



# Health Industry Advisory Committee Meeting Minutes

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February 23, 2023, 2 – 4 p.m.

**Virtual meeting via Cisco Webex**

**Members in attendance:** La Sheenlaruba Tyacke – Vice Chair, Deb Kersten, Gretchen Morris, Kathy Jo Roderster, Matthew Schafer

**Members not in attendance:** Nancy Molenda – Chair, Michael Boho

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

## Meeting Topics

### Welcome and Attendance

*La Sheenlaruba Tyacke, HIAC Vice Chair*

La Sheen Tyacke, vice chair, called the meeting to order at 2:05 p.m.

### MNSure Update

*Christina Wessel, Senior Director of Partner and Board Relations*

Christina Wessel, MNSure staff, noted that the MNSure board had not met since the joint committee meeting in January, so there was not much to report since Nate Clark’s updates to the committees last month. She reminded everyone that Nate will be retiring in March, and Libby Caulum will be taking over as MNSure’s interim chief executive officer.

Under the Consolidated Appropriations Act of 2023 and guidance provided from the Centers for Medicare & Medicaid Services (CMS), the public health emergency (PHE) of continuous coverage under public programs will end April 1, and renewals will restart. Christina shared that the unwinding timeline was confirmed by the Minnesota Department of Human Services (DHS). She specified this is a huge undertaking for DHS but will have large impacts on MNSure as well, as some households will transition into qualified health plan (QHP) eligibility. The unwinding process will start with Medical Assistance renewals for July 2023, with pre-renewal notices going out to Minnesotans beginning in March.

Christina specified that MNSure is working with DHS, the counties, health insurance carriers and assister partners to ensure that transitions from public program to QHP eligibility are as seamless as possible. She added that some of the heaviest activity will be during MNSure’s annual open enrollment period.

## Review and Approval of Prior Meeting Minutes

**Motion:** Matt Schafer moved to approve the draft January 26 joint meeting minutes. Kathy Jo Roderster 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, HIAC Member*

Matt shared that although legislatively there are several policy bills moving through the committee process in Minnesota there was no way of knowing which would succeed as the session had recently begun. He reminded the committee that the DFL party controls the House, Senate and gubernatorial administration for the first trifecta since 2014. He added that the \$17.6 billion state surplus faces a lot of pent-up demand now that there are no party divisions in state leadership.

As for state bills already signed into law, Matt summarized health-related examples. Although the right to choose (to continue or end a pregnancy) was constitutionally upheld, it was codified into Minnesota statute as well.

Additionally, a paid family leave program at the state level was being established. Matt explained that under that program, any employers that offer paid family leave policy, such as short-term disability, can apply for an extension of the program through the state.

Matt then recapped that MNSure has made budget requests that appear to remain in the governor's proposed budget. As previously discussed in committee meetings, these include an IT modernization proposal that would update plan comparison, shopping and enrollment tools on the back end to improve service delivery. The proposal would include updates to portions of the application and eligibility determinations with tools to remove barriers to access MNSure.

Matt added that legislature has been discussing at length the costs of health care: premiums, deductibles, co-pays, out-of-pocket fees, etc., and how to reduce the burden on consumers. He reminded the committee of a drug transparency bill from the 2019-2020 legislative session that required drug manufacturers to publicly disclose and justify if they intended to increase the price of a drug by more than 10%. He explained that although it took a couple of year to create, the [prescription transparency dashboard](#) was recently released by the Minnesota Department of Health. He noted that a handful of other states have launched similar programs, noting that although this shifts the focus of out-of-pocket health expenses to the drug manufacturers rather than the insurance carriers, each benefits the consumers. He added that each legal challenge the manufacturers have levied thus far has been upheld in court. He concluded this would add a resource for consumers and that this was good news for the committee, which had been focused on health insurance literacy for a couple of years already.

Matt also reminded the committee that Minnesota had been considering a public MinnesotaCare option, updating that a study into the impact was recently introduced. He continued that the Departments of Human Services and Health were working with MNsure and others to research the option.

Federally, Matt noted that Congress was contending raising the \$31 trillion debt ceiling. He explained that federal funding of state programs could be impacted if the ceiling was not raised soon. An example of federal funding Matt gave, which he clarified may not be targeted, would be tax credit subsidies. Hearings surrounding pharmacy benefit manager regulations had also begun with the new congress, which Matt noted would be the type of health care policy to watch in the upcoming session.

## **2023 Advisory Committee Focus Discussion**

*La Sheenlaruba Tyacke, HIAC Vice Chair & HIAC members*

La Sheen explained that Nancy Molenda, HIAC chair, had intended to present a topic, but had a last-minute conflict that interfered with the meeting. La Sheen summarized that CMS announced a special enrollment period (SEP) for the federal health exchange considering the Medicaid redeterminations and suggested that the state-based exchanges do so as well. She noted it would be insightful to know whether MNsure would follow HealthCare.gov's example or only allow consumers to enroll into QHP coverage through the loss of minimum essential coverage qualifying life event already recognized as a 60-day SEP.

Christina explained that MNsure was evaluating its options for an enhanced SEP, beyond the standard 60-days, to expand consumers' opportunities to obtain health coverage. MNsure will announce enhanced SEP opportunities for Minnesotans, although it does not intend to exactly mirror federal policies.

Matt suggested that the committee discuss ways to support MNsure bolstering higher metal level plans. He theorized that average consumers buy bronze for the lower premiums but may not consider that silver and gold products cover more services. Kathy Jo replied that in her role as a health insurance broker, she encourages her clients to anticipate the number of visits they are likely to have to a doctor in the upcoming year, then select metal level accordingly. Matt asked Kathy Jo whether MNsure provides her with the resources she needs to help her clients. She responded that she generally feels well prepared, but a client recently threw her a curveball that the MNsure broker line was not equipped to help her field. She described a client that believed that bronze level plans do not cover "anything" per their friend in Illinois. Kathy Jo disputed the client's claim but was not satisfied that the MNsure broker line representative(s) did not offer definitive proof against the assumption. Christina responded that the greatest difference between metal levels is not what is covered, as all MNsure offered plans have essential health benefits, but rather the cost sharing between premiums and what is out-of-pocket. Matt noted that a bronze level plan should be the same in Minnesota and in Illinois, even if the states have other systematic or structural differences.

Christina expanded the discussion to the difference in assisters through MNsure. She shared that in 2013, as MNsure was forming, the Minnesota Department of Commerce reviewed regulations as introduced by the Affordable Care Act, licensing laws for health insurance

brokers, and the duties of navigators to clarify the duties of each assister category. She explained that navigators are expected to help a great deal with the application process, eligibility guidelines, public program policies, and generic QHP questions, but that only brokers are licensed to recommend a consumer enroll in a specific plan.

Kathy Jo recommended that brokers be better informed of their clients changing health care programs. She mentioned that in the last open enrollment period she discovered 15-20 of her clients were flagged in September for needing manual renewal to determine their eligibility, but that the clients had not completed the process in their time allotted, putting her behind by two or more months in their cases. She noted that as the agent of record on their clients' enrollments it should be easy for MNsure to provide lists of consumers gaining or losing public program to their corresponding broker. Christina responded that because of the contractual data sharing agreements with navigators, MNsure would need to work with DHS to determine what information can be released and tracked with navigators, but for brokers there is an existing connection through the assister portal with consumer consent to share information with their broker. She said that it is on MNsure's radar to utilize the assister portal connection to keep assisters better informed of their clients' eligibility changes. She added that there was an unexpected uptick in manual need-to-renew consumers in this past open enrollment period and large numbers of consumers did not reply to the letters in a timely manner. She expressed that MNsure intends to make it a priority to keep assisters informed of their clients' statuses when possible.

## **Adjourn**

**Motion:** Matt moved to adjourn. La Sheen seconded. All were in favor and the meeting adjourned at 2:46 p.m.