



MNsurance Board of Directors Meeting Minutes

Wednesday, March 10, 2021, 1 – 3 p.m.

Remote: via WebEx

Participants in attendance: Matt Anderson (sitting in for Commissioner Jodi Harpstead), Peter Benner, David Fisher, Suyapa Miranda, Phil Norrgard, Steffanie Stoffel, Andrew Whitman

Participants not in attendance: n/a

Staff in attendance: Nate Clark, Christina Wessel, Dave Rowley, Morgan Winters, Kari Koob, Marie Harmon, Greg Poehling, Joel Ingersoll

Meeting Topics

Welcome

Peter Benner, Board Chair

The meeting was called to order at 1:03 p.m. by Peter Benner, chair.

Peter read 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.

Like the previous board meeting, Peter noted that this month’s board meeting is being conducted remotely due to the public health emergency. To accurately record votes during today’s meeting, Peter said MNsure’s chief legal counsel, Dave Rowley, will read the roll call at those times so the vote of each board member can be recorded.

Public Comment

None.

Administrative Items

Peter Benner, Board Chair

Approve January 13 Meeting Minutes

MOTION: Steffanie moved to approve the draft meeting minutes from January 13, 2021. David seconded. Dave Rowley took a roll call. All were in favor and the minutes were approved.

Closed MNsire Board Meeting Summary (February 23, 2021)

Peter noted that on February 23, 2021, the MNsire board conducted a closed meeting of the board pursuant to Minnesota Statutes, sections 13D.01, subdivision 3 and 13D.05, subdivision 3 to evaluate the performance of MNsire's CEO, Nathan Clark. At that closed meeting, the board agreed that Mr. Clark's performance has been outstanding and unanimously approved salary increases for Mr. Clark as follows: an increase of 2.25% retroactive to 7/1/2019; and an increase of 2.50% retroactive to 7/1/2020. Peter added that the increases are permitted by and consistent with the MNsire Managers' Compensation Plan.

Financials

Kari Koob, CFO

Kari began by thanking the board for its direction and the executive team and MNsire staff for their outstanding work during the budget development process.

She noted that every year, MNsire presents a three-year budget plan, starting with a preliminary budget plan in March and a finalized budget in July. Kari said MNsire strives to be conservative in its approach to budgeting strategy, while maintaining focus on improved customer service levels, to ensure it can continue to operate in a fiscally responsible way. Additionally, she said while MNsire uses up-to-date events and information to inform the budgets, the budget is developed in accordance with current state and federal laws that affect our organization.

Kari explained that she would be presenting two documents: [Premium Withhold Revenue Projections](#) and the [MNsire 3-Year Plan](#), which includes next fiscal year's preliminary budget.

Kari started with the Premium Withhold Revenue Projections document, which is split into two tables. Kari described that the table in the top half of the page shows revenue projections based on enrollment year (EY), which runs with the calendar year, while the table in the bottom half of the page shows revenue projections by state fiscal year, which runs July 1 to June 30. She added that EY 2020 figures are actual, with ending enrollees of 100,328, which become the starting number for 2021. Kari said EYs 2021 and beyond are projections based on the following assumptions: 110,122 peak effectuated enrollment; estimating that ~85% of sign-ups effectuate (historical rate); assuming a historically consistent lapse rate, MNsire will end 2021 with ~100,000 enrollees, and ending effectuated enrollment, year over year, remains level; the average premium is currently \$437 and will decrease slightly as the year closes; and EY 2022 average premiums increase 25% without a continued reinsurance program (this is an update from Commerce, who previously said rates would be 17.5% lower with reinsurance)

Kari added that because EY runs with the calendar year and we budget according to state FY, the bottom half of the document translates the EY to a FY projection for budgeting purposes. She explained that MNsire projects \$19.4 million in qualified health plan (QHP) revenues in FY 2021, \$21.6 million in FY 2022, and \$23.9 million in FY 2023.

Kari noted that there is some uncertainty around predicting revenues while the state legislature is considering whether to extend reinsurance another year or to adopt a public option buy-in. The America Rescue Plan Act would also impact the individual health insurance market. Kari said these revenue projections are based on what is in current law, and MNsure will make adjustments to revenue projections following the state legislative session for the finalized budget in July.

She then reviewed the three-year plan. For background on MNsure resources, Kari explained that MNsure is a self-sustainable agency utilizing QHP premium withhold revenues, along with reimbursements from the Department of Human Services (DHS) for costs incurred that benefit public program enrollees. She added that the expenditures that MNsure incurs that benefit both public and private program enrollees are allocated quarterly between MNsure and DHS based on a number of metrics, such as public program enrollment and call center utilization. MNsure also received a one-time appropriation of \$8 million in July 2019 to account for the premium withhold (PWH) revenue lost because of Minnesota's reinsurance program for the EYs 2020-2021 and a reimbursement of just over \$500,000 from federal Coronavirus Relief Funding to hold the special enrollment period (SEP) in spring 2020 in response to COVID-19. She added that MNsure also collects a small amount of interest on cash held in the bank.

The first column is MNsure's FY 2021 budget, which takes previously approved budget figures and updates them to reflect current expected revenues and expenditures. MNsure lowered the carryforward from FY 2020, which, due to a lag in billing from DHS, added \$1 million in METS Ops costs and reduced the actual DHS reimbursement by \$2 million from prior estimates. Kari explained that while MNsure is tracking some underspending, there are no significant changes to the FY 2021 budget. She added that MNsure is projecting to carry forward \$2.8 million into FY 2022.

The second or middle column is MNsure's proposed preliminary FY 2022 budget. With the combination of balance carried forward, \$21.6 million in projected PWH revenue, \$11.3 million for DHS's reimbursement of public program support, and a small amount of interest income, MNsure is projecting \$35.9 million will be available for operations in FY 2022.

Kari noted that expenditure increases are mainly due to statutorily mandated wage increases, and associated benefits costs for staff. She added that costs for METS IT Operations continue to be a significant portion of our budget—18% of MNsure expenditures budget in FY 2022. Of the \$6.2 million budgeted for METS Ops in FY 2022, \$3.7 million is for the IBM/Curam eligibility platform MNsure shares with DHS. She explained that the remaining \$2.5 million is for GetInsured's maintenance and operations (M&O) of MNsure's plan shopping, comparison and selection tools, as well as the associated electronic system of record that transmits plan selection information to insurance companies. Kari said that because IT is the backbone of most of our operations, MNsure should expect these investments to be aligned with business strategy, therefore optimizing IT investments must become a top priority.

Kari said MNsure anticipates that at the end of FY 2022 there will be \$1.04 million to carry forward into FY 2023, which is just under 40% of one month's expenses. The Centers for Medicare & Medicaid Services (CMS) recommends MNsure maintain at least six months of

expenses in reserves, which would be \$17 million. Cash reserves are critical, not only to meet liquidity needs, but also for future investment needs, so MNsire is focused on strong and continuous cash-flow management.

The third column, for FY 2023, is a projected plan year. Kari said this means MNsire will wait to make any potential operational changes for that fiscal year until next March when FY 2023 becomes the central focus of the preliminary budget. She added that at this point, MNsire is not anticipating major operational changes between FY 2022 and FY 2023.

Kari ended by noting that while the health care system continues to face significant uncertainty, MNsire remains fiscally sound, committed to working toward another year of providing access to quality and affordable health care for thousands of Minnesotans. She said MNsire is anticipating there will be changes needed to the budget and the board typically approves a finalized budget in July. Kari explained that if changes to the budget exceed executive staff's delegated authority, MNsire would need the board to meet sooner than July to approve the changes.

MOTION: Phil Norrgard moved to approve the preliminary three-year financial plan for fiscal years 2021, 2022 and 2023 as presented and discussed. Andy Whitman seconded. Dave Rowley took a roll call. All were in favor and the financial plans were approved.

CEO Report

Nate Clark, CEO

MNsire Budget

Nate began by thanking Kari and her team for their hard work monitoring and reporting MNsire's performance, managing financial risks and planning. He also thanked the Finance Workgroup (Stephanie, Matt and Phil) for their expertise and perspective. Nate said the feedback they offered helped shape the preliminary budget. He added that this preliminary budget is the culmination of months of effort and he is confident the budget will continue supporting MNsire in its mission.

Enrollment Numbers

Enrollments as of end-of-day March 7, 2021, for enrollment year 2021 are: 193,388 total Minnesotans have signed-up for comprehensive coverage, 127,405 of which are QHP sign-ups, 51,272 Medical Assistance applications and 14,711 MinnesotaCare applications. He added that approximately 49% of QHP-enrolled households are receiving tax credits averaging about \$413 per month.

COVID-19

Nate explained that at MNsire's March board meeting last year, he was beginning the first of many reports on the COVID-19 situation in Minnesota and MNsire's response as a business. He said that despite the changes due to the pandemic, MNsire's enrollment numbers from last year and this year confirm that MNsire is continuing to meet its mission. Nate said the Minnesota Management & Budget (MMB) agency has begun talking with state agencies about

reopening state offices. He said there are no immediate plans and there's no timetable for MNSure to reopen its office. Nate advised that they have begun planning, and that he expects that once the MNSure office building reopens, staff will return in a phased manner so there will be flexibility to assess things like space design, utilization and adaption. He anticipates that MNSure's future business model will look different from the way it did a year ago, with some staff returning to the office full time, some continuing to work from home, and others working in a hybrid model. Nate noted that he would share details as they become available.

General Operations Update

Nate said MNSure has received feedback from stakeholders about language barriers. He explained that stakeholders have flagged accessibility issues with MNSure and DHS phone lines, the MNSure website, the online application used to apply for public and private program coverage, and the notices public and private program applicants and enrollees receive. Nate acknowledged that it's essential MNSure do everything possible to ensure all Minnesotans have access to health coverage, that limited English proficiency can be an issue to accessing coverage and that providing meaningful access is required by the law. He said he couldn't speak for DHS activities, which pre-date MNSure's, but he said DHS is aware of these concerns and has been working to address them where possible. Nate added that MNSure has been working with DHS to review the communication and will be jointly responding to stakeholders about the concerns they've communicated.

Nate also noted that MNSure has received feedback from partners about life event change (LEC) processing, and concern about delays in processing the life events MNSure receives. Nate explained that many times the concerns are the result of METS issues, federal/state data issues, or MNSure, DHS or federal policies and regulations. He noted that improving LEC processing continues to be a top IT and operations priority for MNSure.

Nate then invited Morgan Winters, MNSure's Sr. Director of Business Operations, to update the board on a few operations topics, including LEC processing and the current special enrollment period (SEP).

Morgan began his presentation by providing an update on life event change request processing. He noted that MNSure currently has a workable request backlog of 531 cases with an average processing time for new requests of seven days. Morgan added that at this time last month, MNSure had a backlog of 2,269 cases, with an average processing time of just over four weeks. He noted that MNSure had reduced the backlog by over 75% in the past 30 days, putting MNSure in compliance with its service level agreement (SLA). He said MNSure's goal is to stay within the SLA until the October renewal period.

Morgan then moved onto the historical graph on slide 9. He explained that MNSure begins getting an influx of requests during the renewal period each year, and that high volume continues to build throughout the open enrollment period, and then tapers off significantly by February. Morgan said this illustrates the challenge inherent in the business cycle, and that for eight or nine months out of the year, MNSure can meet demand irrespective of how the volume of requests fluctuate. However, he noted that based on current personnel resources and IT support, MNSure's capacity is about 5,000 requests per month (or about 240 requests per

working day). When requests exceed that number, MNsure's backlog begins to grow and average processing times increase. Morgan explained that when this happens, MNsure implements staff overtime and takes other measures, such as providing applicants the option to bypass the LEC process and submit a new application with the updated information. Morgan said that even with those measures, it typically takes MNsure several weeks to get back to standard processing times. He noted that in the graph, over the past 13 months, overall performance has drastically improved. While MNsure still saw large spikes from October through December, by January, requests processed exceeded requests taken in by about 40%. Morgan explained that MNsure is working to build on this good progress via continuous process improvement in operations, both specific to life event request processing and other areas to free up additional resources to support this work.

David asked Morgan if he anticipates another spike with the enactment of the American Rescue Plan Act and the current SEP. Morgan said it's hard to predict but important to keep in mind and to monitor. Morgan added that whenever they get an influx of insurance applications, MNsure can expect more requests for changes, both in terms of life event updates and corrections to a submitted application. Morgan said while the American Rescue Plan Act and three-month SEP are "new" to MNsure, it likely won't have the same impact as open enrollment. Previous SEPs have not resulted in a surge of reported life event changes.

David then asked if MNsure has considered "temporary" help before anticipated spikes in life event requests. Morgan said yes, but that life event processing is a complex task, so new employees would be unable to perform these operational changes. Veteran Contact Center agents can be pulled to backfill and to help with life event processing when needed. Morgan explained that when MNsure has brought in temporary help, these temporary resources are used to supplement "frontline" workers who handle more routine consumer questions.

Phil asked if MNsure knew whether other state-based exchanges had similar issues when it came to processing life event changes. Morgan said MNsure's systems do not have "self-service" functionality, meaning consumers cannot submit life events online and automatically send updated eligibility information to insurance carriers, but that some exchanges do have that functionality.

Suyapa asked if MNsure has a phone prompt that could be used to route those who need to report changes to an agent who can process the change. Morgan explained that this already exists and that consumers who need to report a life event change can talk to a representative who will take their information over the phone. Once that information is submitted, it needs to be processed in order to update a consumer's eligibility. He added that this can be a lengthy process. Morgan acknowledged that it is not the most streamlined way of performing this work, but that operations is constrained by the tools it has available. Suyapa asked if there were times during the enrollment year when a representative would be able to make those changes over the phone while speaking with the consumer. Morgan said that depending on the change a consumer is calling to report, a representative may be able to do it over the phone while the consumer is on the line. This is a current practice. Morgan offered that if board members were interested, he could provide a list of which life events can be done over the phone and which cannot.

Morgan then provided an update on MNsure's COVID-19 special enrollment period (SEP). He explained that the COVID-19 SEP, which provides an enrollment opportunity for Minnesotans not already enrolled through MNsure, began on February 16, and runs through May 17 (approximately the same length as the federal SEP). Morgan noted that as of 9 a.m., 2,285 Minnesotans had enrolled in coverage via the COVID-19 SEP, which accounts for approximately half of total enrollments since open enrollment ended on December 22. He added that the special enrollment period has been a success. MNsure has encountered no IT or operations issues and is seeing a marked improvement in customer service key performance indicators as compared to a similar timeframe last year. Most notably, Morgan said MNsure has seen a 30% decrease in calls to the MNsure Contact Center during the COVID-19 SEP as compared to the same dates last year, despite robust enrollment uptake. He said this indicates a smooth experience for MNsure consumers, which is always welcome news.

Nate wrapped up the operations reports by saying he is pleased with the strong enrollment take-up during the SEP. He added that in spite of Morgan's report of improved LEC processing, MNsure is always looking for opportunities to improve operational efficiency and the services provided to consumers.

Update on Federal Legislation

Nate said the new administration and the U.S. Congress are considering several actions that will strengthen and expand the Affordable Care Act (ACA). He believes they will be signed into law soon and they will have a significant impact on MNsure and its operations: for two years, premium tax credits for those purchasing insurance through MNsure and already receiving tax credits will increase, those purchasing insurance through MNsure who were above 400% of the federal poverty level will become eligible to receive tax credits, those in the individual market who are purchasing insurance directly from insurance carriers where they don't receive tax credits will have the option to enroll through MNsure and receive subsidies, and those who are uninsured will have access to enhanced subsidies that can make enrolling in coverage even more affordable.

Nate explained that Minnesotans enrolled through MNsure and receiving tax credits will see savings on their monthly premiums, and if they are enrolled but not receiving tax credits it's likely they will be eligible to receive them. He added that if someone has coverage directly from an insurance company, they have the option of cancelling their coverage and enrolling through MNsure, where they might be eligible to receive tax credits available only through MNsure. Nate noted that if someone is uninsured, it's possible these increased subsidies will make premiums even more affordable. He then presented examples illustrating some of these changes [slides 14-16 of the MNsure slide deck]. Nate acknowledged that MNsure had done some analysis of those who are currently enrolled through MNsure and summarized the actual impact by rating region [slide 17 of the MNsure slide deck]. He noted that statewide, the average premium cost will decrease 19%. The annualized value of the enhanced subsidies for the current on-exchange population will decrease premium costs more than \$70 million. MNsure has about 33,000 enrollees who purchased coverage but didn't apply for tax credits, likely because they assumed they earned too much and wouldn't qualify. Nate said he believes that if those enrollees were to reapply on the assisted path, the percent change in net premiums would be

even higher. In summary, he confirmed that these changes are great news for Minnesotans: the premium cost for most who are currently enrolled will go down, those enrolled off-exchange have the opportunity to enroll through MNsure and access tax credits, and higher subsidies will make plans more affordable.

MNsire has already begun the work of assessing changes that will need to be made to the IT systems and operational processes to support the new legislation. Nate noted that MNsure will need to recalculate tax credit eligibility for everyone who is eligible for private coverage and applied for financial help. He added there would also be a need to change the eligibility calculation for new applicants, so consumers can see the new, increased benefits they're eligible to receive after enrolling. Nate explained the eligibility calculations would need to remove the cap that prevents those earning more than 400% FPL from receiving tax credits. He said MNsure is working with MNIT and the current estimate is that the IT changes will be in place in September. He added that the new functionality will be available this year, and it will also be in place in time for renewals and the next open enrollment period.

Nate noted that MNsure is developing communications and tools that will help answer consumer questions and help them understand how the new legislation will affect them. He said a priority will be helping consumers understand that the increased APTC benefits will be retroactive to January 1; receiving the benefit won't depend on the date the IT is implemented. Nate explained that the consumer might not see the benefit on their monthly premiums, meaning the insurance company will continue using the current APTC amount in calculating the premium due every month, but the consumer will receive the full benefit when they reconcile the premium tax credit received during tax season. Reconciliation involves comparing the amount of premium tax credit the consumer used in advance during the year with the premium tax credit they actually qualify for based on their final income for the year. He added that consumers who used APTC to lower their monthly payment already "reconcile" when they file their federal taxes, so the legislation or MNsure's implementation will not create a burden for consumers. Nate explained that MNsure's priority will be to make sure consumers understand that even though they might not be able to "see" the lower tax credit reflected right away on their monthly invoice, they'll receive the benefit when they reconcile their federal taxes.

Nate said consumers enrolled in non-MNsire coverage will need to enroll in a MNsure plan to take advantage of these tax credits. He added that consumers enrolled in individual market coverage off-exchange (directly with the carrier) can come to MNsure and enroll through the current COVID-19 SEP. Nate said MNsure is also working on tools that will help customers estimate the benefits they'll receive. He noted that these tools will be important as MNsure works to reach those enrolled off-exchange and explain the subsidies they're eligible for but not receiving by not switching and enrolling through MNsure. Nate ended by saying the new legislation is great news for Minnesotans, and that media outlets are reporting it as "the most substantial expansion to the ACA since its inception."

David asked Nate if the tax credits are dollar-for-dollar off the final tax liability of the individuals he mentioned. Nate said yes, that is how he understands it. He added that if someone "overpays" or doesn't use all of the tax credits they are entitled to, they will get them back as a refund when they file their federal taxes next year. David clarified that the individual doesn't

need to do anything to claim the benefit; it's just applied by the federal government. Nate said yes, it will be handled as a part of their standard tax return.

Phil asked Nate why the percentage of enrollees receiving tax credits has gone down from the previous year. Nate said there are probably a couple of reasons, one being that the public health emergency has paused eligibility renewals through the Department of Human Services, so no one is coming off a public program into private health insurance coverage through MNsure. Morgan added that the number of enrollees receiving tax credits was higher before reinsurance (reduction in rates) was passed.

Nate finished by thanking Greg Poehling and the MNIT team, MNsure's DHS partners. He also said a special thank you to Phil and Peter who will be leaving the MNsure board in May. Nate noted they have been serving on MNsure's board since April 2013.

IT and Executive Steering Committee Update

Greg Poehling, MNIT

Greg presented slides 18 to 24 of the MNsure Slide Deck and began by discussing developments related to COVID-19. He noted that MNIT is working closely with MNsure and METS governance to respond to the recently passed federal COVID-19 relief legislation and that the METS Health Care Program Management Team (PMT) launched a new top-priority "COVID-19 Relief APTC Changes" project. Special accommodations are being made to the release calendar so this work can be delivered in the fall release. Greg explained that from an IT perspective, the project includes removing the 400% federal poverty level (FPL) limit for APTC, updating all APTC thresholds, and re-assessing household to ensure they are receiving the new enhanced benefits. Greg added that this project is kicking off in the next few days.

Greg also updated preparations for the end of the public health emergency. He said several METS projects are on hold due to the reassignments of staff to support the federal Public Health Emergency (PHE) efforts, and that he anticipated the projects will remain on hold for six months or more following the end of the PHE until MNIT transitions back to normal operations. He added that the Biden administration has indicated that the PHE is likely to remain in place for all of calendar year 2021. Greg noted that there is still a risk that more staff reassignments may happen when the PHE ends, which could impact other active METS projects, however, MNIT staff is preparing for this transition and doing everything possible to avoid additional impacts.

Greg noted the switch to the SEP did not require any MNIT work. MNIT is expecting there could be an increase in activity during the SEP, so MNIT is monitoring METS application performance closely and is prepared to address anything that might surface.

Greg noted that the spring 2021 release does not include a METS release but that all projects are on track to deliver as scheduled.

Greg then presented the summer 2021 release timeframe. There are no changes since last month, and all projects are on track to deliver as scheduled. Greg reported there are four efforts

that will deliver in the summer METS release, which is scheduled for June 6, 2021: Unique Person ID, M&O: Non-Project Work, Data Access and Management Reports.

Moving on to the fall 2021 release timeframe, Greg reminded the board that the new, high-priority project, COVID-19 Relief APTC Changes, would be deployed in this release. The release is scheduled to deploy on September 12, 2021, and includes: Unique Person ID (UPI), Effective Dates, Renewals Process Improvements 2020, COVID-19 Relief APTC Changes, M&O: Non-Project Work, and Data Access and Management Reports. Greg said all efforts deploying in the fall timeframe will provide benefits to MNsure.

Greg noted that the rolling deliverable schedule provides a five-quarter summary of all development projects. He pointed out two changes to the slide: the COVID-19 Relief APTC Change project was added to the schedule as a fall release deliverable and the MMIS 1N Modularization project was closed (this project does not impact MNsure). Greg noted that the last deliverable schedule lists all the ongoing/annual projects. Greg explained that the only change from last month is that the METS Disaster Recovery Exercise project shifted from “not started” to “initiation” phase.

In the final slide, Greg provided an update on the METS FFY 2021 roadmap & funding. He said this slide shows the FFY 2021 roadmap and reflects changes already noted on previous slides. Greg explained that the PMT now has direction on what to estimate for Implementation Advanced Planning Document (IAPD) consideration in FFY22. It includes all of the current IAPD projects that are in-flight (including projects on hold) and one additional project, online account security. He added that they are in the process of doing that estimating to provide that information to the overall DHS Advanced Planning Document (APD) planning.

Greg ended by thanking Phil and Peter for all they have done for the citizens of Minnesota.

Health Insurance Coverage in MN, An Update

Alisha Simon & Stefan Gildemeister, MDH

Alisha started the presentation of “Health Insurance Coverage in Minnesota: An Update” by showing a graph detailing health insurance coverage rates in Minnesota based on results of the Minnesota Health Care Access Survey from 2001 to 2019 (slide 4). She noted that the latest survey results have come out only recently due to COVID-19, but that the survey itself wrapped up at the end of 2019. Key data points are highlighted on the right-hand side of the slide. Alisha noted that the increase in employer coverage is the first occurrence since they started the survey.

She then talked about the geographic distribution of health insurance coverage in Minnesota (slide 5). Alisha noted that outstate Minnesota tends to have higher public insurance coverage due to the older populations having Medicare (public) coverage.

She then moved onto a graph detailing Minnesota’s uninsurance rates. Alisha said they used data from DHS, CMS and 12 health insurance plans to generate an equation that estimated the Minnesota’s uninsurance rate in mid-2020 was 4.6%--about the same as 2019. She noted that

they saw some increases in the individual market, big decreases in the employer market (October 2019 – July 2020), and big increases in public coverage due to those aging on to Medicare and no turnover in public health plan enrollees due to the PHE. Alisha noted that the biggest job losses came from those in the service industry and essential workers, who were less likely to have health insurance through their employer or otherwise prior to the pandemic. She added that the uninsurance rate for those in the hospitality industry is about 13%, compared to about 5% for the general public.

Alisha then presented the characteristics of Minnesotans without health insurance (slide 9). She provided a breakdown of race and ethnicity on slide 10, noting that since 2001, more American Indians and black Minnesotans have found coverage, but that they still have uninsurance rates higher than the state as a whole. Alisha added that Latino populations tend to have the highest rates of uninsurance. Stefan noted that there is higher volatility in uninsurance rates for minority groups. Alisha moved onto a graph detailing uninsurance rates by age (slide 11) and explained that there have been great strides in getting health insurance coverage for children in Minnesota. She added that because of the ACA, those 18 to 25 can stay on their parent's health insurance which has decreased uninsurance rates in that population. Alisha said those 26 to 34 have the highest rates of uninsurance in Minnesota. Finally, those 65+ have the lowest uninsurance rate due to Medicare. In terms of employer size (slide 12), Alisha said over half of the employed uninsured people in Minnesota work for organizations with less than 50 workers. Peter asked if the light blue bar on the graph indicated the percentage of uninsured in each category, compared to the dark blue bars that indicate the number of people in Minnesota working in each category. Alisha said yes and that all of the light blue bars add up to 100% and all of the dark blue bars add up to 100%.

Alisha then broke down the length of time people didn't have health insurance coverage if they were uninsured in the past 12 months (slide 13). She said that since the passage of the ACA, the amount of time people are uninsured all year has gone down significantly. Alisha also noted that about 8% of the population in Minnesota is unemployed at some point in the year. Additional key data points are highlighted on the right-hand side of the slide. Stefan said the uninsured population is filled more by those in transition (from jobs, geography, life events, etc.) rather than those who are long-term uninsured.

Moving onto slide 14, Alisha noted that MDH likes to collect information on what types of insurance those who are currently unemployed may have access to based on their employer and income. Nearly a quarter of those unemployed are eligible for insurance through their employer and about 50% are potentially eligible for public coverage (a number that has been trending downward since the start of the ACA). Alisha said approximately 20% of the uninsured population is eligible for APTC, but that number could potentially increase under the new federal legislation. Stefan jumped in to say that the reasons that individuals do not take employer coverage or public coverage are complex, but that they will continue to work with MNsure to look into those potential reasons.

Alisha noted that in addition to accessing coverage, MDH also looks into reasons that people forgo health care (slide 15). She noted that they have seen increased numbers of people having trouble affording their care (both in the uninsured and insured populations). Alisha said the

graph breaks down forgone care due to cost and due to medical bills. Additional key data points are highlighted on the right-hand side of the slide.

Alisha finished up her presentation by going over a breakdown of the individual market in Minnesota (slide 17). She highlighted the fact that MNSure has seen increased enrollments nearly every year. Additional key data points are highlighted on the right-hand side of the slide. The next slide breaks down reinsurance costs, which has increased every year and continues to trend that way in 2020. Stefan said the individual market will remain a key policy area in years to come.

Stefan rounded out the presentation by sharing a list of key questions about the individual market in addition to three points to continue to work on: transitions in coverage, plan selection & protection, and effectiveness in promoting health versus health care. He also talked about changes to watch in the individual market in 2020 and 2021, especially in light of COVID-19 and the American Rescue Plan (slide 19-20).

Phil asked how large corporations like Walmart or large corporations with franchises (like fast food chains) fit into the slide on employer size (slide 12) and if those workers account for a larger share of the uninsured population. Alisha said the employer size is self-reported, so if the respondent didn't take into consideration the "all locations" portion of the question, it could be skewed. She said it is not employer data. Alisha reiterated that the leisure and hospitality portion of the population tends to have higher levels of uninsured population. She added that food service jobs have a fairly low percentage of job openings that offer coverage. Stefan said they could triangulate a few of the data points to get more information, too.

Stefan added that they will continue to collect information for 2020 with a focus on how the epidemic has affected these metrics. He added that they should be able to share a high-level version of how COVID-19 has changed rates of insurance coverage later this spring or summer.

Suyapa inquired about ways to help BIPOC communities (especially Latino populations) know coverage is available and ensure them that it is safe to enroll. Stefan said they use the survey as best they can to evaluate how Minnesotans make decisions about accessing coverage. He added that it isn't always effective because many minority populations do not feel comfortable answering questions posed by the government over the phone (in addition to language barriers). Suyapa said they could consider using community partners with relationships to these specific populations, such as MNSure navigators, to deploy some of these surveys. Stefan said they have done some of these surveys in person and in focus groups, and that it is an important part of this survey. He added that this is still an area of improvement and that there are methodological changes they can make to better interact with BIPOC communities. Alisha noted that they also present a more detailed version of the presentation to MNSure navigators that might help them tailor their messaging.

Peter thanked Alisha and Stefan and said he hoped to make them a more regular part of MNSure's board meetings in the future.

New Business

Peter Benner, Board Chair

Phil and Peter are ending their terms on the MNsure board on May 5, 2021, making this their last board meeting. Each took time to recount their time on the MNsure board and thanked various MNsure staff, board members and partners.

Adjourn

Peter noted the next meeting is June 16, 2021, at 1 p.m. David then moved to adjourn. All were in favor and the meeting adjourned at 3:30 p.m.