



Health Industry Advisory Committee Meeting Minutes

December 18, 2020, 2 – 4 p.m.

Virtual meeting via Cisco Webex

Members in attendance: Matthew Schafer – Chair, Hodan Guled – Vice Chair, Jenifer Ivanca, Maria Lima-Leite, Danielle Paciulli, La Sheenlaruba Tyacke, Joel Ulland, Brian Vamstad, Richard Wallace

Members not in attendance: Matthew Aiken

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

Meeting Topics

Welcome and Introductions

Matt Schafer, HIAC Chair

Matt Schafer, chair, called the meeting to order at 2:03 p.m. Christina Wessel, MNSure staff, took attendance.

Public Comment and Operational Feedback

No public comments.

No operational feedback.

MNSure Update

Christina Wessel, Senior Director of Partner and Board Relations

Christina began that with MNSure well into the open enrollment period she had few updates for the committee. The open enrollment period ends on December 22 and numbers reflect that enrollment goals and budget amounts appear to have been properly forecasted. Final numbers will be available in a press release after open enrollment concludes.

Christina then noted that Joel Ingersoll moved into a new position within MNSure that will lead him to help with MNSure board and advisory committee responsibilities. Additional responsibilities may be taken on by Libby Caulum.

Christina then updated the committee that MNSure is on track to have 2020 Forms 1095-A out to each household by the end of January 2021. Joel Ulland asked whether MNSure has a compilation of call drivers or technical errors from the open enrollment period that the committee

will be privy to. Christina replied that those items should be in the January MNsure board slide deck and will be available to the committees. Brian Vamstad agreed that some sort of end-of-year reflection could help the committee understand the value between metrics.

Review and Approval of Prior Meeting Minutes

Motion: Joel moved to approve the draft November 19 meeting minutes. Matt Schafer seconded. All were in favor and the minutes were approved.

Legislative Update

Matt Schafer, Chair

Matt Schafer began that although the state's biennium budget was previously predicted as a deficit of nearly \$5 or 6 billion, the latest calculations reflect it is just over \$1 billion. Savings were found in multiple categories, including Medicaid and the education budget. Underspending in the education budget was for a variety of reason including more parents holding back kindergarteners in lieu of online learning and increased families moving their children from public to private schools this past fall.

In COVID-19 news, Matt Schafer noted that both Pfizer and Moderna have vaccines available in the U.S. Each vaccine requires two rounds to reach an immunity threshold, spaced about a month apart. He continued that Minnesota has a formula, set forth by the Centers for Disease Control and Prevention, to calculate risk of spread or mortality for determining where to administer vaccines. Matt also stated that health care workers and long-term care populations are receiving the treatment first as phase one rolls out to vaccinate 500,000 people over 15 to 20 weeks. He continued that federal laws surrounding the vaccine establish that recipients are not to be billed, regardless of the status of their health insurance. The Department of Health has begun making rounds to update the senate and health committees regarding efficacy and safety of the vaccines.

Matt Schafer added that the U.S. Congress continues to discuss a stimulus package. He explained that congress in Minnesota has been working on bills surrounding telehealth, COVID-19 relief for businesses, and will potentially begin discussions on a replacement for reinsurance soon. Matt noted that without a resolution for the reinsurance program, the individual market could see drastic premium increases.

Joel Ulland mentioned that surprise billing has been discussed at the federal level and could be added to a federal package.

Health Equity

Matt Schafer, HIAC Chair and Committee Members

Matt Schafer stated that he, Hodan Guled and Christina reviewed previous health equity recommendations that drew from Department of Health data and survey results. Matt also reviewed results that an organization shared from reviews of California and Connecticut's health exchanges regarding health equity. He shared some points that the organization reviewed: engaging underserved communities, centralizing navigators and brokers in different

communities, and utilizing data to target broader audiences. Matt compared MNsure's efforts to California's, who the organization found was doing well, though he suggested that there is always room for improvement.

Hodan commended California and Connecticut for evaluating themselves and suggested that Minnesota could benefit from a similar exercise. She noted that California also looked at overall health as well as access. Her perspective as a navigator is that many of her clients have less access to health coverage. She observed that Minnesota tends to put emphasis on people of color and immigrant populations, but not necessarily geographical perspectives, meaning that rural communities may also be missing out on health equity. Hodan suggested that MNsure learn from the other states and ensure that additional perspectives be brought to consideration, that staffing on the board or executive levels reflect the diversity that MNsure represents.

Hodan shared data from the State Health Access Data Assistance Center's (SHADAC) 2017 Health Access review. SHADAC began gathering this data when the Affordable Care Act took effect in 2013 and is collected every other year. Uninsured rates began similarly among white and non-white populations in 2013, but by 2017, people of color were uninsured at 15% whereas white people were at 4.2%. People in the age range of 25-54 make up for 60% of the uninsured population, with higher uninsured rates in Greater Minnesota than in the Twin Cities. Hodan noted that 60% of uninsured people fall into the income guidelines for public programs, making less than 200% of the federal poverty level. She continued that 6.5% of uninsured people are employed, and only 5.3% are unemployed. Even full-time employees are uninsured at a rate of 6.1%. She observed that many uninsured people are self-employed, or employed by small businesses, because those businesses are provided fewer affordable options, particularly now that MNsure has ended its SHOP program. She suggested that the committee could make recommendations surrounding more outreach, more education for the public, expand catastrophic plans beyond age 30, or simplification of MNsure.org.

Joel asked whether SHADAC will be releasing updated data. Christina replied that SHADAC conducted a survey in 2019, but COVID-19 caused them to reassess in 2020 and a new format of collecting data required they create a new weighting system. They are working to release data, but no date has been announced yet.

Hodan summarized that the data can be helpful, but the pandemic is causing more people to fall off health coverage, so the committee should prioritize its work without the updated information. Joel and Brian Vamstad agreed with Hodan, adding that the data can be a tool to drive the committee's approach to health equity.

Brian asked for more information about what has been done by the committee so that he can establish a baseline for recommendations. Joel suggested looking over past recommendations as a group after open enrollment ends, so that the committee can see what changes it has inspired at MNsure, and what issues should remain a focus. Matt Schafer asked Christina what post-open enrollment data will be available regarding targeted outreach success. Christina replied that Libby Caulum may attend future meetings and would have access to more marketing data. She continued that MNsure develops project plans for the upcoming year after open enrollment ends. She noted that expanding access for limited English proficient consumers will be an upcoming project, but she is not aware of any other health equity efforts

on the horizon. Hodan stated that the Minnesota Department of Health (MDH) has a department dedicated to health equity, and they are leading COVID-19 efforts at this time. She mentioned that the Minnesota Department of Employment and Economic Development (DEED) and other state agencies may also have health equity departments or initiatives. She offered to reach out to MDH to invite them to speak at a future committee meeting.

Maria Lima-Leite suggested that the committee also plan to address disparities in access to the COVID-19 vaccine. She posed the questions: Who can get it? Who may want it? How can we help with education? Brian agreed, stating the committee has a role to support the community and fight misinformation. He suggested sending a message to the board that MNsure should put out communications that support accurate information and helpfulness. Matt Schafer asked Christina if MNsure has plans to send out messages about the COVID-19 vaccine. Christina replied that while open enrollment is in full effect and the vaccine is in limited supply, MNsure is unlikely to at this time, but will likely conduct social media messaging in 2021. She added that MNsure sends out general public health messages, encouraging flu shots and mask wearing, so COVID-19 vaccine messaging would be a natural addition. Matt noted that MNsure could continue outreach and health care promotion with a message “now that you’re covered...” after open enrollment ends.

Matt Schafer suggested a recommendation to the board that MNsure play a role in promoting use of the COVID-19 vaccine in the first and second quarter of 2021, in coordination with other educational efforts post open enrollment.

Motion: Maria moved to approve the recommendation. Brian seconded. All were in favor and the recommendation was approved.

Telemedicine

Matt Schafer, HIAC Chair and Committee Members

Maria noted that telehealth provides additional access to care including in situations where transportation is an issue. She continued that telehealth could provide better care or better access to care for some consumers than they had before the pandemic. Brian agreed that life will not return to “normal” quickly, and while people juggle quarantine, work from home, and families at home, they may find telehealth convenient.

Jenifer Ivanca added that telehealth works well for mental health support. She said that anyone facing issues with loneliness, excessive crying, or other confusing circumstances should contact the behavioral health number on the back of their insurance card. She expressed concern that there is a stigma around mental health, and many people are unaware of their resources. She suggested that MNsure should be sharing more phone numbers and organizations as a part of delivering health care.

Matt Schafer suggested another recommendation for the MNsure board that post-open enrollment, MNsure consider incorporating the promotion of telehealth as a means for using coverage.

Motion: Maria moved to approve the recommendation. Hodan seconded. All were in favor and the recommendation was approved.

Adjourn

Motion: Matt Schafer moved to adjourn. Maria seconded. All were in favor and the meeting adjourned at 3:48 p.m.