Consumer and Small Employer Advisory Committee Meeting Minutes

November 23, 2021, 2:30 – 5 p.m.

Virtual meeting via Cisco Webex

Members in attendance (via Webex): Anna Guler – Chair, Lana Barskiy, Richard Klick, Cheryl Scheer, Melissa Stanton, Jonathan Vagle

Members not in attendance: N/A

Guest in attendance: Olga Sheveleva, former chair

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

Meeting Topics

Welcome and Roll Call

Anna Guler, Chair & *Christina Wessel, MNsure Senior Director of Partner and Board Relations*

Anna Guler, 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.

Introductions: New and Returning Members

Anna Guler, Chair & *CSEAC Members*

The members introduced themselves to the committee. MNsure staff explained their roles with MNsure.

Review and Approval of Previous Meeting Minutes

CSEAC Members

Motion: Milly Stanton moved to approve the draft August 24 meeting minutes. Dick Klick 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, began with a welcome to new committee members Cheryl Scheer and Jon Vagle. She welcomed Dick Klick back to the committee after a hiatus, and congratulated Anna as the new chair. Christina added that neither advisory committee has a vice-chair, and that the Health Industry Advisory Committee will continue to be chaired by Matt Schafer from Medica.

Christina continued that her role is to update the committee with information from MNsure, particularly after board meetings. She began her presentation with a slide deck from the November 17 board meeting. Christina explained that the "dashboard" statistics reset on November 1 to reflect 2022 enrollments beginning in the open enrollment period. She informed the committee that the enrollment dashboard reflected not only qualified health plan (QHP) enrollments but also applications for Medical Assistance (MA) and enrollments for MinnesotaCare. As of November 14, there were 5,000 MA and 1,000 MinnesotaCare sign-ups, and 115,000 QHP enrollments, 109,000 of which being passive renewals from 2021. She explained that this population did not need to take any action to obtain 2022 coverage, it was done automatically by MNsure, but the households still have opportunity to change their coverage based on their 2022 coverage needs and preferences.

Christina continued that over 5,000 QHP enrollments belong to consumers new to MNsure, showing an expansion in enrollment numbers for next year. There were also nearly 20,000 dental enrollments as of November 14, including passive renewals and new coverage. Christina summarized that over half the QHP enrollees are eligible for advanced premium tax credits (APTC) with an average monthly savings per household of $528. A smaller percentage of only 8 percent of enrollees were found eligible for cost-sharing reductions (CSR). She explained that CSR is an additional benefit from the Affordable Care Act (ACA) that reduces out-of-pocket costs. CSR is less common in Minnesota versus nationally because of Minnesota's basic health plan, MinnesotaCare. Only Minnesota and New York have basic health programs under a provision of the ACA.

Next, Christina shared a slide representing APTC benefits in each of Minnesota's nine rating regions. She explained that APTC benefits vary across the state based on benchmark premiums in each region. Benchmarks are the second-lowest costing silver level plan available to a consumer, and because coverage networks vary between the five health insurance carriers there are different benchmarks in each rating region. She pointed out that southeast Minnesota has the highest premiums, and the Twin Cities have the lowest premiums. This leads to variances in average savings in each region. Southeast and south-central Minnesota see the highest average monthly savings at $748 and $737, respectfully. The Twin Cities sees the lowest average monthly savings at $362 per household.

The next slide showed a dashboard comparing the first two weeks of the 2022 open enrollment period to the same timeframe in 2020 for 2021 open enrollment. Christina noted that both years look relatively consistent as was expected at MNsure. She pointed out that UCare consistently had the highest and Quartz the lowest enrollment numbers of the five carriers: Blue Plus,

HealthPartners, Medica, UCare, and Quartz. She added that Quartz is only available in one region, southeast Minnesota. The data included other MNsure participation distributions across metal levels, genders, age groups, and language preferences.

Regarding the MNsure Contact Center performance dashboard on the next slide, Christina explained that answering calls quickly and helping consumers efficiently is of top priority, so the year-round goal is set at five minutes or less. She explained that there were more variations in incoming volumes, speed of answer and the handle times this year due to the American Rescue Plan Act (ARPA) passing in March as well as extended special enrollment periods (SEP) created through the COVID-19 public emergency and unemployment insurance benefits offered through ARPA. She added that in early 2021 MNsure transitioned from using an out-of-state vendor to taking all calls in-house. The job of the former vendor, and now of the most junior staff, is fielding the first level, basic concerns such as answering frequently asked questions, or resetting passwords. Consumers calling with more sophisticated needs, such as reporting a household update or enrollment change, are triaged to MNsure specialists for more intricate service. MNsure increased its staff in the months leading up to the open enrollment period, and the newest members are fully trained and on calls assisting in keeping call times low and service high.

Continuing onto the next slide, call metrics from November 1 through 13, Christina mentioned that MNsure received 11,000 calls. The average speed of answer remained under six minutes with a vast majority (6,795) of issues resolved in the first tier of the call. The helpline, comprised of more extensive issues such as reporting life events, totaled about 5,000 of the calls. Peak call times were during the lunch hour, when consumers have a free moment to call MNsure, but staff at MNsure is also on break, which led to a spike in the courtesy call back feature requesting a MNsure representative contact the consumer.

Next, Christina introduced the qualified life event changes (LEC) processing statistics to the committee. She explained for newer members that when consumers have a household change (e.g., employment status, income increase/decrease, adding a new household member, family member moving out) they are obligated to report it to MNsure within 30 days of occurrence so that MNsure can recalculate household health care eligibility, whether it modifies APTC or makes an enrollee eligible for MinnesotaCare or MA. Christina further explained that the changes require extensive manual work by MNsure operations staff, and that the changes can only be reported to MNsure over the phone, marking pain points for all parties.

Christina explained that MNsure strives to offer transparency into how many LEC are reported and how quickly MNsure processes them. She noted that the graph, showing monthly LEC from October 2019 through November 2021, reflects inevitable spikes in reporting during the open enrollment periods. She noted marked improvement in processing matching or exceeding (catching up on) reported LEC throughout 2021. The increased reporting at open enrollment time has been lesser in 2021, but MNsure projections show that roughly 5,000 LEC will be reported in November. Christina suggested that consumers are reporting more promptly now that they are familiar with MNsure processes, but also credited the MNsure operations team for maintaining a 14-day average processing lead in 2021. She also noted that as of November 23, the team had processed through the LEC reported on November 15, just over a week in processing turn around.

Also shared at the November 17 board meeting was a presentation by MNsure's senior director of public affairs, Libby Caulum, regarding communication and marketing goals. Christina summarized the presentation to the committee. She mentioned that MNsure hired a new vendor this year, Mod Inc. to replace the previous advertising vendor it has been using for several years, after several requests for proposals were submitted. The new advertising campaign centers around reaching and engaging un- or under-insured Minnesotans. ARPA benefits that removed the 400% federal poverty level earnings for APTC continue into 2022 among other ACA and ARPA benefits exclusive to MNsure that will benefit residents from a variety of socio-economic backgrounds.

The campaign theme for MNsure's latest advertisements, under Mod Inc. will be health "insurance for every Minnesota story." Every Minnesotan has a unique story and set of circumstances. MNsure will consciously engage *all* Minnesotans regardless of race, ethnicity, income level or population density. Christina explained that in MNsure's early days its advertisements utilized Paul Bunyan, but it has progressed into more inclusive and relevant territory. MNsure intends for its new ads to give a broad feeling of respect, representation, and welcome.

Nest, Christina explained MNsure's statewide marketing reach, as presented to the board by Libby Caulum. The statewide reach is data driven, heavily utilizing online and social media advertisements in zip codes that have high un- under-insured populations. This data was derived from the State Health Access Data Assistance Center[1] (SHADAC) research including information gathered during the COVID-19 pandemic and released as recently as March 2021. MNsure intends to implement television, radio, billboard and other out-of-home advertisement to reach new consumers. Additionally, broker advertisements targeted toward broker enrollment centers' communities have been commissioned. Christina explained that the messaging for these advertisements will shift after January 15, 2022, when the open enrollment ends, to call attention to SEP opportunities through numerous qualifying life events. She listed examples of events such as losing a job or reducing hours, marriage, having a new baby, or more. She noted that 2020 was the first time that MNsure allocated advertising efforts year-round, which MNsure intends to continue.

Cheryl asked whether MNsure receives feedback on how many people react to targeted campaign work. Christina responded that Mod Inc. tracks and provides MNsure with data, specifically digital campaign success. Digital focus can be directed toward people seeking out answers about job loss or general health questions. The interaction with our website following targeted advertisement is easy to then track. She continued that a focus group was utilized in development of the advertising campaign, and that consumer surveys are conducted among enrollees each year.

Christina then recapped for the committee a reprioritization that the MNsure board recently underwent. She explained that the board had long-serving, loyal members that recently met their maximum time allotment leading to several fresh faces and perspectives being elected in

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[1] A program of the Robert Wood Johnson Foundation and a part of the Health Policy and Management Division of the School of Public Health at the University of Minnesota.

the past few months. Christina suggested that with the new appointments on the committee, CSEAC may want to explore or adopt similar objectives:

- Being of assistance to staff as requested and appropriate.

- Ensuring existing policies are appropriate for MNsure at this stage of its life cycle and identifying new governing policies that are needed.

- Taking the lead in defining MNsure's business strategy and goals, including approving staff plans for accomplishing the goals, defining performance measures, and evaluating performance.

- Ensuring existing business and operations practices meet board goals and expectations, especially as they relate to MNsure's business strategy and business goals.

- Ensuring the operations and interactions between MNsure and other state agencies deliver the maximum benefit for each agency and the populations they serve.*

- Ensuring the business has the resources needed to accomplish its mission.

- Ensuring the board meeting and other meetings achieve board goals and meet the needs of members.

Christina suggested that the committee consider similarly prioritizing their goals for interaction with the MNsure board for maximum efficiency.

Review of Presentation to the MNsure Board of Directors

Anna Guler, Chair

Anna reminded the committee that she, as former vice-chair, and former Chair Olga Sheveleva presented CSEAC's recommendations from the past year to the MNsure board at their November 17 board meeting. Anna relayed that the board was very engaged and receptive to the committee's proposals.

Anna shared three examples, provided by a committee member who is also a MNsure-certified navigator, that helped emphasize the committee's highest priority, the breakdown in communication between MNsure, DHS and the counties:

1) A mixed-eligibility household with QHP and MA eligibility members was bounced around between the counties, DHS and MNsure because each agency said they "could not" help and redirected.

2) A public program (MA or MinnesotaCare) case closure due to non-compliance in providing manual verification documents.

3) An old application getting in the way of a household's new information or application, preventing an up-to-date eligibility because of an old application no longer in use by the consumer.

Anna next summarized the committee's recommendation to have the MNsure Contact Center phone tree available in multiple languages. She noted that MNsure implemented three

languages: Spanish, Hmong and Somali before the committee had made its recommendation. She further noted that the committee was impressed with MNsure's move, but found it lacking appropriate representation of the state. The committee recommended that MNsure observe population numbers, involve assisters in interpreting, explore additional language options, and in the short term add Russian and Vietnamese to the available languages.

The final recommendation, Anna explained, was for MNsure to use more inclusive language on its website and during its consumer interactions. This included suggestions to use more reflective language with consumers, retire gendered household icons (blue for males and purple for females), and remove gender question from the application. The committee wanted MNsure to partner with community organizations to keep engaged with the diverse consumers it serves. Anna also mentioned that MNsure's customer relations management (CRM) system, where staff keeps notes about email and telephone interactions with consumers, can capture preferred pronouns, but MNsure does not utilize the function for assisters, only for consumers. In a previous committee meeting, Christina explained that "NAB" (navigator/assister/broker) is used in CRM to identify assisters rather than identifying their gender. The committee recommended to the board that assisters' preferred pronouns be documented instead.

Olga Sheveleva, former committee chair, added that the board was receptive to the committee's presentation and intends to fulfill as much as possible. The board suggested that MNsure staff work closely with the committee to track implementation so the committee can monitor effectiveness of their recommendations. Olga thought the PowerPoint presentation should be distributed to committee members so that they all have access to the information.

Milly asked Anna and Olga whether the board responded in a way that indicated they found the recommendations possible. Olga replied that she had informed them that the communication breakdown was the committee's highest priority to correct as it impacts all consumers equally. She said the board had heard the concern before but was happy to get examples and get to work on it. The board asked the committee for a plan of action that can be gauged throughout the upcoming year. Anna added that she suggested better staff training and partnerships between the agencies. She indicated that agency roles be properly defined to lead to better understanding from MNsure to its assisters and finally its consumers. Olga agreed, adding that the agencies should appoint liaisons with additional resources to handle more complicated cases.

Discussion of Future Topics

Anna opened discussion for future priorities or feedback on the use and purpose of the committee for the upcoming year. She said the committee should plan to build recommendations methodically to present to the board in a year. She also noted that the board will likely suggest some concepts for the committees to explore in upcoming months.

Milly asked that the committee research why married QHP enrollees are unable to disassociate their cases during marriage separation. She commented that the documentation required in these cases are not consistently accessible or affordable. Anna agreed that would be a good topic for the committee to investigate as MNsure wishes to provide health coverage for people at every income and socio-economic status.

Public Comment

No public comment.

Adjourn

Motion: Jon Vagle moved to adjourn. Milly seconded. All were in favor and the meeting adjourned at 3:43 p.m.