



# MNsurance Joint Advisory Committee Meeting Minutes

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**Tuesday, May 30, 2017, 2:30 – 5:00 p.m.**

**UCare, 500 Stinson Boulevard NE, Minneapolis, MN 55413**

**Consumer and Small Employer Advisory Committee members in attendance:** Richard Klick – Chair, Mary Ellen Becker, Nancy Breymeier (via phone), Matthew Flory, Leigh Grauman, Kim Johnson (via phone), Ann McIntosh, Denise Robertson, Kathleen Saari (via phone), Hussein Sheikh, Matthew Steffens

**Health Industry Advisory Committee members in attendance:** Jonathan Watson – Chair, Ghita Worcester – Vice Chair, Kenneth Bence, Kyle Bozentko (via phone), David Dziuk (via phone), Forrest Flint (via phone), Carl Floren, Thomas Hoffman, Hillary Hume, Harlan Johnson (via phone), Andy McCoy, Heidi Mathson, Daniel Miesle, Chris Rofidal, Charles Sawyer, Bette Zerwas

**Consumer and Small Employer Advisory Committee members not in attendance:** Bentley Graves, Kate Onyeneho, Peter Musimami

**Health Industry Advisory Committee members not in attendance:** Reuben Moore

**Staff in attendance:** Aaron Sinner – Board and Federal Relations Director, Christina Wessel – Senior Director of Partner and Board Relations, Marie Harmon – Marketing & Communications Specialist

## Meeting Topics

### Welcome & Introductions

*Jonathan Watson, HIAC Chair*

*Richard Klick, CSEAC Chair*

Jonathan Watson, HIAC chair, called the meeting to order at 2:34 p.m. Jonathan advised the joint committees that the meeting would focus on a recommendation around the length of open enrollment, in addition to the formation of an assister functionality workgroup. He used the [Joint Advisory Committee meeting slide deck](#) to orient the agenda.

Members introduced themselves.

### Approve April 25, 2017 Joint Advisory Meeting Minutes

*Jonathan Watson, Chair*

Chuck Sawyer moved to approve the draft [April 25, 2017 meeting minutes](#). Andy McCoy seconded. All were in favor and the minutes were approved.

## Public Comment

CSEAC member Matt Steffens shared a personal experience he had with his insurance. Matt advised the committees that he was told he needed to be approved by his clinic, St. Luke's, before they would be able to see him as a patient. He was told by the clinic that they would gather his medical records, and the process would take about three weeks. He said he was told that he would need to go to the emergency room if he would like to be seen for same-day care. Matt asked other committee members for their impressions of how widespread these sorts of practices were.

Ghita Worcester, HIAC Vvce chair, said she would be happy to talk to Matt offline and that she had never heard of something like this before. Andy commented that it sounded like poor customer service and was likely a one-off experience.

## 2017 U.S. Congress & Minnesota Legislature Update

*Jonathan Watson, Chair*

Jonathan briefly talked about the HHS omnibus bill that the governor was currently reviewing and noted that the language moving Minnesota to the federal exchange was no longer present. He advised that the only MNsure-specific language in the bill was in regards to a special enrollment for small employers that offer a qualified small employer health reimbursement arrangement. Jonathan said that the governor would be making a decision about the bill by the end of the day. He noted the bill was not related the new CMS rule on market stability.

On a federal level, Jonathan spoke on a new CMS rule regarding SHOP. He referenced a document entitled [The Future of the SHOP: CMS Intends to Allow Small Businesses in SHOPS Using HealthCare.gov More Flexibility when Enrolling in Healthcare Coverage](#). Jonathan noted that enrollment within the federally facilitated SHOP marketplaces had been lower than anticipated. Jonathan said that CMS intends to propose that instead of enrolling online at HealthCare.gov, employers would enroll directly with an insurance company offering SHOP plans. Tom Hoffman clarified that the small business tax credit would be available directly through the insurance carriers.

Ghita noted that the current cost-sharing reduction (CSR) dispute could change the health insurance landscape. Tom summarized that the U.S. House GOP had sued the Obama administration because they believed that CSR payments were funded illegally. He advised that the courts ruled in favor of the GOP and that the Obama administration appealed the decision, which remained ongoing. Tom noted that President Trump could, at any time, drop the appeal, and CSR payments would be deemed illegal. Tom said that a large majority of those on the individual market benefit from CSRs. He also noted that the appeal is open for 90 days.

Aaron Sinner, MNsure staff, advised that this decision would impact MinnesotaCare because the program receives the federal funding equivalent of the Advanced Premium Tax Credits and CSR its enrollees would receive if they were shopping in the individual market—approximately \$100 million per year.

## **MNsure Board & Staff update**

*Aaron Sinner, Board and Federal Relations Director*

Aaron advised there was no board meeting in May, but the next meeting would be on Wednesday, June 21.

## **Open Enrollment Period Recommendation Discussion**

*Jonathan Watson, Chair*

Jonathan started the discussion by presenting slides 8-26 of the [meeting slide deck](#).

Jonathan noted that in 2019, the annual open enrollment period was already scheduled to reduce to 45 days, but that the MNsure board has the authority to offer a special enrollment period to extend the amount of time Minnesotans have to select coverage.

Dave Dziuk clarified that generally, insurance carriers that sell private health plans outside of the exchange match their open enrollment period to the exchange.

Tom said he is most interested in if the open enrollment period would be extended into the plan year, since doing so brings in more variables and introduces opportunities for gaming the system.

Jonathan also shared an article entitled [Looking Ahead To 2018: Will A Shorter Open Enrollment Period Reduce Adverse Selection In Exchange Plans?](#)

Ghita remarked that regardless of how long the sign-up period is, procrastinators will sign up towards the end of the period.

Tom asked brokers what their workload would be like if the open enrollment period was shortened. Heidi Mathson advised that the three month open enrollment period length is already unmanageable, but she also doesn't necessarily want to see the 45 day period extended. Dick Klick, CSEAC chair, said that education and information dissemination would be very important if the open enrollment period was shortened.

Dave agreed with Ghita's earlier sentiment and added that those who need insurance will buy it first. He also added that from his experience, people stop paying their premiums in November and December and use their grace period to jump back into coverage in January. Dave advised that having the open enrollment period end before the end of December may encourage enrollees to keep paying their premiums.

Committee members expressed concern over whether MNsure had the capability of handling an increased load, especially with manual processes, system loads, and staffing.

Denise Robertson advised that open enrollment has fallen over a lot of key holidays in the past, and that it doesn't just matter if open enrollment is only six weeks, but also *which* six weeks.

Matt Flory said that MNsure needs to have a very good communication plan if the dates change compared to previous years, because Minnesotans will assume everything is the same and try to apply when they are unable to do so.

Tom added that open enrollment ending before the end of the year is best and that procrastinators will procrastinate no matter how much time they are given.

Heidi said the committees needed to take into account that selecting a health plan is a hard decision, especially if consumers have limited choices and high premiums. Matt Steffens added that enrollment caps created a sense of urgency for a lot of people, so they signed up early, and that the reimbursement legislation caused a spike towards the end of open enrollment.

Ghita noted that rates will not be finalized until the end of July, so the open enrollment period cannot be moved up too far or the education period for consumers will be too short.

Jonathan then presented slides 27-28, which featured five possible options for open enrollment period lengths and approaches.

Chuck asked what the advantages were to a shorter open enrollment period. Matt Flory advised that a shorter enrollment period lines up with other insurance options, such as Medicare, which some people are more accustomed to. Mary Ellen Becker advised that the population getting coverage through MNsure is not tuned into that. Hillary Hume added that a shorter period would help prepare consumers for Medicare, with its shorter open enrollment period.

Aaron advised that the federal government sets the open enrollment period, but that this year specifically, federal regulations explicitly acknowledged state-based exchanges' ability to offer a special enrollment period that supplements the open enrollment period. Aaron was unsure of what regulations in future years might say.

Heidi brought up the idea of rolling enrollment based on the consumer's birthday. Every year, consumers would get 30 days before their birthday to enroll. She added that this would help with the strain on resources. Matt Flory asked if most insurance programs enroll around the same time frame. Heidi confirmed and advised that is how it has always been. Ghita advised that rolling enrollment wouldn't fit well with the current individual mandate and tax reporting structure.

Committee members discussed the pros and cons of each option. Tom advised that option four, with open enrollment running October 1 to December 15, addressed the desire to end the open enrollment period before the start of the calendar year, but also gave all parties more time to process and make decisions. Bette Zerwas said she agreed and liked splitting the difference between 45 and 91 days. Dave also agreed and reiterated the desire among health carriers for the open enrollment to end before the end of December. Matt Steffens added that option four seemed reasonable, but that special consideration should be made for an education period before open enrollment began.

Aaron reminded members that the MNsure board and CEO were hearing from multiple stakeholder groups on the topic, and suggested the committees be sure to provide explanation as to why they chose the recommendation they did. Aaron also noted that in contemplating an

earlier start to open enrollment, discussions with the Department of Commerce would be especially important because of their rate certification timeline, which currently has rates being announced publicly on October 1. Leigh Grauman added that MinnesotaCare renewals are due in December, which could be problematic if open enrollment also ends in December.

Ghita noted for the group that the plans would want MNSure to announce any changes to the open enrollment period length by early July. She advised the committees should make a recommendation at this meeting to present to the board at its June 21 meeting.

Denise asked what MNSure thought about what was being discussed. Christina Wessel, MNSure staff, advised that she didn't want to influence the discussion and that committees like these are important because their recommendations are based on their experiences. Christina mentioned that there won't be a perfect enrollment period because every stakeholder has different priorities. Christina added that the committees should be aware that MNSure's 2017 IT roadmap for development and operational work, including open enrollment set-up, was in place and wasn't always immediately flexible.

**MOTION:** Chuck moved to recommend option four, a 75-day enrollment period between the dates of October 1 and December 15. Andy seconded. All were in favor and the motion was approved.

Jonathan said he would prepare a document explaining why this recommendation benefits different stakeholder groups, including consumers, assisters, and health plans. Aaron said he would share Jonathan's prepared document with committee members so they could let him know if anyone felt it was not reflective of the vote taken.

## SHOP Discussion

*Richard Klick, Chair*

Dick summarized the current status of SHOP and requested a discussion of the current policies and a possible recommendation at the next meeting. Dick advised that by the next meeting they would know more and be able to have a more in-depth discussion.

## Assister Functionality Workgroup

*Jonathan Watson, Chair*

Jonathan noted that at the previous joint meeting, MNSure staff members gave updates on the assister program. He said he would like to form an assister workgroup to supply MNSure with additional recommendations. Jonathan asked for volunteers to participate. Volunteers included: Dick (as workgroup chair), Ghita, Leigh, Hillary, Matt Flory and Heidi. Per Ghita's request, subgroup members may bring a subject expert if they are not a subject matter expert themselves. The workgroup noted they were open to participation from MNSure staff. The subgroup will generate recommendations to bring before the committees for a vote. Jonathan said he would set up a Doodle poll to decide on meeting dates.

## Operational Feedback Loop

*Jonathan Watson, Chair*

Mary Ellen suggested asking the board what their “hot button” topics would be over the next three to six months so the committees would have an idea of what to discuss at future meetings.

## **Next Steps and Next Meetings**

*Jonathan Watson, Chair*

Jonathan reported that the next MNsure board meeting would be June 21, the next Health Industry Advisory Committee meeting would be June 29, and another joint advisory committee meeting would take place July 27. The Consumer and Small Employer Committee will next meet on June 27.

**MOTION:** Chris Rofidal moved to adjourn. Hussein Sheikh seconded. With no objections, the meeting adjourned at 4:52 p.m.