



# Consumer and Small Employer Advisory Committee Meeting Minutes

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**Tuesday, January 28, 2019, 2:30 – 5 p.m.**  
**UCare, 500 NE Stinson Blvd, Minneapolis, MN 55413**

**Members in attendance:** Grace Aysta - Chair, Denise Robertson – Vice-Chair (via phone), El’gin Avila (via phone), Lana Barskiy, Leigh Grauman (via phone), J.P. Little, Madison Nelson, Kathleen Saari (via phone), Olga Sheveleva

**Members not in attendance:** Steven Narowetz

**Staff in attendance:** Christina Wessel – Senior Director of Partner and Board Relations, Claire Hahn – Carrier Relations Representative, Marie Harmon – Media Relations Specialist

## Meeting Topics

### Welcome, Purpose and Attendance

*Grace Aysta, Chair*

Grace Aysta, chair, called the meeting to order at 2:33 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.

Claire Hahn, MNSure carrier relations representative, took attendance.

### Review & Approval of Prior Meeting Minutes

*CSEAC Members*

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

**MOTION:** Olga Sheveleva moved to approve the draft December 10 meeting minutes. Madison Nelson seconded. All were in favor and the minutes were approved.

### MNSure Updates

*Claire Hahn, MNSure Carrier Relations Representative*

Claire Hahn introduced herself. She noted that Aaron will be back February 18, so until then she can assist with any questions normally directed to Aaron. Claire then provided the committee members an update on the last MNSure board meeting from January 15.

She advised that the board focused largely on review of plan year 2020's open enrollment period. MNSure's open enrollment period began on November 1 and ended on December 23. Claire added that this was three weeks shorter than the previous open enrollment for plan year 2019. Overall, she noted that MNSure is pleased with how this year's open enrollment period went, with a notable theme of overall stability and system improvements. Claire advised that both stability and improvements are nicely illustrated with some year-over-year stats from various aspects of the business including plan and enrollment stats, cost and financial help stats, as well as some of MNSure's Contact Center and operations figures. She added that the technology that consumers rely upon to apply for coverage, shop and compare plans, enroll in a plan, and call MNSure when they need to speak to a representative, was remarkably stable throughout this open enrollment period, especially considering that new technology for plan shopping and enrollment, developed by GetInsured, was just implemented this past fall.

Claire then shared details related to enrollment and plan selection. She noted that during open enrollment, 117,520 Minnesotans signed up for a qualified health plan (QHP) through MNSure. Claire added that there were 2,525 more sign-ups this year than we received by December 23 of last year. She explained that in total, just under 176,000 Minnesotans signed up for either private or public coverage through MNSure during open enrollment. Furthermore, Claire described metal level details from 2019 and 2020 and noted there was a very stable distribution of consumers choice of plan metal levels: gold: 15% for 2020; 14% for 2019, silver: 30% for 2020; 32% for 2019, bronze: 53% for 2020; 52% for 2019, catastrophic: 2% for both 2020 and 2019.

Moving on, Claire then highlighted details around cost and financial help. She noted that of the just under 176,000 total private and public enrollments this OE, 69% of these Minnesotans are receiving tax credits or enrolled in public program coverage. Claire added that premiums for 2020 saw an average decline of 1.3% compared to 2019. She explained that in 2020 MNSure has 54% of households with advanced premium tax credits versus 57% of households with APTC for 2019. Claire advised that in 2020 MNSure shows an average monthly advanced premium tax credits of \$437 versus \$460 for 2019 (which is in line with slight decrease in average premiums). She added that for both 2020 and 2019, MNSure shows 11% of QHP households with cost-sharing reductions.

Next, Claire reviewed statistics surrounding MNSure's Contact Center and operations. She noted that the average daily call volume was down 7% from last year and there was an average wait time for 2020 of about 3.5 minutes, which is very close to average wait time for 2019 which was about three minutes. Claire noted that in terms of service level, 79% of calls were answered in five minutes or less in 2020, versus 2019 which was 78% of calls being answered in five minutes or less. She added that calls abandoned while on hold was 3% for both 2019 and 2020. Finally, Claire advised that MNSure saw a significant decrease in the number of consumers calling to reset their password. This was one of the top three call drivers during 2019 OE (10% of calls). In 2020, password resets are not even in the top five (1% of calls during 2020).

J.P. Little asked Claire what she thought drove the change the decrease in consumers call for password resets. Claire and Christina Wessel noted that they made improvements to the functionality of the online password reset process making it more self-service.

Grace asked for an update on life event changes (LECs), specifically how many are in queue and how old they are. Claire noted that as end of day yesterday, there were 4,882 in the actionable life event queue. She also advised that the number in queue was trending downward.

Claire then provided a brief marketing update. She advised that with OE now closed, for the first time this year, MNSure has reserved a portion of the marketing budget so they will be able to continue outreach during the year, focusing on public awareness of qualifying life events and year-round public program enrollment. Claire added that MNSure also plans to message around the 10th anniversary of the passage of the ACA.

Lana Barskiy asked if the account request form will be updated so recent immigrants could submit alternative forms of identification. Christina noted that the decision on what documents are acceptable to verify identification is determined by MNSure's legal team and federal standards. She noted that she didn't know of any changes being made to the accepted forms of ID. Grace asked if someone could fill an appeal if they didn't have the right documents. Christina said no but noted that someone can always appeal an eligibility determination.

## **Legislative Updates**

*Claire Hahn, MNSure Carrier Relations Representative*

### ***Insulin Affordability***

Claire explained that the Minnesota state legislature continues to work on a bill to address the insulin affordability crisis. She noted that current ideas for the program involve MNSure helping to implement an emergency and long-term access program. Claire added that MNSure provided technical assistance to the insulin working group on how such a program could be implemented. No agreement has been finalized yet and there is not yet bill language to share. She advised that MNSure does not think there will be a special session to enact an insulin affordability program but expect this to be an ongoing issue during the regular session. Claire noted that the regular legislature is scheduled to convene on February 11, 2020.

### ***Public Charge Rule***

Claire highlighted that this week, the U.S. Supreme Court lifted an injunction by a lower court that had stopped the Trump administration from implementing the new public charge rule. She advised that MNSure is still reviewing the Supreme Court's decision but believe that the rule will now be implemented while legal challenges continue to proceed. Claire added they MNSure is monitoring the situation, but they have provided the Contact Center staff with talking points about the rule.

Madison asked if there was a date that the public charge rule would be implemented, and Olga asked if MNSure had received any calls yet. Christina noted that the legal team is still looking at when this would be implemented. She noted that staff need to be trained and internal work

needs to be done, so the exact date is still being determined. Claire didn't know if the Contact Center had been getting calls yet.

Lena asks if this rule applies to MinnesotaCare. Christina explained that the rule does not affect advanced premium tax credits (APTC) and MinnesotaCare. Grace clarified that this only applies to Medical Assistance (MA). Christina said yes but noted that they are still working to fully understand the ruling.

Madison asked how this applies to families; for example, if a pregnant woman applies for MA, does that negatively affect the father. Christina clarified that only the benefits received by individual applying for admission to the United States will be taken into account. She added that benefits received by other family members are not counted against the applicant.

Denise noted that there is a public charge fact sheet on MNsure.org and asked if that would be updated. Christina advised that they are working with DHS on language about the injunction, but otherwise, it is correct.

Madison asked if MNsure had any plans to message this outside of the website and Contact Center. Christina noted that since this is not specifically MNsure's clientele, they don't have any immediate plans, but would defers to DHS to get information out.

Lana asked if this rule affected sponsors, or those who sign an affidavit of support. Christina was unsure. Leigh Grauman said that there is a website entitle "Protecting Immigrant Families" that provides a lot more detailed information, including conference calls.

## **Review Existing MNsure Board Suggestions**

*Grace Aysta, Chair*

Grace advised that they run down both the previous advisory committee suggestions and also suggestions from the board so they can create a running list.

Madison asked when the committee plans to present to the board. Grace noted that it would be helpful to get the input of the other committee (HIAC) at the next joint meeting, so looking towards April.

### **Health Literacy Slide**

Grace said she thought that a literacy level requirement would be helpful. Madison said she didn't think that would necessarily resolve the issue, but that there are a multitude of things affecting literacy (materials not being in someone's native language or just the sheer amount or paperwork). Olga noted that there is also a lack of understanding in how the system works. Madison said unless there is a concrete, actionable idea, we should table this suggestion. Grace polled the committee they decided to keep it as a goal but would not present it to the board.

### **Ombudsperson Office Slide**

Grace said that the goal is to present examples of "communication failures" and to highlight where the system breaks down. Olga said that it might be helpful if there was an online space

that assisters can use to record these examples and potentially get helped by a MNsure professional. She added that if there were some situations where there isn't a solution, that could be highlighted. Madison noted that there should be a department who has access to all the different systems, like an Assister Resource Center (ARC), but for anyone that calls the Contact Center. She added that they could provide all the needed steps, so people aren't bounced around to the county, DHS and MNsure. Grace said they are getting back to where they started and that it would be difficult to get that level of inter-departmental communications. Christina noted that the only reason the ARC can provide the help they do, is because they are actually DHS employees, not MNsure employees. She also noted that they can't do anything more with the ARC team as they are understaffed and there isn't a budget to expand. She also advised there are a lot of data-sharing agreement issues surrounding this issue. Grace noted that these conflicts are why they didn't have a solid recommendation, but that it could still be presented to the board as an issue and look to them for solutions.

### ***Life Event Changes Slide***

Grace noted that the LEC backlog is becoming less of an issue due to upgraded processes. Madison added that navigators now have more transparency into the processing date for LECs, which is helpful. Grace said this was a recommendation they could drop.

### ***Short-term Insurance Slide***

Grace reminded the committee that the goal is "to provide coverage to individuals seeking an appeal through MNsure." She clarified that some type of short-term insurance provided during the delay could put consumers' minds at ease during a time of uncertainty. Grace again referred to the resolution review team (RRT), stating that it alleviates the need for an appeal in some cases, and lends a MNsure specialist to present options for consumers moving forward in difficult cases. Christina advised that cases deemed eligible are given the option to follow the RRT process and it is internally escalated. She noted that the point of the RRT is to reduce the number of appeals and get consumers answers more quickly. Christina added that consumers don't lose their rights to an appeal by going through the RRT, but that if they choose to file an appeal, they lose their rights to the RRT process. She added that if a consumer is not happy with the results of the RRT process, they can always file an appeal. To answer Lena's question about the "continue eligibility" section of the appeal form, Christina advised that the RRT is only for QHPs and MA/MinnesotaCare cases must file an appeal. Furthermore, she explained that almost 80% of cases that go through the RRT process are resolved in favor of what the consumer wanted or resolved by MNsure explaining the situation. Grace noted that given Christina's explanation of the process, this recommendation could be dropped.

**MOTION:** Madison moved to approve tabling the health literacy recommendation, continue with the ombudsperson office/conflicting statements recommendation and drop the life event changes and short-term Insurance recommendations. Olga seconded. All were in favor and the motion was approved.

## **Review & Prioritize New Topics as Suggested by the MNsure Board**

*CSEAC Members*

Grace noted that she introduced these topics at the last meeting and that the committee should select two or three to include in their recommendation planning.

### **Reinsurance and Individual Market Affordability**

*How can Minnesota best address affordability in the individual market? If a reinsurance program is the solution, how can it best be funded in a sustainable way? Does Minnesota's Workers' Compensation Reinsurance Association offer any insights that could inform Minnesota's current reinsurance program?"*

Olga asked if there was any feedback from health plans on reinsurance and what the impact would be on consumers. J.P. noted that reinsurance is very important and is the reason the individual market stabilized and if it goes away it will be chaotic. Madison said she didn't know how it was funded. Grace noted that this program is an individual market subsidy to help carriers with expenses related to their most expensive enrollees, in turn keeping rates lower for the general population. Christina advised that it was funded by the state. Olga noted there was a budget surplus, so hopefully the program can continue. Grace added that it would be a good idea to do more research on the Minnesota's Workers' Compensation Reinsurance Association, but that it was a valid recommendation that they could continue to discuss.

### **Plan Affordability Across the State**

*"The reinsurance program has lowered premiums overall and done a little to narrow the gap between premiums in rating areas 1 and 3 vs. the rest of the state, but the cost of premiums in those two regions is still well above the statewide average. This in turn is due to a significantly higher risk-adjusted cost of care in those regions, driven by Mayo in particular. With no evidence market forces are changing this dynamic, is there some role for MNSure here? If not MNSure, then a role for whom?"*

Grace reminded the committee that Denise, who is from the Rochester area, advised that Mayo is a nonprofit agency, and they actively recruit patients with high medical needs both nationally and internationally. She explained that this drives up the cost for minor and routine healthcare for residents, as the destination procedures need subsidization. Olga noted that making in state rates for residents was a very good idea. Madison said she would be interested to know what insurance plans are offered in that portion of the state as she has heard that there is not a big selection of plans. Grace advised that MNSure has the power to make requirements for plans in the market. Madison explained that the insurance company in this case, is not the problem, so requiring to follow requirements would likely just make them want to leave the market. She added that she didn't know how much power MNSure would have to control Mayo in this instance. Grace wondered if there was a way to allow individuals who cannot afford premiums in Rochester, to go to a different city to receive care (and in turn pay a lower premium). Madison asked if this was something MNSure could control. Christina said she wasn't sure, but that there is likely ACA-regulations that guide this.

Madison then brought up the idea of plans publishing quality and cost ratings for different clinics. She added that this would allow consumers to make informed decisions on where to get care. Madison explained that there isn't likely a lot of competition in the area with Mayo but would start the discussion of quality vs. price. Olga noted that costs would be different based on

someone's insurance and that smaller clinics wouldn't be able to compete. She added that larger clinics have more resources, support and subsidies. Grace noted that it would also be hard to come up with an unbiased quality rating. Madison said that maybe there is a way for the board to provide incentives or preferential treatment for carriers to be innovative in this realm. Olga noted that they should seek ideas from carriers on this issue. Grace added that the incentive idea would also bleed into preventative care and co-pay issues. Madison said they need to know what tools they have to utilize before they can formulate a recommendation.

### **HSA & Preventive Care**

*"In 2019, the IRS broadened the rules on what care can be covered pre-deductible in HSA-compliant plans. How can MNsure incentivize insurers to change their plan design for both HSA and non-HSA plans to include more preventive care pre-deductible—especially for bronze plans? Limits on insulin co-pays are an example of this kind of change."*

Grace noted that bronze plans are definitely the thing to focus on as they are the most popular metal level. She noted that they typically have lower premiums but higher deductibles, which is hard when you are a relatively healthy person.

### **Marketing in the Individual Market**

*"Are there best practices for marketing to potential individual market enrollees from which MNsure could learn? Are there partnership or coordination of marketing opportunities MNsure should explore with on-exchange insurers?"*

Grace reiterated the MNsure has saved a portion of their marketing budget to help advertise outside of OE. She added that they could look to other states for guidance. Additionally, Grace added that having an opportunity to market with insurers would be a good idea. She noted that the committee could come up with a few ideas, but it is not something that is not a high priority.

### **QSEHRA/ICHRA**

*"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 reminded the committee that Leigh said that these contributions may hurt the employee more than helping, as any contribution from the employer can negate eligibility for tax credits through the exchange. Madison added that consumers come to her frequently with employer health plans that offer horrible coverage. She added that supporting these low-quality plans is hurtful to employees. Olga reiterated that providing a monetary reimbursement to employers to get a plan through MNsure is not helpful as they likely wouldn't be eligible for tax credits. Madison agreed and noted that without the monetary reimbursement, they may be eligible for more APTC than the employer is providing. Madison asked Christina for additional clarification on these reimbursements. Christina advised that it depends on the situation and there are standards that employer plans have to meet in terms of affordability and coverage. Claire added

that there are worksheets on the MNSure website that help guide consumers. Grace said that MNSure should not support these reimbursements as for many people, they aren't helpful. Madison advised that they should bring the conversation they had to the board to show that the cons outweigh the pros.

### **Active Selector and "Co-Pay-Only" Plans**

*"MNSure was approached by a collection of outside groups about mechanisms MNSure could use to promote "co-pay-only" plan offerings in Minnesota's individual market in order to smooth the costs of prescription drugs for high-cost enrollees. Should MNSure explore using its active selector authority? Does promotion of co-pay-only plans merit use of active selector? If so, what is the best way to structure an active selector regulation to promote these plans? If MNSure were to explore using active selector, are there other potential uses that should be done instead of or in conjunction with promotion of "co-pay-only" plans?"*

Grace advised that when they present to the board they should suggest things we would like to have carriers address and ask what things (funds, etc.) can be used to negotiate with them.

Madison then presented a concern she had about the MNSure application. She suggested removed the term "gender" and replacing it with "sex." Madison advised that she has helped people who are transgender and non-binary and it is difficult for them to answer. She added that the implication of the question is about sex and helps determine which services need to be provided. Christina noted that the question is used specifically to determine eligibility for Medical Assistance. She added DHS was looking at clarification on federal regulations around pregnancy being connected to gender and/or sex. Madison explained that it would still be helpful to update the question to ask about sex rather than gender.

Grace then advised that she would update the slides to show what they have discussed. She recommended that they should discuss reinsurance and plan affordability further as well as what talk about what MNSure can leverage to talk to carriers. Additionally, she noted that they will suggest to the board to not promote QSEHRA/ICHRA but provide assistance to people in those situations. Grace advised that they should discuss them a little more before determining which ones to focus on. She added that it would be helpful to discuss their ideas at the joint meeting with the Health Industry Advisory Committee (HIAC) at the end of February. Claire asked which day is preferable for the joint meeting. The committee decided that February 27 at 2 p.m. is preferable.

### **Public Comments**

No public comments.

### **Adjourn**

**MOTION:** J.P. moved to adjourn. Olga seconded. All were in favor and the meeting adjourned at 4:25 p.m.