Health Care Financing Task Force

**Vision:** *Sustainable, quality health care for all Minnesotans*

MEETING: Seamless Coverage Workgroup

Friday, October 16, 2015; 8:30 a.m. – 11:00 a.m.

Minnesota State Office Building, Room 200 S

Minutes

| **Item** | **Presenter** | **Discussion /Resolution** |
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| **Introduction** | Lynn Blewett | * The Seamless Coverage Workgroup lead, Dr. Lynn Blewett, opened the meeting and invited Workgroup members to share their thoughts on the workgroup process and its progress to date. * A number of members expressed concern regarding the pace of workgroup deliberations and the short timeline for developing recommendations, particularly in light of the broad scope of topics the workgroup plans to cover, the complexity of the issues under consideration, and the need to ensure recommendations are consensus-based and reflect bipartisan solutions with the greatest chance of legislative success. * Members requested that they be provided with additional background reading materials/resources in advance of future workgroup meetings to allow them more time to deepen their understanding of the issues and options under consideration and to think through potential recommendations. * Some workgroup members also suggested the group potentially consider narrowing the scope of recommendations included in the January 15 report to the Governor and Legislature, or ways to sequence the timeline so that a near-term set of issues are addressed in the January report and those requiring additional deliberation addressed in a future report. |
| **Marketplace Options for Further Consideration** | Manatt and MN.IT | * *See Manatt presentation.* * Patricia Boozang of Manatt reviewed the “Marketplace problem statement” which was developed based on discussion at the group’s last meeting and describes areas of concern with regard to MNsure that the Workgroup intends to address through its recommendations. Ms. Boozang also reviewed the goals for a Marketplace in Minnesota, which were similarly developed based on discussion at the Workgroup’s last meeting. * Ms. Boozang then reviewed the four Marketplace models under consideration, noting that no options were eliminated following last week’s Workgroup discussion and that all options remain on the table for the group’s consideration.   + One member asked whether an option exists to temporarily move to the federal IT platform for Marketplace programs while state IT issues are addressed, and whether this might assist in accelerating implementation of MN’s Integrated Services Delivery System (ISDS). In response, the group agreed to turn to its planned discussion around the “stay the course” option to allow representatives from MN.IT to report out on the current status of the ISDS, as well as the current status of MNsure’s IT functionality for the upcoming open enrollment period. * Scott Peterson of MN.IT recapped the four ongoing DHS IT modernization initiatives that the group discussed at its last meeting, focusing particularly on the MNsure IT system and ISDS.   + Workgroup members discussed the impact of the various Marketplace models under consideration on MN’s IT systems, specifically with regard to the extent to which moving QHP eligibility determinations to the FFM would require coordination and data exchange with DHS around Medicaid eligibility determinations. Discussion included a brief overview of the differences between the FFM Determination model and the FFM Assessment model, and the relative advantages/disadvantages of each. The group requested additional information on states that have opted to use the Determination model and their experiences to date. * Mr. Peterson also provided an overview of the IT project governance structure for the modernization initiatives, with a particular focus on how projects align within the Department, how priority decisions are made, and where MNsure and ISDS with within the governance structure. * Mr. Peterson next provided additional details on the timeline for the MNSure IT system, noting that there are additional releases planned in 2015 that will enhance system core functionality and deliver a range of functionality improvements and defect fixes (e.g., around 834 transactions and the planned assister portal). MN.IT will provide members with additional details regarding the specific functionality planned.   + The group discussed the 834 enrollment transaction and the progress made to date in addressing related challenges. There have been several rounds of testing around the 834 transaction with a final round of testing expected in the near-term, with an expectation that this will be ready for the 2016 open enrollment period (OEP). However, it was noted that despite significant progress, there will still be some limitations to full auto-enrollment functionality for the 2016 OEP (e.g., will not yet have auto-enrollment functionality for renewals or special enrollment periods), which is currently available through the FFM.   + Workgroup members requested additional information outlining the key IT functionalities for Marketplace transactions and the extent to which they are currently offered or better performed by the MNsure IT System versus by the FFM IT system.   + Workgroup members discussed and agreed that the best way to assess the current state of MNsure’s IT system and how it compares to other IT models, including the federal IT system, is to evaluate its relative performance during the 2016 OEP. To inform this assessment and resulting recommendations regarding MNsure, the Workgroup recommends developing criteria that define expectations of the Marketplace, and against which MNsure’s 2016 OEP performance (as well as the performance of states that are using supported SBM, FFM, and partially privatized models) can be assessed. MNsure noted it would provide the Workgroup with details of its planned IT roadmap to inform criteria development.   + Workgroup members noted that timing for this approach must be given additional consideration; if the State decides to move to the FFM or a private vendor IT platform, it would need to have completed its assessment and be ready to make its decision by Spring in order to ensure sufficient time to transition to a new model.   + One member also suggested that the group consider potential mechanisms for informing legislators regarding the criteria they should be monitoring/evaluating during and following the 2016 OEP to best prepare them when the time comes to make decisions on the Marketplace. * The group then discussed the partially privatized Marketplace model, focusing on pros and cons and Idaho’s experience leveraging the model to date. The group emphasized the importance of evaluating the extent to which administrative efficiencies and cost savings are generated in the partially privatized model, as well as the extent to which it would or would not solve existing challenges. Members also noted the importance of evaluating the consumer experience in the partially privatized model, as well as how it interacts with brokers and Navigators. |
| **Discussion** |  | * The workgroup reiterated their recommendation to (1) keep all four Marketplace options open for consideration, (2) use 2016 OEP experience and outcomes to inform the final decision among models, and (3) develop a list of criteria against which to evaluate 2016 OEP performance. The group then turned to a preliminary discussion regarding a framework/criteria for assessing the options under consideration, and agreed that additional criteria should be added to the draft list in the slide deck, including: impact on consumer assisters (e.g, brokers, Navigators, etc.), cost considerations, capacity to integrate with other eligibility and enrollment system/ISDS, impact on MinnesotaCare, and success with back-end enrollment transactions. * The group also requested additional information on the differences between partially privatized and private marketplace models, and suggested potentially evaluating the experience of other states that employ state-administered county delivery services (e.g., Colorado). |