

2021 CSEAC Recommendations

Communication breakdown between MNsure, DHS, MinnesotaCare, and the counties

- Unnecessary repeated redirection
- Unclear MinnesotaCare notices
- Better guidance on self-employed income reporting
- Additional guidance to 65+ population on application process

Phone tree availability in multiple languages

- Having the choice of two additional major languages (Russian and Vietnamese)
- Run population numbers and statistics
- Involve navigators and brokers in interpreting between staff and consumers
- Explore additional language options

Reflective language and removal of gendered icons

- Gender and pronoun inclusivity
- Retire the gendered household member icons
- Removing gender questions out of the application (is there a need on the federal level?)
- Engage with community organizations
- The customer relations management (CRM) system to be adjusted to record preferred pronoun and preferred name for navigators and assisters?

Examples of Communication Breakdown

- Mixed households where children are public-program eligible and adults are qualified health plan (QHP)-eligible – adults need to report a change and the county tells them to tell MNSure but MNSure tells them to tell the county. I had a household of five people, two adults, three children. Children were Medical Assistance-eligible, adults were eligible for QHP with advanced premium tax credit (APTC). The adults had to report a change in income and their notice listed MNSure as the owning agency. We reported a change to MNSure but later were told by MNSure that they had to report to the county because children were MA. We reported the changes to the county but they said they couldn't make changes for QHP-eligible adults. So we went back and forth between MNSure until we were able to eventually report to the county and the county updated the income. I believe DHS had to intervene. These are particularly frustrating because of the mismatch in communication but also because of the timing. During open enrollment, it takes MNSure months to respond to a life event change and then we are told they can't even process a change and then we reach out to the county and it takes them weeks to respond.

Examples of Communication Breakdown

- With reasonable opportunity period/periodic data matching (ROP/PDM) cases where consumer doesn't provide requested verifications and county puts them in unassisted qualified health plan (UQHP) eligibility; counties sometimes won't look into why the consumers are UQHP-eligible and tell them to contact MNsure when in reality they need to work with the county to get the right determination – I had a few cases with household 1 where they had public-program eligibility and all of a sudden were told they needed to pick a private plan. After they checked with their county, the county worker told them they had to buy a plan. When they came to us, we called the Assister Resource Center to check their status and case number, etc., and were then told they were terminated for ROP or PDM reasons and MNsure couldn't do anything but the county had to provide the notice of PDM or ROP so the consumer could resolve it. It also takes some teeth pulling of the counties to 1) provide those notices and 2) understand what the consumer needs to do to clear the ROP/PDM status when they initially see the UQHP determination; they automatically and consistently think the consumer simply needs to buy a plan.

Examples of Communication Breakdown

- Certain consumers who need to report changes or have old cases in the system but MNsure won't or can't close the old case so the person can reapply and tell the person to go to the county, but the county states the case is owned by MNsure and the county won't close the case either. However, there are times when the county will just close a case that MNsure says they can't close. It is inconsistent, confusing, and gives people the runaround. I had a household of 2 – mother/daughter who had an old case in the system – a few years old with very old income data, wrong address, everything was outdated. However, they had been auto-renewed each year into QHP eligibility and MNsure stated they could not close the case. When I asked the county for help, they just closed the case so mom/daughter could apply.