



Health Industry Advisory Committee Meeting Minutes

Thursday, September 29, 2016, 3 – 5 p.m.

UCare, 500 Stinson Boulevard NE, Minneapolis, MN 55413

Members in attendance: Ghita Worcester – Vice Chair, Kate Johansen (sitting in for Kenneth Bence), David Dziuk, Forrest Flint, Carl Floren, Matthew Flory (via phone), Christopher Johnson, Harlan Johnson, Andy McCoy, Chris Rofidal, Danny Ackert (sitting in for Jonathan Watson)

Members not in attendance: Kyle Bozentko, Heidi Mathson, Reuben Moore, Charles Sawyer

Staff in attendance: Aaron Sinner – Board and Federal Relations Director, Debby Dill – Board and Federal Relations Coordinator

Meeting Topics

Welcome & Introductions

Ghita Worcester, Vice Chair

Ghita Worcester, vice chair, called the meeting to order at 3:05 p.m. Members introduced themselves.

Public Comment

None.

Approval of July 28, 2016 HIAC Minutes

Ghita Worcester, Vice Chair

MOTION: Chris Rofidal moved to approve the draft [July 28 meeting minutes](#). Forrest Flint seconded. All were in favor and the minutes were approved.

Operational Feedback Loop & MNsure Staff/Board Update

Ghita Worcester, Vice Chair

Ghita asked Aaron Sinner to update the committee on the September 21 board meeting. Aaron stated that Lauren Gilchrist had been newly appointed as a MNsure board member. Aaron also said that in January, following the expiration of her term in the State Senate, Senator Kathy Sheran will join the MNsure board.

Aaron reported that at the board meeting, the board had directed staff to initiate the recruitment process for new advisory committee members. Aaron said that if any committee members knew anyone who was interested or could be interested, to please invite them to apply. He also noted that he had emailed committee members a recommitment form and asked that they fill them out in a timely fashion. These will be used so the board knows how many seats it needs to fill when appointing new advisory committee members.

Ghita asked if there was criteria for membership in each committee. Aaron said the board was most interested in applicants with some direct exposure to the community served by MNsure, whether they be navigators, brokers, carriers, advocacy groups or enrollees themselves.

Aaron reported that Jonathan Watson, chair of the HIAC, had presented a recommendation around the MNsure financing mechanism. The board had thanked Jonathan and the committee for the recommendation and asked that the committee continue to be engaged as the dialogue around MNsure financing continues. Aaron noted that board member Lauren Gilchrist had also asked Jonathan if the HIAC could discuss health insurance literacy and make a recommendation around MNsure's role with health insurance literacy and steps MNsure could take to improve health insurance literacy.

Aaron reported that at the board meeting, Allison had announced that the assister portal had launched earlier that week and was now accessible to all assisters who receive the proper training. The portal includes the same functionality as that which was piloted during the previous open enrollment period, though additional portal functionality will be included in the winter IT release.

Aaron also reported that at the board meeting, Allison had announced that MNsure had finalized contracts with nine grantee organizations for MNsure's micro-targeted Outreach and Education grants, along with finalizing agreements with 21 health insurance agencies as MNsure broker enrollment centers.

Aaron noted that Scott Peterson of MN.IT had presented at the board meeting and said that the summer release #2 had a two-week shift and was released on September 9. The fall release is now scheduled for an October 14 deployment.

Aaron noted that the final health insurance premium rates will be released on Friday for the individual and small group markets. Aaron said that based on preliminary rates, it will be even more important this year that consumers shop through MNsure to receive advanced premium tax credits.

Aaron reported that the request for information related to possible IT system components had been issued, and the submission deadline has been pushed back so MNsure staff could answer questions that were received. Aaron noted the results will likely go before the Minnesota Eligibility Technology System Executive Steering Committee to review and then decide if they should proceed with a request for proposal.

Ghita asked if with the final rates release announcement being made on Friday, MNsure was ramping up Contact Center staff for questions that they might receive. Aaron said he wasn't sure if there would be extra staffing for the day of the rates release itself, but that MNsure was

training additional Contact Center staff for open enrollment, including adding at least one newly added Contact Center class, in anticipation of a busy open enrollment period.

The committee requested a staff update at its October 27 meeting focused on open enrollment preparations, and particularly asked if MNSure COO Katie Burns could attend. Aaron said he would ask her, but that as it is quite close to open enrollment, it might be hard to fit the meeting into Katie's schedule.

Ghita suggested MNSure hold a call with advisory committee members about two weeks after rate release so committee members could report what they were hearing from Minnesotans about the finalized rates. Aaron said holding such a call could present complications with the Open Meeting Law, but that he would look into it and see if he could arrange a call or calls.

Dave Dziuk asked what MNSure was doing about all the consumers who are losing their coverage because of Blue Cross and Blue Shield (BCBS) pulling out of the individual market. Aaron replied that the Contact Center was staffing up more than originally anticipated, and the marketing team would have targeted messaging toward former BCBS enrollees. He noted that in focus groups, BCBS enrollees' awareness of MNSure was very similar to that shown by Minnesotans generally going into the first MNSure open enrollment period. He also noted MNSure is continuing to emphasize its work with navigators and brokers in an effort to reach these individuals, and that there has been an increase in the number of MNSure-certified brokers this year.

Committee members asked further questions about how MNSure will be messaging this open enrollment. Aaron reported that TV and radio ads will begin the day after the November election, and would emphasize the 100,000 Minnesotans eligible for tax credits who aren't receiving them, as well as the benefits of using an assister to enroll. Out-of-home placement ads at bus stops and similar will begin in late October, and MNSure will also be utilizing MNSure throughout open enrollment.

Prioritizing MNSure HIAC issues in 2017

Ghita Worcester, Vice Chair

Ghita asked committee members to look at the [matrix of preliminary topic areas](#) and asked if they felt this was the direction that HIAC should take, or if there were other topics to add to the list. Committee members suggested moving health insurance literacy to the short term policy list.

Committee members asked about the top inquiries MNSure's Contact Center receives. Aaron noted that the top three inquiries are included in the board metrics deck at each board meeting. Committee members suggested adding "eligibility and enrollment operational issues" to the short term operational list.

Ghita mentioned that some board members had expressed interest in having the HIAC explore individual market stabilization as a topic. She said it could be added to the short term policy list. Kate Johansen agreed that this could be a useful topic for the HIAC to discuss and make a recommendation around.

Dave explained why premium rates would be increasing. He noted that in the first open enrollment period for plan year 2014, Minnesota had the lowest rates in the country, and in subsequent years continued to stay near the bottom. He reported that the carriers lost \$350 million in the individual market in plan year 2015, and that even with the previous year's large premium increases, the carriers are still trying to catch up to individual market expenses. He also mentioned that federal provisions to provide carriers with subsidies did not pan out. Additionally, some of Minnesota's young, healthy population ended up on Medical Assistance or MinnesotaCare due to their income, while others decided it was cheaper to pay the penalty for forgoing insurance. Furthermore, Minnesotans who were previously enrolled in the Minnesota Comprehensive Health Association (MCHA) entered the individual market, and since they are the population with the highest costs, carriers have had to pay out quite a bit for their care. Finally, there is a lack of understanding among many Minnesotans as to the purpose of insurance—consumers are poor judges of risk and think about the care they plan to use rather than their need to be protected from major unanticipated medical events.

Presentation: “Awareness of MNsure Among Uninsured and Non-Group Enrollees and Non-Group Market Shifts”

Alisha Simon and Stefan Gildemeister, MN Department of Health, Health Economics Program.

Stefan Gildemeister and Alisha Simon [presented](#) an analysis from the 2015 Minnesota Health Access Survey related to the individual market and awareness of MNsure among uninsured Minnesotans and Minnesotans who purchase insurance in the individual market.

Dave asked if Alisha and Stefan had any insight into the causes of the geographical difference in uninsured rates around the state. Alisha noted the range is fairly tight, but noted rating area 7, which has the highest uninsured rate, also has a larger American Indian population, and American Indians in Minnesota have a higher rate of uninsurance than the general population.

Dave asked if there was data as to how many individuals in the individual market were employed, and what the breakdown looked like in terms of large group and small group. Stefan noted that overall, 80% of individual market purchasers are employed. However, he also mentioned that anecdotally, small business owners had mentioned seeing little benefit in offering health insurance coverage, as they are not subject to the mandate to offer coverage and while they would like to serve their employees in this way, there has often been more downside than upside as premiums increase and employers are criticized for offering coverage with escalating costs.

Alisha and Stefan noted they might reach out around January for suggestions from the HIAC as to any additional questions that could be considered for inclusion in the 2017 Minnesota Health Access Survey.

Next Steps

Ghita Worcester, Vice Chair

Ghita noted that the next HIAC meeting would be October 27, and hopefully Katie Burns would be able to attend. Additionally, the committee would know final rates at that time.

Chris Johnson announced he was stepping down from the HIAC, as he has been increasing his involvement with public health and the opioid crisis and can no longer devote sufficient time to the committee. He thanked HIAC members and wished them well. He said he would see if he knew of anyone who would be an asset to the HIAC and would be interested in serving, and would encourage them to apply.

The meeting adjourned at 4:55 p.m. with no objections.