



Board of Directors Meeting

Date: Wednesday August 7, 2013	Building: MN Dept. of Revenue
Time: 1:00 – 4:15 pm	Conference Room: Skjegstad (room 2000)
Attendees: Thompson Aderinkomi, Pete Benner, Brian Beutner, Kathryn Duevel, MD, Commissioner Jesson, Phil Norrgard, Commissioner Schowalter	
Staff: April Todd-Malmlov, Carley Barber	

Topics:

<p>Welcome and any new business Brian Beutner, Chair</p>	<p>The meeting was called to order by Brian Beutner, Chair, at 1:09 p.m.</p>
<p>Customer story Steve Boland, St. Paul</p>	<p>Steve Boland of St. Paul joined the meeting to share his story.</p> <p>Steve is Owner and Principal of <u>Next In Nonprofits</u>, a company which helps nonprofit organizations implement new technology, communications tools and measurement tactics. Currently, he and his spouse are the only employees.</p> <p>Steve and his wife have a son with an autism spectrum disorder. With plans to start their business, they searched for insurance on the individual market about five years ago. Unfortunately, they discovered their son, who perhaps needed the coverage most in their family, was denied based on his preexisting condition. As a result, Steve had no choice but to stay with his employer and delay the start of their business in order to maintain his employer-based family coverage.</p> <p>Steve is happy the preexisting condition barrier has now been removed with the Affordable Care Act (ACA). And knowing MNSure is coming, he was finally able to leave his employer this year and start Next In Nonprofits, temporarily continuing coverage with COBRA.</p> <p>Based on the <u>premium estimator</u> on the <u>MNSure website</u>, Steve is expecting a 30% savings with MNSure. He and his wife are looking forward to being able to put that 30% back into their business. He feels this is an amazing opportunity to have more choice. That choice allows him, as a small business owner, to contribute to the economy in a way he could not with traditional employment, providing more value by offering his expertise, which, in turn, helps his clients thrive and also contribute to the economy. He thanked the Board on behalf of a lot of people like him.</p> <p>Pete Benner asked Steve how he approached shopping when he</p>

	<p>explored the individual market. He went to the internet first. At that time there was not much online from the insurance plans geared toward individuals. He ended up calling one and was sent a lengthy form. It was a frustrating experience, which ultimately resulted in the denial for his son's coverage.</p> <p>Brian Beutner thanked Steve for sharing his story, his time, his perspective and thoughts.</p>
<p>Approve July 17th and July 24th meeting minutes Brian Beutner, Chair</p>	<p>Phil Norrgard moved to approve the July 17th minutes. Commissioner Jesson seconded and the minutes were approved.</p> <p>Pete Benner moved to approve the July 24th minutes. Commissioner Jesson seconded and the minutes were approved.</p>
<p>1:20 – 2:40 pm MNsure presentation: ACA milestones and level two grant review April Todd-Malmlov, MNsure Executive Director</p>	<p>April Todd-Malmlov, Executive Director, provided an overview of the ACA milestones and grant application.</p> <p><u>Blueprint</u></p> <p>Q. How much of the blueprint is based on ACA requirements? Were we able to tailor the activities to our community and needs? A. <i>What we must do is dictated. How we do it is our choice. There is also nothing preventing us from doing things not on the list.</i></p> <p>Q. What happens if a date is missed? Are there penalties or fines? A. We have not missed any of our negotiated dates. The documentation we have states if we miss dates we cannot operate a state based exchange (SBE). It is not likely that would happen at this stage unless there is something so dramatically wrong that we could not operate. The remediation would be to operate as a partnership exchange with the federal government for the services / components that are not working until we are able to operate on our own. Our experience has been that they are very willing to work with the states to ensure we are able to operate our SBEs.</p> <p>Q. Are the call center testers testing the code in the TEST environment? A. There are two separate systems for the call center and the marketplace. The call center will go through testing mid-August and then go into PROD closer to go-live.</p> <p>Q. How long does it take to load the code into PROD? A. It is much easier for the call center than for IT. The move from DEV into TEST is still taking place, but all the bugs are being worked out so it should be smoother going into PROD.</p> <p>Q. When we hear about problems the federal exchange is having, such as privacy issues, how does that tie in to what we are doing? A. How it impacts us is dependent on when services become available from the hub. We are determining whether we wait for them or use the contingencies we have in place. We are already planning workarounds</p>

	<p>on a daily basis.</p> <p>Q. What kind of testing will take place after the code is in production? A. Once in PROD, there will be testing to ensure everything is working (i.e. load testing, end to end testing with process flows). We have a consumer testing plan in place. We are working to refine it and have a strong consumer testing process through the first year so we can make tweaks prior to the next open enrollment. However, right now our testing timeline is short and focused on fixing major bugs. We have patches prescheduled as errors are to be expected. Multiple test environments will be in place and all code will go through a TEST environment before being moved to PROD.</p> <p>Q. Where in this are we verifying the health plans are able to meet their requirements? A. On the IT side there will be information we need to share with health plans and reconcile with them. We don't have items in the blueprint regarding health plans other than certification. In certification we need to ensure they can accept enrollment and we need to be able to reconcile with them. They need to be able to reconcile with the federal government, too. We will be testing with them to ensure they can receive enrollment files, for example.</p> <p>Q. Do we have a post-January 2014 blueprint, or something similar, that will keep us as rigidly focused? A. Internally, yes, through March of 2014, as that is all the staff can focus on right now while preparing for go-live. Most activities are tied to the future IT releases and how business operations are modified and helped along the way with those releases. In addition to the blueprint / plan, we also know we need to be able to work "on the fly" and adapt based on how the testing is going. We'll need to do that through the next few releases as well.</p> <p><u>Grant Application</u></p> <p>Q. Where are the costs for advisory committee reimbursement? A. They are mostly included in travel reimbursement.</p> <p>Q. How do we hold non-staff members such as the 39 people at MN.IT accountable? Do we have a contact at each agency who is ultimately accountable? A. We do not have a direct reporting relationship, but we have interagency agreements, which provide the accountability. There is a signatory who is ultimately accountable, but we also have contacts in leadership.</p> <p>Q. How does Minnesota's grant request total compare to the request totals of other states? A. In total, we are on the average-to-low end of where similar states are</p>
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	<p>requesting funds. We've taken the approach of getting all the funding we can, while being prudent and recognizing we must sustain the things we ask for with our ongoing funding source.</p> <p>Q. What is covered with premium processing? A. Monthly SHOP premium processing transactional costs, and for QHP enrollment, the first month's payment processing. It does not include MinnesotaCare premium processing (direct charge back to DHS), which we are also providing.</p>
<p>2:50 – 4:00 pm Board policies and procedures Brian Beutner, Chair and Mary Foarde, FriedmannFoarde Health Care Law</p>	<p>Procurement Policy</p> <ul style="list-style-type: none"> • Section 7, Exceptions to Standard Procurement Process <ul style="list-style-type: none"> ○ Emergency Procurement, Section 7.1.2 – instead of “contemplating making a determination” say “has made the determination.” <ul style="list-style-type: none"> ▪ Phil Norrgard moved to approve with that change incorporated. Pete Benner seconded and the Procurement Policy was approved with that change. <p>Policy on Board Performance Evaluation</p> <ul style="list-style-type: none"> • As this policy feels more internal, April was asked about MNSure's internal staff reviews, for reference. <ul style="list-style-type: none"> ○ Annual reviews for staff are conducted around July 1. ○ Quarterly metrics will be produced for performance-based payment among managers. The first evaluation will be around 10/1. • Performance Dimensions: <ul style="list-style-type: none"> ○ We may also want to look at attendance. Perhaps that is just a consideration under “Level of engagement.” ○ It was noted that Board composition was determined by legislature, and as the Board has no control over it, it probably does not need to be included in the policy. <ul style="list-style-type: none"> ▪ Kathryn Duevel recommended we still evaluate to ensure the Board has the diversity of experience. We could recommend to the Governor or legislature if we feel board composition needs adjustment. ▪ Mary Foarde explained that the intent was to have a discussion for awareness in case someone needed to remove themselves and be replaced, not to evaluate ourselves on that. • Timing for the initial evaluation: <ul style="list-style-type: none"> ○ Commissioner Jesson feels we should start Board performance evaluations by the end of November. ○ Key milestones were briefly considered in the discussion. For example, the deadline for selector mechanism (in February), the establishment of the premium withhold for 2015 (around the same time) and the budget deadline.

Policy on Measurement and Reporting of Organizational Performance

- There was a lot of discussion around the proposed measurement categories in this policy. Some members felt that the policy is a framework and should be less prescriptive, while others felt it is important to send a message and hold ourselves accountable to categories that are significant and important.
- It was noted that the conversation and process involved in determining metrics is almost as valuable as the metrics themselves.
- Recognizing the complexity involved in this, the Board determined they would like to hear from some experts. However, as we are nearing go-live, they felt it was unfair to ask the Executive Director to lead that charge at this time.
- April pointed out that some operational metrics will be tracked in the first few months, so we can get those on the radar right away and suggested a staged timing framework for longer-term metrics.
- April and Mary will bring a revised policy to the next meeting, along with an action plan. Kathryn Duevel volunteered her assistance as well.
 - The action plan will include approving the policy, receiving guidance from experts and the creation of a workgroup to assist the staff in developing draft metric criteria for the Board to review.

Conflict of Interest Policy

- If the definition of “responsible person” is intended to cover advisory committees as well, we must rethink how we handle that, as we cannot have a functional industry advisory committee given all the prohibited actions.
 - Mary will give more consideration to this. Her initial thought was to perhaps have committee members disclose so we know where they are coming from, but not implement a recusal process since the committee members aren’t making decisions. We want their biased opinion on our committees. That’s the point.
- The Board discussed the impact of this policy on the Commissioner of Human Services, as an inherent conflict exists.
 - The Commissioner’s role is complicated but complementary.
 - We need clarification that input or voting will not be excluded, but we would not want blanket absolution as there may be times where there is legitimate conflict, for example, interagency agreements between MNsure and DHS.
 - Mary will come up with some language regarding relying on the Commissioner to disclose when there is legitimate conflict.
- On page 2 in the definition of financial interest, is “has a

	<p>Compensation arrangement with MNsure” intended to mean Board member because they are paid? It could mean anyone. For example, the Board would not vote on their own compensation.</p> <ul style="list-style-type: none"> • If a “responsible person” buys insurance through MNsure is there anything that results in a conflict? Mary will review with that lens, as it was not the intent.
<p>4:00 – 4:15 pm Wrap up and any new business Brian Beutner, Chair</p>	<p>Approval of the Fiscal Policy will be included on the next meeting’s agenda.</p>
<p>4:15 pm Adjourn</p>	<p>The meeting adjourned at 4:18 pm.</p>