



Consumer and Small Employer Advisory Committee Meeting Minutes

June 22, 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, Erin Ribar, Madison Nelson, Melissa Stanton

Members not in attendance: Grace Aysta, Warsame Guled, Steven Narowitz

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

Guest in attendance from the MNSure Board: Andy Whitman

Meeting Topics

Welcome and Roll Call

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

Olga Sheveleva, 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.

Joel Ingersoll introduced MNSure board member Andy Whitman to the committee.

Review and Approval of March Meeting Minutes

CSEAC Members

Motion: Anna Guler moved to approve the draft May 25 meeting minutes. J.P. Little seconded. All were in favor and the minutes were approved.

MNSure Updates

Christina Wessel, MNSure Senior Director of Partner & Board Relations

Christina Wessel, MNSure staff, presented a slide show with her update to the committee. At the MNSure board meeting held on June 16, it was announced that Peter Benner and Phil Norrgard

had finished their terms on the board, so the Governor's office is reviewing applications to replace them. Suyapa Miranda has replaced the previous board chair, and Stephanie Stoffel is the new board vice chair. Christina continued that the previous Department of Human Services delegate left the agency and board, so his replacement at the agency will also replace him on the MNsure board as soon as July.

Christina shared additional updates from the board meeting. Between November 1, 2020, and June 13, 2021, MNsure has seen nearly 244,000 health coverage sign ups. That number is comprised by 137,000 qualified health plan enrollments, 85,000 Medical Assistance sign-ups, and 21,000 MinnesotaCare sign-ups. Christina continued that the COVID-19 special enrollment period (SEP) that began February 16 added over 10,000 qualified health plan enrollments after the 2021 open enrollment period ended on December 22, 2020. This SEP will close on July 16, but Christina pointed out that Minnesotans seem to have taken advantage of the enrollment opportunity and increased tax credits through the American Rescue Plan Act (ARPA).

Next, Christina provided updates to MNsure's implementation of ARPA. MNsure implemented the increased tax credits in phases beginning in early May with households between 201 and 400% of the federal poverty level (FPL), followed by households over 400% in early June that were newly eligible for tax credits. Per recent data about households that fall under these two categories, the average monthly premium has decreased by \$87 and specifically by \$155 in households over 400% FPL. Under ARPA, Minnesotans are projected to save an additional \$73 million with nearly \$10 million designated specifically to households over 400% FPL. Christina explained that prior to passage of ARPA, 50% of MNsure enrollees were in receipt of tax credits, and that amount has increased to 58% under ARPA. Across the board, Minnesotans are projected to receive nearly \$250 million through tax credits in 2021. She shared a graphic of average savings by rating area, noting that certain regions benefitted more from ARPA subsidies than others.

Christina then described the third phase of ARPA implementation which MNsure had initially thought could not be done in Minnesota. MNsure has worked with its enrollment system vendor to find a solution for offering additional cost-savings benefits for those who have experienced unemployment in 2021. The impact will be to households that have been or are currently eligible for unemployment insurance for even one week in 2021. The ARPA provision makes qualifying households eligible for an additional tax credit on their benchmark silver metal plan that reduces their premium to \$0. Additionally, their cost-sharing reduction subsidy increases to cover more out of pocket expenses, in effect making a silver plan as valuable to the enrollees as a platinum level plan. These benefits will be applied to eligible households as soon as July 1. Eligible households also qualify for a 60-day SEP. Olga asked whether these changes are only for 2021 or if they will be permanent. Christina replied that ARPA outlined that the uninsured benefit is only for 2021, and the tax credit increases are for plan years 2021 and 2022.

Christina continued with a topic the committee has discussed at length: English proficiency as a deterrent to health accessibility. She explained that MNsure's interactive voice response (IVR) system for inbound calls is undergoing an upgrade to improve access. MNsure will be updating its first prompt to provide access to Spanish, Hmong and Somali translated information in addition to English. Consumers will be provided prompts in any of the four major spoken languages before their call is answered by a MNsure representative. Christina explained this is

just one step in making MNsure more inclusive and accessible. Olga asked whether the phone tree is for prompts only, or if the caller will be transferred to a native speaker. Christina replied that only the prompts and voice-over information are being translated, but instructions are given in each language how to request an interpreter when a representative answers the call. She explained that MNsure's Contact Center is relatively small, so dedicating specific agents to only one language line would create bottlenecks and add unfair wait times for non-native English speakers. Olga asked whether MNsure tracks the number of calls that request an interpreter and which languages are most requested. Christina replied that MNsure utilized several data points when determining the higher priority languages for this project, including past use of interpreter lines, page hits on translated pages on MNsure.org (including the enrollment page in Spanish), and preferred languages indicated on the application.

Christina's next update was regarding the end of the federal public health emergency. The Biden administration has indicated that the emergency will end December 31. In Minnesota, this would mean Medical Assistance and MinnesotaCare renewals would resume for January 2022. This will mean increased activity in the health care eligibility system that MNsure shares with the Department of Human Services (DHS) so both agencies have been working with MNIT to prepare. Christina explained that as people see an increase in household income post-pandemic, they will lose eligibility for lower-income health programs (Medical Assistance or MinnesotaCare) and will transition to qualified health plan eligibility through MNsure. This should lead to higher enrollment activity at MNsure through loss of minimum essential coverage SEP, but ARPA tax credit benefits carrying into 2022 should aid consumers in the transition. Christina noted that consumers may begin seeing notices about the renewal process in September.

Next, Christina addressed recent news about a possible state shut down amidst the Minnesota budget stalemate in legislation. She shared that MNsure employees and contractors have been informed of potential layoffs. MNsure managers worked through contingency plans in the event the budget is not resolved by June 30 and will ensure that consumers, employees, contractors and other MNsure partners will be informed appropriately.

Finally, Christina shared that on June 17 the U.S. Supreme Court rejected a challenge to the Affordable Care Act, which was first filed in 2018 by Republican state attorneys general and governors. This marks the third time that the Affordable Care Act has been upheld by the Supreme Court; first in 2012 then again in 2015. Christina stated this should help consumers maintain confidence with the exchange into the 2022 open enrollment season this fall.

Lana Barskiy asked whether there are significant income guideline changes. Christina replied that Medical Assistance income guidelines are updated against the FPL each July 1, and that MNsure has updated its income brackets on MNsure.org to align with ARPA standards.

Leadership Discussion

Olga Sheveleva, Vice-Chair & CSEAC Members

Olga recalled for the committee that at the May meeting she had announced that Grace Aysta stepped down as the committee chair, and that all members were welcomed to express their interest in a committee leadership role. She informed everyone that she was the only person

that had shown interest in the chair position and Anna was the only person that applied for the co-chair position. Olga stated that their nominations will continue to the board for approval.

Discussion of Recommendations Regarding Equitable Access

Olga Sheveleva, Vice-Chair & CSEAC Members

Olga previewed a rough draft of the recommendation presentation for the MNsure board. She thanked committee members for providing examples of the communication breakdowns between MNsure, DHS and the counties she intends to bring forth to the board. One slide was dedicated to these examples: consumers being redirected between the agencies when they have a mixed-eligibility household, when a public program enrollment is terminated because of non-compliance in providing manual verification documents, and when old applications get in the way of a household's new information but none of the agencies are able and willing to close the outdated one.

Anna stated that she would prefer if the examples slide were bulleted so that it could be more easily received when presented. She explained that making the slide more concise would mean the audience could listen to a more detailed description of the events without being distracted by reading at the same time. Olga appreciated the feedback and agreed that could help clean up the presentation. Lana suggested that the examples, even if spoken, be even more specific to give the board a better idea of how much bouncing around a person may face in certain situations. Anna agreed that giving examples of a family structure may put a face to the struggles, even if the name is fictional or "person 1." Milly Stanton offered to provide background on a few examples to ensure that Olga can share a few personalized stories.

Andy Whitman, MNsure board member in attendance, asked the committee to clarify why the board should take the 65+ crowd into consideration. Lana explained that people living in the U.S. in a qualified status for fewer than five years are not eligible for Medical Assistance, regardless of their income, and cannot enroll into Medicare. She continued that an individual also cannot qualify for Medicare at any age if they are not a U.S. citizen, meaning a specific population is going uninsured because they are ineligible for financially assisted health care programs. Milly explained that MNsure does not run the program that this population may qualify for, but there is a specific application available on MNsure.org. Christina confirmed that form DHS-3876, the application for certain populations, is available to print from MNsure.org and can be mailed to the individual's county office. She added that being lawfully present in the U.S. is a requirement for MinnesotaCare eligibility, but a five-year minimum is not required. Olga summarized for the committee that the recommendation is to focus on proper guidance for the affected population, not that MNsure should be required to provide health insurance for them.

Next, Olga asked the committee whether they would like to modify their phone tree (IVR) recommendation now that MNsure is working on an update. She suggested that adding Russian and Vietnamese to the list of languages and having dedicated multilingual staff should remain committee requests. Anna agreed that each should remain a recommendation, though she acknowledged that multilingual staff may not be attainable in the short term. Lana suggested that MNsure focus on directing consumers to assisters that speak their native language to ensure that the entirety of information is properly conveyed. She explained that due to the

complex nature of health care in Minnesota, there is a level of explanation needed beyond some interpreters' ability. Christina clarified that the language line vendor MNsure utilizes provides translators trained for providing translation for the health care field. She agreed that assisters are a great resource as well, noting that the new IVR will provide that suggestion to callers in their native language while they are on hold.

Olga continued to a slide about reflective language and the removal of gendered icons on MNsure.org: train assisters and staff about gender and pronoun inclusivity; retire the gendered household member icons; engage with community organizations; record consumers' preferred pronoun for future interactions. Milly asked whether an enrollee's sex is relevant on the health care application. Andy commented that health insurance companies are not able to use gender in pricing or underwriting. Christina replied that MNsure and the qualified health plan insurance carriers do not need that information, however DHS presently needs that piece in order to determine eligibility when an individual reports pregnancy. Because the agencies share the health care application, the question remains relevant, but DHS may be seeking guidance from the federal government in the matter. Christina also noted that MNsure records preferred pronouns when an individual calls into the Contact Center but is presently unable to record that data for assisters who call the Assister Resource Center or Broker Service Line.

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: Madie Nelson moved to adjourn. J.P. seconded. All were in favor and the meeting adjourned at 3:48 p.m.