![MNsure logo — Where you choose health coverage]

Consumer and Small Employer Advisory Committee Meeting Minutes

February 23, 2021, 2:30 – 5 p.m.

Virtual meeting via Cisco Webex

Members in attendance (via Webex): Grace Aysta – Chair, Olga Sheveleva – Vice-Chair, Lana Barskiy, Anna Guler, J. P. Little, Madison Nelson, Melissa Stanton

Members not in attendance: Warsame Guled, Steven Narowetz, Erin Ribar

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

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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 2:34 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 and Approval of January Joint Meeting Minutes

CSEAC Members

Motion: Milly Stanton moved to approve the draft January 26 joint meeting minutes. Madie Nelson seconded. All were in favor and the minutes were approved.

MNsure Updates

Christina Wessel, MNsure Senior Director of Partner & Board Relations

Christina shared a slide deck as she presented. She first informed the committee that MNsure opened a three-month special enrollment period (SEP) following President Biden's federal SEP. MNsure is loosely referring to the enrollment period as a COVID-19 relief SEP. The MNsure SEP will open to a broad population, namely anyone that is not insured by a qualified health plan (QHP) through MNsure. The SEP will not allow MNsure enrollees to change their plan or

add dental coverage if they are already insured by a QHP, but an individual can enroll into a QHP, dental coverage or QHP and dental if they are not presently insured under a MNsure QHP. This is open to anyone that is enrolled in coverage outside the MNsure exchange, allowing anyone enrolled in employer-sponsored insurance, COBRA coverage, short-term policies, etc. to enroll through MNsure.

The MNsure SEP began on February 16 and lasts through May 17. Christina noted that the MNsure SEP dates are slightly different from the federal SEP which began on President's Day and ends on a Saturday. She continued that shifting the dates slightly allows MNsure to offer as much opportunity for Minnesotans without the additional expense for overtime. The plan effective dates during the SEP are the first day of the month following plan selection.

Christina explained that any consumers that applied through MNsure before open enrollment ended on December 22, 2020, but did not enroll was automatically signed up for the COVID-19 SEP and will not need to do anything before shopping for a plan in their online account. Any individual that has applied through MNsure between December 23 and February 15 will need to call MNsure to have their shopping opened in their account. Anyone that is completing a new application can immediately proceed to the SEP qualifying life events and select COVID-19 as their "event" and shopping will open without need for any verification of the event. This is aimed to reduce wait time, eliminate processing on MNsure's end and open shopping opportunity for up to 90 days rather than the standard 60-day window. Christina continued that the COVID-19 event allows only one plan selection, then shopping is closed. Consumers that wish to change their plan, or who desire a different coverage effective date are still able to enroll using a different SEP if they have another qualifying life event.

In addition to the consumers that applied between open enrollment ending and the SEP beginning, partially enrolled households and any enrollees facing one-off technical issues will also need to call into MNsure to have shopping opened. Christina shared that the SEP has been successful and without complication so far. She noted that the federal health exchange invested $50 million in nationwide advertising for their SEP which will help MNsure grab attention for its SEP. MNsure is also investing in targeted local advertisements. Social media ads have already begun running for MNsure, and toolkits for social media advertisement have been shared with MNsure assisters.

Last, Christina informed the committee of a development in the contact center. Previously, MNsure contracted with an out of state vendor to handle first level calls. Escalated or more sophisticated concerns were transferred to call specialists in the Twin Cities. The vendor contract expires at the end of February and MNsure has decided to bring the first tier calls in house. A new class of employees have been hired and began training so that beginning February 25, all calls to MNsure will be handled by MNsure employees. Christina explained that this will be more efficient, allow more savings in the MNsure budget and provide better customer service to MNsure consumers. She explained that is more difficult to train and provide oversight for vendor representatives. Benefits to moving the first-tier calls in-house include: seamless training, better integration, smoother call hand-off, translator transfer option, improved call notes and a more strategic call tree. Christina shared that MNsure staff is excited for the change, and although this was planned before the SEP was introduced, she noted the SEP will be a great trial run for the new staff before November's 2022 open enrollment period.

Barriers to Health Insurance for the Russian-Speaking Community in Minnesota

Lana Barskiy, Anna Guler and Olga Sheveleva; Metropolitan Community Services

Anna Guler began the presentation with a slide show. She reminded the committee that she is a Social Security disability advocate and compliance officer with Metropolitan Community Services. She explained that Metropolitan Community Services' doors opened in 2013 and has been a non-profit organization since 2013. Approximately two thirds of the agency's clientele are Eastern European. For the presentation, Anna explained that "Russian" would be used to refer to all soviet nationalities; 16 republics that make up the former Soviet Union.

Anna stated that 50,000 - 60,000 Minnesotans have Russian ancestry. She explained that before the Soviet Union collapsed, most Russian-Minnesotans spoke Russian in addition to the language of their native republic (such as Belorussian, Ukrainian and Uzbek) but more recent generations speak only their native country's language. The decrease in Russian as a broad language of the region has resulted in difficulties interpreting for a diverse community. Anna explained that there are more than 120 ethnic groups with 82% of the population defined as ethnic Russians.

Anna elaborated that while Russian Jews and Christians share a common language, they have different cultural identities that can lead to tense relations. She also explained that in a 2000 survey in the Twin Cities only 13% of Russian immigrants indicated they "speak and understand English very well."

Lana Barskiy, the president and chief executive officer of Metropolitan Community Services informed the committee she has been a MNsure navigator since 2016 and has observed recurring issues within MNsure. Regardless of background or origin, many consumers have difficulty understanding how MNsure works, what their eligibility is and even the healthcare system in general. Lana noted this leads to a need for continuous upkeep to help consumers maintaining coverage.

Lana explained a few difficulties that first-generation Russian immigrants face. One occurs when sponsors inadvertently disqualify their sponsees from health coverage due to their own misunderstandings. Applicants who fall under the Family Reunification immigration category have a difficulty applying the public charge rule and can have confusion relating to the affidavit of support. Asylum seeking immigrants that apply through MNsure are often unable to create an online account because they cannot be verified against the federal hub. Further, they may not have adequate documentation to verify their information by MNsure's standards.

Lana additionally noted that MNsure needs to better train its staff to understand date designations on immigrant visas, as oftentimes staff treats valid visas as expired. She explained that the expiration date on a visa is the last date an individual may use their visa to seek entry into the United States, but does not influence how long an individual remains in the U.S. She continued that green card holders frequently receive technical issues that do not define a path to resolution. She noted that she and her colleagues frequently counsel such individuals, but many are hesitant to contact MNsure and are likely to avoid using the MNsure website. Some

immigrants fear that health care eligibility determination and subsequent verification processes may increase their risk for deportation. Anna noted that there are a lot of visa samples online for training purposes. She added that although their agency is more familiar with Eastern European immigrants, these shortcomings at MNsure are likely to impact immigrants from every region.

Another difficulty Lana brought to the attention of the committee was the creation of multiple accounts. She explained that MNsure allows the creation of multiple online accounts, which interferes with the application process. She asserted that some applicants may forget that they have already created an account, and MNsure should disable or alert to duplicative accounts. She continued that multiple accounts stem from or create difficulties removing household members or understanding the case ownership of applications (which agency maintains their case: the Minnesota Department of Human Services (DHS), MNsure, or their county.) Lana also asserted navigators do not have enough access to online accounts and need consumer permission each time they access their information, which delays assistance after the initial application submittal.

Next, Lana reiterated some difficulties that have recurred throughout the committee's work. Consumers and navigators alike, receive conflicting information between DHS, MNsure and the counties. Discrepancies can be information driven, policy related, or dictated by varied agency access. One example is that Medical Assistance and MinnesotaCare recipients are automatically removed from coverage when they turn 65 and become eligible for Medicare. DHS and the counties have access to a variety of electronic verification systems that automatically trigger transition between these public assistance programs. Alternatively, when an applicant enrolls into individual coverage through MNsure, there is no such mechanism to trigger an automatic termination of their policy.

The other recurring hindrances Lana mentioned were income verification and language preferences. She explained that self-employed applicants in particular need better guidance on how to report their income, and more reasonable documentation should be accepted by the agencies. Regarding language, Lana asserted that the agencies must make reasonable accommodations to honor preferences that applicants report during the application process.

Olga Sheveleva, vice president of development and strategic planning with Metropolitan Community Services, listed recommendations MNsure can take to prevent health care barriers for immigrant populations: grant navigators access to consumer files, send materials to consumers in their preferred language, provide copies of notices to navigators, allow agencies—rather than one specific agent—to be the preferred assister of a consumer, and improve communication between MNsure, DHS and the counties. She noted that there was a one-page presentation summary that was sent out to the committee members with the meeting notes.

Grace shared that she frequently works with Hispanic immigrants and has seen the same hurdles to their health care. She agreed that MNsure should address the issues brought forth in the presentation.

Madie added that in addition to health care notices being only in English they are still not clear. She cited MinnesotaCare notices that state an eligibility date on the cover page, but buried

pages deep in the notice there is a contingency that coverage will not begin until a premium payment is made. She added that in many cases the cover page date is not even a possible start date based on when the notices are printed and mailed, oftentimes after the effective date on the letter. Madie suggested that changing only the cover date could resolve several issues with consumer confusion.

Discussion of Recommendations Regarding Equitable Access

CSEAC Members

Grace mentioned that she hoped to get one more group present to the committee to ensure that they have vast recommendations. She suggested that the committee then spend a meeting or two refining recommendations before meeting with the Health Industry Advisory Committee (HIAC) once more and presenting recommendations to the MNsure Board in the summer.

Grace referred to meeting notes from the January joint advisory committee meeting, when MNsure's CEO, Nate Clark, raised considerations he would like the committee to make. She read that Nate asked the committees to consider root causes for systemic inequalities so that actions can be made to reverse them. Grace mentioned that language can play a factor in classism or racism on the marketplace. MNsure is focused on an English-based system. She listed possible resolutions: provide notices in multiple languages, work with other organizations to clarify the process and provide education, collaborate with community members and assisters.

Madie observed that the committee identified several equity disparities and should focus on recommendations that will negate these specific issues before broadening its scope. Grace suggested the committee move forward with recommendations to overcome language barriers as it has been an ongoing focal point. She suggested that the members come up with examples to bring to the board to illustrate the disparity.

Olga noted that other agencies have major populations for interpreting as well as translating. Grace asked Christina whether MNsure offers referrals for consumers to receive help in their preferred language. Christina replied that a feature of MNsure's assister directory is that a consumer can search by language(s) spoken by the brokers or navigators. Lana confirmed that in her experience, language specific referrals occur. Anna asked Christina whether MNsure offers a free service to assisters for translation. Christina confirmed that under the contract MNsure has with Language Line Solutions assisters have access to translators.

New Business

CSEAC Members

Grace introduced this segment as a time to discuss interesting or complex situations that committee members have come across and want to discuss. There was no additional business brought forth.

Public Comment

No public comment.

Adjourn

Olga asked whether MNsure had feedback on past committee recommendations. Christina said that a previous literacy recommendation was well received, and MNsure tends to focus on literacy. She informed the committee that this summer MNsure plans to update its website to integrate better access for non-native English speakers so that a translator will be easier to find. She continued that MNsure is always trying to improve life event change processes, which the committee recommended in 2020. Regarding interdepartmental communication, Christina suggested the committee focus on specific shortcomings so that MNsure can target solutions.

Grace noted appreciation that the board has addressed previous recommendations. She informed the committee she will send out a survey so that committee members can rank their recommendation priorities. Grace suggested the top ranked issues can be a focal point leading up to a board presentation.

Motion: Olga moved to adjourn. Anna seconded. All were in favor and the meeting adjourned at 3:44 p.m.