



Consumer and Small Employer Advisory Committee Meeting Minutes

March 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, Harvey Perle, Cheryl Scheer, Jonathan Vagle

Members not in attendance: Lana Barskiy

Staff in attendance: Christina Wessel, Joel Ingersoll, Eva Groebner

Meeting Topics

Welcome and Roll Call

Neal Steffl, Chair

Neal Steffl, chair, called the meeting to order at 2:29 p.m.

Review and Approval of Previous Meeting Minutes

CSEAC Members

The February meeting did not have a quorum therefore the meeting minutes from January could not be approved on February 28.

Motion: Ann Warner moved to approve the draft January 26 joint meeting minutes and the draft February 28 CSEAC meeting minutes. Dick Klick seconded. All were in favor and the minutes were approved.

Public Comment

No public comments.

No operational feedback.

MNsurance Updates

Christina Wessel, Senior Director of Partner and Board Relations

Christina Wessel, MNsure staff, reminded the committee that Nate Clark retired on March 15, and that Libby Caulum took over as acting chief executive officer while the MNsure board

interviews for Nate's replacement. Christina shared that Nate was at the last MNsure board meeting. She then shared board slides from the March 15 MNsure board meeting.

As of the end of February, MNsure had nearly 180,000 health care applications for 2023, 133,000 of which were qualified health plan enrollments. Christina explained the 132,000 effectuated plans show growth for the year.

Next, Christina shared that life events for QHP consumers are being processed in an average of under seven days. She explained life events still require manual processing. Christina also reminded the committee that MNsure's 2022 open enrollment period was the first without MNsure using an external call vendor. The result of bringing first-level calls in-house is reflected in customer service satisfaction scores showing improvement in issue resolution, single-call resolution, MNsure response met expectations, professionalism, knowledge, time to reach an agent, and overall experience from the winter of 2020 to the winter of 2022.

Christina continued that since the passage of the Affordable Care Act (ACA) the "family glitch" has been a pain point for consumer. Employees that are offered employer-sponsored health insurance (ESI) are ineligible for subsidies if the ESI is considered affordable. Previous rules calculated the price for employer-only ESI against the household income but did not consider the cost for the employee's family — the family glitch. With new Internal Revenue Service regulations in place for plan year 2023, the employee's family coverage is calculated separately so that affordability for all household members is taken into consideration for subsidies. She explained that an update in the Minnesota Eligibility Technology System (METS) asks questions about ESI to determine eligibility for tax credits. There are 130 families and 203 individuals newly eligible for an average of \$353 in advanced premium tax credits since this glitch was corrected. 160 were previously enrolled consumers that had advanced premium tax credits added to their enrollments, whereas 89 new individuals enrolled with MNsure since this update. Christina explained that press releases have informed the public about this change, but MNsure will need to undo 10 years of messaging that employees' families are not taken into consideration for affordability in ESI.

Christina moved on to highlight some legislative updates for MNsure. In addition to IT modernization (including life events self-reported online rather than through the Contact Center), the Health Insurance Easy Enrollment Program, and the Insulin Safety Net Program public awareness funding already proposed for the state budget, there are other notable health care pieces before legislation. Christina mentioned funding for the continuous coverage unwinding, additional navigator funding, a cost-sharing reduction subsidy proposal, and public option buy-in proposals.

Next, Christina shared estimates for the public program (Medical Assistance and MinnesotaCare) continuous coverage unwinding. The number of public program enrollees approaches 1.5 million people: 1.4 million Medical Assistance enrollees and 100,000 MinnesotaCare enrollees. That is around 28%, or 330,000 more Minnesotans enrolled in public programs in 2023 than were pre-COVID. She explained that there are two reasons an enrollee may lose public program coverage at the time of their renewal: they are no longer eligible for the program (usually an increase of income disqualifies) or they fail to submit required information. Consumers that are ineligible for public programs are likely eligible to enroll into qualified health

plan coverage, an estimated 110,000 to 260,000 consumers. Those that lose coverage due solely to missing information or outstanding verification documents typically can re-enroll into public program coverage after correcting the discrepancy. She added that the Minnesota Department of Human Services (DHS) has a detailed timeline, templates of notices, and a dashboard of consumer status statistics on their [renewals webpage](#).

Christina informed that MNSure is looking at adding staff and working with external partners to support health insurance brokers and navigators with their increased consumer demand. She added that the public health emergency unwind will put greater pressure on health insurance navigators, so beginning in January, MNSure changed the payment cadence from quarterly to monthly so that the agencies can staff up according to their needs.

Finally, Christina shared that MNSure will extend a special enrollment period to address the unwinding. Typically, a person has 60 days to enroll into qualified health plan coverage after a loss of health coverage. Consumers losing public program coverage as a direct result of the public health emergency unwind will extend the enrollment period to 90 days, offering retroactive coverage for the first 60 days after the loss. For example, a consumer that loses public program coverage in July and contacts MNSure in August will have their choice between July 1 or September 1 coverage. She clarified this will not apply to public program enrollees that qualify for the coverage after April 1 then subsequently lose the coverage, only for those impacted because of the unwind.

2023 Advisory Committee Focus Discussion

Neal Steffl, Chair

Neal opened the floor to continue pre-retirement discussion from the last meeting. Ann suggested that MNSure or its affiliates reach out into pre-retiree communities to ensure that Minnesotans understand that qualified health plans through MNSure are not welfare or a public program. Dick replied that licensed health insurance brokers are the best resource for people to determine whether Medicare or MNSure are best for their situation. He agreed that there may be gaps that consumers fall into where they are unaware of health insurance broker services but encouraged committee members to spread the word with their peers. Christina added that the 55-65 age demographic has been targeted by MNSure's recent advertising campaign.

Ann suggested that community education be provided so that pre-retirement communities are more aware of their options aside from Medicare. Neal suggested that the pre-retirement group may be difficult to target as only individuals on the precipice of retiring will truly pay attention to the programs they would be eligible for. Dick responded that some sales management organizations have lists of people who are one, two and five years from 65 that can be used for initial contact about retirement and Medicare benefits through broker agencies.

Cheryl Scheer added that her experience was that she needed to plan well before retiring. She explained that many discussion boards she visited were especially specific because each state has different income requirements, and several have their own state-based exchange for health care. She added that she called MNSure before retiring and was given helpful tips by a Contact Center representative. She added that she was happy to see that MNSure has advertised through multiple methods because not all consumers use social media. Cheryl added that there

may be a difference in whether consumers consider MNSure a low-income program or an expensive health coverage option based upon whether they planned for retirement or were thrust upon it due to the COVID pandemic.

Dick asked whether MNSure could provide an example of the family glitch correction so that there would be more clear information available to consumers. Christina reminded the committee that MNSure has an [employer insurance affordability calculator](#) available for consumers to enter their specific information. Committee members discussed how overwhelming it can be to navigate the MNSure website.

Ann added that data sharing should be encouraged between MNSure, MinnesotaCare and the counties. Dick responded that he had been saying the same thing for 10 years but understood that federal regulations prevent more consumer-friendly data sharing. Christina observed that MNSure would likely need to negotiate data-sharing agreements with each of the 87 Minnesota counties. She explained that some information is accessible to MNSure, DHS and the counties in METS, but that is not the only system that processing agencies use. Ann shared that her previous position had data-sharing agreements for medical records across Minnesota, the Department of Veterans Affairs, the Social Security Administration, and other entities. She suggested that because such an agreement had been made before there should be groundwork for MNSure to follow. Christina replied that an IT project in METS is underway that could facilitate the renewal process allowing consumers to upload their documents into their account. The deployment is scheduled for May 2023, so Christina expressed hope that progress was coming. She explained this could improve the consumer experience but may not resolve the issue entirely.

Harvey Perle asked whether the committee should allow bureaucracy to stand in the way of good ideas, or rather to suggest different approaches. Dick replied that the committee makes actionable recommendations to the board that can make health care more efficient to the public. Neal added that the committee must recognize and acknowledge deficiencies to the board's attention and encourage the board to pursue all remedies. 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.

Harvey called attention to "easily" in the mission statement, stating that as both a consumer and a broker he finds MNSure tedious. He suggested that the board and MNSure staff bring more attention to ease obtaining a health insurance product. Neal agreed that committee members should compile thoughts for future committee discussions to continue to find issues that members are passionate about.

Adjourn

Motion: Neal moved to adjourn. Ann seconded. All were in favor and the meeting adjourned at 3:58 p.m.