

MNsure Health Industry Advisory Committee (HIAC)

December 1, 2016

Agenda

1. Welcome & Introductions (Why Do You Serve on HIAC?)
2. Overview of HIAC Charter, Role and History / New Members
3. Public Comment
4. Approval of October 27, 2016 Joint Meeting Minutes
5. MNsure Board & Staff Update
6. Operational Feedback Loop
7. 2017 Congress and MN Legislative Session
8. Joint HIAC/CSEAC Health Literacy Recommendations
9. Priority Topics for HIAC 2017
10. Next Meeting, Topics, Speakers


Welcome and Introductions



"Maybe going around the table introducing ourselves wasn't such a good idea"

HIAC – Charter, Role & Purpose

- <https://www.mnsure.org/about-us/health-industry/index.jsp>



HEALTH INDUSTRY ADVISORY COMMITTEE CHARTER

Authority. The official designation of this advisory committee is the Health Industry Advisory Committee (the "Committee"). This article constitutes the charter for the Committee pursuant to the provisions of Minnesota Statute § 62V.04, subdivision 13(a). The Committee is established by the MnSure Board of Directors (the "Board").

Scope of Activities. The Committee will provide appropriate and relevant advice and counsel on MnSure's duties and operations and other related issues for the benefit of the Board.

Description of Duties. The Committee will have the following duties:

- The Board and staff of MnSure may seek advice from the Committee that contributes to its strategic decision-making. When the Board requests health-industry guidance on a question or issue, the Committee should analyze issues utilizing its members' experiences and technical expertise to facilitate discussion. It should then provide the Board with analysis and advice that reflects health-industry perspectives related to the question at hand.
- When directed by the Board, the Committee may be asked to provide recommendations on specific issues identified by the Board.
- At any time, the Committee may provide input to the Board on key policy and relevant operations decisions, both prospectively and retrospectively. When the Committee provides input that is not in response to a specific request from the Board, it should be as specific as possible, and should provide direction that is intended to ensure that MnSure is successful.
- The Committee may have such other duties and responsibilities as the Board assigns to it.


Composition. The Committee will consist of representatives of insurance producers, health plans, health care providers, and other experts in the healthcare industry.

Term Length and Limits. Committee members will be appointed to serve two-year terms with possible reappointment to a second term. Members may serve a maximum of two consecutive terms, for a maximum of four years of consecutive service.

BOARD CHAIR APPROVAL

Date 7/17/13 Signature *Brink Beach*

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MnSure Policy #04.1

POLICY ON ADVISORY COMMITTEES

ARTICLE 1

Advisory Committees Generally

Section 1.1 Purpose. The Board of Directors of MnSure (the "Board") will establish, define the responsibilities of, consult regularly with, and receive recommendations from advisory committees to assist the Board and MnSure in carrying out its purposes. Advisory committee members serve in an advisory capacity to the Board, and do not have a vote on Board matters.


Section 1.2 Statutorily-Required Advisory Committees. The Board is required to create advisory committees representing insurance producers, health care providers, the health care industry, consumers and other stakeholders (the "Required Stakeholders") pursuant to Minn. Stat. § 62V.04, subd. 13(a). Initially, the Board will establish two advisory committees, the Health Industry Advisory Committee and the Consumer and Small Employer Advisory Committee, to meet this obligation. The Board may dissolve, reconstitute and/or reorganize these advisory committees at any time, provided that it give 30 days' notice to the public if planning to reorganize a committee, and provided that it always maintains advisory committees that include the Required Stakeholders.

Section 1.3 Optional Advisory Committees. The Board may establish additional advisory committees under this Section to gather and provide information to the Board to facilitate the operation of MnSure as either ad hoc committees with a specified expiration date, or as standing committees that may be dissolved by the Board at its discretion.

Section 1.4 Appointment. The Board (or a subcommittee thereof) will appoint members of advisory committees following the application process described in this Section:

- The Board will appoint a liaison to each committee, who may be a Board member or a MnSure staff member. The Board will also appoint a committee chair, who need not be a Board member.
- Any advisory committee vacancies will be published on the MnSure website for a minimum of seven days before filling the vacancy. Each posting will include a list of qualifications for serving on a MnSure advisory committee.
- The Board will use a nomination process similar to that outlined in Minn. Stat. § 15.0597, subd. 5.
- The Board (or its designee) and the Chief Executive Officer (CEO) will review all applications received for a particular vacancy.

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MnSure Policy #16.1

MnSure Board Advisory Committees: Roles and Responsibilities

Introduction

The MnSure Board of Directors (the "Board") is statutorily required to create advisory committees per Minn. Stat. § 62V.04, subd. 13(a). Advisory committees are charged with providing input on stakeholder goals for the long-term future of MnSure.

Policy Statement

The MnSure Board advisory committees are tasked with providing input representative of the various stakeholder groups affected by MnSure so as to better align the long-term future of MnSure with the needs of the public. Advisory committee input to the Board should be concrete enough to provide clear direction while focusing on goals and outcomes, not methods. Advisory committee members have a responsibility to stay informed of issues affecting MnSure and its long-term future and to gather input from the various stakeholder groups which they represent in order to provide comprehensive, informed opinions as to what the future aims of MnSure should be. Board members have a responsibility to solicit advisory committee advice when appropriate and to consider input provided by the advisory committees in decision-making.

Background

Advisory committees are a creation of the Board as required by Minn. Stat. § 62V.04, subd. 13(a) for the purpose of advising the Board regarding the aims of MnSure. The committees exist to assist the Board and MnSure in carrying out its purposes by providing public input to guide MnSure's long-term future. The Board defines the responsibilities of, consults with, and receives recommendations from the advisory committees.

Representation

Per Minn. Stat. § 62V.04, subd. 13(a), the Board is required to establish and maintain advisory committees representing the following stakeholders:

- Insurance producers
- Health care providers
- Health care industry
- Consumers
- Other stakeholders

Per Board policy, the Board has the authority to dissolve, reconstitute, and/or reorganize the advisory committees given 30 days of public notice, so long as it always maintains advisory committees representing the above-listed statutorily-required stakeholders.

Per Board policy, advisory committee membership is also selected to represent geographic, racial, ethnic, and socioeconomic diversity.

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HIAC and MNsure Board

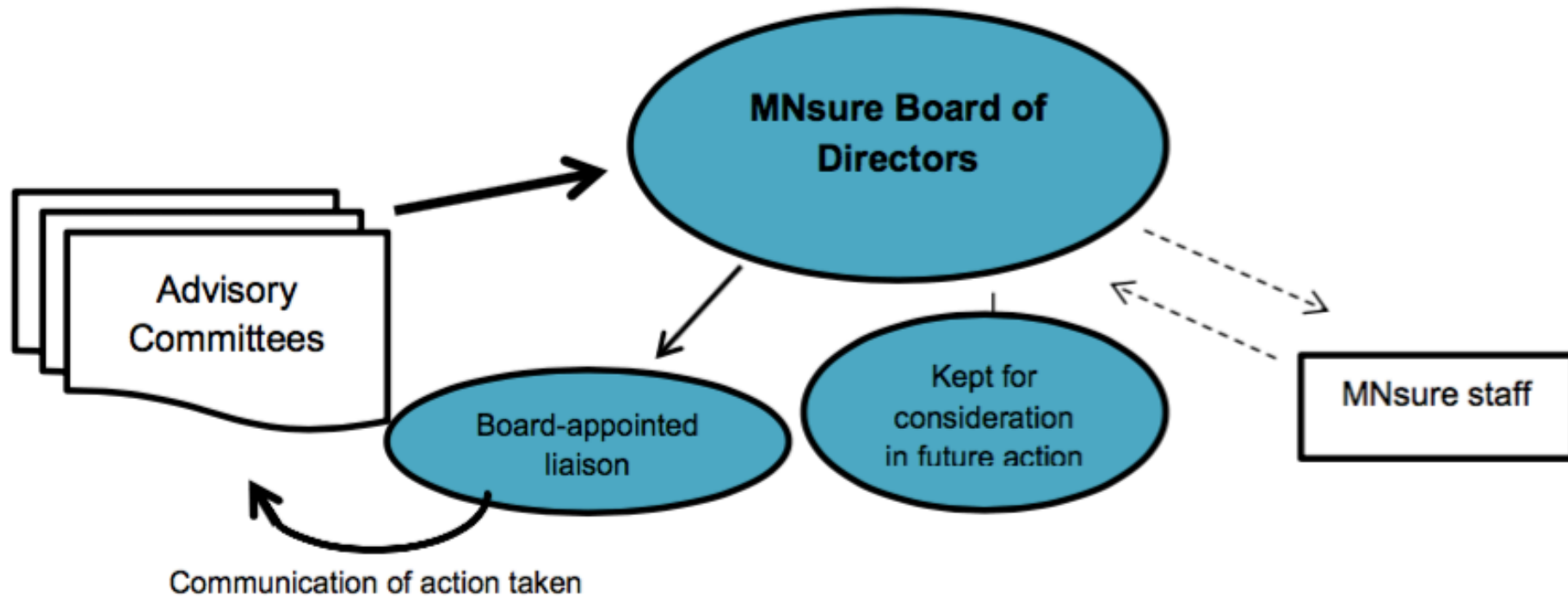
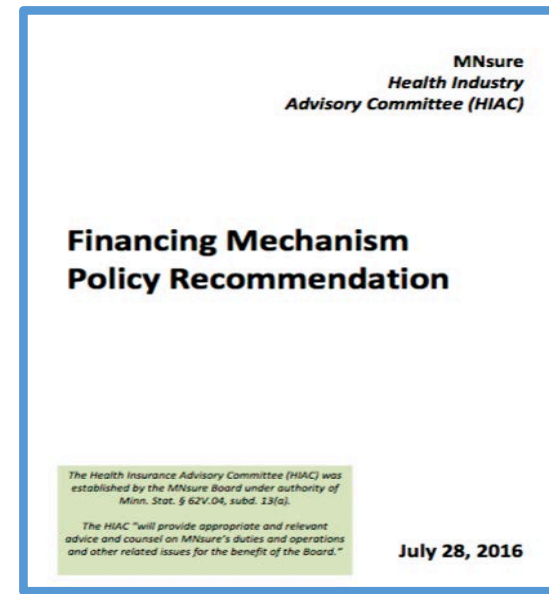
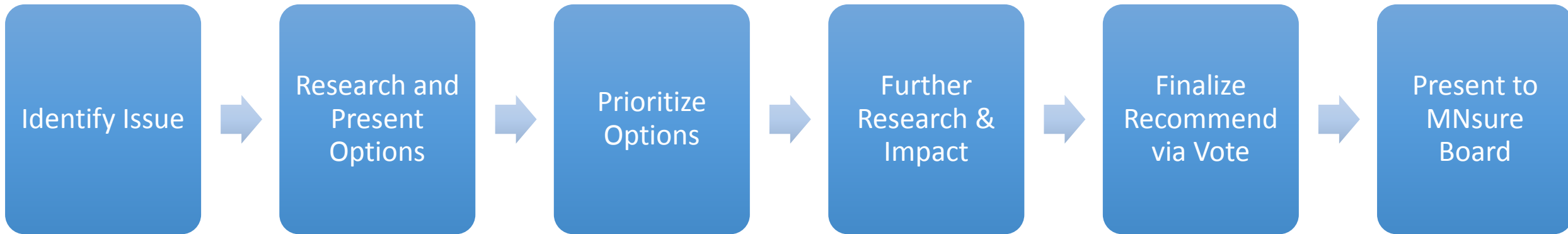


Chart 1: Pathways for Advisory Committee Recommendations

Recommendation Process



HIAC 2016
Recommendation took 5
meetings



Public Comment



Approval of October 27, 2016 Minutes



MNsure Board and Staff Update

- MNsure Leadership
 - Allison O'Toole, CEO
 - Peter Benner, Chair
 - Martha Eaves
 - Lauren Gilchrist, MN Governor's Office
 - Emily Johnson Piper, Commissioner MN DHS
 - Phil Norrgard, Director of Human Services, Fond du Lac Band
 - Edgardo Rodriguez
- Meeting materials located at: <https://www.mnsure.org/about-us/directors/board-meeting-materials.jsp>
- Key Staff for HIAC
 - Aaron Sinner, Board and Federal Relations Director
 - Marcus Schmit, Director of Legislative Relations & Community Partnerships
 - Debby Dill, Board and Federal Relations Coordinator

MNsire Board and Staff Update

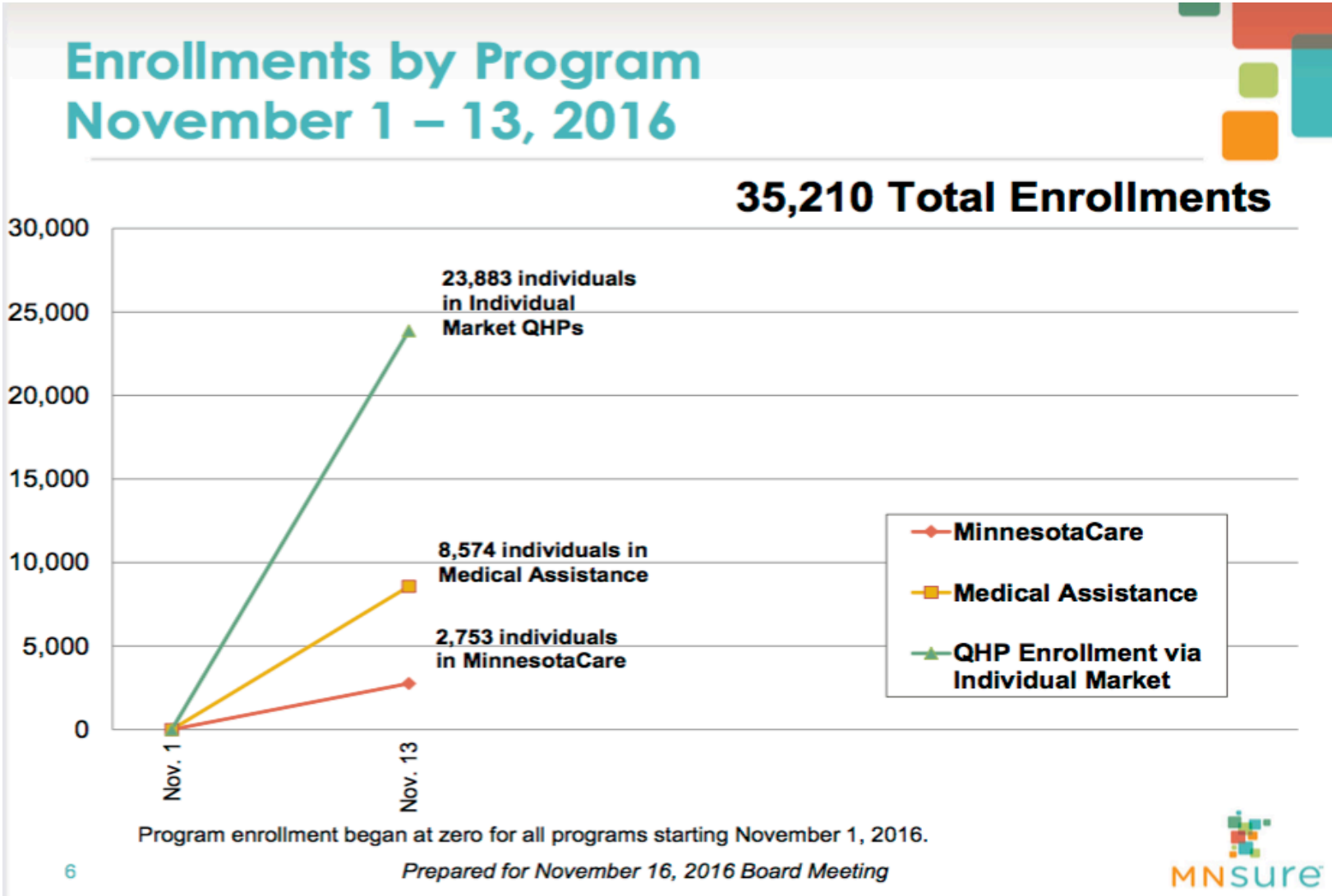
Enrollment Dashboard – 1 of 2



Cumulative Enrollment, Nov. 1 – 13, 2016	
Total Enrollments	35,210
Medical Assistance	8,574
MinnesotaCare	2,753
Qualified Health Plans	23,883
QHP active renewals	9,492
QHP new enrollees	14,391
Qualified Dental Plans	825

QHP Households Receiving Financial Help, Nov. 1 – 13, 2016	
Households with Advanced Premium Tax Credits	56.3%
Households with Cost Sharing Reductions	11.4%

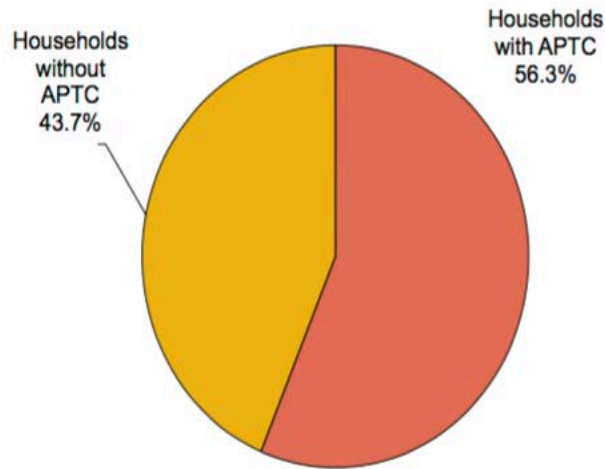
MNsure Board & Staff Update



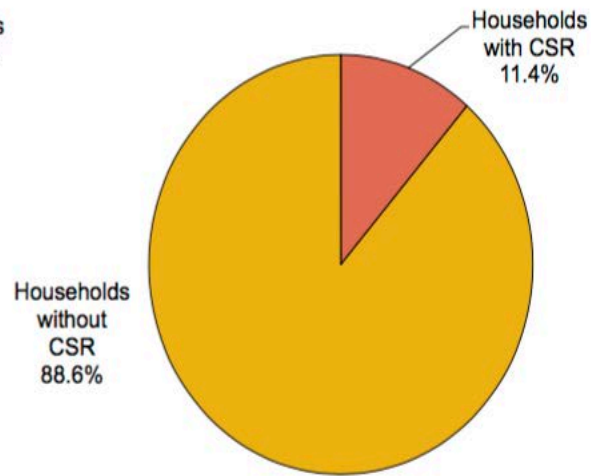
MNsure Board and Staff Update

QHP Households Receiving Financial Help November 1 – 13, 2016

Advanced Premium Tax Credit subsidies



Cost Sharing Reduction subsidies



Note: Based on cumulative QHP enrollment for Open Enrollment 2017. Subsidies will be applied to payments beginning January 2017.

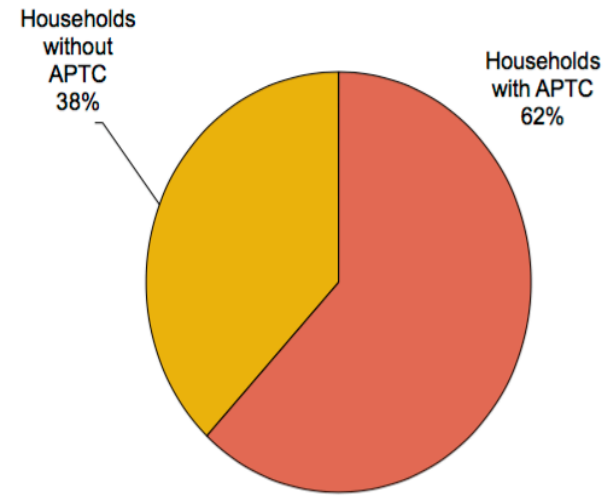
Data reflects all QHP enrollment except SHOP enrollment.

Prepared for November 16, 2016 Board Meeting

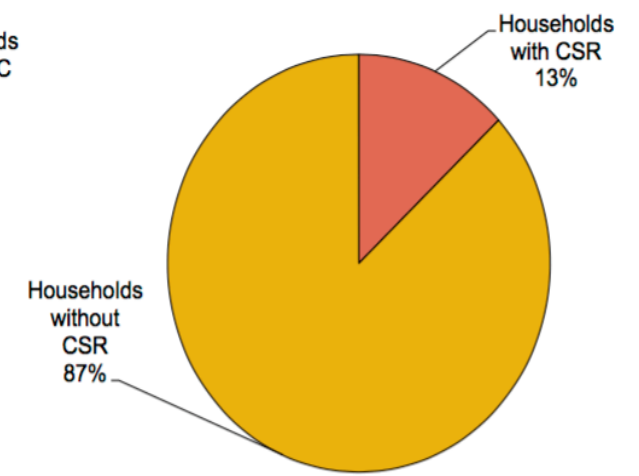


QHP Households Receiving Financial Help November 1, 2015 – April 17, 2016

Advanced Premium Tax Credit subsidies



Cost Sharing Reduction subsidies



Note: Data is based off of effectuated enrollment for March 2016.

Data reflects all QHP enrollment except SHOP enrollment.

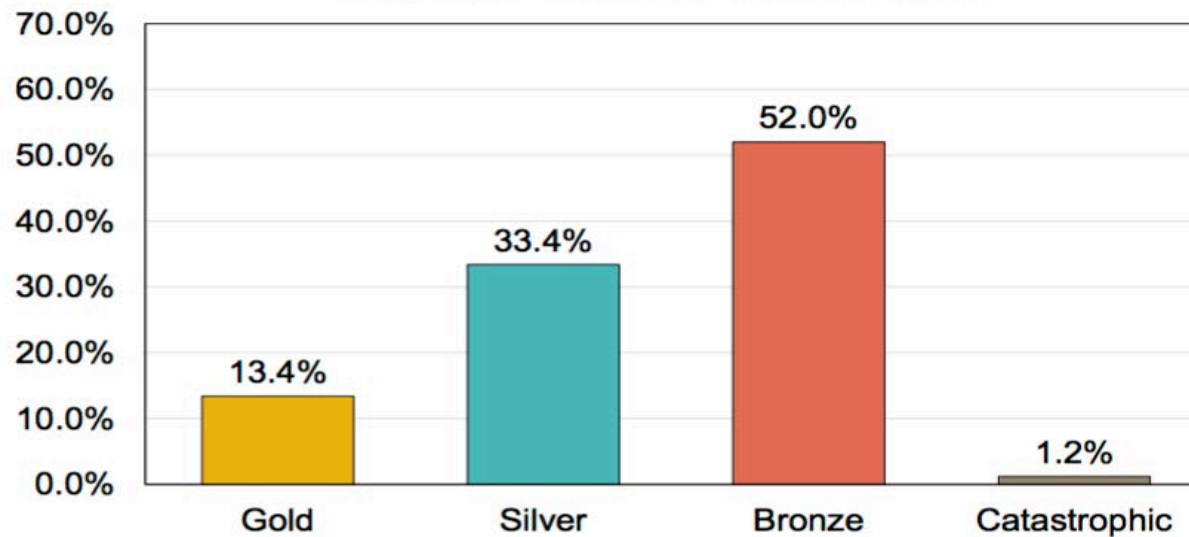
Prepared for April 20, 2016 Board Meeting



MNsure Board and Staff Update

Individual Market: Metal Levels November 1 – 13, 2016

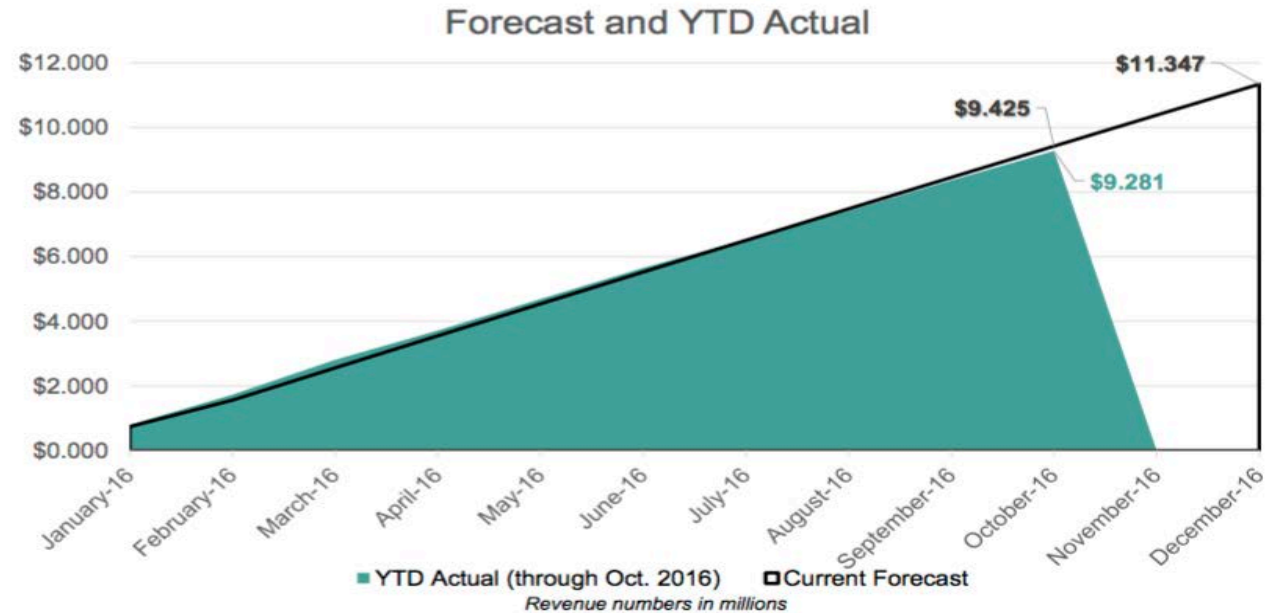
2016 QHP Metal Level Selection



Note: Data reflects all QHP enrollment except SHOP enrollment.

MNsire Board and Staff Update

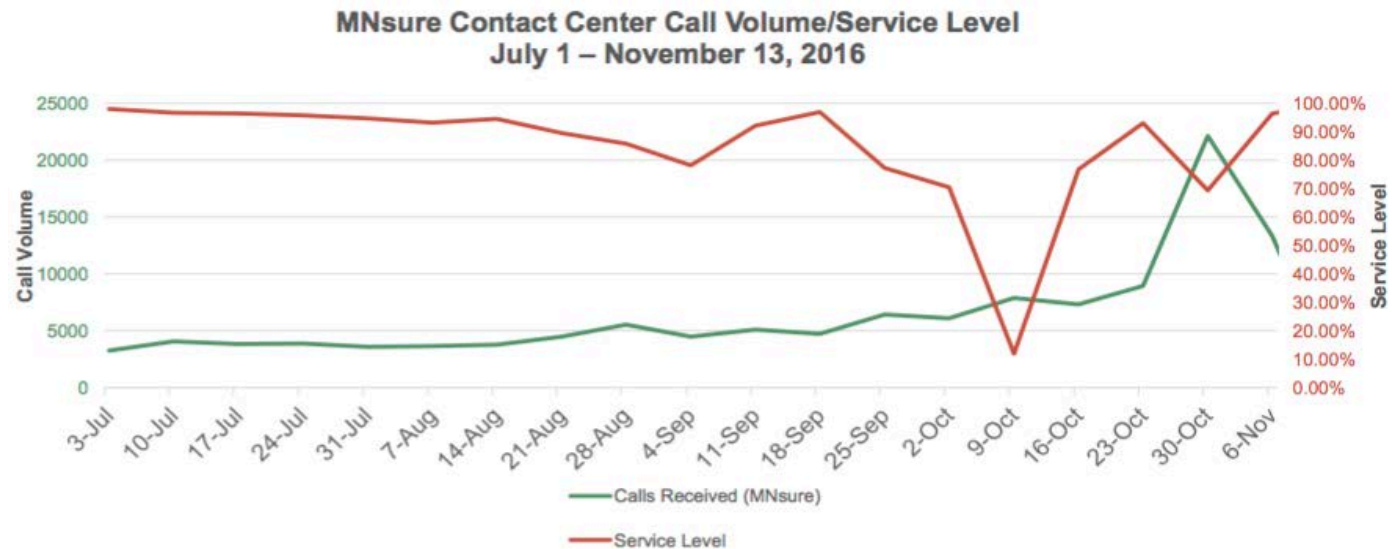
MNsire Premium Withhold Revenue Calendar Year 2016



Note: EY16 forecast is based on budget passed at July 20, 2016 MNsire Board meeting.

MNsire Board and Staff Update

Contact Center Call Volume and Service Level

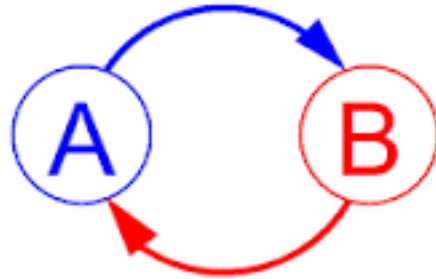


Service Level represents the percent of calls answered in 5 minutes or less.

Note: Call volumes represent weekly totals for week beginning with date.
Service Level represents weekly average for week beginning with date.

Operational Feedback Loop

- Review Purpose



Observations & Discussions on 2016 Election Impact on HIAC Efforts



 **MNSure**

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BOARD CHAIR APPROVAL

Date 7/17/13 Signature Ben K. Bauder

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Commerce Department Slides



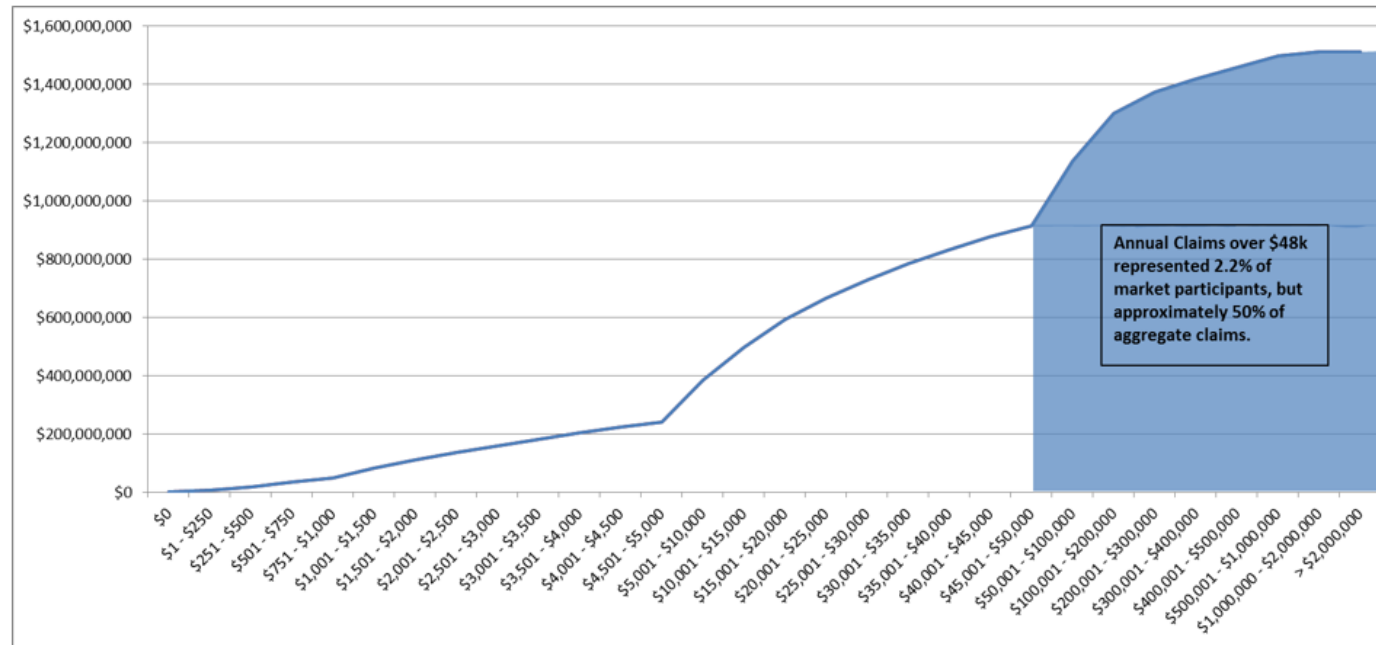
The Significance of High-Cost Cases

- Mainly new entrants since 2013
- 2.2% of the 2015 individual market caused about 50% of the claims
 - That is, those with annual claims over \$48,000
 - They averaged about \$100,000 per person per year
 - \$600M in aggregate

Commerce Department Slides



2015 Individual Market Claims Experience



Commerce Department Slides



Federal Risk Mitigation Programs (The 3 Rs)

- Reinsurance
 - 2014 – 2016 only
 - Graded down support
 - Insurers and self-insured TPAs financed this program
 - Carriers paid based on actual high cases
- Risk Corridor
 - 2014 – 2016 only
 - Carrier paid in, or paid out, based on deemed excessive profits/losses
 - Only 12.6% funded of originally promised support
- Risk Adjustment
 - The only permanent program
 - \$0 sum for Minnesota overall
 - Exchanges money between carriers based on health risk differences (age, gender, diagnosis, metal level)

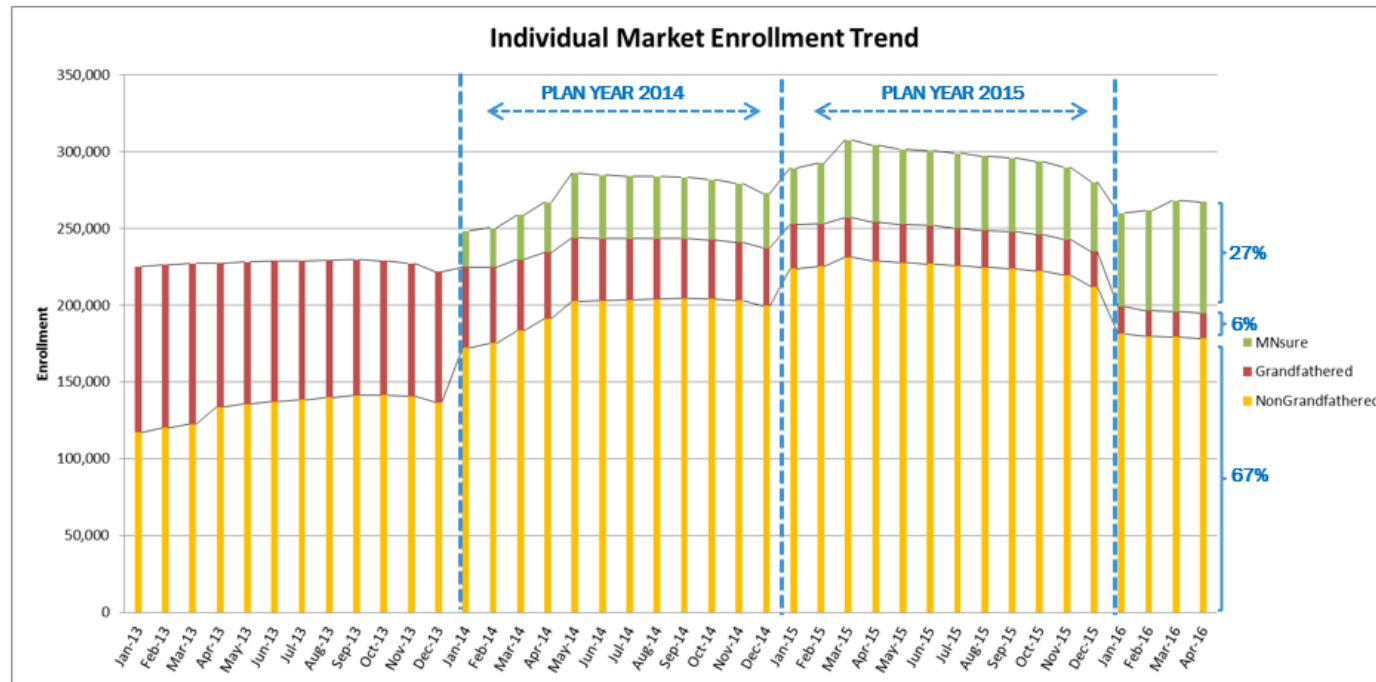
Commerce Department Slides



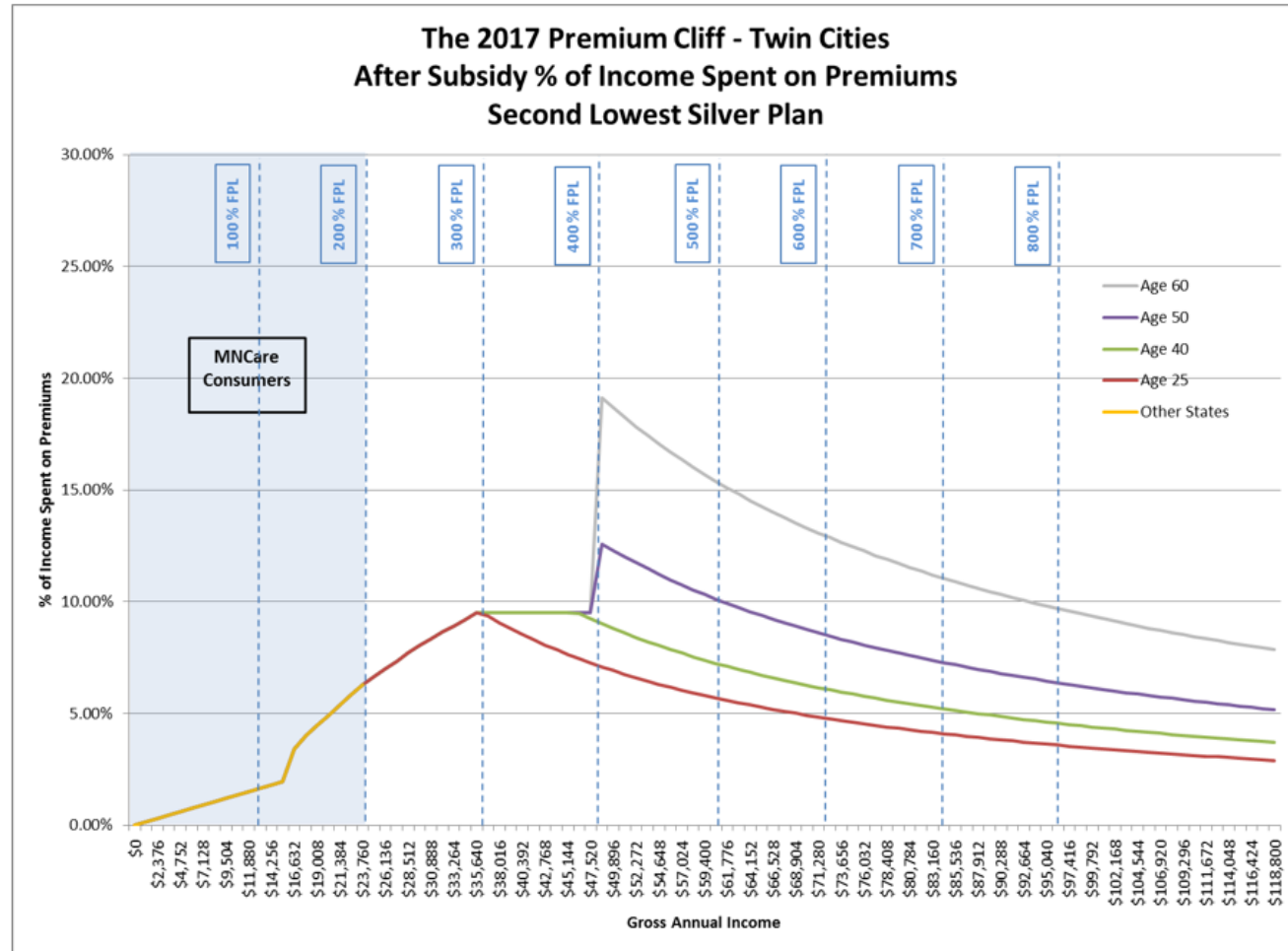
High-Cost Cases, Effect on Loss Ratios

- High-cost cases affected overall MN loss ratio of 118% across Minnesota's 2015 individual market
 - But 138% when the now-expired reinsurance program is taken into account
 - This reflects the magnitude of losses

Commerce Department Slides

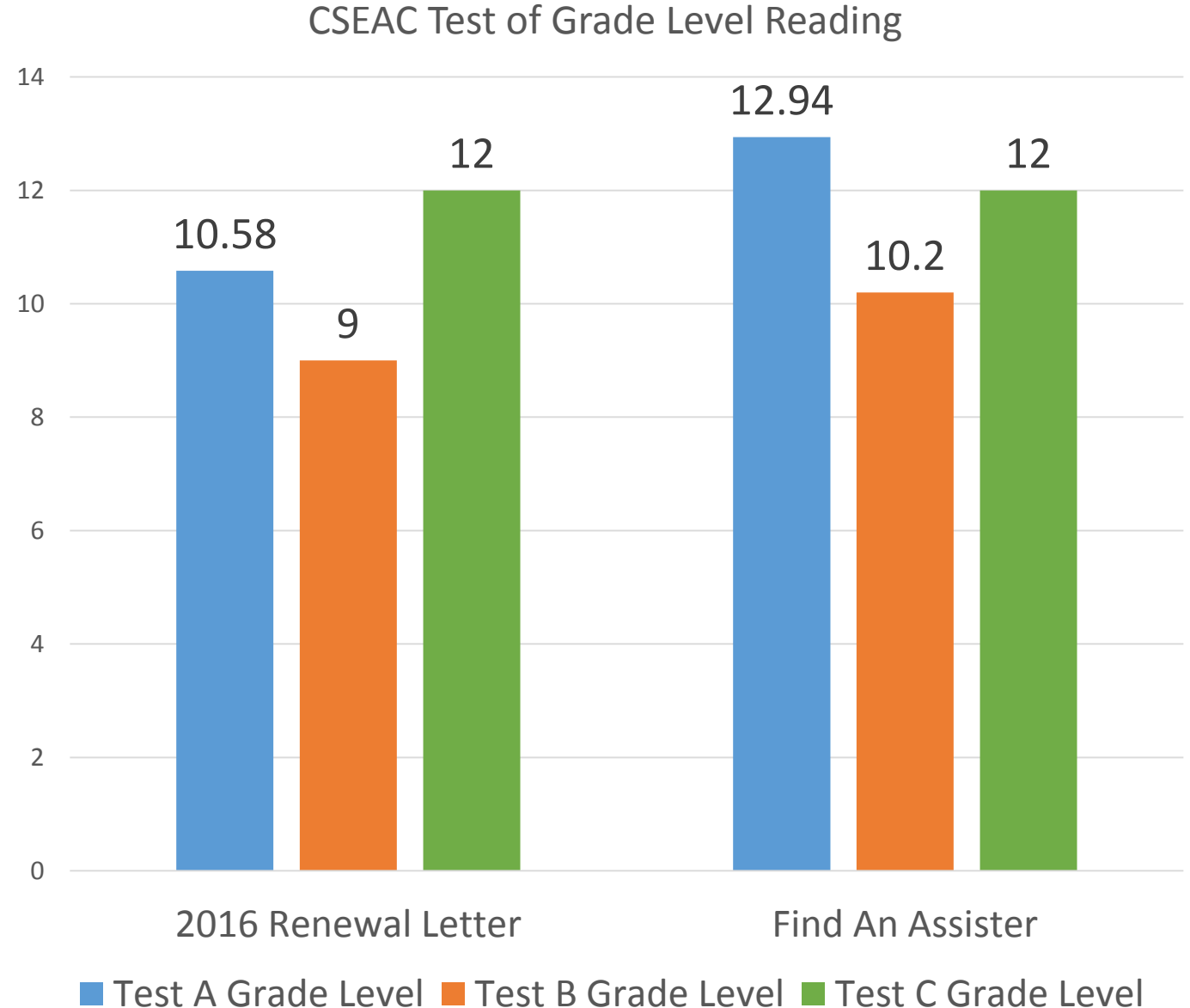


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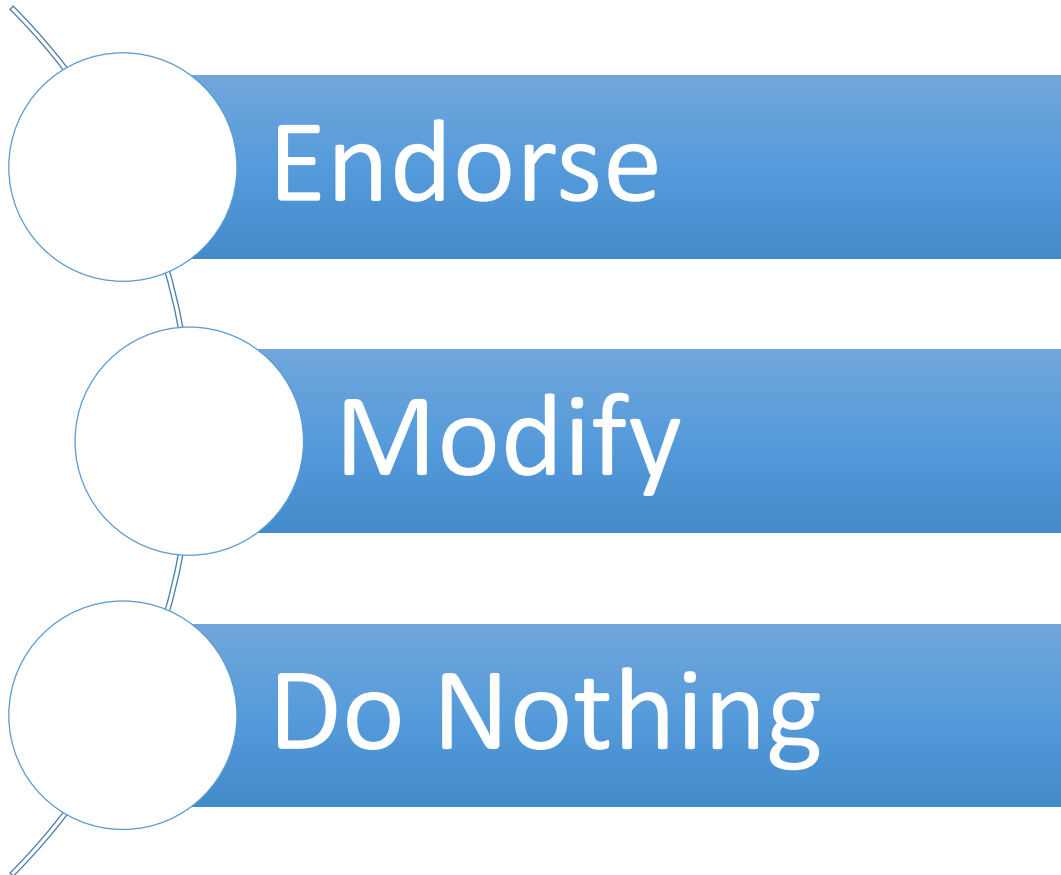


Literacy

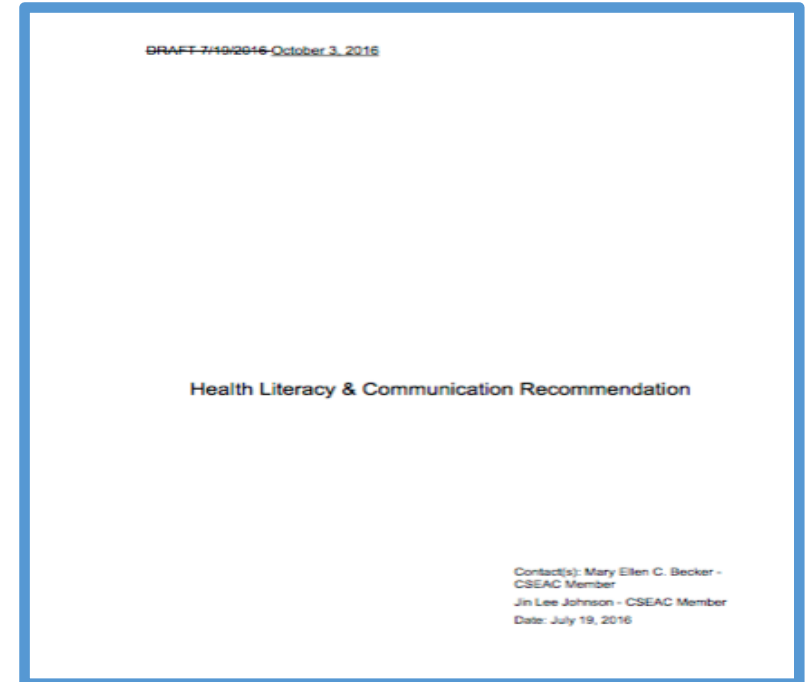
- MNsure Consumer & Small Employer Advisory Committee (CSEAC) developed recommendation – present to MNsure Board on Dec. 14, 2016
- Three recommendations
 - All of MNsure’s consumer communications need to be identified, inventoried, reviewed and updated to an 8th grade reading level
 - Simplify all written and web-based communications with the use of graphics and visual images
 - Participate in the MN Action Plan to Improve Health Literacy



Literacy – HIAC Action



- Health Literacy vs. Health Insurance Literacy?
- Different languages?
- Other



Matrix

Short Term,
Operational

Short Term, Policy

HIAC 2017

Long Term,
Operational

Long Term, Policy

Preliminary Topic Areas for HIAC

Time frame	Operational	Policy
Short Term (less than 18 months)	<ol style="list-style-type: none"> 1. Assistor portal enhancements. 2. Insurance carriers manage MNCare premium billing. 3. Solicit patient information to guide choices. 	<ol style="list-style-type: none"> 1. Expanding MNsure budget forecast further out and against scenarios (MNCare expansion, federal support) 2. MNsure assist consumer assessment of prescription drug costs 3. Evaluate “penalty payer” group 4. MNsure role in reducing personal bankruptcies 5. Lack of platinum plans on MNsure
Long Term (18 months – 3 years)	<ol style="list-style-type: none"> 1. Open enrollment period timing 2. MNsure used as a purchasing and consumer education tool (CMS Medicare) 	<ol style="list-style-type: none"> 1. Promoting consumer health literacy 2. MNsure financial sustainability. 3. Defining and measuring affordability (incl. by race/ethnicity) 4. Dental coverage and rates 5. MNsure’s public image 6. Promoting greater price transparency 7. Impact of “big data” on health care

Note: HIAC has not reviewed preliminary topics as a Committee. Review will occur 2/25/16

Speaker Topics

- Commerce Department Individual Market
- Remaining Uninsured
- Targeted Marketing Efforts

Upcoming Meetings

- January 19, 2017 – Joint CSEAC/HIAC Meeting
- February 23, 2017 – HIAC
- March 23, 2017 – Joint CSEAC/HIAC Meeting
- April 27, 2017 – HIAC
- May 18, 2017 – Joint CSEAC/HIAC Meeting
- June 29, 2017 – HIAC
- July 27, 2017 – Joint CSEAC/HIAC Meeting
- August 17, 2017 - HIAC