



Consumer and Small Employer Advisory Committee Meeting Minutes

Tuesday, May 28, 2019, 2:30 – 5 p.m.

UCare, 500 NE Stinson Blvd, Minneapolis, MN 55413

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

Members not in attendance: Matthew Flory, 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 2:33 p.m. Aaron Sinner, MNSure staff, took attendance.

Approval of January Meeting Minutes

CSEAC Members

MOTION: Grace Aysta moved to approve the draft April 23, 2019 meeting minutes. Dick Klick seconded. All were in favor and the minutes were approved.

MNSure Updates

Aaron Sinner, Board and Federal Relations Director

Aaron provided metric updates on life event change (LEC) processing and active QHP enrollment. He reported MNSure currently had about 2,000 unprocessed LECs, with the oldest unprocessed LEC submitted April 19. He noted MNSure was receiving about 150 LECs per day, and processing more LECs per day than it was receiving. Grace asked if the number of LECs received this year are close to the number received last year. Christina Wessel, MNSure staff, noted that the LEC number of 150 per week has tapered off from open enrollment and was in line with historical norms.

Aaron reported that for the month of April, MNsure has a little over 103,000 active enrollments. The enrollment number this year matches the trend of previous years, with a peak in February and then a slight decrease each subsequent month.

Aaron noted that the MNsure board has not met since March and their next meeting will be in June. There will be a new board chair starting in June, as the current board chair, Phil Norrgard, is term-limited. Lastly, Aaron informed the members of MNsure's new office location, 355 Randolph Avenue, Suite 100.

Matt asked how non-MNsured brokers work with a consumer to enroll with MNsure, because when the broker calls the MNsure Contact Center, the call gets transferred to the Broker Line, whose agents are only supposed to support MNsure certified brokers. Christina stated that the MNsure Contact Center representatives are trained to work only directly with the consumers so if they receive a call from someone identifying as a broker or navigator, they are instructed to transfer the call to the appropriate call center for assistance. Christina noted that brokers assisting MNsure consumers are encouraged to get certified with MNsure.

Matt shared a scenario of a returning MNsure consumer where the person has a decrease in income due to loss of employment and employer-sponsored insurance (ESI). The consumer would qualify for a special enrollment; however, the reported LEC has not been processed and the consumer does not have advanced premium tax credit (APTC) eligibility. In this case, the consumer had to make a financial commitment to enroll in a plan without knowing the APTC eligibility. Matt noted that this can create issues for the consumer, because if the LEC is not processed before the end of the 60-day special enrollment period (SEP) window, the consumer will not have full information in making his or her plan decision. Christina clarified that the LEC process is a separate process from the SEP process. She noted MNsure will not be able to apply APTC to a consumer's enrollment if there is no APTC determination during the SEP application process. The consumer may go online and use the plan comparison tool to receive an estimate of APTC at a given income level and in a certain zip code. After the LEC is processed, MNsure will then apply the APTC retroactively.

Dick suggested that there be some public relations action to encourage consumers to enroll with MNsure and that assisters be willing to provide service to consumers with their QHP needs. Matt asked Christina about the number of certified brokers compared to past years. Christina replied that the number of brokers has increased slightly over the last few years. Matt also asked if there are any educational materials that outline required broker services or responsibilities. Christina stated that the Department of Commerce regulates the broker services aspect because they provide licensing for the brokers. MNsure does have a code of conduct that is provided when certifying a broker, but there are no contracts between MNsure and individual brokers in place. Additionally, if a consumer makes a service complaint about a broker, MNsure will normally refer the case to Commerce.

Legislative Updates

Aaron Sinner, Board and Federal Relations Director

Aaron informed the committee that the state legislature ended their session the previous Saturday. He provided updates on items that passed into law. The provider tax, which funds Medical Assistance, MinnesotaCare and reinsurance, was renewed at 1.8% and is in place permanently without a sunset date. Reinsurance was renewed for another two years, plan years 2020 and 2021. The Governor's ONEcare proposal for a premium subsidy, state-based tax credit and MinnesotaCare buy-in option did not become law. Finally, there was an increase in payments for navigators from \$25 to \$70 per enrollee in Medical Assistance, matching the payment rate for MinnesotaCare and QHPs.

Denise Robertson asked Aaron if MNsure's budget would be affected by the new legislation. Aaron responded that reinsurance helps lower insurance premiums, so that would lower MNsure's premium withhold revenue. Therefore, the legislature appropriated funding that would make up the difference.

Matt asked Ann McIntosh to provide information on a recent Supreme Court ruling on a medical case. Ann explained that the State of Minnesota Supreme Court recently ruled on a case involving malpractice with curbside consultation. This kind of case involves a physician from an urgent care facility and a partnered hospital emergency physician who takes part in a client care plan over the phone. With the ruling, the emergency physician can now be held liable for malpractice if anything goes wrong. It is more expensive to go to the emergency room than urgent care and this ruling may affect the process of healthcare practice and billing for consumers.

Working Session – continue developing slides to be presented at the board meeting on June 19, 2019

CSEAC Members

Matt discussed the recommendation topics that were selected from the last group survey with committee members. He suggested that the committee decide on two or three topics to present to the board because it may take too much time to discuss all five topics and he wanted to confirm if there were any other topics that the members would like to recommend. Grace suggested that some topics should be grouped together.

Denise brought up interest in an ombudsman office to help consumers who are handed off between agencies and have trouble with obtaining coverage. The ombudsman office could also support numerous agencies by providing feedback regarding patterns of problems to the agencies (DHS, MNsure, counties, Department of Commerce, Department of Health, carriers and the legislature). Denise mentioned that Kathy Sheran on the MNsure board seemed to be interested in this idea and received it favorably during a previous presentation. Kim asked if there were any structural programs already in place to utilize as models. Denise confirmed with Leigh Grauman that there is an ombudsman team within DHS associated specifically with managed care programs. Leigh stated that this team has a turnaround time of two to three business days in resolving plan coverage issues for individuals in managed care Medical Assistance or MinnesotaCare. Matt noted that this program sounds like it helps individuals who have coverage but are not receiving the care they desire. He clarified that a new

ombudsperson's office should focus on those trying to obtain coverage. Matt asked Denise what had been presented on the topic to the board previously. Denise stated that their presentation focused on the issue of consumers being passed from one agency to another without a resolution for obtaining coverage. She also noted that the ombudsperson should also provide patterns of issues they see to the agencies. Ann and Kim agreed with having some form of facilitative communication to direct or facilitate the consumer to the proper agency as well as provide feedback on preventative healthcare coverage issues.

Matt asked Christina what kind of impact the creation of an ombudsperson's office would have on the timeliness of processing the 2,000 outstanding LECs. Christina responded that the LEC processing backlog involves resources and staff doing manual work, so an investment to another administrative process may not have much impact. Matt asked Aaron and Christina what current processes are in place right now to improve the efficiency of the system and to improve customer service. Aaron responded that MNsure has an internal as well as external auditor, who each review systems to make sure that MNsure complies with the law. As far as customer service in the Contact Center, MNsure has the resolution review team (RRT) process for more complicated cases. RRT cases have a 3-5 day turnaround time. There is also the appeals process which takes about 50-60 days, but leads to an independent review by a Human Services judge. In appeal cases, depending on the violation of regulation or statute, the judge can order MNsure to offer coverage or apply changes to enrollment. Additionally, MNsure conducts an open enrollment review each spring that leads to process and customer service improvement projects during the summer and fall in preparation for the next open enrollment period. Aaron noted that these review processes are internal within MNsure and limited to those issues under MNsure's direct control, and thus do not address any issues that would require the authority of DHS or insurance carriers to improve. Aaron noted that he could see an ombudsman focusing on filling the gaps between agencies and organizations, when a case transition from one program or agency to another. He noted it might be a challenge to determine how to empower an ombudsperson to have cross-agency and cross-organizational authority.

Matt asked the committee members to make motions for the recommendations they would like brought to the board. Matt asked members to send him additional information around their recommendations by the end of the week, as he will be working on a PowerPoint of the recommendations.

MOTION: Denise moved to recommend to the MNsure board the creation of an ombudsperson office for health coverage-related issues. Ann seconded. All were in favor and the motion was approved.

MOTION: Grace moved to recommend that the MNsure board improve life event change processing by allowing consumers to submit verification documents online at the time of submitting a life event change. Jamie Rancour seconded. All were in favor and the motion was approved.

MOTION: Dick moved to recommend that for those who are not successful in seeking an appeal through MNsure, the MNsure board provide an interim form of insurance such as catastrophic

coverage or short-term gap insurance that covers the period from when the appeal was filed until the date it was resolved. Jamie seconded. All were in favor and the motion was approved.

MOTION: Grace moved to recommend that the MNsure board create an executive summary attached to the legal notice received from MNsure, written at a lower reading grade level with clear action items and dates so that consumer can understand and maintain coverage. Dick seconded the motion. All were in favor and the motion was approved.

Denise commented that the Centers for Disease Control has a health literacy action plan that could be an example of a way to further health literacy.

New Business

Dick shared information regarding two health insurance products, gap insurance policies and non-ACA compliant policies. Gap insurance policies, such as United Health One, are for people who lose their job and need insurance for 60-120 days. Non-ACA compliant policies are companies that have their own qualifications regarding which people can obtain coverage. Ann asked Dick if non-ACA compliance policies were the same as health sharing ministries. Dick confirmed that the two were the same. Kim asked if non-ACA compliant policies could deny the sale of policies based on health conditions. Dick stated the insurance has enrollees go through underwriting with a six-month to two-year look back at health conditions.

Public Comment

No public comment.

Adjourn

Matt informed the committee that he had a conflict and would not be able to attend the next CSEAC meeting on June 25. Dick offered to facilitate for the next meeting.

MOTION: Ann moved to adjourn. Grace seconded. There were no objections and the meeting adjourned at 4:26 p.m.