

Board of Directors Meeting

- > **date:** Wednesday, December 18, 2013
- > **building:** 81 East 7th Street, St. Paul MN, 1st floor atrium
- > **time:** 1:00 to 4:00 pm
- > **members in attendance:** Brian Beutner, Phil Norrgard, Thompson Aderinkomi, Tom Forsythe, Peter Benner, Kathryn Duevel, Commissioner Jesson
- > **staff in attendance:** Scott Leitz, Carley Barber, Erik Larson, Katie Burns, Barb Juelich

topics

Welcome and any new business

Brian Beutner, Chair

The meeting was called to order at 1:18 p.m. by Brian Beutner, Chair.

As he does at every Board meeting, Brian read MNSure's purpose: *The purpose of the organization 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.*

Customer story

Denise Gagner,
Minneapolis

Denise Gagner joined the meeting to share her story. Denise is married. She and her husband, Matt, have a three month old daughter. She is self-employed as a massage therapist and she also teaches children's dance classes. She has always been self-employed so she has never had access to employer-based insurance coverage. There were years where her individual plan was such that she was paying out of pocket for even basic care. When she got married, she was able to go on her husband's employer's plan, however, the premium for her coverage is high (\$450). Through MNSure, she enrolled in Preferred One's Ultimate Select D plan. The premium for her coverage is \$192, which is over \$250 less per month than they are currently paying. The plan has a \$750 yearly deductible. She will save \$2250 next year. She can still see her care providers. The plan she selected has no coinsurance.

The only problem she had was back in October. She received an internal server error. She tried again and created an account in early November. She enrolled and paid online and found it "super easy." Their daughter is currently on her husband's plan but they plan to enroll her in a MNSure plan as well.

Denise then took questions from the Board members.

Q. How much time did you spend offsite doing research?

A. About 15 minutes. She used a link from the MNSure site that directed her to the insurance companies' websites to look up provider networks.

Q. How much work did you and your family do to determine what metal level plan you

A. The platinum plans do not have coinsurance. She knew she didn't want to deal with unknown costs, so that was a big factor.

Q. Is your baby on your husband's plan?

A. Yes, for now. Once his plan cycles they'll switch her to a MNSure plan.

Q. Did you do a cost comparison between your daughter and husband on his employer's plan vs. your daughter and you on a MNSure plan?

A. Not sure of the exact numbers, but there was a definite cost savings with MNSure.

Q. No tax credit?

A. Correct, I don't qualify

**Approve December
4th meeting
minutes**

Brian Beutner, Chair

Commissioner Jesson moved to approve the December 4th meeting minutes. Kathryn Duevel seconded. All were in favor and the motion carried.

Closed Meeting

The Board held a meeting on December 17, 2013 that was closed to the public pursuant Minnesota Statutes. All Board members were in attendance as well as Mike Turpin, MNSure General Counsel and Carley Barber, MNSure Board and Federal Relations Manager.

CEO report

Scott Leitz, Interim
CEO

Interim CEO

Brian welcomed Scott Leitz, MNSure's Interim CEO. Scott thanked the Board for the opportunity to help lead MNSure and said it is an honor. He also thanked the MNSure staff for all the work they are doing.

Scott said that his immediate focus will be on the consumer and getting them into coverage, as well as increased transparency. Longer term, he is looking to be able to report on the consumer experience and the impact to stakeholders.

Scott introduced Erik Larson, MNSure Chief Operating Officer and Katie Burns, MNSure Policy and Plan Management Director.

Metrics

Katie reviewed the [metrics](#), which reflect activity through Saturday 12/14 and took questions from Board members.

Note: the metrics are cumulative. They are net of changes that have occurred in the system and also reflect new people coming into the system.

"Pending" means more information is needed. Typically because there is information on the application that the system can't automatically confirm is consistent with information received from the federal hub. The information does not meet the reasonable compatibility standard.

QHP applications should not pend because there is a different rule set. Katie will follow up with DHS regarding what rule set might apply for MinnesotaCare pending

The Board requested two additional metrics

1. Applications pending further broken out by those where the consumer has no control vs. where the consumer has to take action.
2. The number of people who have selected a plan but have not yet selected a payment method/made payment.

Transactions between MNSure and the Carriers (“834” files)

Katie was asked if she had data on the transactions between MNSure and the Carriers.

- Those who have paid direct to MNSure or indicated they want the Carrier to bill are eligible to be sent on an 834.
- MNSure has begun to send 834 enrollment transactions to carriers. A small file was sent 11/15. Full files were sent 11/25, 12/6, 12/13 and 12/16.
- As of this week, two sets of 834s are being produced each week on Mondays and Thursdays.

The Carriers raised concerns in a letter dated 12/6, which Katie was asked to address. Katie noted that MNSure has been meeting daily with the carriers since that letter was received and are working together to resolve the issues raised. A small number of people show in the 834s more than once. They either came through multiple times or the system repeated their enrollment. MNSure and the Carriers have agreed to protocols for handling each situation.

ID Cards

The Carriers have been terrific partners. If a consumer completed enrollment on time but does not have their ID card by the effective date, it does not mean they do not have coverage. In response to questions, Eileen Smith from the Minnesota Council of Health Plans stepped forward to note that consumers will have options, as they do now, if they do not receive their insurance card by their effective date, including:

- The plans have online ID cards that customers can print.
- A provider can contact plans electronically for eligibility verification.
- The provider can call provider services to verify enrollment.

A communication fact sheet for consumers and providers is also in development for “what to do if you do not have your card on 1/1.”

Contact Center

Board members said that the capability of the contact center to allow callers to request a call back that could significantly improve the customer experience. Erik explained that they are looking at implementing a triage model and the logistics are being worked out. There are two efficiency experts here this week from IBM reviewing MNSure’s call center model. Tom Forsythe offered a resource as well; staff will follow up to schedule a meeting.

Strategic items to visit in future Board meetings:

- Contact center restructuring.
- MNsure being involved in taking payments.
- The ability for someone eligible for public programs to opt out of public programs in the system. (That option exists but may not be clear enough. Once they start going down the subsidy path they can't "flip over" to the non-subsidy path and then they cannot receive a federal subsidy.)
- Evaluate the core technology vendors and the structure of their interactions.
- The capacity of the appeals process to handle increased appeals due to the difficulties in enrollment so far.

Assisters

Phil Norrgard thanked brokers for their continued help. He said that he is hearing from assisters in his area that they are overwhelmed, and said for cases that were closed by MNsure, and customers have to reapply, he thinks both assisters (the one who helped with the first case and the second case) should be paid.

Commissioner Jesson moved to approve payment, for cases MNsure closed, to assisters who provided assistance to both the first and second case, regardless if they are the same or different assister. Phil Norrgard seconded the motion.

All were in favor and the motion carried.

Reporting, measurement and evaluation update

Peter Benner and Tom Forsythe, Board Members
Katie Burns, MNsure Policy and Plan Management Director

Tom Forsythe, Pete Benner, Kathryn Duevel, Katie Burns and Lynn Blewett from SHADAC had a phone meeting regarding reporting, measurement and evaluation. They came to the conclusion that with a major lack of bandwidth of MNsure staff in December and maybe beyond, we need to dial back what we do. It's more important to get operations working than to ask staff to put a significant amount of time into reporting.

The plan is to leverage the federally required metrics on which we are already reporting. We are required to report to the federal government on another set of metrics starting in February 2014.

Katie acknowledged the Board's interest in identifying metrics related to accountability as well as more information on who is coming through the system. As we are able to build on our reporting, that is next on the list.

Public comment

Ghita Worcester, Minnesota Council of Health Plans (MCHP)

Ghita is the Senior Vice President of Public Affairs and Marketing at UCare and a member of MNsure's Health Industry Advisory Committee, but she was speaking on behalf of the Minnesota Council of Health Plans (MCHP) and the five non-profit plans participating in MNsure.

Ghita strongly requested the Board delay moving forward with any decision on active purchaser requirements for products offered on MNsure effective 2015. Her comments and discussion with the Board members can be found at 3:21 in [the recording](#).

Alycia Reidl, Minnesota Association of Health Underwriters (MAHU)

Alycia is the President of the Minnesota Association of Health Underwriters (MAHU).

MAHU represents agents and brokers, primarily in Minnesota. They also have a national organization that has been involved in healthcare reform and, particularly, the Washington DC exchange.

Alycia reiterated concerns to the Board that she has already shared with MNSure staff. Their primary goal is to have broker accounts available to work with individuals. Without this functionality they cannot help people unless they are sitting alongside them. Her comments and discussion with the Board members can be found at 3:38 in [the recording](#). Pete Benner asked if Alycia could type and submit her comments to ensure her exact words get to staff. She has a working document with her staff and will add her comments at this Board meeting to that document.

Written Question submitted by a member of the public at the meeting

Is there discussion about extending the private plan enrollment deadline if someone is not enrolled by 12/23 because they were unable to get through on the MNSure site?

As an extension to the deadline would require a Board decision, and therefore a special meeting, the Board opted to take action prospectively. The Board noted that ability to effectuate and extension would rely on the participating Carriers' ability to make it happen.

Mike Turpin, General Counsel, confirmed the Board has the ability to offer a motion to direct Scott Leitz or other staff to enter into negotiations with Carriers with the goal of extending or otherwise providing for leeway up until a certain date to accept enrollment.

Commissioner Jesson offered a motion to that effect, particularly for people who have not been able to get through. To the extent there is anything we can do to help those people; we should do that in the spirit of what Mike said. Phil Norrgard seconded the motion.

There was discussion and Mike offered some alternate language to help reach the goals discussed: "Provide direction to the Interim CEO and staff to enter into negotiations with Carriers to allow for alignment between enrollment and payment deadlines for January coverage as closely as possible."

Commissioner Jesson withdrew her earlier motion in favor of this new approach.

Pete Benner moved to go forward using Mike's language (see above). Commissioner Jesson seconded.

All were in favor and the motion carried.

Please note: the enrollment and payment dates have been extended since the meeting. Please see the press release: [MNSure Announces New Enrollment and Payment Deadlines for January 1 Health Coverage](#)

**Board discussion
and vote: active
purchaser**

Brian acknowledged that many things have changed since the active purchaser conversation started months ago, including operational issues and less information about those consumers being served by MNSure and the additional commitments



Where you choose health coverage

proposed rule

Brian Beutner, Chair

Carriers are making to carry out manual processes and workarounds due to operational issues suffered by MNSure.

Each Board member shared their thoughts on active purchaser before voting. The themes from the discussion include:

- Choosing not to exercise active purchaser authority today does not mean we abandon our right to use it in the future.
- We should table the active purchaser discussion and focus on fundamentals.
- This is a premature idea.
- A collaborative approach is desired.
- There is no bandwidth for MNSure staff to do a meaningful RFP right now and for Carriers to respond.
- MNSure has a role in the regulatory process and there will be issues (geographic spread, etc.) where this authority would be useful.
- We should leave the door open even though it may not increase our probability of success.
- We should take steps to bring the parties together to approach some uniformity in presentation that would permit consumers to make the decisions they think they are making.
- We should work with plans to facilitate easy comparison for consumers.
- We do not have enough information at this time.

Commissioner Jesson moved to state as a Board that active purchaser is a strong tool we will and want to keep in our toolbox but at this point we direct staff to have conversations with plans to see if we can standardize information for consumers in a more usable way and to ensure MNSure has access to health plan offerings and rate information in a timely fashion.

Brian Beutner offered an amendment, which was accepted, to include advisory committees, consumers and providers in addition to plans as part of the collaborative discussions. The amended motion was stated as follows:

To state as a Board that active purchaser is a strong tool we will and want to keep in our toolbox but at this point we direct staff to have conversations with plans, advisory committees, consumers and providers to see if we can standardize information for consumers in a more usable way and to ensure MNSure has access to health plan offerings and rate information in a timely fashion.

Pete Benner seconded the amended motion.

There was additional discussion. Effectively, the motion means a rule will not be passed at this time.

The Board voted on the amended motion.

Aye: Phil Norrgard, Tom Forsythe, Pete Benner, Brian Beutner, Kathryn Duevel and Commissioner Jesson.

Nay: Thompson Aderinkomi.

The motion carried.

**Wrap up and any
new business**

Brian Beutner, Chair

The idea of increasing the frequency of meetings was mentioned, though it was acknowledged they take staff away from their primary responsibilities. Perhaps there could be an expedited agenda every other meeting.