Health Industry Advisory Committee Meeting Minutes

March 23, 2023, 2 – 4 p.m.

Virtual meeting via Cisco Webex

Members in attendance: Nancy Molenda – Chair, La Sheenlaruba Tyacke – Vice Chair, Deb Kersten, Gretchen Morris, Kathy Jo Rodester

Members not in attendance: Michael Boho, Matthew Schafer

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

Meeting Topics

Welcome and Attendance

Nancy Molenda, Chair

Nancy Molenda, chair, called the meeting to order at 2:09 p.m.

Review and Approval of Prior Meeting Minutes

Motion: La Sheen Tyacke moved to approve the draft February 28 meeting minutes. Kathy Jo Rodester 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 Wessel, MNsure staff, reminded the committee that Nate Clark retired on March 15, and that Libby Caulum took over as interim chief executive officer while the MNsure board interviews for Nate’s replacement. Christina shared that Nate was at the last MNsure board meeting. She then shared board slides from the March 15 MNsure board meeting.

As of mid-March, MNsure had nearly 180,000 health care applications for 2023, 133,000 of which were qualified health plan enrollments. Christina explained the 132,000 effectuated plans show growth for the year.
Next, Christina shared that life events for QHP consumers are being processed in an average of under 7 days. She explained life events still require manual processing. Christina also reminded the committee that MNsure’s 2022 open enrollment period was the first without MNsure using an external call vendor. The result of bringing first-level calls in-house is reflected in customer service satisfaction scores showing improvement in issue resolution, single-call resolution, MNsure response met expectations, professionalism, knowledge, time to reach an agent, and overall experience from the winter of 2020 to the winter of 2022.

Christina continued that since the inception of the Affordable Care Act (ACA), the “family glitch” has been a pain point for consumer. Employees that are offered employer-sponsored health insurance (ESI) are ineligible for subsidies if the ESI is considered affordable. Previous rules calculated the price for employer-only ESI against the household income but did not consider the cost for the employee’s family — the family glitch. With new regulations in place for 2023, the employees’ family is calculated as well so that affordability for all household members is taken into consideration for subsidies. She explained that an update in the Minnesota Eligibility Technology System (METS) asks questions about ESI to better address Minnesotans’ needs. There are 130 families and 203 individuals newly eligible for an average of $353 in advanced premium tax credits since this glitch was corrected. Another 89 new enrollees were attracted to MNsure since this update. Christina explained that press releases have informed the public about this change, but MNsure will need to undo 10 years of messaging that employees’ families are not taken into consideration for affordability in ESI.

Christina moved on to highlight some legislative updates for MNsure. In addition to IT modernization (including life events self-reported online rather than through the Contact Center), the Health Insurance Easy Enrollment Program, and the Insulin Safety Net Program public awareness funding already proposed for the state budget, there are other notable health care pieces before legislation. Christina mentioned funding for the continuous coverage unwinding, additional navigator funding, a cost-sharing reduction subsidy proposal, and public option buy-in proposals.

Christina shared that MNsure will offer a new special enrollment period to address the unwinding. Typically, a person has 60 days to enroll into qualified health plan coverage after a loss of health coverage. Consumers losing public program coverage as a direct result of the public health emergency unwind will have an extended 90-day window, offering retroactive coverage for the first 60 days after the loss. For example, a consumer that loses public program coverage in July and contacts MNsure in August will have their choice between July 1 or September 1 coverage. She clarified this will not apply to public program enrollees that qualify for the coverage after April 1 then subsequently lose the coverage, only for those who were part of the continuous coverage period.

Finally, Christina noted that the public health emergency unwinding will put greater pressure on navigators, so beginning in January, MNsure has changed payment from quarterly to monthly to improve cash flow for partners.

2023 Advisory Committee Focus Discussion

_Nancy Molenda, Chair & HIAC members_
Nancy opened the discussion for the committee. She referred to Christina’s comments about how the public program continuous coverage unwind will impact MNsure. Although DHS owns the project, MNsure is involved in the coordination, so Nancy asked the committee if they wanted to highlight any actions for the MNsure board in that regard.

La Sheen mentioned that her staff has been reminding patients about redetermination at her clinic. She noted many clients seemed to have negative feelings of stress and overwhelm attached to the redetermination, so she encourages them to start by simply opening their mail. Gretchen Morris added that every renewal season there are consumers that ignore notices from MNsure and the counties because the quantity of letters that can often be sent out of sequence becomes overwhelming to the average person. She suggested that assisters get better training and communication from MNsure so that they can better direct their clients. Kathy Jo agreed that MNsure should find a way to keep the agent of record informed of the next steps for their clients.

Christina replied that MNsure has ability to contact the agents of record regarding qualified health plan information, but that DHS and the counties do not have data sharing agreements with health insurance brokers, complicating what information can be made available to the brokers. She mentioned that additional guidance from the Centers for Medicare and Medicaid Services (CMS) was being directed to DHS to clarify at what step in the renewal process a person is considered a public program recipient. Gretchen asked whether MNsure will be increasing its quantity of training and webinars. Christina responded that MNsure will provide assisters more training for the continuous coverage unwind and for open enrollment.

Gretchen asked whether MNsure’s IT proposal will address fixes or overhaul the eligibility system. Christina responded that it would be an entirely new application and eligibility system, however budget approval and a request for purchase process would need to be followed to allow vendors to bid on the project, therefore the result is a couple years out.

**Legislative Update**

*Nancy Molenda, HIAC Chair*

Nancy mentioned that health insurance providers were waiting for CMS, the Minnesota Department of Health, and the Minnesota Department of Commerce to publish guidelines in April and May for the products to be offered on the health insurance exchange in 2024. She mentioned the health insurance providers need to submit preliminary products for approval in June.

**Adjourn**

Motion: Kathy Jo moved to adjourn. Nancy seconded. All were in favor and the meeting adjourned at 3:09 p.m.