

MNsure Joint Advisory Committee Meeting Minutes

Tuesday, March 27, 2018, 2:30 – 5:00 p.m.

UCare, 500 Stinson Boulevard NE, Minneapolis, MN 55413

CSEAC Members in attendance: Denise Robertson – Chair, Matthew Steffens – Vice Chair (via phone), Mary Ellen Becker, Matthew Flory (via phone), Leigh Grauman (via phone), Richard Klick, Peter Musimami (via phone), Kate Onyeneho, Kathleen Saari

HIAC Members in attendance: Hillary Hume – Chair, Matthew Aiken, Kyle Bozentzo, Carl Floren, Hodan Guled, Jenifer Ivanca, Andy McCoy, Dan Miesle, Joel Ulland, Nancy Yaklich (via phone)

CSEAC Members not in attendance: Bentley Graves, Kim Johnson, Ann McIntosh, Shari Meyer, Jamie Rancour

HIAC Members not in attendance: Thomas Hoffman, Chris Rofidal, Bette Zerwas

Board Members in attendance: Martha Eaves

Staff in attendance: Aaron Sinner – Board and Federal Relations Director, Stephanie Grisell – Legal Analyst

Meeting Topics

Welcome & Introductions

Denise Robertson, CSEAC Chair

Hillary Hume, HIAC Chair

Denise Robertson, chair of the CSEAC, called the meeting to order at 2:35 p.m. She noted a quorum was present for both the Health Industry Advisory Committee (HIAC) and the Consumer and Small Employer Advisory Committee (CSEAC). She also noted the meeting goals were to learn more about the 2017 Health Access Survey results.

Members introduced themselves.

2017 Health Access Survey

Alisha Simon, Minnesota Department of Health

Stefan Gildemeister, Minnesota Department of Health

Alisha Simon and Stefan Gildemeister presented the [2017 Health Access Survey presentation](#).

Alisha began by reviewing the overall results of the survey. Stefan noted the survey is built so that the Department of Health (MDH) speaks to a wide variety of the state versus national polling agencies which to complete Minnesota-specific surveys but have a smaller sample size. They acknowledged the survey is highly collaborative and the results are used for policy development and implementation in the context of Minnesota.

Mary Ellen Becker asked for clarification on the sample size of the survey. Alisha noted about 50,000 individuals were called and about 12,400 surveys were completed. Alisha also noted that individuals enrolled in Medicare were intentionally under-sampled in the survey.

Dan Miesle asked whether the survey included individuals who don't speak English. Alisha indicated the survey could be done in Spanish but not in any other additional languages.

Martha Eaves, MNSure board member, asked for clarification on what it meant to oversample pre-paid cell phones. Alisha noted this meant MDH intentionally doubled the number of pre-paid cell phones included in their sample from what would be selected randomly. Stefan clarified that oversampling certain smaller groups ensures the metrics related to those populations are more accurate.

Alisha reported that the biggest finding of the 2017 Health Access Survey compared to the 2015 survey was that the uninsured rate had risen from 4.3% to 6.3%. Alisha noted that MDH, the Kaiser Family Foundation, and the Commonwealth Foundation are finding that individuals who are uninsured are also not educated on options such as MNSure or employer-sponsored insurance. Alisha also added that in a national survey done by the Kaiser Family Foundation, 39% of respondents did not attain insurance because they thought the ACA would be repealed or the individual mandate was no longer in effect.

Alisha then presented on the demographic breakdown of individuals who are most likely to be uninsured.

Hodan Guled asked about the comparability of income rates between urban and rural areas. Alisha noted that consistently across the nation, individuals with a lower income have a higher uninsured rate, regardless of urban or rural area.

Andy McCoy asked if citizenship status was asked in the survey. Alisha indicated there were questions related to citizenship, but only about 10,000 – 20,000 uninsured are likely undocumented.

Alisha moved on to uninsured rates by region of the state. Mary Ellen noted a particular concern with the "Upper MN Valley" uninsured rate, which had gone from 5.6% in 2015 to 14.8% in 2017.

Hodan asked if the survey had any questions related to the uninsured and how they learn of insurance. Stefan noted they had asked those types of questions in the past, but are always adjusting the survey and adding and removing questions to keep its length under control.

Dan asked for clarification on the question used to collect data for slide 21, "People without Health Insurance Use Less Health Care." Alisha noted the question was related to using

coverage in the past twelve months. Stefan noted the survey was conducted in June – October 2017, and some individuals had coverage for a portion of the preceding 12 months but not all of it. Joel Ulland asked if doing the survey later in the year might impact some of the results. Stefan noted it was an interesting empirical question, though MDH does not believe doing the survey in the second half of the year biases the results.

Alisha concluded the presentation with a few closing thoughts. She noted the ongoing decline in employer-sponsored coverage is of concern, especially since it is occurring in strong economic times. Alisha noted there is a need for deeper understanding of why individuals drop coverage and remain uninsured when they are potentially public program eligible.

Stefan emphasized Alisha's first point about employer-sponsored insurance. He noted more than 60% of Minnesotans used to have employer-sponsored insurance and over 10 years, it had dropped to 50%. Stefan suggested a guiding question is, "How do you create affordable coverage for all Minnesotans?"

Mary Ellen asked if there were studies that analyzed why employer-sponsored insurance had decreased. Alisha noted there is a shrinking labor market and more people are working at home due to the gig economy. She suggested the committee members look to national surveys for further information.

Dan asked for clarification as to whether the survey included questions related to health insurance costs and health care costs. Stefan noted the Health Access Survey didn't include questions related to specific dollar amounts. Dan also asked if there had been any surveys conducted of employers on their decision-making related to offering employer-sponsored insurance. Stefan noted such a survey would be costly and difficult to undertake, but indicated there were some national surveys that focused on employers.

Jenifer Ivanca recommended doing a survey on why consumers don't have insurance and don't elect to gain insurance. Stefan appreciated the comment and acknowledged it would be interesting to understand more.

Mary Ellen asked the intent of the results. Stefan and Alisha indicated the information is used to help policymakers and elected officials develop policy. The role of the survey is to provide objective information and present the information in a neutral way. MDH shares the information with MNSure, DHS, legislative committees, advisory committees, and other influential groups.

Dick Klick asked if there were national surveys like this done that could provide correlation. Alisha noted that Gallup and Pew Research focus on national opinion of the Affordable Care Act but don't necessarily focus on the uninsured rate.

Public Comment

None.

MNSure Updates

Aaron Sinner, MNSure Board and Federal Relations Director

Aaron Sinner, MNSure staff, provided an update to the committee. He reported the MNSure Board of Directors had met on March 14, and at that meeting, Allison O'Toole had resigned as CEO effective April 13. Aaron noted she was leaving for a position with United States of Care. Aaron indicated that current COO Nate Clark would be acting CEO effective April 14.

Aaron also reported that the board had approved the three-year financial plan for MNSure and discussed progress on the GetInsured implementation project. He noted the GetInsured project would have two releases in 2018.

Mary Ellen asked about progress made around health literacy. Aaron noted that after further conversation, MNSure had decided not to house the initiative with a single staff member, but rather to charge the full Communications team with working to implement health literacy principles.

Dick noted there had been some legislation related to small employer insurance in the legislature but the conversation about health care at the state legislature had been focused on the MinnesotaCare buy-in program proposed by the governor.

Committee members discussed Medica's decision to sell plans only through the MNSure exchange. Mary Ellen indicated she was curious as to whether Medica had seen success with this action.

Joint HIAC/CSEAC Discussion of Ideas for Recommendation to MNSure Board of Directors

HIAC and CSEAC Members

Hillary Hume, HIAC chair, and Denise presented on the areas of recommendation both committees were considering, noting the committees could explore joint recommendations in areas where they were working on similar topics.

Hillary outlined the four subgroups in the HIAC: (1) member retention, (2) MNSure's ability to attract the uninsured, (3) the MNSure broker portal, and (4) consistent member transition from sign-up to effectuation.

Denise asked for clarification on what "member retention" meant and Hillary noted it's about how to keep current enrollees paying their premiums and returning to the exchange each year. Hillary indicated the group was currently doing background research. The broker portal subgroup's primary focus is to recommend minor enhancements to improve the portal. Dick noted CSEAC had trouble recommending improvements that would be legal due to HIPAA. Denise suggested reviewing the response from MNSure from the joint recommendation presented last year for a starting point.

Committee members moved the discussion to plans for attracting the uninsured. Nancy Yaklich recommended reviewing the data presented in the 2017 Health Access Survey and implementing those suggestions into a marking plan. Hodan noted it's about bringing those not at the table, such as the African-American community, into the fold and developing plans

tailored for those populations. Martha noted that people are usually turned off by the number of steps required to verify Medical Assistance coverage, which could explain why those individuals who lose coverage and could be eligible for public programs don't apply. Martha indicated it's about empowering the community agencies that work with consumers on a daily basis.

Denise noted the two work groups for CSEAC are (1) coordination of services between DHS, counties and MNsure, and (2) individual market stabilization and state-based exchanges. The second work group was a suggestion from the board and Denise noted there should be no assumption of assistance from the federal marketplace in regards to market stabilization.

Kate Onyeneho reiterated her hope there could be someone who could implement actual change at the DHS, MNsure and at the county level. She is concerned about the committees' ability to enact and implement policy change. Denise noted the responsibility of the advisory committees is to recommend improvements and guide the board. Denise also raised the question of who can also benefit from these recommendations. She reiterated that the goal is to have some elements of the recommendations implemented.

Aaron noted that the next MNsure board meeting would be June 20, and would be an opportunity for the advisory committees to present any recommendations they had approved.

Adjourn

MOTION: Matt Aiken moved to adjourn. Andy seconded. All were in favor and the meeting adjourned at 5:05 p.m.