



MEETING MINUTES

Board of Directors Meeting

Date: Wednesday, September 25, 2013	Building: 81 East 7 th Street, St. Paul, MN 55101
Time: 1:00 – 4:00 pm	Conference Room: 1 st floor atrium
Attendees: Thompson Aderinkomi, Pete Benner, Brian Beutner, Kathryn Duevel, MD, Commissioner Jesson, Phil Norrgard	
Staff: April Todd-Malmlov, Carley Barber	

Topics:

Welcome and any new business <i>Brian Beutner, Chair</i>	Announced this morning: MNsure will open October 1 st with the lowest rates in the nation.
Customer story Jennifer Dupuis, Esko	<p>Jennifer Dupuis of Esko, Minnesota joined the meeting to share her story. Jennifer is 33 and married with one child. Jennifer and her daughter are enrolled members of the Fond du Lac Band of Lake Superior Chippewa. Her husband is the son of an enrolled member of the same tribe.</p> <p>Jennifer is employed through her tribe full time and has employer insurance. Her husband is a union carpenter who is employed seasonally. When he is working, all three family members are covered under his employer's family plan. When there are extended periods of time her husband is not working, they fall off his insurance. During the seasons he is not working, when they are without his income, they can't afford to all be on Jennifer's employer's family plan. During those times, Jennifer is covered and her husband and daughter are not. MNsure will change things for her family. She excited about more affordable options, the premium tax credits and cost sharing reductions. She is confident they'll be able to find an insurance plan that is right for their budget and will be a good fit for their family during the times they need it.</p> <p>Being American Indian, she is excited for the benefits and protections that are afforded American Indians in the Affordable Care Act (ACA). Along with these benefits and protections come complications. The rules and regulations for American Indian benefits are confusing and some issues, such as the verification process, are not yet decided. How will they prove they are American Indian and eligible for IHS services? There are unanswered questions causing anxiety among community members.</p> <p>Perhaps the most complicated issue is that there is a clear difference between those enrolled in a federally recognized tribe and those who are only descendants. Jennifer and her daughter are enrolled members. Her husband is a descendent. Just because you are not enrolled in a tribe does not mean you are not American Indian, however enrolled members have different benefits. They are eligible for different things. Awareness is important and there are a lot of materials that do not</p>

make this distinction.

Jennifer is a graduate of the Tribal Education and Outreach Consortium. They train tribes on the ACA, specifically on items related to American Indians and Alaska Natives. She has been working with tribes in Minnesota, Wisconsin and Michigan and wanted to share that she feels very fortunate to be in Minnesota. She is finding there is concern and confusion in Wisconsin and Michigan. They do not have Medicaid expansion, MinnesotaCare and MNSure. We are lucky. Jennifer thanked Minnesota, the Board and staff for all the hard work for American Indians and everyone in Minnesota. She is confident that the issues she mentioned will be worked out.

Q. How was the training?

A. She is almost all the way through the first course and so far it is clear and good. The only confusing piece is what she already mentioned. The navigators and assisters need the clarification about American Indians because some of the information could be misleading.

Q. Do you feel comfortable knowing who to ask or where to go for clarification? Does that feel accessible to you?

A. For herself and her tribe, yes. Fond du Lac is very knowledgeable and they share a lot of information with their staff. There is some confusion in other tribes. They do not do as much training. They have received unclear or incorrect information from the call center. Additional Native American-specific resources are needed for navigators and assisters.

Q. Each tribe operates independently. Is there a resource we could use to better reach all tribes as a group, or is tribe by tribe communication needed?

A. Tribe by tribe is best. There are Tribal Health Director meetings but not all tribes attend. Jennifer suggested getting as much information in the media as possible. Tribal health clinics and IHS are also good places to start.

**Approve
September 20th
meeting minutes**

*Brian Beutner,
Chair*

Commissioner Jesson moved to approve the minutes. Kathryn Duevel seconded. There were no objections and the motion carried.

Public comment

None.

**Executive
Director update**

*April Todd-
Malmlov,
Executive
Director*

Rates Released

- The Federal release of all the rates across the country was an actuarial analysis, comparing apples to apples, and we are pleased with where we came in compared to the other 50 states. Learning we are the lowest was great news.

Reviews

- We have successfully gone through all of the Federal reviews.
- We have passed the IRS Safeguards review.
- When the Federal hub goes live, we'll need to ensure all the connections



are there and working appropriately.

- The Federal hub goes live on 10/1. We are going live 10/1. The system will be up and secure.

Planned communication with stakeholders

- April shared a document [<LINK>](#) outlining the planned communication with stakeholders both on an ongoing basis and during the go-live period.
 - The global carrier call is like a rapid response team with leads from their IT, business and communication teams.
- We have a triaged call line system. Tier 1 should be able to answer most questions. Tier 2 is more specialized. If they are not able to answer, tier 3 is our business leads and staff. We also have the MMIS helpdesk at DHS.
- We are anticipating agents and counties will have “how do I do something?” type questions or reports of issues. There will be times where we don’t have an immediate answer, but once we get more calls related to a particular issue and can isolate it, we’ll be able to get an answer out.
- Call center managers are in the command center every day and will be able to communicate known issues to call center staff.
- The call center staff has been trained on what to ask. The feedback loop we have in place will help ensure they are asking the questions IT needs them to ask to be able to understand and fix issues.
- We have learned a lot from the call center being up this past month. We are getting a good sense of length and type of calls. We are aware of some things, such as with American Indians where maybe additional training is needed.
- We have time set aside this week for additional call center training and call center staff are in the process of completing additional training. We can also get issues into the training queue as quickly as possible. If there are larger issues we can do it in person.
- Phil Norrgard appreciates how open and flexible the system is. With regard to American Indians, CMS still has not given us enough information on verification to be able to write the scripts for the call center. We will need to limp along for the short period until we can get answers. People just want to know they are being heard.

Measurement and Reporting

- We will be tracking what is coming in through the call center (wait times, length of calls, where the calls are coming from and what the questions are).
 - We are tracking everything that happens in the system, as well as general IT system performance measures such as how many people are using the system and how that impacts system speed and performance.
 - We will also be tracking general metrics such as how many people are looking at the system (anonymous shopping), how many accounts are created and how many payments are processed.
 - We expect a lot of people will look and that most of the account creation and purchasing will happen in November and December.
 - The Board will receive daily updates through Carley Barber. The Board requested metrics plus some narrative so they’ll have a general sense around issues and fixes.
 - How quickly can we incorporate things into the training materials for in
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- person assisters? We are working with a vendor. April will follow up.
- We are tracking visits and accounts created. We also have enrollment projections and want to track against them. We need a system for (broad, not daily) tracking against our projections especially in areas where we know a disproportionate number of people are without insurance. That will inform us as to where we need to shift resources.
 - We anticipate 60-75% of people will come in through the open enrollment period.
 - We know the staff is working close to around the clock, but if it would be realistic we should provide some suggested enrollment goals for the staff at the next meeting.
 - We know there are gaps in coverage by region and ethnic background and race. We need to set those enrollment goals in advance of seeing initial numbers to control for bias. We need to decide how fast we want to close those gaps. Thompson suggested deciding how much we want to close the gap and shoot for that.
 - Are we working with the carriers to track data? Thompson does not want us to shy away from getting the "difficult to measure" things that will take a lot of coordination, discussion and hard work.
 - Geography is easier to track. Questions around people's background, race, ethnicity, etc. is asked but optional. People's current coverage is not being asked about in the streamlined application.
 - The \$70 is for successful enrollment in a QHP. It does not matter if they had previous insurance.
 - Phil Norrgard does not feel the same sense of urgency around metrics as we have an awful lot to focus on that is right in front of us right now.
 - Kathryn Duevel added that it is important that we start on it and insert questions into what we are already collecting now before it's too late. Timing will be critical from that perspective.
 - We were going to set goals for calendar year 2014 in October. This discussion feeds into that.

Credit monitoring

- We received confirmation from the federal government that we are able to offer credit monitoring services to brokers impacted by the breach using grant funds. We are working through the process for how to do that. We'd like to get that out to the brokers as soon as possible. It is a top priority.

Advisory committees Board members

The board is not recommending specific people today, rather the process was reviewed, going over high level distributions and we need to make a decision about next steps.

Process

- Kathryn, Thompson and Pete volunteered to work through the applications with staff.
- This was a lot of work and took a lot of time. We had over 200 applicants. Individually, they reviewed each application, then they reviewed them again together in 3 meetings, some of which were over 4 hours. A lot of work went into this.
- Thompson walked through the document that outlines the process. [\(LINK\)](#)
- The team worked through the committee composition to get it where we



needed it to be so that, for example, within the Health Industry group, a provider was not competing against an insurance company. There were a fixed number of seats based on the roles we wanted the members to play.

- We realize some people may not be pleased, because we only had 17 slots.
- We will rely on these committees a lot. We want them to be active. We are adding 34 to the mix to help inform decisions.
- Kathryn noted that it was delightful to see the number of applicants and know there were so many people willing to give their time to make this successful. They were heartfelt, sincere, and so interested in giving their citizens, their state and MNSure their time. Reviewing the applications was an educational experience and she came away feeling really good about it. It was a good, collaborative process.
- One thing we talked about was making sure these are not token committees. We need to make them matter. That means we may need to slow down, logistically, to be able to incorporate their feedback. Logistics need to work to make these groups meaningful.
- African American is not the same as African. We only had the African American box on the form. We were cognizant of that.

Health Industry Advisory Committee

- Commissioner Jesson asked how we can incorporate academic experts into the Health Industry advisory committee. Was that considered, or is there another place for that expertise? We did have a small number of applications from academics. In addition there were applications from industry people with significant background in certain areas. We can bring in academic experts at the time when we, as a Board, need input from them. Of note, Thompson felt only one applicant would be considered an academic expert as Commissioner Jesson described. The purpose of the committees was also considered. We want them to help inform us prior to decisions being made, not to advise us afterward. As such, these committees did not feel like the right place for academic experts. Perhaps we need a separate work group or task force with high level research, academic and finance skills. We hope the advisory committee members will bring in broad information for the groups they are representing, where the separate work group/task force would have a focused set of skills that we may need intermittently.
- There was a tremendous amount of knowledge, skills and impressive backgrounds among the applicants.
- The chart shows we have a lot of people from large employers. It proved difficult to get the other factors to fall the way we wanted when looking at where they got insurance.
- It was noted that on the chart showing the industries represented, we have more representing "medical provider" than "Underserved/Safety Net Populations." However, we found the majority of applicants were actually "two-for-ones or "three -for-ones."

Consumer and Small Employer group

- Phil Norrgard likes the distribution and expects the group of uninsured will be gone by next year.
- Commissioner Jesson was also happy with how the recommendation

worked out.

Decision

- Background checks
 - A decision is needed regarding background checks. We cannot announce names until the background check decision made. We have a narrowed down list we are prepared to vote on after the decision made.
 - There is no requirement for background checks. We could do them or forego them.
 - When the Governor is considering appointments to Boards they will go through a background check. There are two types commonly used. One of a criminal history check. It is a questionnaire where they are asked to self-identify things. There is another type of check used at DHS for people who work with vulnerable adults. That is what the navigators will go through.
 - The recommendation is to use the same process the Board went through.
- Disclosures
 - According to our Conflicts of Interest policy, advisory committees are exempt. By definition, we want them to have conflicts. But we would like to include some self-identifying questions about what their interests may be.
- Motion
 - Pete Benner moved to require all potential advisory committee members to complete the same background check process that the Board members completed, not the more restrictive "vulnerable adult" one. Potential committee members will also complete a disclosure statement as the Board members did. That will not disqualify them. The subcommittee will meet to review the background check results and final recommendations will be made at the next meeting. Commissioner Jesson seconded. All were in favor and the motion carried.

Public comment None

Wrap up and any new business

*Brian Beutner,
Chair*

Infrastructure grant update

- We are in the process of getting state employees from other agencies to join a review panel and look at a substantial number of applications.
- We need to do a quick primer for them as to what the RFP says. Hopefully they can get through the applications in a week.
- Negotiations with first thirty are nearly complete. We are waiting for a few checks.

Future meetings

- We will develop the agendas for the meetings through the end of the year.

Adjourn

Phil Norrgard moved to adjourn. There were no objections. The meeting adjourned at 3pm.

