

# Health Industry Advisory Committee Meeting Minutes

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March 24, 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:** Nathan Clark, 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 2:00 p.m.

### Review and Approval of Prior Meeting Minutes

**Motion:** Matt moved to approve the draft February 24, 2022 meeting minutes. Michael Boho seconded. All were in favor and the minutes were approved.

### Public Comment and Operational Feedback

No public comments.

No operational feedback.

### Legislative Update

*Matt Schafer, Chair*

Matt noted that 2022 is not a budget year but with a \$9.2 billion surplus there may be a supplemental budget. He suggested that priorities for legislature may be refilling the unemployment budget, bonuses for frontline workers, and directing the Minnesota Department of Commerce to extend reinsurance for five years. He noted that in 2016, when Southeast Minnesota was particularly hit with increased premiums, reinsurance was passed a mere three weeks before election day. He compared the back and forth of politics to basketball with a last jump shot coming in at the buzzer. He concluded that with redistricting having just occurred legislators are unlikely to pass big bills and focus more on campaigning ahead of November.

## MNsure Update

*Nathan Clark, CEO & Christina Wessel, Senior Director of Partner and Board Relations*

Matt asked that everyone introduce themselves to Nate to give him insight into the backgrounds of the committee members.

Nate Clark thanked the committee for allowing him to connect with them and put faces to their names. He explained that he grew up uninsured on a farm in Utah. He first gained health coverage through a basic university health plan and believes deeply that health care and access to doctors should be a right for everyone. He explained that he began with MNsure in a project management role in July of 2015 before working his way to chief executive officer.

Nate mentioned that March 23 was the 12-year anniversary of the Affordable Care Act (ACA). He continued that MNsure's 2022 open enrollment period finished strong with a 10% increase in qualified health plan (QHP) enrollments. He credited the American Rescue Plan Act (ARPA) for making QHPs more affordable than ever with over 10,000 households qualifying for advanced premium tax credits (APTC) for the first time ever. This led to around 59% of Minnesotan households qualifying for APTC, and 26,000 first time enrollees during the open enrollment period. He continued that ARPA benefits are set to end at the end of 2022, which raises concern for MNsure. Premiums for 2023 are anticipated to increase by 30-40% which will lead to sticker shock for over 70,000 Americans. Nate reminded the committee that 2023 rates will be finalized in October.

Next, Nate discussed Governor Walz's proposed IT upgrade for a supplemental budget. Modernization of the IT would mean better tools and a system that better supports policies. He commented that removal of access barriers would reduce the rate of uninsured Minnesotans. Updating MNsure's eligibility system utilizing more flexible innovation puts MNsure in a more sustainable position long term. Nate asked that committee members stay vocal about their support for such upgrades.

This led Nate to his recap of previous committee recommendations to the MNsure board. Last summer, HIAC presented its priorities to the board with focus on health equity, specifically shaped by COVID, and considerations to unwinding the public health emergency. At the height of the pandemic, Minnesota's Departments of Human Services and Health joined forces to distribute vaccinations and gather data to identify social inequities and policy deficits. The objective to improve health access and health outcomes is a statewide mission. MNsure determined that language and technology are its primary focus to decrease barriers to health care.

MNsure has updated its website and incoming phone prompts to include more languages and have increased outreach focus with navigators to target more vulnerable populations. Utilizing health access data from the State Health Access Data Assistance Center (SHADAC), MNsure can identify areas with high uninsured rates or lower health outcome to achieve objectives with new navigator grants. Further, MNsure can use this data and zip code research to plan marketing campaigns in more languages and with better representation to reach goal audiences.

Nate recalled HIAC recommended that MNSure undergo a health equity assessment from an outside party. He noted that the board was still researching the best way to meet this goal but intends to expand strategies and make equity an integral part of MNSure's mission. He mentioned that the National Academy for State Health Policy offers tools for state health exchanges to understand approaches to equity, but the board had not yet founded a sub committee to work on this recommendation fully.

Regarding the unwinding of the public health emergency, Nate mentioned that MNSure and the Department of Human Services (DHS) are working together. DHS has determined that an incredible 1.4 million Minnesotans will need their health care eligibility redetermined. The scope of Minnesotans changing from public program to QHP is yet to be determined, as Nate explained that consumers could change programs for several reasons including income increases or decreases, changes in household size, or change in the status of their employment. He mentioned that MNSure has a team dedicated to these consumer work flows, and MNSure will focus on optimal communication with consumers joining the QHP market once the redetermination process is underway. He added that DHS and MNSure have daily meetings to maintain communication and continuity.

Matt thanked Nate for his updates. He noted that Wisconsin had considered legislation to allow a grace period for Medicaid enrollees to remain under coverage during a company-implemented employer-sponsored health insurance waiting period. Nate responded that a greater population is impacted negatively when losing access to public program (Medicaid and MinnesotaCare) coverage while their health care eligibility is undetermined. He added that MNSure attempts to be as flexible in these cases as allowed by the federal regulations, lessening a gap in coverage when possible.

Brian added that the Biden administration has put emphasis on the "affordability cliff" between health care programs so that consumer transitions will be as smooth as possible at the end of the public health emergency. He commended MNSure and DHS for working together, and asked Nate whether a sizeable portion of consumers transitioning off public program will be eligible for MNSure products. Nate replied that of the 1.3 million public program consumers up for renewal, maybe 240,000 will lose public program eligibility. There is not yet data to support whether those consumers will become eligible for QHP or whether they will qualify for APTC. Nate agreed that the battle against the affordability cliff is still underway then added that if ARPA benefits are not continued there will be a real challenge to maintain insured rates. He assured the committee that MNSure's goal is to ensure that consumers understand the options available to them when the time comes to transition so that each person can make an informed decision about their health care.

Michael asked whether MNSure works with carriers to drive down costs. He described a young family he recently worked with who make under \$50,000 per year and each parent has medical conditions. The family is not eligible for very much APTC and between deductibles and out-of-pocket expenses the family felt as though being uninsured would be less expensive. Michael asked whether MNSure addresses situations such as these with the health insurance carriers. Nate replied that he had been on several similar calls, especially in the Southeast region of Minnesota. When Quartz entered the marketplace, the second lowest costing silver plan (which is used to determine APTC) was reset in the area. Quartz does not necessarily cover the

providers that consumers in that area need, but their premiums are lower than their competitors. Nate lamented that MNsure does not have control over the benefits of the products carried on the exchange. He said that MNsure did bring the Quartz shortcomings to the attention of the Department of Commerce and encouraged the committee to speak up as well.

Matt added that bronze plans, in particular, struggle to meet Affordable Care Act standards while keeping costs low for the consumer. He said the costs of certain prescriptions continue to grow each year. He described the difficulty for carriers to cover large provider networks and expensive prescriptions without increasing premium rates each year.

Matt then asked Nate how the committee can help MNsure get more consumers covered. Nate suggested that the committee identify goals for the MNsure board that are easily measurable, then work to ensure that the recommendations be fleshed out to alleviate any blind spots. Board goals are presented at each meeting so that progress can be tracked. This concept could go for any goals important to the committee and not specific to enrollment numbers.

Nancy thanked Nate for his updates. She asked where the IT modernization proposal is in the legislative process. Nate replied it was in the governor's supplemental budget, which was heard by the Senate and House, meaning it passed a minimum threshold and that it is likely to progress. Matt added that within a couple weeks the package of proposals would likely pass supplemental budget requirements.

## Committee Discussion

*Matt Schafer, HIAC Chair & HIAC members*

Matt asked whether the committee had thoughts about capturing the upcoming public health emergency unwind population to avoid them falling through the cracks between programs. Nancy said she had the impression that the renewals will be done in waves, so the 240,000 will be spread over time. Michael added that few consumers will be utilizing broker help during their transition as brokers do not receive commission for application work. Christina Wessel, MNsure staff, confirmed that MNsure had been working with its assister network to prepare them for what is to come from the unwinding of the public health emergency. She clarified that over 600 navigators with greater public program experience are certified with MNsure and able to assist in the renewal process.

## Adjourn

Matt said that he will reach out to the Consumer Small Employer Advisory Committee to determine whether the committees can hold a joint meeting soon.

**Motion:** Matt moved to adjourn. La Sheen seconded. All were in favor and the meeting adjourned at 3:10 p.m.