



Consumer and Small Employer Advisory Committee Meeting Minutes

May 26, 2020, 2:30 – 5 p.m.

Virtual meeting via Cisco Webex

Participants in attendance (via phone): Grace Aysta, Denise Robertson, Lana Barskiy, Leigh Grauman, J.P. Little, Madison Nelson, Olga Sheveleva

Members not in attendance: El'gin Avila, Steven Narowetz, Kathleen Saari

Staff in attendance (via phone): Christina Wessel, Eva Groebner

Meeting Topics

Welcome & Roll Call (Attendance)

Grace Aysta, Chair and Denise Robertson, Vice-Chair

Grace Aysta, chair, called the meeting to order at 2:38 p.m. She reviewed MNsure's purpose statement:

The purpose of MNsure is to ensure that every Minnesota resident and small business, regardless of health status, can easily find, choose, and purchase a health insurance product that they value and does not consume a disproportionate share of their income.

Christina Wessel, MNsure staff, took attendance.

Review & Approval of Prior Meeting Minutes

CSEAC Members

The committee reviewed the March meeting minutes before voting to approve.

Motion: Denise Robertson moved to approve the [draft April 28 meeting minutes](#). Leigh Grauman seconded. All were in favor and the minutes were approved.

MNsurance Updates

Christina Wessel, Senior Director of Partner and Board Relations

Christina informed the committee that the MNsure board had not met in the time between CSEAC meetings and are scheduled for a remote meeting on June 17. She continued that the Minnesota Senate and House of Representatives ended their most recent session on May 18,

2020. She said that two noteworthy conclusions of this session were the Alec Smith Insulin Affordability Act and approval of renewed state employee contracts. The emergency insulin program can provide 30 day's supply of insulin and the application will be hosted by MNsure as a PDF form under a new domain. MNsure is also training navigators to aid Minnesotans in applying for longer term insulin access. Insulin affordability programs will be available to the public on July 1, 2020.

Christina continued that MNsure's staff has been working remotely since March and will continue to do so indefinitely.

Christina then announced that a new special enrollment opportunity has been launched to MNsure consumers as of May 11, 2020. The ongoing special enrollment is offered to Minnesota residents who have experienced a decrease in household income and are newly eligible for tax credits by exchange standards. The enrollees must have had minimum essential coverage for one or more days in the 60 days immediately preceding their decrease in household income. Christina explained that this enrollment opportunity will be for a narrower population than the COVID-19 special enrollment period was, but that MNsure is looking forward to offering another qualifying life event for its consumers.

Denise asked for more specifics about the newly offered special enrollment opportunity, specifically whether Consolidated Omnibus Budget Reconciliation Act (COBRA) enrollees will be able to act on it. Christina replied that COBRA could be considered minimum essential coverage, so a COBRA enrollee could have potential to utilize the special enrollment period under a narrow scope. She continued that the household, not specifically the enrollee, would need to confirm an income decrease. Denise inquired whether the "15/16" enrollment rule is adequately explained to consumers in these enrollments and provided an example of a consumer she worked with that was hurt by the rule. The consumer was not aware that he needed to select a plan before the 15th of the month and when he contacted MNsure with his plan selection he found out that he would have a gap in coverage during the pandemic. For qualifying life events that open a special enrollment period that follow the 15/16 rule: if the enrollment is received between the first and fifteenth of a month the coverage begins on the first day of the first following month. If the enrollment is received between the sixteenth and last day of the month, coverage begins on the first day of the second following month. Not all qualifying life events are dictated by the 15/16 rule. Christina replied that enrollment date qualifiers are listed on MNsure's website, and that consumers may research the coverage effective dates if they are exploring how special enrollments work. She offered to pass along Denise's feedback that the effective date rules should be more prominent on MNsure's website.

Working Session

Grace Aysta, Chair

Grace asked the committee to follow along with a PowerPoint presentation. She led with improvement of interdepartmental communication, mentioning that the committee had pivoted to this from a previous recommendation of an ombudsperson office. She added that it seems that the consumers that need the most guidance tend to be bounced between departments the most. Madie Nelson and Denise provided specific examples between committee meetings, but

Grace welcomed more in order to present to the MNsure board in an upcoming month. A leading requirement in this recommendation was presented as continuous education for the agencies and their partners. This would include the Minnesota Department of Human Services (DHS), the county staff, MNsure, navigators, brokers, and potentially even health insurance carrier staff. To this point, Grace continued that equal level positions across the agencies should have access to the same training and information, perhaps through work-flow charts. The committee would like to recommend that the agencies meet and interact on a more regular basis.

Denise mentioned that MNsure's Navigator Stakeholder group communicates with DHS as well as MNsure, but the counties are not represented. She thought that the counties ought to be invited to more discussions. She emphasized transparency between system users at every level and recommended that any available resources be circulated as aid. Denise noted that there may be a flow chart specific to case issues that is in use at DHS. Material such as this could help every level, from consumer to assister or MNsure staff, in understanding where to direct certain questions.

Christina explained that the counties work directly with DHS, not MNsure and its assister partners. She estimated that the counties and DHS have meetings about twice a month. Grace replied that was a noteworthy observation and it may be worth asking the board to encourage a stronger relationship between the public program agencies.

Grace moved to the next slide, regarding life event changes (LEC) noting that consumers need real time information in order to make informed decisions about their health care. The recommendation included expanding knowledge among consumers and launching LEC-specific instructions. Denise expanded that many consumers face a decision to seek care at the risk of high debt. She explained that regular clinics are more likely to turn away the un-insured, leaving the emergency room as their only option when ill. Once a person is forced to seek care at the emergency room their medical bills can reach thousands of dollars, driven up by utilizing emergent resources rather than preventive measures. Denise commended MNsure's Resolution Review Team (RRT) as a tool implemented to offset delays, but also recommended that more resources be available to this end. She added that her agency notes LECs are frequently sent back to them in order to reformat the information provided to MNsure. She commented that helping assisters and consumers know how the data needs to be reported upfront could help changes be processed more quickly with no duplicated work.

Madie said that there needs to be emphasis on the financial burden for consumers. Grace agreed and stated that one month's wait may be palatable for some consumers at times, but if they face an emergency a month seems an eternity. Christina informed the committee that MNsure has a medical emergency escalation process for cases such as these. She also noted that MNsure's website lists the information that consumers should have ready when they report household changes; under "current customers" and then "report a change." She added that a consumer can call MNsure's Contact Center and have their current information read to them if they are unsure what they previously reported.

Leigh added that her agency trains their navigators how to properly report consumer changes online, but she can understand how agencies that don't navigate full-time may have more

difficulty. She continued that language barriers can exponentially increase health insurance illiteracy. Denise agreed, noting that the majority of consumers do not utilize assisters. She added that MNSure needs to improve translation and interpretation for all processes, including but not limited to LECs. Denise referred to “call trees” where the assister, a translator and the consumer are on separate lines complicating communication.

Madie noted that MNSure has shifted from allowing navigators to report LECs over the phone to requiring the changes be reported online. Leigh replied that there is a list on MNSure’s assister website that specifies which changes are to be reported online versus over the phone. She also mentioned that assisters can call the Assister Resource Center (ARC) to request the current application information or to escalate a reported change as a medical emergency.

Grace summarized that the committee would like to emphasize that processes can be streamlined by requiring fewer people and less intervention per case.

Grace directed the committee to the next slide, plan affordability, the goal of which is to reduce plan costs for consumers in the highest rating areas. The committee suggestion is to develop an “in state tuition” concept to reduce routine procedures’ costs at large hospitals that frequently serve out of state/country patients. Grace noted that the committee may not have the purview to make the industry change, but that it is a cause that they value and will continue to evaluate.

Denise reminded the committee that the board recommended this topic to both advisory committees. She agreed with Grace that the disproportionate cost of insurance among Southeast Minnesota has consequences worth discussing, even if a tangible recommendation cannot be made to the board. She offered to present examples of the consumers that her agency has previously worked with in order to establish patterns for the board. Denise stated that many consumers enroll into the plans with the lowest premiums, even when they don’t cover the consumer’s needs, in order to avoid being uninsured. She continued that she has seen numerous consumers drop out of the exchange in the past two years as health insurance premiums climb and even tax credits cannot make plans affordable in these areas. Denise also noted that more consumers in these areas make-due with farm-based or religion-based coverage that doesn’t meet minimum essential coverage standards.

Olga Sheveleva added that the board has acknowledged the disparity across rating areas, and more entities calling for reform increase likelihood to see resolution at the state level.

Grace moved to the next recommendation, also suggested to the committees by the MNSure board: *“Federal rules and regulations allow for use of certain kinds of health reimbursement arrangements toward the purchase of individual market health insurance. This includes qualifying small employer health reimbursement arrangements (QSEHRAs) and individual coverage health reimbursement arrangements (ICHRAs). How should MNSure respond to these opportunities? Should MNSure promote or pursue enrollees via these mechanisms? What level and kinds of support should MNSure offer to these types of enrollees?”* Grace recapped that the committee intends to recommend that MNSure support – but not promote – employees that seek coverage through QSEHRA or ICHRA and expand the knowledge that these plans may disqualify consumers from receiving advanced premium tax credits.

Grace suggested that the committee table discussions on short-term insurance and health literacy until after the July presentation to the board. Denise noted a trend of low health insurance literacy in uninsured populations, suggesting that language barriers can contribute to comprehension. She requested that in future discussions of health literacy the committee tie in MNsure's responsibility to advocate for these groups beyond what is currently done. Grace acknowledged that the committee should address equity and access for all MNsure consumers and will add the slide back to the presentation for the board, with the caveat it is a discussion in progress.

Grace summarized that the June 23 committee meeting will focus on the final review of their recommendations before presenting at the July 15 MNsure board meeting. She added the next meeting will be held by phone.

Denise inquired whether the committee could take a month's break since the board will not be meeting in August or September. Lana Barskiy expressed value in the committee receiving the board's feedback from Grace in July. Madie added that the details would still be fresh in Grace's mind on July 28. Grace agreed that the committee will take a hiatus in August.

New Business

Gracy Aysta, Chair

Denise acknowledged that MNsure was responsive to address concerns about how unemployment stimulus income should be reported. She expressed appreciation for DHS and MNsure clarifying the novel income for Minnesotans seeking financial assistance with health care.

Public Comment

No public comment.

Adjournment

Motion: Madie moved to adjourn. Olga seconded. All were in favor and the meeting adjourned at 3:44 p.m.