

Board of Directors Meeting

- > **date:** Wednesday, October 16, 2013
- > **building:** 81 East 7th Street, St. Paul MN, 1st floor atrium
- > **time:** 1:00 to 4:00 pm

topics

Welcome and any new business
Brian Beutner, Chair

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

Customer story
Mitch Grussing, St. Paul

Mitch Grussing of St. Paul joined the meeting to share his story. He is a self-employed piano teacher, pianist and composer who currently receives health insurance from MCHA (Minnesota Comprehensive Health Association).

Mitch was on his parents' plan until he turned 26. Shortly before that, he was diagnosed with obsessive compulsive disorder (OCD). As it isn't terribly expensive to treat he did not anticipate it would impact his eligibility as he shopped for individual insurance plans. He found a few private policies that he felt suited him well, but was surprised to find he was denied coverage due to his pre-existing condition and ongoing prescription needs (a generic SSRI). While he felt it was better than nothing at all, he ended up with a low value, high cost plan through MCHA.

On 10/1, Mitch created an account on MNSure. He was impressed with the variety of offerings and found a plan. He liked not having to provide his health history. He was not initially impressed with the site and experienced some bugs. He came back on 10/2 and did select a plan.

Overall he had a fairly positive experience. He chose a platinum plan that is \$35 a month lower than what he is paying now. His deductible will be half and some office visits will be covered by copays. He could have saved substantially more a month with a lower level plan, but he chose a platinum plan because having a low deductible was important to him, as well as office visits with copays for behavioral health. For him, MNSure has done its job. He got out of it exactly what he wanted to get out of it.

Q. If you could change one thing about the user experience, what would it be?

A. At one point the page prompted to continue but he could not find a continue button. He also had trouble getting it to work with Google Chrome.

Q. Do you know when you will be able to send the money?

A. No.

Q. If able, would you send the premium now?

A. Yes. He would, just to make sure he has the coverage in place and can cancel his coverage with MCHA.

Q. Did pharmaceutical benefits impact your choice at all?

A. No. Office visits with copays for behavioral health was most important to him.

September 25th meeting minutes

Brian Beutner, Chair

Administrative/
operational update
Go-live

Updated metrics
*April Todd-Malmlov,
Executive Director*

All were in favor of approving the minutes without changes.

April Todd-Malmlov acknowledged the monumental efforts of the MNSure, DHS and MN.IT staff and the vendors who worked extremely hard to get the system up and have gone with little sleep the past couple weeks. Though the site is not perfect, it is substantially better than what you will see at the Federal level and other states.

Updated Metrics

April walked through the metrics from 10/1 – 10/14. See handout, [MNSure Metrics](#).

In other states, more of their enrollment so far has come through public programs. That is not the case here in Minnesota. We have 8,180 coming through the private sector path.

We are averaging over two people per application.

The metrics include a handful of applications received from individuals who are not eligible to purchase on MNSure -- individuals who are Medicare eligible or not lawfully present in the U.S..

On the small business side, the employers select the offerings and let their employees enroll in December. Most employers are still determining the specific plans to offer their employees through MNSure and are listed as “shopping”..

Q. Is payment mechanism working now?

A. There are some fixes still needed. Although the vast majority of individuals who have completed applications have not yet begun to process to make the first premium payment for January 2014, we are asking people to return later to pay.

Q. What do we have in place for reminders for those who are unable to pay now?

A. They will receive an eligibility notice. April will ask staff about creating a payment reminder notice.

Q. How do we measure unique visitors?

A. By IP address.

Q. Clarification was requested regarding access and the ability to create an account.

A. Of the unique visitors, some may just be using the anonymous shopping option on the site. Cumulatively, over 90% who have attempted to create an account have been able to do so. For those who haven't, it was the result of intermittent server issues or the Experian service being unable to verify their identity.

Account creation is tracked on a daily basis. Success rates have increased to about 96 - 97% today. For those who are not able to create an account, it is generally because they provided an answer that is not verifiable with the federal service.

When we've had issues involving the federal services, our federal partners have been very responsive in working with us to resolve them.

Some accounts are pending because we need to send them through the federal service again.

American Indians had trouble enrolling the first week. There were eligibility issues the site was not addressing correctly. They were fixed by the second week and American Indians can now receive the correct determinations. We are advising blended families (American Indian and non-American Indian) to reach out to our contact center or contact navigators within tribal communities for assistance as they evaluate their options, as the federal law is complicated. Phil Norrgard noted that we are leaps and bounds ahead of other states in this area.

Kathryn Duevel noted that MNsure has been able to resolve issues very quickly.

Q. Are we seeing improvements in server response times?

A. We have not had the issues the federal government has had in terms of processing time. Our server capacity is operating at or below 5%. Service issues at MNsure primarily have been related to issues other than server response issues; but when server issues have occurred they are resolved very quickly.

Q. Open enrollment ends March 31st. However, if a consumer enrolls after March 15th the effective date will be May 1st. Does that mean they've exceeded the 3 month window to avoid the mandate? That could be confusing.

A. Yes, they would have one month of penalty for the federal mandate if their insurance does not commence until April 1st.

Note: The federal government has said, since the October 16, 2013 board meeting, that people have until March 31, 2014 to enroll in coverage without a penalty even though their coverage would not start until May 1, 2014.

Q. What kind of things are we hearing about that don't have to be fixed but could improve the customer experience?

A. There are different categories of fixes. Some are related to functionality (something that is not included now that needs to be in by December, January, February, etc.). There are defects (something is not working as it should). And then there are the user experience items you've asked about. The things we are hearing about are the location of buttons, the wording of things, how certain things are viewed (the order of questions, for example). They are not on the priority list right now. There are some we can work in. There are some that are tied to the core product and need to be part of the vendor's product releases.

As design is so critical, Thompson Aderinkomi introduced the idea of publishing a system issues list on the MNsure website and letting customers vote on priority. That helps communicate that we're aware of issues, it gets customers engaged and also helps them understand that we need to prioritize because we have limited resources. April thought the vendors would be interested in that, as it would help provide direction for their product development. The Board wants to see the list of all development issues (functionality, defect, and user experience) for its planned discussion about development priorities at a future Board meeting.

Q. Are we doing any objective user testing?

A. Not right now, but we have plans in place. The date is yet to be determined.

We can discuss priorities and what we are facing as far as timelines at our next meeting. Staff indicated that it will be difficult to change currently established priorities until 2014. We need to "keep the trains running" while keeping in mind that the current user experience will drive ultimate success of the site.

How long will we continue to have the system unavailable at certain times? We will be down from 10pm to 6am for a while. Part of the reason is that the federal government is also down a substantial part of that time, and when they are not down, we can conduct testing with the federal hub. Making the system available on Sunday will be critical as we get into December.

Call Center

The call center has had some lengthy wait times and we are aware of frustrations. However, we do have a 99% resolution rate. The majority of calls over the past few days were regarding password resets and account lockouts. Until today, the vendors were the only ones who could do that. Now the call center staff can as well so the wait times will be shorter.

Most calls center on account creation. There are some pages with browser incompatibility. Internet Explorer 8 has been causing frustration for people. The staff is putting instructions on our website about what browsers are most compatible.

We receive a lot of calls around the status of enrollment, especially related to Medicaid. People also

have questions about enrollment options.

Call center area code distribution has been pretty evenly distributed over the past two weeks; though 218 has been the highest over the past few days.

- 651 – 21%
- 612 – 16%
- 218 – 15%
- 507 – 13%
- 320 – 9%
- 952 – 12%
- 763 – 14%

Q. Can users leave a message and receive a call back?

A. We do have that option. The call center can turn that option on and off. They are experimenting with that to best address call volume.

Q. Are there high volume times of the day?

A. Between 2:00 p.m. and 6:00 p.m. on weekdays.

Outreach Infrastructure Grants

We've signed the contracts for the first round of infrastructure grants and can now announce the grantees and dollar amounts. See handout, [Community Outreach and Infrastructure Grants Summary](#).

There are 29 grantees receiving funds totaling \$3.9 million. The organizations are projected to serve around 300,000 Minnesotans. The 29 grantees represent 110 who applied and close to \$20 million that was requested from those organizations. Many of the primary grantees are coalitions that are made up of multiple organizations.

55% of the grantees are specifically structured to serve populations of color, new immigrants and refugees.

- 21% are working with African American populations
- 17% are working with American Indian populations
- 14% are working with Asian and Hmong populations
- 21% are working with Hispanic populations
- 14% are working with new immigrant populations

Geographically

- 21% - providing outreach statewide
- 24% - providing outreach in Greater Minnesota
- 24% - providing outreach in the metro area and Greater Minnesota
- 31% - providing outreach in the metro area

Q. How do we ensure they are spending the grant money as intended?

A. They receive 25% up front as a lump sum. They have to meet performance metrics against the projections from their applications to receive the remainder.

Q. The North Central part of the state is one of the highest areas of uninsured. Are the grantees providing statewide outreach focusing on that area, or is that something we could address in the next round of grants?

A. We have a few grantees focused on that area. The Beltrami area is one of the highest areas of uninsured rates for American Indians. One of the grant recipients is Chippewa tribe who will cover that part of the state. Also, the review panel is looking at remaining applicants and weighing where the greatest need is.

Q. Within the projected 300,000 Minnesotans these grants will serve, are we differentiating between those who were already covered and those who are uninsured when enrolling in MNSure?

1:45 – 2:00 pm
Enrollment goals
Board members

A. No. The outreach is mainly intended to help those who are uninsured, but will also help people find better benefits and more affordable coverage.

Q. Are we measuring to track the difference? We could find 300,000 people who could save money on MNSure without a subsidy.

A. There are metrics around which type of individuals they are bringing in, but one of the challenges is that there isn't a particular question that asks if they are currently uninsured. There are different ways for measuring that

Q. Are we attaching each enrollee to a grantee?

A. Yes, for the grantees that are also assister organizations. Some are non-assisters and are doing outreach only. There are metrics around how they are reaching people and connecting them to assisters. They don't necessarily have a specific enrollment target.

April shared the enrollment goals. See [handout](#).

Earlier, we had shared low, medium and high enrollment projections. These enrollment goals are focused on the lower range as this is the first year and there are "first year" challenges we need to address in reaching people and working through technology issues.

The enrollment goals are by coverage effective date. 2014 goals include those who enroll from October, 2013 – December 2013 as well as those who enroll during 2014.

Q. In the estimates, are there places where the projections are likely to be off?

A. Many of the estimates are based on distribution of income and the income scale is an area where there could be some movement. That will impact whether they come in to the individual market or a public program, but the total numbers may not be impacted.

Q. Has most of analysis been focused on the uninsured, or do we have a sense of movement within the insured population?

A. The analysis has been focused on the market as a whole and what transitions people will make.

Q. If we meet the race/ethnicity goals, what is the impact on the disparities?

A. It will reduce but not eliminate the disparities. Commissioner Jesson requested more information on this.

Q. While we are fortunate that Minnesota has the lowest rates for health insurance in the country, if we are financing MNSure with a portion of the premiums that might not be the best news for our budget. Is there anything we should be concerned about with our financial situation?

A. We have always assumed the withhold rate would be at 1.5% and would be used as a reserve. We need more information to assess the situation, such as what the actual average premium level is, where the distribution is between public and private because the source of revenue to MNSure for public program enrollees is cost reimbursement rather than premium withhold. Also as the distribution of MNSure customers between public program enrollees and qualified health plans changes, the cost allocation rates will also change.

Are we measuring customer satisfaction with coverage? That plays directly into our mission. Thompson would like that along with these numbers. We could hit our enrollment goals but have people less satisfied with their coverage.

While we have goals for this organization, Tom Forsythe felt this was not one of them. We should use "projections" instead of "goals."

2:00 – 3:00 pm
Presentations: Reporting,
measurement and
evaluation

The Board heard from three guest speakers regarding reporting, measurement and evaluation.

Lynn Blewett, Ph.D., Principal Investigator and Director, SHADAC
See [presentation](#).

Stefan Gildemeister, State Health Economist, Minnesota Department of Health

See [presentation](#).

Duane White and Linda Ireland, Aveus

See [presentation](#).

The Board then discussed next steps. The key discussion points included:

- We need to determine what is feasible, leveraging what we have and what measurements already exist (what the state and MNSure already collects). Likewise, there are others who may be looking to MNSure to measure things that others may already be measuring or always wanted to measure.
- We should obtain input from the Health Industry and Consumer and Small Employer Advisory Committees.
- Perhaps we need an additional advisory committee of experts on reporting, measurement and evaluation. They exist and we should take advantage of them.
- How much do we use experts for this versus investing our own time?
- It feels like we are behind and there is a concern we do not have baseline data.

Brian Beutner asked each Board member to list their top three priorities for measurement.

Commissioner Jesson

1. Enrollment goals
2. Enrollment goals addressing disparities
3. Affordability

Kathryn Duevel

1. We should start with the operational measures we will have
2. Affordability and value
3. Disparity of access to affordable, good insurance

Pete Benner

1. Access to coverage
2. Affordability
3. Does the coverage meet health needs?

Tom Forsythe

1. Coverage
 2. The uninsured, targeted populations within that
- * Tom prefaced his comments by stating what the exchange does; It presents plans to consumers for their selection. He suggested that we do *not* measure access to healthcare.

Thompson Aderinkomi

1. Closing disparity gaps for coverage
2. Reducing the number of uninsured Minnesotans overall
3. Are you satisfied with the coverage you now have?

Phil Norrgard

1. Access to coverage
2. The ability to get on and stay on public programs

Tom Forsythe and Pete Benner volunteered to work with staff to see what already exists and recruit an ad hoc working group to work on a proposal to bring to the full Board.

Premium withhold for 2014

*April Todd-Malmlov,
Executive Director and
Barb Juelich, CFO*

The Board needs to determine what the premium withhold will be in 2014. By statute, it can be *up to* 1.5%.

As this decision does not need to be made until the end of the year and several Board members requested more information, this decision will be tabled and added to a future Board meeting agenda.

However, it was noted the earlier we can do this, the better. Future meeting agendas are also filling up. It was also noted that the longer we go into the open enrollment period for 2014, the more information we will have when considering the rate.

The additional information requested includes:

- a sensitivity analysis
- updated enrollment data
- a review of the non-fixed parts of the budget

Tom Forsythe predicted with all the moving parts and vagueness, prudence will lead us to set this at the top, though that is not the decision he wants to make.

While we are making the 2014 decision late in 2013, this exercise will be done earlier in 2014 for 2015 because it feeds into active purchaser. The plans also need the information as they develop their offerings for 2015.

Appoint advisory committee members
Board members

Thompson Aderinkomi provided a recap of the selection process. There are 17 slots available on each of two advisory committees. Over 200 applications were received in two rounds. A small group of three Board members reviewed each of the applications individually, received additional input from the other Board members, then came together as a group several times to come up with the recommendation being presented today.

Phil Norrgard thanked the small group for their work, as well as everyone who applied.

Phil Norrgard moved to accept the membership recommendations of the small group. Commissioner Jesson seconded. All were in favor and the motion carried.

The members of each committee are listed [here](#).

Thompson Aderinkomi was appointed Board Liaison to the Health Industry Advisory Committee. Kathryn Duevel was appointed Board Liaison to the Consumer and Small Employer Advisory Committee.

Public comment

None

Wrap up and any new business
Brian Beutner, Chair

A request was made to set additional future Board meetings to ensure Board members would be available. Brian Beutner will work with staff to get this out to the group.

Commissioner Jesson acknowledged that MNsure is off to good start and thanked the staff.

Tom Forsythe added his thanks to the staff for their hard work and sleepless nights.

Phil Norrgard expressed appreciation to the public for being patient with MNsure and the reform effort and for all the good work being done by the staff.

Brian Beutner noted that Minnesota is unique. We are the only state where virtually every constituency impacted and/or with a role in the exchange (providers, carriers, legislators, consumers, etc.) have all supported the formation of a state-based exchange and they have all continued to show patience and cooperation to get us this far.

Adjourn

Peter Benner moved to adjourn the meeting. There were no objections and the meeting adjourned at 4:02 p.m.