



# Consumer and Small Employer Advisory Committee Meeting Minutes

---

**Tuesday, October 24, 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), Kate Onyeneho, Kathleen Saari, Denise Robertson, Matthew Steffens

**Members not in attendance:** Leigh Grauman, Ann McIntosh, Peter Musimami, Hussein Sheikh

**Staff in attendance:** Christina Wessel – Senior Director of Partner and Board Relations, Stephanie Grisell – Legal Analyst

**Board members in attendance:** Martha Eaves

## Meeting Topics

### Welcome & Introductions

*Richard Klick, Chair*

Richard Klick, chair, called the meeting to order at 2:35 p.m. He noted that a quorum was not present. However, as members introduced themselves, a quorum became present.

### Public Comment

None.

### Approval of September Meeting Minutes

*CSEAC Committee Members*

**MOTION:** Bentley Graves moved to approve the draft [September 26 meeting minutes](#). Denise Robertson seconded. All were in favor and the minutes were approved.

### MNsurance Updates

*Christina Wessel, MNsure Sr. Director of Partner and Board Relations*

Christina Wessel, MNsure staff, provided the committee with an update. Christina indicated the MNsure IT Request for Product (RFP) has been narrowed down to two candidates and MNsure was continuing to review the proposals.

Christina also noted the operational preparations presented by MNsure. She indicated MNsure had contracted with a new Contact Center vendor, which would be ready for 2018 open enrollment. There would be 200 agents at the vendor ready by November 1, 2017, adding to the 100 agents at the MNsure offices. Christina noted MNsure hours for 2018 open enrollment: 8 a.m. – 6 p.m. Monday through Friday, and Saturday hours from 10 a.m. to 2 p.m., noting that hours will vary during deadline days. Christina discussed the system availability during 2018 open enrollment. During the first few days, the MNsure system will be available 24 hours, along with around deadline days.

Christina added MNsure had implemented new consumer call-back functionality. The call-back function allows the consumer to hang up the phone and once their place in line is queued to be next, MNsure will call them back. Mary Ellen Becker asked if there was a specific time when MNsure would call the consumer back. Christina indicated that call-back time would be dependent on the overall hold time. Matt Steffens noted he had used the call-back feature with success.

Christina walked the committee members through the 2018 renewal process. She indicated MNsure had sent out about 155,000 notices to consumers who were previously eligible for a qualified health plan with more information about 2018 open enrollment. All 2018 passive renewal qualified health plans would be at the carrier by October 31, 2017 so consumers will receive 2018 information from their carrier. Christina noted that MNsure always welcomes consumers to shop and compare plans before 2018 open enrollment. MNsure had refreshed the MNsure.org homepage and the anonymous shopping tool with the 2018 plans went live for consumers to “window shop” on October 16, 2017. Christina also pointed out a few other self-service enhancements, such as a new “contact me” web tool available on MNsure’s [Online Help page](#), an enrollment status look-up tool added to the [Manage Your Account section](#) of the website, which was also mobile friendly, and a new drug formulary tool added to the Plan Comparison Tool in the [Shop and Compare section](#) of the website. The drug formulary tool would allow consumers detailed information about their health insurance coverage. MNsure expected the tool to be live on November 1, 2017. Denise welcomed the new self-service enhancements, particularly the 2018 enrollment status look-up tool.

Kate Onyeneho asked if a hard copy of the paper application was still available for consumers. Christina noted there was always a paper version of the copy available, though MNsure recommended consumers use the online version for a better experience. Kate asked about those consumers who do not have access to the internet and noted a concern about consumers not having computer access. Christina indicated MNsure works closely with the broker enrollment centers and navigator organizations to assist these consumers. Christina also noted there was a process in the Contact Center to ensure consumers seeking assistance would be contacted by an assister organization in their area.

Kate raised a concern about computers being readily available at navigator organizations and broker enrollment centers. She also noted she would like the Department of Human Services (DHS) and MNSure be more innovative. Denise noted the navigator organization she works with partners with public libraries to assist consumers in completing the application online. Christina noted as there are so many assister organizations and each provides a unique experience, it is difficult for MNSure to provide the same infrastructure to all organizations. Mary Ellen asked Kate if the issues she raised were more related to DHS rather than MNSure. Mary Ellen suggested that perhaps Kate reach out to MNSure so MNSure could potentially provide a connection to DHS.

Matt Steffens asked if the assister referral process had the ability to clarify language preference. Denise noted there was not a field for language preference, although there is a field for “language spoken during a call” and “Why is the consumer seeking help from an assister?”. Matt also provided the committee with the example of potentially developing a look-up kiosk for MNSure consumers to be placed at specific locations. He noted the whole MNSure process would have to become more automated before such an idea could be implemented.

Christina rounded out the MNSure update by outlining the communications plan in regard to 2018 open enrollment. The online and radio ads were both underway and the television ads would begin the week of October 30. Christina noted the television ads would remain the same as the previous year due to their positive response. This put the communications plan budget at a similar funding level as previous years, though with 2018 open enrollment shorter, the communications plan is more concentrated and focused.

Matt Steffens reminded committee members of the story he shared a few meetings ago about the individual’s old open application that simply needed to be closed. He noted the resolution was simple, have DHS provide a list of open cases to MNSure and vice versa so both agencies could work to close those cases. Christina indicated that the system was living and thus it’s difficult to provide narrow search options such as providing open cases from 2015, for example. Furthermore, it could be a system barrier at DHS as they also operate their own system alongside the MNSure system for Medical Assistance and MinnesotaCare cases.

## **Discussion of Secret Shoppers**

*Matt Steffens, CSEAC Member*

Matt Steffens reviewed the story he shared about receiving incorrect information about health care coverage from a MNSure assister. He suggested MNSure implement a “secret shopper” functionality, like Medicare does. In Medicare, the “secret shopper” functionality is to ensure all agents are compliant and provide correct information to consumers. Matt welcomed discussion from the group about potentially presenting a “secret shopper” functionality for MNSure assisters to the MNSure board. Matt clarified the “secret shopper” functionality is not about continuing education, but testing the knowledge of MNSure assisters to ensure they are applying the information correctly. Dick and Matt raised the concern of the new programs arriving in health care and a “secret shopper” functionality would ensure MNSure assisters are aware of the programs and alleviating confusion. Denise noted if a MNSure assister provided incorrect information, it reflects poorly on all other MNSure assisters.

Dick asked Matt to expand on the “secret shopper” functionality so he could present his thoughts at the next committee meeting and potentially develop a recommendation.

## **Discussion of Improving Individual Health and Wellness**

*Ann McIntosh, CSEAC Member & CSEAC Members*

Dick noted that Ann was slated to guide a discussion about how to improve individual health and wellness. Unfortunately, Ann was not present at the meeting and Dick recommended revisiting the discussion at the next meeting.

Bentley asked how improving individual health and wellness ties to MNsure and MNsure’s role as a shopping facilitator. He pointed out that MNsure does not offer wellness products to which Matt Steffens indicated the MNsure anonymous shopping tool does allow individual to express a desire for a wellness program in their potential plan. Matt suggested bringing in a health carrier wellness program representative to CSEAC to present on what is included in a wellness program. Dick noted the question becomes how MNsure can play an active role in an individual’s health and wellness, but Mary Ellen commented that MNsure cannot show favoritism when it comes to promoting plans with wellness programs.

Matt Flory raised a question related to preventive care. He was concerned because he had heard of individuals reaching out to their health carriers at the end of the year to request a refund because they did not use coverage in the calendar year. He asked committee members if MNsure consumers were aware of what a premium covers, like preventive benefits, and whether consumers avoid care because they believe they may be reimbursed at the end of the year. Matt suggested informing consumers of the preventive benefits would be beneficial to the consumer in understanding their health care. Denise noted that in her organization, an appointment was not complete until a navigator had discussed “coverage to care.” She believed it would be beneficial to push out “coverage to care” information, with a brochure in MNsure notices or with a link in an email. Matt indicated the average consumer does not understand basic health policy and that the burden to inform consumers should not all be on MNsure, but they play a role. Denise indicated this discussion was related to health care because if wellness is emphasized in the beginning of life and there is a focus on preventive care, the cost of health care will decrease. Dick reminded the committee their mission is to advise on the future of MNsure so this conversation is within the purview of the committee.

Bentley asked if there was any “coverage to care” information on the MNsure website. Christina noted there is a [“Coverage to Care Roadmap”](#) PDF on the MNsure website, under the “Current Customers” tab. Matt Flory noted that perhaps MNsure could send out the “Coverage to Care Roadmap” via an automated email following an enrollment. Matt Steffens noted it takes multiple contacts for someone to understand and adopt a new concept. Matt Flory added for individuals who do not have high health literacy, there is a lot of fear of entering the health care system. There is fear of being told an individual is unhealthy and then their lives will require a medication or procedure which could become a financial burden. Martha Eaves, MNsure board member, noted low-income individuals are almost requested not to visit the doctor, even when most of the individuals covered by Medicaid are children. Nancy Breyemeier and Matt Steffens indicated they had both heard of many Medical Assistance and MinnesotaCare individuals who

were unable to make appointments and issues with the Medical Assistance or MinnesotaCare provider networks. Martha noted the health care model in the United States needs to be fixed and it will take a lot of work.

Kathy Saari noted she receives notices from her local clinic and hospital about preventive care. Matt Flory pointed out this is likely due to the fact she designated a primary care doctor and they were able to send focused marketing. Committee members discussed the role MNsure can have in ensuring people are focusing on finding a primary care doctor that is correct for their needs instead of a clinic with good amenities. Christina noted MNsure does complete a follow-up consumer survey.

Kate shared a consumer story, noting an interview a consumer had with a Social Security Administration consultant regarding her eligibility for disability. The consultant was cold and demeaning to the consumer and Kate would like to see more of a holistic approach to consumers. Martha noted she is aware of these interviews and these consultants are not practicing doctors or providers but rather consultants. These consultants are not trained to provide wellness guidance and can be quite harsh. Martha suggested filing a complaint with the board of ethics for the Social Security Administration in regard to the case.

Matt Flory noted that wellness and treatment are different. Wellness is about building a relationship with a doctor and feeling heard and not being afraid to ask questions. Matt said he believed the best way to foster a deeper understanding of “coverage to care” is to illustrate that relationship-building with a primary care doctor is just as important as understanding preventive care. Matt said he would like to see more emphasis placed on information around “coverage to care” on the MNsure website. He also noted it would be worth thinking about how MNsure could leverage this wellness conversation.

## **Discussion of MNsure Staff Response to Joint Committee Recommendations on Assister Functionality**

### *CSEAC Committee Members*

Dick reviewed the [MNsure Staff Response to the Joint Committee Recommendation on Assister Functionality](#) with committee members before opening the floor for discussion.

Dick began by inquiring who decides on the progress of the Minnesota Eligibility Technology System (METS), to which Christina clarified the Executive Steering Committee (ESC) makes the final decisions on the METS roadmap. She noted that MNsure, the Department of Human Services (DHS), county representatives and MNIT all sit on the ESC. Christina indicated it is important to note that because the ESC has representation from multiple stakeholders, it's difficult for MNsure to make MNsure priorities the only priorities the ESC should focus on. Dick noted he would like to see the next committee prioritize the assister functionality. Christina added that implementing better assister functionality is a high priority on MNsure's list as well. Dick suggested that perhaps the committee could advocate to the ESC on the importance of the Assister Portal. Christina added the ESC meets monthly and the meeting is open to the public. She also noted the recordings and meeting materials are all available on MNsure's

website for review. Dick expressed disappointment that the work done by the HIAC and the CSEAC would have limited influence, since the ESC manages the METS project roadmap.

Mary Ellen asked Martha what the committee could do to further the recommendation more. Martha noted that MNSure's very existence has changed the whole process. Before MNSure, everything ran through DHS and if a consumer was over the income limit for Medical Assistance or MinnesotaCare, they could not receive assistance. Now that MNSure exists, there is a new process in which many different agencies must work cohesively together. Martha appreciated the critical eye of the committee members, noting the open case issue that Matt Steffens shared earlier. Mary Ellen suggested illustrating how essential MNSure assisters are to clarifying this process, which can help both DHS and MNSure and will potentially illustrate to DHS the importance of the Assister Portal.

Denise noted many issues in the staff response were IT-related issues, indicating that perhaps CSEAC needs to spend time with the ESC to discuss further steps, but asked the CSEAC members for their reaction to the agent of record (AOR) issue. Dick informed the committee the AOR worked for him but he has heard different stories from other brokers. He indicated that MNSure has a new system for AORs that involves monthly reconciliations between MNSure and the health carrier. Dick appreciated the work done by MNSure to improve the experience. Denise seconded and noted comparing MNSure from year-to-year, there had been work done to make MNSure more user-friendly and welcomed MNSure's honesty in regard to its IT issues. Martha added MNSure's goal was to promote and improve the METS system and also added her appreciation of the committee's work.

Dick reviewed the Health Industry Advisory Committee (HIAC) presentation to the MNSure board regarding the SHOP recommendation. He noted Jonathan Watson, the chair of the HIAC, indicated MNSure should re-allocate the SHOP funds to assist consumer operational improvements. Mary Ellen informed the committee that HIAC was discussing call center metrics and she wanted to share industry standards. She was still working on attaining the industry standards and would share with the committee once they were received. Mary Ellen asked if MNSure would respond to the HIAC recommendation. Christina noted that MNSure staff could respond if directed to do so by the MNSure board. Matt Steffens asked if MNSure was submitting a waiver to the federal government so Minnesota's small group market can still receive the tax credits, as the ACA rules regarding SHOP were still in place. Christina informed the committee that MNSure was working with the federal government on options related to SHOP.

## **Other Committee Items of Discussion**

*Richard Klick, Chair*

Kate apologized for not providing her information regarding innovative ideas to Dick before the meeting. She summarized the information she would have sent to Dick, noting she has many ideas but feels strongly about discussing how to bring young, able-bodied individuals into the insurance marketplace and contribute. She noted the only thing that drives insurance is income and having an income requires employment. Kate also raised the issue of a lack of diversity in

public schools and developing innovative ideas about how to support diverse communities. Kate noted that MNSure has a role in ensuring individuals attain a decent lifestyle. Martha indicated that of those individuals on welfare, about 60% of individuals remove themselves from welfare due to gain of employment.

Mary Ellen asked for the committee to review MNSure's customer experience surveys after quarter one of 2018, which could guide committee discussion about operational recommendations. Martha suggested developing questions to submit to MNSure which could potentially be asked to consumers. Kathy noted that it would be great to talk more about possible future focuses of the committee's work, as the first few years were spent focusing on call hold times. Committee members discussed questions and metrics that would be helpful to guide discussion, such as MNSure providing the number of views of the webpage or how many website hits on the drug formulary tool.

Matt Steffens asked to review the committee objectives and goals at the next meeting for the new members.

## **Adjourn**

**MOTION:** Kate moved to adjourn. Kathy seconded. There were no objections and the meeting adjourned at 5:01 p.m.