



Health Industry Advisory Committee Meeting Minutes

January 27, 2022, 2 – 4 p.m.

Virtual meeting via Cisco Webex

Members in attendance: Matthew Schafer – Chair, Michael Boho, Deb Kersten, Nancy Molenda, La Sheenlaruba Tyacke, Brian Vamstad

Members not in attendance: N/A

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

Meeting Topics

Welcome, Introductions, and Attendance

Matt Schafer, HIAC Chair

Matt Schafer, chair, called the meeting to order at 2:02 p.m.

He suggested that the committee members and MNSure staff introduce themselves. He began that he is the committee chair, has been on the committee for three years, and works in the government sector at Medica overseeing Wisconsin, Minnesota and the Dakotas.

La Sheen Tyacke greeted the committee and informed that she had a background in social work and is currently a community care associate at Essentia Health.

Eva Groebner, MNSure staff, introduced herself as a legal analyst and the individual that writes meeting notes each month.

Brian Vamstad from Allina Health stated this is his second year on the committee, and that he works in the regulatory side of Allina analyzing rules from the Centers for Medicare and Medicaid Services (CMS).

Nancy Molenda explained that she has been in the government relations department at UCare for eight years with a focus on regulations. Prior to UCare, Nancy worked for Blue Cross Blue Shield. She noted that she has been somehow involved with MNSure since its inception, and the growth MNSure has made has been impressive.

Michael Boho announced that this was his first meeting on the committee. He is an actuary and the president of Strategic Risk Management. Michael stated that he wanted to learn more about

MNsure to better help his clients, and to be able to provide MNsure with feedback in a meaningful way.

Deb Kersten greeted everyone and expressed excitement to be joining the committee. She is director of commercial contracting with Allina.

Christina Wessel is MNsure's senior director of partner relations. She explained that she has been with MNsure since its first open enrollment in 2014, eight years ago. She works with navigators, certified application counselors, and health insurance brokers in the community as well as the MNsure board and both committees. She continued that she provides the Consumer Small Employer Advisory Committee (CSEAC) and HIAC with MNsure updates and helps to provide them with information about internal processes or answers to their questions.

Joel Ingersoll said that he is the MNsure staff member who committee members exchange emails with. He explained that he is MNsure's continuity of operations coordinator and board relations liaison, meaning that he manages scheduling and meeting coordination for the board and both committees, and manages agency expectations for everything from tornados to fires to pandemics. He offered that committee members can reach out to him at any time for help.

Review and Approval of Prior Meeting Minutes

Motion: La Sheen moved to approve the draft October 28 meeting minutes. Matt seconded. All were in favor and the minutes were approved.

Public Comment and Operational Feedback

No public comments.

No operational feedback.

MNsure Update

Christina Wessel, Senior Director of Partner and Board Relations

Christina shared MNsure updates from the January 15 close of open enrollment and the January 12 MNsure board meeting. She reminded the committee that MNsure voluntarily extended its open enrollment by four weeks to align with the federal exchange's November 1, 2021, to January 15, 2022, enrollment period.

She noted MNsure's record numbers: more than 134,000 Minnesotans signed up for 2022 qualified health plan (QHP) coverage, nearly 12,000 more than in the 2021 open enrollment period and representative of a 10% increase. Christina continued that the record number of enrollments were largely inspired by greater access to cost savings made possible by the federal American Rescue Plan Act (ARPA) COVID-19 relief package, which expanded eligibility for cost savings. Over 58% of those who purchased health insurance through MNsure are receiving advanced premium tax credits (APTC), which lower the monthly cost of insurance premiums. The average tax credit per household is \$6,089 a year, with larger averages in Southeast Minnesota (\$8,881) and the smallest savings in the Twin Cities (\$4,783.)

Christina continued that MNsure consumers may still be eligible to enroll into QHP throughout the year, if they experience a qualifying life event such as marriage, adoption, birth of a child, or if the applicant is a member of a federally recognized tribe. She also noted that there were an additional 32,445 sign-ups for public programs Medical Assistance and MinnesotaCare through the MNsure application.

Next, Christina shared updates from the January 12 MNsure board meeting. Representing the areas of health administration, health care finance, health plan purchasing, and health care delivery system is new board member Dr. Daniel Trajano, whose term runs from January 12, 2022, to May 5, 2025. Dr. Trajano draws upon a wealth of career experience with Park Nicollet, HealthPartners, Medica and Blue Cross. He was a practicing physician with the University of Minnesota, and a science teacher at Burnsville High School before founding Pop Health Consulting of which he is the president.

MNsire's CEO, Nate Clark, shared updates to the MNsure board which Christina outlined for the committee. The end of MNsure's call vendor contract in 2021 meant that during open enrollment all calls were handled in house. This meant that MNsure was able to oversee staff numbers, training, quality of calls, and could move staff between projects to accomplish more goals. Christina explained this was a key component in MNsure improving life event processing times. Additionally, ahead of open enrollment, MNsure added a new provider directory search option to the plan selection tool on its website. This helped Minnesotans to find the best coverage for their households throughout the open enrollment period.

La Sheen asked whether any upgrades to MNsure's TTY (teletypewriter device used by people who are deaf, hard-of-hearing, or have severe speech impairment) are on the horizon. Christina replied that she was not aware of any plans to that feature but would let the committee know if that changes. Nancy asked whether MNsure was able to track any increase in outreach opportunities or enrollments after implementing more language accessibility. Christina responded that although MNsure can track usage of language lines or page hits to specific language pages on its site, the data is hard to quantify. She continued that MNsure hopes to continue with translations in more languages to expand accessibility further.

The final customer service improvement Nate shared with the board was MNsure's most recent language accessibility efforts. Content on MNsure.org was translated and direct access was made to each language from the homepage to allow consumers better assistance in their preferred language. Additionally, the MNsure phone tree was updated with assistance and prompts in Spanish, Somali and Hmong. The MNsure Contact Center has been tracking the usage of each requested language so that the agency can determine possible additional languages for future expansions.

Additional board actions at their last meeting were approval of the MNsure 2021 Annual Report, due to legislature on January 15, and approval of two important statements for the Consumer Assistance Program (CAP) of MNsure. Christina explained that the Navigator Grant Program and the Broker Enrollment Center Initiative are currently under solicitation and contracting processes ahead of a July 1 deadline.

The Navigator Grant Program will have about \$4,000,000 available, comparative to past years. The grant period will run July 1, 2022, through June 30, 2023, with MNsure retaining the option to extend the grant an additional year, like the model from the last two request for proposal (RFP) cycles. Contrary to previous years' multiple funding areas, the upcoming cycle offers a single grant category. Christina explained that this intends to simplify both application and the evaluation process. She added that organizations that have applied before will have the opportunity to submit a competitive application under the single category process. The RFP will be published in early February, and webinars will be offered on February 20. There will be time allotted for organizations to ask clarifying questions which MNsure will post replies to. Grant proposals are due March 24, and MNsure will publicly announce the awards in early July.

The Broker Enrollment Center Initiative (BECI) program allows MNsure to partner with broker agencies that commit to provide consumers accessible enrollment support and guidance through MNsure coverage. MNsure matches these agencies' marketing funds and features their centers prominently on MNsure.org. For the July 1, 2022 – June 30, 2023, contract period MNsure plans to make \$125,000 available for year-round marketing, an increase from the typical \$90,000 geared exclusively toward the open enrollment period. These contracts may also be extended for an additional year, up to four years total. The solicitation will be released in 11 regions of Minnesota in mid-February with a webinar in late February. There will be time allotted for the applicants to ask clarifying questions which MNsure will post replies to. The proposals are due in mid-April, with the contracts announced publicly in early July.

Next, Christina shared year end data for 2021 enrollments. Cumulatively in 2021, there were nearly 152,000 QHP enrollments through MNsure, with average pre-APTC premiums in the mid-to high-\$400s. Average post-APTC premiums were in the high \$200s early in the year and lowered to about \$230 per month by July. She noted that retention rates were higher than in average years, due to both health insecurity and expanded COVID-19 relief spending through ARPA.

The Contact Center dashboard slide illustrated that although average daily calls increased from 712 in October to 1,109 in November and 1,275 in December, the percentage of calls answered within five minutes did not deviate greatly, hovering around 61% and abandoned calls decreased from 8% to 4%. Christina explained this was due to increased staff for the open enrollment period. She added that the January statistics were not fully captured in preparation for the January board meeting, so those data points were not included.

Christina then updated the committee on the latest data surrounding life event processing. More than 6,800 changes were processed in December alone, which Christina credited to more cross-trained staff. Matt asked whether these life events are reported by consumers waiting to secure coverage through MNsure, or if a person may need to wait to suspend their coverage if, for example, they are moving out of state. Christina clarified that reporting life events are for the purpose of updating eligibility. An enrollee can terminate their coverage online, but an applicant that needs to decrease their household income from what was initially reported on their application would report a life change. Once the applicant's income is processed by MNsure their eligibility would be re-determined, often resulting in increased tax credits or eligibility for a public program such as MinnesotaCare or Medical Assistance. She noted that as of January 27 the operations staff was processing life events reported to MNsure on January 5. She also

mentioned that in cases of medical emergencies, the changes are expedited to the front of the line.

Matt asked whether “snow-birds” who live in Minnesota for a portion of the year and in a warmer climate during the winter need to change their health coverage throughout the year to adhere to different (state based or federal) exchange rules. Christina noted that although it may be hard for a snowbird to hit their deductibles with that reality, the MNSure application specifically asks whether an applicant is a Minnesota resident, so the applicant should truly consider themselves a Minnesota resident if they answer that they are. If an interstate QHP is available to them, they would not need to change policies throughout the year, but interstate policies are not available in every county from every health insurance provider.

Finally, Christina shared four items from Governor Tim Walz’s supplemental budget that impact MNSure: MNSure technology modernization, increasing health care affordability for Minnesotans, future of Minnesota premium security plan, and health care provider directory. Christina expressed excitement for the technology modernization. She explained that technological upgrades would include self-service functionality for consumers, more integrated portal for assisters, and better caseworker access for staff. She continued that the increased health care affordability creates a buy-in option for MinnesotaCare that is not reliant upon falling into an income threshold. The Minnesota premium security plan aims to extend the reinsurance program. She explained that although MNSure has added a provider directory to its website, the goal of Governor Walz’s provider directory is for statewide source of truth across the Department of Health, the Minnesota Department of Human Services (DHS), State Employees Group Insurance Program (SEGIP), MNSure, health plans and health systems. She concluded that each proposal would proceed through finalization processes, and more information will follow in upcoming meetings.

Legislative Update

Matt Schafer, Chair

Matt began by noting the next state legislative session will run January 31 through May 23, and constitutionally are not obligated to budget, but may offer a supplemental budget to address the \$7.7 billion surplus in the upcoming biennium. He also suggested that work force shortages will require bipartisan support while as many as 23,000 vacancies exist in critical long-term facilities.

Next, Matt stated that redistricting was underway across the nation with new district maps coming out in late February. As of this meeting, he noted that roughly 18 representatives had already announced that they are ending their political careers, but by the time that new maps are drawn several more may choose to retire.

In the health and human services space, Matt noted that the ARPA subsidies that helped Americans gain health coverage was one of the less controversial aspects of the Build Back Better Act (BBB), so expanded subsidies and reinsurance programs are likely to be brought through legislature again. He added that any review required by the U.S. Supreme Court may need to wait until Supreme Court Justice Stephen Breyer is replaced, following his recent announcement of retirement. Matt added that Minnesota legislature is likely waiting to see which BBB provisions pass federally before adding provisions specific to Minnesota.

Brian commented that 2022 will be a busy regulatory year, now that President Biden has installed leadership in all the agencies health care looks to. He suggested there are three options for the new administration to choose from regarding existing regulations: implement, formally withdraw, or nothing. He said that he looks forward what will happen with the 186 federal regulations under review in the upcoming session. Just a few of the issues Brian had on his radar were: mandated vaccines, prescription drug transparency, HIPAA privacy, and Medicare part C choices.

Matt added that with passage of an executive order for free over-the-counter COVID-19 tests, health carriers were working on operationalizing. He suggested that although implementing the order, likely increasing workforces, will be a short-term expense, it should catch illness earlier and potentially lessen long-term costs per enrollee.

Discussion of Future Topics

HIAC members

Matt suggested that the committee follow its previous years' timeframe to roll out recommendations to the board in June or July. He mentioned that the committee had previously held one joint meeting with CSEAC, which he found helpful in uniting fronts and complementing one another's objectives. He summarized for the members that HIAC's previous recommendations to the board in summer 2021 included post-COVID-19 preparedness and a health equity evaluation of the MNsure by an external organization.

Christina informed that the board had turnover in the past several months and has been reassessing their capacity with their new makeup. Brian suggested that the committee put forth strategic planning objectives for the board, specifically considering their new composition and the eventual end of the public health emergency. Nancy agreed that providing continuity to consumers moving from Medical Assistance to QHP should be a priority and a small step in the way of equity.

Michael added as a topic that MNsure should actively pursue a positive experience certifying assisters so that more will put forth efforts to in turn support MNsure. He mentioned that he has heard from brokers that the time commitment needed to help consumers through the process is not "worth the trouble."

Matt offered a first draft of a recommendation to the committee: "HIAC supports the MNsure board carrying out the development of a strategic plan and is willing to support those efforts in any way we can."

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

Matt concluded that he would get into touch with CSEAC's chair, Anna Guler, to set up a joint meeting in February or March.

Adjourn

Motion: Matt moved to adjourn. La Sheen seconded. All were in favor and the meeting adjourned at 3:33 p.m.