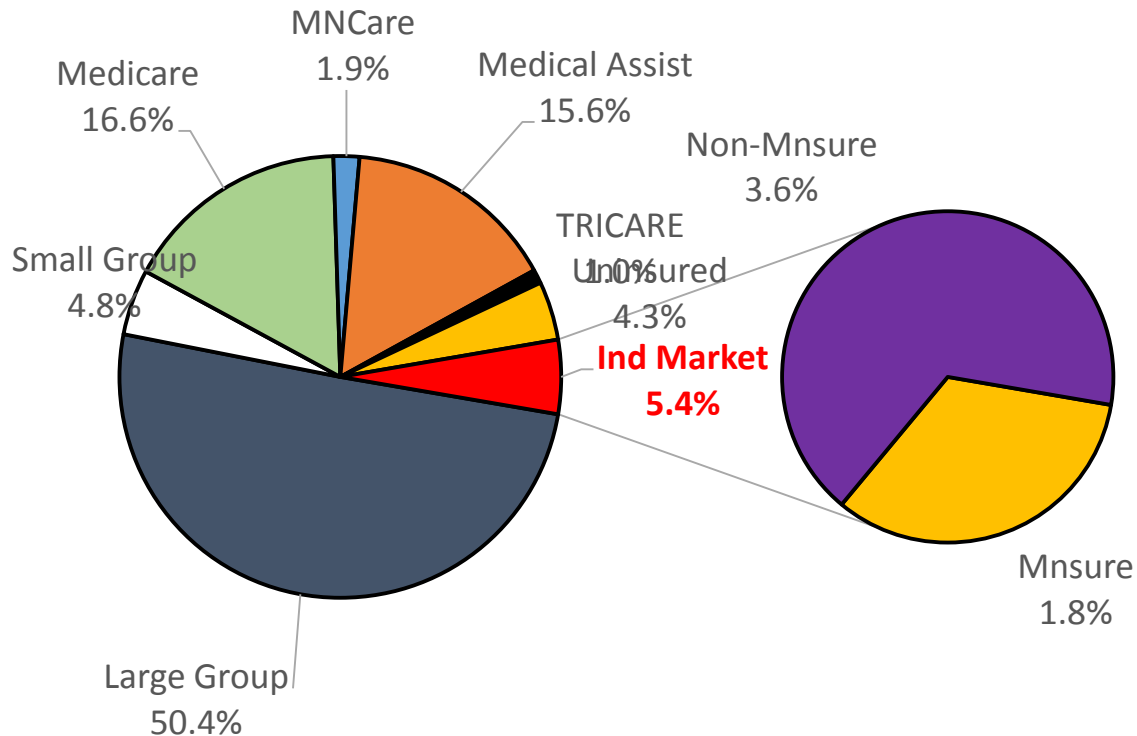
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# Ranking of HIAC Topics (survey sent August 9, 2017, 9 responses as of 8/14)



# 2017 Legislative Session | Individual Market Premium Relief & Reinsurance Signed Into Law

2015 MN Health Coverage



- Health Plans pay **premium subsidies** equal to 25% of the gross premium for individual coverage
- **Reinsurance Program** – state pays between 50-80% of claims between \$50,000 and \$250,000

# Minnesota Premium Security Plan (State-Based Reinsurance)

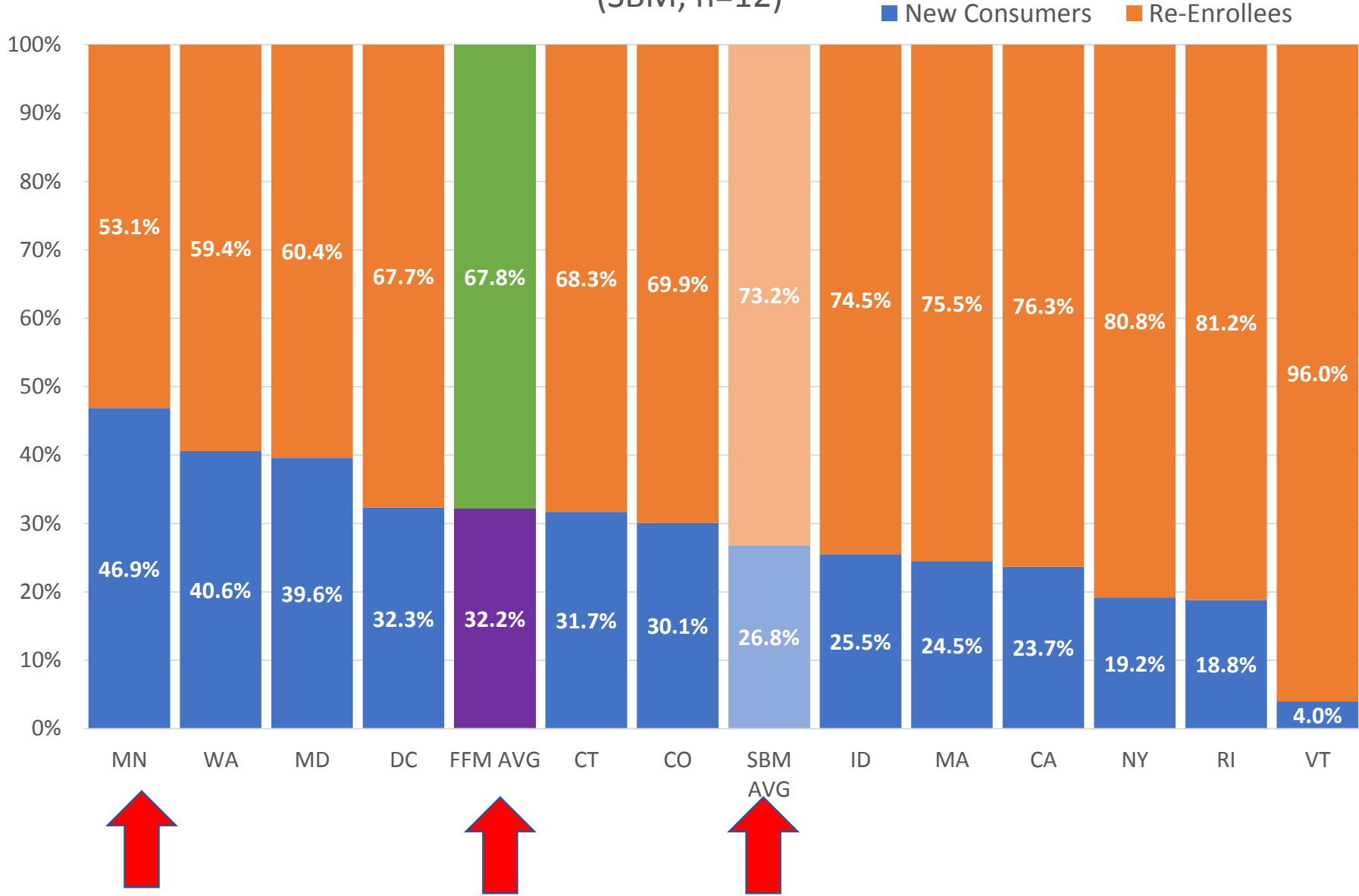
- New state-based reinsurance program for individual market created by Legislature and took effect on April 4, 2017.
- MN Dept. of Commerce projects a reduction, on average, of market premiums by 20%
- MN submits Section 1332 Waiver to federal government
- A re-purposed MN Comprehensive Health Association (MCHA) payment will reimburse health insurers for re-insurance-eligible expenses incurred during a plan year.
- **For 2018, a reinsurance program with an attachment point of \$50,000 and a cap of \$250,000 with payment of claims at an 80/20 rate.**
  - After 2018, MCHA Board will propose parameters based on available funding.
- **Funding = \$271 million in reinsurance payments in 2018.**



# Section 1332 Waiver

- Waiver Goals
  - Maximize federal funding to reduce individual market premiums
  - Capture federal funds that would otherwise already come to Minnesota
  - Stabilize individual market
  - Not affect other state programs.
- Consequence of Re-insurance Program on MinnesotaCare
  - Lowers Premiums -> Lowers Federal Tax Credits (Higher Premiums, Higher Tax Credits; Lower Premiums, Lower Tax Credits)
  - Tax Credits at stake = \$139-167 million less in 2018
  - MinnesotaCare (BHP) funding formula tied to federal support of the cost of the second lowest silver plan on individual market.

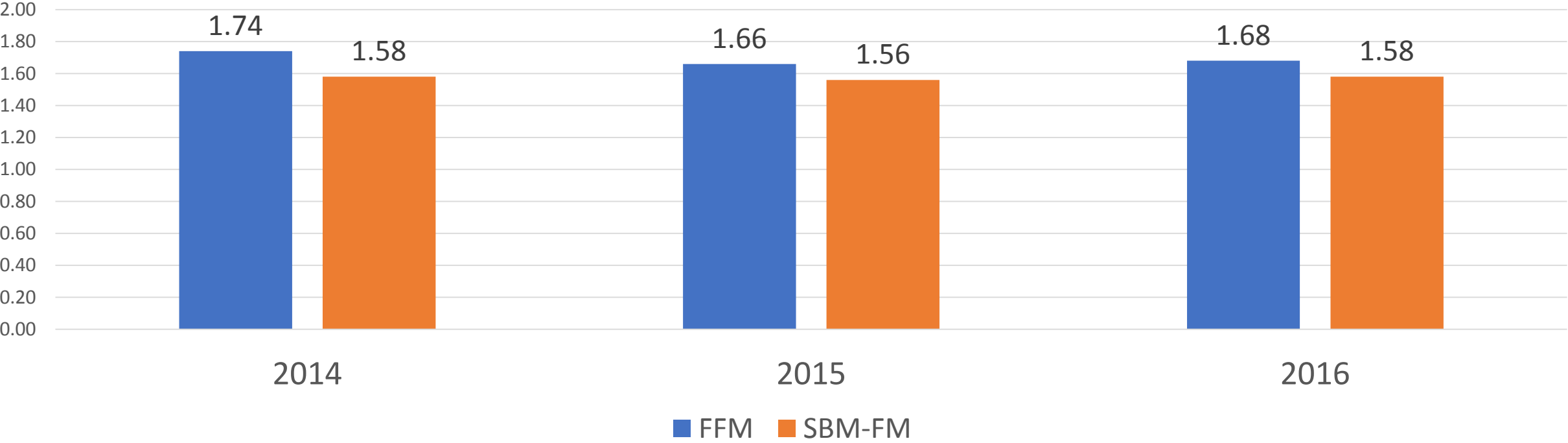
# New Enrollees vs. Re-enrollees, 2016-2017, State Based Marketplaces (SBM, n=12)



- State Based Marketplaces (SBMs) were more likely to have “re-enrollments” as a greater portion of enrollment compared to Federally-Facilitated Exchanges (73.2% vs. 67.8%)
- MN has the lowest percentage of re-enrollments as a percentage of total of all SBMs

# Measure of Individual Market Stability

Individual Market Plan Liability Risk Score



Minnesota	State Average Monthly Premiums	State Average Plan Liability Risk Score	State Average Allowable Rating Factor	State Average Actuarial Value
	<b>\$386.68</b>	<b>1.382</b>	<b>1.707</b>	<b>0.765</b>

# HIAC Recommendations for Individual Market Stabilization

- Trump Administration and Congressional action in 2017
- Recommendations to MNsure Board vs. Policy Recommendations to Minnesota Legislature
- Understanding of MCHA role moving forward
- Other?

# Current Reporting Dashboards (MNsure Board)

## Enrollment Dashboard – 1 of 2

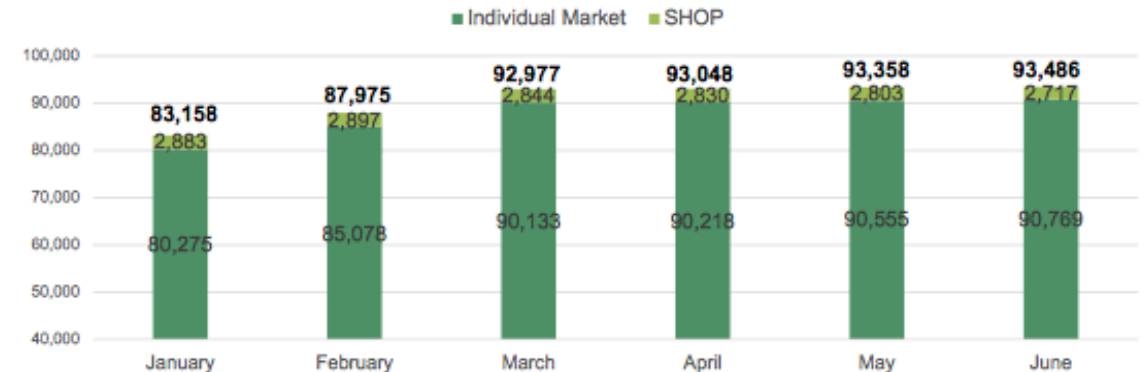
Cumulative Enrollment, Nov. 1, 2016 – July 23, 2017	
<b>Total</b>	<b>556,630</b>
Medical Assistance applications	361,474
MinnesotaCare applications	65,759
Qualified Health Plans	129,397
QHP new enrollees	59,483
QHP renewals	66,627
QHP via SHOP	3,287
Qualified Dental Plans	12,868

QHP Households Receiving Financial Help, June 2017	
Households with Advanced Premium Tax Credits	72.9%
Households with Cost Sharing Reductions	14.3%

Cumulative SHOP Enrollment, Nov. 15, 2016 – July 23, 2017	
Employers enrolled	427
Employees enrolled	2,096
Individuals enrolled (including dependents)	3,287

## Effectuated Enrollments and Average Premiums, 2017

Monthly Effectuated Enrollments  
January – June 2017



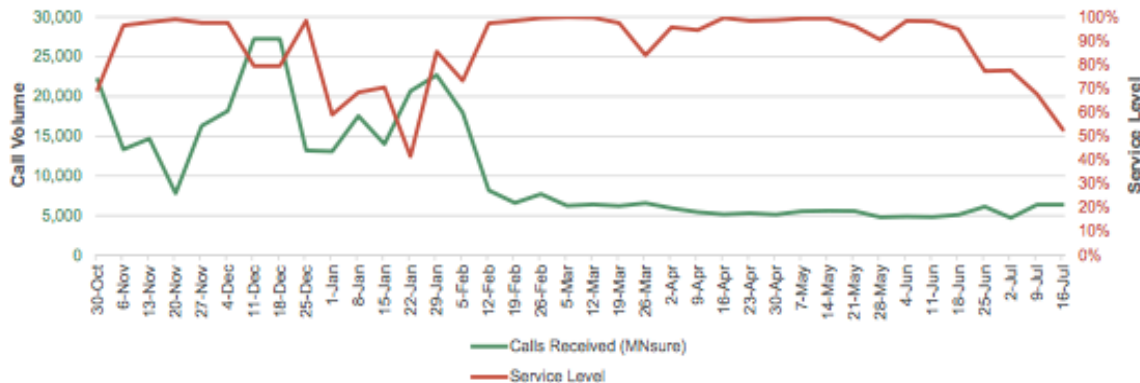
	January	February	March	April	May	June
Average Premium (Pre-APTC)	\$579.77	\$578.46	\$571.68	\$569.97	\$568.94	\$568.36
Average Premium (Post-APTC)	\$275.57	\$263.47	\$259.93	\$259.47	\$260.10	\$260.10

Note: Effectuated enrollments and average premium amounts are based upon the latest data received from carriers. Average premium post-APTC is based on individual market enrollees only. Average premiums do not include Minnesota's premium subsidy program.

# Current Reporting Dashboards (MNsure Board)

## Contact Center Call Volume and Service Level

MNsure Contact Center Call Volume/Service Level  
November 1, 2016 – July 23, 2017



Service Level represents the percent of calls answered in 5 minutes or less.

Note: Call volumes represent weekly totals for week beginning with date.  
Service Level represents weekly average for week beginning with date.

## Customer Service Dashboard

Contact Center, June 19 – July 23, 2017	
Call Volume	28,708
Service Level (% of calls answered in 5 min. or less)	74.02%
Average Speed of Answer	0:02:43
Calls Abandoned while in Queue	8.57%

All Callers Top Contact Center Inquiries, June 19 – July 23, 2017	
1. MA/MCRE	15.04%
2. Password reset/Account unlock	14.06%
3. Existing/Pending Inquiry	7.83%

Assister Resource Center (ARC) Top Inquiries, June 19 – July 23, 2017	
1. Existing/pending inquiry	56.34%
2. Password reset/Account unlock	20.00%
3. Determination result	7.68%

# HIAC Dashboard Needs/Recommendations

- Other metrics
- Refinement of current metrics
- Comparison to industry standards/averages

# Next Steps/Decision Points

- Workgroup formation on topics?
- Joint HIAC/CSEAC or HIAC-only in September
- October meeting date (October 16<sup>th</sup> from 2:30 – 5:00 pm the leading date based on doodle poll)
- Topic(s) for recommendation with two meetings left