



MNSure Board of Directors Meeting Minutes

Wednesday, July 17, 2020, 1 – 3 p.m.

Remote: via WebEx

Participants in attendance: Matt Anderson (sitting in for Commissioner Jodi Harpstead), Peter Benner, David Fisher, Suyapa Miranda, Phil Norrgard, Steffanie Stoeffel, Andrew Whitman

Participants not in attendance: N/A

Staff in attendance: Nate Clark, Christina Wessel, Dave Rowley, Libby Caulum, Morgan Winters, Kari Koob, Marie Harmon

Meeting Topics

Welcome

Peter Benner, Board Chair

The meeting was called to order at 1:02 p.m. by Peter Benner, 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.

Like the previous board meeting, Peter noted that this month’s board meeting is being conducted remotely due to the public health emergency. To accurately record votes during today’s meeting, Peter said MNSure’s chief legal counsel will read the roll call at those times.

Public Comment

None.

Administrative Items

Peter Benner, Board Chair

Approve June 17 Meeting Minutes

MOTION: Stephanie Stoffel moved to approve the draft June 17, 2020, meeting minutes. Dave Fisher seconded. Dave Rowley took a roll call. All were in favor and the minutes were approved.

Consumer and Small Employer Advisory Committee (CSEAC) Presentation on Recommendations

Grace Aysta

Grace thanked the board for hearing their recommendations and noted CSEAC has been working to finalize the recommendations for about a year. She then presented the information listed in the [Consumer and Small Employers Advisory Committee Recommendations to the MNsure Board](#) presentation.

Health Industry Advisory Committee (HIAC) Presentation on Recommendations

Joel Ulland

Joe introduced himself, noting he is the associate vice president of public affairs at UCare and the chair of HIAC. He said that both CSEAC and HIAC held a joint meeting in February to compare recommendations. Joel added that COVID-19 did impact the recommendations they decided to present today. He noted that some of these recommendations are not new and the board and/or MNsure may already be acting on a number of them. Joel then presented the information in the document entitled [MNsure Health Industry Advisory Committee July 2020 Recommendations](#).

Matt Anderson asked Joel if he knew of any health plans or other stakeholders that had efforts underway to reach out to people regarding preventative or primary care visits. If MNsure was inclined to amplify this message, it may be more cost-effective to repurpose this messaging. Joel said he wasn't sure of any coordinated efforts to address this, though he knew UCare has conducted some targeted efforts. Joel noted that is not a unique issue and not MNsure's issue to resolve, but it would be helpful for MNsure to lend a voice to make sure people understand the importance of continuing these visits.

Andy Whitman asked what the process was for reviewing and prioritizing the recommendations. Peter said that the recommendations are sent both to subject matter experts at MNsure and to board working groups (typically the operations workgroup). Andy asked how to contact the chairs of the committees if he wanted to ask a few questions. Christina Wessel said she could provide him with their contact information.

Dave Fisher asked if MNsure typically provides guidance on prevention and wellness visits, and if so, does that information come from the Minnesota Department of Health or the Center for Disease Control. Nate noted that MNsure utilizes both their social media and email marketing channels to provide education and awareness around what is means to be covered and how to use your coverage. Nate said this recommendation reinforces the importance of this messaging. Suyapa Miranda said she was happy to hear that MNsure has been promoting wellness in the midst of a pandemic and she agrees that it should continue to be promoted more in the future.

Dave Fisher then asked Grace if there were any particular problems with life event changes that she could identify. Grace said that instructions for reporting life events should be clearer and more obvious to consumers. She said consumers should be able to easily identify which documents they need, when they need them and who to provide them to. She added that

communications and information sharing between DHS, MNsure and the counties should be up to date and consistent. Joel said this has been a topic of discussion for a while now and though there has been improvement, still needs more attention. Matt advised that a meeting of the different entities could be beneficial. He identified that there are still gaps that consumers get caught in.

Andy asked if MNsure had any say in how long health plans would be waiving co-pays on COVID-19-related tests and/or discounts on premiums. Morgan said only one carrier was offering discounts to consumers for July and August premiums. He said that under the ACA, carriers are required to maintain a certain medical loss ratio, which means they are spending the appropriate level on actual medical claims, and carriers that don't meet those rates provide a rebate to their consumers the next year. The particular carrier offering a discount was providing it more immediately instead of waiting until the next year. MNsure does not have the authority to require a discount, but MNsure does verify the carrier is meeting ACA requirements. Peter added that the Minnesota Department of Commerce and the Department of Health are the regulatory agencies that work on those benefit design items.

Phil said he was particularly interested in the workflow charts that Grace presented. Christina said when this recommendation was brought up in the committee, someone had mentioned that they had seen a workflow chart from either the Department of Human Services (DHS) or the county. She also said MNsure has worked to develop workflows for a variety of circumstances in the past but ran into problems making them universally understood by the average audience. Libby said the communications team is currently working to make the website more user-focused leading up to open enrollment.

Phil also said he has heard that navigators have a difficult time resetting username and passwords for individuals who do not have a permanent address or a phone number, and a solution to this problem would be helpful.

Peter thanked the presenters from each committee for their work on the recommendations. He said the board will plan to have conversations about these recommendations in the board work groups to see what they are able to move forward with. Peter also advised that Nate would need to bring some of these recommendations to MNsure staff and that they should be prepared to provide responses to the committees.

Fiscal Year 2021 budget

Kari Koob, CFO

Phil began by noting that the finance work group met with staff last week to review the preliminary budget approved in March and evaluate changes for the final fiscal year 2021 budget. He then invited Kari Koob, MNsure CFO, to present the specifics of the budget.

Kari expressed her appreciation to the members of the finance work group, as well as the MNsure and MNIT staff who were involved in the budgeting process. She added that she is grateful to work with talented people who assisted in developing a budget that supports MNsure's mission.

Kari said that every year MNsure presents a three-year budget plan, starting with a preliminary budget plan in March and a finalized budget in July. MNsure strives to be conservative in its approach to budgeting strategy, while maintaining focus on improved customer service levels, in order to ensure operating in a fiscally responsible way. Up-to-date events and information are used to inform budgets and they are developed in accordance with current state and federal laws that affect the organization.

Moving on, Kari reviewed that back in March, the MNsure board adopted a preliminary FY2021 budget and a three-year financial plan covering fiscal years 2020 through 2022. Today, she advised that prior to their adopting a finalized FY2021 budget, they will review two documents: Premium Withhold Revenue Projections and the MNsure Three-Year Plan, which includes the FY2021 budget.

She began by reviewing the [Premium Withhold Revenue Projections document](#). The table in the top half of the page shows revenue projections based on enrollment year, which runs with the calendar year, and the table in the bottom half of the page shows revenue projections by state fiscal year, July 1 to June 30, and translates enrollment year (EY) projections into the projections MNsure uses for budgeting. The EY2019 figures are actual. They ended 2019 with almost 94,000 members and the average premium was \$458. EY2020 has been a unique year because there was a special enrollment period in March and April due to COVID-19. MNsure did not see the typical post-open enrollment peak and subsequent month-over-month 1% lapse rate of effectuated members. Though the average premium in EY2020 has been lower than previously forecasted (\$443 instead of \$456 between January and June 2020), the additional enrollments during the special enrollment period and the delay of lapsing members mean there's little change to the previously forecasted revenues. For MNsure's revenue projections in EY2021 and beyond, they are using the following assumptions:

- Ending effectuated enrollment will remain relatively level, year over year.
- A consistent membership lapse rate of ~1% which will end 2020 with approximately 95,000 members.
- The average premium between 2020 and 2021 doesn't change.

On July 6, 2020, health insurance carriers released preliminary rates for 2021 and the Department of Commerce is conducting their review. Preliminary analysis based on the allocation of MNsure's current enrollments shows a ~3% increase to the average premium, which translates to about \$280,000 in revenue in FY2021. MNsure has four health insurance carriers on the exchange: three proposed rate increases, and one proposed a modest decrease. These proposed rates will be finalized later this fall, so they are taking a conservative approach by assuming no rate increases.

Finally, Kari said that EY2022 average premiums would increase 17% without a continued reinsurance program, which sunsets at the end of 2021 (the 17% estimate was provided by the Minnesota Department of Commerce and was used by MNsure and DHS to complete fiscal notes last year).

Therefore, when translating these assumptions into fiscal year projections, Kari advised that they project:

- \$19 million in revenue in FY2020, \$18 million in revenue in FY2021, and \$19 million in revenue in FY2022.

Kari then reviewed the [three-year-plan](#). MNsire is a self-sustainable agency utilizing qualified health plan (QHP) premium withhold revenues, reimbursements from DHS for costs incurred that benefit public program enrollees, and a one-time appropriation of \$8 million to account for the premium withhold revenue lost because of Minnesota's reinsurance program. The expenditures which MNsire incurs that benefits both public and private program enrollees are allocated between MNsire and DHS based on a number of metrics, such as public program enrollment and call center utilization. This allocation methodology is documented in the Public Assistance Cost Allocation Plan, which is a document that DHS drafts and updates annually for Center for Medicaid Services. MNsire also collects a small amount of interest on those resources held in the bank.

Separate from MNsire's three-year plan document, the legislature appropriated \$547,000 for MNsire to support the Insulin Act: \$108,000 to develop a navigator training program, \$189,000 for payments to navigators, and \$250,000 for a public awareness campaign. Kari said that since these activities and related costs are outside the mission and core operations of MNsire, those resources and associated costs are not included in this report. Those costs don't run through MNsire's special revenue fund, but rather the funding stays in the Health Care Access Fund.

The FY2020 budget takes the approved preliminary budget from March and includes updates to reflect current expected revenues and expenditures. Notably, since March, they have identified an additional \$1 million in costs for METS that is attributable to FY2019 costs. They have since changed their budgeting process to account for the lag in billing with DHS while maintaining the ability to track current year budgets. Kari said this is a change from cash-basis budgeting to accrual-basis requiring FY2020 record five quarters of costs. They are projecting to carry forward \$7.7 million into FY2021.

Turning to the proposed FY2021 budget, with the combination of balance carried forward, \$18.6 million in projected premium withhold revenue, and \$12.3 million for DHS' reimbursement of public program support, and a small amount of interest income, they are projecting \$38.6 million will be available to support MNsire operations in FY2021.

There are no major operational changes between FY2020 and FY2021. Many of the increases is due to statutorily mandated wage increases and associated benefits costs for staff. In the past year, MNsire undertook a number of cost-saving measures (e.g., moving to a new office space, weighing whether to backfill vacant positions, reviewing vendor contracts, implementing a response resolution team to mitigate appeals costs, auditing interagency invoices for accuracy). There has been practically no staff attrition since the COVID-19 situation began in mid-March, so they are planning to maintain current staffing levels. Kari said they are taking great care to find ways to protect and efficiently utilize available resources. She added that it's difficult to highlight the amazing effects of all the work the staff at MNsire are doing, but was going to highlight one. Under an interagency agreement, MNsire purchases services from DHS,

including for the adjudication of QHP appeals. MNSure's Internal Audit team spent five months auditing the FY2019 appeals bills and found three errors of material significance to MNSure, including DHS incorrectly billing MNSure for a third of all Medicaid and MinnesotaCare appeals closed in FY2019. For the FY2019 errors discovered, DHS owes MNSure approximately \$360,000. The DHS appeals office indicated this error likely also occurred in FY2018. They have expanded the audit scope to include FY2018 and FY2020 and anticipate finding additional overbilling errors that will result in refunds to MNSure. Kari said because of the Internal Audit team's amazing work they are protecting MNSure's resources, and accurately paying only for the services they receive.

METS IT costs continue to be a significant portion of MNSure's expenditures budget: 18% (\$6 million). GetInsured maintenance and operations (M&O) costs are \$2.4 million. GetInsured upgraded MNSure's plan shopping, comparison and selection tools, as well as the associated electronic system of record that transmits plan selection information to insurance companies. Beyond GetInsured's portion of METS, MNSure continues to pay for a portion of the IBM/Curam eligibility platform, which is shared with DHS.

MNSure has requested a portion of its expenditures be considered for reimbursement by the federally funded Coronavirus Relief Fund (CRF). MNSure issued a special enrollment period (SEP) between March 23 and April 21, 2020, and the costs incurred during the SEP were a direct result of COVID-19—costs that MNSure would have not incurred otherwise. MNSure has asked to be reimbursed for the direct labor and expenses incurred to hold the SEP, which amount to just over \$500,000. MNSure has incurred, and continues to incur, additional costs as a result of COVID-19, but is not seeking reimbursement at this time for anything beyond the scope of the SEP. MNSure's request has been reviewed by the Governor's office and has been approved to move forward for legislative review. The official request was sent to the legislature for review on July 7 and they have 10 days to review the request. Any funds MNSure may receive from this request have not yet been reflected in the three-year plan document.

MNSure anticipates there will be \$4.2 million to carry forward into FY2022 at the end of FY2021.

The third column, for FY2022, is a projected plan year. MNSure will wait to make any potential operational changes for that fiscal year until next March when FY2022 becomes focus of the preliminary budget. In the first half of FY2022, MNSure operations will use up the remaining Reinsurance Program funding, a program which sunsets December 31, 2021. There is some uncertainty around predicting average premiums that far out and anticipating what the legislature will decide about reinsurance in next year's session.

This budget is based on what is known now, based on current law. Kari said they have taken pains to propose a finalized FY2021 budget that achieves MNSure's mission of serving Minnesotans and complies with its responsibilities as a state-based exchange while managing resources in a fiscally responsible way.

Phil said he was glad they had some consistency in the projects and thanked Kari and her team for being attentive and making realistic decisions. Phil also asked Kari why there was a difference between the proposed appeals budget and the budget they are approving today. She said as a result of the Resolution Review Team (RRT), which is continually mitigating costs,

sending Employer Shared Responsibility (ESR) appeals to feds, and the \$360,000 credit from DHS in overbilling, the budget was lowered.

Dave Fisher wanted clarification on what the DHS reimbursement covers. Kari said that since MNSure is a “single front door” to three programs, its call center inevitably receives questions from public-program enrollees, even though MNSure is designated to help QHP enrollees. She said the Contact Center budget of \$12 million is split on a quarterly basis based on who is being assisted (QHP and public program enrollees). They apply those metrics to the costs in the quarter based on information pulled from CRM (MNSure’s call log system). This also works in reverse as DHS provides a number of services for MNSure.

MOTION: Phil moved to approve the fiscal year 2021 budget as presented and as recommended for approval by the Finance Work Group. Dave Fisher seconded. Matt Anderson was not present at the time and did not participate in the vote. Dave Rowley took a roll call. All present members were in favor and the motion was approved.

CEO Report

Nate Clark, CEO

Nate began by extending thanks to Kari for all of her hard work with her team and the financial workgroup on putting this budget together. He noted that Kari has also played an important role in recent internal audits of IT spending to make sure MNSure is only paying for IT work that has been authorized and from which MNSure will benefit. MNSure’s internal audit and compliance team is led by John Nyanjom and has worked to review interagency charges to ensure they’re accurate. Savings from both of these efforts are reflected in the budget. He ended by saying that they are continuing the work to ensure interagency charges are accurate and to ensure MNSure is managing its resources responsibly. Nate said the budget is conservative, it provides the resources needed for the upcoming fiscal year, expenses are in line with what MNSure had planned, and based on what is known today, it positions MNSure well for FY2022. He also thanked Grace and Joel and their advisory committees for their recommendations.

Moving on, Nate reviewed enrollment figures. As of the end of the day on July 12, 2020, 397,118 Minnesotans have come to MNSure.org to sign up for comprehensive coverage; 138,678 are QHP signups, 213,823 are Medical Assistance applications, 44,616 are MinnesotaCare applications. Almost 55% of households enrolled in a QHP are receiving advanced premium tax credits (APTC) of about \$431 per month. Cumulative APTC through 2020 amount to \$102.8 million. These credits operate like instant discounts and reduce the price of monthly premiums for Minnesotans. The size of credits underscores the importance of MNSure and the ACA to ensuring Minnesotans are able to access quality, comprehensive health insurance. Nate said MNSure’s COVID-19 special enrollment period opened on March 23 and ran for 30 days, closing on April 21, and during that period, more than 9,400 Minnesotans enrolled in private health insurance through MNSure. MNSure is continuing to sign up Minnesotans who have lost their employment or have had some other qualifying life event that makes them eligible to enroll.

Phil congratulated Nate on the successful transition MNsure has made since the March board meeting in response to COVID-19.

Nate then presented on preliminary rates. Last week, the Department of Commerce published initial rate filings from carriers. Nate reminded the board:

- First, MNsure doesn't have anything to do with the amount private carriers charge for health insurance. The proposed rates are amounts insurance companies set and the Department of Commerce reviews.
- Second, these rates are preliminary. Final rates won't be approved and released until the first week of October. These filed rates begin the Commerce Department's rate review process, so there's lots of work yet to be done.

In regard to the preliminary rates, Nate stated that rate changes on the individual market for the 2021 plan year are in the single digits. Among on-exchange carriers, the changes range from a 7.1% increase to a 1.39% decrease. The rate decrease is for UCare, the carrier with the largest share of enrollments on the exchange. He also confirmed that all of the plans included in the filing for 2021 are comparable to plans carriers are offering today. This means that for the 2021 plan year, MNsure will be able to auto-renew consumers into plans that are comparable to the coverage they're currently enrolled in. He said this is important for consumers since it means they won't need to come to MNsure during open enrollment to repeat the enrollment process. There is nothing that prevents consumers who are auto-enrolled from comparing plans and enrolling into a new plan that makes more sense for them and their families, but they won't be required to shop in order to continue coverage. He told the board that two new carriers, Preferred One and Quartz, have filed preliminary plans. The proposed filings don't indicate whether these carriers will participate on- or off-exchange. The decision to file final rates and offer plans in November will be a business decision for each of these carriers, and things could change between now and the time final rates are submitted. Nevertheless, MNsure is pleased to be working with them to prepare for a successful open enrollment period for everyone.

Nate then moved onto updates on the insulin program. At the June board meeting, he said the team at MNsure had been working closely with colleagues at the Minnesota Board of Pharmacy to launch a website and other activities to implement the Alec Smith Insulin Affordability Act. The website launched successfully on July 1, the urgent need application Minnesotans need to download and take to their pharmacy to receive an emergency supply of insulin is live, and a statewide network of navigators have been trained and are ready to assist Minnesotans in accessing the insulin affordability program and helping them understand their coverage options. He said they are very happy with the work of the team and their ability to move quickly and successfully to implement the legislation. A lawsuit was filed that seeks to declare the new law unconstitutional and to issue a permanent injunction stopping the state from continuing to implement the act. While the suit progresses, the law is still in place and Minnesotans are able to make use of the program. Nate advised the boards of MNsure and the Board of Pharmacy were named as defendants in their official capacity as members of the board. The Minnesota Attorney General is handling the lawsuit and MNsure's general counsel David Rowley is the point of contact for MNsure, and Nate will provide updates to the board as they have them.

Nate spoke briefly on the planning for MNsure's next open enrollment period. This is MNsure's eighth open enrollment, which is just over 100 days away. Nate mentioned that staff uses this time to take lessons learned from past open enrollments and use them to identify opportunities to improve operations and services. They have begun readiness planning to improve business operations and processes. Among this year's projects, they are looking to allow consumers to submit changes online and more easily update their application, in addition to improvements to the life event tool used by MNsure assisters. MNsure relies on its assister partners to help Minnesotans enroll in coverage and their recertification process will begin in August. Because of COVID-19, MNsure is working to creatively engage assisters through online training and networking.

Nate ended by thanking the team at MNsure and their resilience during such challenging time. He has been impressed by their dedication and hard work.

Operations Report

Morgan Winters, Sr. Director of Business Operations

Morgan began with an update on life event changes. As of the end of day July 14, 2020, MNsure had just over 175 requests waiting to be processed by MNsure operations. The oldest workable request was five days old, and the average turnaround time for requests to be processed is two days. Morgan said this represents responsive service to consumers and puts MNsure in a strong position go into the renewals period with the most up-to-date information. MNsure is currently in an optimal place and is continuing to make improvements to processes. Morgan said that in past years the volume of change requests increased exponentially as it got closer to open enrollment. MNsure is looking at ways to smooth out some of this volume to attend to it over the summer. For example, in past years, MNsure has sent out reminder emails and posted information on social media to remind consumers to promptly report any changes they've experienced.

Phil asked if there a difference between how long it takes to process an online change versus a manual one. Morgan said how they receive the change does not materially impact turnaround time.

Since this is the last board meeting until October, Morgan reviewed the enterprise operations business cycle leading up to open enrollment, so the board is aware of the critical activities MNsure has planned. He began with summer activities which are slated for June through August. The OEP 8 readiness program kicked off on June 10. The program includes a number of different projects undertaken across the enterprise to improve the consumer experience and increase the efficiency of MNsure and partner operations. Morgan provided a few examples of the projects MNsure working on ahead of OEP 8, including an annual refresh of the content on MNsure.org, improvements the electronic document upload tool, which consumers use to submit verification documents to MNsure, and enhancements to the life event processing infrastructure.

Proposed rates were made public on July 6, 2020. Morgan said the rates proposed by carriers for 2021 are indicative of a stable individual market. HealthCare.gov proposed rates, which will

include other information about Minnesota's individual market, including any enrollment cap limits proposed by carriers, will come out August 1.

Continuing, Morgan reviewed important September activities. New operations team employee training classes begin on September 8. Morgan said the METS (20.3) open enrollment code release will take place on September 13. He flagged that from a business perspective, this is always a critical release, as it includes various updates MNsire relies on for a successful OEP. In the month of September, MNsire begins certifying on-exchange health and dental plans. MNsire collaborates with the Departments of Commerce and Health in a thorough review of carriers' health and dental plan offerings to ensure they meet the requirements under state and federal law. Carrier contracts with MNsire are due on September 15. On September 21, GetInsured's open enrollment code release will deploy offering new functionality in shopping and enrollment system, which includes passive renewal.

Morgan discussed renewals. MNsire is entering into the 2021 renewals cycle leading up to open enrollment. While there are many intricate steps involved in updating a household's information ahead of open enrollment, the renewals process has two primary components. First, a household's eligibility is updated ("redetermined" in the context of eligibility updates). Once eligibility has been redetermined, the household will then be reviewed for automatic or "passive" enrollment into a 2021 plan ("renewed" in this context, to draw a distinction between enrollment renewals and eligibility redetermination). This process is ordinal; a household's enrollment cannot be renewed for 2021 until their eligibility has been redetermined. This ensures that only consumers who are eligible to use the exchange are able to enroll, either via renewals or active shopping, and that consumers are able to enroll with the correct and up to date benefits they're entitled to.

Eligibility redetermination batches begin for MNsire applicants in late September. This batch process identifies all applications with at least one household member eligible for private coverage, irrespective of whether they are enrolled or not, and updates their eligibility for next year. This update includes checks against federal data services to confirm information such as a Medicare enrollment, incarceration status and income information from the household's most recent tax filing. It also redetermines tax credit eligibility using the updated federal poverty level guidelines and silver level benchmark plan premiums. Last year, MNsire redetermined eligibility for 137,000 private program-eligible households at an 87% success rate.

Morgan then moved on to important October dates, with final rates being made public on October 2. Auto-enrolling consumers into 2021 coverage will begin around October 10. Last year, MNsire renewed 85,000 consumers, 88% of the total enrolled population. The remaining 12% were not renewed due to their eligibility not being redetermined (either they were found eligible for a public program or they fell out of the redetermination batch due to a data or technical issue). All of MNsire's current 2020 plans have a corresponding 2021 crosswalk plan. MNsire anticipates all enrollees whose eligibility is redetermined can be renewed into 2021 coverage. There would be an eligibility redetermination "catch-up" batch in mid-October, which redetermines eligibility for consumers who submitted applications after the initial redetermination batch in late-September. 2021 plans will be available for comparison "window shopping" on MNsire's website on October 15.

Eligibility renewal notices are sent to consumers around October 15. These notices are mailed and go to all households with at least one member eligible for private programs, irrespective of whether anyone in the household is enrolled in a QHP. This notice includes important application and eligibility information, such as household income and advanced premium tax credit (APTC) amount. Last year, MNsure sent out 137,000 of these notices. Enrollment renewal notices are sent out in mid-October and are sent electronically to consumers' secure inboxes within the GetInsured system; they are not mailed. The notice informs the consumer of the status of their 2021 renewal (either confirmation that they've been renewed or notification that they have not been renewed, in which case they should contact MNsure). For enrollees who are renewed, the notice shows their plan and premium, as well as the amount of APTC applied to that plan. Carriers mail their own renewal notice around this same time.

Open enrollment begins November 1 and the federal open enrollment period is set to end on December 15. This is a placeholder date until a further decision is made to extend. The post-open enrollment period (i.e. special enrollment period) begins for eligible consumers the day after the last day of open enrollment.

Phil congratulated Morgan on the success of the new enrollment system. He asked how assisters were generating income through per enrollee payments if 90% of consumers are auto-enrolled. Morgan said it doesn't matter if a consumer is shopping actively or passively; they continue to stay affiliated with their broker. Christina clarified that a broker continues to get paid even if the consumer is passively enrolled, making it easier for brokers to focus on new consumer recruitment. Navigators make their revenue primarily through public program enrollments and recently received an increase in per-enrollee payments for Medical Assistance from \$25 to \$70. She said while navigators may be enrolling fewer consumers, the increase means they are generating more revenue.

Andy asked what communication there is during the renewal process with insurance carriers. Morgan said that they are sent enrollment data in the middle of October from the 834 EDI transactions log, which includes demographic information and APTC calculations. They have already started communications planning to ensure the best customer service and looking at previous years to guide new processes. Andy clarified that he was looking for information communicated to the consumers. Morgan said the renewal notice mailed to consumers includes the renewed information on the application and encourages them to update any necessary information. Andy asked if consumers ever have problems reporting this information to MNsure. Morgan said there are areas for improvement on this front, but it should be clear that they need to call the Contact Center to process any changes. Call volume can be high after the notices are sent, but it is generally managed well. There are also some online tools consumers can use. Andy asked if a consumer knows their premium when they are passively enrolled. Morgan said it is listed on the renewal notice sent in the middle of October.

IT and Executive Steering Committee Update

Greg Poehling, MNIT

Greg began by providing development updates related to COVID-19. As he mentioned last month, he advised that in May they added static text providing instructions to consumers to

three screens in the online application that address unemployment income. These changes are slated to be removed on August 1. MNIT continues to support working remotely for the MNsure workforce. The COVID-19 Response resources have begun analyzing the necessary work for returning coverage and related premium billing back to standard policies and procedures following the end of the declared federal public health emergency (at the end of the month). For example, during the emergency, Minnesota made the decision to retain public program coverage for individuals even if their eligibility for public coverage had changed. In situations where an individual's eligibility changed from public program to a qualified health plan (QHP), their coverage was reverted to the public program. As the state returns to standard policies, it will be necessary to review all cases like this that are out of sync between systems and make decisions on how to handle them.

Moving to the insulin program, Greg said that MNIT played a small role to support MNsure by completing three work efforts to help with the program that was launched in July 1. Those projects have already been completed.

Greg then presented on development work for the summer, fall and winter. For the summer release timeframe, work during this time was impacted starting in March when MNIT had to put several projects on hold due to resources being diverted for COVID-19 efforts. The last time the board met, there were five projects on hold, and the same five continue to be on hold this month. DHS continues to review their capacity every two weeks in order to determine the best timing to re-activate these projects. Three of the on-hold projects impact MNsure: METS Electronic Eligibility Verifications (Discovery), METS Eligibility Determination: Pregnant Women and Auto Newborns and METS Eligibility: Income.

Next, Greg updated the board on the Unique Person ID project, which completed a non-Curam deliverable in the summer timeframe. Unique Person ID is a multi-year, multi-deliverable effort to address the problem of duplicate person records being created by the Minnesota Eligibility System (METS). The focus of the summer deliverable was to refine the "keeper" logic used by the Shared Master Index (SMI). The keeper logic is the mechanism that determines which of multiple IDs gets retained for use by the shared master index. This change will help to ensure that the Shared Master Index retains the record with the best data to use as a cross reference for shared records across DHS systems.

Greg then moved onto development work in fall release timeframe. The Effective Dates project will deliver the existing eligibility module that enables METS to consider the previous and existing program eligibility results when a new eligibility determination is made. The project team has completed the first three rounds of testing and the next step is to complete regression testing which started July 1 and is expected to wrap up by August 21. To date, no issues have been found in regression testing. User acceptance testing is expected to overlap regression testing by one week and will start on August 14. The current project status is yellow for cautionary reasons. They continue to keep a close eye on this project as this effort is critical to OE.

Next, Greg reviewed updates about the temporary absence for Medical Assistance. This project does not provide direct benefits to MNsure; however, it does share a dependency with effective

dates in the fall release. All quality assurance testing has been completed and only user acceptance testing (UAT) remains. This project continues to be on track to deliver as planned.

The unique person ID project remains on track to deploy two scope packages in the fall release that are critical to reducing the number of duplicate IDs in METS and METS-connected systems. The project status for these deliverables is green. The two deliverables will provide the technology needed to merge duplicate records in METS and to notify backend systems that the merges have taken place. A third related deliverable ensures that METS is notified of records merged within other systems and will be delivered in 2021.

Lastly for the fall release, Greg said the Data Mart 1.5 project continues to be on target which will allow MNsure staff to access data directly through standard reporting tools.

Moving onto development work in winter release timeframe, Greg said there are two projects on track to deliver in this period. They are Unique Person ID and the Cúram upgrade. In previous years, the winter Cúram release usually deployed in the early January timeframe, but this year the winter Cúram release calls for an extended testing period to accommodate needs of the Cúram upgrade project. The delivery date has been set for February 7. The Unique Person ID project will be deploying two separate deliverables one to the Eligibility Verification System (EVS) in January 2021, and one in the Cúram release that deploys February 7. The EVS scope will enable providers to find the correct active ID for eligibility verification and claims submissions without client or state staff intervention. This will result in reduced claims rejections and labor costs to resolve, fewer service disruptions for enrollees and decreased accounts receivable days for providers and managed care organizations. The Cúram project is purely a technical upgrade.

Greg then discussed ongoing and annual work in the summer and fall release timeframes. During the summer release timeframe, two ongoing/annual efforts will be delivering work that provides benefits to MNsure: data access and management reports and maintenance & operations (M&O) non-project work. The data access and management reports team is currently working on seven reports for MNsure, including the GetInsured (GI) Dual Coverage Update report currently be reviewed by business, and the MNsure Eligibility Audit Consumer Data Request where the business requirements specification document (BRSD) is being reviewed by business.

Greg said the maintenance and operations non-project work targeted for release during the summer timeframe includes navigator/broker license clean-up, which ensures the number of accounts stays within the number of paid licenses designated to MNsure, along with some routine efforts, such as critical incident support, emergency patching, and tier 2 helpdesk support.

As for the fall release timeframe, there are three ongoing/annual efforts that will be delivered: 2021 OE package, M&O: non-project work, data access and management reports. The 2021 OE project updates METS to use the new 2021 values when determining an individual's eligibility for MinnesotaCare (MCRE), insurance assistance (IA), and unassisted qualified health plans (uQHP). For M&O: non-project work, there are eleven defects to be addressed in the fall release deployment; two of the defects impact MNsure only, seven impact both MNsure and

DHS, and two impact only DHS. The reporting team will be called upon to support OE by creating a series of qualified health plan reports for MNsure. Additionally, since the board last met, the METS Disaster Recovery Exercise project was targeting to deliver in this time period. It has since been rescheduled to deliver in the winter release timeframe due to COVID-19 impacts.

Greg ended with a review of the 2021 Roadmap for METS projects. As he noted last month, the roadmap preview assumes that all requested funding for METS projects is approved. They have now received approval from DHS' Enterprise Architecture Board to submit the asterisked projects for federal reimbursement. The METS Program Management Team is still working to ensure operational funding will be available for the non-asterisked projects and expects to have that resolved in July.

New Business

Peter Benner, Board Chair

None.

Adjourn

Peter noted the next meeting is Wednesday, October 21 at 1 p.m. He then moved to adjourn. Dave Fisher seconded. All were in favor and the meeting adjourned at 3:15 p.m.