



Joint Advisory Committee Meeting Minutes

January 26, 2021, 1:30 – 4 p.m.

Virtual meeting via Cisco Webex

Consumer and Small Employer Advisory Committee members in attendance (via Webex): Olga Sheveleva – Vice-Chair, Lana Barskiy, Warsame Guled, Anna Guler, J. P. Little, Madison Nelson, Erin Ribar, Melissa Stanton

Health Insurance Advisory Committee members in attendance (via Webex): Matthew Schafer – Chair, Hodan Guled – Vice Chair, Jenifer Ivanca, Maria Lima-Leite, Danielle Paciulli, La Sheenlaruba Tyacke, Joel Ulland, Brian Vamstad, Richard Wallace

Members not in attendance: Grace Aysta – CSEAC Chair

Staff in attendance (via Webex): Nate Clark, Christina Wessel, Eva Groebner, Joel Ingersoll

Meeting Topics

Welcome and Introductions

Matt Schafer, HIAC Chair and Olga Sheveleva, CSEAC Vice-Chair

Matt Schafer, HIAC chair, called the meeting to order at 1:31 p.m. Olga Sheveleva, CSEAC vice-chair, reviewed MNSure’s purpose statement:

“The purpose of MNSure is to ensure that every Minnesota resident and small business, regardless of health status, can easily find, choose and purchase a health insurance product that they value and does not consume a disproportionate share of their income.”

The committee members introduced themselves.

Review and Approval of Prior Meeting Minutes

CSEAC Motion: Madie Nelson moved to approve the draft November 24 meeting minutes. Erin Ribar seconded. All were in favor and the minutes were approved.

HIAC Motion: Maria Lima-Leite moved to approve the draft December 18 meeting minutes. Joel Ulland seconded. All were in favor and the minutes were approved.

Greeting from MNSure CEO

Nate Clark, MNSure Chief Executive Officer

Nate Clark, MNsure's CEO, greeted everyone and thanked them for the invitation to speak. He thanked the committee members for their commitment, stating that their guidance and experience is valuable to the MNsure board and staff.

Nate continued that MNsure had a successful calendar year 2020, including the 2021 open enrollment period, with strong enrollment numbers. He stated that the open enrollment period went more smoothly than any previous enrollment period; crediting staff, stakeholders, committees and assisters with their roles in MNsure's success.

He continued that with a new administration there are new policies across the U.S. There have been indications that healthcare.gov may open an extended enrollment period with additional outreach and marketing across about 30 states. He noted that MNsure's advertising dollars during the previous administration outspent the federal exchange. Nate acknowledged that MNsure may open a similar special enrollment period but did not yet have specifics planned.

Another policy proposal that Nate mentioned was regarding unemployment insurance. The proposal recommends that any household in receipt of unemployment insurance would automatically be calculated at 133% of the federal poverty level, resulting in Medicaid eligibility, Nate suggested this could maximize the household income by reducing out-of-pocket expenses to the impacted individuals. This would need to be passed legislatively as opposed to an executive order and could potentially decrease uninsured rates by millions of people.

Next, Nate addressed President Biden's attention to dismantling systemic racism. Nate posed questions to the committee members regarding MNsure: What are the root causes? What inequities are on the marketplace? How are those inequities driven? Which role can MNsure play? He suggested that MNsure join forces with community members and other partners to increase affordability, access and knowledge throughout the health industry. Building upon that, he said that uninsured rates have decreased under the Affordable Care Act but continue to be worrisome. There will be a presentation at the next board meeting that will analyze Minnesota Department of Health data about uninsurance rates. Nate declared that MNsure improves each year but needs to find better ways to reach the uninsured population in more ways.

Joel Ulland said he was working at the Minnesota Capitol during the inception of MNsure and its advisory committees. He asked Nate whether the direction of advisory committee roles should be reassessed now that MNsure has gotten its bearings. Nate agreed that MNsure has stabilized and has fewer technological challenges, but he and the board look forward to unique insight from the committees. He stated that the committees are comprised of members with marketplace expertise that give MNsure perspectives that may not otherwise be received.

Hodan Guled noted that HIAC has deliberated equity, particularly throughout the COVID-19 pandemic, and asked whether the board expects recommendations from the committees regarding equity. Nate replied more perspectives would be well received by the board. He commented that Minnesotans were particularly struck by racial and social issues in 2020 and gaining insight would inevitably lead to larger discussions.

Matt Schafer asked how MNsure could reach the high percentage of uninsured residents that are eligible for health coverage but do not obtain it. Nate stated that MNsure has used zip-code-

level data for two years to better pinpoint regional, ethnic, accessibility and educational barriers. He continued that identifying the roadblocks could give better insight into removing them.

Matt Schafer asked whether MNsure has health coverage usage data. Nate responded that MNsure does not collect that data but has been shifting its focus to encourage preventive care rather than watching its consumers use their qualified health plans as catastrophic plans to avoid emergency or bankruptcy. He welcomed any proposals that provide access and keep care affordable. Maria asked whether the committees could focus on regarding health coverage education. Nate replied that there is always room for improvement. He noted that MNsure borrows successful ideas from other state exchanges for website improvements, but the committee members could provide more specific recommendations for health literacy beyond enrollment. Maria agreed that health insurance literacy does not come intuitively to most and can be a greater obstacle when an individual does not speak proficient English. She noted the importance of having health education accessible in more languages and mediums.

Dick Wallace asked whether MNsure could have a role in COVID-19 vaccine distribution rollouts. Nate stated that MNsure has education and marketing activities planned to help spread awareness about the vaccine. He said that MNsure generally raises awareness about vaccinations on social media as a covered benefit, so it looks to continue as the COVID-19 vaccines become more widely available.

La Sheenlaruba Tyacke asked whether more outreach should be done to reach residents that do not have access to a computer. Nate agreed that MNsure's current outreach to such individuals relies heavily on secondhand parties. He asked that the committee members make more outreach recommendations.

MNsure Board Update

Christina Wessel, Senior Director of Partner and Board Relations

Christina said MNsure ended its eighth open enrollment period on December 22 with more than 122,000 qualified health plan enrollees. She continued that 24,000 of these enrollments came from new customers who were not enrolled when renewal batches ran in September. Between private and public coverage MNsure helped more than 55,000 Minnesotans obtain health coverage. She noted that 60% of Minnesotans will receive tax credits or be covered by a public program, meaning that the majority of residents will not pay full price for their coverage. The average household in receipt of tax credits will see a savings of \$4,900 in 2021.

Christina said that leading up to the open enrollment period, MNsure braced for the possibility of a decrease in enrollments as a result of the pandemic. She continued that the high enrollment rates defied those concerns, and signal stability across the health insurance market.

Next, Christina listed a couple of the factors that led to MNsure's smoothest open enrollment period. Automatic renewals and other improvements to operational tasks allowed preparation before the open enrollment period began. Telephone wait times averaged under a minute with no significant technology issues on the website or telephones.

MNsure began the calendar year in a promising position ahead of budget. Christina mentioned that enrollee lapse rates or effectuations will be better established by this March, indicating actual premium withhold income. She stated that MNsure will continue to collect data and update its budget as needed.

Christina credited a large piece of MNsure's success to the dedication and service of brokers, navigators and certified application counselors. She noted the assisters are very innovative and have adapted well to provide help in unconventional ways throughout the COVID-19 pandemic.

The other large component to MNsure's enrollment rates has been marketing and communication campaigns. MNsure continued use of the tagline "Unsure? Be sure. MNsure.org" from last open enrollment period, realizing that the message resonates more through the uncertainties of the pandemic. Christina noted that many Minnesotans are looking for coverage on the individual market instead of through an employer for their first time. MNsure provides them with more options for coverage and financial assistance during the economic downturn caused by COVID-19.

Christina noted that MNsure relied on earned media through statewide television and radio ads, billboards and transit stops. MNsure also utilized several digital media advertisements as well through email, text messages, online ads and social media. Digital methods are easily tracked, so MNsure has attributed over 116,000 login and enrollment actions to these efforts. MNsure reserved media funding once again for year-round awareness and utilization campaigns.

In state legislature, Christina noted that MNsure is tracking a few proposals. A buy-in proposal was made, so MNsure would provide technical assistance for that option. Also, the reinsurance program expires soon, and MNsure is waiting to see what a replacement program may look like.

MNsure has completed all the 2020 federal Form 1095-As for Minnesotans, a total of nearly 90,000. The forms are accessible through individuals' MNsure.org accounts and are being mailed to homes by January 31 so they can reconcile 2020 tax credits when they file their income taxes.

Christina's final update was that the state of emergency caused by COVID-19 has been extended through April 20, allowing recipients of Medical Assistance and MinnesotaCare to remain on those programs until the emergency has ended. Many of these enrollees benefit from the stability of less expensive public programs rather than transitioning to qualified health plans during the economic uncertainty.

Overview of CSEAC Focus Areas for 2021

Olga Sheveleva, CSEAC Vice-Chair

Olga highlighted the top priorities for CSEAC: improving equity through language, identity and education. She explained that the MNsure system was built for English-proficient speakers and readers, causing a barrier for applicants that are not fluent in English because notices are not available in other languages. She continued that having a third-party translator or interpreter is increasingly difficult during a time that relies so heavily on technology. CSEAC recommends

that MNsure allow assisters more access to consumer accounts to mitigate some of the back-and-forth between consumers and their assisters.

She added that consumers that are hard of hearing or deaf have an additional barrier because MNsure offers TeleType (TTY) service, whereas most hearing-impaired people rely on Real-Time Text or video services. Having outdated service does not truly grant accessibility on the exchange. This emphasized Olga's point that MNsure needs to communicate in more ways.

Next, Olga expanded on how identity can impact a person's comfort with MNsure. She mentioned that members from JustUs Health recently presented the LGBTQ+ community's underrepresentation in health care to CSEAC. Applicants may have different gender markers on different identifying documents but may not identify with a gender that can be verified by documentation. MNsure could remove this hurdle by designing non-binary accommodations: remove gendered icons, uncouple pregnancy from gender, and report gender only if relevant to the MNsure application. MNsure staff could also update its vocabulary to use un-biased terms such as spouse or child instead of husband/wife and son/daughter. JustUs Health also recommended that staff be more aware and compassionate about estranged households and eliminate gendered considerations like an income bracket specific to pregnant women to eliminate dated views of traditional families.

Olga continued that health care in the US is different from in many other countries. CSEAC would like to see MNsure partner with the Minnesota Department of Human Services (DHS) and counties to eliminate gaps in the programs and to offer classes to educate the public. Included in these efforts would be better explained notices that adequately represent the effective date of coverage, and better income verification guidance for self-employed applicants. She added that one more topic the committee looked at was that 65-year-old enrollees automatically age off Medicaid onto Medicare, but do not get removed from qualified health plans without first contacting MNsure. Better guidance and uniformity among the programs in Minnesota could help consumers and assisters.

Matt Schafer commended CSEAC's efforts. He mentioned that federal restrictions may bind certain outreach methods for the newest American arrivals. He noted that the education component is critical and asked Olga whether CSEAC has more suggestions that MNsure could work around federal restrictions. Olga replied that CSEAC intends to invite more speakers to delve deeper into the topic, but have discussed classes, similar to English as a second language classes, that could provide a better introduction to American health care. Theoretically community leaders and assisters could help involve community members then offer better tools and mainstream information through such an outreach.

Public Comment and Operational Feedback

No public comments.

No operational feedback.

Overview of HIAC Focus Areas for 2021

Matt Schafer, HIAC Chair

Matt Schafer credited a lot of HIAC's health equity work to research done by Hodan. He noted that a big portion of the committee's attention goes to health equity through outreach and utilization of data about uninsured populations. He noted that the committee intends to use updated data from the Minnesota Department of Health (MDH) to shape future recommendations. Other priorities for HIAC following the pandemic include increased telehealth services, vaccine promotion or distribution, and more work on equity.

Brian Vamstad added that promotion of COVID-19 vaccines will be important. He observed that there are low supplies now, but in the future, there could be supply with no demand due to public uncertainty. He said the committee intends to encourage MNSure to promote the safety of COVID-19 vaccines ensuring that it is free, safe and the best way to get the world back to normal.

Hodan agreed that much of the concern underlying the committee's work has been exaggerated by the pandemic. Outreach has been lessened, access has been more difficult, and hesitancy has been greater in many underrepresented communities. She noted her agency, Briva Health, works closely with MDH to similarly coordinate efforts.

Maria mentioned that vaccine hesitancy exists in a variety of communities and economic standings. Hodan agreed that there is a 40-50% hesitancy rate over the vaccines. Matt Schafer likened it to anthrax vaccines in the 1990s. He noted that new vaccines generally have a lag in the public's comfort with it.

Discussion: Opportunities for Collaboration in 2021

Matt Schafer, HIAC Chair and Olga Sheveleva, CSEAC Vice-Chair

Matt Schafer commended the work of both committees, noting that equal representation for a variety of communities is key to equity. Olga agreed, and offered that HIAC could help CSEAC form questions for community presentations. She noted that there are a lot of areas where the committees could collaborate in equity and access recommendations.

Milly Stanton added that in addition to promoting the vaccine, MNSure should continue to encourage mask wearing. She noted that the MNSure website had a masked person or people on its main page but has since changed to mask-less individuals. Matt Schafer agreed that masks should be promoted as an additional way to get life back to normal as soon as possible.

Madie Nelson commented that CSEAC is heavily into the exploration or research phase while identifying MNSure's role in some of the recommendations they are forming. Hodan suggested that the committees move forward with individual work and reconnect prior to board presentations. Matt Schafer agreed, and suggested the committees meet again in May or June ahead of a possible July presentation to the board.

Adjourn

Motion: Maria moved to adjourn. Anna Guler seconded. All were in favor and the meeting adjourned at 3:16 p.m.