

Health Industry Advisory Committee Meeting

- > **date:** Tuesday, May 13, 2014, 2:30 – 5 p.m.
- > **building:** 500 Stinson Boulevard NE, Minneapolis, MN 55413
- > **members in attendance:** Reuben Moore-Chair, Forrest Flint-Vice Chair, Jennifer Andrashko (via phone), Cassandra Beardsley (via phone), Kenneth Bence, David Dziuk, Christopher Johnson, JoAnna Justiniano, Stacey Ko, Heidi Michaels, Charles Sawyer, Michael Scandrett, Ghita Worcester, Thompson Aderinkomi-Board Liaison, Brian Beutner-Board Chair, Kathryn Duevel-Consumer and Small Employer Advisory Committee Board Liaison
- > **members unable to attend:** Samuel Boadu, Harlan Johnson, Samuel Moose, Jonathan Watson

topics

Welcome – previous meeting recap & agenda review [Reuben Moore, Chair](#)

The meeting was called to order at 2:33 p.m. by Reuben Moore, Chair.

Approval of previous meeting minutes

- **Motion:** Chris Johnson moved to approve the draft April 15 meeting minutes. Ken Bence seconded.

All were in favor, no one opposed, and the minutes were approved.

Board update

[Thompson Aderinkomi, Board Liaison](#)

Health Industry Advisory Committee Board Liaison, Thompson Aderinkomi; Board Chair, Brian Beutner; and Consumer and Small Employer Advisory Committee Board Liaison, Kathryn Duevel, provided a Board update and took questions from the Committee members.

Thompson Aderinkomi advised that the Board voted to remove the “Interim” from Scott Leitz’s CEO title. Brian Beutner added that there is strong sentiment that this provides stability and that a national search should be done in the future.

Thompson noted that since the last Committee meeting, a Prime Vendor, Deloitte, has been chosen. The input from the Committee members in the last meeting about the top 10 IT priorities was used by the Board IT Work Group. The Consumer and Small Employer Advisory Committee’s input mirrored the Health Industry Advisory Committee’s rankings about what items were core functionalities versus “nice-to-have” features. Given the budget and time constraints with three months before the next open enrollment, when factoring in testing, it is not possible to get every priority complete. The main focuses will be stability, getting rid of the workarounds, and ensuring the core functionality works around eligibility. Deloitte is working right now on defining scope with staff. Kathryn Duevel mentioned the enormous effort

to cover as many items as possible, and that they are focused on the top priorities, yet adding items that are possible to accomplish either at the same time, or without cost and time. Brian recommended viewing the roadmap document from the last board meeting. The highest priorities are system stability, compliance needs, fixes for what isn't functioning, and DHS enhancements. Some of the items that are also on the list will be partially or fully fixed within the high priority categories

In response to an inquiry about the navigator/assistor community, Kathryn spoke about the Consumer and Small Employer Advisory Committee's work with the MNSure Navigator Manager and noted that MNSure has just appointed a new Broker Relations Manager, Ken Harpell. Ghita Worcester suggested that the health plans have sales reps who are not listed on the MNSure directory as brokers and recommends getting them added to by obtaining lists through the carriers.

In response to compliance questions, Kathryn indicated that there will be a Board governance training in June in order to address the strategic plan. Brian added that prior to the training there will be a closed session Board meeting to understand and define the process so they can build the strategic plan.

There was also discussion about renewals and clarification of Medical Assistance and MinnesotaCare data.

MNSure 2015 budget analysis – where should they spend the money?

Reuben Moore, Chair

Reuben explained that the Board had asked the Health Industry Advisory Committee to look at [the budget](#) and determine if it is possible to provide Committee recommendations about spending. Brian mentioned the legislative oversight committee budget assumptions in response to an inquiry about assumptions.

In response to inquiries about unspent funds in the budget, Thompson explained that the carry-over has not been approved yet and that this will not affect the work being done in next few months to support the next open enrollment that they are focused on.

In response to inquiries about why there are funds left unallocated, Brian explained that a majority of navigator/broker payments were for successful enrollments. The assumption was enrollment into higher levels and a greater number of enrollments through navigators. The budget adjusts these predictions versus making cuts. The reallocation is reallocation within the Federal grants MNSure received. He recommended the Committee utilize the budget information presented to the Legislative Oversight Committee.

Reuben will put a budget discussion on the agenda for the next meeting.

In response to an inquiry about the communications plan, Brian noted that marketing and outreach staff will be doing a presentation in the Board meeting tomorrow. Brian requested feedback about marketing and outreach from the Committee members' perspectives:

- This time, have a more narrow focus to target the uninsured versus the entire population
- Stories are always most effective
- Be blunt, showing transparency

Thompson suggested that the most valuable input might be the Health Industry beliefs about the marketplace and other sub-points. Reuben added, determining what MNSure should be and what are the core competencies and advantages as well as what do we think it should be. There was discussion about Minnesota having a more complicated model than other states.

- From a priorities perspective get out of shop with the tremendous amount of systems work required to get automated
- Getting people access to quality health insurance – we have a functional individual market inside and outside of the exchange
- First priority is that a customer with a sixth-grade education can understand the website; have the system make suggestions based on their profile (e.g. complicated or simple health issues); suggested mirroring Medicare that provides options as examples with an out-of-pocket costs estimator
- Better comparison shopping with guidance for consumers on what questions to ask (e.g. different formularies between plans); make answers as available as possible

Strengths and weaknesses:

Strengths:

- 200,000 people enrolled
- MNSure brand recognizable
- With a Minnesota-specific exchange, while it puts our feet to the fire for accountability, it allows us to be in control of it
- As the State makes progress, more people are getting coverage

Weaknesses:

- Search engine and how the query information is displayed on many pages of options versus being able to see all available plans in different orders to better compare
- Database and communication between programs
- Would have been better to start with paper applications, because then there would be one, complete, clean piece rather than information in numerous places and systems

Reuben will send a structured survey that will allow members to be more reflective about what the role of the exchange should be and what MNSure's core competencies are.

Voice of the industry – HIAC summit

Round robin led by Forrest Flint, Vice Chair

The Committee members discussed the Industry Summit possibility. Issues that were discussed included:

- Determine why the summit is established first; then Committee could take a vote.
- Who would be part of the summit? (Health Industry Committee or statewide? Not just plans and providers but also individuals and employers? Small with other industry people involved e.g. medical devices? Also possibly involve the Consumer and Small Employer Advisory Committee.)
- What questions are we trying to get answers to, are there speakers, what type?

- Would need to ensure balanced. Are we there to convey information to others or gather input and then interpret or try to assimilate dissimilar pieces? People may feel that it wasn't fair and balanced, so it could be touchy.
- Would want MNSure board support and presence and maybe presenting.
- There may be other ways to get more industry people involved.
- Maybe have someone present for last 10 minutes of committee meetings.

The Committee decided to table the Industry Summit, and no further action will be taken at this time.

Industry updates & adjourn

Round robin led by Forrest Flint, Vice Chair

Thompson requested Health Industry input from committee members' perspectives:

- SHOP – agreement with Council of Health Plans to hold on SHOP
- Decide whether MNSure is to be focused on providing an experience that helps consumers ask the right questions versus solely determining eligibility.
- Data standards: gave Medicare as example

Anything MNSure doing today that we shouldn't be?

- Auto-enrollment
- Not advising customers what program they're in
- How choices are displayed (screen gets filled with all options but may not be the best choices for that person)
- Communications about programs during shopping experience prior to system point of enrollment

Adjourn

Reuben moved to adjourn. There were no objections, and the meeting adjourned at 5:05 p.m.