

Minnesota Eligibility Technology System Executive Steering Committee Meeting Minutes

Details

- October 25, 2016
- 10 a.m.-noon
- Room 1100, Minnesota Senate Building, 95 University Ave. W., St. Paul, MN 55155

Participants

Voting Members

- Katie Burns, MNsure - present
- Janet Goligowski, Stearns County - present
- Deborah Huskins, Hennepin County - present
- Chuck Johnson, DHS - present
- Nathan Moracco, DHS - present
- Allison O'Toole, MNsure - present

Non-Voting Members

- Jesse Oman, MNIT - present
- Scott Peterson, MNIT - present

Guests

- Greg Poehling, MNIT
- Stephanie Grisell, MNsure

Agenda Items

Call to Order & Welcome

Chuck Johnson, DHS

Chuck Johnson, ESC co-chair, called the meeting to order at 9:59 a.m.

Members introduced themselves.

Administrative Items

Chuck Johnson, DHS

Chuck reviewed that the committee's purview was over the governance of METS-related IT development work and projects to improve the METS system.

Chuck noted the METS ESC was established in statute as an advisory body. The ESC advises the respective decision-makers for the agencies represented on the ESC: the DHS commissioner, MNIT commissioner, and the MNSure Board of Directors. Any actions the ESC takes are recommendations to those decision-makers.

MOTION: Allison O'Toole moved to approve the [September 27 meeting minutes](#). Deborah Huskins seconded. All voting members present voted in favor and the motion was approved.

Work Group Reports

Contracts Work Group - Allison reported the work group had met to review and manage the process around the request for information (RFI). MNSure pursued an RFI over the summer and received five submissions, four from private vendors and one from DC's health exchange marketplace. The Contracts Work Group will be exploring submissions to determine whether to conduct a request for proposal (RFP).

Budget Work Group - Chuck reported the work group had met with the fiscal staff of respective agencies and are focused on the report that is statutorily required of the Executive Steering Committee to provide to the MNSure Legislative Oversight Committee (LOC). The Budget Work Group will continue to meet and will present a budget report at the next meeting of the ESC for approval. After approval from the ESC, the report will go to the LOC for review.

METS IT Program Status Update

Greg Poehling, Director of Program Management Division, MNIT Services @ DHS/MNSure

Greg Poehling of MNIT presented the [Executive Steering Committee \(ESC\) Update](#).

Greg reported that the fall Cúram upgrade was successfully deployed. The fall upgrade included updates to the eligibility viewer, improved address fixing functionality, and an evidence dashboard for case workers, among others. In addition, the upgrade incorporated a number of defect fixes and enhancements tailored to Minnesota-specific situations.

Greg noted that in preparation for open enrollment 2017, MNIT is working closing with MNSure to ensure all 2017 rate and plan information is implemented smoothly. MNIT has conducted load testing to identify areas where loading speeds can be improved.

Greg also noted that there has been a historically high volume of unique visitors to the site; since October 1 through midday October 24, there were 10,000 new accounts created and over 450,000 new visitors. Finally, MNIT and MNSure are working together to develop operational solutions and back-end support for open enrollment 2017, including assisting in any way possible for the new enrollment cap process.

Allison asked for a clear definition of load testing. Greg explained that load testing refers to testing many different user scenarios and simulating the system being used by many users simultaneously to understand server response time. Scott Peterson noted this testing is done anytime MNIT deploys a release, but because this year the system includes a batch renewal process for APTC eligibility and passive enrollment, many consumers will be entering the system at a different point in the process than in the past. Therefore, extra attention was paid to load testing to make sure the system is prepared in terms of where in the system the greatest use is likely to occur this year.

Nathan Moracco inquired about how different systems are able to work together, such as when the consumer is logged on and the case worker is using the system at the same time. Scott indicated MNIT has done extensive work to separate the case worker and consumer pages so both can use the system at the same time.

Deborah asked if there was a regular schedule as to when the system is not available. Allison informed the committee that MNSure always posts when the system will be down, including alerting MNSure assisters. Greg and his team are working with Allison to find times when the system can be brought down if necessary.

Greg reported on the 2016 and 2017 release plans and roadmaps. Greg noted that at the beginning of the year, the ESC and the Project Management Team (PMT) intentionally set an aggressive road map for development work. This was done to guarantee the development team maximized the amount of new system functionality provided and made full use of their time and staff resources. Over the last few weeks, the PMT has recognized the need to re-evaluate what can be delivered in the winter release and in the 2017 release schedule. The PMT will have a planning meeting on November 3, and Greg will present their recommendations for future releases on November 15. The planning meeting will allow PMT to perform an assessment and make a determination on how best to proceed with new functionality for METS, support the current functionality, and work toward the highest level of quality achievable. Greg also assured the committee that project teams have not stopped working on planned work.

Greg noted the PMT is making this re-evaluation for several reasons. In the successful delivery of both the summer and fall releases, MNIT added time to allow for additional testing. However, this led to several project teams not beginning work on winter release items at the time originally scheduled. Additionally, the PMT is committed to ensuring proper business and technical resource support for both open enrollment 2017 and the upcoming DHS renewal period, and this has included diverting resources from the future release work. In addition, the PMT determined a need to focus resources on 1095-A and 1095-B, EDI, 834, and passive renewal contingency work. The PMT has also added resources to conduct work related to the MMIS interface and the MinnesotaCare re-alignment project, the latter of which has been done to deliver the functionality in accordance with the legislative mandate. All these items have placed a significant strain on resources, and thus re-evaluation is necessary.

Jesse Oman noted the re-evaluation sounded like the maturation of the PMT's project management process, and that the PMT was allowing the work on previous projects to inform the work going forward. Greg agreed with this characterization.

Chuck noted that the ESC has pressed to have very robust release schedules in 2015 and 2016, and throughout those discussions, MNIT noted the scope might not be achievable. Chuck noted that this development is not unexpected, and the ESC had anticipated the winter release would be made up of projects that were achievable once the other releases were completed.

Katie Burns commented that with the proximity to open enrollment, she appreciated that the PMT had allocated resources to ensure the Cúram upgrade was completed ahead of open enrollment.

Janet Goligowski noted that she agreed with an approach that utilized a longer testing period, rather than a truncated testing period that would mean the project would require additional work later.

Nathan noted this maturation is not about changing priorities, but learning from what has been done in the past. Greg agreed, and noted this re-evaluation doesn't involve re-looking at priorities, but instead relooking at the amount of work required of certain projects and what can and cannot be accomplished in a deployment.

Greg reported on the 1095 Project Roadmap. He reported the project is on track to have all 1095-A forms sent out by the end of January 2017, and MNSure will be provided with an update on Friday, October 28. In regards to the 1095-B forms, Greg and his team are targeting to release an update on December 15.

Next, Greg reported on the ESOR Project Roadmap. Greg noted that a decision had been made in partnership with MNSure to delay the automation of passive renewals. Katie noted that this year, for the first time, MNSure is sending passive enrollments to carriers ahead of open enrollment. This will allow consumers to receive an updated January premium bill, including advanced premium tax credit, in early December. The change from an automated to a contingency passive renewal process will have no consumer impact and will help those who elect not to shop to understand their 2017 premiums as early as December.

Greg noted the 834 project is on schedule for MNSure to be able to deliver reports and notices in line with the schedule and timeline agreed to by the carriers. Greg explained that the 834 files are how MNSure communicates with the carriers and currently, at the carrier's request, MNSure is prepared to send the information via alternative methods. Allison asked for more clarification on the 834 process. Scott indicated MNIT has been working on the 834 project for a long time and continues to work with the carriers on how they wish the information in the 834 file to be presented.

Greg reported work continues on the METS-MMIS interface project. MNIT is aware of a backlog on the interface project and performance improvements were deployed on October 17. These

performance improvements aim to improve speed and rate at which interface issues can be addressed. A true solution will require a redesign of MMIS. Scott added that MNIT has been working with the counties on issues caseworkers are seeing and ensuring MNIT and the counties are seeing the same issues so they can be properly addressed. Deborah indicated she is very happy to see the improved speed of the MMIS interface process.

Greg also reported on the MAXIS to METS migration and the MinnesotaCare Premium Reconciliation projects. MAXIS to METS migration is underway, beginning with cases that had an October 1 renewal date. The process will be repeated every month through September 1, 2017. There are about 280,000 cases that need to be migrated. On the MinnesotaCare Premium Reconciliation project, Greg noted that that 2014 MMIS legacy cases have all been reconciled and reconciliation of 2014 METS cases should be completed by December 2016, with the full effort to be completed sometime in 2017.

Finally, Greg discussed the program status report slide. He emphasized that the items in yellow are not necessarily in danger of incompleteness but merely in a cautionary status, which indicates they will receive additional support and tracking from MNIT leadership and the PMT. Currently, there are four projects in red: carrier reconciliation, passive renewals, MinnesotaCare realignment, and reinstatement.

Greg reported the carrier reconciliation project is nearing 94% complete, though resource constraints on both the project and carrier sides have caused the project to be unable to produce a timeline for broader reconciliation between MNSure's enrollment system of record and carrier data systems.

Greg reported the passive renewals status depicted the status of the automated passive renewal functionality, rather than the contingency planning that had been initiated. The automated project itself has been adjusted to a December completion date, though this red status reflects the status in relation to the originally scheduled November completion date.

Greg reported the MinnesotaCare realignment project had been in red in October as well. He noted it remains in red because while some of the policy has been defined, there are two remaining policy areas yet to be defined: income methodology and renewals.

Greg reported the reinstatement project had also been red in October. Greg noted the project did not meet the timelines for requirements or initial design and is working on completing the requirement and design in parallel.

Open Enrollment Preview

Allison O'Toole, MNSure CEO

Katie Burns, MNSure COO

Allison and Katie provided an update on MNSure's preparedness for open enrollment 2017. Allison reported that on November 1, the MNSure website will be available at 6 a.m. and the MNSure Contact Center will be open at 8 a.m.

Katie provided a staffing update, noting MNSure has a very robust customer service plan for open enrollment 2017. As always, MNSure has ramped up its Contact Center staffing, though more quickly than before, largely in anticipation of early consumer demand in response to the carrier-requested enrollment caps.

Katie reported that MNSure had completed batch QHP renewals ahead of open enrollment this year, which allowed MNSure to update tax credit information for all consumers with a private coverage determination. Katie noted this means returning consumers will not need to complete a new application, which will streamline the process for them.

Katie also noted regarding enrollment caps that MNSure is in discussions with MNIT around some of the additional challenges presented by enrollment caps this year, but that MNSure does not need new technology functionality to implement the caps, as MNSure and MNIT already have the existing functionality in place.

Allison reported that MNSure had refreshed its public website in anticipation of open enrollment to feature improved navigation for consumers. MNSure also released an updated plan comparison tool with 2017 plan data. This year, the tool is available in English and Spanish and is mobile-friendly.

Allison also reported that the MNSure marketing campaign will be in full swing after the election season is over. Currently, there are a few advertisements on public radio. MNSure is emphasizing a few themes this year: in-person assistance is available statewide, MNSure is a great way to save money, and MNSure is a one-stop-shop for finding health insurance.

Allison noted MNSure's statewide assister network is ready to offer Minnesotans free, in-person assistance. MNSure's website includes an assister directory where Minnesotans can look up assisters by zip code.

Chuck asked Allison and Katie about the possible uptick in the amount and number of people who might be receiving premium subsidies. Allison reported that the Minnesota Department of Health's Health Access Study found that there are 100,000 Minnesotans who are currently eligible for tax credits, but aren't purchasing through MNSure. Allison noted over two-thirds of current MNSure enrollees have tax credits, averaging over \$200.

Chuck inquired about marketing and outreach to lower-income individuals, specifically to people who may be eligible for public programs such as Medical Assistance and MinnesotaCare. Allison reported that MNSure's marketing is based on extensive research on what MNSure needs to do to attract all individuals. MNSure focuses much of its messaging on financial assistance. In addition, marketing will be focused on "hot zones," which are areas with a larger concentration of uninsured individuals.

Nathan inquired about the timing of communication from MNSure to the carrier after a consumer had completed an enrollment. Katie reported that enrollment data will be transferred promptly to MNSure's carrier partners, Monday through Friday, five business days a week. Previously, MNSure waited and sent information to the carriers in batches. This is an

improvement from previous years and will allow carriers to communicate to their new members more quickly.

Public Program Update

Nathan Moracco, Assistant Commissioner for Health Care, DHS

Deborah Huskins, Human Services and Public Health Department Area Director, Hennepin County

Nathan reported that DHS began mailing renewals for MinnesotaCare (MCRE) recipients on October 21 for January 2017 renewals and the mailings take approximately eight days to reach the consumer. Mailings have been updated to better direct enrollees to the proper communication channels. In addition, there was an increase in auto-renewal MinnesotaCare cases totaling about 18,500 cases, leaving 69,000 MCRE cases in need of a manual renewal. Furthermore, 14,000 Medical Assistance (MA) cases were auto-renewed, leaving 22,000 MA cases in need of a manual renewal. DHS will begin updating the MCRE renewals as soon as DHS receives them back from enrollees, beginning as early as October 24. All renewals should be returned no later than December 15 to prevent a gap in coverage. DHS has hired about 50 temporary staff in their Brainerd office to assist with renewals.

Deborah noted that, with respect to renewals, MA cases are on a monthly basis and January is a particularly high volume month. Deborah was pleased to also report the auto-renew process for MA cases has improved and has lessened the caseload for county caseworkers.

Chuck asked for further explanation as to the extra steps DHS has taken to prepare for the MCRE renewal process. Nathan explained that DHS has hired more staff, specifically for the processing side, who have all been trained on the renewal process and are able to work on cases. Similar to MNSure, DHS has developed a relationship with a third party vendor to help triage calls. These individuals can help with simple questions but will not be able to address complex eligibility calls.

Janet commented that the ramping up indicated by MNSure and DHS are very different than when a county is able to ramp up. She noted county boards are sometimes budget restricted and unable to ramp up as MNSure and DHS indicate. When consumers call into counties, they're usually not speaking to a call center, but rather to individual caseworkers.

Nathan reported on the MAXIS to METS migration that DHS has 280,000 MAGI Medicaid-eligible individuals that will be migrated from the legacy system into METS. That process has begun and will continue over a one year period. When these individuals are up for renewal, they will re-apply through the METS system.

Deborah noted that the county workload has increased in response to this migration, including phone calls. County workers have to track the work manually, which adds a challenge. Counties are seeing between a 40% and 65% success rate of migration from MAXIS to METS. DHS and the counties are examining whether there is something they should do to increase

that rate, or if it is an accurate representation of the percentage of renewal cases who remain eligible.

Nathan noted the program reconciliation process is complete, and DHS will continue to monitor any ongoing discrepancies and identify strategies to improve interface issues.

Deborah reported that reconciliation is mostly over at the county level, which was a huge effort and required much research on the caseworker level.

Nathan stated enrollees were mailed their annual health plan selection in mid-October and have until December 1 to change their health plans. He noted 2017 will be very different than 2016, as there are no changes in plan choices by county. Generally, not many individuals change plans from year to year.

Deborah noted most people who receive this mailing will reach out to their county, and so far it appears to be going quite smoothly.

Janet noted counties mail those packets at a cost of about \$8 per packet. She also noted that BlueCross BlueShield pulling out of the individual market is generating confusion and phone calls from public programs enrollees who are enrolled with BlueCross.

Finally, Nathan discussed the MMIS - METS interface from a DHS perspective, although it has been discussed from a MNIT perspective. The interface issue is causing frustration and potential gaps in coverage, largely attributed to the backlog of batch processing. DHS does have a process for urgent medical cases.

Deborah added the interface issues have been very difficult for both enrollees and county workers.

New Business

Chuck reported two items that will be brought to the November ESC meeting are the fiscal report from the Budget Work Group and an additional update from Greg and the PMT in regards to the roadmap re-evaluation.

Public Comment

None.

Adjourn

MOTION: Allison moved to adjourn. Janet seconded. There were no objections and the meeting adjourned at 11:35 a.m.