



Consumer and Small Employer Advisory Committee Meeting Minutes

September 22, 2020, 2:30 – 5 p.m.

Virtual meeting via Cisco Webex

Members in attendance (via Webex): Grace Aysta – Chair, Denise Robertson – Vice-Chair, Lana Barskiy, Leigh Grauman, J. P. Little, Kathleen Saari, Olga Sheveleva

Members not in attendance: El'gin Avila, Steven Narowetz, Madison Nelson

Staff in attendance: Christina Wessel, Eva Groebner

Meeting Topics

Welcome and Roll Call

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

Grace Aysta, chair, called the meeting to order at 2:35 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.

Grace continued that there are committee members reaching the end of their term limits in October and thanked the members for their commitments. Christina Wessel, MNSure staff, confirmed that committee turn over will occur after the October 27 CSEAC meeting.

Christina proceeded with a roll call.

Review and Approval of July Meeting Minutes

CSEAC Members

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

Motion: J. P. Little moved to approve the draft July 28 meeting minutes. Denise Robertson seconded. All were in favor and the minutes were approved.

MNSure Updates and Advisory Committee Terms

Christina Wessel, MNSure Senior Director of Partner and Board Relations

Christina led with open enrollment news. She reported that MNsure's open enrollment period will be run from November 1 through December 22, 2020, extending a week beyond the federal deadline of December 15. She continued that MNsure will be offering products through a new health insurance carrier, Quartz, in rating area one. This area extends through Fillmore, Houston, Olmstead, Wabasha and Winona counties in southeastern Minnesota. Christina mentioned that the final rates for 2021 policies will be published on October 2 then will be uploaded to the MNsure.org plan comparison tool by October 15 so that consumers can begin researching health care options prior to the start of the open enrollment period.

MNsure has hired twelve new Contact Center representatives to prepare for increased calls during the open enrollment period. Christina stated they have begun training and will be working from MNsure's office in St. Paul. She added that MNsure's call vendor, Faneuil, is also planning to increase their staff by about 110 agents to aid in answering calls timely. MNsure anticipates increased Contact Center hours, so Christina mentioned that assisters will be informed of the changes as soon as they are finalized in order to make their appropriate adjustments.

Christina continued that MNsure began renewal procedures on Monday, September 21. Consumer information was extracted from Minnesota Eligibility Technology System (METS), where applications are held, and run against the federal hub to verify accuracy. She mentioned that each year this process takes less time, and for the 2021 process, it is anticipated to take about one week. After the process is completed MNsure will resume standard operational procedures for updating applications based on consumer attestation.

Next, Christina reported that MNsure was approved for a federal COVID-19 grant that will pay navigators for their assistance in getting consumers access to COVID-19 testing.

On June 30, the Pharmaceutical Research and Manufacturers of America (PhRMA) filed a lawsuit challenging the Alec Smith Insulin Act's legality. Christina shared that despite the MNsure Board of Directors being listed as defendants in the initial injunction, PhRMA has since voluntarily dismissed them from the dispute. Grace confirmed that the lawsuit is continuing, and only MNsure was released from the list of defendants. Denise asked whether this has impacted the implementation of the bill from gaining momentum. Christina replied that the Board of Pharmacy will continue to grant Minnesotans access to less expensive insulin during injunction. The insulin bill is lawful unless the lawsuit determines that it is unconstitutional. She mentioned that funding for the advertisement of the program was not available until July 1 when the law took effect, so that has caused a delay in any marketing that MNsure is working on.

Leigh Grauman asked Christina whether there have been any trends detected from a recent survey of navigator groups that went through the insulin affordability training. Christina replied that preliminary results were received, but the advertising agency is also planning to hold focus groups for more data.

Finally, Christina shared sadness that Kathleen Saari, Denise and Leigh have committee terms ending in October. She announced that Grace has accepted another term as the committee chair, but a new co-chair is needed. The posting for new committee members will be open through October 15 with the MNsure board voting on new applicants in November, so Christina

recommended that the members share the online link to anyone they think would be a good contributing partner.

Discussion of Potential Recommendations Regarding Equitable Access

CSEAC Members

Grace began that the committee has expressed interest in finding additional ways to maintain equity throughout MNsure consumers from each diverse population. She suggested that they brainstorm experiences to lead into a more thorough discussion for a future meeting in order to ensure the committee can deliver actionable recommendations to the board.

Denise stated that the health care application asks applicants what their preferred written and spoken language are, implying that they will have access to health care information in their primary language. She recommended that the mandatory translated insert should be moved from the last page to the first or second page so that non-English readers are informed of how to access an interpreter regarding their case. She continued that even beyond language barriers is a literacy discrepancy. She is a lawyer and finds many of the written notices from MNsure and the Minnesota Department of Human Services (DHS) to be beyond legal comprehension let alone average native English language.

Grace asked Denise whether the application questions regarding language result in a different information delivery for non-native English speakers. Denise replied that despite the implied expectation that their preferred language will be used to contact them there is no difference for non-English speakers or readers.

Christina noted that among the numerous health care notices MNsure sends to consumers there is a dynamic difference for each household. Due to the variations in messaging it would be a vast undertaking to have everything translated and manually uploaded by the IT department. She suggested that an obtainable recommendation to the board could be to reach out to other health exchanges to determine possible resolutions. Denise observed that a quick goal could be to send a notice in the consumer's preferred language that states that they are receiving a notice from DHS or MNsure and basic instructions to have it translated. Grace asked Christina whether MNsure has a contract with interpreters, which Christina confirmed as an agency called Language Line.

Olga Sheveleva noted that there are other state agencies that may have overcome language barriers and could provide goals for MNsure. Grace inquired whether MNsure employs staff members that could translate materials. Christina replied that state agencies have certain requirements regarding such specialized work. Translation and interpretation duties would need to be qualified as a specific duty, which would require union cooperation and a clear pay scale. If the work were to be contracted out to an outside company, MNsure would be required to allow multiple vendors to bid on the work over a certain dollar amount.

Lana Barskiy suggested that DHS' service agreements be explored by MNsure. She added that navigators can give MNsure insight into the languages that are used throughout different communities. She added that having so many agencies convert to remote work has added

additional hurdles for non-English speaking clients. In the past a client could bring a notice into the navigator's office for translation, but with remote work and HIPAA restrictions it can be difficult to send a notice to a translator. Lana suggested that navigators be granted additional access to consumer accounts so that technology and language cannot prevent accessibility.

Grace noted that health care notices are identified by a letter and number combination. She suggested that having that identifier, with instruction to contact a navigator for language help, written in a consumer's preferred language could help. Lana agreed that this could be a simple way to ensure that anyone within a navigator agency would be able to help a consumer, rather than relying on a specific agent to have access to the specific notice or account.

Denise observed that certain populations are impacted by several inequalities at once. As an example, Denise stated that lack of COVID-19 testing; and higher rates of transmission and hospitalization due to COVID-19 complications are additional realities that Spanish-speaking communities are facing. She suggested that adding additional languages to advise of preventive care could help to reach these communities in a more productive way. She summarized that fair is not always equal.

Denise continued that deaf and hard-of-hearing populations face additional barriers. She mentioned that she has had issues in the past with MNsure's outdated technology for sign language interpretation. Leigh replied that she recently assisted a Spanish sign language speaker. She stated that after contacting the MNsure Accessibility & Equal Opportunity office through email she was able to access video assistance for the client.

Denise mentioned that there are inequalities in health care for LGBTQ populations. She suggested that the committee reach out to the JustUs Coalition, which her agency works with, in order to gain additional insights into the disparities.

Public Comment

No public comment.

Adjourn

Motion: Leigh moved to adjourn. Kathy Saari seconded. All were in favor and the meeting adjourned at 3:40 p.m.