



Consumer and Small Employer Advisory Committee Meeting Minutes

July 27, 2021, 2:30 – 5 p.m.

Virtual meeting via Cisco Webex

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

Members not in attendance: Grace Aysta, Warsame Guled, Steven Narowetz, Madison Nelson, 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, 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.

Review and Approval of June Meeting Minutes

CSEAC Members

Motion: Anna Guler moved to approve the draft June 22 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 her update to the committee. The MNsure board meeting, held on July 21, included statistics surrounding enrollments for each program as of July 18. Roughly 135,000 Minnesotans have been determined eligible for public programs (Medical Assistance and MinnesotaCare) and more than 142,000 have enrolled into qualified health plans (QHP) thus far in 2021. More than 20,000 of the QHP enrollments have occurred

since the open enrollment period ended on December 22, 2020, with 13,200 Minnesotans enrolling during the COVID-19 special enrollment period (SEP) that took place from February 16 through July 16. In all, Christina commented, the COVID-19 SEP was an important opportunity for uninsured to gain coverage and consumers found it easy to enroll. She added that although the COVID-19 SEP has ended, households still have opportunity to enroll into 2021 QHP coverage through a SEP with a qualifying life event such as: moving into a different coverage area, losing health coverage through an employer, having a baby, marriage or aging off parents' coverage at age 26.

Christina continued that the MNsure board typically reviews and approves its budget for the incoming fiscal year at its July meeting, but this year the preliminary 2022 QHP rate filing was delayed from July 1 to July 23, causing MNsure to move its fiscal finalization to the October board meeting. Christina explained that a key aspect to MNsure's budget relies upon the premium withhold revenue projections made in correlation to the preliminary rates. MNsure is maintaining fiscally conservative projections for its budget and at this time anticipates that we continue to have a balanced budget for FY2022.

Next, Christina highlighted some legislative updates with key provisions specific to MNsure. The Minnesota Premium Security Plan, also known as "reinsurance," has been extended one year through December 2022. Christina explained the extension is intended to keep premium rates lower. However, lower premiums negatively impact MNsure's premium withhold revenue. She continued that a \$3.84 million appropriation has been designated for MNsure to offset this impact in fiscal year 2022.

Additional legislative approval includes authorization for MNsure to utilize a new system for background studies for certified navigators and certified application counselors. Christina also informed the committee that more than \$2 million designated for navigator per-enrollee payments went unspent in FY2020, but during the special session was allocated as a one-time grant to eligible navigator agencies to help fill in their budget gaps. She explained that with public programs on hiatus from renewals, navigators were unable to earn revenue by assisting consumers with the renewal process. Christina credited the Navigator Coalition with advocating for these funds to be dispersed.

Olga asked whether the amount of money appropriated to MNsure to offset reinsurance would be enough to close the gap. Christina replied that there will be additional analysis needed, but MNsure believes that the additional \$3.8 million will offset challenges. Next, Olga asked which background study program MNsure intends to change to. Christina explained that MNsure presently uses NETStudy and must switch to NETStudy 2.0 as the original version is expected to be decommissioned. She explained that the update is a more extensive background study, which is why MNsure needed legislative authority to access these records. Finally, Olga asked whether the Navigator Coalition is open to all navigator organizations. Christina clarified that it is not a MNsure-run stakeholder group, but rather a group of navigator agencies (Mid-Minnesota Legal Aid, Portico Healthnet, Briva Health, etc.) that have joined one another for a shared purpose. She noted the Navigator Coalition does their own outreach activities, but that Olga may be able to contact Mid-Minnesota Legal Aid for more information.

Christina then reminded the committee of the previous phases of MNsure's implementation of the American Rescue Plan Act (ARPA): April 30 - increase to tax credits in households up to 400% of the federal poverty line (FPL); June 8 - removal of the 400% FPL cap in tax credit calculation; and June 30 - MNsure enabled additional benefits for recipients of unemployment insurance. She explained that Minnesotans who received unemployment insurance for even one week in 2021 can qualify for as little as a \$0 premium, up to 94% cost-sharing reductions, and now an SEP to gain coverage. She noted this is a very generous opportunity for households impacted by COVID-19 induced unemployment, so MNsure stood up operational changes as quickly as possible for Minnesotans to gain access to the assistance.

Christina continued that under most SEPs the effective date of coverage is based upon the date of the qualifying life event and prospective from the plan selection date, however this SEP will have a 60-day window opened after the benefit is reported to MNsure. If a household had unemployment insurance in March, and only hears about the SEP opportunity in August, they will have 60 days to enroll into coverage following their report to MNsure. She noted this SEP is only available in 2021, unlike the tax credit increases that will last through 2022, therefore is being advertised through a statewide press and digital media release. She added that because the Minnesota Department of Employment and Economic Development (DEED) processes unemployment insurance, it is partnering with MNsure to inform consumers about the SEP opportunity.

Next, Christina informed the committee about MNsure's federal ARPA grant funding request for \$1.33 million to aid in costs related to implementation of ARPA. She explained that a total of \$20 million is available from the federal government for state-based health exchanges, with a \$532,000 limitation on incurred costs. Also, states may receive limited reimbursement for costs already incurred. MNsure's proposal would utilize the grant funding for more system enhancements, improved notices to expand accessibility, marketing, and additional activities to increase statewide awareness of ARPA legislature.

Christina then laid out key steps that MNIT discussed at the board meeting around the Minnesota Department of Human Services' (DHS) resumption of public program renewals, or the "return to normal." She explained that although the process primarily involves DHS and counties, MNsure may be impacted by consumers transitioning to QHP from Medical Assistance or MinnesotaCare when health care renewals resume. Presently, the peacetime emergency is set to expire on October 19, with public health care renewals restarting January 1. The renewal process would overlap with MNsure's open enrollment period. MNsure is working with DHS to create informative health care notices that direct consumers to MNsure assisters. Additionally, work is being done with stakeholder groups to ease Minnesotans back into the individual market.

To follow up on MNsure's language accessibility measures, Christina informed the committee that interactive voice response system (IVR) verbal prompts are being recorded in Spanish, Hmong and Somali. MNsure was then checking the recordings for clarity and accuracy and hoped to employ the upgrade by the end of July. She continued that on July 17 a MNsure.org refresh went live. She mentioned that frequent users of the site had an older version cached, so MNIT was working to ensure that all visitors could see the updates. Christina complimented more intuitive navigation including a landing page link in 15 languages that leads consumers to

resources in their native language. Christina observed that these are significant improvements in accessibility, and that MNsure will continue to expand its efforts on this front.

Christina's next update to the committee regarded dates for the upcoming open enrollment period. The Centers for Medicare & Medicaid Services (CMS) released proposed rules to extend open enrollment to January 15 rather than the current standard of December 15. A final rule is pending and may allow state-based health exchanges additional time to comply with such a mandate. Christina described the challenges MNsure could face if the enrollment period is extended by 30 days. The current model offers only January 1 as an effectuation date whereas a February start date would also need to be offered if open enrollment is extended. Extending open enrollment would also impact resource allocation at MNsure, its assister agencies and the health insurance carriers. Christina commented that MNsure looks forward to clarity on the matter.

Christina announced that a recommendation presentation from the Health Industry Advisory Committee (HIAC), led by chair Matt Schafer, was made to the MNsure board. She explained that HIAC had two recommendations: MNsure should hire an external, independent firm to conduct a health equity assessment as other state-based exchanges have, and MNsure should make considerations to support consumers with the transition into QHP coverage leading into the post-peacetime emergency with focus on open communication between the agencies and counties. Christina noted the board members were engaged with the presentation and are interested in using the sub-committees to discuss the recommendations.

Olga asked whether the MNsure board has replaced any members since the committee last met. Christina replied that applications have been submitted for the two open seats but MNsure was still waiting for Governor Walz to make appointments. She added that the DHS seat is no longer vacant and will be filled by a delegate by the board's next meeting.

Finally, Christina congratulated Olga and Anna for being confirmed by the MNsure board as chair and vice-chair of CSEAC.

Discussion of Recommendations Regarding Equitable Access

Olga Sheveleva, Vice-Chair & CSEAC Members

Olga presented an update for the committee to show the changes she made since their last meeting. She noted that the first slide, "communication breakdown between MNsure, DHS, MinnesotaCare, and the counties" had been condensed to bullet points, though her presentation will go into each in more detail. The subjects are unnecessary repeated direction, unclear MinnesotaCare notices, better guidance on self-employed income reporting, and additional guidance to 65+ population on application process. Olga thanked Milly Stanton for being a wonderful resource for examples to present to the MNsure board. Lana referred to annual renewal notices that consumers receive each renewal periods that show outdated information about households. She noted these typically come from MinnesotaCare, so she wanted that note added to the bullet that requested clarified MinnesotaCare notices.

Olga pulled up a summary of one such example intended to be read to the board where a mixed-eligibility household (members from more than one program in one household) tried to

report an income change and was passed back and forth between MNsure and their county because they had members eligible for both Medical Assistance and QHP. In this household, the issues were resolved eventually by DHS. The contradictory information was frustrating for that family with weeks between knowing to whom they needed to speak. Olga emphasized that during the open enrollment period MNsure can take months to process life events, and counties can take weeks to process at various times as well. Lana Barskiy stated that in her experience the Twin Cities counties have longer processing delays. She mentioned Hennepin and Ramsey Counties, noting Dakota County can occasionally show delays as well.

Olga asked Christina whether the life event change (LEC) processing times had improved at MNsure. Christina had a MNsure board slide pulled up so that the committee could see from October 2019 through July 2021 how higher volume months impact the resolution rate. On the graph, each December the incoming LEC numbers are over 6,000 with resolution rates between 4,700 and 4,900 in the same month. June through September of 2020 and February through July of 2021 were months in which fewer than 2,700 LECs were reported, and resolutions were as high as 5,081. Christina explained that numerous factors impact the rate at which MNsure can process LECs: the manual process requires expertise from more experienced staff, there is no efficient way to report household changes online without Minnesota Eligibility Technology System (METS) updates, which would require county and DHS approval, and that veteran resources are pulled from LECs when call volume is high, leaving fewer hours for staff to combat the high volume of incoming LECs. She noted that as of July 18 the average time for an LEC to be processed was only 3 days.

The next example Olga shared regarded reasonable opportunity period (ROP) and periodic data matching (PDM) cases where an individual loses Medical Assistance or MinnesotaCare for non-compliance in submitting relevant paperwork. By default, these individuals are denied all financial assistance programs and determined eligible for unassisted QHP coverage. In this example, the county workers saw that the caller was eligible for QHP coverage, so rather than investigate why they had that health care determination, the county worker directed the callers to enroll into coverage through MNsure. Olga continued that many of these cases are clarified by the MNsure Assister Resource Center (ARC) who directs navigators back to the county to have the households redetermined for Medical Assistance or MinnesotaCare eligibility. Milly clarified that the county or DHS needs to resolve these cases with documentation from the consumer, that MNsure is not responsible for such cases. She noted that county caseworkers need to be better informed and responsive to these cases. Lana suggested that the counties appoint navigator liaisons like MNsure's ARC.

Next, Olga shared an example of communication breakdown where consumers have an outdated application in METS that they would like to update or replace, but neither MNsure nor the county close the application, instead directing the consumer to the other. She explained that these processes are inconsistent and confusing, and give consumers the run-around. Milly's provided example was a parent and child with an application several years out of date – wrong address, wrong income, wrong general information – yet MNsure had automatically renewed their QHP coverage each year. In that case, MNsure would not close the application for her to reapply, however the county did with no resistance. Lana agreed that she had seen similar cases frequently. Olga summarized that the recommendation to the board may be to request

that MNsure, DHS and the counties outline a clear policy that directs consumers and their assisters to the appropriate agency with closure requests.

The next slide referred to a recommendation that the phone tree (IVR) be available in multiple languages. The bullets on this page were: add the choice of two more major languages (Russian and Vietnamese), run population numbers and statistics, involve assisters in interpretation between MNsure staff and consumers, and explore additional language options. Olga explained that although MNsure has a plan to add three languages to the IVR, statistics would likely show that additional languages are needed. She added that the population changes frequently, so MNsure should maintain ongoing research into consumer language needs.

Lana asked how the three languages were determined. Olga summarized that statistics were based on website clicks and requests for interpretation through the phone service to determine the most common languages, and that there may have been a budget basis for only allocating the top three. She asked Christina to elaborate or clarify. Christina explained that MNsure pulled language statistics from every resource available. What languages the application was requested in, which language is requested when consumers call in, etc.. She continued that once the most requested languages were identified, MNsure decided to implement them as groundwork so that additional languages will take fewer resources moving forward. Lana referred to the contract between the State of Minnesota, acting through DHS, and the Families and Children Managed Care Organization (MCO), requires that all materials sent by the MCO must include 16 language blocks as an accommodation to consumers with limited English proficiency. She asked why MNsure is inconsistent with these standards. Christina replied that the requirement refers specifically to official notices; there are not requirements for other resources, such as phone trees or websites.

Next, Olga presented a slide for “reflective language and removal of gendered icons” listing: gender and pronoun inclusivity, retire gendered household member icons, remove gender questions from application, engage with community organizations, and record preferred pronouns and names in MNsure’s call system.

Anna stated that she understood in a previous meeting that MNsure records the consumer’s preferences when they called in about themselves, but not when an assister calls on their behalf. She asked for clarification about her recollection. Christina explained it is a technical issue because MNsure uses that field in the customer relations management system for a different purpose for assisters. She added that typically a consumer utilizing an assister is less likely to call in for themselves, so their preferences may not be captured because they are not dealing directly with ARC or Broker Service Line staff. Olga said she and Anna will work together to update the board recommendation presentation before the next committee meeting, on August 24.

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: Milly moved to adjourn. J.P. seconded. All were in favor and the meeting adjourned at 3:37 p.m.