

Board of Directors Meeting

- > **date:** Wednesday, April 16, 2014
- > **building:** 81 East 7th Street, St. Paul MN, 1st floor atrium
- > **time:** 1:00 to 4:00 pm
- > **members in attendance:** Brian Beutner, Pete Benner, Thompson Aderinkomi, Kathryn Duevel, Tom Forsythe, Phil Norrgard (via phone), Commissioner Lucinda Jesson
- > **staff in attendance:** Scott Leitz, Carley Barber, Barb Juelich, Erik Larson, Mike Turpin

topics

Welcome and new business

Brian Beutner, Chair

The meeting was called to order by Brian Beutner, Board Chair, at 1:08 p.m.

Brian read MNSure's purpose: *The purpose of the organization 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.*

Overview of DHS-county roles and responsibilities

Mark Sizer, Stearns County Human Services Director and 2014 MACSSA President and Heidi Welsch, Director, Olmsted County Family Support and Assistance Division

Mark Sizer and Heidi Welsch referenced their handout, "[Minnesota's Human Service System: State & Counties Working Together](#)." They described DHS services administered through Minnesota's 87 counties, the barriers their clients experience, and the required coordination with other support programs such as SNAP, housing, child support, and numerous other social services.

MNSure moving forward with counties

Deborah Huskins, Hennepin County Human Services and Public Health Department Area Director; Kelly Harder, Dakota County Community Services Division Director; and Stephanie Radtke, Dakota County Community Services Division Deputy Director

Deborah Huskins, Hennepin County Human Services and Public Health Department Area Director described some of the existing challenges counties experience working with MNSure, including issues with the worker portal, and number of items visible in the task queue. Deborah reiterated that counties are supportive of MNSure and are eager to be part of the solution. Deborah also requested that MNSure ask counties for their ideas about workarounds, contingency plans, and the timing of the transition of Medical Assistance cases from the legacy system.

Kelly Harder, Dakota County Community Services Division Director, described the new business model for integrated health and human services systems to better serve consumers at one door that opens access to all social services.

Stephanie Radtke, Dakota County Community Services Division Deputy Director, reported that Dakota County is an outreach grant recipient from MNSure, and updated the Board on their resources, planning, and healthcare outreach activities to date. These activities have resulted in reaching 30,000 people and generating approximately 20,000 applications. Stephanie also walked through the [Dakota County Community Services Client Distribution](#) document.

The Board asked questions and discussed county access to MNSure, involvement in the planning process, transition from legacy systems, and the worker portal. Scott noted that the worker portal is on the radar for many of the same reasons mentioned, and the MNSure call center experiences the same frustrations. The fix is part of a planned product release that needs customized coding. Kate Lerner, Director of MNSure Implementation at the Department of Human Services, joined the discussion and said DHS is aware of issues related to the limited view in the queue and are actively working on finding a fix.

Commissioner Lucinda Jesson agreed with the recommendations of the county directors, and recommended that the Board explore ways to formally get input from county partners.

Customer story

Glafira Marcon (St. Paul), Christen Glass (St. Paul), and Pa Houa (Minneapolis)
Open Cities Health Center, St. Paul

Three MNSure navigators from Open Cities Health Center in St. Paul shared their experiences.

Glafira Marcon explained that the three presenters are on the Outreach Team for Open Cities Health Center. Overall, Glafira said that it has been a very positive experience seeing people get health insurance for the first time. She also described some known issues, including the lack of a submit button, and suggested that MNSure have one place for Navigators to look up known system issues.

Christen Glass also described some difficulties he experiences, including the inability to accept verbal confirmation from consumers. He also suggested improvements to the income determination system to better accommodate people with intermittent income, such as self-employed or seasonal workers, to prevent the display of plan choices that are too expensive in relation to their actual average income.

Pa Houa recommended improving communication with Navigators, especially regarding system issues. She also suggested that the list of navigators on the website be kept updated with more complete information including addresses and information about what the organization does.

Erik Larson, MNsure Chief Operating Officer, spoke of improvements in avenues of communications with MNsure for assisters and navigators. He explained that all issues mentioned are on their radar, and they work closely through the navigator team with the Assister Resource Center (ARC) to take feedback from Navigators.

Mike Turpin, General Counsel, spoke about the verbal confirmation issue where navigators working with a consumer must provide a verbal confirmation from the consumer every time that the system is accessed on behalf of that consumer. Mike explained that staff has been looking at workaround solutions, and noted that the challenge is finding the appropriate balance between consumer privacy considerations of making certain every transaction is authorized by the consumer and the convenience of recurring authorizations not requiring the consumer presence.

Administrative items

Brian Beutner, Chair

- **Approve March 26th meeting minutes**
Pete Benner moved to approve the [draft March 26th meeting minutes](#). Thompson Aderinkomi seconded. All were in favor, and the minutes were approved.
- **Consumer and Small Employer Advisory Committee membership**
The Consumer and Small Employer Advisory Committee requested a Board vote for removal of two members who have not been participating or responding to communications.

Motion: Brian moved that Jennifer Daulman Johnson be removed from the Consumer and Small Employer Advisory Committee effective immediately. Commissioner Jesson seconded.

All were in favor, and the motion passed.

Motion: Brian moved that Tamara Ward be removed from the Consumer and Small Employer Advisory Committee effective immediately. Tom Forsythe seconded.

All were in favor, and the motion passed.

These two new committee seat openings will be filled from the current applications being accepted through the deadline of today at 3 p.m.

- **Delegation of Authority policy revision, Mike Turpin, General Counsel**
Mike Turpin walked through proposed revisions to the [Delegation of Authority policy](#). Mike explained that the current policy delegates to the CEO authority to grant role based access authority to individuals who work with MNsure consumer data, but the ability to revoke access to this data is currently granted only to the Board. The staff recommendation is to delegate authority to revoke access to the CEO and to allow the CEO, or delegate, to carry out the administrative functions of receiving information related to a revocation incident, investigating the incident and making the initial determination. Any individual whose access was revoked would then have the ability to appeal this revocation to the Board.

Motion: Commissioner Jesson moved to amend the Delegation of Authority Policy as discussed and reflected in the draft documents. Kathryn Duevel seconded.

All were in favor, and the motion passed.

- **Health Industry Advisory Committee report, Reuben Moore, Committee Chair**
Reuben Moore walked through the [Health Industry Advisory Committee's Operating Model and Strategic Focus Areas presentation](#) and took questions from the Board. Reuben shared that they have surveyed all members of both committees to assess the ranking of importance of the eight imperatives established by the committee. The survey revealed the committee sees the top two priorities as (1) IT & operations approach and (2) consumer experience.

CEO report

Scott Leitz, Interim CEO

Scott Leitz walked through the [MNsure discussion slides](#) and answered questions about the [updated metrics dashboard](#).

Open enrollment recap

MNsure's first open enrollment recently ended at midnight on March 31. As of midnight on April 1, almost 170,000 people had enrolled. In the month of March alone, 60,000 people enrolled – 35 percent of the total enrollees.

As of end of day yesterday, April 15, MNsure had a total of 188,835 enrollments, including:

- 101,884 Medical Assistance
- 48,157 QHP
- 38,794 MinnesotaCare

Contact center

Scott explained that the numbers show that hiring additional call center support through an outsource vendor was very successful. At the end of open enrollment there was an increase in wait times from earlier in the month of March, but nowhere near the wait times seen in December. This was despite an increase in volume even from the heavy load of calls in December. Typically 3,000 to 4,000 calls are received in a day. On March 31 alone, the call center answered 28,165 calls. Compared to December 2013 when hold times exceeded an hour, average hold times for the month of March were approximately eight minutes.

Enrollment attempt forms

A process was put in place to manage the over 36,000 enrollment attempt forms offered to people to make a good faith effort to enroll by 11:59 p.m. on March 31 in order to be counted as “in line” to get enrolled. Instructions were sent earlier this week – people who are eligible to purchase a QHP must choose a health plan online before 11:59 p.m. on Tuesday, April 22, and must pay their first month’s premium by April 30 to the health insurance company to activate coverage and avoid penalties as part of the Affordable Care Act. Consumers eligible for Medical Assistance or MinnesotaCare will receive further communication from DHS, or their local county agency.

Next steps

The next open enrollment begins November 15, 2015. Throughout the year, MNSure is open and ready to help those eligible for Medical Assistance or MinnesotaCare, small business owners, members of federally-recognized Indian tribes or people with life changes.

MNSure is committed to reaching out to consumers who contacted us in the final weeks of open enrollment. This involves both outbound calls and emails as well as working directly with consumers to complete the application process. This is labor intensive. Staff stated that this work can be performed by call center staff. The authority the Board previously granted to add call center support was up to three months and up to \$750,000, and we are reaching the end of that authorization. Scott requested authorization to take appropriate actions to ensure continuity of contact center overflow services through June 30, 2014, at a cost not to exceed \$250,000.

Motion: Brian moved to extend the contact center overflow services contract for up to \$250,000 through June 30, 2014. Tom seconded.

All were in favor, and the motion passed.

Scott also shared that MNSure is working with SHADAC (State Health Access Data Assistance Center) to collect data inside and outside of MNSure to understand coverage before and after MNSure.

2014 budget update: year to date spending and reallocation update

Barb Juelich, CFO

Barb Juelich walked through the [budget report](#), which is an update of year-to-date spending and current reallocation requests in process, and took questions from the Board. The reallocation process for one of the grants has begun and there will be restrictions on how the money can be used in 2015. Tom pointed out and clarified Navigator spending has not been cut but rather utilizes unspent funds.

Public comment

Jodi Nordberg, of the Minnesota Society of Clinical Oncology, which represents 140 active oncologists, spoke about three areas of concern for their patients: (1) access to insurance, (2) access to providers (clarity of provider networks and tiers), (3) and access to drugs and pharmaceuticals. With the unique and critical prescribed treatments they utilize, she requested they be involved when formularies are considered. Peter Benner clarified that drug formularies are not under the purview of MNSure.

Lead vendor presentation

Brian Beutner, Chair

Brian announced that the Board has chosen Deloitte Consulting as the Lead Vendor and are waiting for CMS approval, which is currently in the final stages of review. Deloitte will be providing program and project management, project planning, functional and technical systems assessment, release management, defect and issue tracking, and leadership and planning of User Acceptance Testing, as well as serving as the State's point of contact with MNSure IT vendors, including IBM, EngagePoint, and Connecture.

Steve Dahl, Project Partner, Kevin Kelly, Partner, and Sally Fingar, Project Manager, of Deloitte, briefly described their work with other state exchanges and their upcoming work with MNSure and took questions from the Board. They have successfully deployed state exchanges in Washington, Kentucky, Connecticut, and Rhode Island and now are working on four more: Nevada, Maryland, Oregon, and Minnesota, and will be utilizing best practices they have adopted.

Wrap up and any new business

Brian Beutner, Chair

None.

Adjourn

Pete moved to adjourn. There were no objections and the meeting adjourned at 3:50 p.m.