MNsure Health Industry Advisory Committee (HIAC) Abstracted Minutes Relating to Underserved Populations

Prepared by Dan Miesle, HIAC Committee Member

Overview:

HIAC has discussed and presented the topic of Underserved Populations for several years as summarized below (in backward sequence from most recent discussions). I have extracted minutes from meetings as noted below. I have also included Note I've also included an excerpt from MN Statutes highlighting the responsibility of MNsure to address this need. Finally I reference you to a separate presentation prepared by Hodan, Hillary and Carl Florien (previous member) made at the June 27 HIAC meeting last year that did an excellent job framing the topic. Reflecting on this summary I think it is fair to say this is an important topic but challenging to define specifics and develop "actionable" recommendations.

May 7, 2020 HIAC Special Conference Call

"Hodan Guled called attention to unprecedented disparity in terms of COVID-19 infection and death in black communities. She added that the Minnesota Department of Health (MDH) has statistics that confirm that this phenomenon is impacting Minnesota communities in addition to the national occurrence. Hodan suggested that MNsure invest more marketing money for outreach in these communities and recommended that the board could request additional funding from the Minnesota Department of Human Services (DHS). Joel asked Christina what sort of marketing is being done by MNsure to direct consumers to seek coverage through the exchange during the COVID-19 pandemic. Christina replied that 2020 is the first year that MNsure held out marketing dollars for outside of the open enrollment period so there were available dollars to advertise the COVID-19 special enrollment period. Most of these dollars were directed into targeted paid search advertising such as when an individual searches life events or enrollment options. She clarified that there are no federal or state dollars available for MNsure marketing through recent appropriation bills. "

January 25, 2020 HIAC Committee Meeting

Underserved populations – Joel mentioned that this is an area that the committee has talked about previously and that it potentially be grouped with another or treated separately. Hillary suggested that underserved populations could grow because of the public charge ruling. She asked if MNsure should take an education role or a more active role in this issue, but she also knows that MNsure is not there specifically for state programs. Joel said that there is potential to group this with health literacy, which was something that the committee discussed last year. He said that given the importance of the topic, and that it was the only topic that got an A for

relevance to the work of the committee, this could be built on from last year. Hillary suggested that last year the committee focused on the Twin Cities metro, but this could build on Dan's point about access to care in Greater Minnesota and different ways of being underserved. Joel added that the committee could look at more than one recommendation related to underserved populations. Hodan added that looking at things like language and cultural accessibility and how those affect their ability to access coverage and care. Tom said that this could even be the main topic that the committee looks at and then break it down into three sub-areas or populations to present recommendations to the MNsure board.

November 21, 2020 HIAC Committee Meeting

Dan requested that the committee continue to focus on underserved populations, clarifying that Minnesotans afflicted by mental and behavioral health diseases are as underrepresented as any geographical population. Jenifer seconded Dan's notion that the committee should discuss mental and behavioral health.

Reported by Aaron Sinner regarding MNsure Board Presentation July 2019 – A set of recommendations made by the committee included MNsure's mission, the MinnesotaCare to qualified health plan (QHP) affordability cliff, and underserved populations. (see May and June HIAC Minute Extracts below)

October 24, 2019 HIAC Committee Meeting

Hodan Guled expressed to the committee that as a navigator, she works with households that convert between public programs and the individual market, and with households that speak English as a second language. She expressed that she does not believe that many of these populations would be able to confidently navigate notices without the help of assisters. Hillary added that the notices need improvement, but there are several hurdles to have the requirements of each notice met. Aaron confirmed that there are restrictions from CMS, there are technological barriers, and agreements need to be made with DHS each time that a notice is designed or altered. Joel suggested that the committees could collaborate on the topic during a joint meeting.

Hodan asked that the committee also discuss the new federal rule related to public charge. She informed the committee that she sees a lot of fear and miscommunication in the communities she serves, to the point that she has heard of individuals ending their health coverage or their children's reduced lunch program at school to try to eliminate threats to their lawful presence in the U.S.

Aaron explained that in fall 2017, the Trump administration proposed a regulatory expansion on checks for "public charge," or immigrants who were or might become a ward of the state.

Previously, a public charge check had been conducted solely when an immigrant applied for lawful permanent residence and was designed to determine that the individual had a high likelihood of needing state support in the form of long-term care or cash assistance. In the latest proposal, the checks would be run more frequently, such as when an immigrant applies to renew their visa or change from one visa status to another (such as a student visa to a work visa). The new standard would be to evaluate whether an individual was more likely than not to become a public charge, and expanded the definition of public charge benefits to include food stamps, public housing, and Medicaid coverage. The lookback would track use of any benefits over the previous three years to see whether 12 months or more of benefits had been received, with multiple benefits received in the same month counting as multiple months of benefits. Additionally, the new rule gave a great deal of discretion to Department of Homeland Security caseworkers to determine if, considering the totality of circumstances, the individual was more likely than not at any point in time in the future to become a public charge. The rule included several factors that could be weighed as negative factors, positive factors, heavily weighted negative factors, and heavily weighted positive factors, but the amount of discretion left to Homeland Security agents made it difficult to determine what actions might jeopardize an individual's immigration status. Most notably for MNsure, caseworkers were allowed to consider whether an immigrant had applied for or received Medicaid within the previous three years. Since financial assistance applications through MNsure always include a check for Medicaid eligibility first, applicants might be considered to have applied for Medicaid.

July 17, 2019 MNsure Board Presentation

Based on June 27 HIAC recommendations noted below

Underserved Populations – Recommendations

- Implement a year-round marketing plan, because many people experiencing life events don't realize MNsure can be an option outside of open enrollment.
- Coordinate outreach efforts to underserved populations.

June 27, 2019 Committee Meeting

Carl Floren, Hillary Hume, and Hodan initially presented to the HIAC on "Underserved Populations" in May. Hodan reiterated the importance of year-round marketing for MNsure and the suggestion that MNsure take further initiative with community outreach. She cited that there are as many uninsured Minnesotans as there are qualified health plan enrollees, therefore MNsure is missing out on the potential to double its revenue. Hilary Hume added that numerous household changes happen outside of the open enrollment period, and it's important for MNsure to maintain a marketing presence year-round. Joel agreed that the open enrollment marketing may have reached capacity, suggesting the special enrollment portion of

the year would make a better future marketing directive for MNsure. Libby noted for the committee that MNsure's revenue comes from a 3.5% premium withhold on plans sold through MNsure and through a cost sharing agreement with the Department of Human Services for public program eligibility determinations. Matt suggested bolstering relationships within the community so that whether Minnesotans are currently eligible for public programs or employer-sponsored health insurance, they will know where to turn if their circumstances change in the future. Joel informed the committee that he intends to highlight specific targeting results from the State Health Access Data Center (SHADAC) for the MNsure board. The committee determined that it will recommend year-round marketing and addressing disparities as priorities for the MNsure board.

Hodan elaborated that individuals with limited or no internet access could benefit from having application options over the phone. Christina Wessel, MNsure staff, noted that there are capabilities for assisters to work on behalf of the individuals they represent, but there are legal obligations that the assisters and MNsure staff face, so any suggestion within this realm would need to be carefully crafted.

Regarding a MNsure-led outreach effort, Hodan suggested that MNsure could personalize MNsure's presence in the community rather than only sending MNsure partners into community outreach opportunities. Carl, Hillary and Hodan suggested MNsure could create an internship program for students to participate and lead these efforts.

May 23, 2019 HIAC Committee Meeting

(NOTE see presentation as a separate document)

Carl Floren, Hodan Guled, and Hillary Hume, HIAC Members

Hodan presented a description of the characteristics of underserved or vulnerable populations that have limited access to health insurance coverage (slide 2). Dan asked if those in need of mental health help would be identified as an underserved population. Hodan explained that in this scenario, individuals in need of mental health could be considered a high risk for healthcare problems.

Hodan summarized for the committee results from the Health Access Survey, published by the Minnesota Department of Health (slides 3-4). Significant disparities were noted for individuals that do not identify as white, and individuals that are not native to the U.S., families with a lower household income near the Federal Poverty Level, lower level of education, in poorer health status, and who had limited or no access to the internet. Additional assessment of statistics on the Health Access Survey revealed that a majority of uninsured individuals are permanently employed by someone else and work 31-40 hours per week.

Finally, Hodan presented research from the State Health Access Data Center (SHADAC) that revealed that a vast majority of uninsured individuals live in the Twin Cities area (slide 5).

To lower the uninsured rates, Carl, Hillary and Hodan recommended that MNsure market year-round, develop over-the-phone enrollment options, and for MNsure to lead outreach efforts (slides 6-8).

Hodan noted that in 2018 MNsure processed 319,200 sign-ups outside of the open enrollment period. Hillary suggested that enrollments during the open enrollment period tend to be renewals, so reminding citizens that job changes during the summer, or having a baby partway through the year are good examples of special enrollment opportunities for otherwise uninsured individuals. Joel also noted MNsure could see increased premium withhold revenue if there are more participants. He recommended that advertisements reach more diverse populations, aside from the suburban examples in current MNsure advertising.

January 24, 2019 HIAC Committee Meeting

Underserved Populations

The committee observed that "underserved populations" is a broad generalization for many varied groups of Minnesotans. Aaron offered to share findings of the Health Access Survey, completed by the State Health Access Data Assistance Center, regarding Minnesota's uninsured population and the disparate rates of uninsurance across different demographic groups.

Hillary recommended that MNsure spread out its marketing spending throughout the year so that more qualified health plan eligible consumers can be reached. Aaron shared statistics for MNsure's media budget, noting television, digital video, and paid search made up the largest portions.

Committee members agreed to review information on Minnesota's uninsured population and complete other research on disparities and underserved populations in Minnesota in advance of the HIAC's May 23 meeting so the topic could be discussed in depth at that meeting.

> Reference: 62V.05 RESPONSIBILITIES AND POWERS OF MNSURE.
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> Subd. 5. Health carrier and health plan requirements; participation.
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> (a) Beginning January 1, 2015, the board may establish certification requirements for health carriers and health plans to be offered through MNsure that satisfy federal requirements under section 1311(c)(1) of the Affordable Care Act, Public Law 111-148.
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> (b) Paragraph (a) does not apply if by June 1, 2013, the legislature enacts regulatory requirements that:

(1) apply uniformly to all health carriers and health plans in the individual market;(2) apply uniformly to all health carriers and health plans in the small group market; and

(3) satisfy minimum federal certification requirements under section 1311(c)(1) of the Affordable Care Act, Public Law 111-148.

(c) In accordance with section 1311(e) of the Affordable Care Act, Public Law 111-148, the board shall establish policies and procedures for certification and selection of health plans to be offered as qualified health plans through MNsure. The board shall certify and select a health plan as a qualified health plan to be offered through MNsure, if:

(1) the health plan meets the minimum certification requirements established in paragraph (a) or the market regulatory requirements in paragraph (b);

(2) the board determines that making the health plan available through MNsure is in the interest of qualified individuals and qualified employers;

(3) the health carrier applying to offer the health plan through MNsure also applies to offer health plans at each actuarial value level and service area that the health carrier currently offers in the individual and small group markets; and

(4) the health carrier does not apply to offer health plans in the individual and small group markets through MNsure under a separate license of a parent organization or holding company under section 60D.15, that is different from what the health carrier offers in the individual and small group markets outside MNsure.

(d) In determining the interests of qualified individuals and employers under paragraph (c), clause (2), the board may not exclude a health plan for any reason specified under section 1311(e)(1)(B) of the Affordable Care Act, Public Law 111-148. The board may consider:

(1) affordability;

(2) quality and value of health plans;

(3) promotion of prevention and wellness;

(4) promotion of initiatives to reduce health disparities;

(5) market stability and adverse selection;

(6) meaningful choices and access;

(7) alignment and coordination with state agency and private sector purchasing strategies and payment reform efforts; and

(8) other criteria that the board determines appropriate.

(e) For qualified health plans offered through MNsure on or after January 1, 2015, the board shall establish policies and procedures under paragraphs (c) and (d) for selection of health plans to be offered as qualified health plans through MNsure by February 1 of each year, beginning February 1, 2014. The board shall consistently and uniformly apply all policies and procedures and any requirements, standards, or criteria to all health carriers and health plans. For any policies, procedures, requirements, standards, or criteria that are defined as rules under section 14.02, subdivision 4, the board may use the process described in subdivision 9.

(f) For 2014, the board shall not have the power to select health carriers and health plans for participation in MNsure. The board shall permit all health plans that meet the certification requirements under section 1311(c)(1) of the Affordable Care Act, Public Law 111-148, to be offered through MNsure.

(g) Under this subdivision, the board shall have the power to verify that health carriers and health plans are properly certified to be eligible for participation in MNsure.

(h) The board has the authority to decertify health carriers and health plans that fail to maintain compliance with section 1311(c)(1) of the Affordable Care Act, Public Law 111-148.

(i) For qualified health plans offered through MNsure beginning January 1, 2015, health carriers must use the most current addendum for Indian health care providers approved by the Centers for Medicare and Medicaid Services and the tribes as part of their contracts with Indian health care providers. MNsure shall comply with all future changes in federal law with regard to health coverage for the tribes.