



Health Industry Advisory Committee Meeting Minutes

Thursday, October 24, 2019, 2 – 4 p.m.
UCare, 500 Stinson Boulevard NE, Minneapolis, MN 55413

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

Members not in attendance: Carl Floren, Danielle Paciulli, Nancy Yaklich

Staff in attendance: 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 2:02 p.m. Members introduced themselves.

Review & Approval of Prior Meeting Minutes

Joel Ulland, Chair

MOTION: Dan Miesle moved to approve the draft June 27 meeting minutes. Hillary Hume seconded. All were in favor and the minutes were approved.

Public Comment/Operational Feedback

Joel Ulland, Chair

No public comment.

No operational feedback.

MNsure Board and Staff Update

Aaron Sinner, Board and Federal Relations Director

Board meeting recap

Aaron Sinner, MNSure staff, provided the committee with updates from MNSure's July 17 and October 16 board meetings. Aaron reported that at the July meeting, Joel presented the HIAC's series of recommendations and the board approved the fiscal year 2020 budget. Joel reminded the committee that the recommendations for the MNSure board included potential updates to the MNSure mission statement, simplification of the MNSure public website, resources for health literacy, support for the Blue Ribbon Commission, movement toward year-round marketing, and coordination of outreach efforts for the underserved population. Joel continued that there was an engaged, albeit brief discussion from the board surrounding HIAC's recommendations. He added that he hoped the committee could look forward to having more guests from the board at future HIAC meetings.

Aaron continued that in October, the board approved changes to the July budget. Based on changes in how CMS allowed Medicaid dollars to be spent on IT systems, MNSure and DHS had been reevaluating and attempting to isolate costs at the time of the July budget approval. That work had concluded and MNSure had voted to increase its IT operations expenditures by \$530,000 to account for an accurate division of costs for the shared METS system. Aaron also reported that the GetInsured plan shopping tool had deployed a few weekends prior, and all major fixes were in place for November 1, but ongoing maintenance would remain an IT cost for MNSure.

HIAC applications and leadership update

Aaron announced that the application process for new committee members had closed with ten new applicants. He stated that a board work group would meet shortly to determine their recommendations for each committee. He noted only one member on HIAC that had reached the end of two consecutive terms, Carl Floren, whereas five CSEAC members had completed two terms. The only HIAC member not applying for a second term was Nancy Yaklich. All the other HIAC members were mid-term, or eligible and applying for a second term. Aaron informed the committee that Joel is eligible for a second term as chair, and since Tom Hoffman was term limited as vice-chair, a new vice-chair would be appointed at the November 13 board meeting.

CSEAC Update

Aaron shared that CSEAC had four recommendations they intended to present to the MNSure board in January: an ombudsperson office to assist between departments or track recurring problems; improvements around life event change process, especially verifications; gap coverage for individuals seeking appeals through MNSure; and a cover page summary or other effort to improve literacy of notices. Aaron noted he had heard some mutual interest in a joint committee meeting after new committee members start.

Joel asked for clarification of CSEAC's gap coverage recommendation. Aaron explained that when individuals file an appeal, the process can take weeks or months, with the individual often concerned about seeking care in the interim. The CSEAC members suggested MNSure offer health care options during the appeal process and retroactively after an appeal is determined unfavorable for the consumer.

Hodan Guled expressed to the committee that as a navigator, she works with households that convert between public programs and the individual market, and with households that speak English as a second language. She expressed that she does not believe that many of these populations would be able to confidently navigate notices without the help of assisters. Hillary added that the notices need improvement, but there are several hurdles to have the requirements of each notice met. Aaron confirmed that there are restrictions from CMS, there are technological barriers, and agreements need to be made with DHS each time that a notice is designed or altered. Joel suggested that the committees could collaborate on the topic during a joint meeting.

Hillary noted that the MNsure open enrollment period is shorter this year than it was for 2019 coverage. She asked if MNsure intends to synchronize with the federal open enrollment period in future years. Aaron explained that the exchanges have legal authority to use a special enrollment period (SEP) to extend their open enrollment period based on exceptional circumstances. He shared that MNsure determined this year's deadline date based on several factors. He noted that other state-based exchanges that have larger extensions have used authority greater than exceptional circumstance SEPs: California law states that their state open enrollment must be offered from October 15 to January 15, and the Massachusetts Department of Insurance issued a regulation setting their own dates. Washington's exchange provided MNsure with great feedback about their switch from a ten-week to a six-week open enrollment period. Aaron explained that MNsure analyzed its previous enrollment periods and concluded that around 94% of Minnesota's enrollments are typically received by the first deadline, and an estimated 20-30% of individuals enrolling after that date likely have a qualifying life event that would enable a special enrollment period. Additionally, a single effective date for coverage would ease the lift needed from health insurance carriers. Aaron alternatively noted that a great number of Minnesotans rely on the help of assisters to enroll, so with fairness to their schedules, and considering the launch of GetInsured, MNsure determined that a December 23 deadline meets some of the needs of all the parties that contribute to open enrollment's success.

Dan asked Aaron whether MNsure's shorter open enrollment period is being effectively communicated to Minnesotans. Aaron replied that MNsure assisters have been apprised of this decision, and MNsure had done a lot of earned media around the state to help make individuals aware. Hodan added that there is a countdown in the GetInsured system that will alert each applicant of how many days they have to finalize their enrollment.

Political Landscape

Joel Ulland, Chair

Joel updated the committee that surprise billing initiatives out of the U.S. House of Representatives had been overshadowed by impeachment proceedings. Joel offered an example of a surprise bill: An individual has a UCare Fairview product through MNsure. The individual suffers a heart problem, then seeks medical help through an emergency room not included in the Fairview network. The U.S. House of Representatives was deep into discussion

about how to manage the issue with regards to an arbitration process and possible reference pricing before the legislative recess but had not regained that momentum.

Joel referred to the Department of Justice's appeal with the U.S. Court of Appeals requesting that a Texas federal district judge's ruling that the individual mandate of the Affordable Care Act could no longer be sustained as an exercise of Congress's taxing power be upheld as evidence that the ACA is unconstitutional in its entirety. Joel stated that the appeal had not yet concluded.

Joel commented on state legislative discussions about a Minnesota individual mandate to help to stabilize the individual market, noting the legislature was unlikely to make a final decision within the next year. Next, he informed the committee about updates to the Minnesota House's insulin proposal, which focused on supplying insulin to patients in need of emergency insulin. He also noted that following changes on the individual market, several carriers capped insulin copays at \$25 per member per month, where others established that insulin would result in no out-of-pocket costs. Another proposal from the Minnesota Senate was designed to prevent insulin emergencies. There is potential that both the House and the Senate can reach agreement with the two proposals, as they were not mutually exclusive.

Aaron added that the House proposal had DHS creating an emergency program, whereas the Senate had MNSure running a program for obtaining affordable insulin. He noted a program dedicated to a specific medication was significantly different from MNSure's current mission and design, and that MNSure was prohibited from using federal hub data for purposes outside of determining eligibility for Affordable Care Act programs. The Senate's bill called for implementation of an insulin program on January 1, 2020, so MNSure is attempting work with lawmakers to explain what could be accomplished in that timeframe.

Hodan asked that the committee also discuss the new federal rule related to public charge. She informed the committee that she sees a lot of fear and miscommunication in the communities she serves, to the point that she has heard of individuals ending their health coverage or their children's reduced lunch program at school to try to eliminate threats to their lawful presence in the U.S.

Aaron explained that in fall 2017, the Trump administration proposed a regulatory expansion on checks for "public charge," or immigrants who were or might become a ward of the state. Previously, a public charge check had been conducted solely when an immigrant applied for lawful permanent residence and was designed to determine that the individual had a high likelihood of needing state support in the form of long-term care or cash assistance. In the latest proposal, the checks would be run more frequently, such as when an immigrant applies to renew their visa or change from one visa status to another (such as a student visa to a work visa). The new standard would be to evaluate whether an individual was more likely than not to become a public charge and expanded the definition of public charge benefits to include food stamps, public housing and Medicaid coverage. The lookback would track use of any benefits over the previous three years to see whether 12 months or more of benefits had been received, with multiple benefits received in the same month counting as multiple months of benefits. Additionally, the new rule gave a great deal of discretion to Department of Homeland Security caseworkers to determine if, considering the totality of circumstances, the individual was more

likely than not at any point in time in the future to become a public charge. The rule included several factors that could be weighed as negative factors, positive factors, heavily weighted negative factors, and heavily weighted positive factors, but the amount of discretion left to Homeland Security agents made it difficult to determine what actions might jeopardize an individual's immigration status. Most notably for MNSure, caseworkers were allowed to consider whether an immigrant had applied for or received Medicaid within the previous three years. Since financial assistance applications through MNSure always include a check for Medicaid eligibility first, applicants might be considered to have applied for Medicaid.

Aaron informed the committee that the proposal had been set to take effect on October 15, 2019; however, several state attorneys general had filed lawsuits, and three judges had issued injunctions delaying implementation and pushing back the rule's effective date until the court cases reached a conclusion.

Open Enrollment Planning Update

Aaron Sinner, Board and Federal Relations Director

Aaron shared that the 2020 premium rates were finalized on October 1. Overall, the rates indicated stability within the market. All four carriers that offered products through MNSure in 2019 will continue to do so in 2020. MNSure would have 120 products available throughout the state, and each of the eighty-seven counties in Minnesota would have at least two carriers offering products.

Aaron informed the committee of market research MNSure had undertaken in preparation for open enrollment marketing campaign. Through focus groups comprised of uninsured, public program recipients and individual market enrollees; MNSure had determined that its messages of free in-person help and financial assistance continued to resonate with most Minnesotans. However, the market research also suggested a lingering misconception that MNSure was only for Minnesotans seeking access to public programs. Aaron shared MNSure's new tagline for the upcoming open enrollment period: "Unsure? Be sure. MNSure.org." He also stated that MNSure would continue to run television ads but had shifted its balance of investment toward other methods, particularly online, paid search and out-of-home placement such as bus stops and billboards. This shift was driven in part by access to new data supplied by the State Health Access Data Assistance Center that offered zip code-level information on the uninsured in Minnesota, as well as other demographic email that would assist in targeting these populations. Furthermore, MNSure had partnered with Univision and Urban Mass Media Group to reach Native American, Hispanic, Somali and Hmong communities via radio. Overall, MNSure ads would run across 147 radio stations in at least eight different languages.

Next, Aaron shared the Contact Center's open enrollment hours as weekdays from 8 a.m. to 5 p.m., with extended Thursday evening hours. He stated that the lines would open an hour earlier and close an hour later on November 1, and would also ramp up as the December 23 deadline approached, with hours until midnight that day. Aaron also informed the committee that 20 new Contact Center representatives began training on October 16, which brings St. Paul call staff up to 90 agents, with another 110 at MNSure's call vendor.

Aaron stated that the GetInsured launch was on track with no major concerns. The launch should lead to a smoother consumer experience for qualified health plan enrollments. Additionally, Aaron announced that the life event change backlog had been cleared out, and automatic renewal batches were run in September, so consumers should have accurate applications that require little or no manual intervention for 2020 enrollments.

Aaron's final update addressed MNSure's assister support network. Assister assemblies in September and October brought together nearly 600 attendees. MNSure's Assister Management Program from the previous year had been expanded to offer the functionality to brokers as well. Aaron noted that 2020 would also be the first year that MNSure had the capability to send agent of record forms to carriers with the enrollment file. Aaron noted MNSure had close to 1,000 certified navigators and certified application counselors, and was on track to have around 600 certified brokers by the start of open enrollment.

Future Agenda Topics

Joel Ulland, Chair

Joel suggested that the committee bring future topic suggestions to the November 21 meeting so that new members can also weigh in on possible topics. He also requested that Aaron consult with the MNSure board for future topic suggestions.

Jenifer Ivanca requested that MNSure's active selector authority be discussed in depth at a future meeting and requested that mental and behavior health be a priority for the committee.

Hillary agreed with Jenifer that behavioral health should stay in the front of the committee members' minds and added that health literacy is a key component for MNSure to focus on. She also suggested that the committee investigate addiction and treatment education across the different programs through MNSure.

Hodan suggested that MNSure work toward becoming a one-stop shop for public programs as well as the individual market.

Aaron reminded the committee that they have not scheduled a meeting beyond the November 21 date. Committee members agreed that they would prefer to resume with a meeting in January, and a joint meeting either that month or February. Joel summarized that committee members will bring their ideas to the November meeting, so that a topics schedule can be created for spring of 2020, and the committee will plan to present recommendations to the board in July again. He suggested that the time or day of HIAC meetings be reviewed and discussed to see if Thursday afternoons is still the preferred time.

Adjourn

Joel Ulland, Chair

MOTION: Tom moved to adjourn. Hodan seconded. All were in favor and the meeting adjourned at 3:46 p.m.