



# Consumer and Small Employer Advisory Committee Meeting Minutes

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February 28, 2023, 2:30 – 5 p.m.

**Virtual meeting via Cisco Webex**

**Members in attendance (via Webex):** Neal Steffl – Chair, Ann Warner – Vice Chair, Richard Klick

**Members not in attendance:** Lana Barskiy, Harvey Perle, Cheryl Scheer, Jonathan Vagle

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

## Meeting Topics

### Welcome and Roll Call

*Neal Steffl, Chair*

Neal Steffl, chair, called the meeting to order at 2:37 p.m. He 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.

### MNsurance Updates

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

Christina Wessel, MNsure staff, began that MNsure’s chief executive officer, Nate Clark shared the latest updates to the committees at their January joint meeting. She noted that several legislative proposals are in the governor’s budget including IT modernization and working with the Minnesota Department of Revenue to reach uninsured Minnesotans. Christina declared that the March MNsure board meeting would be full of updates with a preliminary budget that will take effect in July.

She continued that the biggest MNsure update since the previous committee meeting was that the Minnesota Department of Human Services (DHS) announced the official unwind timeline. She explained the first group of renewals will be consumers scheduled for a July renewal. The process will begin in March with pre-renewal notices. This is to ensure that consumers know with notice that renewals are coming the current focus is to get current household contact information for these households. DHS recently launched a dashboard with specific data about the volume of renewals to anticipate per month that will add more transparency to the process.

A recent estimate was that 300,000 people will move from public program to QHP eligibility during the next year. Christina added that MNsure is working with its assisters to ensure that the transition is as smooth for Minnesotans as possible.

Ann asked about legislative proposal update from January meeting minutes. She wanted to know if the proposal to add a question on insurance to the state tax form would mean that tax information would be sent directly to MNsure. Christina clarified the proposed Health Insurance Easy Enrollment Program would be a box added to state income tax forms that inquires whether the tax filer, or any member of their household, needs health insurance. Affirmative responses would be collected by the Department of Revenue and shared with MNsure, along with some income information, so that a preliminary program eligibility screening could be completed and MNsure could reach the resident to help them obtain health coverage.

Ann asked whether this would establish a relationship between the Department of Revenue and MNsure that could eliminate requests by MNsure for its consumers to send household income information. Christina explained that residents will still need to complete a full health care application through MNsure so that all aspects of their household are considered for health care program eligibility. She added that this program would not replace the need for MNsure or the Minnesota Department of Human Services (DHS) to manually verify income at times, as consumers have the most recent information available about their household, the agencies cannot collect their information in real time. Christina explained that this proposed program has a goal of adding a more direct outreach option between uninsured residents and assisters. The program intends to help Minnesotans understand their health insurance coverage options, and access healthcare that they can afford. The update would take effect in calendar year 2025 for calendar year 2024 tax filings.

Christina continued that since the end of open enrollment the backlog of life event changes at MNsure has been caught up and the temporary phone staff hired for open enrollment had moved on from MNsure. MNsure will be assessing future staffing needs in preparation of the public health continuous coverage unwinding.

Ann asked what the average life event change numbers and processing timeframes are during a typical month. Christina mentioned that life event changes come in year-round at different volumes as 120,000 QHP-eligible Minnesotans experience changes, but that there tends to be an influx leading up to open enrollment as people receive renewal information that prompts them to call in. Joel Ingersoll, MNsure staff, pulled up an old MNsure board slide that reflected a rough average of 2,000 monthly life event changes reported to MNsure, with increases in October-December each year from 2020 through 2022. The number of life event changes reported in those months were between 3,500 and 6,900. Christina explained that outside of the annual renewal period, consumers tend to report life event changes when they are contacting MNsure about a special enrollment.

Ann asked how many staff members support MNsure's Contact Center. Joel responded that at peak during open enrollment, MNsure employed 205 employees, and in an average June or July that number is closer to 165. Christina added that the difference is in the Contact Center phone staff that is hired to supplement during times of higher call volume.

## 2023 Advisory Committee Focus Discussion

*Neal Steffl, chair and CSEAC members*

Dick Klick asked whether there was a current count of MinnesotaCare recipients, noting that the numbers are vastly different from pre-COVID. Christina shared with the committee the [Medicaid dashboard](#) that showed around 93,000 people will be due for renewal from Medical Assistance for July 2023. She shared over 104,500 enrollees (nearly 87,000 households) are currently enrolled in MinnesotaCare coverage that will be up for renewal during the next open enrollment period. In addition, 113,000 Medicaid recipients in November and another 125,000 in December will be undergoing eligibility renewal at the same time.

Neal asked whether there was anything up for consideration at the legislature that will impact the public health continuous coverage unwind aside from funding. Christina replied that legislatively there are bills that support IT enhancement investments to aid in the self-service abilities for consumers as well as funding for DHS to assist with the volume of renewals. She noted that the IT modernization goals would not take effect in the current calendar year and would not benefit the public health continuous coverage unwinding. Joel showed the committee where to find MNsure board slides, as well as committee meeting minutes, on MNsure.org noting that materials are available publicly.

Dick asked whether additional training mentioned in the January meeting minutes referred to MNsure staff or assisters. Christina replied that MNsure and DHS will work together to develop tools and training for staff and assisters while making resources readily available to the public.

Ann asked whether MNsure does outreach for pre-retirement. She noted that when she retired, she had to do digging to determine that she was eligible to apply through MNsure. Neal responded that MNsure navigator grantees have targeted populations they strive to reach. Christina added that MNsure has a marketing team that targets advertisements toward uninsured populations, including digital marketing. She noted that health insurance brokers find that developing a relationship with clients who are eligible to enroll through MNsure in the pre-65 age category can lead to Medicare enrollments later. Joel shared the QHP enrollment dashboard from December 2022 that breaks down QHP enrollments by different demographics. Christina noted that MNsure's largest age group of enrollees is 55+ years old at around 39% of total QHP enrollees. She added that regardless of income, the 55+ age bracket is most likely to benefit from tax credits that are only available through the exchange, as their premiums are higher, and their tax credits should offset accordingly. She continued that she would follow up with Libby to find out what marketing strategy is for the 55-65 age group. Ann agreed that would be a good group to target as employees preparing for retirement may be presented with expensive COBRA (Consolidated Omnibus Budget Reconciliation Act) health coverage options and no alternative. Neal compared health insurance to public transportation. People know that each exists, but they only use it when they need it, and often do not research until it is needed.

Ann asked whether MNsure offers Medicare Advantage coverage or if that would need to be obtained external to MNsure. Christina responded that MNsure does not offer Advantage or supplemental health coverages. Dick replied that Medicare Advantage plans can be obtained through health insurance brokers. He mentioned that many years ago there was talk about how

to transition people from the state operated plans to the CMS operated Medicare plans, but no resolution was found. He added that he, as a broker, has begun presenting Medicare informative programs to social and church groups to educate them on Medicare coverage. He suggested that MNsure could support other brokers participating in similar education activities as a transition program. Ann agreed, mentioning that she was looking through Stillwater's community education recently and saw that people are willing to pay upwards of \$20 to sit through similar programs. She added that more elderly people may have cognitive issues that prevent them from diligently researching, therefore free classes could greatly benefit that population. Dick mentioned that the committee could look at bringing together such a transition program. Neal agreed it was a topic the committee could discuss more in depth when more members are present. He noted that although Medicare is a federal program outside of MNsure's purview it could still be a discussion for the group. He added that health insurance brokers are the most beneficial resource for consumers. Dick noted that they have weekly and monthly updates to stay informed about federal and state programs. Christina agreed that brokers are highly regulated for consumer protection.

Neal asked MNsure staff whether there is a particular goal of the committee in their discussions. Christina explained that any recommendations the committee would like to present directly to the MNsure board would be at their discretion. They may raise attention to matters or give direct feedback about processes at MNsure. She explained that these advisory groups were required in statute because some key stakeholders in the process were prohibited from serving on the MNsure board due to potential conflict of interest. Therefore, the MNsure board would benefit from the perspectives and insights offered members of the advisory committee. She mentioned that the committees may work together on topics if they choose, but they should each determine their areas of focus.

Ann inquired whether the committee may focus on eliminating redundancies by encouraging better communication between the state and federal agencies. She stated that she dislikes sending verification documents through the mail and would like to see the Internal Revenue Service and MNsure share information to streamline the consumer experience. She also offered to become involved in any IT suggestion focus or testing groups.

Joel explained that the joint healthcare eligibility determination system between MNsure, the counties and DHS is the Minnesota Eligibility Technology System (METS) is managed by MNIT. The IT modernization proposal before the state legislature would be to move the agency off METS and onto something less expensive and more manageable. He mentioned that MNsure only has 1/3 vote in any current changes to METS — with DHS and counties holding the other two votes. Christina added that if approved for modernization, the state would need to go through standard state procurement process by posting a solicitation. She clarified that this process, in addition to the work performed once a vendor is selected, meant that a new system could not be in place until 2025 for the 2026 open enrollment period. She confirmed that MNsure would love to be nimbler, and because it operates, and budgets based upon selling plans it would benefit from streamlining the consumer experience. However, MNsure is also a state agency and governed by regulations, responsibilities and restrictions as such. Ann inquired whether MNsure can work with other state-based exchanges to see how they overcome similar challenges. Christina replied that there are several venues where state

exchanges share information and ideas. Joel added that there was a slide in the November MNsure board meeting that shows more specific information about the IT modernization proposal.

Ann suggested that in addition to technology updates and education, she wanted the committee to explore a recommendation to the board that could help communicate MNsure is not a welfare program.

## **Public Comment**

No public comments.

No operational feedback.

## **Review and Approval of Previous Meeting Minutes**

*CSEAC Members*

The committee did not have a quorum and was unable to approve the draft January 26 joint meeting minutes.

## **Adjourn**

**Motion:** Neal adjourned the meeting at 3:40 p.m.