

Board of Directors Meeting

- > **date:** Wednesday, November 6, 2013
- > **building:** 81 East 7th Street, St. Paul MN, 1st floor atrium
- > **time:** 1:00 to 4:00 pm

topics

Welcome and any new business

Brian Beutner, Chair

The meeting was called to order at 1:10 p.m. by Brian Beutner, Board Chair. All Board members and April Todd-Malmlov were in attendance.

Customer stories

*Mary DesCombaz, St. Paul
Julie Peck, St. Paul*

Mary DesCombaz and Julie Peck joined the meeting to share their stories, which can be read [here](#).

Mary DesCombaz answered questions from the Board.

Q. What was your deductible on your previous plan and what it will be with the plan purchased through MNSure?

A. It was \$3000 before. It will be \$750 on the new plan and the coverage is better

Q. Did you have difficulty figuring out if your physicians were in the network?

A. No. The main concerns were that the neurosurgeon and hospital were in network, which they were.

Julie Peck answered questions from the Board.

Q. If you did not have a customer at your coffee shop (also a Navigator) who happened to talk to you about it, would you have found MNSure?

A. No, she was what it took to get started. She walked me through the entire process.

Q. Would you do it by yourself next time?

A. It was nice to have a navigator do it for me, but yes, I think I would try it on my own now.

Q. What was the largest decision factor in plan selection?

A. Mainly price, as a new business owner without a paycheck yet.

Q. Did you talk about total price with your Navigator? Do you understand your total price with deductible, etc.?

A. Yes, it's clear.

**Approve October 16th
meeting minutes**
Brian Beutner, Chair

On page three, the answer to the second question was correct at the time of the meeting, but is no longer accurate. Individual consumers now have until March 31st to obtain health insurance coverage for 2014 in order to avoid the federal penalty. A note will be added to the minutes to clarify.

Pete Benner moved to approve the minutes with the change above. Kathryn Duevel seconded. The minutes were approved with the change above.

**Administrative/
operational update**
April Todd-Malmlov,
Executive Director

Enrollment Metrics

April shared the [enrollment metrics](#) as of November 2nd and answered questions from the Board.

Q. For those with “no assistance requested,” do we think the consumers understand this means they are not asking for the premium tax credits?

A. We think there has been some confusion. The landing page has been revised to make it more clear. The word “discounts” will be used instead of “financial assistance” as it resonates better with people. The changes are in testing and will go live in a few days.

Clarification: Completed application means they have gone through the application process and eligibility has been determined and there may be a tentative plan selection, but they have not yet finalized the selection of their plan.

Q. Is there a “buy” button once public program eligibility is determined?

A. No. Once determined eligible for MinnesotaCare or Medical Assistance, they will receive information in the mail.

Call Center

We’ve received 35,055 calls. Over 90% of them have had first call resolution.

The volume of calls received on certain topics lets us know where we can make improvements.

- One of those topics is public programs. We need more language on the site explaining what happens after eligibility is determined. Information is being added to the end of that process to help address that. It is in testing and should be up in a few days.
- We are also receiving a lot of calls from people who are eligible for tax credits but the site says they will receive a zero dollar tax credit. It appears as though something is wrong with the site, but it is just because the premiums are so low. We are adding more language to the site up front and sharing this information with navigators.
- We are receiving a lot of calls about pending applications. Applications will pend when there are system verifications that need to be made, such as citizenship, income, household size, etc. The Federal HUB has also been up and down a lot over this past week and when it’s down

those verifications cannot be made.

Q. What is involved in testing new language?

A. It's systems testing. We've also accumulated feedback from the call center regarding confusion over certain language used and have been able .

Q. What is the uptime/downtime performance on the Federal HUB? It would be nice to receive metrics on this.

A. The Federal government is not providing those metrics right now. When they were down, we would bring our system down as well to try and limit the number of verification issues.

Navigator / Agent / Broker Program

Navigator organization contract updates:

- We have a little over 300 navigator organizations in our pool that we expect to operate with us.
- 177 of them have completed contracts.
- Approximately 30 contracts are in process, awaiting MNSure signatures.
- Approximately 40 contracts need to go out to counties and local units of government that can serve as assisters. We are working through the interagency agreements that must be in place. Those will go out soon.
- Approximately 90 contracts have gone out but have not yet been returned.

Within the navigator organizations are individuals who will serve as the certified navigators.

- Just over 1300 have completed training.
- There are close to 1100 who have completed background checks.
- 850 of those with completed background checks have also completed training.
- 579 of the 850 are certified.
- In order to be certified: 1) the contract must be in place, 2) the background check must be complete and 3) training must be complete. The discrepancy in numbers is mostly related to the counties and local units of government where the employees have done the training but the interagency agreements are not completed yet. The rest are related to the 30 contracts that are still in process. Those will be processed within the next week.
- Of the 579 who are certified, 402 are listed as navigators in our directory. Another 177 are certified application counselors and will not be listed in the directory. They include, for example, hospitals and providers. They can help facilitate enrollment but they have chosen not to "advertise" in the directory.
- There are over 2000 certified brokers who are listed in our online directory. We expect a few hundred more.

Q. Within our enrollment numbers, do we have a sense of how many applications were completed with the assistance of a navigator or broker?

A. We do not have those numbers yet. We have the ability to get them.

Q. Do we have as many assisters as we anticipated? Are we meeting our targets?

A. We anticipated approximately 2500 navigators. We expect more to come through.

Q. Earlier this summer there was a cut off for people to sign up as assisters? Is that cut-off still in place?

A. The cut off was for the infrastructure grants. People can still sign up to be assisters.

Q. Is there a way to reinvigorate the message that we would still like more assisters?

A. We can do that.

Advisory Committee Update

Kathryn Duevel and Thompson Aderinkomi, Board Liaisons to the committees

Kathryn Duevel provided a brief update on the engagement of the advisory committees. She is the Liaison to the Small Employer Advisory Committee and Thompson Aderinkomi is the Liaison to the Health Industry Advisory Committee.

The groups have met twice. The first meeting was a joint meeting with both committees. The second meetings were held separately. They are enthusiastic and are working toward preparing recommendations to the Board around active purchaser. They are interested in learning more about what format the Board members would find most useful.

Thompson added that the Health Industry Advisory Committee would also appreciate knowing the Board members' positions on active purchaser so they could narrow the focus in their discussions.

Active purchaser overview

April Todd-Malmlov, Executive Director

April shared a [presentation](#) about Active Purchaser and took questions from the Board members.

Note: Active Purchaser and Active Selector are different phrases to describe the same thing.

Q. Do market rules apply to out of state carriers?

A. Yes, they apply nationwide to all states and all markets.

Q. Are there any new rules coming that aren't in place yet?

A. Not that MNSure has been notified of.

Q. Are out-of-state carriers required to go through the certification process?

A. Yes, with one caveat. We do not currently have any multi-state plans in Minnesota, however, under the ACA, within 4 years, the plans that offer to be a multi-state plan to the federal Office of Personnel Management (OPM) must offer to be in 100% of the states. Right now they only have to be in 60% of the states and that increases by 10% each year. The OPM decides which states. The states do not get a say.

Q. What is a multi-state plan and why would someone want to have one?
A. They have more flexibility. They don't have to meet all the requirements. They could actually come to Minnesota today. There's nothing preventing them. The incentive for OPM on that requirement is to encourage more plans to be available in more states.

Q. Is verifying compliance our job or the job of the Department of Commerce?
A. The information is collected through the regulatory process but we verify and certify.

Q. Is that a staff function or a Board function?
A. Under the policies adopted by the Board, the strategy for certification and selection sits with Board. The operation is the staff's responsibility. Clarification was requested and provided regarding when a rule is required. Anything that would exclude people if they didn't meet it would require a rule.

Q. In a RFP process, I would assume the Board does not substitute themselves for the two regulatory agencies, correct?
A. Correct. We can either do the RFP before or after the regulatory process occurs. We could determine which plans are allowed to go through the regulatory process. That would allow more time on the operational end for us to incorporate them into the system. Alternatively, we could have plans voluntarily go through the regulatory process and then pick from the plans that have been allowed. That option leaves a condensed timeline to incorporate the plans into the IT systems of MNSure.

Q. Would the development and approval of the RFP be a staff or Board function?
A. The board could give strategic direction and the staff could operationalize the RFP.

Q. The RFP responses would be considered private, protected data, correct?
A. Yes.

As noted above, the Health Industry Advisory Committee requested the Board members' positions on active purchaser so they could narrow the focus in their discussions. The Board members shared their thoughts. The recording of this meeting will be shared on [MNSure's YouTube channel](#). This section begins approximately 2:43 into the recording of this meeting.

To continue the Board discussion on Active Purchaser, each Board member will come to the November 13th meeting with one idea, question or wish so they can get into a more specific discussion. This might also influence the selection of metrics. What could we ask for that would help us?

As it was a potential solution to a problem a few Board members raised, April shared that there are plans in Release 3 to have an out-of-pocket cost calculator.



Where you choose health coverage

2014 budget presentation

April Todd-Malmlov,
Executive Director and
Barb Juelich, CFO

meeting minutes

Barb Juelich, CFO of MNSure, explained the structure of the [budget report](#) and then walked through it in detail.

Vote: premium withhold collection for 2014 *Board members*

The Board discussed the funding gap in 2014 caused by the fact that the Federal grant funds do not cover payments for all required functionality. The Board also discussed the need for a contingency in the 2014 budget. Pete Benner moved to establish a rate of 1.5% of total premiums for individual and small group health plans and dental plans sold through MNSure for the operations funding permitted by the MNSure enabling legislation. Commissioner Jesson seconded. There was no further discussion. All were in favor and the motion passed.

Public comment

Sam Gibbs, President of the government systems group at eHealth, Inc. an online health insurance broker, wanted to provide an update to the Board.

eHealth is the first and largest private health insurance exchange in the country. They've been in business for 15 years. They are publicly traded on NASDAQ. They operate in all 50 states and the District of Columbia.

Sam commended the Board and especially Ms. Todd-Malmlov for a job well done building the exchange with nearly impossible time pressures.

The law contemplates having web based brokers and there are a separate set of regulations for them.

eHealth has 20 million visitors a year to their website, they have over three million customers. As far as demographics, 40% of people who come to the website have previously been uninsured and 52% of them are 34 and younger.

Mr. Gibbs had met with MNSure previously as they need a technical integration with MNSure, but at that time rightfully so, needed to focus on getting MNSure live.

They have been working with the federal government

They signed an agreement with federal marketplace in July with their 36 states. They are currently in the testing phase and will launch in a few weeks. Sam also participated with state of Maryland on advisory committees. They've agreed to implement, notwithstanding their technical issues.. They are paid by carriers. They would generate revenue for MNSure. Mr. Gibbs would like to continue conversations with MNSure.

Q. Who bears the cost of setting up the technical integration?

A. eHealth would be happy to.

Q. We can't make such an opportunity available to one vendor, we'd have to make it available for all, correct?

A. Ms. Todd-Malmlov responded that MNSure could create a specification and

anyone who meets the requirements would go through a process. Or could do a RFP process. There is also potential for revenue for MNSure. For those web brokers who want to work with us, we could potentially charge a fee. It is allowed under our statute. The key thing is what is needed from an integration perspective and how that would work with how our system is structured. It has to fit within our general structure of IT priorities and when we are bringing on new functionality.

Q. People are still being enrolled through MNSure even if we partnered with an electronic broker like eHealth?

A. Yes, they would bring MNSure customers who have selected their plans already and just need to finish enrollment through MNSure.

Wrap up and any new business

Brian Beutner, Chair

None

Adjourn

Commissioner Jesson moved to adjourn. There were no objections and the meeting adjourned at 4:21 p.m.