



Consumer and Small Employer Advisory Committee Meeting Minutes

March 23, 2021, 2:30 – 5 p.m.

Virtual meeting via Cisco Webex

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

Members not in attendance: Grace Aysta – Chair, Warsame Guled, Steven Narowetz, Erin Ribar

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

Meeting Topics

Welcome and Roll Call

Olga Sheveleva, Vice-Chair & Christina Wessel, MNsure Senior Director of Partner and Board Relations

Olga Sheveleva, committee vice-chair, called the meeting to order at 2:31 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 February Meeting Minutes

CSEAC Members

Motion: Madie Nelson moved to approve the draft February 23 meeting minutes. J.P. Little seconded. All were in favor and the minutes were approved.

MNsurance Updates

Christina Wessel, MNsure Senior Director of Partner & Board Relations

Christina shared several updates from the March 10 MNsure board meeting. The board approved MNsure’s preliminary budget for the next two fiscal years. The agency will continue with a conservative budget, but Christina noted there are a couple of uncertainties that could impact the budget at the state and federal levels. First, Minnesota legislature is debating an

extension to reinsurance or offering MinnesotaCare buy-in options. Secondly, health care provisions from the federal American Rescue Plan will have impacts on MNsure's IT costs and premium withhold income. Neither level of legislation should prevent MNsure from remaining a self-sustaining entity; MNsure will continue to receive reimbursements from the Department of Human Services (DHS) for costs incurred that benefit public program enrollees as well as plan premium withhold revenue.

MNsure projects \$21.6 million in premium withhold revenues, \$11.3 million in DHS reimbursements, and a bit of interest income, totaling about \$35.9 million to fund operations. Expenditure increases in next year's budget are mainly due to statutorily mandated wage increases and associated benefit costs for staff. Approximately 18% of the budget is for technology operations.

Further adjustments to the budget will likely be needed as MNsure anticipates additional funds to support implementation of the American Rescue Plan from either from the state or federal government. The final budget will be approved at the July board meeting.

Christina shared a slide show with the committee while she discussed further MNsure updates. As of March 10, nearly 2,300 Minnesotans had enrolled in coverage since the COVID-19 special enrollment period started on February 16. MNsure anticipates that the American Rescue Plan Act (ARPA) will result in even more interest before the special enrollment period ends on May 17.

Christina continued that MNsure has added life event change data to the board slides to provide additional transparency. She stated that MNsure's goal is to process these changes within 10 days of a consumer reporting them, but MNsure is essentially caught up with reported changes and exceeding its goal.

Next, Christina discussed the expansion of the Affordable Care Act under ARPA. For two years, premium tax credits will increase for those already eligible for tax credits who purchase insurance through MNsure. In addition, enrollees that earn more than 400% of the federal poverty level will newly become eligible for premium tax credits, and monthly premiums will be capped at 8.5% of an enrollee's income. Individuals that have already enrolled in 2021 coverage are eligible for rebates that will help cover premium payments that they have already made this year. Also, anyone that is enrolled through the individual health insurance market and not through the exchange can move to the exchange and potentially become eligible for tax credits.

Christina shared a couple of examples of how this could impact Minnesotans. There will be an average premium decrease of 19% in Minnesota. That number could be greater if households that are currently enrolled through MNsure without financial assistance have their applications closed so that they can apply for premium tax credits.

Finally, Christina acknowledged technical changes that will need to occur before MNsure can implement these changes. MNsure will need to recalculate the tax credits for all those already enrolled, including removing the 400% federal poverty level cap that is currently in place. MNsure will also need to implement the changes for all new applications moving forward. She noted that communications and outreach efforts are being made to ensure that Minnesotans know about these changes.

Olga asked Christina how information about Minnesotans are being informed about ARPA. Christina replied that MNsure is updating its website with some FAQ and a new tax credit calculator. MNsure will release a statement to the press and work on more outreach and promotion as the technical updates are implemented. She continued that a newsletter update will go out to MNsure assisters, and MNsure will offer a webinar for assisters to learn more and address questions.

Lana Barskiy asked whether ARPA has impacted Medical Assistance or MinnesotaCare in any meaningful way. Christina stated that the changes from the Affordable Care Act to ARPA mostly affect Minnesotans above 200% above the federal poverty level. However, there will also be changes to MinnesotaCare premiums. Medical Assistance recipients will not see any changes.

Discussion of Recommendations Regarding Equitable Access

Olga Sheveleva, Vice-Chair & CSEAC Members

Olga reviewed the results of the committee's survey. She shared that the top three concerns members voted to address were issues in communication between agencies, unclarity of eligibility notices, and gaining access to consumer inboxes. She suggested that committee members track specific instances of these types to present to the MNsure board.

Madie commented that MinnesotaCare eligibility notices are unclear because the front page lists an eligibility date, then several pages into the notice it says that coverage will not start until the first of the month following a paid premium. She asked whether that would be an example that could be brought to the MNsure board. Christina clarified that the Minnesota Department of Human Services (DHS) is the only agency with control over MinnesotaCare notices.

Olga pivoted to miscommunication between MNsure, DHS and the counties. She asked whether anyone on the committee had specific cases to present, or if it is a general lack of communication that made it higher priority on the committee's survey. Madie suggested that the committee find out what methods are used to maintain communication between agencies before making suggestions how to improve.

Olga reminded the committee that DHS and the counties end coverage for enrollees automatically when they become eligible for Medicare, but MNsure does not. She asked whether the committee had recommendations to combat that discrepancy. Lana described a recent case she dealt with where a consumer was over 65, but unable to qualify for Medicare because of her immigration status. The consumer could not apply online because she did not have established credit to have the federal hub verify electronically. That consumer was referred to a different agency regardless of who she contacted because of the complexity of her case. Lana suggested that the agencies provide additional training to prepare for cases such as that, where uncertainty could impact a person's health by delaying an eligibility determination. Olga acknowledged that the MNsure board could only impact their portion of the miscommunication, but suggested the committee spend some time to think about MNsure's role in that situation.

Next, Olga asked Christina about assister access to consumer inboxes. She wanted to know if the Health Insurance Portability and Accountability Act (HIPAA) was the reason that assisters are unable to access consumer inboxes. Christina replied that a consumer can grant access to

their inbox through their account, but that will only allow access to qualified health plan notices available through the enrollment dashboard. She added that providing access to notices available through METS has been under discussion for some time, but such a change would also carry significant costs for system updates.

Olga suggested that the committee discuss their recommendation for MNsure to communicate with its consumers in their preferred language. Anna Guler asked whether translated materials can be mailed out in a consumer's preferred language when that language is not English. Christina replied that MNsure is aware of this concern and is in early discovery stages to determine whether such a project may be scheduled in the future. Olga asked whether community members could get involved with translating notices or translating conversations to save on costs for MNsure. Christina replied that MNsure provides translated resources in the five most common local languages in addition to English: Hmong, Russian, Vietnamese, Somali and Spanish. She also noted that MNsure can provide interpreters in any language through Language Line Solutions. Olga recommended that committee members brainstorm additional resolutions or costs versus benefits analysis for MNsure expanding beyond five languages.

Olga asked whether consumers could sign a release to grant assisters access to their account or inbox. Christina explained that consumers can grant a specific assister access to their information through that assister's portal so that that assister can update their application and update the enrollment on the consumer's behalf. However, becoming a consumer's "authorized representative" in order to access all of a consumer's information is not a role MNsure recommends for certified assisters.

Olga continued with additional priorities to the committee. The committee would like to see MNsure improve the phone tree, or automated succession of prompts that delay callers from speaking to a MNsure representative more quickly. Christina said that MNsure is working to have fewer voice commands given before different languages become available to a caller. Anna suggested that having the five major languages provide prompts to continue in that language at the start of the call could be beneficial. Olga suggested that MNsure have dedicated staff that speak the major five languages as well.

Next, Olga asked the committee for thoughts on uncoupling gender from pregnancy questions and having gendered icons removed from MNsure's application. Christina stated that because MNsure, DHS and the counties share the application, they would each need to weigh in on how their programs and federal guidance define gender for their programs. She continued that each agency would also need to weigh in on whether the applicant icons should be changed and determine how any related IT costs would be divided. Christina recommended that the committee bring the issue to the MNsure board, noting that the commissioner of DHS, or their designee, serves on the MNsure board.

New Business

CSEAC Members

Olga 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

Motion: J.P. moved to adjourn. Anna seconded. All were in favor and the meeting adjourned at 3:36 p.m.