



Health Industry Advisory Committee Meeting Minutes

Thursday, January 30, 2020, 2 – 4 p.m.

UCare, 500 Stinson Boulevard NE, Minneapolis, MN 55413

Members in attendance: Joel Ulland – Chair, Hodan Guled – Vice Chair, Matthew Aiken (via phone), Thomas Hoffman, Hillary Hume, Todd Hurst (via phone), Daniel Miesle

Members not in attendance: Jennifer Ivanca, Maria Lima-Leite, Danielle Paciulli, Matt Schafer

Staff in attendance: Christina Wessel – Senior Director of Partner and Board Relations, Claire Hahn – Carrier Relations Representative, Magee Glenn-Burns – Digital Communications Associate

Meeting Topics

Welcome & Introductions

Joel Ulland, Chair

Joel Ulland, chair, called the meeting to order at 2:03 p.m. Members introduced themselves.

Review & Approval of Prior Meeting Minutes

Joel Ulland, Chair

MOTION: Todd Hurst moved to approve the draft November 21 meeting minutes. Hillary Hume seconded. All were in favor and the minutes were approved.

Public Comment/Operational Feedback

Joel Ulland, Chair

No public comment.

Dan Miesle shared operational feedback based on his daughter’s renewal process, that the process of switching between a public program and MNSure is confusing. He said the MNSure staff was very responsive when it was brought to their attention, but that the process itself can be confusing.

Hillary offered operational feedback that the income guidelines chart was misleading. She requested that the income guidelines chart be updated to be clearer about income thresholds, noting that young adults and those living in the Twin Cities metro area have a lower income threshold.

Matt shared operational feedback that renewal notice language is misleading to consumers who need to take action. He pointed out that the notices say that consumers don't need to do anything if the information is correct, but then on a subsequent page of the notice it asks for documents to verify the consumer's income.

MNsure Board and Staff Update

Claire Hahn, Carrier Relations Representative

January 15 Board Meeting & Open Enrollment Wrap-Up

Claire Hahn, MNsure staff, informed the committee that the MNsure board meeting had focused on an open enrollment update. MNsure's open enrollment period began on November 1 and ended on December 23, three weeks shorter than the previous open enrollment for plan year 2019. MNsure was pleased with how this year's open enrollment period went. Both stability and improvements illustrated with some year-over-year stats from various aspects of the business: plan & enrollment stats, cost & financial help stats and Contact Center stats.

Claire continued by noting that the technology that consumers rely upon to apply for coverage, shop and compare plans, enroll in plans, and call MNsure when they need to speak to a representative was remarkably stable throughout this open enrollment period, especially considering that new technology, developed by GetInsured, for plan shopping and enrollment, was just implemented this past fall.

Claire then shared some statistics that illustrate the year-over-year stability and improvement:

- Enrollment and Plan Selection
 - During this open enrollment, MNsure had 117,520 sign-ups for qualified health plans through MNsure. There were 2,525 more sign-ups this year than MNsure received by December 23 of last year. About 34% of enrollments were supported by brokers.
 - MNsure had help from 850 brokers, 650 navigators and 400 certified application counselors who assisted consumers with their MNsure enrollment.
 - In total, just under 176,000 Minnesotans signed up for either private or public coverage through MNsure during open enrollment. At the end of last open enrollment, which ended 1/13/19, there were a total of 228,438.
 - Between 2019 and 2020, consistent distribution of metal levels.
 - Gold: 15% for 2020; 14% for 2019
 - Silver: 30% for 2020; 32% for 2019
 - Bronze: 53% for 2020; 52% for 2019
 - Catastrophic: 2% for both 2020 and 2019

Tom Hoffman asked about the total enrollments compared to last year. Claire verified that the overall numbers are down, which could be expected as result to the shorter open enrollment period but that some consumers would qualify for a special enrollment period and so we'd

expect to see gap to narrow as year continues. Hodan Guled asked whether the difference in numbers was due to a drop in public program numbers.

- Cost and Financial Help
 - Of the about 176,000 total private and public enrollments this open enrollment, 69% of these enrollees are receiving tax credits or enrolled in a public program.
 - Premiums for 2020 saw an average decline of 1.3% compared to 2019.
 - For 2020 currently 54% of households with advanced premium tax credits versus 57% for 2019.
 - In 2020 the average monthly advanced premium tax credit is \$437 vs \$460 in 2019. This is in line with the slight decrease in average premiums.
 - For both 2020 and 2019, 11% of households with qualified health plans have cost-sharing reductions.

Hodan wondered how many consumers were eligible for cost-sharing reductions but chose not to take them. She suggested that the lower numbers were concerning because there was a large drop in public program numbers, whereas the last few years, the number of households enrolled in public programs was mostly stable. Joel asked if public program enrollment numbers were truly an apples-to-apples comparison because enrollment in those programs lasts year-round and isn't limited to the open enrollment period. Dan noted that the committee should keep in mind that the economy is improving, which could play a part in the drop in public programs eligibility. He also asked about the people who are eligible to enroll in January, but their coverage doesn't start until February 1. Hillary added that MinnesotaCare enrollments is basically cut in half in January, based on previous years. Joel cautioned not to draw too many conclusions about enrollments dropping in January because it tends to pick up again. Dan requested that the committee see enrollment numbers after special enrollments in January to see if the total enrollment numbers get close to last year's total.

Joel asked how many people contacted MNSure in January because they missed the open enrollment deadline. He wondered if it was more that people missed their chance to enroll because of a shorter enrollment period or if the lower enrollment numbers is just a general trend. Christina Wessel, MNSure staff, said she wasn't sure if the contact center specifically tracks who called because they want to enroll even though they missed the deadline. She said they may just treat that question as a general inquiry, rather than its own separate category.

- Contact Center and Operations
 - The average wait time for 2020 was about 3.5 minutes, which was very close to the average wait time of three minutes for 2019.
 - In 2020, 79% of calls were answered in five minutes or less, versus 78% in 2019.
 - The percentage of calls that were answered in 10 minutes or less increased this open enrollment period by about 10%, 87% in 2020 versus 77% in 2019.
 - Calls abandoned while on hold (for example, consumers decide wait is too long, etc.) was 3% in both 2019 and 2020.

- As result of increased self-service functionality as well as more accurate reporting, we saw decrease in the number of consumers calling to reset passwords - about 1% of calls received during 2020 OE versus 10% of the calls MNsure received in 2019.

Claire continued with some more anecdotal information from the post-call surveys done by MNsure's quality assurance team. Consumers had overall appreciation for the information and resolution MNsure Contact Center representatives provide. Some frustrations MNsure heard from consumers were long wait times, confusion about how the MNsure process works, the wording of notices and confusion regarding which entity to follow up with—MNsure, MinnesotaCare, county office (Medical Assistance) or carriers.

Claire also shared that consumers liked the verification document upload tool that was released late last year, and the new shopping and enrollment platform. Consumers expressed dislike or confusion about how income was calculated and expressed questions regarding unaffordability and how they would be able to support monthly premium payments and/or pay high deductibles on low cost plans.

Claire added that consumers generally acknowledge that their frustration is with the system and not the MNsure Contact Center representatives.

Joel expressed that the committee appreciates the additional context of the survey answers in addition to the statistics. The committee agreed that the results of this open enrollment seemed positive. Joel added that even just the decrease in password reset requests, which had been a frustration for the committee, is a success by itself.

The committee had no further comments on the board meeting and open enrollment update.

Political Landscape

Joel Ulland, Chair

Joel began that there had not been much new legislation, as the impeachment proceedings continued to go forward. He updated the committee that there continues to be behind-the-scenes discussion about surprise billing, but that it is unclear if and how this would go forward. He added that because it is an election year, if Congress were to take action on surprise billing, it would have to take place by March or early April.

Joel continued by updating the committee that the other substantial change on the federal level was the repeal of several of the ACA-related health insurance taxes that were set to take effect over the course of the next year or two. He said that it's a substantial change that was agreed to on a bipartisan basis and finished up the federal budget deal.

At the state level, Joel reminded the committee that the state legislative session is set to begin on February 11. He suggested the committee keep in mind that because it is a non-budget year, the legislature tends not to make substantial changes to the budget. He expects there to be several bills related to the Department of Human Services. He added that the entire state legislature is up for reelection this year, so there will probably not be much heavy-duty legislating.

Joel noted that there are some policy proposals that may come forward about prior authorization requirements for health plans. Hillary asked if the prior authorizations are around pharmacy. Joel clarified that it was a mixture of prohibiting health plans from making changes to pharmacy benefits mid-year and some additional guidelines relating to services and access to services. The state procurement systems—the process for how MinnesotaCare and Medical Assistance health plans are procured—is also expected to get some attention this session. Joel also specified that although he expects there to be discussion, there might not be any major changes.

Dan asked if there are any key legislators who won't see reelection. Joel said that the only major change so far is that Rep. Zerwas, a member of the House Health and Human Services committee, retired in December and is now doing lobbying work. He added that a lot of retirements get announced near the end of session.

Tom asked whether there were any updates on individual mandate discussions. Joel said there were some Democrats in the House on the federal level talking about it, but the Republicans continue to not be supportive of the concept. There has been some discussion in Minnesota about doing that in a state legislative package but given the current political makeup there hasn't been anything serious done with the idea.

Hodan brought up the public charge executive order that was upheld by the Supreme Court. She mentioned that there are a lot of people that think the public charge rule applies to them, even though it doesn't apply. She has had people say they don't want to be on Medicaid because of this. She added that it seems like nobody really knows when it is going into effect. Joel suggested that the fear factor is more predominant than the number of people it will actually impact.

Discuss Survey Results for Future Topics

Joel Ulland, Chair

Joel walked through the plan of what topics the committee wants to work on in the next few months to provide recommendations to the MNsure board in July. By presenting at the July board meeting, it will hopefully give the MNsure board and staff time to implement recommendations by the next open enrollment period. He then reviewed the process of the survey that the committee members took in December to help prioritize topics. Committee members identified what they considered top-tier issues (in green on the chart), as well as potential second tier issues (in yellow). The board also gave their suggestions for which topics the committee could consider looking at. Joel also said the board wanted to emphasize that these were just suggestions, not a mandate for what to consider.

Dan and Hillary mentioned that they were confused by the grades for relevance shown on the chart. Tom said that the letter grades were to show how relevant each topic was to the work of the committee. Matt agreed with Tom. Joel then pointed out that "Individual market affordability" was the topic that received the most votes, but only received a C+ in terms of relevancy to the committee. Dan suggested that since it was so highly ranked by committee members, as well as being one of the topics suggested by the board, that it be sent to MNsure staff or the board to work on.

Joel opened the floor to general comments before getting into the discussion for narrowing down the topics. Dan made a comment that the one ranked A, “Underserved populations” is one the committee has talked a lot, and is relevant to the committee, so it should go immediately on the committee’s list of recommendations for the board. Hodan expressed that it was nice to see the committee’s interest in mental and behavioral health as a topic. Dan agrees.

Schedule for Future Agenda Topics

Joel Ulland, Chair

Joel reminded the committee that last year, the committee identified three major areas, and then focused on one topic for each meeting (March, April and May) and then developed the recommendations for the board. He then asked if the committee wanted to follow the same plan this year. The committee agreed with that general plan and unanimously decide to select three topics to focus on. Hillary added that some of the topics are similar enough that they could potentially be grouped together.

Joel proposed focusing on the first six topics on the topic prioritization chart (state-based subsidies, mental & behavioral health, individual market affordability, underserved populations, MNsure/DHS/counties interaction and copay-only plans). The committee agreed that those were good topics to focus on.

State-based Subsidies

Hillary asked what the committee could do about state-based subsidies. Joel said that there are limits to what the committee can do on this issue. Since this is a legislative item, the committee could only really make recommendations to the board, who in turn to could pass those recommendations to the legislature. There was consensus that there are limits to what the committee can do on this topic, even though the committee finds this topic important.

Mental & Behavioral Health

Joel asked if this was like state-based subsidies in terms of limits to what the committee can do about this. Hillary suggested that it depends on what the committee wants to do with this topic and asked about using MNsure as a resource to share mental and behavioral health resources. She also asked if using MNsure.org that way duplicates NAMI or other websites out there. Hodan suggested grouping it with health literacy and addiction & treatment education topics to provide even more resources. She suggested proposing that MNsure create a page with links to community resources for mental/behavioral health, addiction/treatment education, etc. Dan agreed with Hodan’s suggestion to group them and added that a subgroup of the committee could define the topic further.

Individual Market Affordability

Joel said that it received five top tier votes, but the lowest in average grade for relevance. Hillary asked what the committee would want to see or share with MNsure that they haven’t already done. Joel suggested that this could focus on how people look at affordability, deductibles, etc. Dan added that it could be grouped with copay-only plans. Tom added that there are some silver-loading strategies and that there are federal dollars on the table that the state could take advantage of, like cost-sharing reductions, could that be an element of individual market

affordability? Matt Aiken asked if it would be possible to add a second tier of tax credits that includes deductions for things like rent, child support, etc. or if that would be a legislative issue. Joel said it would be safe to assume that that idea would require legislation. Hillary talked about wanting to keep people in housing and be able to afford getting to their job. Matt asked about the feasibility of adding more to the qualified deductions list to include things that aren't necessarily deducted from taxes, like child support, that could potentially help with affordability as this might be easier than trying to get people to deduct their living costs. Joel summarized that this topic could be grouped with copay-only plans with several sub-bullets discussed by the committee. There might be some areas that are beyond the realm of what the committee can control. Some of it could also be looking at policies or ways MNSure could clarify how some processes work. Matt recommended the committee stay away from legislative items. He would prefer topics that would generate income or make MNSure a resource instead of just the exchange. Dan mentioned that he wants the committee to continue to think beyond the Twin Cities Metro area in terms of affordability and access to providers.

Underserved Populations

Joel mentioned that this is an area that the committee has talked about previously and that it potentially be grouped with another or treated separately. Hillary suggested that underserved populations could grow because of the public charge ruling. She asked if MNSure should take an education role or a more active role in this issue, but she also knows that MNSure is not there specifically for state programs. Joel said that there is potential to group this with health literacy, which was something that the committee discussed last year. He said that given the importance of the topic, and that it was the only topic that got an A for relevance to the work of the committee, this could be built on from last year. Hillary suggested that last year the committee focused on the Twin Cities metro, but this could build on Dan's point about access to care in Greater Minnesota and different ways of being underserved. Joel added that the committee could look at more than one recommendation related to underserved populations. Hodan added that looking at things like language and cultural accessibility and how those affect their ability to access coverage and care. Tom said that this could even be the main topic that the committee looks at and then break it down into three sub-areas or populations to present recommendations to the MNSure board.

MNSure/DHS/Counties Interaction

Hillary asked what the committee would be able to do about this topic. Tom brought up the situation Dan mentioned at the beginning of the meeting about his daughter. Hillary said that the counties are a central part of this topic and each county does things differently. Dan noted that from his experience on the Itasca County Advisory Committee, they view their responsibility to their citizens highly and think of the state more like an obstacle in some respects. Tom said this topic seems actionable; that it would be possible to define the process, even if it's clunky, and document it so that consumers know what the process is. Hodan added that as a navigator, this is a top priority topic for consumers because the hand-off between MNSure and public programs is very confusing. She also mentioned that CSEAC is also working on this topic. Hillary added that the Minnesota Association of Counties is also working on this. Claire informed the committee that CSEAC met on Tuesday and talked about this issue. That committee wants to have a joint meeting with HIAC in February and discuss where the two groups' recommendations overlap.

The committee agreed that whichever of the three topics are chosen to discuss further, health literacy should be a part of all of them. Todd suggested focusing on the topics that have the most top tier votes. Hillary added that she thinks the committee should select at least one that both the committee and the board selected. Hodan suggested choosing the one both the board and the committee like and two that the committee can act on, rather than something legislative. Joel proposed, and the rest of the committee agreed, choosing individual market affordability and underserved populations.

Hodan suggested that if CSEAC is working on the MNSure/DHS/counties interactions, the committee let them work on this topic. Matt added that the committee offer CSEAC some suggestions. Joel pointed out that a recommendation coming from both committees could potentially be very influential to the board. He then suggested discussing MNSure/DHS/counties interaction at the February joint meeting to determine more of a plan, and then select three other areas of focus. Hillary suggested mental and behavioral health as the third topic, and the rest of the committee agreed.

MOTION: Dan moved to pick mental & behavioral health (grouped with addiction & treatment education), individual market affordability (grouped with copay-only plans) and underserved populations as the three main topic areas for the committee to focus on. Tom seconded. All were in favor.

Joel then proposed that at the February meeting, the committee take a few moments and decide which committee members will take the lead on which topic. Hillary suggested instead of taking time at the February meeting, committee members fill out a survey with their preferences. Joel said working with Aaron and/or Claire work on creating a survey to send out with the topics where people can choose their first and second choice for groups.

Joint HIAC & CSEAC Meeting

Claire Hahn, MNSure Carrier Relations Representative

Claire informed the committee that the Consumer Small Employer Advisory Committee would like a joint meeting on Thursday, February 27, at 2 p.m. All were in favor of the joint meeting.

Claire will work with Joel and the leader of CSEAC to create an agenda for the meeting, until Aaron gets back from leave on February 18.

Adjourn

Joel Ulland, Chair

MOTION: Todd moved to adjourn. Dan seconded. All were in favor and the meeting adjourned at 3:49 p.m.