



# Consumer and Small Employer Advisory Committee Meeting Minutes

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Tuesday, June 23, 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 Narowitz

**Staff in attendance (via phone):** Christina Wessel and Eva Groebner

## Meeting Topics

### Welcome & Roll Call (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.

Christina Wessel, MNSure staff, took attendance.

### Review & Approval of Prior Meeting Minutes

*CSEAC Members*

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

**MOTION:** Denise Robertson moved to approve the draft May 26 meeting minutes. Olga Sheveleva seconded. All were in favor and the minutes were approved.

Denise asked that the phrase “novel income for Minnesotans seeking financial assistance with health care” from May’s meeting minutes be clarified. Grace suggested that in this phrase “novel” could refer to new or first-time income, which MNSure staff confirmed was the intended context.

## MNsire Updates

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

Christina reminded the committee that Governor Walz appointed a new board member, Stephanie Stoffel, to the MNsire Board of Directors in March. Stephanie serves as the small employer representative on the board. She works at Scholarship America as the vice president of technology and has served on nonprofit boards of directors in the past, including for the United Way of Mankato. Christina continued that last week Walz appointed an additional three members, marking the board meeting on June 18 four members' first meeting.

Suyapa Miranda was reappointed for another four years, remaining the board member representative of public health programs. She was first appointed to the MNsire board in 2018 when she completed the second half of her predecessor's term. Suyapa also serves as the director of operations at New Native Theatre. She has previously served as the vice president for the Alliance for Metropolitan Stability and has served on the board of directors for several other Minnesota non-profits and organizations, including the Metropolitan Council Transportation Advisory Board, the Minnesota Council on Latino Affairs, and Southern Minnesota Regional Legal Services.

Andrew Whitman has been appointed to the board seat representing the interests of consumers eligible for individual market coverage. Andrew is both a professor of insurance at the Carlson School of Management and an AARP-IRS tax counselor. He also serves on the Hennepin County Bar Association, the Minnesota Bar Association, and is a member of the Minnesota Insurance Guarantee Board.

David Fisher fills the board seat representing health policy issues related to both small group and individual markets. David has served on the boards of directors for several organizations such as Project for Pride in Living, Growth and Justice and Senior Community Services. Under former Governor Ventura, David served as vice chair on the Metropolitan Council and as Commissioner of the Minnesota Department of Administration. Currently David is an adjunct professor of law at the University of Minnesota Law School and the University of St. Thomas where he teaches contracts and interest-based negotiations.

Christina continued that the board reviewed MNsire's 2020 enrollment numbers as of June 14, 2020. 380,347 Minnesotans had signed up for health coverage through MNsire comprised of: 137,347 qualified health plan (QHP) enrollments, 200,427 Medical Assistance (MA) applications, and 42,573 MinnesotaCare applications. MNsire and the Minnesota Department of Human Services (DHS) equated the higher enrollment numbers to citizens' concerns driven by the COVID-19 pandemic. Christina added that MNsire continues to advertise through social media encouraging the uninsured population to apply through MNsire. Key points of the advertisement include the year-round enrollment opportunities of MinnesotaCare and MA, and the ability to determine special enrollment eligibility for a QHP on MNsire.org.

Christina informed the committee that Nate Clark, MNsire's CEO, presented a financial update to the board. By the end of May premium withhold revenue was roughly \$500,000 above forecast, reaching \$8.2 million. She added that MNsire has spent hundreds of thousands in response to COVID-19 and is seeking relief funding. Despite these changes, MNsire does not

anticipate great variance from the preliminary fiscal year 2021 budget presented to the board in March. Christina indicated that MNSure does not intend to change staffing or operations plans and will finalize the budget at the July board meeting.

Christina continued that MNSure, which converted entirely to remote work in early March, has no plan to return staff to work onsite for several months. MNSure will establish health and safety protocols in preparation for eventual return to the building but anticipates remote work through the open enrollment period and beyond.

As of mid-April, MNSure has successfully transferred all Employer Shared Responsibility appeals to the federal Department of Health and Human Services, which will save MNSure hundreds of thousands of dollars annually. Christina explained that if a person is determined eligible for advanced premium tax credits (APTC) their employer receives an automatically generated notice to inform (the employer) that they may be at risk of a penalty for not providing their employees minimum essential health insurance. The employer is then then given opportunity to dispute the individual's eligibility for advanced premium tax credits. Denise asked whether MNSure will have to pay for the federal department to process the appeals, which Christina clarified it will not.

Christina shared a fun fact from the board meeting: on the afternoon of June 3 MNSure had zero life event changes (LEC) pending review. This marks the first time since the creation of LECs that MNSure has come completely current with reported changes. Christina continued that the average age of LEC is hovering around one day. This is a testament to how productive MNSure staff is while working from home. She further explained this enables MNSure operations specialists to work on additional projects and puts MNSure in a strong position to automatically renew households for plan year 2021 this fall. Some of the 50 other preparatory projects MNSure is tackling for open enrollment are marketplace set-up, improvements to tools, and streamlining verification scanning and indexing.

Christina's final update was that MNSure is preparing to launch its elements of the Insulin Affordability program July 1. Finalization of MNSulin.org is underway for the emergency insulin application, MNSure is contracting with its vendor for a statewide advertising and public awareness campaign, materials and a communication plan are being developed, and more than 70 navigator agencies and 150 individual navigators have already completed training. Leigh Grauman asked whether Christina could share specifics for the communication promotions, but Christina apologized that she has not been privy to the details of the push. She said she was aware that at least some social media advertisement was planned. Denise asked whether MNSure has plans to communicate directly to the Board of Pharmacy or the Minnesota Pharmacists Association to solidify a relationship between pharmacists and navigators. She mentioned that her agency, HealthAccess is a MNSure grantee in Southeast Minnesota, and has had been performing cold calls to local pharmacies to discuss the upcoming insulin program. Her experience has been that the pharmacists tend to be leery of the calls, particularly because many of them do not know what a MNSure navigator is. Denise recommended that MNSure put efforts into expanding knowledge throughout Minnesota in preparation for the July 1 launch of the insulin programs. Christina replied that MNSure has plans to reach out to pharmacists alongside the Board of Pharmacy but has been focusing on standing up the mechanics of the program before reaching out to the community.

Leigh referred to MNsure board slide 8, “Call Inquiries Dashboard” that notes “How do I apply?” as the second most common inquiry to the Assister Resource Center (ARC) phone line. She asked if Christina could address why that is such a high-driven call inquiry for assisters. Christina replied that ARC has had a very low call volume as of late, which skews statistics. She added that the topic serves as a catch-all because it’s less specific than the other top four inquiries (public program status, determination result, QHP status, and newborn status) and covers the variety of application questions that arise when an assister is asking about stages of the application process. Leigh then inquired about the METS Electronic Eligibility Verification (Discovery) project on hold for COVID-19 on slide 11 (METS FFY 2020 Roadmap.) She was interested to know what the project entails and whether MNsure would be looking to assisters or consumers for additional perspectives. Christina clarified that this project was still in the discovery phase when COVID-19 caused a hold on progress. The discovery phase is when MNIT reviews projects to determine what changes would be required and agencies determine whether the projected cost will prove beneficial.

## **Working Session**

### *CSEAC Recommendations to the MNsure Board of Directors*

Grace advised that she will be presenting the slides to the MNsure board in July and wanted to finalize her presentation with the committee. She invited any other members to attend the board meeting.

### **Improved Interdepartmental Communication**

Grace read the committee’s goal, “To reduce the confusion and disconnect between the multiple offices that are involved in an individual’s insurance.” She stated there are no major changes from the last time the slide was reviewed by the committee. She then summarized that the people that most need help with their health insurance seem to be passed between departments the most. Grace stated that she intends to share with the board specific instances of this phenomenon from Madie Nelson and Denise. Finally, Grace highlighted the bullet points from this slide: continue education for DHS and assisters, create a catch-all office or ombudsperson, encourage regular meetings between DHS, the counties and MNsure with MNsure actively encouraging that relationship and education, and the creation and distribution of flow-charts to help visual learners determine who to talk to about specific issues.

### **Life Event Changes**

Grace read the committee’s goal, “To allow MNsure to process life event changes more quickly and make the process more smoothly for consumers. Customers need real-time information to make empowered decisions about whether to seek care at the risk of debt.” She stated this slide had not changed from the last time the committee reviewed it. She explained that consumers that are not English speakers have difficulty reporting LECs over the phone, and MNsure should improve access to interpreters and hire more multi-lingual operators.

Denise asked whether Grace intends to highlight phone trees at this point in her presentation. Grace responded that she plans to mention this during an equitable access slide later.

### **Plan Affordability (across the state):**

Grace read the committee's goal, "To reduce plan cost for consumers in the highest rating area (Rochester/Austin)."

Per the MNsure board's suggestion – "*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 noted she had added a line that consumers that drop off the MNsure exchange tend to buy less expensive insurance that is not compliant with the Affordable Care Act.

### **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 summarized the committee's recommendation: "The committee recommends that MNsure support workers who may seek insurance through these pathways but does not recommend that MNsure promote or pursue use of this pathway, due to the loss of tax credit availability for consumers."

### **Literacy**

Grace read the committee's goal, "To ensure that all Minnesotans, regardless of education level or language can understand and use their coverage." She continued that there are many barriers that prevent health equity. Grace then suggested to Denise this is when she would recommend improved access to the phone line and how to better help non-English speakers over the phone. Denise replied that MNsure should also be aware of phone wait times, because having an interpreter is not beneficial to people that cannot get through to speak with them.

Kathy Saari was pleased that CSEAC had a variety of information to present to the MNsure board.

### **New Business**

#### **CSEAC Members**

Grace opened comments to any new business. Denise referred to MNsure working from home indefinitely and mentioned that many navigators are doing the same. She mentioned that workers can be productive when working remotely, and it allows more geographic and accommodation-oriented solutions for disabled or elderly individuals that have limited mobility. Denise asked whether MNsure has developed any procedures to allow assisters to continue

remote assister appointments long term. Christina replied that MNsure had some policies and procedures already in place prior to the pandemic and has made exceptions for when the consumer signature is required when it has been possible.

## **Public Comment**

No public comments.

## **Adjourn**

**MOTION:** Olga moved to adjourn. Kathy seconded. All were in favor and the meeting adjourned at 3:25 p.m.