

## Joint Advisory Committee Meeting Minutes

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August 25, 2022, 2 – 4 p.m.

### Virtual meeting via Cisco Webex

**CSEAC Members in attendance:** Melissa Stanton – Vice Chair, Cheryl Scheer, Richard Klick

**HIAC Members in attendance:** Matthew Schafer – Chair, Deb Kersten, La Sheenlaruba Tyacke

**Members not in attendance:** Anna Guler – CSEAC Chair, Lana Barskiy, Jonathan Vagle, Michael Boho, Nancy Molenda

**Staff in attendance:** Christina Wessel, Joel Ingersoll, Eva Groebner

## Meeting Topics

### Welcome & Introductions

*Melissa Stanton, CSEAC Vice Chair & Matt Schafer, HIAC Chair*

Matt Schafer, chair of the Health Insurance Advisory Committee (HIAC), called the meeting to order at 2:05 p.m.

Committee members and MNsure staff introduced themselves.

### Review and Approval of Prior Meeting Minutes

**Motion:** Matt moved to approve the draft June 24 joint meeting minutes. La Sheen Tyacke seconded. All were in favor and the minutes were approved.

Matt clarified that in the previous joint meeting he did not intend to imply that small employers are frequently exempt from offering their employees health insurance, but that a population of as few as 3% send their employees to the individual market.

**Motion:** Cheryl Scheer moved to approve the draft June 24 joint meeting minutes. Milly Stanton seconded. All were in favor and the minutes were approved.

### Public Comment and Operational Feedback

No public comments.

No operational feedback.

## MNsire Update

*Christina Wessel, MNsire Senior Director of Partner and Board Relations*

Christina Wessel, MNsire staff, informed committee members that the MNsire board had not met since the committees had last but would have a September 14 meeting. She continued that passage of the Inflation Reduction Act (IRA) extends enhanced subsidies through December 31, 2025. In Minnesota, this will benefit more than 70,000 enrollees with approximately \$282 million in 2022. The average annual savings is expected to be \$6,100 per household.

Christina noted that the current federal public health emergency (PHE) expires on October 16, 2022; however, Minnesota did not receive the anticipated 60 days' notice from The Centers for Medicare & Medicaid Services (CMS). Therefore, we expect that the PHE will be extended into mid-January 2023. She explained that the Minnesota Department of Human Services (DHS) will reinstate rolling renewals after the PHE ends, meaning that Medical Assistance enrollees will have their eligibility redetermined in the month that they were initially determined eligible for the program. MinnesotaCare enrollees would have their eligibility redetermine for 2024 coverage. She added that DHS, MNsire, the Minnesota Department of Commerce, the Minnesota Department of Health, and MN.IT are working together to get plans into place for the PHE "unwinding."

Dick Klick expressed that some of his clients are stressed out by DHS messaging that until consumers receive something in writing, there are no updates to provide to them. He explained that issues can occur with mailed notices, and that the lull in communication from DHS is alarming to public program recipients. He continued that he had encouraged some of his clients to report household changes such as income increases throughout the PHE to ensure they remain in compliance with reporting standards, even if DHS does not process the changes. Christina agreed that many public program consumers may be confused by the more than two-year hiatus in renewals, but that as soon as an end date to the PHE is determined DHS will send out updates to its consumers. She encouraged assisters on the committee to inform their clients that public program recipients will not lose coverage until the PHE ends and they will receive communication from DHS prior to those changes happening. She also commended Dick's initiative to keep clients in the habit of reporting household changes as they occur. She concluded that if consumers wish to voluntarily end their public program coverage during the PHE they can do so, but she did not encourage that to be the widespread message as voluntary closure could impact special enrollment opportunities for Minnesotans across the individual market.

Next, Christina highlighted some of the upcoming projects to enhance consumer experience. She noted that the move to add mobile options for the application will not be implemented until early 2023, so consumers will still need access to a desktop computer for the start of the open enrollment period. She continued that both dental carriers available through MNsire (Delta and Dentegra) have partnered with MNsire to offer a "pay now" feature for new enrollments. The option is available on MNsire's website but links new consumers to their chosen carrier's site to enter payment information. This will allow consumers to ensure their binding payment is made before they have enrollment identification information from the carrier. MNsire anticipates adding qualified health plan (QHP) carriers to this function by or during open enrollment.

Christina continued that there have been legislative and federal regulatory changes to resolve the “family glitch” that are expected to take effect January 2023. The family glitch impacts consumers with employer-sponsored health insurance available to their families by calculating affordability for employee-only coverage against the household’s income. Beginning in January, the family’s premium costs will be measured against the household income to better assess affordability across MinnesotaCare and QHP eligible households.

Another Affordable Care Act policy that has confused enrollees was coverage for 26-year-old children having to find their own health coverage after their birthday month. Also being implemented in January 2023, children can remain on their parents’ health coverage until the end of the calendar year after they turn 26.

Christina then updated the committees that MNsire is busy hiring and training as many as 40 temporary staff members in the contact center in preparation for the open enrollment period.

Next, Christina laid out the QHP renewal timeline, beginning on September 19. From September 19 through approximately September 29, MNsire will have a “blackout period” during which manual updates cannot be performed on MNsire applications. During this time frame, MNsire’s eligibility system is electronically comparing the most recent information from active health care eligibility applications against information available at the federal hub. This process allows MNsire to determine whether applicants remain eligible for QHP coverage, the amount of the subsidy to which they are entitled, or whether they should become public program eligible for the upcoming year. Christina mentioned that all life event changes should be reported to MNsire as soon as possible so that consumers have the correct 2023 eligibility determined before open enrollment begins.

In late September or early October, MNsire will provide QHP renewal information and Agent of Record (AOR) associations to health insurance carriers. QHP “passive renewal” describes MNsire enrolling active enrollees into the comparable plan for a new calendar year to protect consumers from a break in coverage. Consumers are not obligated to remain under the same coverage for a new year and can easily shop for another plan during the open enrollment period. Passive enrollments additionally allow health insurance carriers to begin processing hundreds of thousands of QHP enrollments before the new plan year begins. AORs help the carriers identify the commissions that health insurance brokers are entitled to for enrolling their clients into QHP coverage. Christina explained that MNsire’s plan comparison tool will be updated with 2023 plans after finalized rates are released in early October.

## **Overview of HIAC Focus Areas for 2022**

*Matt Schafer, HIAC Chair*

Matt reminded the committees that they had begun a joint recommendation in June before the IRA (Inflation Reduction Act) passed, when expiration of expanded subsidies under the American Rescue Plan Act were forecasting as much as 37% premium increases for Minnesotans. The committees’ recommendation was for the MNsire board to apply pressure on Congress to find affordable alternatives following the sunset of expanded subsidies. Considering the IRA’s passage, Matt modified the recommendation to instead reflect appreciation for the extension to affordable coverage:

*“The Health Industry Advisory Committee and Consumer and Small Employer Advisory Committee jointly support MNsure’s efforts to produce and disclose their analysis of the impact that expiration of the health insurance premium subsidies provided via the American Rescue Plan of 2021 would have had on Minnesotans. Based on MNsure’s analysis, Minnesotans would have faced premium increases of up to 37%. Additionally, MNsure projected that more than 10,000 Minnesotans could choose to forego coverage. The Committees jointly commend MNsure staff, board, as well as the Walz Administration for their work in educating Minnesota Congressional Delegation regarding the need to support an extension in the ARPA subsidies.”*

**Motion:** Dick moved to approve commendation to the board. Milly seconded. All were in favor and the commendation was approved.

Cheryl added that as a consumer she is very grateful to have two years of guaranteed expanded subsidies so that she can better plan and budget.

## **Overview of CSEAC Focus Areas for 2022**

*Milly Stanton, CSEAC Vice Chair*

Milly, vice chair of the Consumer and Small Employer Advisory Committee (CSEAC), mentioned that her committee is waiting for feedback from the MNsure board, but will keep equity and language accessibility as priorities.

## **Committee Reconstructing**

*Christina Wessel, MNsure Senior Director of Partner and Board Relations*

Christina began by stating that the committees should be engaging and effective for its members as well as the MNsure board. Noting that the next term will be coming in the next few months, she suggested that the members revisit advisory committee structures.

She laid out the statutory requirements for the committees:

*Must represent the following stakeholders: insurance producers, health care providers, health care industry and consumers.*

*The MNsure board has the authority to dissolve, reconstitute, and/or reorganize the advisory committee given 30 days of public notice, so long as it always maintains advisory committees representing the required stakeholders.*

Followed by the MNsure board policies:

*Each committee must have at least three and no more than 17 members.*

*Each must have a chair and vice chair, both appointed by the board, as well as a board-appointed liaison (who may be a board member or MNsure staff member.)*

*Advisory committees must meet at least quarterly.*

The advisory committee purpose:

*Advisory committees are self-driven and self-sustaining.*

*Advisory committees are charged with providing input on stakeholder goals for the long-term future of MNsure. Input should be concrete enough to provide clear direction while focusing on goals and outcomes, not methods.*

*Board members have a responsibility to solicit advisory committee advice when appropriate and to consider input provided by the advisory committees in decision-making.*

And advisory committee terms:

*Members are appointed to a two-year term and may serve a maximum of two complete consecutive terms.*

*Chairs and vice chairs are each appointed to a one-year term and may serve a maximum of two consecutive full year terms.*

*Normal terms for both members and officers commence upon the first advisory committee meeting following a member's appointment.*

*Annually, committee members must state in writing their desire to serve for the next complete year. These statements are to be submitted two months before the end of the term.*

*The board shall then vote on whether to approve the reappointment of these members.*

Christina noted that Matt (HIAC) and Lana Barskiy (CSEAC) are nearing the end of their two consecutive terms. She added that appointments are typically voted on during the November MNsure board meeting, and that MNsure asks for members' reappointment commitments ahead of that meeting to ensure the board is aware of how many positions will be vacant leading up to the next term.

Next, Christina informed the committee members of recruitment procedures:

*Each fall, the committee will assess its members and determine if it has openings and a need for new membership. If so, it is to inform its liaison, who shall consult with the board regarding the recruitment and appointment process.*

*The advisory committee vacancies will be published on the MNsure website for a minimum of seven days before filling the vacancy.*

*The board/designee and the CEO will review all applications received for a particular vacancy.*

*The board/designee will ensure that each committee has members representing diverse geographic areas, socioeconomic groups, and ethnic groups.*

*Any additional solicitations for new committee membership are to be conducted at the direction and discretion of the board.*

Next, Christina reviewed the typical and current timeline, and the proposed new timeline for the upcoming year:

*(Typical recruitment timeline)*

*Vacancies announced in early September*

*Applications due mid-October*

*Members approved at November board meeting*

*(Potential new timeline)*

*Vacancies announced in October*

*Current committees meet in October to meet quarterly requirement, but do not meet in November/December*

*Applications due in early December*

*Members approved at January board meeting*

*Appointed members have first meeting in January or February*

Finally, Christina posed discussion questions to the group:

*How can we improve the value of this experience for committee members?*

*Are there changes we can make to the committees to improve how they functions?*

*How can we effectively recruit new members to expand the size of the committees?*

Cheryl suggested that the board recruit more consumers. She stated that dealing with assisters is great, but she would like to hear from individuals across the state using MNSure for themselves or their family. She noted that she saw an application for the committee but could not remember specific outreach. Christina responded that recruitment typically occurs through MNSure's bulletins, but the board could potentially tailor their outreach to other means if they would like to reach more consumers. Cheryl agreed that although many individuals use MNSure they are not guaranteed to be engaged and receiving bulletins.

Dick added that he would like to see an approach for small employer groups. He stated that there is a lack of a program for many small groups. He continued that he recently rejoined a group that he believes can offer suggestions to reach out to the trucking industry, whom he stated would benefit from representation. He reminded the group of MNSure's mission 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."*

Matt shared that HIAC has benefitted from the perspectives from assisters had been helpful to gauge the experiences of different communities. He noted that being from a health insurance carrier offered him a view into what their clients were facing, but having brokers and navigators was a step closer to knowing what impacts consumers the most. He added that diversity is key to a strong group, and he would like to see recruitment from other health insurance carriers such as HealthPartners or Blue Cross Blue Shield.

Christina mentioned to the members that they have met jointly twice. She asked whether they prefer to work on some projects separately and others together. She added that MNSure legal would need to weigh in on whether the committees could combine, but she was interested if members believed that the community needs of MNSure consumers had evolved beyond holding two committees. She clarified that she wanted members to discuss rather than MNSure staff drawing any conclusion. Dick responded that two committees had potential to reach a larger network. He stated he liked bringing some ideas together in joint meetings and working



on separate things as a smaller group. LaSheen suggested that legal be consulted before more consideration was put into the concept of the committees meeting jointly permanently.

Matt acknowledged that the advisory committees had evolved from MNsure's early days to present. He wondered whether merging the groups would enable either a more or a less diverse membership pool.

Dick asked how the committees could encourage increased communication between MNsure, DHS and the counties. He stated that he has pages of phone numbers he goes through when researching his clients' cases and wants the agencies to provide more answers in fewer calls. Christina responded that the PHE unwinding has encouraged interagency communication in a bigger way than previously seen but added that generally only one agency owns each case, and no others have the authority to make changes to that case. She used the example of how frontline worker pay impacted eligibility. If the case was owned by MNsure, the agency would ask that it be reported as it was taxable income. In a household with mixed eligibility (some members in a public program, others in QHP) MNsure could not add the frontline worker pay because it could adversely impact the public program portion of the household. She noted that each case is different, and it is frequently rather complicated due to the nature of an integrated system.

Matt stated that his first interaction with public comment was from a consumer lamenting that he could not search MNsure's site to determine whether his myriad of prescriptions were covered under a QHP, as many other consumers in early MNsure days, he had to search each carrier's site for each prescription he needed. Matt said that need was brought to the committee, which made recommendations to the MNsure board, and now MNsure has the functionality to search prescriptions on its own shop and compare tool. He added that CSEAC had made recommendation to the board to remove gendered icons, and there is currently a project that will hopefully fix that issue.

## Next Steps

### *Committee Members*

Matt suggested that HIAC start talking about in-person or hybrid meetings in the future to rejuvenate public comment opportunities. He added that both committees' chairs are terming out, so members ought to consider their interest in a leadership role.

Christina suggested the committees discuss in-person meetings in their respective groups.

Matt asked Milly whether the committees would be breaking back into their separate schedules again as he suspected. Milly responded that she intends to check with Anna Guler, CSEAC chair, about whether the committees would like to hold another joint meeting.

## Adjourn

**Motion:** Matt moved to adjourn. Milly seconded. All were in favor and the meeting adjourned at 3:23 p.m.