



Consumer and Small Employer Advisory Committee Meeting Minutes

Tuesday, December 10, 2019, 2:30 – 5 p.m.
UCare, 500 NE Stinson Blvd, Minneapolis, MN 55413

Members in attendance: Grace Aysta - Chair, Denise Robertson – Vice-Chair (via phone), El’gin Avila, Lana Barskiy, Leigh Grauman, JP Little, Steven Narowitz, Madison Nelson, Kathleen Saari (via phone), Olga Sheveleva

Members not in attendance: N/A

Staff in attendance: Christina Wessel – Senior Director of Partner and Board Relations, Aaron Sinner – Board and Federal Relations Director, Claire Hahn – Carrier Relations Representative, Eva Groebner – Legal Analyst

Meeting Topics

Welcome & Attendance

Grace Aysta, Chair

Grace Aysta, chair, called the meeting to order at 2:31 p.m. She reviewed MNSure’s purpose statement:

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. Members introduced themselves.

Orientation

Aaron Sinner, Board and Federal Relations Director

He then reviewed advisory committee ground rules for the six new and four veteran committee members. He noted that MNSure staff relies on input from several stakeholder groups, but only the advisory committees provide feedback directly to the MNSure board. The Consumer and Small Employer Advisory Committee (CSEAC) and Health Insurance Advisory Committee (HIAC) were created by the legislature to elevate voices of the people most affected by MNSure.

Aaron noted that in the past, MNSure had a SHOP program for health insurance plans offered in the small business market, but there are no longer any health insurance carriers participating

though SHOP. Despite the program now being inactive, MNsure's mission still aims to serve small business needs. Aaron stated that CSEAC still provides expertise to the board advocating for small employers.

Aaron informed the committee that the advisory committees are subject to Minnesota's Open Meeting Law, meaning that all meetings must be open to the public and must give a minimum of three days' notice to the public that the committee will be meeting. He elaborated that any discussion of MNsure business by the voting member majority is called a quorum and for all intents and purposes is defined as a meeting. In the event a quorum, in this case six members, were to discuss MNsure matters by email or in an informal setting, they would be violating the Open Meeting Law; therefore, Aaron cautioned that the committee keep MNsure matters within the meetings, or to workgroups made up of less than a quorum of members.

Finally, Aaron informed the committee that the MNsure board grants per diem for advisory committee members of \$55 per day on meeting days plus travel expenses if the member is not already receiving compensation during meetings.

Review & Approval of Prior Meeting Minutes

CSEAC Members

Grace informed the committee that although the committee met in October, they did not have a quorum, and thus the committee was previously unable to vote to approve the September meeting minutes.

MOTION: Leigh Grauman moved to approve the draft September 24 meeting minutes. JP Little seconded. All were in favor and the minutes were approved.

MOTION: Leigh moved to approve the draft October 22 meeting minutes. JP seconded. All were in favor and the minutes were approved.

MNsire Updates

Aaron Sinner, Board and Federal Relations Director

Aaron provided committee members an update on the last MNsure board meeting from November 13. The board approved committee members, as well as Chairs and Co-Chairs for both the CSEAC and the HIAC. Aaron noted that the CSEAC has six new members, for a committee of ten, and HIAC has two new members, for a committee of eleven.

Aaron continued that the board reviewed the most recent publicly published open enrollment metrics from November 10. Aaron commented that the open enrollment period began on November 1 and will last through December 23. Data from the first ten days of the open enrollment period showed 3,000 new enrollments and 88,000 auto-renewed enrollments. This is an increase of new enrollments by about 50% from the same time in 2018, where there were roughly 2,000 new enrollments recorded; however, automatic renewals decreased by roughly 10,000, totaling 9,000 enrollments behind 2018 as of the same date. Aaron clarified the reasons that automatic renewals had decreased: discrepancies between MNsure data and the Federal

Hub information and migration from a previous enrollment system of record to MNsure's new enrollment system, GetInsured. Aaron expanded that MNsure enrollees may have experience life event changes since their previous enrollment such as Medicare eligibility, income changes that no longer match Federal Hub data, or citizenship or lawful presence changes, all of which would be reasons for discrepancies moving into the new year. He also stated that GetInsured has higher data integrity and blocked some renewals because the older data on file was not up to par. Aaron clarified that each of the households unable to automatically renew have been notified by mail and MNsure is placing calls to inform them they will need to come back through MNsure to enroll for 2020 coverage. A couple thousand of these households have already done so.

Denise Robertson asked if Aaron could elaborate whether the discrepancies this year are following a trend. He stated that MNsure is looking more in-depth into the data, and that everything appears to be for valid reasons.

Aaron then shared that calls to MNsure's Contact Center were forecasted both to reduce by 10% from the 2019 open enrollment period (in 2018) due to the new enrollment system and to increase by 20% due to the shortened enrollment period, leading to an overall projection of an 8% increase in calls. The Contact Center was currently tracking at a 6.5% increase, so this was fairly in line with projections. Current average wait times for calls were under 30 seconds, though MNsure anticipates that wait times will increase as the open enrollment period reaches its final week. Aaron added that MNsure staff is all-hands-on-deck through the end of the open enrollment period.

Aaron added that feedback for the GetInsured system has been overwhelmingly positive. MNsure assisters and consumers have reported that GetInsured is intuitive, easy to navigate, and has a simplified design layout.

Leigh inquired into life event change processes toward the end of the open enrollment period. She noted that in her experience as a MNsure navigator, MNsure's life event change processing has improved year over year but may still be problematic as the end of the open enrollment period nears. She posed the scenario of a consumer currently eligible for a qualified health plan without financial assistance, with a pending life event change. In this scenario, the consumer does not enroll during the open enrollment period, and when the life event change is processed after the open enrollment period, the individual becomes eligible for a qualified health plan with financial assistance. Leigh asked whether the delay in processing would entitle this consumer to a special enrollment period in order to enroll in health coverage. Christina Wessel, MNsure staff, replied that any individual that has qualified health plan eligibility is encouraged to enroll during the open enrollment period because that is their current health program eligibility. She added that considerations may be made for the consumer through the resolution review escalation process, and that agency delays can be considered through this and other escalation processes, but overall consumers are encouraged not to wait for life event changes to be processed before enrolling in health coverage. Leigh confirmed that her agency encourages consumers to enroll in qualified health plans as they are able and added that the agency tries to track their clients' enrollments and life events.

Legislative & Regulatory Update

Aaron Sinner, Board and Federal Relations Director

Aaron updated the committee on recent developments with insulin affordability. The Minnesota state legislature had looked at creating an insulin affordability program and whether MNsure could play a role in emergency or long-term access programs. Aaron added that MNsure had been present in some of these discussions, but no draft legislation was yet available. The regular legislature was scheduled to convene on February 11, 2020; therefore, a special session would be required if the governor and legislature decided to take action on an insulin affordability program for then.

Grace asked whether a decision has been reached regarding the use of consumer data in such a program. Aaron clarified that MNsure is legally prohibited from using federal hub data or MNsure application data in any context other than to determine Minnesota health insurance program eligibility. He stated that this has been brought to the attention of legislature, and they are aware that MNsure will need to work within these parameters if charged with implementing a new program.

Leigh asked MNsure staff whether they have released any updates to the public surrounding the federal public charge rule. Christina replied that MNsure had added FAQ information on three or four pages of its website. Aaron clarified that public charge is a recent rule that impacts immigration status for households that are in receipt of public programs, such as Medicaid. The rule was set to be implemented in October; however federal judges have issued injunctions preventing execution.

Leigh asked if MNsure staff had been hearing concerns about the rule from consumers, or whether households had closing their applications out of fear related to the new rule. Aaron stated that MNsure's Contact Center staff has been given talking points on the rule, but he had not heard of many calls on the topic.

Review New Topics as Suggested by the MNsure Board

Grace Aysta, Chair

Aaron Sinner, Board and Federal Relations Director

Grace informed the committee that the MNsure board routinely makes recommendations to the committees about topics that the committee may have unique perspective into, and the board would be receptive to. She also noted that the committee has prepared a PowerPoint presentation for the board that may cover some of the recommended topics, but due to the lack of quorum at the last committee meeting, the presentation has not yet been finalized or shared with the board. Through work from the current committee, Grace anticipates a presentation for the board in the next couple months.

Aaron presented [a list of possible topics](#) for the CSEAC suggested by MNsure board members.

Reinsurance and Individual Market Affordability

Aaron explained that in the last legislative session, the legislature renewed Minnesota's reinsurance program for an additional two years, ending in 2021. This program is an individual market subsidy to help carriers with expenses related to their most expensive enrollees, in turn keeping rates lower for the general population.

Denise added that concepts such as a tax credit could directly benefit the enrollees rather than financial assistance being granted to carriers and then trickling down to consumers. Olga Sheveleva suggested that the committee assess data regarding how the reinsurance funding is distributed.

Grace summarized that additional research will be needed for the committee to form proposals around this topic.

Plan Affordability Across the State

Aaron elaborated that Minnesota is divided into eight rating areas, where different insurance products are offered based on carrier expenses for the area. Southeast and South-central Minnesota have significantly higher cost providers, resulting in the most expensive health insurance rates.

Grace stated that Mayo networks in those regions drive the pricing up, and there are few competitors, but they tend to follow the pricing trends that Mayo sets. She continued that the residents are not driving the rates, and lower income families should not be forced to choose between location and health care.

Maddie Nelson contributed her experience, as she is from the Albert Lea area. Maddie stated that Mayo is a mammoth provider and there are very few competitors available, which could eliminate the potential for tiers to lower rates. Denise, who is from the Rochester area, added that Mayo is a non-profit agency, and they actively recruit patients with high medical needs both nationally and internationally. She explained that this drives up the cost for minor and routine healthcare for residents, as the destination procedures need subsidization. Denise recommended both that non-profits be reassessed from a government standpoint and that the state find new ways to subsidize the high-cost procedures that are driving rates in these areas.

Leigh suggested that the committee analyze State Health Access Data Assistance Center (SHADAC) statistics. Grace agreed that SHADAC research could be invaluable information and added that the committee look at ways that MNsure could incentivize discounts for routine care in these areas.

Maddie recommended that the committee conceptualize a MNsure tool that could compare cost and quality ratings. She continued that larger procedures, such as heart surgery, may direct a person toward the Mayo network, but that a specialized tool able to direct the average local consumer toward smaller providers for routine care could benefit the residents.

Olga asked whether there is more that can be done by the state to incentivize new providers to spread into these areas. Steve Narowitz mentioned that rural areas simply cannot compete

with urban areas to maintain doctors. Maddie agreed that Mayo carries a certain level of prestige in the Albert Lea community, making competition unlikely. Grace mentioned she read an article to the effect that many doctors move to larger cities to improve their quality of life and are unlikely to return to smaller communities.

Denise stated that Southeast Minnesota has a low uninsured rate, but the individual market has the greatest disparity. She suggested subsidizing other providers in those regions and offering "in state" rates for care in the Mayo network, similar to in-state tuition for colleges, so that residents aren't punished for ground-breaking medical treatments in their local facilities.

El'gin Avila requested more finite data so that he could conceptualize the disparity. Aaron replied that Southeast and South-central Minnesota have premium rates 20-30% higher than the state average of \$450 per person (without subsidies).

HSA & Preventive Care

Aaron informed the committee that all four health insurance carriers that offer products through MNsure have announced maximum caps on insulin copays for the 2020 coverage year. The federal government made a regulatory change in summer 2019 such that a greater number of services can be covered by insurance before an enrollee hits their insurance deductible. As activists and legislators have shined a spotlight on deaths in Minnesota caused by insulin rationing due to its cost, all four carriers participating in MNsure announced new limits on insulin copays for enrollees.

Grace asked what other services may fall under this regulation in the future. She mentioned that EpiPens, for allergic reactions, should be protected under similar measures.

Olga recommended that some sort of consumer survey be administered so that MNsure knows what other pharmaceuticals are MNsure consumer priorities.

Marketing in the Individual Market

Grace stated that MNsure is the only place for Minnesotans to get financial assistance for health coverage on the individual market. Olga recommended that health insurance carriers that offer products through the MNsure exchange add the MNsure logo to their advertisements. JP recommended that the committee research how other health exchanges address these issues, as there might be an alternative in use by another state.

QSEHRA/ICHRA

Aaron clarified that new regulations allow employers to give pre-tax dollars to their employees so that they can enroll in the individual market. He asked whether the committee would recommend any steps MNsure should take to promote this opportunity, or if it should shy away to the administrative complexity and the risk that employers would only send their highest cost employees into the individual market.

Olga stated that the pre-tax options benefit small employers when they contribute set costs to each employee, who in turn are more likely to have a lower income. Leigh noted that these contributions may hurt the employee more than help, as any contribution from the employer can

negate eligibility for tax credits through the exchange. She suggested that the committee monitor how other state exchanges address the issue.

Active Selector and “Copay-only” Plans

Aaron explained active selector is authority of MNsure’s to create additional requirements for offering through the exchange. The copay-only idea specifically relates to incentivizing a plan design that distributes high drug costs throughout the year, rather than confronting high-cost enrollees with extremely large medical bills early in the year. He stated that Colorado is the only state-based exchange currently participating in similar practice and added that Montana does something similar through state law, although they do not have a state-based health exchange. Aaron noted that if the board were to move forward with utilizing its active selector authority, it would likely want to implement a suite of ideas rather than moving forward with single regulation.

Maddie stated that a lot of MNsure’s goals are in line with the goals of carriers, so the committee should look at guidelines as a greater good rather than a restriction. She suggested that offering the carriers an opportunity to innovate along MNsure standards could be more fruitful than a purely regulatory approach. Olga agreed that the committee should recommend that the board find a way to incentivize participation with standards.

Review Draft PowerPoint of Recommendations to MNsure Board

CSEAC Members

Grace informed the members that she created [a draft PowerPoint](#) for the recommended topics and wanted to make sure that the goal for each topic aligns with committee suggestions.

Health Literacy

Grace shared the literacy goal, “to ensure that all Minnesotans, regardless of education level or language can understand and use their coverage.” Aaron mentioned that MNsure has devoted resources to increase health literacy through strategies like an improved shopping tool. Olga added that most consumers could benefit from working with an assister that understands the application and enrollment process. Grace mentioned that health literacy could be broken down better. The committee will address further in a future meeting.

Ombudsperson Office

Grace shared the goal, “to reduce the confusion and disconnect between the multiple offices that are involved in an individual’s insurance.” Olga recommended that brokers and navigators add experiences for the eventual discussion.

Life Event Changes

Grace shared the goal, “to allow MNsure to process life event changes more quickly and make the process smoother for consumers.” She continued that assisters may be familiar with the length of time required for MNsure operations to process life event changes for a consumer.

Grace noted that the Resolution Review Team (RRT) process seem to be aiding in some of these cases.

Short-term Insurance

Grace shared to goal, “to provide coverage to individuals seeking an appeal through MNsure.” She clarified that some type of short-term insurance provided during while awaiting an appeal resolution could put consumers’ minds at ease during a time of uncertainty. Grace again referenced the RRT, noting it alleviates the need for an appeal in some cases and lends a MNsure specialist to present options for consumers moving forward in difficult cases.

Discuss Location and Timings of Meetings, HIAC Joint Meeting

Grace Aysta, Chair

Grace stated that MNsure’s office was located downtown for many years and did not have free parking available. She continued that MNsure moved to a new location in St. Paul over the summer, with a free parking lot. Aaron added that in the past the committee preferred meeting in the Minneapolis metro area rather than St. Paul. Grace asked whether the new committee members had any preference at this time. No disputes were raised with the UCare meeting location, so Grace confirmed for the committee that future meetings would remain at the same location, and not move to the MNsure building.

Grace stated that the committee has met on the fourth Tuesday of each month to allow preparation time before board meetings. Aaron clarified for the committee that the board typically meets on the third Wednesday of the month. He noted that the next board meetings were on January 15, 2020, and March 11, 2020. Grace asked whether the committee members had preferences on meeting after the board does each month, and whether the members agreed that the March board meeting would be a good time for the committee to present recommendations to the board. No members raised issue, so Grace stated that each of these will be the committee’s plan. She added that CSEAC and HIAC intend to hold a joint meeting in February.

Public Comment

No public comment.

Adjourn

MOTION: JP moved to adjourn. Maddie seconded. All were in favor and the meeting adjourned at 4:44 p.m.