



# Consumer and Small Employer Advisory Committee Meeting Minutes

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April 26, 2022, 2:30 – 5 p.m.

**Virtual meeting via Cisco Webex**

**Members in attendance (via Webex):** Anna Guler – Chair, Melissa Stanton – Vice Chair, Lana Barskiy, Cheryl Scheer

**Members not in attendance:** Richard Klick, Jonathan Vagle

**Staff in attendance:** Nathan Clark, Christina Wessel, Eva Groebner

## Meeting Topics

### Welcome and Roll Call

*Anna Guler, Chair*

Anna Guler, chair, called the meeting to order at 2:33 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 Previous Meeting Minutes

*CSEAC Members*

**Motion:** Milly Stanton moved to approve the draft February 22 meeting minutes. Lana Barskiy seconded. All were in favor and the minutes were approved.

### MNsurance Updates

*Nathan Clark, CEO & Christina Wessel, Senior Director of Partner and Board Relations*

Christina Wessel, MNsure staff, began by introducing MNsure’s chief executive officer, Nate Clark. Nate asked that everyone introduce themselves to give him insight into the backgrounds of the committee members.

Nate thanked the committee for allowing him to connect with them and put faces to their names. He explained that he grew up uninsured on a farm in Utah. He first gained health coverage through a basic university health plan and believes deeply that health care and access to

doctors should be a right for everyone. He explained that he began with MNsure in a project management role in July of 2015 before working his way to chief executive officer.

Nate began that MNsure's 2022 open enrollment period finished strong with a 10% increase in qualified health plan (QHP) enrollments. He noted that as of January there were 134,000 total enrollments, and as of April, 114,000 had effectuated. He credited the American Rescue Plan Act (ARPA) for making QHP more affordable than ever with over 10,000 households qualifying for advanced premium tax credits (APTC) for the first time ever, following the temporary cancellation of the 400% federal poverty level cap. This led to around 59% of Minnesotan households enrolling through MNsure qualifying for APTC, with 26,000 first-time enrollments during the open enrollment period.

Nate continued that ARPA benefits are set to end at the end of 2022, which raises concerns for MNsure. Premiums for 2023 are anticipated to increase by 30-40%, which will lead to sticker shock for over 70,000 Minnesotans. He added that over 10,000 Minnesotans are anticipated to fall off the affordability cliff in 2023 and lose affordable health coverage. Nate reminded the committee that 2023 rates will not be finalized until October.

Nate informed the committee that the 2021 Minnesota Health Access Survey results were published in mid-April 2022. The survey was conducted in partnership by the Minnesota Department of Health and the University of Minnesota School of Public Health, State Health Access Data Assistance Center (SHADAC) with more than 18,000 households' participation. Nate explained that while MNsure is excited that the uninsured rate has reduced to 4% in Minnesota overall (down from 9% before passage of the Affordable Care Act or ACA) there are still disproportionate uninsured rates in communities of color which is up from 7% to 10% uninsured. He continued that MNsure intends to reach these demographics with culturally targeted ads (e.g., Univision, Spokesman Recorder, Hmong Times, La Prensa, and Somali American) and to reach out to navigators for deeper community outreach.

Next, Nate discussed Governor Walz's proposed IT upgrade in his supplemental budget. Modernization of MNsure's IT would mean better tools and a system that better supports policies. He commented that removal of access barriers would reduce the rate of uninsured Minnesotans. Updating MNsure's eligibility system utilizing more flexible innovation puts MNsure in a more sustainable position long term. Nate asked that committee members stay vocal about their support for such upgrades.

This led Nate to his recap of previous committee recommendations to the MNsure board. Last fall, CSEAC presented its priorities to the board with focus on communication between MNsure, the counties and the Minnesota Department of Human Services (DHS); language accessibility in the Contact Center phone system; and gender and pronoun inclusivity at MNsure.

Nate expressed that MNsure shares the committee's concerns about healthy communication between the agencies. He began with the public health emergency (PHE) scheduled to unwind in July 2022 consumer communication will increase. Over the 12 to 14 months following the end of the PHE, 1.4 million Minnesotan households will need to have their public program health care eligibility redetermined. Nate quantified this will mean approximately 100,000 Minnesotans per month, many of whom have not touched their health care accounts for two years, will

receive health care notices that will generate calls into MNsure, the DHS Helpdesk and the counties. The agencies anticipate a lot of questions about process changes and even more requests for password resets to accounts.

The scope of Minnesotans changing from public program to QHP is yet to be determined, as Nate explained that consumers could change programs for several reasons including income increases or decreases, changes in household size, or change in the status of their employment. He mentioned that MNsure has a team dedicated to these consumer work flows, and MNsure will focus on optimal communication with consumers joining the QHP market once the redetermination process is underway. He added that DHS and MNsure have daily meetings to maintain communication and continuity.

DHS is coordinating work groups with MNsure and the counties to focus on a variety of topics across operations, communication, and IT, and Nate assured the group that MNsure is participating in all the categories. He added that health care eligibility notices should be revised in preparation to the PHE unwind to provide clarity and decrease consumer panic. Additionally, MNsure plans to hire and train more Contact Center staff in preparation for the estimated 25,000 to 40,000 additional calls per month following the end of the PHE. MNsure hopes to resolve issues in one call as much as possible so that consumers will not be bounced between agencies. Nate reiterated that the agencies continue to work together to smooth the renewal process for consumers.

MNsure has updated its website and incoming phone prompts to include more languages. During the 2022 open enrollment period MNsure added Spanish, Hmong and Somali phone prompts to its phone tree. Nate explained that the changes were not as seamless as MNsure had hoped, but improvements were made in January and February, and will be finalized by August.

Nate recalled CSEAC's recommendation that MNsure use more reflective language to acknowledge identity preferences, specifically regarding gender. He explained that MNsure has in partnership with DHS acknowledge the issue and hope to reach respectful resolution. The agencies share a health care application and eligibility system, so certain questions must comply with federal law. Nate mentioned that IT modernization should allow more flexibility to include reflective language in the application.

Nate thanked the committee for welcoming him and encouraged them to bring their perspective to the MNsure board as often as they would like.

## **Discussion of New Topics and Presentations**

### *CSEAC members*

Anna informed the committee that she reached Matt Schafer, the chair of the Health Insurance Advisory Committee (HIAC) and that the committees intend to engage in a joint meeting in the upcoming months. She asked that members respond to a poll about the best date to do so.

Cheryl Scheer commented that MNsure and the health insurance providers will have a daunting amount of work in the aftermath of unwinding the PHE. Anna agreed and added that hearing that MNsure and DHS are working together to prepare was a relief.

Anna asked whether the committee had topics to discuss at the joint committee meeting. She noted that Dick Klick's previous question about uninsured rates could be addressed from a health insurance broker perspective. Milly asked whether a DHS representative could be present and Christina said she'd provide Milly with contact information for the appropriate person.

Lana expressed that she would like to see IT modernization allow for refugees to create a MNsure account online. She explained that refugees do not have a visa, only a Form I-94, and manually applying through the county causes excessive delays while ongoing health issues worsen. Christina clarified that the manual account creation grants an applicant access to an online application whereas a paper application needs manual entry by a caseworker to determine eligibility. She added that federal regulations standardize the health care eligibility for refugees and that a DHS representative would be better equipped to answer those concerns if they are able to attend a future meeting.

Anna suggested that the committee take a June hiatus and push board recommendations to a later month so that their work groups have more time to address CSEAC's November suggestions. The committee did not dispute this suggestion.

## **Public Comment**

No public comments.

No operational feedback.

## **Adjourn**

**Motion:** Milly moved to adjourn. Lana seconded. All were in favor and the meeting adjourned at 3:21 p.m.