



MNsurance Phase II Project Update

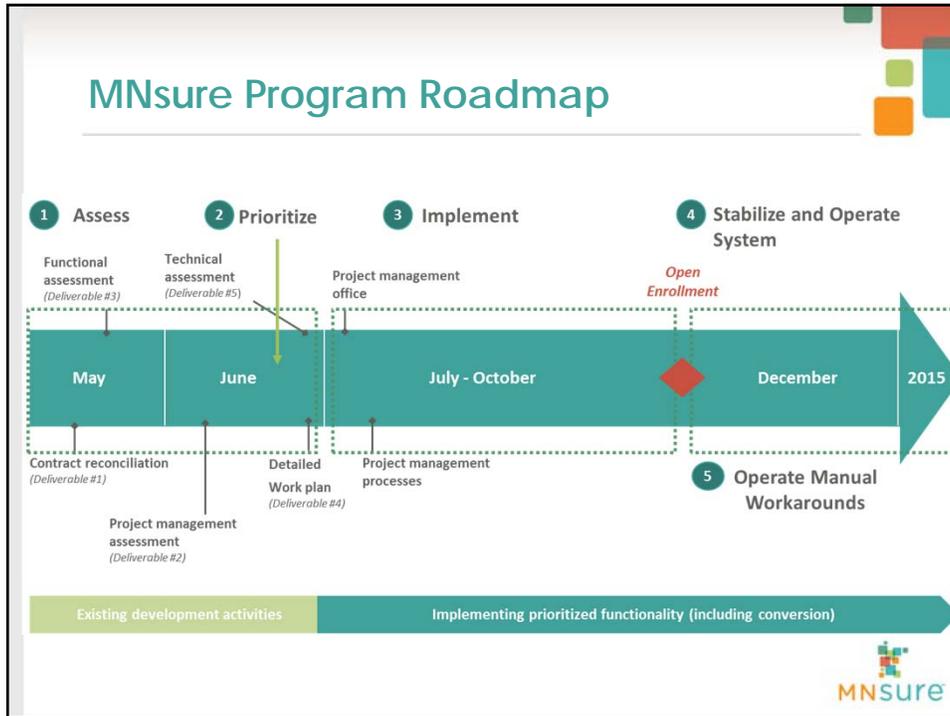
Discussion with Navigators, Brokers, and Certified Application Counselors

Agenda

- **MNsurance Program Roadmap**
- **Roles and Responsibilities for MNsurance IT System**
- **Prioritization for November 2014 Open Enrollment Release**
- **Proposed Functionality for Subsequent Releases**
- **Stakeholder Involvement**
- **Questions & Open Discussion**
- **Appendix: November Prioritized Functionality**

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Roles & Responsibilities

Organization	Primary Role & Responsibilities
MNsurre	<ul style="list-style-type: none"> State based exchange organization Overall policy setting for QHP population Manage day-to-day business operations for MNsurre organization Certify QHPs Manage relationships with key stakeholders Coordinate with DHS and MN.IT
DHS	<ul style="list-style-type: none"> Department responsible for overall management and policy setting for Medicaid and Minnesota Care populations Manage day-to-day business operations for Medicaid and Minnesota Care populations Manage relationships with key stakeholders (e.g., counties) Coordinate with MNsurre and MN.IT
MN.IT	<ul style="list-style-type: none"> Statewide IT organization Overall responsibility for MNsurre IT system Manage IT vendor contracts Manage IT infrastructure for MNsurre system
IT Vendors	<ul style="list-style-type: none"> Technology (software and hardware for MNsurre IT system) Bug/defect fixes; maintenance and operations Implement functionality for November open enrollment release
Deloitte	<ul style="list-style-type: none"> Project management vendor for MNsurre IT system Manage workplan, status reporting, oversight of acceptance testing, and release management

Prioritization for November Release

- The 41 sub functions identified as gaps from the Phase 1 assessment are impacted by 26 root cause issues
- The State prioritized the 26 issues with the end result being: de-prioritized 1 issue and added 5 issues for a final prioritized total of 30 issues
- The following prioritization criteria was applied:
 - Impact on consumer understanding
 - Impact on coverage
 - Impact on correct benefits/subsidy
 - Impact on volume/persons
 - Impact on public perception
 - Impact on workload
- Level of efforts were collected from the State and IT vendor partners to remediate issues
- Level of efforts collected, resource availability and constraints are applied in order to develop the integrated application work plan



Planning for Subsequent Releases

- An assessment of functionality is planned for Fall timeframe to inform subsequent releases that are being planned; subsequent release schedule has not yet been defined and finalized
- Additional functionality expected to be reviewed and proposed to be incorporated into subsequent releases (not listed in order of priority)
 - Application intake
 - Eligibility
 - Plan selection and enrollment
 - Document management
 - Plan management
 - Notices
 - Worker portal
 - Navigator/broker portal
 - Account creation/log-in/management
 - Appeals
 - Anonymous browsing
 - Premium payment and invoicing
 - SHOP
 - Reports
 - Consumer shopping experience/plan comparison



Stakeholder Engagement

- **November release**
 - Testing
 - Communications
 - Training
- **Subsequent releases**
 - Assessment participation
 - Testing
 - Communications
 - Training



Questions & Discussion



Appendix

- November release: Issue Descriptions

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Issue Definition

Issue	System Issue Description
Enrollment System of Record (incl. Reconciliation)	The MNSure system does not process 999 transactions, error reports, or effectuation or termination notices from carriers. Generation of the initial 834 requires manual intervention to review the 834 for data accuracy. This function is needed in order to have reconciled enrollment information.
Renewals	The MNSure system does not include renewal and open enrollment functionality. This function is needed to process renewals for existing MNSure members and support application for new members during the open enrollment period.
Existing Client Case Changes	The MNSure system does not have the end-to-end functionality to process existing client case changes: <ul style="list-style-type: none"> ▪ Clients are unable to enter changes directly in the Citizen portal ▪ Changes made in the Worker portal may not result in the expected eligibility determinations ▪ Changes in eligibility are not propagated to carriers and MMIS ▪ Changes entered into the Worker portal are not updated in Citizen portal
Special Enrollment Period Logic	The MNSure system does not include Special Enrollment Period (SEP) functionality required to handle new applications and changes in existing client cases as a result of life events (birth, death, marriage, etc.).
Citizen Portal Functionality	The MNSure system (citizen portal) does not allow the client to: <ul style="list-style-type: none"> ▪ Edit data or report changes online ▪ View their notifications online ▪ View online current eligibility status if eligibility has changed since the initial application ▪ View online current enrollment information if enrollment has changed since the initial application



Issue Definition (cont.)

Issue	Description
Citizen/Worker Portal Integration	The MNSure system does not utilize a comment rule set and data schemas across the Worker portal and a Citizen portal. This requires that: <ul style="list-style-type: none"> ▪ Rule sets must be maintained separately and system defects can result in different rules ▪ Application data is transferred from the Citizen portal to the Worker portal, but not from the Worker portal to the Citizen portal. Applications cannot be started in the Worker portal, saved, and resumed in the Citizen portal. To allow clients who send in paper applications to select QHP plans in the Citizen portal, workers are entering paper applications in the Citizen portal.
Notices Integration	The MNSure system issues limited notices.
MinnesotaCare Premium Invoice Generation	The MNSure system generates MinnesotaCare invoices however there are issues with the functionality including: here are multiple issues with MinnesotaCare invoice generation: <ul style="list-style-type: none"> ▪ Invoices have not been generated in a timely manner ▪ A 45-day billing cycle has not been implemented ▪ Invoices have been sent for incorrect coverage months and incorrect household members ▪ Some households have received multiple invoices for the same billing period ▪ Some invoices have been sent to a residential address even when a separate mailing address is given
Missing Information to MMIS	The interface between MNSure and MMIS is missing key information on Third Party Liability and ID Cards, specific data elements for federal reporting, and demographic data changes. Data reconciliation with MNSure and MMIS is required.



Issue Definition (cont.)

Issue	Description
Unique Person ID (SMI)	The MNSure system identity matching functionality is limited: <ul style="list-style-type: none"> • The Shared Master Index (SMI) query to check for an applicant's existing coverage is implemented with interim logic instead of the full SMI logic to search in legacy systems (MMIS/MAXIS) • An exact data match is necessary to recognize whether an applicant already exists in the MNSure system from a previous application
Removing Primary Applicant	The MNSure system does not have functionality to remove the primary applicant from the case.
Adverse Action (e.g., Aging Out: 26, 65)	The MNSure system does not in all cases make the client aware of the change in eligibility due to "aging out" of one program (e.g. public program to QHP eligibility) to another program.
Notices - Limited Denial/ Termination Reasons	The MNSure system denial and termination notices contain eight denial/termination reasons, which is not the comprehensive list of denial/termination reasons per State policy.
MEC Ending, Impact on Future Month Eligibility	The MNSure system logic is set up to deny eligibility for public programs as well as APTC and Cost Sharing Reductions (CSR) for those who disclose having Minimum Essential Coverage (MEC) during the application month. When a client's MEC is ending in the application month, the system does not find them eligible for the following month.
Worker Portal Manual Override	The MNSure system has manual override capabilities in the Worker portal however they are not used due to defects with the system override functionality.
Income Effective Dates	The MNSure system collects current income on the application however, income effective dates are not collected appropriately.
PRISM Interface	The MNSure to PRISM system interface does not include functionality to process some changes and message certain tasks and changes to workers.



Issue Definition (cont.)

Issue	Description
Broker/Navigator Portal	The MNsure system is missing key functionality for the brokers/navigators portal.
Emergency Medical Assistance	The MNsure system does not determine or communicate Emergency Medical Assistance in the system.
Retro Eligibility	The MNsure system retro eligibility is not properly determined and communicated in the system.
Worker Portal Task List Issues	The MNsure system (worker portal) task functionality does not meet the business needs of the State.
Distributing APTC in Household over Multiple Plans	The MNsure system does not distribute APTC among members within the same household under different plans.
Reassessment Overdue Verifications	The MNsure system does not trigger an eligibility re-determination when pending verifications are not received within the mandated time period, the client remains in the prior eligibility status, not accounting for the overdue verification.
MinnesotaCare Payment Processing	The MNsure system payment collection functionality does not accurately apply rules, resulting in payments being unable to be processed and does not clearly track or indicate which payments are for which coverage month(s).
MNsure Online Payment Functionality	The MNsure system online payment functionality is not currently available.
APTC Calculated with Benchmark Premium Plan Has \$0	The MNsure system intermittently incorrectly determines the benchmark plan premium amount to be \$0, causing the APTC calculation to result in \$0 APTC.



Issue Definition (cont.)

Issue	Description
Batch Reassessment	The MNsure system cannot batch re-run eligibility. Current cases impacted by a defect fixes have to be manually identified and re-run.
Worker Verification Period Override	The MNsure system does not have functionality for workers to set and extend verification time period.
Homeless Applications	The MNsure system cannot calculate potential APTC for homeless due to the system being unable to find a benchmark plan without a zip code to define the service area.
Mixed Family	In one scenario instance ¹ , the MNsure system did not generate the expected eligibility determination.

(1) Deliverable 3, Phase 1 Functional and Technical Assessment, Appendix B includes descriptions of scenarios.

