

MNsure

Health Industry Advisory Committee (HIAC)

September 28, 2017

(Slide Deck Finalized on September 21, 2017.)

Agenda

1. Welcome & Introductions
2. Approval of Minutes
3. Public Comment/Operational Feedback Loop
4. MNsure Board & Staff Update
5. Political Landscape Discussion
6. SHOP Recommendation
7. Reporting Metrics Discussion/Recommendation
8. Individual Market Stabilization Discussion/Recommendation
9. Next Steps, Next Meeting

KEY DECISIONS TODAY

1. SHOP Recommendation
2. Pathway forward on two (metrics, individual market) recommendations

Welcome & Introductions

Approval of Minutes

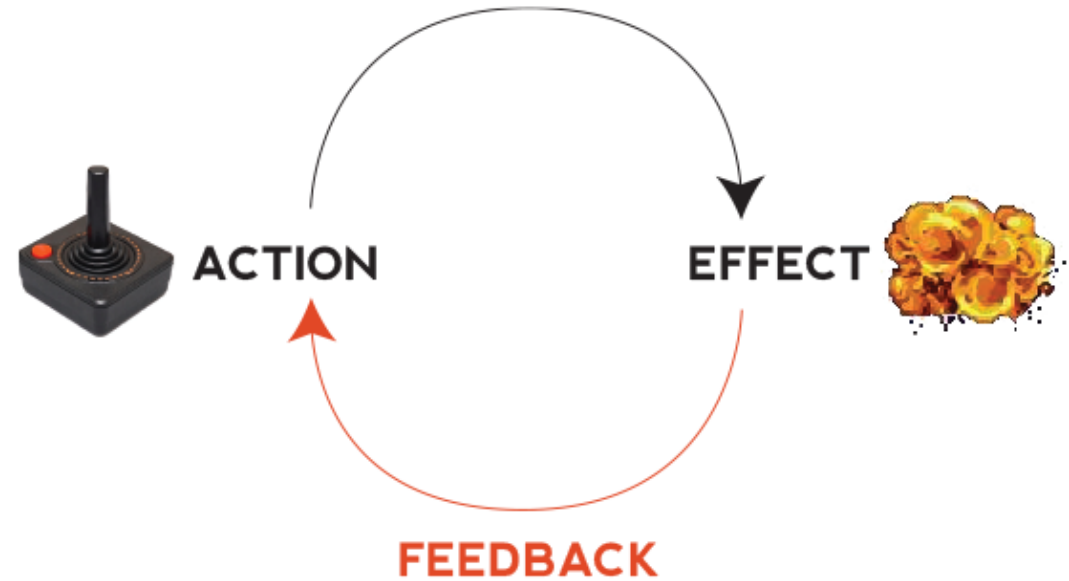
June 29 HIAC

July 10 Joint HIAC/CSEAC

August 17 HIAC



Public Comment & Operational Feedback Loop



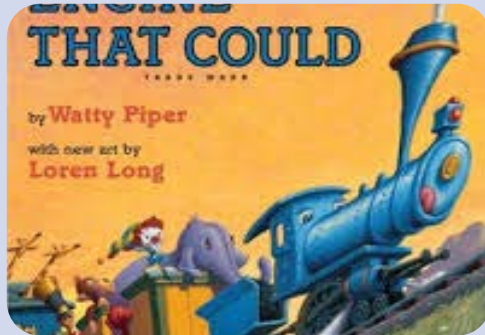
MNsure Board & Staff update



Political Landscape



Health Care



Medicare for All

Sen. Sanders
16 Democrats
No Financing Detail

Market Stabilization

Continue Cost-Sharing
Reduction payments
Give states more
flexibility on cheaper
health plans and/or
higher deductibles

Graham-Cassidy

Take \$1.2T in ACA and
ship to states in block
grants
End MA expansion, cap
& cut MA, repeal
individual mandate
Need 50 votes, until
9/30

"Extenders"

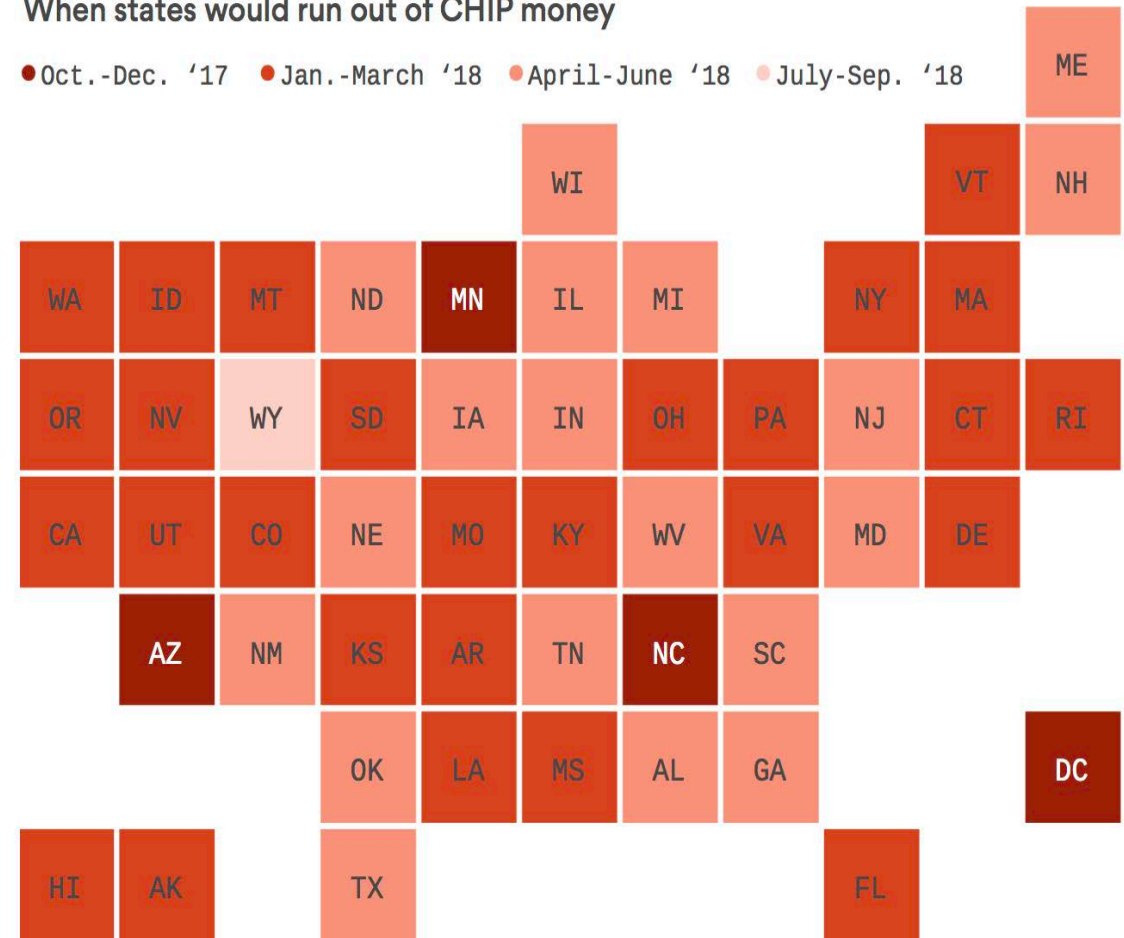
- CHIP
- Community Health Centers
- National Health Service Corps
- Teaching Health Centers

CHIP

- Agreement between Senators Hatch (R-UT) and Wyden (D-OR) announced on September 12th
 - 5-year extension
 - Maintain enhanced FMAP (+23%) through 2019
 - Reduce FMAP to +11.5% beginning in 2020
 - Scale down to pre-ACA in 2021 and 2022

When states would run out of CHIP money

● Oct. -Dec. '17 ● Jan. -March '18 ● April-June '18 ● July-Sep. '18



Data: MACPAC 2017 analysis; Cartogram: Andrew Witherspoon / Axios



The Children's Health Insurance Program in Minnesota

9/13/2017

Background and History

The Children's Health Insurance Program (CHIP) supplements existing federal Medicaid funds to cover health care for low-income Minnesota families. Minnesota administers CHIP through Medical Assistance, our state's Medicaid program, so there is no separate CHIP program. In other states, CHIP operates as a program for children that is distinct from Medicaid, or is used to cover all children with income up to 50 percentage points above the state's Medicaid income standard, rather than targeted to specific groups.

When the program was created in 1997, Minnesota was already covering most of the children Congress intended to cover through CHIP. Therefore, the Minnesota Legislature chose to use CHIP funds to extend benefits to a small group of children who did not have coverage at the time: those under age 2 with family incomes between 275 percent and 280 percent of the federal poverty line (FPL).

In 2001, Minnesota obtained a federal §1115 waiver to allow the state to use CHIP funds to add coverage for parents of some children on Medicaid. Over time, Congress also revised the CHIP law (Title XXI of the Social Security Act) to allow states to extend coverage to pregnant women who were ineligible for Medicaid and to use CHIP funding for Medicaid-enrolled children with incomes above 133 percent of the FPL.

Today, Minnesota uses its full federal CHIP funds to cover the populations in the table below.

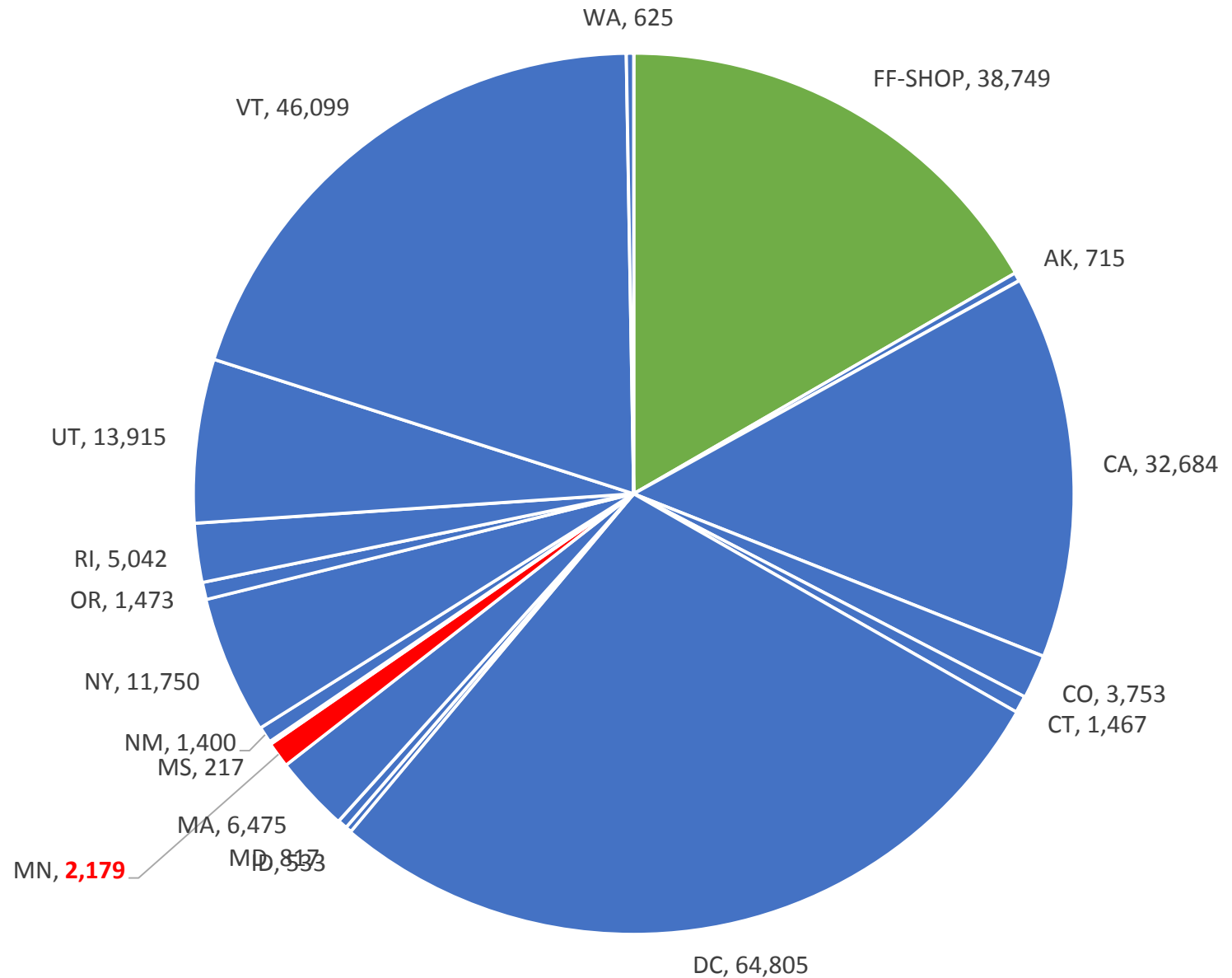
Minnesota's CHIP populations enrolled in Medicaid

Coverage	Income	Enrollment	CHIP Funding in 2017 ¹
Infants under age 2	Income above 275 percent up to 283 percent FPL	200	CHIP enhanced match at 88 percent; state funds at 12 percent
Pregnant women ineligible for Medicaid	Income up to 278 percent FPL	1,700	CHIP enhanced match at 88 percent; state funds at 12 percent
Children on Medicaid	Income above 133 percent and below 275 percent FPL	125,000	Medicaid match at 50 percent; CHIP additional match at 38 percent; state funds at 12 percent ²

HIAC Recommendation | SHOP

SHOP

- July, last health insurer (BCBS) announced they would not offer a product in 2018
- SHOP an option for small employers with 2-50 employees
- As of July 2017, 3,287 Minnesotans getting coverage through SHOP
 - Originally projected to have 155,000 by 2016

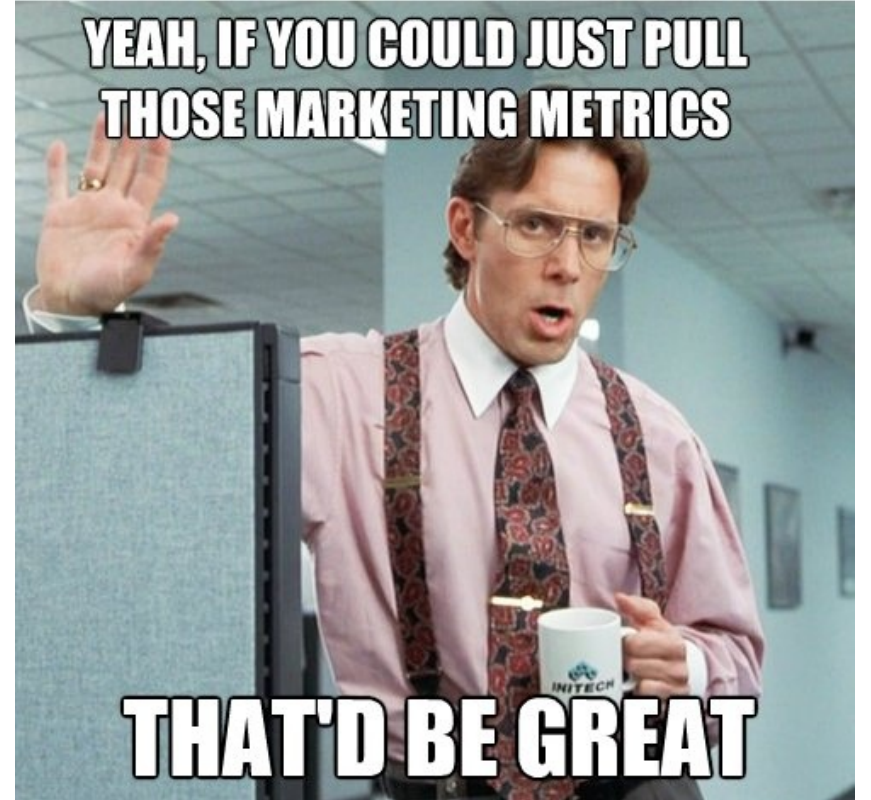


SHOP Recommendation to MNsure Board

- ***Given there is no MEDICAL carrier participation in SHOP, MNsure do the minimum necessary to not violate and satisfy federal regulations or align with the federally regulated open enrollment requirements for SHOP. Additionally, MNsure should redirect whatever SHOP resources to the individual market product support.***

EXPENDITURES / USES	FY17	FY18	FY19
Administration	6,848,000	7,450,000	7,720,000
Executive	945,000	1,160,000	1,180,000
Support Services	3,805,000	3,970,000	4,190,000
Legal & Compliance	2,098,000	2,320,000	2,350,000
Regulatory	200,000	200,000	200,000
MDH	200,000	200,000	200,000
Communications	2,917,000	2,780,000	2,710,000
Communication & Marketing	2,917,000	2,780,000	2,710,000
Customer Service	23,407,000	21,750,000	21,930,000
Plan Mgmt & Reporting	370,000	1,010,000	1,040,000
Eligibility & Enrollment	960,000	1,400,000	1,420,000
PMO Office	3,773,000	890,000	830,000
SHOP Program	352,000	370,000	380,000
Navigator Program	500,000	810,000	830,000
QHP Enrollment Fee Grants	750,000	750,000	750,000
Community Outreach Grants	4,105,000	4,120,000	4,100,000
Contact Center	11,357,000	11,520,000	11,680,000
Assister Resource Center	725,000	880,000	900,000
CCIIO Reconciliation	515,000	0	0
METS IT System	10,990,000	10,000,000	7,000,000
Operations	3,000,000	3,000,000	3,000,000
Development	7,990,000	7,000,000	4,000,000
TOTAL EXPENDITURES / USES	44,362,000	42,180,000	39,560,000

HIAC
Recommendation |
MNsure Reporting
Metrics



Current Reporting Dashboards (MNsure Board)

Enrollment Dashboard – 1 of 2

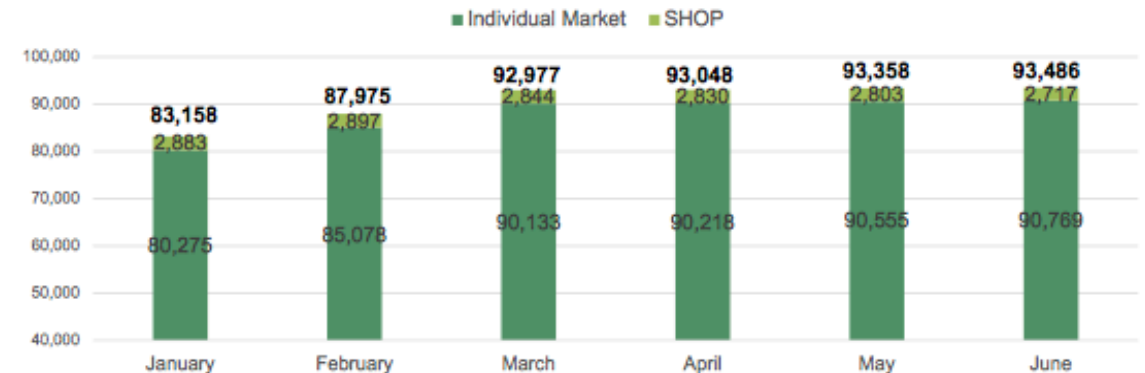
Cumulative Enrollment, Nov. 1, 2016 – July 23, 2017	
Total	556,630
Medical Assistance applications	361,474
MinnesotaCare applications	65,759
Qualified Health Plans	129,397
QHP new enrollees	59,483
QHP renewals	66,627
QHP via SHOP	3,287
Qualified Dental Plans	12,868

QHP Households Receiving Financial Help, June 2017	
Households with Advanced Premium Tax Credits	72.9%
Households with Cost Sharing Reductions	14.3%

Cumulative SHOP Enrollment, Nov. 15, 2016 – July 23, 2017	
Employers enrolled	427
Employees enrolled	2,096
Individuals enrolled (including dependents)	3,287

Effectuated Enrollments and Average Premiums, 2017

Monthly Effectuated Enrollments
January – June 2017



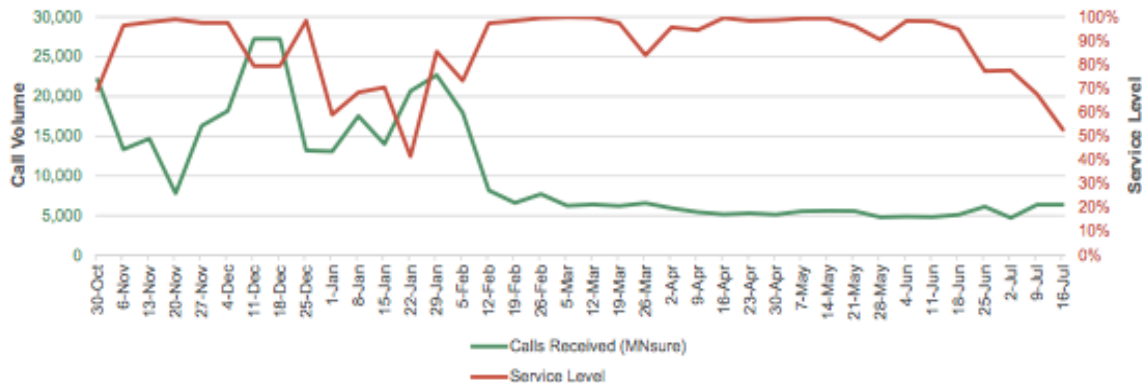
	January	February	March	April	May	June
Average Premium (Pre-APTC)	\$579.77	\$578.46	\$571.68	\$569.97	\$568.94	\$568.36
Average Premium (Post-APTC)	\$275.57	\$263.47	\$259.93	\$259.47	\$260.10	\$260.10

Note: Effectuated enrollments and average premium amounts are based upon the latest data received from carriers. Average premium post-APTC is based on individual market enrollees only. Average premiums do not include Minnesota's premium subsidy program.

Current Reporting Dashboards (MNsure Board)

Contact Center Call Volume and Service Level

MNsure Contact Center Call Volume/Service Level
November 1, 2016 – July 23, 2017



Service Level represents the percent of calls answered in 5 minutes or less.

Note: Call volumes represent weekly totals for week beginning with date.
Service Level represents weekly average for week beginning with date.

Customer Service Dashboard

Contact Center, June 19 – July 23, 2017	
Call Volume	28,708
Service Level (% of calls answered in 5 min. or less)	74.02%
Average Speed of Answer	0:02:43
Calls Abandoned while in Queue	8.57%

All Callers Top Contact Center Inquiries, June 19 – July 23, 2017	
1. MA/MCRE	15.04%
2. Password reset/Account unlock	14.06%
3. Existing/Pending Inquiry	7.83%

Assister Resource Center (ARC) Top Inquiries, June 19 – July 23, 2017	
1. Existing/pending inquiry	56.34%
2. Password reset/Account unlock	20.00%
3. Determination result	7.68%

Survey Monkey Results (n=5)

- average premiums by year starting in 2014 showing pre and post-APTC
- % of calls answered within 30 seconds or less measured weekly with goal being 80% or better
- average speed of answer as % of calls answered in 30 seconds or less (answered = talk to a human being) with goal being 95% or better
- First call resolution target of 70% or better (measured via after call survey to a representative sample of callers)
- 80% of calls answered in 30 seconds It would be good to get this for the broker assister line also.
- None to add
- Good metrics currently reported

HIAC Dashboard Needs/Recommendations

- Other metrics
- Refinement of current metrics
- Comparison to industry standards/averages
- DEVELOP A LIST TODAY FOR APPROVAL vs. GATHER A LIST FOR CONSIDERATION IN OCTOBER?

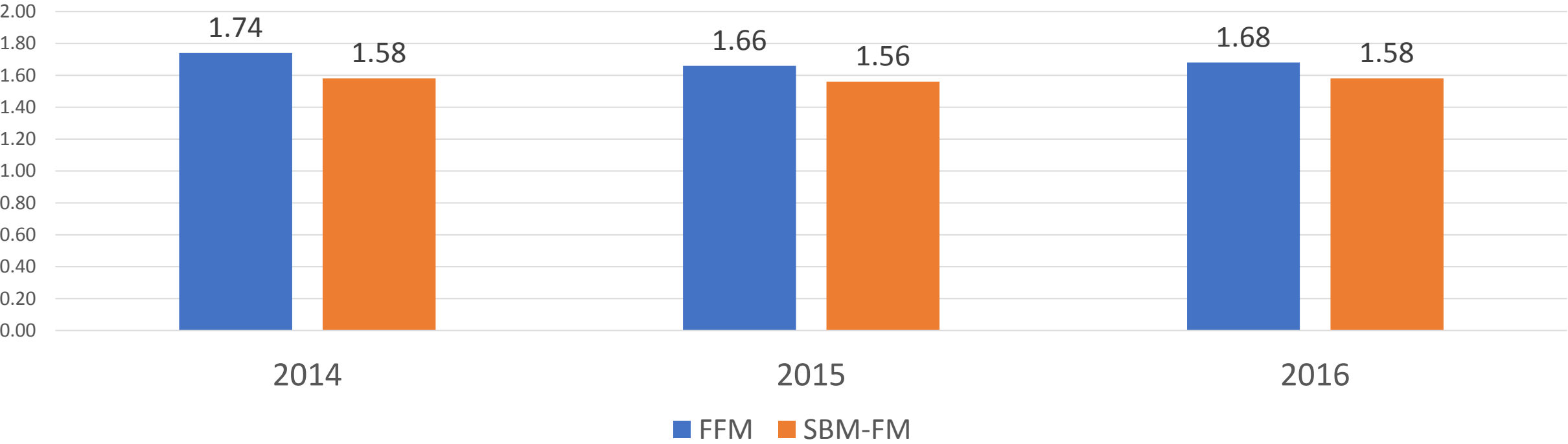
Minnesota Premium Security Plan (State-Based Reinsurance)



- New state-based reinsurance program for individual market created by Legislature and took effect on April 4, 2017.
- MN Dept. of Commerce projects a reduction, on average, of market premiums by 20%
- MN submits Section 1332 Waiver to federal government
- A re-purposed MN Comprehensive Health Association (MCHA) payment will reimburse health insurers for re-insurance-eligible expenses incurred during a plan year.
- **For 2018, a reinsurance program with an attachment point of \$50,000 and a cap of \$250,000 with payment of claims at an 80/20 rate.**
 - **After 2018, MCHA Board will propose parameters based on available funding.**
- **Funding = \$271 million in reinsurance payments in 2018.**

Measure of Individual Market Stability

Individual Market Plan Liability Risk Score



Minnesota	State Average Monthly Premiums	State Average Plan Liability Risk Score	State Average Allowable Rating Factor	State Average Actuarial Value
	\$386.68	1.382	1.707	0.765

HIAC Recommendations for Individual Market Stabilization – “Wildcards” (as of 9/21/2017)

- Trump Administration and Congressional action in 2017
- Recommendations to MNsure Board vs. Policy Recommendations to Minnesota Legislature
- Understanding of MCHA role moving forward
- Other?

Survey Monkey Results (n=5)

- -Broaden anti-kickback regs to prohibit the use of drug co-pay cards and coupons by individuals with health care and prescription drug benefits funded by any health care insurer (not just Medicaid) –
- Evaluate essential health benefit options and actively chose the option most favorable to MN (ten options available by law)
- To keep insurers from exiting the exchanges, allow those plans that incur unexpected losses due to federal policies and uncertainty (such as cost share subsidies and/or enforcement of the individual mandate) to recoup those losses over the next three years (Covered CA example).
- Absent clarity on continued payment of cost share subsidies, include a surcharge on silver-level ACA plans. Most consumers will be protected from the increase because they receive premium tax credit subsidies. (Covered CA example)
- Requirement that if carrier is on the MHCP (MA, MinnCare) market, they have to offer products on individual market.
- Stabilizing the individual market is a bit beyond what our committee can directly influence. The state legislature took action this past year. An overview of the MN State Premium Security Plan might be helpful to the committee at some point.
- Increase the penalty for not signing up? Would/wouldn't that prod more people to get with the program? Car insurance is more stringent than health care. Homeowner's insurance is much more stringent....

Next HIAC Meeting

- October 30, 2017 | 2:30 pm – 5:00 pm, Ucare
 - Survey Monkey response – *“Jon buys beers on last day.” (n=1)*
- October 18, 2017 – MNsure Board Meeting (HIAC Recommendation?)
- November 15, 2017 – MNsure Board Meeting (HIAC Recommendation and who?)