

# Health Industry Advisory Committee Meeting Minutes

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**Thursday, February 22, 2018, 2:30 – 5:00 p.m.**

**UCare, 500 Stinson Boulevard NE, Minneapolis, MN 55413**

**Members in attendance:** Hillary Hume – Chair, Thomas Hoffman – Vice Chair, Matthew Aiken, Hodan Guled (via phone), Jenifer Ivanca, Daniel Miesle (via phone), Chris Rofidal, Joel Ulland, Nancy Yaklich (via phone), Bette Zerwas

**Members not in attendance:** Kyle Bozentko, Andy McCoy

**Staff in attendance:** Aaron Sinner – Board and Federal Relations Director, Morgan Winters – Plan Management and Reporting Director (via phone), Melinda Domzalski-Hansen – Manager of Health Plan and 1095 Data (via phone), Stephanie Grisell – Legal Analyst

## Meeting Topics

### Welcome & Introductions

*Hillary Hume, Chair*

Hillary Hume, chair, called the meeting to order at 2:32 p.m. She noted a quorum was present. She referred to the agenda found in the [meeting slide deck](#). Hillary and Tom Hoffman, vice chair, stated the meeting goals were to learn more about GetInsured's consumer decision support tools and to review sub-group assignments and next steps.

Members introduced themselves.

### Approval of January 25 Minutes

*Hillary Hume, Chair*

**MOTION:** Tom moved to approve the draft [January 25, 2018 meeting minutes](#). Chris Rofidal seconded. All were in favor and the minutes were approved.

### Public Comment / Operational Feedback Loop

*Hillary Hume, Chair*

No public comment.

## MNsure Board & Staff Update

*Aaron Sinner, Board and Federal Relations Director*

Aaron Sinner, MNsure staff, provided committee members with updates on 2018 open enrollment and the [Minnesota Department of Health \(MDH\) 2017 Health Access Survey](#).

Aaron began with a recap of the 2018 open enrollment period. He reviewed the MNsure Contact Center dashboard, noting that 99.53% of calls were answered in five minutes or less. Aaron also broke down the qualified health plan enrollees by age and gender, comparing enrollment numbers between the 2017 and 2018 open enrollments. Tom noted the average speed of answer, raising a concern about the average hold times he had heard about versus the number on the MNsure dashboard. Aaron noted the average speed of answer looked at the consumer line only.

Joel Ulland also pointed out the striking similarities in metal levels from 2017 to 2018, noting that consumers are settling into their metal level.

Aaron provided committee members with information about effectuated enrollments and average premiums pre- and post-tax credit from 2017, noting that 2018 numbers will be available in the next month or so. Joel noted the 10 percent drop from March 2017 to December 2017. Chris asked if there was any information as to why individuals drop off throughout the year. Aaron indicated that MNsure does not have detailed information.

Committee members discussed payment grace periods, with Aaron indicating individuals receiving tax credits have a 90-day grace period. Tom noted that consumers must pay the full bill in the 90 days for coverage to continue and emphasized this creates an opportunity to game the system.

Hodan Guled asked which metal levels are more susceptible to consumers dropping off. Aaron did not have that information but noted that individuals without tax credits are more likely to drop off than those with tax credits. Hodan also asked for a geographic breakdown for those consumers who are dropping off. Aaron noted that the Twin Cities and St. Cloud, Rating Region 8, include 59% of MNsure's QHP selections, with 62% of the state's population living in the Rating Region.

Aaron provided one final note on 2018 open enrollment. The National Academy for State Health Policy released a study showing that across the 34 states that use the federal marketplace, enrollment dipped by over 5%, while in state-based exchange states like Minnesota, enrollment was essentially level, up 0.09%. Aaron also noted the federal marketplace's marketing budget was cut by 90% going into 2018 open enrollment, which MNsure's marketing budget remained intact from 2017 to 2018.

Aaron moved on summarizing the 2017 Health Access Survey results. He noted the survey found that in 2017, the uninsured rate had risen to 6.3%, an increase from 4.3% in 2015. This increase was driven by declines in employer-sponsored coverage, which fell 3.0% to 52.9% of Minnesotans, and in the individual market, which declined 1.8% to 4.4% of Minnesotans.

As for the reasons why individuals lost coverage, 32.5% of respondents reported that they lost their job that had offered coverage or their job no longer provided insurance coverage. An additional 18.3% reported that they were no longer eligible for their insurance but didn't state why. Finally, 17.5% cited cost barriers.

Aaron also noted that 51% of uninsured Minnesotans would be eligible for Medical Assistance or MinnesotaCare. Respondents with incomes over 400% federal poverty line, which would mean they are not eligible for tax credits, have a lower-than-average uninsured rate. Aaron noted 22.7% of the uninsured would be eligible for tax credits, which is about 75,000 Minnesotans, and about 44,000 Minnesotans, or 12.5% of the uninsured, are not eligible for tax credits or public programs or employer-sponsored coverage.

Aaron indicated the uninsured rates are comparable but slightly higher in the Twin Cities vs. Greater Minnesota, at 6.4% and 6.1%, respectively. Aaron also noted the highest predictor of being uninsured was Minnesotans not born in the United States, about 18% of whom are uninsured. He also noted the uninsured are more likely to report fair or poor health at 21.6% of the uninsured compared to 12.7% of the general population.

Committee members discussed the results. Chris asked about health insurance eligibility and immigration status. Aaron informed the committee that if an individual is undocumented, the consumer is ineligible for financial assistance. They can purchase insurance at full cost as MNsure. Furthermore, Deferred Action on Childhood Arrivals (DACA) recipients are eligible for MinnesotaCare. Hodan noted that many consumers are still confused about MNsure and the process, especially related to tax credits. Matt Aiken noted that consumers are also confused about how to report income. Committee members emphasized educating the general population about the MNsure process.

## **GetInsured Demo/Presentation via WebEx and Q&A**

*Morgan Winters, Plan Management and Reporting Director*

*Melinda Domzalski-Hansen, Plan Enrollment and 1095 Data Manager*

Morgan Winters, MNsure staff, presented to the committee a demonstration of GetInsured's consumer decision support tool as implemented for AccessHealth Connecticut. He noted the GetInsured project entails multiple system components, but the presentation would focus on this tool alone, which was scheduled to be implemented for MNsure on July 1, 2018. Morgan indicated there was no MNsure-specific tool built at the time, so he would be illustrating a tool from Connecticut, which will be similar to MNsure's final tool.

Tom asked where the tool will live on the MNsure site. Morgan indicated the tool will be available directly on the MNsure.org website but much of the functionality will be a part of the registered shopping tool within a consumer's account, while they are completing enrollment. Morgan explained that the consumer decision support tool would be different from the shopping and enrollment tool at the time of launch, but in the fall of 2019, the tools would be integrated into a single experience for a more seamless process.

Morgan demonstrated the information the tool gathers, related to location, ages of applicants, household income, expected medical service usage, expected prescription drug usage, doctors the applicant would like in-network, and prescription drugs the applicant would like covered. The tool then ranks the plans by their total annual expected costs, highlighting characteristics the applicant indicated were important and other high-level plan details.

Jenifer Ivanca asked if the tool eliminates plans based on the applicant's inputs. Morgan noted the tool does not eliminate plans and MNSure will still rely on brokers to assist consumers in selecting the best plan. Dan Miesle asked about including questions about chronic conditions and Morgan indicated the consumer could indicate they have high medical service costs, but the tool does not explicitly call out chronic conditions. Chris suggested adding questions as to whether a consumer preferred generic or brand-name prescriptions, to which Morgan noted prescriptions, both generic and brand-name, can be added in the drug formulary.

Melinda Domzalski-Hansen, MNSure staff, presented on the display of plan information. Melinda noted the GetInsured tool illustrates the overall cost of a plan after tax credits. She also noted when the tool will be integrated into applicants' accounts, the plan will show the cost-sharing reduction (CSR) information. Applicants have many options when it comes to filtering and sorting the plans. Melinda also illustrated the hover aspect, where an applicant can hover over a word and receive a definition.

Next, Melinda reviewed the plan details page, which provides the summary of benefits and will provide the applicant with comprehensive information when comparing plans. Melinda and Morgan emphasized the tool is customizable and they are working with GetInsured to make the tool relevant to Minnesota-based consumers.

Hodan suggested a hover definition for CSR, noting that the CSR is by far the most confusing element of health plans. Tom emphasized understanding the goal of the tool and would prefer to see the tool eliminate plans based on demographic data and healthcare need questions. He noted these tools are always helpful but he found that consumers are usually confused by the volume of data. Nancy Yaklich added in her experience in healthcare marketing, she found consumers have a very low healthcare literacy. She noted a consumer may be eligible for CSR, likely has no idea how it applies to their healthcare costs. Matt shared his experience that when speaking to consumers the more simple the message, the better. Tom asked for clarification on Matt's point; Matt noted that when he meets with a consumer, typically he is asking all the healthcare needs-based questions as the consumers are not likely to think how those needs play into their potential health plan.

Dan noted he would like to see additional information about mental health benefits. Melinda and Morgan noted the summary of benefits will be the most specific about which plans have coverage for mental health concerns.

Matt asked when the plan management team will be taking feedback on which elements should be included. Morgan noted the conversation is ongoing but the team is already working with GetInsured to flesh out specifications. Matt asked if MNSure is going to do a feedback loop with consumers. Morgan noted that GetInsured has done a lot of market testing, particularly because their products are in other state-based exchanges. Morgan also added the GetInsured product

need not be final when it goes live July 1, 2018 as MNSure will be able to make changes to the product following feedback. Chris asked for clarification of the July 1, 2018 date and the 2020 date. Morgan noted the July 1, 2018 is only for the tool to be active on the MNSure.org site directly while the 2020 date—or fall of 2019—is when the tool will be integrated into the consumer shopping experience.

Jenifer noted concerns regarding vanity language and how there are no direct links to the carrier's websites for information about provider networks. Morgan acknowledged Minnesota hoped to change some of the vanity language, especially the language about drug tiers. Joel seconded the concerns about not linking directly to the carrier's websites. He noted there have been issues in the past about another entity need to maintain up-to-date network information.

Hillary noted the committee might like to see a prototype of the MNSure-specific tool. Morgan indicated he would be happy to offer another presentation once MNSure has a Minnesota-specific product.

## **Political Landscape Discussion**

*Joel Ulland, HIAC Committee Member*

Joel provided the committee members with an update on the political landscape. Joel noted the state legislative session began on February 20 and will be ending in May. He also noted that so far, the state legislature did not appear to be focusing on the individual market.

On the federal level, Joel indicated Congress passed another continuing resolution in regard to budget negotiations, which moved the budget negotiation deadline to March 23. Joel also added Congress completed another six-year extension of the Children's Health Insurance Program (CHIP), which meant CHIP would be funded for a full 10 years. Joel also noted there was a proposed rule from CMS surrounding short-term limited duration plans, and potentially extending such plans from 90 days to 364 days. This proposed rule was currently in a public comment period.

## **Broker Industry Overview – Committee Members Perspective**

*Matthew Aiken and Jenifer Ivanca, HIAC Committee Members*

Jenifer and Matt presented the committee members with an overview of the broker industry and the functions of a broker within MNSure.

Matt began by defining the elements of a broker's role. Jenifer walked the committee members through the process of becoming a broker enrollment center (BEC) and how broker referrals are designated by numbers, with Matt's firm belonging in number 11, the Twin Cities area and Jenifer is number three, in northeast Minnesota. Matt added that although brokers are designated to a number, which are used for assigning referrals geographically, brokers work throughout the state. Chris asked if there is a shortage of brokers in a specific area or a cap at a number of brokers in an area. Aaron noted there is no limit on the number of brokers in an area; however, the selection of BECs is balanced across the state to attempt to reach more

Minnesotans and to avoid geographic cannibalization of business. Hodan raised a concern about the lack of diversity in brokers' backgrounds and brokers' abilities to speak the languages of consumers.

Matt walked the committee through the process of open enrollment, illustrating examples of issue areas that may arise. Matt noted that for brokers, the process of 2018 enrollment may begin in late summer of 2018. For 2018 open enrollment, Matt found issues with life event changes, federal tax information (FTI) issues, backdating tax credits, and the overall renewal process. Matt reviewed the issues with life event changes, where a consumer's income may dramatically drop from year to year and then may potentially become eligible for tax credits. If the change is not completed by January 1, then an appeal must be filed to backdate tax credits.

Matt noted brokers assist with getting pertinent information about consumers' accounts and can review a consumers' accounts, but this must be done via phone with the MNSure Contact Center. He also explained that brokers assist with enrolling consumers, discussing plan options, and emailing consumers with all relevant information after plan selection has occurred. Jenifer added that brokers assist with changes to households for consumers with tax credits, MinnesotaCare, and Medical Assistance.

Matt also pointed out the agent of record (AOR) confirmation issues, noting the AOR is how a broker is paid based off an enrollment. Matt noted that MNSure sends a consumer's enrollment first and then sends over AOR confirmations. Matt appreciated the consumer-first mentality, but noted it does not allow brokers to reach out to carriers to discuss a consumer's case. Only after an AOR has been added to an enrollment will a broker be able to discuss a consumer's case with the carrier. Tom asked if brokers are paid on a capitated basis and Matt clarified brokers are paid a commission for each month a consumer's coverage remained effectuated. He indicated that if a consumer has used a broker, the monthly premium includes a small fee and sometimes brokers can see that a household's premiums are lapsing before that information gets to MNSure, and thus brokers can assist with encouraging consumers to pay their premiums.

Jenifer noted that brokers also conduct telephone-based appointments for consumers who do not have access to a computer. Matt explained the process of passively renewing a consumer's plan from year to year. Typically, the tax credit will also be updated, but this may not be the case if the consumer did not allow MNSure to review the consumer's federal tax information.

Chris asked if consumers could potentially complete the process themselves and not have to pay a commission fee. Matt clarified that the commission fee is built into every plan, which is why BECs provide their services for free. Matt noted that BECs also assist consumers who become eligible for public programs, for whom brokers are not paid. Jenifer added the beginning of MNSure was focused on education and explaining the MNSure process, but now consumers have become more focused on relying on brokers to select plans.

Jenifer walked through the process of a new enrollee or "new business" and follow-ups associated with an account. Jenifer explained the process of life event changes where BECs sometimes invite navigators to help complete the life event changes.

Jenifer noted she had been doing behavioral health growth in her agency. Jenifer sees many plans developing programs associated with coping skills. When Jenifer speaks to a consumer, she speaks to the consumer on an equal level and treats them as a normal human. It takes the relationship a step further. Brokers' focus remains on how to build business around the individual market and how to serve clients better.

## **Review Survey Results/Sub-Group Assignments/Next Steps**

*Thomas Hoffman, Co-Chair*

Tom indicated the committee members' first choices for work groups created unbalanced groups but that with first and second choices, Tom had been able to even the groups. Tom reiterated the goal of the work groups: to develop a recommendation to present to the MNsure Board about their specific topic. He also noted two administrative items: if a member is displeased with their group placement or if there is a member of a group that would like to lead the group, reach out to Tom.

Chris asked if there would be time carved out during meetings to meet with work groups. Hillary and Tom indicated they were open to adding work group time to the agenda. Joel requested some guidance from Tom about the "rules of the road" for each work group, such as a mission statement and overall timeline. Matt suggested opening the next meeting by discussing the goals of each group and then breaking off into work groups. Tom volunteered to propose guidance language for each work group and said he would come to the next meeting with that language.

## **Wrap-Up/Adjourn**

*Hillary Hume, Chair*

Aaron clarified that the next HIAC meeting is scheduled for March 22, 2018.

**MOTION:** Tom moved to adjourn. Jenifer seconded. All were in favor and the meeting adjourned at 4:45 p.m.