



# Health Industry Advisory Committee Meeting Minutes

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**Thursday, March 28, 2019, 2:00 – 4:00 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 (via phone), Jenifer Ivanca, and Daniel Miesle

**Members not in attendance:** Maria Lima-Leite, Danielle Paciulli, and Nancy Yaklich

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

## Meeting Topics

### Welcome & Introductions

*Joel Ulland, Chair*

Joel Ulland, Chair, called the meeting to order at 2:01 p.m. Members introduced themselves.

### Review & Approval of Prior Meeting Minutes

*Joel Ulland, Chair*

**MOTION:** Tom Hoffman moved to approve the draft February 21 meeting minutes. Dan Miesle seconded. All were in favor and the minutes were approved.

### Public Comment/Operational Feedback

*Joel Ulland, Chair*

No public comment.

No operational feedback.

### MNsurance Board and Staff Update

*Christina Wessel, MNsure Senior Director of Partner and Board Relations*

Christina Wessel, MNsure staff, reported that the MNsure board met on March 6, where it reviewed and approved a preliminary budget for the next fiscal year. MNsure is required to submit a fiscal budget to the legislature by March 15 annually. The board discussed the

budgetary effects if reinsurance is or is not renewed for 2020, and how information technology (IT) costs may be allocated in the future. The Centers for Medicare & Medicaid Services (CMS) and the Minnesota Department of Human Services (DHS) have begun discussions recently about shifting more IT costs from DHS to MNSure. The fiscal budget will be finalized by July, and may be updated based on the outcomes of the current legislative session.

Christina also shared with the Committee some final figures from open enrollment period 2019. Of the 123,731 enrollments during open enrollment 77% were renewing enrolments, and 23% were new enrollments.

Joel inquired whether there are current IT projects for the upcoming open enrollment period that Christina could share with the Committee. Christina reminded the Committee that GetInsured released MNSure's new anonymous shopping tool for open enrollment 2019, so moving forward with the partnership, this fall will see additional updates to online enrollment, system of record, and carrier data transactions. Christina shared that a select few on MNSure's staff will be involved in the early testing stages of the GetInsured updates, and that the advisory committees could potentially see the products in late summer during acceptance testing. MNSure anticipates that consumers will be empowered by the updates to their online experience through GetInsured and will not need to call MNSure's Contact Center as frequently for enrollment updates.

Tom asked if MNSure has a position on the Department of Justice's recent decision to advocate for the full repeal of the Affordable Care Act (ACA) on constitutional grounds. Christina informed the Committee that MNSure has not released any official statement and will continue to monitor the proposal as it develops.

## **Political Landscape**

*Joel Ulland, Chair*

Joel updated the Committee with the U.S. Justice Department's latest position on the ruling of a Texas federal district judge. In December 2018, Judge Reed O'Connor ruled that the individual mandate of the ACA could "no longer be sustained as an exercise of Congress' tax power," and further postulated that the entirety of the ACA is therefore unconstitutional. Initially, the Department of Justice administration adopted a position that it would not argue to uphold the constitutionality of the ACA, but that the penalty for not buying insurance was legally distinct from many other provisions of the law. In contrast to that initial position, on March 25, Justice Department attorneys issued filings regarding the ruling's appeal with the U.S. Court of Appeals, stating that Judge O'Connor's ruling should be affirmed and the entirety of the ACA should be overturned. Joel suggested that the case would be unlikely to be heard by the Supreme Court until late 2019 or more likely 2020. Joel and Christina agreed that there was no immediate impact to the ACA as the ruling had been stayed, so the developments should continue to be monitored.

Joel reported that federally, the president had proposed budget cuts to Medicare and Medicaid, administered by CMS. The president submits a proposed budget to Congress, and then Congress passes appropriations bills based on the president's recommendations and

Congressional priorities. Joel theorized that with the current division of Congress—Republicans continuing control in the Senate, and Democrats recently becoming the majority in the House—there will be limits to what Congress can agree upon regarding health care. Recently, Minnesota Representative Angie Craig’s proposed bill to provide more federal dollars to state-based reinsurance programs was heard at the Energy and Commerce Committee and will move to a floor vote in the upcoming months. Joel suggested this is an example of federal support of the individual market.

In state news, Joel recapped Governor Walz’s budget proposals that were introduced in February: a new version of a premium rebate subsidy expanding on similar implementation in 2017, a state-based tax credit for Minnesotans over 400% of the federal poverty level, and a ONEcare program that would create platinum metal level plans statewide and expand gold and silver metal level plans in bare counties that do not provide as many plan options for consumers. The proposals had been heard by the House, making the first of three major legislative deadlines. Next, the Senate will review Governor Walz’s proposals by the second legislative deadline. Finally, the proposals would need finance and omnibus bills to carry forward with spending. Joel noted that the Republican-controlled Senate has favored reinsurance in the past, and has passed a three year renewal, making Governor Walz’s budget proposals less likely to pass the Senate. Joel observed that although the reinsurance program utilizes federal funding, it also reduces federal funding for MinnesotaCare. Alternatively, the reinsurance program maximizes the state’s 1332 innovation waiver. A premium subsidy would require IT updates and additional administrative aid. Joel noted that Democrats were focusing on the extension of the provider tax to add revenue to the health care access fund.

Dan brought up Attorney General Keith Ellison’s recent inquiries into drug pricing. Joel stated that drug pricing transparency is being looked at on several fronts. Attorney General Ellison has proposed a task force, the state legislature has bills for added transparency in pricing above a certain threshold, and the U.S. Senate Finance Committee has an upcoming hearing about the role that pharmacy benefit managers play in pricing when manufacturer rebates impact the cost of pharmaceuticals.

## **Public Good and Supporting MNSure’s Mission**

*Jenifer Ivanca and Dan Miesle, HIAC Members*

Dan joined Jenifer Ivanca in presenting [a discussion document](#) on public good and supporting MNSure’s mission.

Dan introduced the idea of MNSure becoming a one-stop shopping experience through updates to MNSure.org.

Jenifer reiterated the five categories she had described in January of how one can assess webpages for health exchanges or health insurance carriers. Can a consumer find their insurance company’s behavioral health telephone number? Can the consumer contact someone for individual therapy? Can the consumer contact someone for group therapy? Are video technologies available? Are there any repeats? In regard to these questions, Jenifer guided the Committee through the health exchange websites for Minnesota, Connecticut, and

Massachusetts, to further analyze whether MNsure is meeting responsibilities for physical and behavioral health for Minnesotans.

Connecticut's health insurance exchange is called Access Health CT and offers coverage options through ConnectiCare. Massachusetts' health insurance exchange is called the MassHealth Insurance Marketplace, and utilizes the MassHealth Connector website.

Jenifer referred to Access Health CT as a consumer-focused website with fewer tabs obscuring the landing page than MNsure.org has. Access Health CT is a landing page, which allows consumers to access different pages for ConnectiCare and Husky, which is Connecticut's Medicaid program. Through ConnectiCare, a consumer is able to access Optum behavioral health through a "live and work well" link or preventive care and healthy living through additional resources. Jenifer suggested that Access Health CT is a user-friendly website and a truly one-stop shopping experience.

MassHealth Connector offers access to MassHealth coverage, ConnectorCare plans, and advanced premium tax credits to help lower health insurance premium costs. Jenifer stated that the MassHealth Connector is more government- and technical-focused than Access Health CT. Jenifer pointed out that the website has a link to external MassHealth and ConnectorCare coverage separate from the MassHealth Connector page. She contrasted this to MNsure's website, which provides Medical Assistance and MinnesotaCare guidance on the MNsure website without redirecting to a better resource. Joel asked if there are different responsibilities for public health programs between the different state health exchanges, which Jenifer confirmed for the Committee.

Dan brought attention to the mission statements for each of the three health exchanges:

*MNsure*: "To ensure that all Minnesotans have the security of health insurance."

*Access Health CT*: "To increase the number of Connecticut residents who are insured, retain our current members, lower their costs, promote health and eliminate health inequalities."

*MassHealth Insurance Marketplace*: "To improve the health outcomes of our diverse members, their families and their communities, by providing access to integrated health care services that sustainably promote health, well-being, independence and quality of life."

Dan summarized that MNsure's scope may be too narrow, and may need re-assessment by the MNsure Board of Directors now that MNsure is growing beyond its mission statement. He pointed out that doing public good is an evolution beyond simply not doing bad, and that enhancing the mission statement along with changing the website focus from technology-focused to patient friendly are small ways that MNsure can reflect more forward thinking.

Tom observed that the Optum link, while beneficial to consumers, may be biased by Access Health CT because it links to one specific company as a broad spectrum resource. Hillary Hume added that each health insurance carrier in Minnesota has their own network of behavioral and mental health providers, unlike in other states that structure Medical Assistance benefits with mental health resources. She suggested that MNsure could utilize resources like the Substance

Abuse and Mental Health Services Administration or the National Alliance on Mental Illness for its website.

Hodan Guled recommended that MNSure explore the opportunity to serve Minnesotans that have access and literacy to enroll themselves into health coverage as well as residents that do not have computer access, have a language barrier, or otherwise require the help of an assister to enroll in health coverage. She recommended following the lead of other health insurance exchanges to educate consumers about the best way to utilize health coverage beyond the emphasis on enrollment into it.

Committee members discussed the frequency of health care enrollment events and whether MNSure is appropriately represented at such community events. Christina clarified that MNSure relies heavily on its grantees, navigators, broker enrollment centers, and certified application counselors to outreach into their diverse communities. She said that these individuals are recognized and trusted in their neighborhoods, and have unique expertise and experience on the consumer side of MNSure's website that make them invaluable to the communities they serve as well as to MNSure. When these individuals attend events, MNSure is present at those events. Christina referred to the calendar on MNSure.org for examples of this.

Joel suggested that MNSure could take a stronger role in health insurance literacy through its website as well as through outreach in the community. Dan and Matt Aiken suggested that hospitals and clinics could be a natural ally of MNSure's. Christina informed the Committee that MNSure works with different hospital networks and that some have certified application counselors in place, but not all do.

Matt recommended that MNSure simplify its major link pathways, such as the shop and compare tool on MNSure.org. He stated that as an assister, he is aware of how to navigate to important pages on the website, but an average consumer has a lot to sort through without the same level of knowledge. A consumer may not know what a shop and compare tool is, let alone how to find it, because of the verbiage used at MNSure.org. Joel agreed that the site has several links on the landing page that sound duplicative and suggested that similar items be bucketed to reduce website clutter.

Hillary added a recommendation that MNSure look into the framework that the Minnesota Association of County Social Service Administrators and DHS are working on to make DHS technology more user-friendly. She listed some topics of the initiative: improving the quality of life, empowering residents, enhancing dignity, honoring choices, promoting positive well-being, supporting independence, and advanced directives. Committee members agreed this was worth further exploration as MNSure is a gateway to public programs, and should expand health care literacy beyond the individual market.

Committee members expressed interest in reaching out to the Consumer and Small Employer Advisory Committee for additional suggestions in order to come together over similar endeavors in the future.

## Next Meeting Topics

*Joel Ulland, Chair*

Joel reminded the Committee that the April 25 discussions would be led by Matt, Tom, and Joel regarding “Improving the MinnesotaCare-to-QHP Affordability ‘Cliff’ Experience through Communication.” Joel also suggested a brief discussion about MNsure’s mission statement could take place if a MNsure board member is in attendance, in order to gauge whether the Board would be interested in the Committee’s suggestions.

The May 23 meeting will focus on “Underserved Populations” with a discussion led by Hillary, Hodan, Carl Floren, and Nancy Yaklich.

## Adjourn

*Joel Ulland, Chair*

**MOTION:** Tom moved to adjourn. Matt seconded. All were in favor and the meeting adjourned at 3:44 p.m.