



Health Industry Advisory Committee Meeting Minutes

Thursday, January 24, 2019, 2:30 – 5 p.m.

UCare, 500 Stinson Boulevard NE, Minneapolis, MN 55413

Members in attendance: Joel Ulland – Chair, Thomas Hoffman – Vice Chair, Matthew Aiken, Carl Floren, Hodan Guled, Hillary Hume, Jenifer Ivanca (via phone), Maria Lima-Leite, and Daniel Miesle

Members not in attendance: Danielle Paciulli and Nancy Yaklich

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

Meeting Topics

Welcome & Introductions

Joel Ulland, Chair

Joel Ulland, chair, called the meeting to order at 2:32 p.m. Members introduced themselves.

Review November 29 Meeting Minutes

Joel Ulland, Chair

MOTION: Dan Miesle moved to approve the draft November 29 meeting minutes. Tom Hoffman seconded. All were in favor and the minutes were approved.

Public Comment / Operational Feedback

Joel Ulland, Chair

No public comment.

MNSure Board and Staff Update

Aaron Sinner, MNSure Board and Federal Relations Director

Aaron Sinner, MNSure staff, shared open enrollment closeout information with the committee. MNSure's qualified health plan sign-ups peaked at a record high of 123,731, a higher portion of which was comprised of renewals compared to 2018. Assistants certified through MNSure at a similar, but slightly higher volume from last year. Aaron reported that on most days, call wait times averaged 90 seconds or less, and topped out at around 6-7 minutes on non-deadline

days. Calls abandoned while in queue were around 5% across the open enrollment period; indicating very few Minnesotans were unable to wait to speak to a MNsure representative. Aaron also informed the committee that 77,000 of MNsure's 2018 1095-A forms were mailed the week prior, with the remaining 4,000 prepared for distribution the following week.

Christina Wessel, MNsure staff, noted that the 2019 open enrollment period has seen call volume that was down even as enrollment numbers continued to climb, so the environment of the marketplace is changing.

The committee discussed their involvement with this open enrollment period. Hodan Guled shared that there is a noticeable difference between public programs and qualified health plan enrollment processes. She said that the MNsure enrollment process was smooth for consumers this year, despite hiccups on the MinnesotaCare front. Joel observed that at a carrier level it can be difficult to analyze enrollment trends until the last week of each month because there are so many factors that can change a consumer's health care eligibility between public program and qualified health plan throughout the year. Hillary Hume echoed this sentiment, speculating that the eligibility renewals processed in November and December will be likely to impact individual market enrollments in February.

Aaron noted that MNsure learns each month from carriers whether consumers remained active in their coverage in the previous month, so enrollment numbers will likely settle in March as to the actual number of effectuated enrollees. He informed the committee that in 2018, 123,000 consumers enrolled in coverage through MNsure, and 103,000 had effectuated their coverage in February. Because a larger percentage of enrollments into 2019 were renewed plans and since 2019 rates are lower than 2018 rates, Aaron noted that MNsure is optimistic the effectuation percentage might be slightly higher in 2019.

Aaron also shared that 2019 was the first year that MNsure has seen a decrease in the number of bronze metal level plans being purchased. Bronze metal level plans have been the most popular among Minnesotans, gradually increasing in popularity and reaching an all-time high of 55-56% of the plans purchased through MNsure in 2018. Likely due to decreases in health premiums for 2019 coverage, consumers have been opting to purchase more silver and gold metal level plans, dropping bronze down to 52% of the plans purchased through MNsure in the open enrollment period.

Political Landscape

Joel Ulland, Chair

Joel shared that in September 2018, the U.S. Department of Health and Human Services had their budget funded for the 2019 fiscal year, which has minimized the impact that health care has seen from the federal government shutdown.

Joel reported the new Congress took office at the beginning of January and will begin hearings next week. There is no indication that the 116th U.S. Congress will pursue any "Repeal and Replace" reforms to the Affordable Care Act; however, there are likely to be proposals to clarify or make more efficient the existing act. Joel suggested that Congress will likely take interest in

bills offering ways to lower drug prices. Additionally, Joel predicted that the Senate HELP Committee (Health, Education, Labor, and Pensions) will begin hearings on legislative proposals in the next month or two.

Maria Lima-Leite informed the committee that hospitals are required to publicly post their chargemasters effective January 1, 2019.

Joel reported that at the state level, the Minnesota legislature began meeting on January 7. They will need to reach a decision on Minnesota's reinsurance program, which is funded for two years and is set to end with the 2019 calendar year. If Minnesota intends to continue the program, legislation will need to pass in the early part of the legislative session. Joel noted that one challenge with the reinsurance program is that it is funded through the Health Care Access Fund, the funding source of a variety of health care initiatives, and the provider tax is a major funding source for that fund but is set to sunset this year. The issues are not related, but lend complications to legislation based on their relation to the Health Care Access Fund's revenue and spending.

2019 Recommendation Priorities

Joel Ulland, Chair

Joel suggested that the committee prepare for upcoming meetings by researching recommended priorities in advance in order to maximize informed discussions.

Public Good and MNSure's Mission

Committee members noted their previous research regarding how other state exchanges educate and reach their consumers. Committee members suggested exploring how MNSure can truly become a one-stop shopping experience through updates to the website that could educate or redirect consumers to the correct sources. Members of the committee will research Massachusetts and Connecticut health exchanges in order to get ideas about how hyperlinks and videos can increase consumers' experience. Dan cautioned that many consumers will miss out on this access due to inability or lack of desire to use MNSure's website. Other committee members agreed and suggested that more research should be done on how to reach the variety of consumers. Jenifer Ivanca recommended that MNSure's vast network of assisters could improve outreach if they were provided better tools. She suggested incorporating five categories to ensure that the committee thoroughly analyzes MNSure's responsibilities for behavioral health:

- 1) The consumer calls their insurance company's behavioral health telephone number
- 2) The consumer contacts someone for individual therapy
- 3) The consumer contacts someone for group therapy
- 4) Video technologies
- 5) Repeats

Matt Aiken suggested that MNSure promote more networking events to answer consumer questions and help consumers apply and enroll.

Joel noted these topics could be explored in depth at the HIAC's March 28 meeting.

Improving the MinnesotaCare-to-QHP Affordability "Cliff" Experience through Communication

Committee members discussed some of the challenges that consumers face when transitioning between Medical Assistance, MinnesotaCare and qualified health plan coverage. Joel suggested committee members research attainable goals to lessen the shock consumers face when moving between programs as well as suggest ideas to update renewal practices. Joel and Tom noted a MinnesotaCare buy-in program could impact the individual market moving forward, but without a passed bill, there are a lot of unknown variables. Matt asserted that differences in benefits between the health care programs are as big a piece of the "cliff" as the financial component is.

Joel noted this research could be prepared for a discussion at the HIAC's April 25 meeting.

Underserved Populations

The committee observed that "underserved populations" is a broad generalization for many varied groups of Minnesotans. Aaron offered to share findings of the Health Access Survey, completed by the State Health Access Data Assistance Center, regarding Minnesota's uninsured population and the disparate rates of uninsurance across different demographic groups.

Hillary recommended that MNsure spread out its marketing spending throughout the year so that more qualified health plan eligible consumers can be reached. Aaron shared statistics for MNsure's media budget, noting television, digital video, and paid search made up the largest portions.

Committee members agreed to review information on Minnesota's uninsured population and complete other research on disparities and underserved populations in Minnesota in advance of the HIAC's May 23 meeting so the topic could be discussed in depth at that meeting.

MOTION: Dan moved to adopt Joel's proposed timeline. Jenifer seconded. All were in favor and the motion was approved.

Wrap-up/Adjourn

Joel Ulland, Chair

Joel proposed that February's HIAC meeting focus on an in-depth update from the open enrollment period and assigning research topics to the committee members. He asked that the March meeting be dedicated to the topic of public good and MNsure's mission, the April meeting be devoted to the topic of improving the affordability "cliff" experience, and the May meeting be devoted to the topic of reaching the underrepresented populations of Minnesota.

MOTION: Dan moved to adjourn. Matt seconded. All were in favor and the meeting adjourned at 4:33 p.m.