



MNSure Board of Directors Meeting Minutes

Wednesday, March 15, 2023, 1 – 4 p.m.

Hybrid: Remote via WebEx and in-person

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

Participants in attendance: David Fisher, Jessica Kennedy, Suyapa Miranda, Stephanie Stoffel, Daniel Trajano, Andy Whitman

Staff in attendance: Angela Benson, Libby Caulum, Nate Clark, Claire Hahn, Joel Ingersoll, Kari Koob, Mary Robinson, Dave Rowley, Anne Sexton, Christina Wessel, Morgan Winters, Jo Wright, Mike Wright

ASL interpreters: Taylor Gjesdahl, Jamie Schumacher, Dylan Anderson

Meeting Topics

Welcome

Suyapa Miranda, Board Chair

The meeting was called to order at 1:03 p.m. by Chair Suyapa Miranda. Chair Miranda 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. MNSure’s chief legal counsel, Dave Rowley, conducted a roll call for attendance.

Public Comment

None.

Administrative Items

Suyapa Miranda, Board Chair

The board passed motions to approve the meeting minutes from the board’s last meeting on January 11, 2023, and to approve the advisory committee officers as recommended.

Chair Miranda shared that the search for a permanent CEO is ongoing. The search committee has multiple excellent candidates and plans to conduct interviews over the next few weeks.

Preliminary Three-Year Financial Plan

Kari Koob, MNsure Chief Financial Officer

Revenues for plan year 2022 came in about \$500,000 higher than forecast and early analysis for plan year 2023 shows a slight increase to MNsure's previous projections. Ms. Koob noted that MNsure's proposal to upgrade and replace our core technology was included in the governor's budget recommendations for fiscal year (FY) 2024-2025. MNsure faces serious budget constraints due to the increasing costs of maintaining the Minnesota Eligibility Technology System (METS). Ms. Koob also explained that the preliminary budget presented today is based on what's in current Minnesota law; the finalized budget this summer may include updates coming from this legislative session.

Premium Withhold Revenue Projections

The [premium withhold revenue projections document](#) shows projections by enrollment year, which runs January to December, in the top half of the document and by state fiscal year, which runs July to June, in the bottom half.

Plan year 2022 had a strong open enrollment. In February 2022, MNsure reached peak enrollments for any month in MNsure's history. The member lapse rate was consistent with pre-COVID pandemic, historical averages. We ended plan year 2022 with about 2,800 more members than initially forecasted, and the average premium amount was also higher than forecasted.

In February 2023, MNsure had over 113,000 enrollments, which was used as the peak member level for the revenue forecast for enrollment year 2023. The average premium was \$495 and is expected to trend downward as the year continues. The forecast assumes level end-of-year enrollments, and a total premium withhold (PWH) revenue of just over \$22 million for the current plan year.

For future year effectuated enrollments, MNsure assumes level membership while considering impacts to future enrollment like the Inflation Reduction Act's continuation of expanded advanced premium tax credits (APTC), the end of pandemic-related Medicaid continuous coverage requirements, and health insurance carriers potentially offering plans off-exchange. PWH revenue projections for the next three years:

- FY 2023 — \$22.3 million
- FY 2024 — \$22.5 million
- FY 2025 — \$22.6 million

Daniel Trajano asked about the number of Minnesotans who will lose public health care program coverage when the continuous coverage requirements end and how it might affect MNsure enrollment. Ms. Koob replied that in August 2022, CMS estimated about 9.5% of Medicaid enrollees could lose eligibility and of that group roughly one-third would qualify for APTC; however, it is difficult to estimate how many will take advantage of the opportunity to

enroll through MNSure. MNSure projected no change (level enrollment) rather than potentially overestimate membership and revenues.

Preliminary Three-Year Plan

The top half of the [budget document](#) covers PWH revenue and additional resources, including American Rescue Plan Act dollars at the federal and state levels, about \$13.2 million from Minnesota's reinsurance program for plan years 2023, 2024, and 2025, the reimbursement for work that supports Medical Assistance and MinnesotaCare, and earned interest. Ms. Koob noted that the reimbursement total was lower during the public health emergency and under continuous coverage requirements but expects this to increase as public health care program renewals resume in April 2023.

The bottom half covers expenditures. Administrative and IT development costs in 2023 are lower than previously forecasted, while all other categories are expected to closely align with the budget. Fiscal year 2024 includes filling positions that have been vacant, payroll and benefit increases for current staff as outlined in state labor agreements, and includes the cost for developing a diversity, equity and inclusion (DEI) program. The Contact Center budget will increase by \$1.2 million to account for pay increases for current staff, maintain higher staffing levels during the "unwinding" of continuous coverage requirements, and support an earlier ramp-up of seasonal staffing for the next open enrollment period. The METS operating budget also will increase, partly due to inflation but primarily because federal funding is decreasing and the shift means an increased share paid by the state, including MNSure. The IT modernization proposal moving through Minnesota Legislature this session would address this issue; in the meantime, MNSure, Minnesota Department of Human Services (DHS), and MNIT are working together to take a closer look at METS operation costs.

This preliminary budget was developed to maintain business operations and provide service levels to meet expectations. It projects ending fiscal year 2025 with a little over \$11 million to carry forward, which is approximately three months of operations cost.

Vice Chair Stephanie Stoffel recommended a motion to approve the preliminary budget for fiscal year 2024 and three-year financial plan as presented and discussed.

MOTION: Andrew Whitman so moved. Dr. Trajano seconded. The motion passed.

CEO report

Nate Clark, MNSure Chief Executive Officer

Year-Over-Year Comparisons

Starting with slide 6, Mr. Clark shared how MNSure's open enrollment for plan year 2023 compared with prior open enrollment periods, including sign-ups (slide 6) and Contact Center service delivery (slide 7). Mr. Clark noted the increase to 91% of calls answered in five minutes or less, the reduction of abandoned calls, and improvement in average speed to answer times. The improvements we've seen in service delivery metrics are confirmed with by increased

consumer satisfaction (slides 8-9). Multiple areas have seen double digit percent increases when comparing satisfaction in 2019 — the last year before MNsure moved the Contact Center in-house — with 2022 survey results. Mr. Clark noted that the work of MNsure Director of Contact Center and Business Operations Jo Wright and her team has transformed our service delivery operation.

Dave Fisher asked about the customer satisfaction survey and how it's conducted. Generally speaking, a small percentage of MNsure consumers are selected each week and receive an online survey; Mr. Clark said that staff would follow-up regarding the number of participants.

Jessica Kennedy noted the service level improvements and the effect of moving the Contact Center in-house as well as the switch to remote work during the COVID-19 pandemic. Mr. Clark remarked on the professionalism and expertise of Contact Center employees and how successful the team has been while working remotely.

Dr. Trajano added that in his personal experience as a MNsure consumer, Contact Center representatives were excellent and shared feedback on communicating the survey data and colors used on slide 8.

Sign-up Activity

Sign-up data shown on slide 10 reflects METS activity through the end of February 2023:

- 132,328 qualified health plan (QHP) sign-ups
- 40,379 Medical Assistance (MA) applications
- 6,070 MinnesotaCare applications

Over 57% of QHP-enrolled households are receiving APTC averaging approximately \$520/month, per household. About 23% of private health plan sign-ups are from new consumers.

Mr. Fisher asked a question about the difference in reporting metrics for individuals versus households. Mr. Clark responded that MNsure uses the tax definition of household, which can include multiple members. MNsure COO Morgan Winters provided additional information about the difference between sign-up data and financial help data for effectuated enrollments (slide 10) and rules under the Affordable Care Act (ACA) about tax household status.

Mr. Fisher also asked for the definition of cost-sharing reductions (slide 10). Cost-sharing reductions are a benefit under the ACA that addresses out-of-pocket costs that consumers pay outside of premiums and are applied based on income or tribal status.

Slide 14 shows PWH revenue for the first two months of 2023, which is tracking slightly above the forecast.

Legislative Update

Libby Caulum, MNsure Senior Director of Public Affairs

Ms. Caulum began by thanking Government Affairs Manager Pete Engler, Policy Director Emily Cleveland, Senior Staff Attorney Anne Sexton, Public Affairs Specialist Mary Robinson, Individual Market Policy, Eligibility and Enrollment Director Bob Paulsen, and the entire Executive Team for their work, which ensures MNsure can put forward strong proposals, respond to legislative requests, and stay abreast of developments during session.

This is a budget year, which means the Minnesota Legislature is tasked with developing a two-year biennial budget by May 22, 2023. Following last year's election, the DFL has control of the House, Senate, and Governor's office. In addition, the state has a historic \$17 billion surplus.

MNsire Legislative Priorities

Governor Walz and Lt. Governor Flanagan included three of MNsure's proposals in his budget recommendations:

1. **IT Modernization:** Proposal to replace MNsure's core technology, would improve the consumer experience for QHP consumers through the marketplace while preserving the "no wrong door" approach; asking approximately \$30 million over four years
2. **Establish Easy Enrollment Program:** Proposal would leverage an existing touchpoint with state government; residents would check a box on state income tax form, authorizing Minnesota Department of Revenue to securely share relevant information with MNsure, which would complete a preliminary eligibility determination for the household and follow-up with the consumer directly
3. **Expand Public Awareness of Insulin Safety Net Program:** Proposal to invest \$800,000 to increase public awareness of the Insulin Safety Net Program through print, TV, radio, and other advertising options like billboards and transit stops

Concerning the Easy Enrollment Program, Mr. Fisher asked how Minnesotans will know the implications of checking the box on their tax forms. Ms. Caulum clarified that the federal IRS is not involved, rather MNsure would work with the state's Department of Revenue to include a disclosure on tax forms indicating what the box represents and that Revenue would not be receiving any personal health information. Mr. Fisher said his concern is broader and regarding how much the consumer understands about data privacy.

Andy Whitman added that this proposal would be a relatively easy addition to existing tax forms. Ms. Caulum reiterated that the proposed program is entirely voluntary, and no taxpayer would be required to check the box.

Ms. Kennedy asked whether MNsure is the lead agency for the IT modernization proposal. MNsure is the lead agency, though DHS will have some implementation costs. Ms. Koob added that MNsure's request includes DHS' business costs and encompasses what's included for DHS, MNIT and MNsure.

Dr. Trajano asked whether an Easy Enrollment program is in operation elsewhere and how effective it is in other states and said that as long there are adequate privacy protections in place, it seems like an excellent opportunity. Ms. Caulum responded that MNsure's proposal is

based off of the current program in Maryland; given the total state population and uninsured population similarities, we could expect to see similar results. MNSure estimates 50,000 households would check the box and about 5,000 could gain coverage each year. MNSure takes privacy concerns seriously and will work together with Department of Revenue to implement the program in a secure manner.

Additional budget proposals relevant to MNSure:

- DHS has a proposal to provide additional \$3 million in funding for MNSure's navigator grantee organizations to support their work. Navigators are currently reimbursed \$70 for each successful public program enrollment; this proposal would increase the amount to \$100 during the continuous coverage requirement unwinding.
- Proposal for state-based cost-sharing reductions, which would lower out-of-pocket costs for MNSure enrollees on silver-level plans with income between 200-250% of the federal poverty level (FPL). Notably, this would help ease the transition from Medical Assistance or MinnesotaCare to a QHP, which generally has higher premiums and out-of-pocket costs.
- Proposal to allow Minnesotans to buy into the MinnesotaCare program. Income eligibility is currently capped at 200% FPL; this proposal would make MinnesotaCare available to households above this income level for the first time. Since MNSure provides the "front door" for both QHP and Medical Assistance or MinnesotaCare enrollees, this would impact MNSure's eligibility system. MNSure is providing technical assistance while representing the interests of QHP consumers we serve and ensuring we can continue to deliver high quality service to everybody who relies on us for coverage.

Mr. Whitman commented there are many private exchanges in Minnesota that may also be impacted by the proposed MinnesotaCare buy-in. Ms. Caulum responded that MNSure remains the only place that Minnesotans can get financial help and access Minnesota's public health care programs.

Vice Chair Stoffel asked whether there are any projections of how many new households might sign up if the MinnesotaCare option passes? Ms. Caulum said there are multiple steps needed before we'd be able to get solid estimates of how many people would sign up for the program, including applying for a State Innovation Waiver (also referred to as a section 1332 waiver) to allow such a program. Vice Chair Stoffel asked if this program would reduce the number of people who do not have insurance currently. Ms. Caulum confirmed that is the intent of the program, but we do not know how many people would choose to buy into the MinnesotaCare program.

Ms. Kennedy asked about potential revenue impacts if consumers would move from a QHP to the MinnesotaCare option, and whether there is any opportunity to then advocate for a higher PWH percentage. Ms. Caulum said that PWH increases have not been a part of the discussion but that MNSure is aware of potential revenue impacts.

Dr. Trajano asked whether the intention is to open MinnesotaCare to any Minnesotan who wants it or just expand eligibility to a higher income limit? Ms. Caulum explained there are a few

different proposals circulating that address various components; none have been solidified yet, so questions about eligibility requirements remain.

At approximately 2:22 pm, the board took a 10-minute break. The meeting resumed at 2:35 pm.

IT and Executive Steering Committee Update

Mike Wright, MNIT Interim Chief Business Technology Officer for DHS and MNSure

Mr. Wright began by thanking Nate Clark for his work and dedication to MNSure.

The METS FFH 2023 roadmap is available on slide 38. Since the last board meeting, there are no updates to ongoing work. The disaster recovery exercise is scheduled for April 17-21, 2023. Under development projects, there are six changes to note (highlighted in red):

- Projects titled MinnesotaCare Eliminate the Family Glitch and Unique Person ID were both deployed as part of the METS winter release on February 12, 2023.
- Projects titled Eligibility and Enrollment Certification and Data Access and Management Reports for FFY 2022 were completed.
- METS Configuration Auditing changed from on hold to in progress, effective February 1, 2023.
- Infrastructure Improvements were added back into the roadmap and is expected to be completed this fall.

Vice Chair Stoffel asked for clarification about the Curam upgrade status. Mr. Wright explained that the sponsors placed this project on hold in December 2022 to free up resources for the renewal self-service initiatives. The Curam work is expected to start again in May or early June, with an expected release in spring 2024. Mr. Wright reiterated that our current version will be fully supported into 2024.

Mr. Fisher asked what happens if we reach the end of current-version support before we upgrade? Mr. Wright responded that the plan is to be very transparent with work “in-flight,” and if there are competing projects, we must prioritize the Curam upgrade and hold our business partners and stakeholders to the spring 2024 release date. The risk of not meeting this timeline is unclear, but MNIT wants to stay in the release status that guarantees vendor support.

Mr. Fisher asked a follow-up question about Curam’s new owner (Meritave). Mr. Wright replied he has bi-weekly meetings and a very strong working relationship with this vendor partner.

Continuous Coverage Unwinding

Morgan Winters, MNSure Chief Operating Officer and Libby Caulum, MNSure Senior Director of Public Affairs

Mr. Winters provided an overview of relevant federal legislation relevant to the COVID-19 pandemic and public health emergency (slide 25). The Consolidated Appropriations Act (CAA) decoupled the COVID-19 public health emergency from the Medicaid continuous coverage

requirements and provided an end date for those requirements — March 31, 2023 — after which state Medicaid agencies must return to regular program rules.

The continuous coverage requirements have led to large increases in public health care program enrollments in Minnesota over the last three years (slide 26). Total enrollee population is about 1.5 million, and all individuals will have their program eligibility reassessed over the next 14 months as part of the “unwinding” effort. Most are expected to maintain coverage in Medical Assistance or MinnesotaCare; those who lose coverage due to ineligibility will be eligible to buy a plan through MNsure in most cases (slide 27). Mr. Winters noted that all estimates are based on pre-pandemic trends, and we don’t know whether the same dynamics will be evident during the unwinding, as we know very little about the current enrollee population. Additionally, the QHP-eligible population estimate only reflects eligibility and not expected MNsure enrollment: many QHP-eligible individuals have likely gained access to job-based coverage, for example. Historically, about 20-30% of eligible consumers enroll in a QHP, and the percentage may be lower in this context.

Mr. Fisher asked about the opportunities for enrollment for those who are no longer eligible for Medical Assistance or MinnesotaCare. Mr. Winters explained that the eligibility redeterminations will not take place all at once; instead, are distributed over 12 cohorts and all individuals will have a chance to enroll.

Dr. Trajano noted that Ms. Koob mentioned other numbers earlier in the meeting and reiterated the opportunity for MNsure to connect with consumers and help them enroll in coverage. Mr. Winters responded that 17.4% is an updated estimate for national disenrollment from CMS, and the number of people who qualify for APTC and \$0 premium plans nationally is not actionable data for Minnesota since we are one of just two states with a basic health program (MinnesotaCare). Most of the people who have incomes that would qualify them for \$0 premium private plans through the marketplace are getting \$0 coverage through the MinnesotaCare program instead. There is still a large opportunity for MNsure to capitalize on this and help consumers understand their options.

The DHS 14-month timeline for the unwinding is available on slide 28. Ms. Kennedy asked about the eligibility determination notice for enrollees who are no longer eligible for Medical Assistance or MinnesotaCare, and Mr. Winters confirmed that the notice contains information about whether they’re eligible for APTC. Ms. Kennedy commented that it would be great if Minnesota could offer a smoother transition for individuals moving from a public program to a QHP through an automatic enrollment option.

Slide 29 provides an outline of the unwinding activities for DHS renewal cohorts over the next six months. As renewals are processed, MNsure will be running data reports each week to capture eligibility changes as they happen and use that information to conduct outreach to individuals who are no longer eligible for Medical Assistance or MinnesotaCare and newly QHP-eligible. Outreach will include information about available APTC, when they can enroll in a private plan, how to enroll through MNsure, how to access language services, and how to connect with a broker or navigator for free enrollment help.

Dr. Trajano asked for more specifics about the outreach process to Minnesotans who are eligible for a QHP. Mr. Winters explained that an automated notice will be sent out first based on system activity (when a new eligibility determination is made). Secondly, MNSure will send a “manual notice” that has been designed explicitly for this purpose, to promote information and education specific to the unwinding process and coverage transitions.

Chair Miranda asked about communicating via email and emphasized that it will be important for MNSure to consider language barriers. Mr. Whitman raised a question about sharing the responsibility of educating enrollees about the unwinding and what resources are available for community groups. Chair Miranda noted that we have to balance the importance of raising awareness without creating confusion for enrollees. Ms. Caulum added that MNSure will be creating toolkits for our partners to share information with stakeholders and DHS is doing this as well.

MNSure has made four key policy changes related to the unwinding to promoting continuity of coverage (slide 30):

- Extending special enrollment period window from 60 days (standard) to 90 days
- Providing optional retroactive coverage for eligible consumers
- Waiving verification document requirements for consumers transitioning from Medical Assistance or MinnesotaCare to a QHP
- Transitioning navigator payment schedule from a quarterly to monthly cadence to support our navigator partners

Unwinding Communications

MNSure communications staff have been meeting regularly with our DHS counterparts to understand their approach to the unwinding, build on their efforts, help amplify their messages, and develop a coordinated plan for how we will communicate with newly QHP-eligible Minnesotans. MNSure’s three main goals (slide 31):

- Reduce gaps in coverage
- Conduct direct outreach to newly QHP-eligible
- Educate and inform target audience about coverage options

Our target audiences include newly determined QHP-eligible Minnesotans, potentially eligible Minnesotans as well as stakeholders and partner organizations (slide 32). Alongside cultural competency, preferred language, and geography, MNSure’s communications will give special consideration to the potential lack of familiarity with private coverage of our target audiences.

MNSure’s messages will focus on avoiding a gap in health insurance coverage, financial help, comprehensive coverage, and free enrollment help from assisters. Tactics include direct mail, text messages, emails, paid ads, social media and stakeholder toolkits.

Chair Miranda asked whether the retroactive coverage option is new. Mr. Winters responded that under certain conditions an individual may qualify for a retroactive coverage effective date,

but MNsire is broadening it here for the individuals who are losing eligibility for Medical Assistance or MinnesotaCare who meet specific criteria.

Dr. Trajano added that this is good information and asked about federal waiver programs and the Governor's proposal to allow continuous enrollment for children who are on Medicaid. Ms. Caulum responded that there are multiple proposals that address continuity of coverage that the Governor, DHS, and the Department of Commerce are working on right now, and she will provide more information following the meeting.

2023 Goals and Measurement

Nate Clark, MNsire Chief Executive Officer

Last year, the board began discussing MNsire's policies as they relate to goals and measurements and agreed on a measurement process as well as the goals and outcomes proposed by staff. The 2023 goals dashboard (slide 41) shows a quick visual snapshot of progress across seven goals. At a minimum, MNsire will report each quarter on its progress. Each goal has been assigned to an executive sponsor who is responsible for leading associated activities (see slides 42-51).

1. **Improve outreach and support of underserved populations** (Libby Caulum) — This is a longstanding priority of MNsire but there is more work to do; this goal is especially important this year during the unwinding. An analysis of MNsire broker demographics is in process, and MNsire is translating key portions of our website into our five most requested languages (Spanish, Hmong, Somali, Russian, and Vietnamese). Additional key activities will begin under new marketing contract starting July 2023.
2. **Advocate for 2023 legislative priorities** (Libby Caulum) — We are making progress and all five deliverables are finished or are in process. When this legislative session concludes in May, we will consider 2024 legislative priorities.
3. **Implement support for the IRS Family Glitch regulation** (Morgan Winters) — MNsire was able to implement the federal rule change manually during the last open enrollment and has since deployed updates to the METS application to capture family cost of employer plans. Later this spring, MNsire will offer a special enrollment period for non-calendar-year employer plans. Slide 45 shows relevant enrollment data.
4. **Increase the share of enrollments processed by brokers** (Christina Wessel) — In addition to the broker analysis, MNsire is conducting broker outreach to encourage more to be listed on MNsire's Assister Directory, providing training and materials to support broker efforts during the unwinding, planning to directly connect newly QHP-eligible consumers with brokers where possible, and facilitating navigator-broker referral relationships.
5. **Increase the size and reach of the broker network** (Christina Wessel) — MNsire is continuing efforts to reach and recruit new broker partners and is considering opening a new solicitation for broker enrollment center partnerships to fill some geographic gaps.

Mr. Fisher commented that goals #4 and #5 are a continuation of MNsure's ongoing work; Ms. Wessel responded that we've been working on recruitment efforts every year but in 2023 we have new messages to share with brokers due new opportunities with the unwinding and this brings new emphasis to the work.

6. **Establish a Diversity, Equity and Inclusion program** (Nate Clark) — Creating a DEI program is a new initiative that will go beyond training opportunities, mentorship programs, and new policies to ensure that MNsure has an equitable culture that supports diversity. Draft vision, values and goals are on slide 49. The next step will be selecting a vendor for defining and developing the DEI program; with key activities beginning after the next permanent CEO is hired.
7. **Establish an Employee Engagement program** (Nate Clark) — Employee engagement is critical for a successful work culture, increased job satisfaction and building better work relationships. Results from the statewide employee engagement survey are expected in June 2023; the next step will be evaluating those results to decide whether a MNsure-specific survey is required to refine our planning.

Mr. Fisher noted that goals #6 and #7 are complicated and will require focused expertise, and said he appreciates that MNsure is employing outside vendors to help with these processes. Mr. Clark agreed and mentioned that experience setting up DEI programs is one of the vendor criteria.

Chair Miranda acknowledged this is Mr. Clark's last board meeting as MNsure CEO before his retirement, expressed her thanks for both his leadership and the opportunity to work together. Mr. Fisher thanked Mr. Clark, noted that MNsure is a well-run organization with staff longevity and demonstrated expertise, and offered his congratulations. Dr. Trajano also shared his congratulations on building a great team and incredible work over the last eight years. Mr. Clark expressed his sincere thanks to the board, staff and MNsure partners, and shared that leading MNsure has been an extraordinary opportunity and one of the highlights of his career.

New Business

None.

Adjourn

Suyapa Miranda, Board Chair

MOTION: Mr. Fisher moved to adjourn the meeting. Vice Chair Stoffel seconded. The motion passed.