

Board of Directors Meeting

facilitated by Brian Beutner, Chair

- > **date:** Wednesday, January 8, 2014
- > **building:** 81 East 7th Street, St. Paul, MN
- > **time:** 1:00 - 4:00 p.m.
- > **conference room:** 1st floor atrium
- > **board members in attendance:** Thompson Aderinkomi, Pete Benner, Brian Beutner, Kathryn Duevel, Tom Forsythe, Commissioner Jesson, Phil Norrgard
- > **staff in attendance:** Carley Barber, Katie Burns, Barb Juelich, Erik Larson, Scott Leitz, Mike Turpin

topics

Welcome and any new business

Brian Beutner, Chair

The meeting was called to order at 1:07 p.m. by Brian Beutner, Chair.

Brian read the purpose of MNSure: *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

Miranda Posthumus, Robbinsdale

Miranda is a 27 year old graduate of Metro State University. She is an Account Manager with a large consulting firm. Over 15 years ago she was diagnosed with migraines. Prior to the Affordable Care Act (ACA), having this pre-existing condition has meant she needed to be covered on an employer's plan. Now that her pre-existing condition is not a factor and she is free to shop in the individual market, she looked into options through MNSure. She found many affordable plans with great coverage. The most impressive one she found was a platinum plan. When compared to her employer's plan, she found she would save \$2500 in premiums and out of pocket costs. She made the decision to drop her employer's

coverage.

She had difficulty on the MNSure site using Internet Explorer but switched to Chrome and completed the application. The Carrier was not immediately able to confirm her coverage, but she was assured she was covered since she had paid.

Her former plan had a smaller network, higher out of pocket maximum, copays and 20% coinsurance. She now has a \$750 deductible, which is also the maximum out of pocket. She can keep her flex spending through her employer and pay the ? with pre-tax dollars.

As a passionate supporter of the ACA, Miranda has been encouraging family and friends to check into MNSure and understand their options. Her referrals had difficulty with the site but she still supports the ACA and MNSure despite the flaws.

Miranda then took questions from the Board members.

Q. How did you know to switch browsers and try Chrome?

A. She already uses both and just tried it.

Q. How big of a company do you work for?

A. There are over 1000 employees. The company is based on California so her health plan was national with a small network here.

Q. What was your employer's response when you opted out of their plan?

A. None. Open enrollment is done through a portal.

Q. (After confirming Miranda did not have any tax credits) Did you consider purchasing the plan directly from the Carrier?

A. No, but she did look at the Carrier's website.

Q. What is your premium?

A. It's a platinum plan plus dental and it is \$193/month. Her employer's plan would have been \$280/month.

Approve December 30th meeting minutes

Brian Beutner, Chair

Commissioner Jesson moved to approve the [draft December 30th meeting minutes](#). Phil Norrgard seconded. All were in favor and the minutes were approved.

CEO Report

Scott Leitz, Interim CEO

Scott Leitz acknowledged the hard work of the MNSure staff and that there are still challenges.

As he did at the last meeting, Scott also extended his gratitude for the collaboration of our partners and the patience and persistence of consumers.

Enrollment Metrics

Katie Burns, MNSure Policy and Plan Management Director, shared updated [enrollment metrics](#).

Commissioner Jesson requested enrollment goals be added to the metrics as the other planned improvements to the metrics are implemented. Phil Norrgard requested the number of insurance cards issued by Carriers also be added.

Detail from the Carriers about what is happening in the “off-exchange” market was requested to understand if the plans have seen overall growth in the market in addition to enrollments within MNSure.

Clarification: the numbers for “MinnesotaCare Awaiting Invoice” do not include those auto-enrolled. They are all new applicants.

There are three reasons an application will pend.

1. If information submitted is not compatible with what is available through electronic data sources, the consumer is required to provide verification. This is the result of program integrity rules, not a system error.
2. If a family member **qualifies for Medical Assistance (MA)** and other family members are eligible for tax credits, the tax credits are not being applied. This is not supposed to happen. Those consumers are able to proceed through the application and choose their plan and payment method, but at the full price. They are not being held up in the system, but we understand they may not want to do that and are therefore “self-pending.” We’ve been contacting those households with “mixed status” and this is being worked on in the system as well.
3. The staff is intentionally pending applications as part of the clean-up process for those who had problems in the system.

The payment deadline is “close of business” on January 10th. This means:

- If paying the Carrier directly, it has to arrive in the mail on the 10th or be delivered, in person, by the close of the Carrier’s business.
- If mailed to MNSure, it must be received by January 10th.
- If delivered in person to the Receipt Center, it must be delivered before 6 p.m. CST.
- Electronic payment can be made through the MNSure system by 5 p.m. CST.

This clarification will be communicated on the MNSure website.

Enrollment files are being sent to the Carriers twice a week.

The enrollment deadline for coverage effective February 1st is January 15th.

Scott talked about the preparations being made and contingency plans being put in place in anticipation of the March 31st open enrollment deadline. We want people using the system but, as a fall back plan, paper applications will be an option for those who are unable to due to system issues. The manual processes have been established. We will be staffed appropriately to handle the processing. We can outline a message for consumers explaining what to do if they experience problems.

Navigators and Brokers

We need to focus on getting the base functionality more stabilized before working on desired functionality such as the Navigator/Broker portal. However, we need to work on being more engaged with the Navigators and Brokers.

We have not yet made payment to the Navigators and Brokers. This is a large query and reconciliation effort and we are exploring how we can best balance internal resource needs to ensure that happens quickly and accurately.

Call Center

If we had a perfectly functioning IT system, we would not be experiencing the call center issues we are experiencing. Erik Larson acknowledged there are a lot of people doing a lot of hard work in the call center. He thanked the call center staff and management for doing an outstanding job of adapting and reacting. Call times are going down. They have been under an hour. Call volume has not gone down. We receive a large number of calls confirming coverage, which will slow down as insurance cards are received in the mail.

Twelve call center staff have been hired and will be taking calls by early February. An outsource model to assist with a percentage of calls is also being pursued. Tom Forsythe wants to understand the budget impacts of doing what we need to do.

Legislative Audit

Legislative Auditor Jim Nobles announced he would be conducting audit activities and the opening conference took place yesterday. He has a great deal of interest in ensuring we are using tax dollars wisely. This audit activity is starting as we enter the second half of open enrollment. We are working together to ensure he meets his requirements of oversight as we meet ours with open enrollment.

Barb Juelich explained that every agency with federal funds goes through an audit. This audit will go back to fiscal year 2012 and through the first six months of fiscal year 2014, primarily to ensure all

expenditures are allowable under the federal grant and compliant with the federal grant activities.

Additionally, under federal regulations, State Based Marketplaces are required to have an independent auditor review the books annually. This serves that purpose as well so there is no need for duplication of services. The Auditor may be on site starting in a couple weeks. As for the length of the audit, the expectation is that it will go into spring but it depends on the findings. Perhaps an April finish.

This will require time from staff. As these audits are statutory and federal requirements, we've planned for them and a staff member on Mike Turpin's staff will serve as liaison to the auditors. The Department of Commerce was our fiscal agent during fiscal year 2013 so they will be involved and will likely have a lot of the documentation.

Public Comment

None

Items for Board discussion

[Brian Beutner, Chair](#)

Scott provided an update on the plan for an end to end review, which was requested at the last Board meeting. Our system is modular, made up of different components, which have to interact. Maryland's system is the closest to ours. They are going through a similar process and using Optum as their vendor. Optum agreed to conduct a review here as well and they started today with approximately 15 people. They will be looking at the IT system, providing an additional read on the call center, the data aspects / the ability to get data out of the system and the project structure and opportunities for improvement. Findings are expected next week. They are not charging for this initial review. The Board would like the information as soon as it is available. A formal Board report will be provided at the January 22nd meeting.

To address the unique interagency inter-dependencies we have, there are plans to bring on an overall project manager to work across agencies and add discipline to communication and decision-making. There is also a need for vendor oversight and we expect recommendations to come out of the end to end review.

Additional meetings were added and a [revised meeting schedule](#) was provided. Carley Barber will circulate a list of topics with the Board members and capture their ideas for agenda items.

Scott's appointment as CEO is an interim appointment. The Board discussed timing for the national search for a permanent CEO and will discuss further at the next meeting.

Wrap up and new business

Presenter Name

Phil Norrgard asked for additional information above the CEO reports provided in the meetings. Narrative information provided in advance of the meeting would be helpful, as they are asked a lot of questions by people who look to them for information. Perhaps a monthly dashboard, sent in advance, that can also be used as an agenda item.

Phil Norrgard moved to adjourn. There were no objections and the meeting adjourned at 3:50 p.m.