



Consumer and Small Employer Advisory Committee Meeting Minutes

Tuesday, March 26, 2018, 2:30 – 5 p.m.

UCare, 500 NE Stinson Blvd, Minneapolis, MN 55413

Members in attendance: Matthew Steffens – Chair, Grace Aysta, Kim Johnson (via phone), Richard Klick, Kate Onyeneho, Jamie Rancour, Denise Robertson, Kathleen Saari (via phone)

Members not in attendance: Matthew Flory, Leigh Grauman, Ann McIntosh

Staff in attendance: Christina Wessel – Senior Director of Partner and Board Relations, Aaron Sinner – Board and Federal Relations Director, Xee Yang – Legal Analyst

Guests in attendance: Suyapa Miranda, MNSure Board Member

Meeting Topics

Welcome & Roll Call (Attendance)

Matthew Steffens, Chair

Matt Steffens, chair, called the meeting to order at 2:35 p.m. Matt reminded members of MNSure’s purpose:

The purpose of MNSure is to ensure that every Minnesota resident and small business, regardless of health status, can easily find, choose, and purchase a health insurance product that they value and does not consume a disproportionate share of their income.

Aaron Sinner, MNSure staff, took attendance.

Approval of February Meeting Minutes

CSEAC Members

MOTION: Grace Aysta moved to approve the draft February 26, 2019 meeting minutes. Jamie Rancour seconded. All were in favor and the minutes were approved.

MNSure Updates

Aaron Sinner, Board and Federal Relations Director

March 6 Board Meeting

Aaron provided highlights from the March 6 MNSure board meeting. He noted that the board approved a preliminary three-year financial plan. Every spring, the board approves a financial plan, which is due to the legislature by March 15. The board then approves a final budget over the summer. The financial plan may change depending on the outcome of the legislative session. The board also discussed the governor's budget and its proposals that would affect MNSure.

Dick Klick asked Aaron about funding for MNSure. Aaron responded that MNSure receives 3.5% of the premium withhold as long as there are plans sold through MNSure, and it is ongoing monthly funding. MNSure collects revenue each month based on the currently enrolled population. Matt explained that the last budget was a positive amount. He clarified that the board approves the financial budget based on a projected revenue, meaning that they are projecting there will be enough fund coming in through the program to support the budget. The July 2020 budget will not be finalized until this summer, although a three-year preliminary financial plan has been approved. Aaron noted that a reinsurance extension could affect the amount of revenue MNSure collects, as lower premiums would lead to less revenue for MNSure and tighter resources. Matt asked Aaron if are there sufficient fund to meet the budget that has been allocated for fiscal year 2019. Aaron confirmed that MNSure's funds were sufficient for fiscal year 2018. He noted legislative changes and the possible renewal of the reinsurance program would be notable factors for determining the fiscal year 2020 budget picture.

Jamie asked Aaron if the 3.5% premium withhold was applied to premiums before or after the application of premium tax credits. Aaron noted that it is before the premium tax credits.

Enrollment Updates

Aaron noted the total number of private plan sign-ups at the end of open enrollment was 123,731. However, this number is preliminary. A complicating factor that affects the final count is that enrollees with APTC have a 90 day grace period for premium payments, meaning it could take up to 90 days before MNSure gets a final count of effectuated enrollments. Comparing the number of enrollments currently believed to be effectuated to the same time last year, the January the enrollment total was near-identical at 101,520 in 2019 and 101,551 in 2018. However, the February effectuated enrollments number has shown an increase of almost 3,400 at 108,879 enrollments in 2019 compared to 105,536 enrollments in 2018. MNSure will continue to track the enrollment total. In the next couple of months, the numbers will eventually firm up and may decrease a little.

In response to a previous request, Aaron provided statistics on the number of new and renewing consumers. MNSure's overall enrollment population breaks down into 77% renewing and 23% new. Of those who had disenrolled, 81% were renewals and 19% were new, meaning that new enrollees were somewhat more likely to remain in coverage. Additionally, about 76% of disenrollment is a result of consumers calling MNSure to terminate their plan, likely due to gaining another source of coverage, while 24% of disenrollments are reported by the insurance carrier as a result of non-payment of premiums. Matt asked Aaron if MNSure inquired as to why a consumer was calling to terminate coverage. Aaron explained that because MNSure wants to

make the cancellation process as smooth as possible and only ask the questions necessary to terminate coverage, MNsure did not ask this question.

Kate Onyeneho asked who is dropping out from MNsure. Aaron stated that he does not have any demographic or specific details on who is dropping out.

Dick asked Aaron for the percentage of enrollments at each plan level. Aaron stated that compared to the previous year, there was about a 5% decrease in the bronze plans and a 5% increase in the gold plan this year, with a total of about 51% of enrollments in bronze and 18% in gold.

Next, Aaron informed committee members that MNsure has reduced its life event change (LEC) backlog by 42% and is processing LECs at a rate faster than they are coming in. MNsure has caught up with all the LECs that were reported during open enrollment. On average in recent days, there have been about 200 LECs reported per day, with the oldest unprocessed LEC a little over one month old.

Dick asked how many people are processing LECs. Aaron said he would look into the exact number, but noted that MNsure has dedicated team as well as members from other teams who flex their time to work on LECs. Denise Robertson asked if the ARC team process LECs. Christina Wessel, MNsure staff, responded that ARC staff does not process LECs. However, some MNsure broker line representatives flex their time to work on LECs depending on call volume.

Kate asked about the different types of LEC being reported. Christina stated that the majority of LECs are reporting an income change. She also noted that there are some LECs that are handled live over the phone like name and address changes, which are never in the queue.

Kim Johnson wondered if high LEC volume was actually a good thing in connection to health literacy, which could be interpreted as participation and engagement by the consumers who are reporting changes to MNsure. Christina agreed with Kim's sentiment and noted that there had been a recent press release to remind the consumers to report changes and not wait until open enrollment. The goal is to keep the LECs coming in and for MNsure to be ahead of the LECs that are coming in.

Denise stated that her experience with LEC report is not an affirmative interaction with the system, but more of a reactive response to the system by the consumers. Jamie agreed with Denise as she has a similar experience from consumers who reach out for help because their coverage is ending. Kim responded that he views this reaction as an opportunity to help the consumer resolve their issue and an opportunity to educate the consumer about the system on what needs to be done. Committee members agreed that managing the high volume of LECs is an issue and could be explored for a future recommendation.

Matt asked for the average number of LECs reported per day during the previous open enrollment period. Aaron calculated that there were about 265 LECs reported per day, for a total of 17,000 LECs during open enrollment. He informed the committee of what MNsure has done in the past to try to reduce LEC volumes, including a social media awareness campaign to

spread out the load, an RFP to find an external vendor to manually process the changes, and a Lean Management review of the LEC processing protocol. Aaron noted he thought the board would be interested to hear from the committee on LEC process improvement recommendations. Denise suggested that MNSure should have a self-service option where the consumers could upload verifications and be able to update their application like Healthcare.gov. Aaron noted that MNSure leadership have been exploring that options. Matt reminded the committee that a recommendation on this front could take years before it goes in place and this may be a long-term recommendation.

Co-pay-only Plans

Aaron reviewed the co-pay-only plan design proposal from the previous meeting, which focuses on encouraging the offering of plans with a design that helps smooth out the cost of coverage for individuals and families with high cost prescription drugs. Aaron provided an updated on the current landscape of co-pay-only plan offerings. He noted that MNSure has one carrier that has offered plans with this design since 2016. The carrier currently offers 12 such plans, with 3 of these 12 plans offered in all counties. These co-pays apply to the specialty drug tier, but have an exception for the non-preferred tier. Just over 11% of MNSure enrollees are enrolled in one of these 12 co-pay-only plans. Aaron noted that he checked in with the Patient Advocacy Coalition about the current co-pay-only plan landscape. The Patient Advocacy Coalition commented that while it is good that one carrier is offering these plans, patients with high prescription drug costs should not have to depend on the offering decisions of one carrier to have access to co-pay-only plans, whereas a regulation would guarantee their continued availability.

Recommendations

Matt reminded committee members that the next board meeting is June 19 and he would like the committee to prepare recommendations by the next board meeting. Matt suggested that committee members review topics that were discussed in previous meetings or do a survey on recommendation topics. He asked the members for ideas on how to focus in on recommendations. Grace suggested that the members make a list of topics and narrow down the topics by voting. Kim suggested issue ranking on the list of topics to narrow down the recommendation topics. Kate suggested that the committee should also survey their communities and make a list on what is important. Matt asked Aaron to help with putting a survey together for the committee. Matt stated that he would put together a list of about 10 topics that have come up at recent meetings.

Denise suggested committee members review the navigator survey or consumer survey to identify possible topics. Christina stated that she would share the assister survey results summary available on Assister Central, but that MNSure had not conducted a consumer survey this year. Kate commented that experiences change from year to year and that the committee should focus on more recent surveys to understand potential recommendation topics.

Old Business

Prescription Financing – Discussion

Matt presented to the committee three different types of plans: [a small employer plan](#), [gold level plans through MNSure](#) and [a Medicare plan](#). Matt reviewed the prescription drug options and plan design within these plans to help educate members.

Matt explained that each plan has a drug prescription formulary list, which lists the different categories of drugs by level: tier 1, typically generic drugs; tier 2, typically brand name drugs; tier 3, typically non-preferred drugs; and tier 4, typically specialty drugs. Matt stated that since the Affordable Care Act went into place, he has seen a homogenization in the out-of-pocket maximum and carriers have started to shadow price each other. The carriers eliminated the platinum plans, meaning there are no longer individual market plans with a \$1,500 out-of-pocket maximum. Now, the lowest out-of-pocket maximum is \$6,500. The co-pay range for the generic drugs within the MNSure gold plans have a range of \$5, \$15 and \$20. For the other drug tiers, the consumer would have to meet their deductible before they can receive a shared percentage via co-insurance. Matt noted that the state of Minnesota is divided into nine rating regions, with the Rochester region being the highest priced plans and the Twin Cities region being the lowest. The plan premium will change according to location, but the plan design will remain the same. Next, Matt reviewed the Medicare plan and how Medicare manages the cost.

Matt noted that a co-pay-only plan design idea from the Patient Advocacy Coalition focuses on pharmaceutical out-of-pocket but does not affect medical care out-of-pocket. For example, a person who needs dialysis is in need of a medical benefit and an insulin dependent person is in need of a pharmacy benefit.

Grace asked how is it advantageous for carriers to charge the consumers so much for drugs that the consumer might need. Matt responded that carriers identify what they call maintenance drugs that come at a reduced cost for the consumers, which the carrier believes would prevent the consumers from being hospitalized.

Kate asked how committee members could educate community workers on these kinds of plan differences so they could help consumers enroll in the appropriate plan. Matt noted that it is important to understand the picture and the consumer's unique situation in order to help guide them to the right plan.

Suyapa Miranda, MNSure board member, noted that health literacy is an important aspect because understanding health plan benefit design is not meant for everyday consumers. Benefit design is a legal topic and is not how consumers think about healthcare.

Denise noted that over 80% of MNSure consumers who apply for health care coverage falls into either Medical Assistance or MinnesotaCare. She questioned if the committee should focus so strongly on topics that only affect the QHP population. Matt responded that there is an imbalance between DHS and MNSure because when there is a change in eligibility for a public program, it could result in the consumer becoming QHP eligible or become uninsured.

Aaron noted that DHS works on behalf of and advocates for public programs enrollees, leaving MNSure to advocate on behalf of QHP enrollees.

Suyapa noted that there is a population who are uninsured because they think they may not qualify for public program health care. She advised the committee to be open-minded about the public-program population because they may change in eligibility and when they do come to pick a private plan, MNSure hopes that they are educated and know what plan they should select.

Denise noted two possible topic ideas are a health literacy campaign and health literacy within MNSure notices. The issue is how to incorporate the learning material so that the consumers will want to learn about them. Grace suggested creating health modules. Matt noted the MNSure plan comparison tool, which helps consumers select plans.

MNSure Health Care Notices

Matt showed a 15-page sample health care notice to the committee. He noted that the notice was not easily designed to identify what a consumer needs to do. He suggested that an executive summary with bullet points identifying action items would be helpful for consumers. Dick stated that he supported the idea. Kate also agreed.

Aaron noted that MNSure could legally add a cover letter; however, the health care notices are automatically generated and MNSure would have to create a set of rules for the system to generate the appropriate cover letter for each situation. Aaron gave an example of a consumer failing to file taxes the previous year. This is called failure to reconcile taxes, which results in a consumer not being eligible for APTC and requiring MNSure to remove tax credits for the next year. MNSure cannot legally tell a consumer the reason why they are denied tax credits when the information is based on IRS data. In this scenario, MNSure could only provide a list of items that may have result in the tax credit denial. Matt commented that if the executive summary of the easier issues like income changes could cover about 60%-70% of the general population it would make a difference. He suggested that the committee work on an executive summary and identify three things that could be placed on the summary. For example, pick an easy target from the notices or map the letter and then pull the information onto the executive letter. Dick noted who, what and when should be listed on the executive summary. Suyapa suggested that MNSure extract the top three common reasons why consumers are being cancelled from health coverage and work on an executive summary focusing on those reasons. Grace suggested that the letters should be at a fourth grade reading level. Aaron commented that DHS notices are legally at a seventh grade reading level and MNSure usually matches that level. Suyapa noted that board members have discussed the reading level of the notices because is a sensitive topic, keeping in mind that some people aren't fluent in English. Matt noted that the executive summary will be on the survey list of topics and the members will get an opportunity to rank it.

Grace asked if there is also anything available for consumers who have a disability. Christina responded that requests for individuals with disabilities go to the MNSure Accessibility and Equal Opportunity Office, or AEO.

SHOP

Matt noted that the federal government had gotten rid of its Small Business Health Options Program (SHOP). It has been replaced by direct enrollment with carries. Kim asked if SHOP tax credits had been eliminated. Matt responded that only the SHOP platform was eliminated on the federal level, with tax credits still available.

GetInsured Tool

Kathy Saari asked Aaron for an updated on the GetInsured project in the context of the health literacy topic. Aaron explained that the first phase of the GetInsured tool went live in fall 2018 as MNsure's plan comparison tool, while the second phase would be rolled out in fall 2019 and would have more integrated functionality with the rest of the MNsure system. Aaron noted the tool offers hover text definitions of terms and helps consumers understand what factors to consider when selecting a plan. Matt asked if the program would use text or video. Aaron explained that the tool uses an introductory video and then text throughout the tool. Matt suggested that the video should be made with a creative intention so that it could easily educate children and older people. He added that it should also be easily translated across different languages. Suyapa agreed with the idea of making the video creative and fun.

Public Comment

No public comment.

Adjourn

MOTION: Dick moved to adjourn. Kate seconded. There were no objections and the meeting adjourned at 4:54 p.m.