

MNsured Health Industry Advisory Committee (HIAC) COVID-19 Discussion Ideas Summary

For committee meeting on May 7, 2020

April 23 HIAC minutes extract:

“Dan observed that other committee members are swamped with new responsibilities at this time. He noted that the discussion for the April meeting had been mental health before the COVID-19 crisis occurred. Joel agreed that the realities of today are different and our priorities may have evolved in terms of the committee’s work and the group should be open to identifying new topics and recommendations for the MNsure Board of Directors.

“Matt Schafer agreed with Dan and Joel’s assessment and added that the committee has a unique collection of experiences that could be invaluable to the board. He suggested the committee communicate what they are hearing on the ground to the board so that their experiences can inform the board’s deliberations. For example, he suggested that more education around life event changes and whether recent federal and unemployment benefits are taxable income. Maria agreed with Matt’s sentiment to increase education.

“Todd Hurst added that with so much day-to-day change and uncertainty the committee could make recommendations to the board related to COVID-19 specific experiences.

“Danielle Paciulli added that she has a background in ethics, and she feels that the committee has a social responsibility to address the current climate of healthcare and should suggest some COVID-19-specific topics. Our other topics continue to be important, but we have a responsibility to do respond to the COVID-19 situation now.

“Maria agreed that the committee should focus on COVID-19 related issues. She concurred that there is need for education and spoke of her own experience laying off staff from her small business and needing to educate them on whether unemployment is taxable and how to apply for benefits.

“Hodan suggested individual members of the committee should come up with a couple of issues they think are important related to COVID-19 and MNsure and the committee can compile a list that to share with the board.

“Joel suggested having another meeting with the narrow agenda of gathering and approving some COVID-19 related recommendations.

“Dan offered to take all suggestions and compile them for the committee for a future meeting.”

Additional comments were received from five committee members. I have attempted to aggregate similar comments to assist in member preparation and discussion on the May 7 conference call.

1. Consumer education

- a) Given the fluctuation in employment as a result of COVID-19-based layoffs and furloughs, I suggest additional education on qualifying life events that allow for mid-year enrollment. This should be a major priority and use of marketing funds.
- b) MNsure needs to invest in reaching communities of color during this pandemic. It is increasingly affecting Minnesota’s people of color and the disparity will be unprecedented given what we are seeing the rest of the country and given

existing healthcare disparities in this state. We need to discuss ways we can increase reach and help enroll those that are uninsured.

- c) Address consumer phone frustrations or incorrect enrollment knowledge for enrollments in Medical Assistance, MinnesotaCare or a QHP.
 - d) Young consumers are oblivious until they think they need the coverage, and the pandemic created a fear of not being covered (although coverage for COVID-19 is free).
 - e) Income Calculations and what's counted:
 - 1. Current inquiry with the IRS should be a priority as the IRS will consider it taxable for the individual, but can we propose that it not be considered income when applying for MNsure?
 - 2. Many people would be on a state program, instead of flooding MNsure with income updates, changes and life events in general. In addition, it would make it less stressful on consumers if they had a clear understanding of what is and isn't income. MNsure currently does not state this over the phone and directs people to their website. MNsure should be able to provide this to individuals seeking answers when they call.
2. ACA structure
- a) Provide a resolution to the existing problems facing consumers in the current ACA structure that MNsure has to follow. Certain populations are unable to access affordable healthcare because they do not have internet or a computer.
 - b) Propose an extended enrollment / re-enrollment period for 2021 to allow more time (versus less as experienced this year and proposed further reduction for next). There will be likely be more confusion regarding income and eligibility for tax credits for next year.
 - c) Staffing
 - 1. Recognize that MNsure, agency and assister staff could directly be affected either now or in the future (e.g., re-enrollment in late 2020) that could reduce ability to respond to requests.
 - 2. Potentially develop policies where agency offices be impacted by either surge in applications or have staffing reduced can have back up or alternate offices assist. Not sure how privacy may impact this but if planned in advance we could potentially reduce a potential crisis.
3. Premium affordability
- a) Find the money to pay for health insurance coverage. Inability to pay the premium in the "cliff" consumers.
 - b) The COVID-19 tests and treatment are fully covered by insurance carriers, how do we make it so that MNsure stays affordable in the next open enrollment period (OEP).
 - c) If insurance carrier costs increase, how are we able to freeze or increase reinsurance to avoid a premium surge in OEP for 2021?
 - d) Carriers aren't paying for elective surgeries so this shouldn't be a large issue but something consumers need protection from.

- e) More live updates/changes to MNSure (potentially reduce lag time). There needs to be a more efficient way for consumer to update income and for MNSure to process it.
4. Create an open enrollment pandemic option (potential solutions) on the onset of the pandemic announcement that
- a) Continues until pandemic is determined over by Governor.
 - b) Provides consumer access help through assisters.
 - c) Might override the problem of knowledge for enrollments. The OE pandemic benefit might outweigh any potential confusion about enrollment options.
 - d) Continues until no more deaths are reported.
5. Mental / behavioral health
- a) Provide virtual health options via [virtuwell.com](https://www.virtuwell.com), or the Mayo clinic offers virtual care, online care or e-visits; customers need to check with their clinics to see if they offer virtual care.
 - b) Telehealth mental health conversations, phone numbers for each carrier are available at a glance by each agent's desk or the member can call the phone number on the back of their insurance card to access the behavior health telehealth phone line.
 - c) MNSure is the health insurance exchange and has a busy website as it is, but I believe that it would be good to present as well, since it is on the rise with everyone in quarantine, plus the abuse increase is also something that could be tied into it. Thinking of a link to a free help line for mental health, child abuse and domestic abuse.