



## MNSure Board of Directors Meeting Minutes

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**Wednesday, January 15, 2020, 1 – 3 p.m.**

**355 Randolph Avenue, Suite 100, St. Paul, MN, Mississippi Conference Room**

**Participants in attendance:** Peter Benner – Vice-Chair, Chuck Johnson (sitting in for Commissioner Jodi Harpstead), Suyapa Miranda, Phil Norrgard

**Participants not in attendance:** Senator Kathy Sheran – Chair

**Staff in attendance:** Nate Clark, Christina Wessel, Morgan Winters, Angela Benson & Marie Harmon (sitting in for Aaron Sinner)

### Meeting Topics

#### Welcome

*Peter Benner, Board Vice-Chair*

The meeting was called to order at 1:03 p.m. by Peter Benner, vice-chair.

Peter read MNSure’s purpose: 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.

Peter advised that Senator Sheran was unable to join today, so he will be chairing the meeting in her place. Peter also welcomed Chuck Johnson, who was attending on behalf of Commissioner Jodi Harpstead.

#### Public Comment

None.

#### Administrative Items

*Peter Benner, Board Vice-Chair*

##### **Approve November 13 Meeting Minutes**

**MOTION:** Phil moved to approve the draft November 13, 2019, meeting minutes. Suyapa seconded. All were in favor and the minutes were approved.

## **MNsire Annual Report**

*Christina Wessel, Sr. Director of Partner & Board Relations*

Christina noted that per Minnesota statute, MNsire submits a report to the Minnesota legislature in January of each year. The report for 2019 includes updated information through December 31, 2019. Christina advised that the report emphasizes MNsire's enrollment success, focus on the consumer experience, and technological improvements MNsire implemented this open enrollment period.

Phil asked if the annual report had information related to the move to the new office space. Nate advised they did not include it in the report.

**MOTION:** Phil moved to approve the [Annual Report](#) as presented and authorize staff to present it to the Legislature. Chuck seconded. All were in favor and the motion was approved.

## **FY21 Navigator Grant Program Policy Statement**

*Christina Wessel, Sr. Director of Partner & Board Relations*

Christina began by thanking the board for continuing to recognize the importance of MNsire's navigator program and sustaining funding for these grants for a seventh consecutive year. She noted that Minnesotans benefit from a large community of navigators—more than 170 navigator organizations and more than 600 certified navigators around the state. Christina advised that with the support of these grant funds, MNsire is able to sustain a network of navigators with experienced staff and specialized skills that are successful in helping those that need assistance. She noted that these partners offer year-round help, demonstrate deep connections in their community, and have developed successful outreach techniques. MNsire's grantees are the cornerstone of MNsire's success in reaching the uninsured and those that face barriers to enrolling in coverage.

To continue building on the past success of the grant program, Christina presented a new request for proposals (RFP) for fiscal year 2021. She noted that MNsire anticipates that a little over \$4 million will be available, as in the past. The grant period will run July 1, 2020, to June 30, 2021, with MNsire retaining the option to extend the grant an additional year. Christina advised that's the same model they followed when they issued our last RFP two years ago.

She noted that the grant will have three funding areas for this grant cycle and the first two funding areas are nearly the same as the last grant cycle. Christina advised the first funding area will have a geographic focus, with the goal to ensure statewide access to assistance by sustaining a network of navigator organizations in all areas of Minnesota. She noted the second funding area will have a population focus. These grants will support organizations that demonstrate the ability to effectively reach and enroll populations that face barriers to enrolling or maintain coverage, or those with high rates of uninsurance. Christina advised that in both grant areas, they are looking to support the entirety of the work MNsire's partners do on behalf of consumers. She noted this is not just applying and enrolling, but all of the other services they provide Minnesotans to help them get and keep coverage—including responding to notices, reporting changes and completing renewals. Christina advised that although MNsire is always

working to make the process as easy and as straightforward as possible for people, MNsure can't underscore enough the benefit consumers get from having an experienced person help them through. Moving on, she noted that they are adding a third funding area to the RFP this year. This area will provide smaller grants to invest in developing the capacity of new or existing navigator organizations with the potential to serve geographic areas or populations where there is a demonstrated need for some more navigator assistance.

Christina noted that the process they are following this year is the same as we have in the past. She advised they will begin with a letter of intent (LOI) later this month to determine the level of interest in the grant program and whether the potential applications serve all the geographic areas and populations we seek to reach through the program. Christina noted this is not intended to create a barrier to applying for a grant; all eligible applicants that submit a letter will be invited to participate in the grant process. But in addition, she advised MNsure may invite additional applicants if geographic or populations gaps are identified through the LOI process.

Christina then advised on the anticipated timeline. She noted the RFP process would begin with the LOI opening on January 22, 2020. MNsure will then hold an informational webinar and offer an opportunity to submit questions about the process. Christina advised the letters will be due in mid-February. She said they anticipate launching the full RFP on or around March 2, with another webinar and opportunity to submit questions. Proposals will be due in early April, with the grants announced publicly in early July after the contracts have been finalized.

Phil asked Christina to describe more about the capacity building portion of the program. Christina noted that these can be organization is who do not currently have navigators, but with extra resources, could have the ability to do so. She noted that there are strong organizations that may just have gaps in their existing networks and financial resources could help them expand. Phil added that the increased reimbursement rate for navigators may push incentivize participation. He followed up by asking how navigators have responded to the increase. Christina advised that the increased rate went into effect on July 1 and the first time they received the money was in late November when MNsure processed the first round of payments, so not too much feedback yet. She did note that some organizations reached back out to make sure they weren't overpaid.

**MOTION:** Chuck moved to approve the [Navigator Outreach and Enrollment Grant Program for FY 2021](#). Suyapa seconded. All were in favor and the motion was approved.

## CEO Report

*Nate Clark, CEO*

Nate started by reporting on MNsure's seventh open enrollment period, which ended on December 23, 2019. He noted that during this year's enrollment period, 117,520 Minnesotans signed up for a qualified health plan through MNsure. Nate added there were 2,525 more sign-ups this year than we received by December 23 of last year. He explained that sign-ups were driven by our renewals process and strong retention—over 96% of our 2019 enrolled population have active coverage for 2020. Nate reported that new customers were also important to MNsure's sign-ups, noting that nearly 23% of our private plan signups came from new users. He

added that across public and private coverage, MNSure helped almost 176,000 Minnesotans enroll in health insurance. Nate explained that these are Minnesotans who can trust that they have comprehensive, quality coverage that doesn't discriminate based on pre-existing conditions, and that in the event of catastrophic health care costs, will protect them from financial ruin. He added that 69% of these Minnesotans are receiving tax credits or are enrolled in a public program, meaning they don't have to pay the sticker price of a private plan. Nate noted that on average, Minnesota households receiving tax credits will save over \$5,200 in 2020. He explained that despite continued uncertainty at the federal level and changes like the elimination of the individual mandate, which many thought would drive consumers from the market, we've seen remarkable stability.

Next, Nate went over MNSure's navigator and broker contributions. He explained that MNSure is grateful to the 850 MNSure-certified brokers, 650 navigators and 400 certified application counselors who assisted consumers with MNSure enrollments. Nate added that MNSure's partners set up hundreds of enrollment events before and during open enrollment, creating important opportunities for consumers to get face-to-face assistance. He noted that they put in many extra hours during our extended operating hours and the extended open enrollment period to make sure consumers could get enrolled.

Nate then highlighted MNSure's 19 broker enrollment centers (BECs). He noted these partners invested approximately \$90,000 in MNSure/broker collaborative advertising; maximized consumer access to broker services by operating walk-in enrollment centers in 24 locations, serving consumers in nearly every county throughout the state; and as MNSure's key referral partners, connected with hundreds of consumers who contacted MNSure seeking broker assistance. He added that he is also grateful to MNSure's 24 navigator grantee partners who in the last half of 2019 helped more than 120,000 Minnesotans by answering questions, explaining notices and reporting life events, as well as helping with applications and renewals.

Moving on, Nate presented MNSure's marketing and communication contributions. He advised that MNSure's marketing and communications campaigns played an important role in building awareness about MNSure, the value of comprehensive coverage, the availability of tax credits, and the network of assisters we have around the state who are available to help. Nate explained that MNSure's advertising campaign this year gave increased attention to electronic and social media channels. Web ads generated over 66 million impressions during open enrollment. That amounts to about 1.25 million per day on average throughout the state. He noted that advertising directly drove over 126,000 website sessions, with over 90,000 from unique users. Nate added that more than half of those individuals who came to the website clicked on Compare Plans or Create an Account. He advised that comparing our media channels this year versus last year, social media—specifically advertising on Facebook and Instagram—were the most successful channels for driving conversations (for example, Comparing Plans/Create an Account).

Nate noted that he is very happy with these results, but that the end of open enrollment doesn't mean MNSure is slowing down. He explained that this year, for the first time, MNSure has reserved a portion of the marketing budget so MNSure will be able to continue outreach during the year. Nate added that MNSure will focus on public awareness of qualifying life events and

year-round public program enrollment. He noted that he believes there is an opportunity to reach those people who might qualify for an enrollment outside of open enrollment (OE), but who may not be aware that MNsure is an option. Nate added that this year marks the 10th anniversary of passing the ACA, and MNsure is planning media messaging and earned media to continue highlighting the benefits of the ACA and that MNsure is here to help

Morgan Winters, sr. director of business operations, then provided an update on MNsure's IT and business operations. He began by saying that the updates to MNsure's IT infrastructure is the cornerstone of the most successful open enrollment period yet. Morgan explained that in 2016, the board approved an investment to completely overhaul the consumer shopping experience and the back-end IT that communicates enrollment information to the insurance companies. He noted that in September of last year, MNsure launched the final components of the new system, developed by GetInsured, that delivered on schedule and within budget for the just-wrapped OE period. Morgan advised that consumers and other stakeholders have reported a substantially improved user experience and that the investment is delivering the returns MNsure anticipated. He explained that the new system allows consumers far more direct control over their account and cut down on their need to call MNsure. Morgan added that MNsure's external stakeholders also saw significant improvements and with the new technology, assisters can now provide a more advanced level of support to their private plan consumers. He noted the new enrollment technology also delivered some long-requested improvements to the broker agent of record (AOR) process. Morgan explained the AOR ensures the broker can effectively work with a health insurance company on the consumer's behalf and receive commissions for that work. The new technology ensures AORs are sent to the insurance company with significantly greater speed and accuracy. He added that for 2020, 90% of AORs were sent the same day the consumer completed their enrollment. Additionally, Morgan advised with the new system all enrollments were sent to insurance company partners on the same the consumer picked their plan.

Morgan explained that these improvements also translated into significant operational benefits. He then presented a few examples of areas where MNsure saw marked improvements, year over year. First, Morgan noted that the main Contact Center line took 80,745 calls this OE, compared to 120,429 last OE; a difference of nearly 40,000 calls, representing a 33% decline in overall call volume. He advised that even with the shorter OE period, MNsure saw a significant decrease in call volume. Morgan noted that MNsure's average calls per day were down 7% from last year.

Next, Morgan looked at volume as it relates to enrollments. He noted that MNsure reduced the call-to-enrollment ratio, a primary indicator of efficiency and usability of exchange IT, by nearly 27%. Morgan advised that consumers were able to confirm their enrollments without phoning the Contact Center, and as a result of the new systems MNsure saw a 58% decrease in these calls. He explained that the new, more intuitive shopping experience made enrolling easier than ever and as a result MNsure saw a 44% decrease in calls from consumers who needed help enrolling. Morgan added that the new software also eliminated the issues that caused the need for consumers to manually enroll over the phone. He noted that last OE, MNsure completed over 25,000 manual enrollments; this year, MNsure did not complete any manual enrollments for 2020 coverage. Morgan explained that these examples saved MNsure's Contact Center and

operations teams more than 8,000 staff hours of work, which was reinvested into operations to further improve the customer service and increase processing times for critical areas of back-office work. Morgan plans to continue tracking savings and efficiencies resulting from MNsire's IT investment and will share that information with the board. He noted that MNsire has already begun planning for the next open enrollment period to ensure it is even more successful.

Phil pointed out that on the Assister Resource Center (ARC) slide, it was noted that 15% of calls were related to status of QHP. He asked if that was a reduction from the previous year. Nate advised that it was 36% last year, so there has been a significant improvement. Phil added that this should continue to decrease as people interact with the system more. Morgan noted that outreach is key with new IT, so that is an on-going project.

Peter then referred to the QHP dashboard and noted that most of the metrics are similar year to year but that with the carriers, UCare made a major increase. He asked Morgan's thoughts about why that is. Morgan noted that premium cost is a big driver in terms of consumer choice. He added that UCare continues to be on the lower end in terms of premium price, which is probably the biggest driver of enrollees migrating. Peter then asked Morgan for a breakdown of carrier by rating area. Morgan will follow up with Peter via email on this request.

Moving on, Nate explained that this past November, MNsire's vendor GetInsured launched a full exchange for Nevada, who had previously been on Healthcare.gov. He added that in the last few weeks, Pennsylvania and New Jersey announced they are contracting with private sector vendors to deliver full exchange solutions. Nate explained that he is excited that the marketplace and private sector vendors have matured to the point where states and exchanges can evaluate exchange solutions that are being used successfully. He noted that MNsire's experience replacing decision support, plan shopping, enrollment, system of record and the electronic data interchange (EDI) tools confirms MNsire is on the right track. Nate added that MNsire is committed to continuing the focus on IT improvements that will improve the level of service MNsire offers Minnesotans and MNsire's operational efficiency.

Nate then presented on the MNsire budget. He noted MNsire had nearly 118,000 sign-ups for 2020 coverage, which is very close to what was forecasted. Nate explained that it is important to remember there are a number of factors that influence where revenues will land for calendar year 2020: sign-ups, effectuation rate, premium prices of those who effectuate, and membership lapse rate. He noted that at this point, only one of those factors is known, so it's too early to draw conclusions. Nate explained that beginning in March MNsire will have more data on effectuation and actual premiums. He advised that they are beginning to work on the three-year preliminary budget which will be shared at the March board meeting. Nate noted that at that time MNsire should know how many of those sign-ups have effectuated into coverage and also the actual premiums being paid. He added that they take that into consideration when presenting the preliminary budget for approval. Nate explained that it is still too early to say anything definitively, but at this point MNsire does not anticipate needing to make any major operational changes in the next fiscal year.

Finally, Nate gave a legislative update to the board. He noted that the legislative session begins in just over a month and MNsire is already tracking proposals and working with our partners in

the Governor's office and other agencies, including Commerce, DHS, Health and Revenue, on ideas to improve health care options for Minnesotans. He advised that insulin affordability has been an important, ongoing topic. Nate reminded that board that carriers implemented insulin caps that make low- or no-cost insulin available for covered products. He explained that there have been other conversations about insulin affordability that might result in legislation. And MNsire is ready to be a resource and to offer our expertise on the best way to administer an insulin program or other policy ideas. He added that should any concrete proposals emerge, he will bring that information to the board for discussion.

Nate ended by extending thanks to MNsire staff, DHS and MNIT on a successful open enrollment period.

Phil then referenced the appeals dashboard. He noted he is continually impressed by the reduction in the number of appeals and the time involved to resolve. Phil asked why APTC appeals account for 38% of all appeals received. Nate advised that in many cases, these appeals are consumers who do not understand or are looking for additional explanation on their APTC amount. He added that the resolution review team does a great job of triaging these appeals, so they are dismissed without having to go through the complete appeals process. Nate also noted that APTC appeals account for 52% of all appeals last year.

Peter reiterated the progress that MNsire has made and added that in the board's eyes, OE does not cause the concerns it once did.

## **IT and Executive Steering Committee Update**

*Chetan Ganatra, MNIT*

Chetan presented slides 13-15 of the [slide deck](#). He noted that from an IT perspective, METS integration with the new plan shopping application, the front-end portal and phones, all ran efficiently. Chetan advised there were a few minor issues that occurred and were addressed immediately by MNIT, MNsire, GetInsured and the call center vendor. He explained that at the end of this month, there will be a 'lessons learned' event scheduled with the MNIT teams to talk about what they learned and how they can improve for next year's OE. He noted that MNIT will also work with Nate and the MNsire team to get their input and feedback.

Chetan then moved to a recap of the winter release. He noted that the winter release successfully deployed this past weekend. Chetan explained that the projects included in the winter release were Unique Person ID, Notices, Defects, another deployment of the Renewals Process Improvements project and Federal Tax Law Changes.

He then presented an update on items related to the spring release timeframe. Chetan explained that though the Effective Dates project is not listed to deliver anything for the spring release, he highlighted that the project did recently deliver the Existing Eligibility Module code to the system integration test environment. Chetan advised that this module enables METS to consider the previous and existing program eligibility results needed to deliver the project's business requirements. He noted that they did not have this module in the test region and they

now do. Chetan explained that this is essential for the Effective Dates project to be successful and that they are properly testing to ensure historical data is not lost.

Next, Chetan advised that MNIT continues their work to support the 1095-A operations by sending out “corrections and voids” to customers for past tax years. At the same time, he noted MNIT is also getting ready to send out 1095-As to consumers and send the files to the Internal Revenue Service (IRS). Chetan added that development work on schema changes for TY 2019 is complete and testing with Center for Medicare and Medicaid Services (CMS) is in progress. He advised that MNIT has communicated to CMS that they expect to begin the IRS End of Month (EOM) file submission this week and expect to start our IRS 1095-A file submissions by January 27; concluding no later than January 31. Chetan noted that this year, MNIT will have approximately 80,000 1095-A forms that will be sent to consumers. He added that 75,000 are scheduled to be printed and mailed this week. The remaining 5,000 will be generated and mailed on January 27.

Chetan then presented on the non-project work which includes three defects being tested and deployed in the spring release. He noted the first fix, which will resolve the issue where the benefit evidence was incorrectly creating new evidence during auto renewal. Chetan noted the second defect fix is resolving the issue where the reasonable opportunity period (ROP) “expired transaction log message” was not displayed when a proof is removed. Lastly, Chetan explained the third defect fix is resolving the issue where the ROP “expired case note” was not displayed when a proof is removed from a pre-eligibility verification.

Then, Chetan highlighted periodic/annual work (2020 FPL-MA). He advised this work will update the federal poverty level rate table with Medical Assistance rates, with an annual effective date of July 1. Chetan added this must be complete prior to the July renewal batch run, typically in April. He noted that during this timeframe, business will also ensure the Insurance Affordability Programs Income and Asset Guidelines (DHS-3461A) are updated and published.

Chetan presented a couple of other updates related to the 2020 roadmap. He explained the Curam Upgrade 2020 project has been added to the 2020 schedule. The project is expected to start in February 2020 and deliver in the winter 2020 release. Chetan advised that for the summer release, Effective Dates recently turned to red status due to risks and missing several key milestones. He noted the Effective Dates and Temporary Absence for MA project teams discovered conflicting requirements, which had an impact on the design for both projects. Chetan explained the IBM team is working on design options that addressed the concern for both projects. Due to this delay, the deadline for completing the IBM design (12/17) was missed for Effective Dates. He added that as of January 10, 2020, one design document was approved, and the second document is in the approval process. Chetan explained the project will develop a “Get to Green” plan, once the impact to the code deployment due date and to other downstream tasks, including System Integration Testing, is finalized.

Phil asked Chetan about the Curam upgrade, which is targeted for December 2020 (winter release). Phil asked for additional details and if it would conflict with OE. Nate advised that as a business, they are still looking for details on what it is included in the upgrade. He added that even though there is always a release scheduled for winter, it typically doesn't deploy until



January, after OE ends. Chuck noted that on business side they are still looking at approvals and availability.

Phil then asked about Unique ID. He noted that it has been ongoing for some time and was curious if there was a projected end date. Chuck noted that there is still work to be done and that it is a multiphase project. He advised that part of the reason it seems to take so long is because it is hard to figure out what the business requirements are and what problems they want to see get addressed.

## **New Business**

*Peter Benner, Board Vice-Chair*

None.

## **Adjourn**

Peter moved to adjourn. There were no objections, and the meeting adjourned at 1:52 p.m.