



# Consumer and Small Employer Advisory Committee Meeting Minutes

---

**Tuesday, January 22, 2019, 2:30 – 5 p.m.**  
**UCare, 500 NE Stinson Blvd, Minneapolis, MN 55413**

**Members in attendance:** Matthew Steffens – Chair, Leigh Grauman, Kim Johnson (via phone), Richard Klick, Jamie Rancour, Denise Robertson (via phone), Kathleen Saari (via phone)

**Members not in attendance:** Grace Aysta, Matthew Flory, Ann McIntosh, Kate Onyeneho

**Staff in attendance:** Christina Wessel – Senior Director of Partner and Board Relations, Aaron Sinner – Board and Federal Relations Director, Xee Yang – Legal Analyst

## Meeting Topics

### Welcome & Roll Call (Attendance)

*Matthew Steffens, Chair*

Matt Steffens, chair, called the meeting to order at 2:34 p.m. Aaron Sinner, MNSure staff, took attendance. Matt reminded members of MNSure’s purpose:

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.

### Approval of December Meeting Minutes

*CSEAC Members*

**MOTION:** Jamie Rancour moved to approve the draft December 18, 2018 CSEAC meeting minutes. Leigh Grauman seconded. All were in favor and the minutes were approved.

### Public Comment

No public comment.

### Special Enrollment Period Experience

Matt shared a consumer’s experience with the committee. In this case, a husband and wife were enrolled in a family plan through MNSure. They met their deductible and maxed out their out-of-pocket share with the insurance carrier due to the death of the husband. The wife later enrolled under a special enrollment in the same qualified health plan (QHP), but as an individual

plan. As result, the wife had a new out-of-pocket share and a new deductible. Matt asked for feedback from committee members and noted that there may be a need to discuss this kind of issue with the insurance carriers or find an advocate to address scenarios like this.

Kim Johnson suggested either MNsure or the insurance carrier should inform consumers of the consequences of changing from a family plan to individual plan so that the person who makes that change could make a fair decision. Kim noted that this may be a health literacy issue.

Dick Klick stated that this may be a carrier's decision and he suggested that the consumer should file an appeal to MNsure. Matt stated that the consumer appealed with the insurance carrier and there was very little result. Matt noted that the carrier has ownership of the issue, but he also thought MNsure has a stake as well since MNsure is the agency that passes on the consumer's information to the carrier and in a sense is a representative of consumers to carriers. Christina Wessel, MNsure staff, suggested that it may be more effective if the consumer appeals with the Department of Commerce, since they regulate insurance companies.

Denise Robertson asked if it would make sense to have a representative from Commerce join a CSEAC meeting and answer questions on Commerce-related issues. Aaron stated that if there were a few questions, he could send those questions to Commerce for a response, or if there's a particular topic, he could ask someone from Commerce to speak and take questions at a future CSEAC meeting. He noted the chief actuary at Commerce had previously presented at a joint advisory committee meeting on essential health benefits and actuarial value of plans.

Denise noted a few issues she would like to raise with Commerce: prorated issues with deductible and out-of-pockets with carriers, misleading notices from carriers, and looking at regional prices and affordability of plans, especially in Rating Region 1. Matt noted that the committee will explore Denise's idea and will look into having a conversation or developing a list of questions to share with Commerce.

### ***Notifications Received***

Matt talked about the timing and confusing length of notices that MNsure generates for consumers. He gave an example where a consumer contacted MNsure to cancel automatic enrollment of the QHP, but the consumer still received billing from the insurance carrier. This negatively impacts the consumer's credit rating because the consumer continued to be billed and receive past due notices. Matt asked about the cancellation processing time and about the disconnect between MNsure and the insurance carrier. Aaron noted that there are some factors that cause termination issues when MNsure needs to clarify the termination request, such as effective date and any household members not terminating coverage, and this process requires the consumer to talk to a MNsure specialist. Aaron noted that when the GetInsured project launches, it will reduce processing time for cancellation requests by improving data reconciliation between carriers and MNsure. Leigh asked Aaron when that launch would occur. Aaron clarified that it will start in November 2019 with the beginning of open enrollment for plan year 2020.

Leigh asked Aaron about how much MNsure and the DHS can control in regards to the notifications that are generated to the consumer. Aaron noted that much of the language is dictated by federal requirements, and that Minnesota needs federal approval to differ from federal templates. He also noted that changes to the notices require a fair amount of IT work, but that the METS development roadmap includes multiple notice improvement projects that would hopefully improve some things by the end of 2019.

### ***Wait times for Assistance***

Matt asked for feedback from committee members if they find themselves running out of time because they cannot resolve issues timely on the phone to help consumers within the timeframe of an appointment. Leigh stated that during open enrollment, the most difficult issue for navigators at Portico was reaching the MinnesotaCare call center, and that it was not uncommon to meet with the same client more than once before the issue was resolved. She also noted that the transition from MinnesotaCare to QHP is particularly confusing, as navigators and consumers work to determine which agency to report income changes to. Jamie stated that wait time is a barrier to resolving issues timely. Denise added that notices that have incorrect income or older income make it appear that the system isn't working properly.

Matt referred to an idea raised by members of the HIAC to have open enrollment occur year-round to allow MNsure and assisters to properly work with people on obtaining health insurance. Aaron noted that there had been proposals at the legislature that open enrollment should be tied to consumer's birth date, and that there was a bill this year that set enrollees' coverage window at 12 months after coverage was began. He noted he had heard there was carrier opposition to these ideas, as carriers prefer to set rates once per year and have a large enrollment population to manage against the same calendar year timeline.

Matt suggested that there should also be a focus on Medical Assistance and MinnesotaCare. He asked Aaron if MNsure kept records of how many calls are specifically just for Medical Assistance or MinnesotaCare. Aaron stated that typically, about 20 percent of calls to MNsure were actually regarding Medical Assistance or MinnesotaCare.

## **MNsure Updates**

*Aaron Sinner, Board and Federal Relations Director*

### ***Legislative Update***

Aaron reported that the legislature was in session, running until May 20. He noted 2019 is a budget year and so the legislature and governor would need to approve a budget for the biennium. He also noted that 2019 would be a big health care year on several fronts. The 2% provider tax was scheduled to sunset at the end of this year. The tax was created primarily as a MinnesotaCare funding mechanism, but was also an important Medicaid funding source and funding source for Minnesota's reinsurance program. Additionally, the reinsurance program was in statute through the end of 2019 and then was also scheduled to sunset. Aaron noted there had also been talk of a MinnesotaCare buy-in, as well as discussions of other options and proposals to make coverage more affordable in the individual market.

**Enrollment Period Update**

Open enrollment closed on January 13, 2019. The MNSure board met on January 16 and reported that MNSure had achieved its highest QHP sign-up total ever, at 123,731 enrollments, or about 400 more than the previous year. The renewal population about was about 7,000 enrollees higher than in previous years, with newer enrollments coming in a bit lower. Matt asked how many of the enrollment were passive renewal versus active renewal. Aaron stated that about 25 percent of renewals actively shopped.

Matt noted that the QHP dashboard showed that in past years, there had been a migration from silver to bronze level plans, but this year showed an uptick in gold plans. Aaron noted that this year is MNSure's first where the percent of enrollees in bronze plans has gone down.

Aaron noted Leigh had requested statistics related to life event changes. He noted that MNSure saw a lot of life event changes reported right before and during open enrollment. On November 1, MNSure had received about 3,000 unprocessed life event changes. During open enrollment, MNSure received more than 17,000 additional live event change requests. As of January 11, MNSure had about 5,000 unprocessed live event changes. In terms of comparison to the previous year, MNSure ended open enrollment 2018 with 4,500 live event changes, the year before with about 12,000 unprocessed live event changes, and the year before with about 15,000 unprocessed live event changes. MNSure continues to focus on catching up with the live event change requests.

Denise asked if MNSure sends out a notice to inform QHP enrollees to report live event changes to MNSure before open enrollment. Christina responded that MNSure does not send a separate notice, but does conduct an email and social media campaign in August to remind consumers to report changes to MNSure.

Aaron noted an additional topic that came up at the MNSure board meeting, MNSure's [Annual Report](#) to the legislature covering MNSure's work in the previous year through the end of open enrollment. In addition, Aaron updated the members that the 1095-A forms are going well. A large batch of 77,000 1095-A forms was mailed that week, with an additional batch of the remaining 4,000 forms slated for mailing the following week.

Matt asked Aaron about long wait times for MNSure specialists, noting that the more complicated cases have to wait more than 45 minutes before reaching a specialist. Aaron stated that most calls to MNSure are able to be handled by MNSure's frontline call representatives. He noted that when calls needing specialists increase, MNSure pulls some staff off of operations work to answer those calls and reduce wait times. However, MNSure's challenge continues to be that for individuals to be qualified to work as specialists, they need experience and expertise that MNSure can't hire for during only open enrollment. This does lead to longer specialist wait times during the busiest times of year.

Denise noted there was a decrease in APTC this year, with only 57 percent of households receiving APTC. She noted in previous years, the APTC percentage was around 70 percent. Aaron noted two caveats: the APTC percentage traditionally grows throughout the year, as APTC recipients tend to stay in their plans longer; and that for some consumers, the lower

APTC percentage could reflect plans that were more affordable and less than the APTC affordability threshold at their income level, so as a result they didn't qualify for APTC.

## **Old Business**

### ***Update – Health Literacy Study Group***

No update.

### ***Outside the Box – Navigators/Assisters for employers***

No update.

## **New Business**

### ***How to help Small Employers***

Matt noted a potential recommendation area raised by the board, how MNsure can attract additional consumers to purchase QHPs. Matt suggested the Qualified Small Employer Health Reimbursement Account (QSEHRA) program. He stated that small employers with less than 50 employees can use this program to help their employees purchase QHPs in the individual market. The employer cannot offer a group health program; however, they can offer a contribution that the employee can access to offset their individual health insurance. The employee can enroll through MNsure and the employer can contribute the same amount of money to all employees. Matt reviewed the 2018 reimbursement limit, which indicates that an employee could receive up to \$5,000 for individual coverage or up to \$10,000 for family coverage. Additionally, the employees may also qualify for APTC.

Matt suggested that the committee could recommend the QSEHRA program to the MNsure board for further education, marketing, or promotion to small employers. Matt explained that he has helped employers implement this program and the experience went smoothly. The only complication was recordkeeping in case the consumer's income changed between eligibility for MinnesotaCare and QHP.

Dick asked what the percent of small businesses in Minnesota were using this QSEHRA program. Matt speculated that it was likely less than 1 percent. Matt stated that there are vendors who could produce support for this program. Dick asked who the beneficiaries of the program are. Matt stated that employees are the beneficiaries because not only do they get cost reduction from APTC, but they also get a contribution from their employers to help offset the premium. Kim stated that the employers would also benefit from the program as a way to attract and retain employees.

Matt stated that there are platforms that have implemented this kind of program, integrating the individual market and any supplemental programs.

Dick asked if it would be beneficial to put something together to present to the board. Aaron noted that the board would be interested in hearing more about this program if it could increase participation in MNsure's market.

Dick asked how many people could benefit from the program and the advantage to the insurance carrier. Matt stated that the program might be a benefit if it is viewed as an opportunity to stabilize the individual market by increasing participation.

### **Other**

Dick asked Christina about the timeframe for reporting a life event change to MNsure in advance of the life event occurring. Christina noted MNsure has advance deadlines establishing how far in advance an event can be reported depending on the nature of the particular life event, but that MNsure cannot make future date changes and will process life events once they are effective. Depending on the type of change, a life event change can be reported up to 60 days before the event.

### **Adjourn**

**MOTION:** Dick moved to adjourn. Jamie seconded. There were no objections and the meeting adjourned at 4:51 p.m.