**DATE:** March 12, 2015

**TO:** Representative Dean

Health and Human Services Finance Committee

**FROM:** Emily Johnson Piper  
Commissioner, Department of Human Services

**SUBJECT:** Follow up response to the February 3rd committee hearing

At a committee hearing on February 3rd, 2016, several committee members asked the Department of Human Services to follow up on the questions below. Please feel free to contact us if you have additional questions.

**What were the call volumes and average wait time for January and December?**

## December, 2015:

Member Help Desk:

Call Volume for January, 2016:                                   51,545

Average Wait Time:                                                       20 Minutes, 42 seconds

MinnesotaCare Operations:

Call Volume for January, 2016:                                   5,284

Average Wait Time:                                                       38 minutes, 8 seconds

## January, 2016:

Member Help Desk:

Call Volume for January, 2016:                                   57,824

Average Wait Time:                                                       20 Minutes, 6 seconds

MinnesotaCare Operations:

Call Volume for January, 2016:                                   34,732

Average Wait Time:                                                       30 minutes, 47 seconds

**Are the 2014 PERM audit findings comparable to the 2014 Office of Legislative Auditor eligibility audit?**

The 2014 PERM sample only included about a dozen cases in the new METS system, so it was not comparable to the OLA audit from 2014.

**Please provide additional detail on the cost allocation between DHS and MNsure.**

When the legislature created MNsure, the authorizing legislation required MNsure to carry-out certain activities.  Many of these activities benefit public program enrollees – people on Medical Assistance and MinnesotaCare.  The legislature also chose to finance MNsure through a combination of premium withhold revenue and allocation of costs to DHS.  Funds appropriated to DHS are cost allocated to MNsure to support the activities that benefit public program enrollees.

There are three documents attached for additional information:

1. Appropriations to DHS to support MNsure**:** This document details the history of the appropriation to DHS to support MNsure business operations as well as the costs of the Minnesota Eligibility Technology System (METS).
2. Detail of MNsure budget and revenue sources**:**  This table provides the MNsure budget for SFY16 and projected budget for SFY17 by expenditure area with detail on the revenue source supporting the expenditures.
3. Explanation of MNsure expenditures and cost allocation: This document explains the expenditures and cost allocation in the table.

**Please provide additional detail about why the error rate for MinnesotaCare premiums in the OLA report released in November 2014 does not match the error rate cited in the BHP blueprint submitted in December.**

The OLA audit report issued in November of 2014 indicated a significant issue with MinnesotaCare premiums based on the audit period of October 2013 through April 2014.  In the summer of 2014, systems changes were implemented that improved the MinnesotaCare premium process, which was after the time frame analyzed by the OLA.

The BHP blue print was published for comment on October 13, 2014, prior to the OLA report, though it was not formally submitted to CMS until December. The statement in the Blueprint was a rough estimate of certain types of premium errors that were known at the time to eligibility operations (households double-billed, no invoice issued, household number underrepresented), and not all types of premium error.