



Consumer and Small Employer Advisory Committee Meeting Minutes

Tuesday, April 28, 2020, 2:30 – 5 p.m.

Virtual meeting via Cisco Webex

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

Members not in attendance: Steven Narowetz

Staff in attendance via phone: Christina Wessel – Senior Director of Partner and Board Relations, Eva Groebner – Legal Analyst

Meeting Topics

Welcome & Roll Call (Attendance)

Grace Aysta, Chair, and Denise Robertson, Vice-Chair

Grace Aysta, chair, called the meeting to order at 2:32 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.

Christina Wessel, MNSure staff, took attendance.

Review & Approval of Prior Meeting Minutes

CSEAC Members

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

MOTION: Olga Sheveleva moved to approve the draft [March 24 meeting minutes](#). Madie Nelson seconded. All were in favor and the minutes were approved.

MNSure Updates

Christina Wessel, Senior Director of Partner and Board Relations

Christina provided the committee members with MNsure COVID-19 updates. MNsure mobilized quickly following Governor Walz's stay home order (beginning March 27, 2020) without disruption to its consumers or partners. Christina informed the committee that MNsure's entire staff is now working remotely.

MNsure was one of 12 state-based health exchanges that offered a supplemental COVID-19 special enrollment period. Christina added that the federal exchange did not offer a special enrollment period, so Midwest neighbors in Wisconsin, Iowa and the Dakotas were not able to secure health insurance like Minnesota residents were. MNsure's COVID-19 special enrollment period lasted from March 23 to April 21, and all enrollees had an April 1 effective date for coverage. Christina shared statistics from that time frame:

- More than 23,000 Minnesotans enrolled in coverage in 30 days, comprised by 13,800 Medical Assistance or MinnesotaCare enrollments, and 9,500 qualified health plan (QHP) enrollments with 6,000 of those QHP enrollments enrolled through the COVID-19 special enrollment period.
- MNsure handled nearly 40,000 calls during the COVID-19 special enrollment period
- MNsure publicized the opportunity for enrollments through social media, press releases and paid search online advertising.

Consumers who experience qualifying life events will still be able to enroll through a special enrollment period throughout the year. MNsure has created a flyer to remind Minnesotans of this, translated in five different languages, which will be shared with other state agencies.

The Minnesota Department of Human Services (DHS) has enacted continuity of coverage under an executive order from Governor Walz. Christina explained that Minnesota will have no involuntary closure of MinnesotaCare or Medical Assistance coverage during the state of emergency.

A large influx of life event changes (LEC) have been reported to MNsure during this crisis. MNsure has enacted a temporary process to close cases so that qualifying consumers can re-apply rather than wait for MNsure to process changes. Over 1,000 cases have been closed using this process. MNsure continues to keep LEC high priority in the cases where the application cannot be closed for re-entry.

Christina also informed the committee that MNsure temporarily suspended its Fiscal Year 2021 Navigator Outreach and Enrollment Grant program process because of the stay-at-home order.

Legislative & Regulatory Updates

Christina Wessel, Senior Director of Partner and Board Relations

Christina informed the committee that Governor Walz signed the Alec Smith Emergency Insulin Affordability Act into law. The final bill directs MNsure to create and host an application for emergency insulin, advertise this program, and develop training for navigators to assist Minnesotans gain long term insulin options. She added that the

Minnesota Board of Pharmacy and MNIT are working with MNsure to implement the program by the July 1 deadline.

Working Session

Grace Aysta, Chair and Christina Wessel, Senior Director of Partner and Board Relations

Grace acknowledged that the committee presenting to the MNsure board within its previous timeline may prove complicated at this time. She suggested that the committee review the information that has been compiled in preparation for an eventual presentation.

Ombudsperson office/Improved interdepartmental communication – “*To reduce the confusion and disconnect between the multiple offices that are involved in an individual’s insurance.*”

Grace acquainted the committee with a specific example that Madison (Madie) Nelson shared in order to introduce the committee to perceptions of the public when dealing with inter-agency health eligibility. A woman came to Madie’s office with one of her two daughters. This daughter has a pre-existing condition, and during a hospital visit another assister aided the mother in applying for health coverage. That previous assister told the mother not to include her husband or their other daughter on the application for health care, which resulted in Medical Assistance for the two. At some point the mother attempted to add her missing family members to the health care application, and a county representative erroneously listed the mother’s husband as her father. By the time that the open enrollment period began, the mother tried to contact her county to correct the relationship of herself and her husband and their county mailed out a form to complete rather than take an attestation over the phone. Once the family’s relationships were corrected and health care eligibility was re-determined there were new issues. When a person applies for financial assistance through MNsure they grant MNsure consent to access their federal tax information for 0-5 years. This household’s federal tax information consent had expired, so MNsure determined the parents ineligible for financial assistance despite their two daughters remaining eligible for Medical Assistance. Neither the county office or MNsure informed the household that the federal tax information consent had expired, and the couple enrolled into a qualified health plan with no financial assistance. The family began paying several hundred more dollars each month than they ever should have had to. The family had four in-person visits to try to correct any issues with the application over several months, and neither agency provided the mother with adequate information in order to help her family gain affordable health care. Grace expressed astonishment that cases like this happen so frequently. Madie added that the family needed three months of dedicated effort in order to obtain coverage for all four family members. She added that there are inconsistencies between each county, and vast differences from the counties to MinnesotaCare to MNsure.

Denise Robertson agreed that consumer’s health care can sit in limbo for extended periods of times. She vented that oftentimes she calls MNsure’s Assister Resource Center (ARC) who gives limited information on a case and directs to a county office, who then directs to the Minnesota Department of Human Services (DHS) and so on. She specifically mentioned Reasonable Opportunity Period (ROP) cases under which DHS requests that a consumer verify reported information by providing substantiating documents. Consumers frequently send

documents that DHS determines inadequate or the consumer may not receive the request at all, therefore DHS closes the consumer's health care under MinnesotaCare or Medical Assistance. Denise acknowledged that MNsure cannot process these cases, but she has found that the county offices often need to be directed to process. She clarified that not only are consumers and assisters frustrated with the run-around, but the consumers are deeply impacted by gaps in their health coverage. She stated that the system needs to be fixed, particularly during the COVID crisis, because even one day without coverage can impact a person's ability to be seen by a doctor. Denise offered to send more examples for future meetings.

Lana Barskiy posed a question to the committee regarding whether Minnesota state can try to recuperate benefit costs paid for an individual under MinnesotaCare coverage if a green card holder previously had an Affidavit of Support from a sponsor. Christina replied that as a representative of MNsure she was unable to address the question and directed Lana to DHS. Grace observed that this would be an example of the agencies not having access to the same information and therefore being unable to provide one-stop assistance. Leigh Grauman offered Lana the telephone number for Legal Aid, stating that the consumers that she works with have found it a helpful resource.

Denise continued that there are uncertainties about how income needs to be listed on the health care application. Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act there is an additional \$600 per week, per recipient, for unemployment compensation that cannot be counted toward Medical Assistance household income. Denise has been told by different counties that it will still be counted toward household income. Other counties have confirmed what she understands, that it will not be counted. She mentioned that neither DHS nor MNsure have clear direction for assisters. An increased income of \$600 per week can easily put an applicant over the income guidelines for a program moving them to the next health care tier until the stipend ends on July 31. Denise called for an immediate, agreed upon decision from the agencies to prevent endless repercussions for the households served. Grace agreed that policies need to be established to have the agencies on the same page.

Plan affordability in the Rochester/Austin areas – “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?”

Denise stated that she has been unable to reach Representative Tina Liebling of District 26A amid the COVID-19 pandemic.

New Business

Grace Aysta, Chair

Grace asked the committee whether any of the assisters are seeing patterns in contact to their agencies. Leigh shared that her agency was not seeing the high volume of calls that they expected and that neighboring agencies had reported the same. She stated that a lot of people

are losing their jobs and coming through MNSure for the first time. She mentioned that there seems to be a trend in providing education to households surrounding qualified health plans and public programs because they have never experienced health care outside of their employer-sponsored health coverage. Leigh agreed with Denise that guidance on income is vital at this time.

Denise commented that the numbers of enrollments MNSure has reported are not the volume that her agency saw during the COVID-19 special enrollment period. She observed that if there was a trend during that period for consumers to complete their own applications and enrollments, MNSure and its assisters are likely to see an increase in consumers trying to correct errors later. She added that her agency has focused on new ways for consumer outreach in the virtual world. Her agency would like to reduce the numbers of uninsured Minnesotans during this time of uncertainty.

Olga Sheveleva agreed with the other assisters that her agency had not seen high volume in phone calls as they had prepared for. Grace posed to the committee whether MNSure will be prepared and adequately staffed for an increase in new consumers to match the unemployment records. Christina replied that although the temporary hires (that occur ahead of the open enrollment period) tapered off before the emergency special enrollment period was enacted, MNSure was as prepared as possible with a full senior staff. She continued that the 40,000 calls MNSure fielded and the high number of LEC reported during the special enrollment period is near open enrollment period volume. While acknowledging that call wait times and LEC processing delays were each higher than MNSure expects of its staff, Christina informed the Committee that MNSure has shifted resources to prevent ongoing issues. She mentioned that the Broker Service Line now has lower call volume, so its specialists have been helping MNSure's operations team process LEC.

Denise asked if MNSure will consider an additional special enrollment period if Minnesota's stay-at-home order is extended. Christina stated that her understanding is that another special enrollment period like the one that just ended unlikely. She explained that opening enrollment to anyone outside of the open enrollment period complicates how health insurance companies calculate costs and rates.

Christina confirmed for the committee that the board will be meeting both in June and July. Grace suggested that the committee review presentation slides for the board at an in-person meeting if possible. She prepared the committee to have another Webex meeting in May and assess at that time whether an in-person meeting can be held in June.

Public Comments

No public comments.

Adjourn

MOTION: Madie moved to adjourn. Olga seconded. All were in favor and the meeting adjourned at 3:20 p.m.