



# Consumer and Small Employer Advisory Committee Meeting Minutes

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**Tuesday, September 26, 2017, 2:30 – 5 p.m.**

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

**Members in attendance:** Richard Klick – Chair, Mary Ellen Becker, Nancy Breyemeier (via phone), Matthew Flory, Bentley Graves, Kim Johnson (via phone), Ann McIntosh, Peter Musimami (via phone), Kate Onyeneho, Kathleen Saari, Denise Robertson, Matthew Steffens

**Members not in attendance:** Leigh Grauman, Hussein Sheikh

**Staff in attendance:** Martha Eaves – MNsure Board Member, Aaron Sinner – Board and Federal Relations Director, Stephanie Grisell – Legal Analyst

## Meeting Topics

### Welcome

*Richard Klick, Chair*

Richard Klick, chair, called the meeting to order at 2:35 p.m. He noted that a quorum was present. Members introduced themselves.

### Public Introductions and Comment

A member of the public noted for the committee members the reinsurance program was approved by the Centers for Medicare and Medicaid Services (CMS).

### Approval of Meeting Minutes

*CSEAC Committee Members*

**MOTION:** Kate Onyeneho moved to approve the draft [August 15 meeting minutes](#). Kathy Saari seconded. All were in favor and the minutes were approved.

Kate noted there is not much discussion of the implementation of committee ideas outlined in the notes. She also raised concern about how to make the Department of Human Services (DHS) more innovative and welcomed more discussion about how to implement innovative strategies.

Aaron Sinner, MNsure staff, informed the committee members their meeting minutes are shared with the MNsure board. He recommended if there was a specific topic a committee

member was passionate about, to develop a recommendation to present to the MNsure board. Matt Steffens suggested providing specific examples of opportunities for DHS innovation, which could be added to future CSEAC agendas for discussion.

## **Federal Health Policy Landscape Developments**

*Aaron Sinner, MNsure Board and Federal Relations Director*

Aaron provided an update to the committee about the federal health policy landscape. Earlier in September month, Allison O'Toole, MNsure CEO, had testified before the U.S. Health, Education, Labor, and Pensions (HELP) Senate Committee about stabilization of the individual market. Additionally, Aaron outlined the Graham-Cassidy bill, which would change federal health care dollars into block grants to states and also re-evaluate the Medicaid formula. However, Senate Republicans had determined the bill did not have enough support to move forward and had it from the voting schedule.

Committee members asked questions about how the federal discussion would affect Minnesotans. Aaron noted there had been no change to the Affordable Care Act (ACA) and as such, nothing had changed with MNsure.

## **Minnesota Health Policy Landscape Developments**

*Aaron Sinner, MNsure Board and Federal Relations Director*

Aaron updated committee members about Minnesota's 1332 waiver request, which had been partially approved by the federal government on September 22, 2017. Following the passage of the Minnesota Premium Security Plan, or the reinsurance bill, by the Minnesota legislature last session, Minnesota had submitted a 1332 waiver request to build the reinsurance program in Minnesota. The waiver request had been partially approved by CMS, however the approval did not include Minnesota's request to hold MinnesotaCare funding harmless, as Minnesota had requested. Rather, the waiver will decrease MinnesotaCare funding by a greater amount than the state is receiving in redirected federal dollars supporting the reinsurance program. Aaron added that MNsure is loading the lower rates associated with the reinsurance program into its system.

Mary Ellen Becker asked how this would affect the future of MinnesotaCare. Aaron noted that MinnesotaCare had enough in reserves to operate normally through 2018. However, after 2018 might be different.

Denise Robertson raised concern about the long-term solvency of MinnesotaCare future if it's dependent on federal financing. She asked if it was possible to reach out to DHS to understand MinnesotaCare financials. Aaron noted that with the waiver determination received so recently, DHS was probably working through that very issue.

Bentley Graves added that Minnesota had used state funding in the past to operate MinnesotaCare, which was diverted to other avenues following increases in federal funding. Likely, those funds could be rerouted to DHS to fund MinnesotaCare.

Ann McIntosh commented the real issue was not about the financing of health insurance but the health of the individual. She discussed the importance of the committee discussing ways to improve how to make individuals themselves healthier. Matt Steffens noted Ann's concern was a huge social conversation and noted that the highest health costs are at the beginning and at the end of life. He agreed with Ann that it was essential to educate children about healthy lifestyles. He also noted that rural Minnesota is struggling to fill beds and care systems.

Kim Johnson noted the reinsurance program is designed to protect the risks health insurance carriers take on by providing health care services. Bentley noted the question is perhaps about how MNsure ensures individuals have options to buy health insurance and make sure there are carriers offering coverage within the marketplace. Matt Flory asked if there were any regulations within the Affordable Care Act (ACA) to ensure there would be health insurance carriers in the marketplace. Kim agreed, suggesting there should be a mandate in the ACA that requires health insurance carriers selling plans in a state also offer individual market plans. Dick noted the committee could develop a recommendation around the idea. Matt Flory commented that such a recommendation would hit roadblocks in the state legislature and in the governor's office. Bentley provided the example of Kentucky, which began passing legislation that required certain benefits be written into every health plan. He indicated health insurance carriers kept leaving the state until there were only one or two in some counties.

Mary Ellen acknowledged there was discussion during the legislative season about a buy-in to MinnesotaCare and welcomed further discussion of the issue. Bentley noted the MinnesotaCare buy-in option had been in the governor's budget but the measure was rejected by the state legislature.

Matt Steffens noted there were already two single payer systems in the U.S.: Medicare and the Veterans Health Administration. Nancy Breymeier added that Medicare is open to individuals over 65 and very ill individuals, two of the most expensive groups to health insurance carriers. Kim discussed the value added question, which he noted was essential in discussing any single payer buy-in system. Bentley also added that Colorado and Vermont both attempted to open a single payer system in each state, but the necessary tax increases brought the proposals to a halt.

Ann asked if innovation waivers could be used to redirect funds to consumer education. Aaron noted it could be possible and the MNsure board would welcome a recommendation outlining such an idea.

Ann raised concerns about rural providers and how to fund the rural care system, which was increasingly strained. Matt Steffens brought up an article titled "[Rural Minnesota struggles when competing for doctors](#)," from the *Duluth News Tribune*, which discussed the problem and potential solutions.

Discussion turned to the 2018 rate released scheduled for October 2, 2017. Matt Steffens asked if MNsure was expecting any backlash about the language pushed out about the premium rate release and Aaron noted MNsure was not expecting any backlash as the premium increases were expected to be low. Denise raised concern about the cost of the plans for those individuals who do not receive tax credits, as their premiums would still rise.

## **Update of Assister Handout and Meetings**

*Richard Klick, Chair*

Dick recommended the committee members attend an assister assembly. He found the [MNsure Assister Assembly presentation](#) informative and appreciated Christina acknowledging assister's concerns. He felt Christina Wessel listened to assisters' concerns and is actively working to qualm issues and provide resolutions. Dick also noted he would have liked more emphasis of the advisory committees and the current member drive.

## **Medica/MNsure Update**

*Richard Klick, Chair*

Dick reported he had recently attended an update from Medica about its plans for selling individual market products for plan year 2018.

## **Update on Small Group Health Insurance Initiatives**

*Richard Klick, Chair*

Dick noted for the committee members over the next year, small employers would need to transition off MNsure SHOP. Dick asked the committee members to think about a small employer recommendation which he will add to the October agenda.

## **Individual Brokers vs. Dedicated Brokers**

*Richard Klick, Chair*

Dick raised a scenario where, at an enrollment event, a broker enrollment center had asked an individual broker to remove MNsure pamphlets and information. He asked for the committee members' opinions and if they had ever experienced this, as Dick heard of two occasions. Denise noted she could see something like this happening as at most enrollment events she attends, there are multiple broker enrollment centers and navigator organizations, but she indicated she had never been asked to remove MNsure-affiliated information.

Matt Steffens requested to add something to the October 2017 agenda to ensure that MNsure-certified assisters are putting out the correct information to the consumers. He experienced a consumer who was informed by a broker that she could not enroll because it was not open enrollment, which was incorrect information.

Kate revisited the discussion from the August meeting about ensuring there is a variety of grantees and an auditing process to ensure grantees are spending their funding wisely. Matt Steffens noted Medicare utilizes "secret shoppers" to ensure correct information is being provided to consumers, and suggested the committee could explore a recommendation that MNsure implement a similar program.

## **MNsure-Appointed Committees vs. MNsure Stakeholders**

*Richard Klick, Chair and Aaron Sinner, MNsure Board and Federal Relations Director*

Dick called upon the committee members to talk to their community about the impact they could make on CSEAC. Dick reiterated the goal of the advisory committees is to bring the best information to the table so the best recommendation can be provided to the board. Matt Flory asked if there were any specific gaps that CSEAC or HIAC were missing and Aaron acknowledged HIAC could do with more providers, such as doctors and nurses. Kate added there should be an emphasis on innovative people and capturing their ideas. Matt Steffens noted there were certain populations that were not being reached and could be brought into the advisory committees, such as the Native American community or the Somali community.

Ann expressed she sometimes feels her role on the committee, coming from a provider perspective, does not have an impact and asked Aaron to clarify the role of providers on the advisory committees. Aaron noted that providers are important in the advisory committees because they bring a different perspective to the committees. Providers speak on different levels than brokers or members of the public or non-profit organizations and emphasize different aspects of the health insurance and health care discussion. Denise added she believes MNsure's eventual goal is to work more on community-based goals regarding health care but the political conversations forced MNsure to prioritize the exchange's survival. Aaron added the advisory committees were originally to provide long-term, strategic direction and provide recommendations for actions MNsure should take years into the future. Matt Steffens noted that at a certain point, MNsure will need to focus on different topics, such as health education, as there is a plateau of uninsured.

Martha Eaves noted that when she joined the MNsure board, MNsure was just resolving the major operation issues and the board could finally focus on policy implementation and then the 2016 election happened. Then suddenly health care and repealing the ACA was back in the national conversation and affected MNsure's ability to do long-term planning. Martha acknowledged the committees' work and noted it takes a special individual who cares deeply about the state of health care to sit on such a committee. She said progress is slow and she appreciated the hard work the committee members put into their recommendations. She also noted the energy and persistence of the committees in focusing on long-range plans and not always on defensive actions.

## **Additional CSEAC Business for October**

### *CSEAC Members*

The committee members recommended adding an agenda item about Kate's suggestion related to possible innovations for DHS. There was also discussion of adding agenda items related to the "rights" of brokers who are not with a broker enrollment center, as well as Matt Steffens's concerns about assister misinformation, and Ann's concerns about overall individual health and wellness.

## **CSEAC Membership Applications, Chair and Vice-Chair Nominations**

### *CSEAC Members*

Aaron asked the committee members to think about who they would like to see as chair and vice-chair of CSEAC, and to please email those suggestions to Aaron.

## **Adjourn**

**MOTION:** Ann moved to adjourn. Matt Steffens seconded. There were no objections and the meeting adjourned at 5:02 p.m.