Possible Topics for Advisory Committee Recommendations Suggested by MNsure Board Members

Board members expressed an interest in the following topics. Advisory committees are *not* required to make recommendations around all or any of these topics; rather, board members have identified these as topic areas to which they are particularly receptive.

Reinsurance and individual market affordability – How can Minnesota best address affordability in the individual market? If a reinsurance program is the solution, how can it best be funded in a sustainable way? Does Minnesota's Workers' Compensation Reinsurance Association offer any insights that could inform Minnesota's current reinsurance program?

Plan affordability across the state – The reinsurance program has lowered premiums overall and done a little to narrow the gap between premiums in rating areas 1 and 3 vs. the rest of the state, but the cost of premiums in those two regions is still well above the statewide average. This in turn is due to a significantly higher risk-adjusted cost of care in those regions, driven by Mayo in particular. With no evidence market forces are changing this dynamic, is there some role for MNsure here? If not MNsure, then a role for whom?

HSA & preventive care – In 2019, the IRS broadened the rules on what care can be covered pre-deductible in HSA-compliant plans. How can MNsure incentivize insurers to change their plan design for both HSA and non-HSA plans to include more preventive care pre-deductible—especially for bronze plans? Limits on insulin co-pays are an example of this kind of change.

Marketing in the individual market – Are there best practices for marketing to potential individual market enrollees from which MNsure could learn? Are there partnership or coordination of marketing opportunities MNsure should explore with on-exchange insurers?

QSEHRA/ICHRA – Federal rules and regulations allow for use of certain kinds of health reimbursement arrangements toward the purchase of individual market health insurance. This includes qualifying small employer health reimbursement arrangements (QSEHRAs) and individual coverage health reimbursement arrangements (ICHRAs). How should MNsure respond to these opportunities? Should MNsure promote or pursue enrollees via these mechanisms? What level and kinds of support should MNsure offer to these types of enrollees?

Active selector and "co-pay-only" plans – MNsure was approached by a collection of outside groups about mechanisms MNsure could use to promote "co-pay-only" plan offerings in Minnesota's individual market in order to smooth the costs of prescription drugs for high-cost enrollees. Should MNsure explore using its active selector authority? Does promotion of co-pay-only plans merit use of active selector? If so, what is the best way to structure an active selector regulation to promote these plans? If MNsure were to explore using active selector, are there other potential uses that should be done instead of or in conjunction with promotion of "co-pay-only" plans?