



# Health Industry Advisory Committee Meeting Minutes

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July 22, 2021, 2 – 4 p.m.

## Virtual meeting via Cisco Webex

**Members in attendance:** Matthew Schafer – Chair, Maria Lima-Leite, La Sheenlaruba Tyacke, Joel Ulland

**Members not in attendance:** Hodan Guled – Vice Chair, Matthew Aiken, Jenifer Ivanca, Danielle Paciulli, Brian Vamstad, Richard Wallace

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

## Meeting Topics

### Welcome and Attendance

*Matt Schafer, HIAC Chair*

Matt Schafer, chair, called the meeting to order at 2:05 p.m. There were not enough members in attendance for a quorum, so no voting could take place. 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 shared a PowerPoint with her update to the committee. The MNsure board meeting, held on July 21, included a recommendation presentation from the committee led by Matt Schafer, which Christina noted would be discussed later in the committee meeting. She continued with statistics surrounding enrollments into each program through MNsure.org as of July 18. Roughly 225,000 Minnesotans have been determined eligible for public programs (Medical Assistance and MinnesotaCare) and another 142,000 have enrolled into qualified health plans (QHP) thus far into 2021. More than 20,000 QHP enrollments occurred during the open enrollment period from November 1 to December 22, 2020, for coverage starting January 1, 2021, and an additional 13,200 Minnesotans enrolled during the COVID-19 special

enrollment period (SEP) that took place from February 16 to July 16 for coverage prospective to plan selection date. The remaining enrollees utilized a variety of other special enrollment events exclusive to their households. In all, Christina commented, the COVID-19 SEP was well utilized for uninsured households, proving that even those with other qualifying life events found it more straight forward and easy to use. She added that although the COVID-19 SEP has ended households still have opportunity to enroll into 2021 QHP coverage through their SEP events such as: moving into a different coverage area, losing health coverage through an employer, having a baby, marriage, or aging off parents' coverage at age 26.

Christina continued that the MNSure board typically reviews and approves its budget for the incoming fiscal year at its July meeting, but this year the preliminary rate filing was delayed from July 1 to July 23, inspiring MNSure to move its fiscal finalization to the October board meeting. Christina explained that a key aspect to MNSure's budget relies upon the premium withhold revenue projections made in correlation to the preliminary rates. Although MNSure is maintaining fiscally conservative projections for its budget, it was decidedly prudent for the board to await more information before committing to an in-depth budget.

Next, Christina highlighted some legislative updates with key provisions specific to MNSure. The Minnesota Premium Security Plan has been extended one year through December 2022. Christina explained the extension is beneficial to consumers as it keeps premium rates lower, however, ultimately MNSure's premium withhold revenue benefits from higher rates. She continued that a \$3.84 million appropriation has been designated for MNSure to offset this impact in 2022.

Additional legislative approval includes an upgrade to the system MNSure uses to conduct more thorough background studies on certified navigators and certified application counselors. MNSure's deep-dive authority has been increased from previous year limitations. Christina also informed the committee that \$2 million designated to navigator programs went unspent from last fiscal year but has recently been allocated as an additional one-time grant for navigator programs to close in their budget gaps. She explained that with public programs on hiatus from renewals for so long it was difficult for agencies to spend the money under previous confines. Christina credited the navigator coalition with advocating to keep these funds designated to navigator agencies.

Christina reminded the committee of the previous phases of MNSure's implementation of the American Rescue Plan Act (ARPA): April 30 - increase to tax credits in households up to 400% of the federal poverty line (FPL); June 8 - removal of the 400% FPL cap in tax credit calculation; and June 30 - MNSure enabled additional benefits for recipients of unemployment insurance. She explained that Minnesotans who received unemployment insurance for even one week in 2021 can qualify for as little as a \$0 premium, up to 94% cost-sharing reductions, and now an SEP to gain coverage. She continued that under most SEPs the effective date of coverage is based upon the date of the qualifying life event and prospective from the plan selection date, however this SEP will have a 60-day window opened after the benefit is reported to MNSure. If a household had unemployment insurance in March, and only hears about the SEP opportunity in August, they will have 60 days to enroll into coverage. Christina noted this SEP is only available in 2021, therefore is being advertised through a statewide press and digital media release. She added that the Minnesota Department of Employment and Economic Development (DEED)

processes unemployment insurance and is partnering with MNsure to inform consumers about the opportunity.

Next, Christina informed the committee about MNsure's ARPA grant funding request for \$1.33 million to aid in costs related to implementation of ARPA. She explained that a total of \$20 million is available to state-based health exchanges with limitations to incurred costs, so MNsure may not receive reimbursement for system updates or advertising that it has already executed. MNsure's proposal was to utilize the grant for more system enhancements, marketing, and additional activities to increase statewide awareness of the legislature.

Christina then laid out key steps the Minnesota Department of Human Services' (DHS) presented to MNsure for their "return to normal." She explained that although the process is exclusive to DHS, MNsure may be impacted by consumers transitioning to QHP from Medical Assistance or MinnesotaCare when health care renewals resume. Presently, the peacetime emergency is set to expire on October 19, however another extension is within reason which could delay public health care renewals into MNsure's open enrollment period. MNsure is working to create informative health care notices that direct consumers to MNsure assisters. Additionally, work is being done with stakeholder groups to ease Minnesotans back into the individual market.

Joel Ulland asked what sort of lead time MNsure needs to prepare for renewals, noting that the COVID-19 Delta variant may impact plans to end the peacetime emergency in Minnesota or nationally. Christina answered that system updates and health care notice generation are time consuming processes, but she was not certain of the exact time frames needed. She added that DHS is statutorily obligated to provide its consumers with more notice than MNsure must when health care eligibility is ending. She referred to the DHS presentation that designated September for notifying consumers that their coverage could potentially end in January, which is 4 months' warning.

Joel Ulland acknowledged that MNsure plays a less significant role in renewals than DHS but stated that he would like to discuss the renewal process at a future committee meeting. He explained that recently, in an alternative advisory committee meeting he participated in, he heard consumer feedback surrounding health care eligibility renewals. The consumers expressed frustration with the requirement to provide private documentation through mail with no assurance their sensitive information would be received or processed correctly. Joel suggested that HIAC discuss renewal preparedness and consumer education in order to make a board recommendation in the future. Christina offered to provide this information, along with navigator feedback, to DHS in an upcoming meeting.

To follow up on MNsure's language accessibility measures, Christina informed the committee that interactive voice response system (IVR) verbal prompts were recorded in Spanish, Hmong and Somali. MNsure was then checking the recordings for clarity and accuracy and hoped to employ the upgrade by the end of July. She continued that on July 17 a MNsure.org refresh went live. She mentioned that frequent users of the site had an older version cached, so MN.IT was working to ensure that all visitors could see the updates. Christina complimented more intuitive navigation including a landing page link in 15 languages that leads consumers to

resources in their native language. Christina observed that these are significant improvements in accessibility, and that MNsure will continue to expand its efforts on this front.

Christina's final update to the committee regarded dates for the upcoming open enrollment period. The Centers for Medicare & Medicaid Services (CMS) released proposed rules to extend open enrollment to January 15 rather than the current standard of December 15. A final rule is pending and may allow state-based health exchanges a year to comply with such a mandate. Christina described the challenges MNsure could face if the enrollment period is extended by 30 days. The current model offers only January 1 as an effectuation date whereas an alternative February start date would need to be offered for consumers seeking coverage between January 1-15. This would impact resource allocation at MNsure, its assister agencies, and within the health insurance carriers. Additionally, MNsure budgeted for contact center staff to work a certain number of hours in the open enrollment period, so adding 30 days of staffing could negatively impact either overtime expenses or the number of hours that phone lines remain open. Christina commented that MNsure looks forward to clarity on the matter, adding that relevant information will be passed along to carrier operation groups as soon as possible.

## **Legislative Update**

*Matt Schafer, Chair*

Matt Schafer began with the federal update, announcing that U.S. Senate Democrats reached a preliminary agreement on a \$3.5 trillion budget for the American Families Plan. He read from a press release that it bolsters a "robust expansion of Medicare including money for dental, vision and hearing. The agreement also makes the enhanced Affordable Care Act premium tax subsidies from ARPA permanent, provides \$400 billion in funding for home and community services and closes the 'Medicaid coverage gap,' and says it repeals the rebate rule and reduces prescription drug costs to offset the total cost of the package." Matt noted that he had not had a chance to read the details or analyze its efficiency but was anticipating closure on permanence of the ARPA subsidies.

Next, Matt referred to the extension of the Minnesota Premium Security Plan. He relayed that although it previously paid for 80% co-insurance on claims eligible for reimbursement between \$50,000 and \$250,000 attachment points, the renewed policy is for 60% co-insurance. He mentioned it will provide premium relief within the individual market but will likely impact the preliminary rates in other ways.

Another state update Matt provided was regarding telehealth legislation. He announced that preliminary reports surrounding the outcomes and financial impacts of telehealth and in-person services through 2022 will be due to legislature to help guide them in future sessions. He explained that necessary information and actuarial analysis allows preemptive evaluation data points to give legislators a bigger picture when writing mandates and bills. He noted that around 23 states have processes to this effect.

Matt then informed the committee that Minnesota has resolved "the family glitch" effective January 1, 2023. The family glitch bases eligibility for federal subsidies on the affordability of employee-only coverage rather than the household premium cost. Beginning in 2023 these families can become eligible for state subsidies that take into consideration the family coverage

costs offered through employers. This will lead to more affordable coverage for families in Minnesota.

Joel Ulland added that a lot of federal dollars are being made available for states in 2021, but that detailed guidance on how the money could be spent was not released until shortly before Minnesotan legislators had their biennial budget due. He referred to the state budget being approved in the eleventh hour as being relatively justified because of the additional complication. Matt replied that it is likely that Minnesotan legislators will have a special session in August or September to work out more details of the federal funding. Bonus payments for frontline workers that worked through the pandemic appears likely, but a clear definition will need to be made for whether “frontline workers” refers only to health care workers, or retail as well.

## **Board Meeting Recap & Recommendations Discussion**

### *HIAC members*

Matt Schafer shared that the MNSure board was receptive to his recommendation presentation. He stated that the board intends to break into subcommittees to determine how to fund a health equity assessment and implement any needed changes. He continued that the committee’s suggested considerations for post-peacetime-emergency communication was also welcomed as an ongoing piece the board will prioritize.

## **Adjourn**

The committee discussed their next meeting on September 22, taking August off. The meeting adjourned at 2:52 p.m.