EXHIBIT A

Contractor Functional Requirements

I. Summary Statement

The Contractor will perform services necessary for development, implementation, and maintenance of all seven information technology system components ("Modules") for the Minnesota Health Insurance Exchange ("MNHIX"). Within these components, Contractor has duties, further identified below, and specifically related to the component pieces of the MNHIX Solution. Contractor's duties extend beyond the individual Modules and include implementing a functional MNHIX Solution compliant with all of the technical requirements detailed within this Exhibit A and Exhibit B to this Contract.

Contractor will develop and maintain the MNHIX's individual Eligibility and Exemption Module ("Module 1") which encompasses MNHIX functions to determine and process eligibility for an individual before that individual is allowed to purchase health insurance coverage through the MNHIX. Module 1 must also interface with other MNHIX Modules and must function to determine eligibility for Medicaid, Children's Health Insurance Program ("CHIP"), potentially a Basic Health Plan, other state programs, premium tax credits and cost-sharing reductions. The Contractor's Solution shall be designed, developed and implemented to support future scaling to include future eligibility determination and transfer of data for additional health care programs and human services programs including, but not limited to Temporary Assistance for Needy families (TANF), Cash Assistance, Supplemental Nutrition Assistance Program (SNAP), Child Care Assistance (CCA) and Child Support. Module 7 will allow Assisters to efficiently and effectively manage the cases of individuals, families and households, and employers and employees associated with the Assister.

Contractor will develop and maintain the MNHIX's individual Enrollment Module ("Module 2") which encompasses MNHIX functions to facilitate health benefit plan enrollment and as applicable, selection of specific health care providers through the MNHIX. Module 2 must also interface with other MNHIX Modules and must function to communicate health plan enrollment and provider selection information with insurers and/or the Medicaid/CHIP agency.

Contractor will develop and maintain the MNHIX's Small employer Eligibility and Enrollment Module ("Module 3") to determine and process small employer and associated employee eligibility and enrollment through the MNHIX Solution. Module 3 also needs to evaluate criteria before allowing a small employer to purchase group health benefit plan coverage for their employees or establish a defined financial contribution for employees to purchase individual health benefit plan coverage. This Module must facilitate employee enrollment and as applicable employee comparison and selection from among multiple group health benefit plans. Module 3 must also interface with other MNHIX Modules and must function to communicate health plan enrollment and provider selection information with insurers and/or the Medicaid/CHIP agency, if applicable.

Contractor will develop and maintain the MNHIX's Health Benefit Plan and Navigator/Broker Certification & Display Module ("Module 4") which encompasses all MNHIX functions related to the certification and display of individual and group insurers/health benefit plans and Medicaid health plan options, and Navigators/brokers. Through this Module, information is

submitted and/or retrieved from other data sources for insurer/health benefit plan and Navigator/broker certification to participate in the MNHIX. The Module must allow for review and approval mechanisms by the MNHIX and/or State regulators for integrated certification determination, specifically integration with the NAIC's System for Electronic Rate and Form Filing ("SERFF") for plan certification. The display of information for health benefit plans and Medicaid health plan options should match the eligibility determination and the preferences of the individual, employer, and employee determined eligible in either Modules 1 or 3 and enrollment preferences from either Modules 2 or 3. This Module also needs to incorporate a calculator to allow the User the ability to estimate the total cost of a health benefit plan. Module 4 must also interface with other MNHIX Modules and is expected to interact closely with Module 5 and enrollment functionality in Modules 2 and 3.

Contractor will develop and maintain the MNHIX's Provider Display ("Module 5") which encompasses all MNHIX functions related to the display of health care provider information to assist individuals, employers, and employees in finding, comparing, and selecting a health care provider and health benefit plan. Module 5 should determine and display health care provider information based on the preferences of individuals, employers, and employees. The provider information needs to be displayed in layers that begins with a high level comparison of composite measures and allows for an expanded comparison of detailed information on cost and quality measures as well as provider peer grouping. This Module also needs a mechanism for health care providers to securely preview their information before it is publicly reported. Module 5 must also interface with other MNHIX Modules and is expected to interact closely with Module 4. Information from Module 5 should be available as consumers search for information about health care providers associated with specific health benefit plans.

Contractor will develop and maintain the MNHIX's Fund Aggregation and Payment Module ("Module 6") which encompasses all MNHIX functions to track and aggregate payments from multiple sources for health benefit plan enrollment, premiums for a potential basic health plan or other state health care program, navigator/broker services, and funding of operations through the MNHIX. Module 6 must also interface with other MNHIX Modules, state accounting system (hereinafter "SWIFT"), and other entities to properly record, communicate and reconcile money(ies) including premiums, advance premium tax credits and other related information between individuals, small employers, insurers, federal agencies, SWIFT and the state's premium processes entities.

Contractor will develop and maintain the MNHIX's Account Administration Module, (hereinafter "Module 7") which creates accounts with current and historical information, links information from the other Modules, tracks relationships between individuals, family and households, employers, employees, Assisters, insurers, health care providers, and which allows for calculation of aggregate Module statistics for employers, Assisters, insurers, health care providers, and MNHIX administrators. Module 7 must also allow health care providers to securely preview select components of information before public reporting.

Superscript references signify the Module numbers that the specific activity needs to coordinate, assist or interact with to either fully perform the activity or to utilized shared functionality.
In order to meet the all of its duties under Sections 2 Contract, the Solution must include the following functionalities and capabilities as well as the technical functionalities identified in Exhibit B to the contract.

II. Entire MNHIX Functionality

1. The Contractor will be required to work with and facilitate integration with specified external systems (e.g. Federal Data Services Hub, SERFF).
2. The Contractor's Solution will allow all notices generated through any module to be viewed via a User account.
3. The Contractor's Solution will provide an option for an individual, once an individual has created an account, to save data and exit the application process at a later time and continue the application process at generally the same place in the application workflow as when they exited.[7]
4. The Contractor's Solution will determine if an individual has an account within the system before they are able to save a session point of progress.
5. The Contractor's Solution shall provide the ability for an individual to search and select an Assister for assistance.
6. The Contractor's Solution shall allow Assisters to act on behalf of individuals, families, households, employers, and employees.[4,6,7]
7. The Contractor's Solution shall display to individuals, at the beginning of a process, of the number of steps required to complete the process, which steps they have completed, (if practical to display that information at the start of a process) which step they are currently completing, (if practical to display that information at the start of a process) how many steps remain, and general information they may need to complete the process. The State will provide to the Contractor for inclusion in the display: the general information needed to complete a process.
8. The Contractor's Solution shall receive electronic reports from various sources [7] (for example, premium payment history from issuers).
9. The Contractor will make a recommendation for the effective definition of both a "Case" and a "household" based on the State provided requirements and Contractor interpretation of Federal policies and regulations. These definitions will be utilized by the MNHIX system to accurately determine eligibility for Insurance Affordability Programs. The State will have the final approval for all definitions.
10. Assisters can be further defined by type by an agreed upon role base security functionality or rights. The state will provide the type, the role based security requirements and rights in a format provided by the contractor and the solution will use standard Curam configurable capabilities.
11. The Contractor's Solution will support acceptance of reports of suspected fraud and referral to designated entities, by allowing certain Assisters to manually set a special cautions flag and manually contact a referring entity per State provided requirements. Assisters will use the standard Curam functionality to meet this requirement.

III. Module 1 – Individual Eligibility and Exemption

a. Provide information on health programs and screen eligibility of programs without log-in or account creation.

1. The Contractor's Solution will provide the ability to perform Pre-Screening through the use of the Contractor's standard calculator functionality for individuals to determine MNHIX participation, potential eligibility for Insurance Affordability Programs: advance

payments of the premium tax credit, cost-sharing reductions, MAGI Medicaid, CHIP, and State-established Insurance Affordability Programs related initiatives (e.g., Basic Health Program or additional premium incentives as defined in the ACA), and potential exemptions from the individual mandate, by displaying and capturing an individual's responses to a limited set of questions without-requiring an individual to log-in.

2. The Contractor's Solution shall ask the following three questions in support screening: (1) Are you over 65? (2) Are you disabled? and (3) Are you blind?

3. The Contractor's Solution shall provide Screening functionality to Users per all state and federal requirements to efficiently and accurately determine potential eligibility for programs.
4. The Contractor's Solution shall allow Assisters to enter the answers to the three screening questions on behalf of an individual.
5. The Contractor's Solution will display results of Pre-Screening and Screening to an individual and display State provided information on how to apply. Regardless of results, individuals may apply for full eligibility determination through existing State provided channels.
6. The Contractor's Solution shall allow individuals to create an account to save information entered during the screening process, and later continue the Screening process using the saved data.

b. Provide for collection of information on individuals to create an account in the MNHIX and guide Users through appropriate options (7)

The Contractors Solution will provide the following functionality, which is subject to the capability of the State's provisioning and authentication management tools:

1. The Contractor's Solution shall determine if a User does not already have an existing account within the MNHIX. (7)
   A. The Contractor's Solution shall allow a User to recover User account log-in information, with this requirement provided via a link to the Identity Management Software. (7)
   B. The Contractor's Solution shall allow Users to update data about themselves and other members of the User's household per program rules and in support of change in circumstance processing associated with Module 1. (7)

2. The Contractor's Solution shall create a new User account if the User is not registered within the MNHIX. The creation of the new user account will be triggered from Module 1 but stored in, and managed by the Identity Management System (7)
   A. The Contractor's Solution will be able to authenticate the identity of Users electronically.
      i. The Contractor's Solution will request information such as Social Security Number ("SSN") and date of birth ("DOB") to allow for authentication of data by external means by:

1. Gathering information from external data sources such as the Department of Motor Vehicles, credit reporting agencies and other public data sources.
2. Requesting the User to answer knowledge-based questions based on data gathered from the called routine to facilitate authentication of identity.
3. Comparing Users' answers to the knowledge based identification questions with data gathered from available sources.

B. The Contractor's Solution shall allow Assisters to manually record that they have authenticated the identity of the User through non-electronic verification mechanisms. Assisters will use the standard contractor solution interface to meet this requirement.

c. Accept, locate, match and verify data needed to determine eligibility for Insurance Affordability Programs and related exemptions from Users and associated Users.

1. The Contractor's Solution shall display to Users with information provided by the State associated with privacy practices, rights, and responsibilities in accordance with federal and state requirements.

   A. The Contractor's Solution will provide the User the ability to indicate their acceptance or refusal of these terms, and the consequences of not accepting, for non-SHOP healthcare programs. If a user does not accept the terms it will stop the process.

2. The Contractor's Solution will collect the required data necessary to determine eligibility for Insurance Affordability Programs based on State provided requirements.

   A. The Contractor's Solution will determine, based on State provided requirements, which data elements require verification. The acceptable mechanisms for verification are electronic, self-attestation, or paper.

   B. The Contractor's Solution will attempt to electronically verify data elements requiring verification and tolerance for the transaction utilizing standard methodologies that include error handling if data elements are not properly returned.

   C. The Contractor's Solution will attempt to verify relevant data with state sources and the Federal data services hub.

   D. The Contractor's Solution will attempt to electronically gather information from external sources.

      i. The Contractor's Solution shall provide Users the ability to view and attest to self-specific data collected from external sources.

   E. The Contractor's Solution will electronically verify information.

      i. The Contractor's Solution will entail Users having the ability to refute the accuracy of external data sources and submit additional information.
      ii. The Contractor's Solution shall allow Assisters to manually verify information if necessary. Assisters will use the standard contractor solution interface to meet this requirement.

   F. The Contractor's Solution will use data received from an external source.

G. The Contractor's Solution will provide functionality to support the implementation of the "reasonable compatibility" and self-attestation verification policy and procedures.

H. The Contractor's Solution will support uploading of documents into an Electronic Document Management System (EDMS) with accurate indexing or tracking. The EDMS, its provision, installation, configuration, integration and all implementation work, including work associated with indexing and tracking, is the responsibility of the State.

i. The Contractor's Solution shall ensure Users have the ability to query the State EDMS system for and view verification documents that have been loaded into the system.
ii. The Contractor's Solution shall send notification of alternative verification options to User and/or Assisters when electronic documents are not available. (7)
iii. The Contractor's Solution shall ensure Users shall have the ability to provide alternative verification documents.
iv. The Contractor's Solution shall ensure that Assisters have the ability to manually verify uploaded documents via query to the State EDMS system, subject to appropriate role-based authorities.

A. The Contractor's Solution shall allow Assisters to enter case notes that can be associated both to an individual User and to the User's electronic case file. Assisters will use the standard Cúram functionality to meet this requirement.

2. The Contractor's Solution will provide a signature mechanism (e.g. check box) to meet State provided requirements.

d. Determine eligibility for Insurance Affordability Programs advance payments of the premium tax credit, cost-sharing reductions, MAGI Medicaid, CHIP, State-established Insurance Affordability Programs related initiatives (e.g., Basic Health Program or additional premium incentives as defined in the ACA), and potential exemptions from the individual mandate.

1. The Contractor's Solution will develop rules for and deploy a rules engine to determine eligibility for Insurance Affordability Programs: advance payments of the premium tax credit, cost-sharing reductions, MAGI Medicaid, CHIP, State-established Insurance Affordability Programs related initiatives (e.g., Basic Health Program or additional premium incentives as defined in the ACA), and potential exemptions from the individual mandate. Determinations must be made according to State provided requirements.
   A. The Contractor's Solution shall facilitate referrals and transfers to the Medicaid agency or its designee for individuals who require or request a non-MAGI eligibility determination.
   B. The Contractor's Solution shall be consistent with the requirements of with Section III, Part e of this Exhibit.
   C. The Contractor's Solution will use the rules engine for Module 1.

2. The Contractor's Solution shall support State specified requirements regarding the interaction of the MAGI Medicaid program and other non-MAGI Medicaid programs so

that individuals are not incorrectly denied or terminated due to MAGI Medicaid eligibility status.

3. The Contractor's Solution shall determine eligibility for individual mandate exemptions.

4. The Contractor's Solution shall automatically determine required verifications, per State provided requirements

5. The Contractor's Solution will inform Users of eligibility determination results, reductions in eligibility and benefits, and processing delays. Communications to Users shall meet all notice and correspondence requirements including but not limited to, security, data privacy, appeal rights, and federal and state notice requirements. (7)

6. The Contractor's Solution shall display eligibility and exemption information to Assisters. (7)

   A. The Contractor's Solution will interface MAGI Medicaid/CHIP eligibility information to DHS systems as required.

   B. The Contractor's Solution shall allow Assisters to view more detailed information on eligibility calculations including, but not limited to, income calculations. Assisters will use the standard Cúram functionality to meet this requirement.

7. The Contractor's Solution shall accept appeals information in accordance with agreed upon business requirements.

   A. The Contractor's Solution shall ensure Users will be informed of appeal process.

   B. The Contractor's Solution will accept and transfer information to appropriate appeals management entity.

   C. The Contractor's Solution will receive information from appeals management entity on status/outcomes for display on User account page.

   D. The Contractor's Solution shall ensure support of continued coverage under certain circumstances pending an appeal and support overpayment determination functionality if User loses appeal.

8. The Contractor's Solution will allow for and determine renewal of eligibility and exemptions according to State provided requirements.

9. The Contractor's Solution will determine eligibility and exemption changes during a coverage year according to federal and state requirements.

10. The Contractor's Solution will support Users reporting changes via the Solution's established interfaces.

11. The Contractor's Solution shall be designed, developed and implemented to support future scaling to and extensibility to include future eligibility determination and transfer of data for additional health care programs and human services programs including, but

not limited to Temporary Assistance for Needy families (TANF), Cash Assistance, Supplemental Nutrition Assistance Program (SNAP), Child Care Assistance (CCA) and Child Support.

12. The Contractor's Solution shall support case assignment functionality in accordance with State provided requirements. The solution will provide basic organizational unit assignment and basic work queue assignment functionality.

13. The Contractor's Solution will support eligibility determinations for time periods prior to the date an application was submitted(though no earlier than October 1, 2013), as well as for past, current and future calendar months based on State provided requirements and the extent of rules available in Module 1.

14. The Contractor's Solution will accept and process applications via the Solution's established interfaces and through direct entry by Assisters. Assisters will use the standard Cúram functionality to meet this requirement.

15. The Contractor's Solution will support State provided MAGI Medicaid/CHIP specific requirements including those associated with, determination of cost effective health insurance and medical support per federal and state requirements.

16. The Contractor's Solution captures up to 15 data elements associated with a third party liability and make them available to the Medicaid/CHIP agency.

17. The Contractor's Solution will support the receipt and processing of notifications from the Medicaid/CHIP agency regarding changes in Medicaid/CHIP eligibility (e.g., from MAGI to non-MAGI).

18. The Contractor's Solution will support the manual receipt of a referral from the State Medicaid Agency and determine eligibility for the Insurance Affordability Programs.

19. The Contractor's Solution will support presumptive eligibility processing per agreed upon requirements. The Contractor will provide up to 160 hours of work in support of presumptive eligibility.

20. The Contractor's Solution will transition a User determined presumptively eligible to a full determination per agreed upon requirements. Contractor support is as included in the previous requirement.

21. The Contractor's Solution shall notify MAGI Medicaid/CHIP applicants/enrollees of other benefits they may apply for as per State provided requirements. The Contractor will support this requirement for the web channel. The Contractor will support the other channels determined necessary by the state based on mutual agreement.

22. The Contractor's Solution shall interact with Medicaid/CHIP systems in support of identity management features to send and receive data

    A. The Contractor's Solution shall issue a unique MNHIX User identifier and maintain User uniqueness. (7)

B. Based upon established criteria, the Contractor's Solution shall validate a User's existence with the Minnesota Department of Human Service's MMIS systems.

i. For Users currently known to MMIS, the MNHIX will use the existing identifier, known as the MMIS recipient identifier in addition to the MNHIX identifier.
ii. For Users not already known to MMIS, the MNHIX system will be responsible for assigning a unique MMIS recipient identifier to be used by MMIS and the MNHIX, in addition to the MNHIX identifier.

C. The Contractor's Solution shall provide a person search function and will allow the reconciliation of User account issues. The contractor will provide up to 160 hours of work in support of person, person splitting and synchronization with MMIS.

i. If, after the assignment of an MMIS identifier, a person is found to be the same as another person, the MNHIX will provide the functionality for 'merging' the person's multiple identities and appropriately communicating with MMIS.
ii. If a single identified person is determined to be two persons, the MNHIX will be responsible for splitting the person and appropriately communicating with MMIS.

23. The Contractor's Solution shall support Administrative program maintenance including, federal poverty level changes per State provided ACA requirements.

24. The Contractor's Solution will support batch processing for known events that will affect eligibility including, but not limited to, Medicaid/CHIP age changes. The MNHIX shall determine eligibility and document on any enrolled individual the action taken per State provided requirements.

25. The Contractor's Solution shall allow Contractor to design, develop and generate reports for programmatic and operational management per federal and state requirements.

26. The Contractor's Solution shall support interaction with Income and Eligibility Verification System (IEVS), New Hire, and Public Assistance Reporting Information System (PARIS) match processes, per State provided requirements. Contractor's scope for this requirement is limited to 80 hours of work throughout the Project.

27. The Contractor's Solution shall provide the ability to redetermine Medicaid/CHIP eligibility for past periods and to provide a notice to individuals when the individual was previously found eligible/ineligible in error. The Contractor's solution will support redetermination of eligibility for past periods as standard functionality and rules defined in the system.

e. Determine eligibility for non-MAGI Medicaid and other state health care programs according to federal and state requirements and timeliness and performance standards.

The Contractor's Solution is not required to have the functionality described under this Part e. Nonetheless, the Contractor's Solution under this contract shall be

designed, developed and implemented in a manner that permits the scalability and future implementation of the requirements under this Part e.

1. The Contractor's Solution will develop rules for and deploy a rules engine to determine eligibility for non-MAGI Medicaid and other state health care programs. All determinations must be made according to federal and state requirements and timeliness and performance standards. The rules engine design and architecture must also be able to integrate with and scale to support the eligibility determination of additional Human Services programs to include integration with other eligibility determination systems.

2. The Contractor's Solution will automatically determine required verifications and provide notice of verifications needed to User.

3. The Contractor's Solution will inform Users of eligibility determination results, reductions in eligibility and benefits, and processing delays. Communications to Users shall meet all notice and correspondence requirements including but not limited to, security, data privacy, appeal rights, and federal and state notice requirements. (7)

4. The Contractor's Solution will communicate eligibility information to Assister. (7)

   A. The Contractor's Solution will interface non-MAGI Medicaid and other state health care programs eligibility information to DHS systems as required.

   B. The Contractor's Solution will incorporate eligibility results that allow appropriate Users to view more detailed information on eligibility calculations including, but not limited to, income calculations.

5. The Contractor's Solution will accept and process appeals and coordinate where necessary across Modules.

   A. The Contractor's Solution will have the capability for Users to be informed of appeal process.

   B. The Contractor's Solution will accept and transfer information to appropriate appeals management entity.

   C. The Contractor's Solution will receive information from appeals management entity on status/outcomes for display on User account page.

   D. The Contractor's Solution will support continued coverage under certain circumstances pending an appeal and support overpayment determination functionality if User loses appeal.

6. The Contractor's Solution will allow for and determine renewal of non-MAGI Medicaid and other state health care programs eligibility according to federal and state requirements.

7. The Contractor's Solution will determine non-MAGI Medicaid and other state health care programs eligibility changes according to federal and state requirements.

8. The Contractor's Solution will support Users reporting changes via the internet, phone, mail, and in-person and through other commonly available electronic means and perform a full eligibility redetermination.

9. The Contractor's Solution will support non-MAGI Medicaid and other state health care programs eligibility determinations for time periods prior to the date an application was submitted, as well as for past, current and future calendar months per federal and state requirements.

10. The Contractor's Solution will accept and process non-MAGI Medicaid and other state health care programs applications via all methods per federal and state requirements.

11. The Contractor's Solution will support and determine eligibility for non-MAGI Medicaid and all other state health care programs per federal and state requirements including, but not limited to:

    A. non-MAGI Medicaid and other state health care programs income and asset methodologies,
    B. functionality to support determination and notification of recipient premium and defined contribution amounts for state specified programs, (6,7)
    C. functionality to link premium payment results and support for good cause determinations for premium payments for state specified programs, (6,7)
    D. special rules for Medicaid payment of long-term care services such as but not limited to, the home equity limit, annuity requirements, determination of uncompensated transfers and penalty periods, level of care requirements, and long-term care spend downs, and
    E. determination of cost effective health insurance and medical support.

12. The Contractor's Solution will support an asset assessment for married individuals who may need to apply for Medicaid paid long-term care services per federal and state requirements regardless if a Medicaid application is eventually filed.

13. The Contractor's Solution will support referral for Long-Term Care Consultations if the User identifies as potentially having a need for long-term care services.

14. The Contractor's Solution will identify and report third party liability to DHS.

15. The Contractor's Solution will support the receipt and processing of notifications from the DHS regarding changes in non-MAGI Medicaid and other state health care programs eligibility.

16. The Contractor's Solution will support the determination and notification of a spousal contribution for an individual whose spouse is receiving long-term care services from Medicaid and certain state health care programs per state requirements. (6)

17. The Contractor's Solution will support liens and life estate functionality.

18. The Contractor's Solution will notify non-MAGI Medicaid and other state health care program applicants/enrollees of other benefits they must apply for and track and act on response or non-response per federal and state requirements.

19. The Contractor's Solution will interoperate with Medicaid/CHIP systems in support of identity management features to send and receive data

    A. The Contractor's Solution shall issue a unique MNHIX User identifier and maintain User uniqueness. (7)

    B. Based upon established criteria, the Contractor's Solution shall validate a User's existence with the Minnesota Department of Human Service's MMIS systems.

        i. For Users currently known to MMIS, the MNHIX will use the existing identifier, known as the MMIS recipient identifier in addition to the MNHIX identifier.
        ii. For Users not already known to MMIS, the MNHIX system will be responsible for assigning a unique MMIS recipient identifier to be used by MMIS and the MNHIX, in addition to the MNHIX identifier.

    C. The Contractor's Solution shall provide a person search function and will allow the reconciliation of User account issues. Contractor support effort is included as part of the requirements in the person search requirements listed previously.

        i. If, after the assignment of an MMIS identifier, a person is found to be the same as another person, the MNHIX will provide the functionality for 'merging' the person's multiple identities and appropriately communicating with MMIS.
        ii. If a single identified person is determined to be two persons, the MNHIX will be responsible for splitting the person and appropriately communicating with MMIS.

20. The Contractor's Solution will support non-MAGI Medicaid and other state health care programs maintenance including, but not limited to, federal poverty level changes per federal and state requirements.

21. The Contractor's Solution will support batch processing for known events that will affect eligibility including, but not limited to, Medicaid age changes. The MNHIX shall determine eligibility and document on any enrolled individual the action taken per federal and state requirements.

22. The Contractor's Solution will generate reports for programmatic and operational management per federal and state requirements.

23. The Contractor's Solution will support Income and Eligibility Verification System (IEVS), New Hire, and Public Assistance Reporting Information System (PARIS) match processes and the overpayment processes per federal and state requirements.

24. The Contractor's Solution will support acceptance of reports of suspected fraud, referral to designated entities, and overpayment processes per federal and state requirements.

25. The Contractor's Solution will support the determination, calculation and notification of overpayments for Medicaid/CHIP per federal and state requirements.

f. Provide functionality to allow Assisters to manage the cases of individuals, families and households, and employers and employees associated with the Assister.

1. The Contractor's Solution shall provide agreed upon case management functionality across Insurance Affordability Programs. Assisters will use the standard Cúram functionality to meet this requirement.

2. The MNHIX will provide functionality to allow Assisters to perform actions on behalf of Users.
   A. The Contractor's Solution shall provide Assisters case management functions necessary for them to perform necessary actions within the MNHIX. These actions include: completing an application, manually verifying a user's documentation, sending a user a notice or other communication, completing an eligibility redetermination/ renewal, or reporting changes in information related to eligibility determinations. (1, 2, 3)

   B. The Contractor's Solution shall provide ability for individuals to terminate a relationship with an Assister which results in the Assister immediately losing all access rights to the User's information on the MNHIX. Revocation of access rights will be provided by a call to a Contractor provided routine or similar function. (7)

   A. The Contractor's Solution will include customizable dashboard functionality for Assisters, to allow Assisters to view the following key metrics, including applications and renewals in queue, appeals, actions taken, and referrals. The functionality must allow for individual caseworker or case bank caseworker support where case bank caseworker support allows a caseworker to access the next case in a queue of cases not yet assigned.

   C. The Contractor's Solution shall allow Assisters to send notices and letters to Users for special circumstances, using pre-populated templates with the ability to incorporate free-form text. The Solution must store a copy of the notice and letter to the same extent as other notice requirements.

   D. The Contractor's Solution shall allow Assisters to manually verify information that is not verified electronically or through reasonable compatibility.

3. The Contractor's Solution or related third party tools will generate data and reports needed to notify and process User activities.
   A. Enrollment trends

   B. Eligibility determination outcomes

   C. Plan selection choices

   D. Premiums

E. Assist Assisters

F. User assistance

G. User feedback and satisfaction

H. Other reports defined during business requirement gathering sessions

4. The Contractor shall allow the creation of ad hoc reports by State Business Administrators through the standard reporting tool or third party dynamic reporting software.

5. The Contractor's Solution shall generate data and reports needed to comply with federal audit and oversight requirements.

   A. The Contractor's Solution will generate data and reports needed to comply with federal MNHIX, Medicaid/CHIP and Quality control initiatives.

6. The Contractor's Solution will establish linking relationship between individuals, family/households, employers, employees, Assisters, insurers and health care providers and shall be displayed as appropriate.

7. The Contractor's Solution will have functionality to reassess and determine eligibility based on new circumstances.[1, 2, 3, 4, 5]

8. The Contractor's Solution will provide account case management functions for the management of Users by Assisters.

   a. The Contractor's Solution will be responsible for assigning a case identifier for MNHIX participants coming through the Exchange, using a format that is mutually agreed-upon and a process that assures the case identifier is not duplicated.
   b. For cases currently known to MMIS, the MNHIX will use the existing case identifier as the MMIS case identifier.

9. The Contractor's Solution shall allow Assisters to perform actions on behalf of an individual.

10. The Contractor's Solution shall allow Assisters to have the ability to add a narrative to a case and track and maintain changes over time.

11. The Contractor's Solution will allow Users and Assisters to maintain and access a history of notices that have been sent to a beneficiary.

12. The Contractor's Solution will allow Assisters the ability to maintain and access a record history of a User's eligibility status over time.

13. The Contractor's Solution shall allow an Assister to be assigned to an account and/or have access to an account according to role-based security controls.

IV. Module 2 – Individual Enrollment

a. The MNHIX shall facilitate health plan enrollment and as applicable selection of specific health care providers for individuals/households/families and employees eligible to use the MNHIX

1. The Contractor's Solution have the capability to display and selection of MNHIX health plans, making it available for Users who have not entered any User-specific information.

2. The Contractor's Solution will allow enrollment only in a health plan when the applicant has been determined eligible.

   A. The Contractor's Solution will make the selection and display of health plans related to specific Insurance Affordability Programs and other state health care programs available only after completion of eligibility application and the determination that the applicant meets eligibility requirements. (4)
   B. The MNHIX will provide functionality to allow Assisters (approved by the User) to perform actions on behalf of Users.
   C. The Contractor's Solution will provide functionality to allow a User to select a health plan for other members of their household.
   D. The MNHIX will provide functionality for the aggregation and creation of a work queue for the selection of health plans.
   E. The Contractor's Solution will provide enrollment functionality that allows for retroactive enrollment per state requirements.
   F. The Contractor's Solution will assist with the plan selection for employees under a defined contribution plan, ability to use pretax dollars for the purchase. (3, 4)
   G. The Contractor's Solution will only allow enrollment in the appropriate metal level plans for initial and renewal enrollment periods.(4)

3. The Contractor's Solution will have rules for the the notification to the insurer and/or the Medicaid agency of selected enrollment in a health plan and the selection of specific health care providers as applicable.

4. The Contractor's Solution will process premium payment methods, premium tax credit fund aggregation, and cost-sharing reduction eligibility, as well as defined contribution for employees as required by state and federal law. (6)

5. The Contractor's Solution will record and submit information to the Federal Service Hub so that payments can be made to health plans on behalf of a qualified individual. (6)

6. The Contractor's Solution will receive information from the Federal Service Hub associated with individuals.

b. The MNHIX shall process renewals, disenrollments, terminations, and changes to enrollment.

1. The Contractor's Solution will allow for and record disenrollments and terminations.

2. The Contractor's Solution will allow enrollment and changes in enrollment only during open enrollment periods, special enrollment periods (e.g., changes in eligibility due to new employment, change in income, change in family composition, etc.), and per requirements of the Medicaid/CHIP and other state health care programs.

3. The Contractor's Solution will have enrollment functionality that allows retroactive enrollment per state requirements.

4. The Contractor's Solution will provide for automatic generation and display of enrollment renewal periods, notices and related information. (7)

5. The Contractor's Solution will communicate renewal, disenrollment or termination information to the individual/family/household and Assister, as appropriate. (7)

6. The Contractor's Solution will provide functionality to process large scale changes to plan selections for individuals, families, and households. This includes, but is not limited to situations where a particular plan is no longer offered and all enrollees must be enrolled in another plan. (4)

c. The MNHIX will record and communicate information about enrollment, disenrollment, termination and other enrollment status changes to insurers, DHS, HHS, and others as appropriate. (7)

1. The Contractor's Solution will notify insurers and/or Medicaid agency of individual changes in enrollment per the requirements defined by the entity being notified.

2. The Contractor's Solution will support the receipt and processing of notifications from insurers and/or Medicaid agency regarding disenrollment, termination, and other changes in enrollment.

3. The Contractor's Solution will reconcile enrollment information with QHP issuers and Medicaid/CHIP and other state health care programs, in a manner and frequency defined by requirements of QHP issuer and Medicaid/CHIP and other state health care programs.

4. The Contractor's Solution will maintain records of all enrollments through the MNHIX and submit enrollment information to HHS monthly.

   A. Notify federal government of confirmed enrollment, disenrollment, termination and eligibility changes to facilitate appropriate payment of any tax credits and cost-sharing reductions.
   B. Notifications must be secure and ACA and HIPAA compliant.

5. The Contractor's Solution will allow for and record re-enrollment and plan changes when they occur.

6. The Contractor's Solution will communicate enrollment and disenrollment in health benefit plans by employees receiving premium tax credit to employers for calculation of potential employer responsibility payments.(7)

7. The Contractor's Solution will support of premium aggregation.[1, 3, 4, 5]

V. Module 3 – Small Employer Eligibility and Enrollment

a. Provide information on health and pre-screen eligibility of programs without log-in or account creation

1. The Contractor's Solution will assist in the display and provide browsing capabilities on small group health plans and group dental plans available without requiring a log-in. [4]

2. The Contractor's Solution will distinguish between an employer User or an employee defined contribution User [6]. If employee defined contribution User, provide for User to be directed to Module two with employer contribution information.

b. The MNHIX will determine employer eligibility and facilitate employer/employee health plan choice

1. The Contractor's Solution will allow MNHIX to set eligibility rules for employers and employees including size of employer and location.

2. The Contractor's Solution will allow employers to shop for health benefit plans and search for health care providers without determining their eligibility for MNHIX participation or tax credits.

3. The Contractor's Solution will create employer and employee accounts on MNHIX. [7]
   A. The Contractor's Solution will support employers being able to view and manage their census information.
   B. The Contractor's Solution will support employers giving an employer ID and or an employer specific URL for employees to use to enroll.

4. The Contractor's Solution will establish plan year functionality, rolling consecutive twelve month period of coverage, ongoing ability of employers to shop and purchase product on a rolling basis.

5. The Contractor's Solution will determine the eligibility of employers and their employees for the MNHIX.
   A. The Contractor's Solution will accept, update and verify information regarding employer eligibility.
      i. Information will include but is not limited to corporate structure, location, employer size, average employee wage and contribution levels and other information required under federal rules.
      ii. The Contractor's Solution will update employer and employee information for special enrollments such as new hires, terminations, and life changing events such as marriage, divorce, birth of child, etc. [7]

iii. The Contractor's Solution will establish and support business rules for associated with each life changing event shall only allow an employee to perform functions associated with the given life changing event.

B. The Contractor's Solution will locate, match and verify eligibility information from other data sources (such as the data sources of the Minnesota Department of Economic Development).

C. The Contractor's Solution will determine eligibility for employer/employee MNHIX participation.

6. The Contractor's Solution will be able to address the needs of employers with more than one worksite and employers who have employees in different network areas.

7. The Contractor's Solution will allow an employer participating in SHOP to continue participating in SHOP if the number of workers employed exceeds the level specified by the definition of a qualified employer after the employer's initial eligibility determination.

8. The Contractor's Solution will determine and communicate employer eligibility for premium tax credits.

9. The Contractor's Solution will provide notification of employer and/or employee eligibility determinations and opportunities to appeal.

   A. The Contractor's Solution shall ensure notifications to Assisters as appropriate. (7)

10. The Contractor's Solution shall accept appeals information.

    A. The Contractor's Solution shall ensure Users/Assisters will be informed of appeal process.

    B. The Contractor's Solution shall transfer information to appropriate appeals management entity.

    C. The Contractor's Solution shall support the reception of information from appeals management entity on status/outcomes for display on User account page.

11. The Contractor's Solution will collect, update and verify employee eligibility information from employer and/or employee.

    A. The Contractor's Solution will allow an employer or a designee to identify and manage the employees by multiple methods including uploading their employee directory into the MNHIX Solution or entering the employee and dependents information into the MNHIX Solution manually.

    B. The Contractor's Solution will provide information to employees on the affordability of employer coverage options. If employer coverage is unaffordable (currently if the required contribution for the "self-only" coverage exceeds 9.5 percent of household income) or does not meet a minimum value, the employee may be eligible for advance payment of the premium tax credit.

12. The Contractor's Solution shall allow for renewal of employer and employee eligibility in next coverage year.

13. The Contractor's Solution shall support timing for notifications. (7)

c. The MNHIX shall facilitate employee enrollment into QHPs

1. The Contractor's Solution will support online education features for Users that provide explanation of terms and benefits. (3,7)

   A. The Contractor's Solution will include online instructions, FAQs and other tools to assist employers in understanding options available to them.

   B. The Contractor's Solution will advise Users of the time it may require to complete the plan selection process as well as information they may need to complete the process.

   C. The Contractor's Solution will offer the opportunity for Users to use an optional decision support tool to compare, prioritize, and evaluate their options or to complete the process without using any available decision support tool. (4)

      i. The Contractor's Solution will support an optional decision support tool which shall include a set of questions to solicit priorities and information about health status.

      ii. The Contractor's Solution will provide Users information on high quality/low cost plans and direct Users to these plans.

2. The Contractor's Solution will allow for the employer to select a specific QHP for employees, select a choice of QHPs, select a metal level or tier of coverage or create a defined contribution program for employees. (6)

3. The Contractor's Solution will provide a premium calculator that provides total cost comparison information for employer which reflects all the impact of the various choices referenced in the preceding paragraph to determine implications of defined contribution versus defined benefit for their business if selecting a fully insured product. (4)

4. If employer chooses group defined health plan/defined benefit, The Contractor's Solution will provide the following functionality:

   A. Determine employer contribution,

      i. Allow choice percent of costs, dollar value, metal levels or other options. (6)

      ii. The Contractor's Solution will provide an on-line calculator to the employer to calculate approximate costs.

   B. Facilitate employer choice of group health benefit plan.

   C. Provide health benefit plan and health care provider enrollment options to employees.

5. The Contractor's Solution will allow enrollment only in the health plan for which the employee is eligible.

A. The Contractor's Solution will notify insurer of employer selection and employee enrollment in a group health benefit plan and selection of specific health care provides as applicable.

B. The Contractor's Solution will transmit enrollment information on behalf of employees to insurers.

C. The Contractor's Solution will confirm insurer responses and verifications to group health benefit plan enrollment transactions and notifications, including verifications that employee is enrolled.

D. The Contractor's Solution will provide employees notice as to the effective date of coverage. (7)

E. The Contractor's Solution will allow Users the ability to pick multiple plans for their families or households so that Users may reflect their families or household's eligibility in different programs (e.g. public programs, SHOP, unsubsidized purchase or APTC). (1, 2)

6. If the employer chooses defined contribution, the Contractor's Solution shall:

   A. Facilitate establishment of defined contribution levels toward a benchmark individual health benefit plan, possibly through the use of a calculator.

   B. Communicate contribution information to employees. (7)

   C. Assist employees for individual enrollment with employer contribution information. (2,6,7)

7. The Contractor's Solution will verify employee identity and association with an employer or multiple employers, if applicable, prior to the enrollment process.

8. The Contractor's Solution will provide the employer administrative tools to monitor and assist employee participation including monitoring enrollment activity, payment activity and designation of another authorized administrator on behalf of the employer.

9. The Contractor's Solution will communicate enrollment information with individual (employee)/Family/household and Assister as appropriate.

10. The Contractor's Solution will process employer and employee renewals, reactivation of lapsed accounts, disenrollments, reinstatements and terminations.

    A. The Contractor's Solution will notify employers and employees when annual election period is approaching. (7)

    B. The Contractor's Solution will allow for employees to enroll in a SHOP plan during special enrollment periods or life changing event.

    C. The Contractor's Solution will allow employers to terminate SHOP coverage.

    D. The Contractor's Solution will allow employees to terminate coverage and provide notice to employer that coverage is terminated, in the context of the termination business rules within the proposed solution.

    E. The Contractor's Solution will notify insurers of changes in employer and employee enrollment including renewal, disenrollment and termination.

F. The Contractor's Solution will receive notification from insurers regarding disenrollment, termination, and other changes in enrollment provided to the insurer.

G. Communicate enrollment, disenrollment and termination information with employees, employers and Assisters as appropriate reflecting different scenarios including employees resignation and termination, and COBRA eligibility.[7]

11. The Contractor's Solution will generate information to facilitate premium payment and tracking. [6]

    A. The Contractor's Solution will display net costs to employees (after employer contribution) for different plans and different Family compositions .[4]

    B. The Contractor's Solution will display the QHP costs for the employee pool for employer.[4]

    C. The Contractor's Solution will provide small businesses with an aggregated monthly bill for the costs of employees' coverage and options to view, premium payment options and track premium payments. [6, 7]

12. The Contractor's Solution will communicate with other entities as necessary. [7]

    A. The Contractor's Solution will notify the Federal government of confirmed enrollment, disenrollment and termination to facilitate appropriate payment of any tax credits.

    B. The Contractor's Solution will send and receive HIPAA compliant 834 and/or other standard transactions and acknowledgements related to enrollment and disenrollment information.

    C. The Contractor's Solution will reconcile enrollment information and employer participation information with QHPs at least monthly.

VI. Module 4 – Health Plan Benefits and Navigator/Broker Certification and Display

a. The MNHIX will collect data from issuers seeking certification for proposed QHPs.

1. The Contractor's Solution will interact with the System for Electronic Rate and Form Filing (SERFF) to receive a defined set of benefits, rates and other data elements related to plan information from issuers after certification for proposed QHPs in SERFF. Certification is handled by SERFF. [4]

    A. The Contractor will participate in and assist with activities as needed with SERFF to enhance SERFF capacities to fulfill MNHIX needs. SERFF will handle certification and recertification of plans, Contractor will not assist with certification or recertification of QHP data.

    B. The Contractor will establish a calculator for connected QHP benefit and design to facilitate enhanced User understanding of potential out-of-pocket costs related to the use of certain services. SERFF will send a rate table look-up for all plans.

2. The Contractor's Solution will take plan base rates and calculate exact premium based on allowed underwriting criteria. This is a functionality related to rate tables and a rating engine.

3. The Contractor's Solution will collect carrier and QHP quality data and provider network information in a database format outside of what is provided through SERFF. Functionality must accommodate updates in provider network information on a frequent basis. All documents transmitted through SERFF without data element storage or validation will not be loaded within the Exchange. Users must correct file formats and reload to SERFF and attempt to send to Exchange. The Contractor's Solution will not be responsible for SERFF data errors.

4. The Contractor's Solution will interface with either SERFF for health plan information or DHS to receive plan information on Medicaid health plan options including fee for service providers/networks and managed care options. Medicaid plans will follow transmission file format as QHP through SERFF if integration is necessary with DHS. Otherwise, Medicaid/CHIP plans will be loaded through the template within the Exchange.

b. The MNHIX will display information about QHPs, Medicaid and other state health care program plans and facilitate User-friendly comparison between QHPs.

1. The Contractor's Solution will display plan information matching general MNHIX and Insurance Affordability Program and other state health care program eligibility determinations for Users who have finished the eligibility determination process or generically for Users who have not yet entered any User-specific information. [1, 3]

   A. Allow User to view health plans based on eligibility determinations .[4]

      i. Medicaid, other state health care program, or QHP health plans available by geographic area

      ii. Eligible health plans for Cost-Sharing Reductions

      iii. Premium Tax Credit calculations based on health plan choice

      iv. Health plans based on User filters

   B. The Contractor's Solution will allow Users to view multiple plans that address families with varied bases of eligibility for affordability assistance (e.g., public program, tax credit, employee, etc).

   C. The Contractor's Solution must display QHPs, Medicaid/ CHIP health plan options, and other state health care program plans, fee for service coverage and newer coverage payment models, such as Accountable Care Organizations and tiered networks. These new payment models may be available to commercial and Medicaid-eligible populations.

      i. The Contractor's Solution must allow certain Medicaid-eligible individuals the choice to opt out of a managed care product and into fee-for-service coverage.

2. The Contractor's Solution must establish options for and support various algorithms by which plan choices are displayed. The State must be able to change which algorithm is being used and implement new algorithms as needed. These algorithms will determine in what default order plan choices are arrayed.

3. The Contractor's Solution will support Users having the ability to set their own criteria about what plan characteristics are most important to them through a multi-faceted decision support tool that Users may opt to use. Preferences and needs expressed through use of this tool must override system-generated defaults.

4. The Contractor's Solution will establish a multi-faceted decision support tool that must offer Users a mechanism to search for and prioritize among specific QHPs, dental plans, Medicaid/CHIP plans, and other state health care programs, as applicable based on different plan attributes.

   A. Such attributes include, but are not limited to, the following:

      i. Participation of individual provider, clinic or hospital in a QHP, Medicaid/CHIP plan, or other state health care programs that fall into data framework consistent with the QHPs, and Medicaid/CHIP plans, provider networks[(5)]

      ii. Metal level

      iii. Premium and cost-sharing information

      iv. Quality ratings, provided by a third party

      v. Enrollee satisfaction surveys

      vi. User health status and implications for estimated annual health care utilization.

   B. The decision support tool must facilitate separate or combined searches for specific Family/household members or for different subgroups within a Family/household and save search criteria and search results for each Family/household member or subgroup within a Family/household.

   C. The optional decision support tool must not display certain components to Users when only one plan is available for a User.

   D. Health benefit plan choices, shown in a decision support tool, must be displayed in a manner that aligns with the User's preferences. This optional decision support tool must connect to the calculator to support a total annual estimated cost of a health benefit plan.

   E. Users should be prompted to use the decision support tool.

5. The Contractor's Solution must incorporate situational functionality to support plan choice and enrollment into Medicaid/CHIP plans and other state health care program plans that fall into data framework consistent with the QHPs, and Medicaid/CHIP plans, under certain circumstances:

   A. In the event a Medicaid-eligible User does not have a choice of plans, the Contractor's Solution must default to choosing the single plan for a Medicaid-eligible User and connect with Module 2 to enroll the Medicaid-eligible User in that plan.

   B. In other circumstances, a Medicaid-eligible User will have a choice of plans. If the Medicaid-eligible individual doesn't choose and enroll in a Medicaid plan, the solution must choose a default option for that individual during that use session and connect them to the enrollment process to enroll them in the default Medicaid plan. The functionality around default auto plan selection and enrollment to facilitate different plans being automatically deemed a default will be limited to a minimum number of business rules (3-4) as provided by the State. [(2)]

6. The Contractor's Solution will allow Users to filter, view and compare information from search results on each health plan including:
   A. Premium and cost sharing information
   B. Summary of benefits and coverage
   C. QHP metal level
   D. Enrollee satisfaction surveys
   E. Quality ratings
   F. Medical loss ratio information
   G. Transparency of coverage measures
   H. Whether the plan includes their specified provider(s) in the QHP, Medicaid/CHIP, or other state health care programs that fall into data framework consistent with the QHPs, and Medicaid/CHIP plans, provider networks
   I. Total estimated cost based on average utilization or utilization assumptions entered by User.

7. The Contractor's Solution will be flexible enough to accommodate additional dynamic elements (drop downs, criteria, sorting categories, etc.) selected by Users or deemed necessary in the future.

8. The Contractor's Solution will provide a summary display of health plan information that allows for a high level comparison of composite measures and the ability to drill down into detailed information on costs, benefits, provider networks, quality, and customer satisfaction.
   A. The Contractor must propose multiple options for displaying health benefit plan cost, quality, and enrollee satisfaction information and share options with stakeholders convened by the MNHIX. Cost information must be displayed consistent with UX2014 or other established design principles. The Contractor must modify options based on input from stakeholders at the direction of Exchange staff.
      i. The Contractor must conduct testing of information displays with established usability testing processes and surveys. The test plan must include the remote methods of usability and survey information.
      ii. The Contractor must modify options, where reasonable, based on input from stakeholders and usability results as mutually agreed upon.
   B. Initial cost, quality, and customer satisfaction information should be at a summary level.
   C. The Contractor's Solution will have a display that includes a filter that can limit the number of health benefit plans shown to a User as either a default for the Module or to be set by an individual User. If filter is not activated, Users will have the ability to view all selected health plan options and summary comparison information about them with the ability to drill down into more detailed comparisons for a minimum of three QHP options at a time (unless a User wants detailed information on only one or

two options). Similarly, the Module should not display health benefit plan options that do not meet a User's stated preferences if one or more health benefit plans do meet a User's preferences.

D. The Contractor's Solution will allow Users to view a consolidated list of plans that contract with their providers.

E. The Contractor's Solution will allow Users to sort the health plans that meet criteria specified through use of the optional decision support tool by prioritizing among the specified criteria in viewing their search results.

F. The Contractor's Solution will allow Users to explore the potential to reduce the amount of advance premium tax credits when viewing premium costs and see a new calculation of their out-of-pocket costs with a modified advance premium tax credit amount.

9. The Contractor's Solution will allow Users to save the selected plan(s) prior to enrollment so User can review, compare, contrast, add or delete plans for comparison.

10. The Contractor's Solution will provide capability to communicate or e-mail information about plans a User is considering for selection to him or herself, Assister or other person involved in selection process.(7)

11. The Contractor's Solution will allow Users to enroll based on selected health plan and eligibility requirements. (2)

12. The Contractor's Solution will facilitate a User's choice of a provider, such as a primary care provider or health care home, when such choice is needed as part of QHP, Medicaid/CHIP or other state health care programs that fall into data framework consistent with the QHPs, and Medicaid/CHIP plans enrollment process. (5)

c. The MNHIX will include a calculator that allows the User the ability to estimate total out-of-pocket costs based on QHP cost structure, User demographic characteristics and health status.

1. The Contractor's Solution will establish the calculator's functionality to estimate total out-of-pocket costs by accounting for:

   A. Eligibility determination for premium tax credits, cost-sharing reductions or contribution from employer.

   B. Choice of health plan.

   C. Ability for Users to adjust assumptions underlying average health care utilization and view resulting total out-of-pocket cost estimates.

2. Create the calculator function to include an estimated total annual cost of a health plan based on average utilization.

   A. Assumptions about average utilization must be clearly articulated.

3. The Contractor's Solution will include an intermediate calculator for Users based on entered information without an eligibility determination or employer contribution information.

4. The Contractor's Solution will allow Users to lower the amount of Advance Premium Tax Credit they receive in order to minimize risk of paying back overpayments through tax filing.

d. The MNHIX shall provide Users access to qualified Navigators/brokers and shall provide Navigators/brokers access to the MNHIX

1. The Contractor's Solution will provide functionality for Navigators/Brokers to create a certification account in the MNHIX.

2. The Contractor's Solution will provide functionality to collect certification information from Navigators/Brokers and support the upload of certification results.

   A. The Contractor's Solution will display all applicable training, certification, and licensure information on the Navigator/Broker.

   B. The Contractor's Solution will electronically verify the information provided by the Navigator/broker if electronic sources of verification are available (e.g., Department of Commerce connection with Vertafore also known as SIRCON).

3. The Contractor's Solution will allow Users to view Navigators/brokers information based on preferences, including, but not limited to: name, defined levels of service, ratings, certification, training/licensing status, and market specialty status (e.g., small group or individual).

4. The Contractor's Solution shall allow Users to contact Navigators/brokers electronically.

VII. Module 5 – Provider Display

a. The MNHIX will display health care provider information to assist individuals, employers, and employees in finding, comparing and selecting a health care provider and health benefit plan

1. The Contractor's Solution will display individual provider name, clinic and/or hospital affiliations and locations with contact information, service provided (specialty), the QHPs, Medicaid/CHIP plans, or other state health care programs plans in which the provider is included in the provider network, and other potential data elements.

   A. The Contractor's Solution will provide hotlinks to clinic/hospital address, phone number, and email address to the extent an email address is available as provided by the State.

   B. The Contractor's Solution will include up to 10 sorting capabilities for a User; including but not limited to zip code, zip code radius, county, city, quality/cost information, provider name and provider type if applicable.

   C. The Contractor's Solution will allow a User to click on a provider to obtain their contact summary information, if available.

2. The Contractor's Solution will facilitate the ability of Users to search for and obtain information about providers based on the search criteria of Users.

   A. The Contractor's Solution will allow a User to select the type of provider or facility (e.g., clinic, hospital or ambulatory surgical center) they wish to search for.

   B. The Contractor's Solution will have a search/query capability by criteria available to the User and shall be performed by freeform text and other interface utilities. These criteria will minimally include provider name, gender, geographic location, quality and/or cost information, language spoken, the QHPs, Medicaid/CHIP plans, or other state health care programs plans in which a provider is included in the provider network, hospital affiliate, and whether the provider is accepting new patients.

   C. The Contractor's Solution will have search capabilities that allow a User to find a provider by typing a provider name or partial name in free form text and attempt to match it in a mechanism to the provider name in the consolidated provider directory.

   D. The Contractor's Solution will allow Users to search for a minimum number of specific providers in a single search and learn which health benefit plans include all or some of those providers in their networks. Plans will be displayed via percentage match.

   E. The Contractor's Solution will allow Users to be able to search for a minimum number of specific providers in a single search and learn which health benefit plans include all or some of those providers in their networks.

   F. The Contractor's Solution will have provider search capability that takes place in the context of a consolidated all-plans provider directory facilitated by the Contractor.

This consolidated all-plans provider directory must be refreshed as often as plans submit updated provider network information.

G. The Contractor's Solution must include a map of where a provider is located.

3. The Contractor's Solution will facilitate the ability of Users to compare providers based on information generated from their search criteria.

   A. To the extent that provider peer grouping or quality information is available for each physician clinic, hospital, or ambulatory surgical center included in the search results, the search results must display summary level provider peer grouping and quality information for that entity. When provider peer grouping or quality information is not available, information about the reasons for the lack of data must be provided.

   A. The Contractor's Solution shall ensure search results clearly indicate the data presented relates to an entire clinic's, hospital's or ambulatory surgical center's performance rather than to an individual provider.

   B. The Contractor's Solution will have search results that include criteria from the initial search as well as the ability to conduct refined searches on the results.

   C. The Contractor's Solution will allow a User be easily able to perform a new search, as well as go back to previous results.

   D. The Contractor's Solution will allow a User to simultaneously compare the results for a maximum number of three providers. This functionality needs to be clearly identified on the results page.

b. The MNHIX will display information for quality measures and provider peer grouping as provided by the State.

1. The Contractor's Solution must support two distinct data sources provided by the State to be reported through this Module.

   A. The two data sources will be used to provide two distinct displays of output. Components of both data sources are included in Appendix 2 & 3.

      i. Statewide Quality Reporting and Measurement System quality measurement data for hospitals, clinics, and ambulatory surgical centers.

      ii. Provider Peer Grouping data, which consists of a composite measure of cost and quality data for hospitals and clinics on total care and specific conditions.

   B. The Contractor's Solution will display information at a summary level and also allow for drill downs into more detailed components as provided by the State depending on a User's interest. The display functionality will include the following:

      i. Data will be displayed in a variety of formats as approved by the State including, but not limited to table, graphic, text, picture, and grid.

      ii. Explanations of how to interpret the information as provided by the State.

iii. Presentation and comparison of current and historical information as provided by the State.

iv. Presentation and comparison of provider data against statewide averages as provided by the State or other benchmark data.

v. Facilitate search by payer type (public programs, commercial, and Medicare) when there are sufficient numbers of patients as determined and provided by the State to support this payer-type data display with default as "all-payer" data.

C. For the provider peer grouping data this will include, but not be limited to, the added capability of searching by specific condition, as well as a jointly displayed cost and quality score.

D. The Contractor's Solution will allow a User to compare providers by each of these components—cost, quality, and a simultaneous presentation of the two components. Future iterations may require a combined measure of these two components.

E. The Contractor's Solution will display measure names and descriptions that are easily identifiable on the search results page. These descriptions must also have the ability to be minimized and maximized based on the amount of information an individual wants to view.

F. The Contractor's Solution will allow a User be able to easily choose a different measure by selecting from a list on the results page or through some other functionality.

2. The Contractor will develop and propose multiple options for displaying provider peer grouping and quality data.

A. The Contractor's Solution will display provider information within guidelines consistent with those specified in the Enroll UX 2014 and Consumer Choice projects. The guidelines will be provided by the State.

i. The Contractor must share options with stakeholders convened by the MNHIX and other reviewers identified by the State.

ii. The Contractor must conduct testing of information displays with individual Users and/or focus groups of Users. The purpose of conducting this activity is to determine whether Users understand the information being presented; whether Users tend to prefer certain display options; and to solicit input on how to improve displays. The Contractor must provide the State the ability to participate in or observe this activity.

The Contractor must submit a draft testing plan for State approval prior to initiating consumer testing. The test plan must include the proposed number of individuals/groups to participate, strategies to recruit diverse participants reflective of Exchange users, and proposed questions or topic areas.

iii. The Contractor must modify options based on input from stakeholders and results from User testing at the direction of Exchange staff subject to change control.

3. The State will supply preliminary test files with quality measurement and provider peer grouping data during the development phase of the Project.

c. The MNHIX will provide an application maintenance interface accessible to Administrators and specified Users.

1. The Contractor's Solution will facilitate the ability for health care providers to securely preview their information before it is publically reported.

   A. The Contractor's Solution must incorporate provider-specific information, such as use of a National Provider Identification number or Unique Minnesota Provider Identifier for purposes of gaining secure access to information.

   B. The Contractor's Solution must facilitate viewing of additional and more detailed provider peer grouping and quality measure data elements beyond those data elements included in public reporting.

   C. The Contractor's Solution will allow providers with the ability to update information pertaining to them in the Module as allowed by the State and provide information on how to contest or appeal information related to cost and quality information and other information they are not able to update themselves.

   The Contractor's Solution will allow MNHIX Administrators to have the ability to withhold publication of results for specific hospitals and clinics. This withholding of specific hospital and clinic information must not impede publication of other hospital and clinic data.

2. The Contractor's Solution will allow MNHIX Administrators to have the ability to modify all displayed text and images, including measure descriptions, contact information (providers and the State), frequently asked questions, labels, drop-down boxes, and various related articles and images.

d. The MNHIX will be adapted and modified to accommodate historical and new information.

1. The Contractor will propose and build a database schema to accommodate historical and new information. The State shall approve any schema before implementation.

2. The Contractor will populate the database using information provided by the State.

3. The Contractor will create or obtain agreement from the State for a standard database population mechanism.

4. The Contractor's Solution will allow the State to have the ability to load and or reload updated data for both distinct data sources on an annual basis.

5. The Contractor's Solution will support the reload mechanism be developed so nontechnical State staff can upload a full refresh of data and individual data points.

6. The Contractor must also employ a mechanism for linking different variations of a provider's name and de-duplicating names of individual providers.

7. The Contractor's Solution will link an individual physician to each clinic or hospital at which s/he practices and to ensure these affiliations are included in search results.

VIII. Module 6 – Fund Aggregation and Payment

a. Manage Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions for reconciliation and aggregation of payment information for individuals.

1. The Contractor's Solution will receive necessary information in a standard format from required interfaces for Advance Payments of the Premium Tax Credit ("APTC") and Cost-Sharing Reductions ("CSR") eligibility management.

2. The Contractor's Solution will store monthly APTC and CSR information, including individual choice of reduced APTC.

3. The Contractor's Solution will receive updated information and process accordingly for fund aggregation and payment reconciliation, including information on individual payments made directly to carriers.

4. The Contractor's Solution will facilitate reconciliation process with IRS and health plans APTC and CMS payments on behalf of individual in a standard format.

   A. The Contractor will create Report template for monthly report on individual enrollment in QHP and provide to CMS.[7]

   B. The Contractor's Solution should expect to receive CMS Federal Issuer Payment report at issuer and individual level.

   C. The Contractor's Solution shall record CMS Federal Issuer Payment information.

   D. The Contractor's Solution shall verify APTC and CSR payment information from CMS Federal Issuer Payment Report.

   E. The Contractor's Solution shall support process to reconcile discrepancy notices received from carriers.

   F. The Contractor's Solution shall produce exception reports which identify discrepancies in APTC and CSR information between the MNHIX and CMS Federal Issuer Payment information.

      i. Contractors Solution shall support process to resolve discrepancies

      ii. Contractors Solution shall allow for updating records with correct information as necessary

b. Manage Premium Collections for employers and employees (communicating information, as authorized by the MNHIX, to SWIFT and other entities as necessary, receive information from the State premium processing partner(s) as appropriate)

1. The Contractor's Solution shall facilitate and track the premium collection process for SHOP.

   A. The Contractor's Solution shall receive necessary information from required internal MNHIX interfaces for employer and employee premiums.

B. The Contractor's Solution shall calculate periodic payment amounts based on total premium provided by Module 3 and the payment frequency selected by the User and generates the invoice.

C. The Contractor's Solution shall allow employer to choose a mode of invoice notification. The Contractor's solution shall allow for invoices to be generated and sent electronically to employer or to State's processing solution for printing and mailing. Invoices shall meet State's needs for printing and payment processes.

i. The Contractor's Solution shall initiate any other secure communications as necessary. (7)

D. The Contractor's Solution shall develop interfaces for receiving all necessary payment information from State's premium collection process which may include external electronic payment and lockbox/cashiering partners in a standard format.

i. The Contractor's Solution shall allow for tracking of all payments made on behalf of employee
ii. The Contractor's Solution shall receive, track and store all premium collection. Information from state premium processing partner(s) in a standard format for employers and employees.
iii. The Contractor's Solution shall have the capability to aggregate premium collection from multiple resources (i.e. multiple employers and other entities) in a standard format.
iv. The Contractor's Solution shall support notification process to employee and employer for payments received and processed for enrollment.

F. The Contractor's Solution shall monitor/report unpaid premiums and issue notification of non-payment to the employer or Assister.

G. The Contractor's Solution shall receive notification of premium invoice discrepancies from employers.

H. The Contractor's Solution shall provide the system to facilitate premium invoice and payment resolutions for employers.

i. The Contractor will design an interface, as well as establish security roles for authorized Administrator to facilitate reconciliation.
ii. The Contractor's Solution shall record actions of authorized Administrator for reconciliation of discrepancies.
iii. The Contractor's Solution shall issue new invoices as necessary to appropriate parties (employers/employees).

I. The Contractor's Solution shall track and store resolution of premium invoice and/or payment discrepancies, facilitate updating records as necessary.

c. Manage Premium and Other State Health Care Programs Collections for individuals (communicating information, as authorized by the MNHIX, to SWIFT and other entities as necessary, receive information from the State premium processing partner(s) as appropriate)

1. The Contractor's Solution shall facilitate and track the premium collection process for individuals.

A. The Contractor's Solution shall receive necessary information from required internal MNHIX Modules and interfaces for individual premiums.

B. The Contractor's Solution shall determine and store monthly individual premium and create invoices.

C. The Contractor's Solution shall allow individual to choose mode of invoice notification. The Contractor's solution shall allow for invoices to be generated and sent electronically to individual or to State's processing solution for printing and mailing. Invoices shall meet State's needs for printing and payment processes. The Contractor's Solution shall develop interfaces for receiving all necessary payment information from State's premium process which may include external electronic payment and lockbox/cashiering partners.

i. The Contractor's Solution shall allow for an individual to pay directly to carrier except for state health care programs per state requirements.

ii. The Contractor's Solution shall allow for tracking of all payments made on behalf of an individual including payments made directly to carriers.

iii. The Contractor's Solution shall receive individual payment information from carriers as appropriate.

E. The Contractor's Solution shall record and support processing of individual premium payments.

i. The Contractor's Solution shall solution shall have the capability to aggregate and track premium collection from multiple sources (Tribes, etc.) for an individual or Family.

F. The Contractor's Solution shall receive, track and store all premiums collection information from State processing partner(s) for individuals.

i. The Contractor's Solution shall support notification process to individual for payments received and processed for enrollment.

ii. The Contractor's Solution shall support notification process to Module 1 for status of premium payments within specified timeframes for other state health care programs. (1)

G. The Contractor's Solution shall monitor/report unpaid individual premiums and issue notification of non-payment to the individual, Assister and DHS as applicable, for individuals paying through the MNHIX.

2. The Contractor's Solution shall receive notification of individual premium invoice discrepancies from individual or Assister.

A. The Contractor's Solution shall facilitate premium invoice and payment resolutions for individuals paying through the MNHIX.

i. The Contractor will design windows/screens, as well as establish security roles for authorized Administrator to facilitate reconciliation.

ii. The Contractor's Solution shall record actions of authorized Administrator for reconciliation of discrepancies.

iii. The Contractor's Solution shall issue new invoice.

B. The Contractor's Solution shall track and store resolutions of premium invoice and/or payment discrepancies for Users while updating records as necessary.

d. Facilitate, track and manage premium pass-thru payments to insurance carriers net of MNHIX fees as appropriate (fund aggregation for SHOP and individual) and Navigator payment information.

1. The Contractor's Solution shall aggregate premium payments from individuals and employers for each carrier.

   A. As appropriate, the Contractor Solution shall calculate carrier User fees based on state defined methodologies.

   B. The Contractor's Solution shall allow for MNHIX fees to be netted from aggregated payment to carriers if appropriate.

   C. The Contractor's Solution shall allow for process to invoice and record fees collected from carriers as appropriate, interacting with SWIFT and states fee collection process as appropriate.

2. The Contractor's Solution shall provide information to SWIFT in a standard format on aggregated payments less User fee by carrier to be paid to carriers upon authorization by the employer, individual, and MNHIX. Information shall meet SWIFT processing needs.

3. The Contractor's Solution will receive notification of premium payment/invoice discrepancies from health carriers in a standard format.

   A. The Contractor's Solution shall facilitate premium invoice and payment resolutions for carriers.

   i. The Contractor will design windows/screens, as well as establish security roles for authorized Administrator to facilitate reconciliation.

   ii. The Contractor's Solution shall record actions of authorized Administrator for reconciliation of discrepancies.

   iii. The Contractor's Solution shall issue new invoice to carriers as appropriate.

   B. The Contractor's Solution shall track and store resolution of premium invoice and/or payment discrepancies for carriers while updating records as necessary.

4. The Contractor's Solution shall communicate Navigator/broker payment information based on navigator/broker payment rules to SWIFT for payment processing. Information shall meet SWIFT processing needs.

5. The Contractor's Solution shall facilitate reconciliation process with health carriers on all premium payments made to the MNHIX or directly to carriers.

   A. The Contractor's Solution shall allow individuals to pay directly to health carriers.

   B. The Contractor's Solution shall reconcile APTC payments sent directly to health carriers from IRS/CMS.

6. The Contractor's Solution shall create and manage list of bills to employers, individuals and/or Assisters.

7. The Contractor's Solution shall ensure the communicating receipts of payments should be handled through secure means and notification of the receipt availability could be made via User-defined choices. (7)

8. The Contractor's Solution shall address late payments, payments not received or partial payments via rules for notifications, enrollment and eligibility.

e. Communicate financial information, as authorized by the MNHIX, to SWIFT, receive payment information from State's processing partner(s) as necessary, and reconcile all financial transactions.

1. The Contractor shall establish interfaces between the MNHIX and the state's premium processing partner(s)).

2. The Contractor shall establish interfaces between the MNHIX and SWIFT. Data shall be provided in formats prescribed on the state website at http://www.swift.state.mn.us/ii-flat-files.

3. The Contractor's Solution shall track all sources of payments to the MNHIX (received from State's premium processes partner(s)) and communicate to receipts to SWIFT. The Contractor's Solution shall allocation of funds received between pass-through payments to the carriers and as necessary, for User fees for operations. As necessary operation funds may be further allocated to Navigator/Broker program, payment processing fees and other operations. Allocation will be communicated to SWIFT in a standard format.

4. The Contractor's Solution shall provide daily electronic transactional reports to be used to reconcile - financial transactions between the MNHIX and the state's premium processing partner(s).

5. The Contractor's Solution shall provide electronic batch reports on payments and as receipts as necessary to support state reconciliation process with SWIFT in a standard format.

6. The Contractor's Solution shall maintain a history of all transactions and payments.

7. The Contractor's Solution shall communicate Accounts Receivable information to SWIFT per state requirements.

f. Reports

1. The Contractor will create or support the creation of MNHIX all federally and state required financial reports based on information from MNHIX and including but not limited to:

   A. Payment aged reports

   B. Balance reports

   C. individual Detail Reports

D. employer Reports

E. Provide information for federally and state required financial reports

2. The Contractor's Solution will allow for the ability to create ad hoc financial reports.

IX. Module 7 – Account Administration

a. Contractor will lead System wide activities for the MNHIX

1. The Contractor will lead and take responsibility for master data management and establishment of any new data schemas within the MNHIX exchange.

2. The Contractor will establish a standard de-duplication process for conflicting data elements within the MNHIX. (similar efforts related to the quality data in Module 5 are not part of this requirement)

3. The Contractor will establish a standard reporting tool and methodology to be used throughout the MNHIX. The State will have the final approval for all reporting tool methodology decisions. Upon approval, the State will be responsible for acquiring those third party licenses as per Section 28 (Equipment and Third-Party Software) of this contract.

4. The Contractor will provide a Security Plan based on State established standard security guidelines/protocols for MNHIX communications within and outside the system. The State will have the final approval for all secure communication decisions.

b. Account Administration Module shall manage all User accounts for the MNHIX

1. The Contractor's Solution will have functionality for MNHIX accounts to be established for individuals, employees, employers, Assisters, Organization, Administrators, Family/household Members, Providers, Insurers and other entities as necessary. The State will provide the account authentication tools (e.g., Oracle Identity Manager).

   A. Each identified individual within the MNHIX will have a at least one unique separate identification reference (number- MNHIX id). The system may support a composite master ID coined from multiple unique reference numbers.

   B. The Contractor's Solution shall access the Identity Management Software to perform identity management and create unique MNHIX IDs for all Users and Assisters of the MNHIX.

   C. Access accounts to the MNHIX may be created by an individual or by an Administrator and will be based upon a unique or composite master the distinct identification reference (number) or ID.

   D. Specific relationships between IDs may still reside within other Modules, however access and maintenance of account interfaces for an individual resides in Module 7.

   E. Relations can exist between IDs either on a singular and/or group level.

2. The Contractor's Solution shall ensure Users be authenticated and permissions checked prior to executing requested processes.

3. The Contractor's Solution shall provide access to account and household information based on business requirements.

4. The Contractor's Solution will provide ability for User to terminate relationship effective immediately with an Assister at any time. (1, 4)

5. The Contractor's Solution will provide all relevant information in the MNHIX related to an individual or an account needs to be linked or displayed.

6. The Contractor's Solution will be able to link or interact with necessary account information for all Modules. (1, 2, 3, 4, 5, 6)

7. The Contractor's Solution shall ensure the Modules link or interact with each other for necessary account information. (1, 2, 3, 4, 5, 6)

8. The Contractor's Solution will provide an administrative user interface for User Accounts. Access to these features would be conditional to the security settings for the MNHIX administrator.

9. The Contractor's Solution will support account grouping identified by the MN HIX.

c. The MNHIX will utilize role based access and security

1. The Contractor's Solution will utilize security role methodology that will be established and coordinated with other MNHIX Modules.

2. The Contractor's Solution will have capability for individuals, employees, employers, Assisters, carriers, providers, state administrators and other entities as necessary may have multiple roles, subject to the capability of the State's authentication management tools.

3. The Contractor's Solution shall ensure role-based security will include a set of permissions defining what a role can and cannot do.

4. The Contractor's Solution will use role-based security to allow an Assister to act on behalf of an individual, employer, or employee for certain approved functions.

5. The Contractor's Solution shall ensure default roles be established for specific User accounts when they are established, subject the capability of the State's authentication management tools.

6. The Contractor will allow roles to be defined during business requirement sessions.

7. The Contractor's Solution will allow MNHIX Business Administrators to modify a User's assigned role(s).

d. The MNHIX will allow self-administration from an authorized User and provide for appropriate security controls

1. The Contractor's Solution allows self-registration for individuals, employees and employers.

2. The Contractor's Solution supports tracking of all account updates/changes are tracked and logged for security purposes.

3. The Contractor's Solution will have the capability to accept updates to Users account and process information based on data provided by authorized external sources.

4. The Contractor's Solution shall ensure individual accounts, belonging to an organization identified by the MNHIX, have designated administrative privilege accounts to help administer the organization, subject to the capability of the State's authentication management tools.

5. The Contractor's Solution will incorporate a process for role-based security modification that will be established upon agreement.

e. Seamlessly interact with other areas of the MNHIX or other entities that need to interact with the MNHIX

1. The Contractor's Solution will allow the User to save, exit, and then return at a later time. (1, 2, 3, 4, 5)

2. The Contractor's Solution shall support various administrative user functions through interfaces for the MNHIX that originate from the account administration area. Access to these features would be conditional to State administrators with proper security settings (roles) for a MNHIX administrator.

f. The MNHIX will require a data management solution to promote streamlined data interactions.

3. The Contractor will lead and take responsibility for master data management. The State will have the final approval for all master data management decisions.

4. The Contractor's Solution will provide for the calculation of aggregate Module statistics for employers, Assisters, Insurers, Providers, and MNHIX Administrators.

5. The Contractor will standardize and de-duplicate data regardless of data types.

6. The Contractor's Solution shall support role-based security access to data.

7. The Contractor will resolve data discrepancies.

8. The Contractor's Solution will have the ability to save and retrieve past Module processes. This ability is related to data retention and the ability to retrieve data transactions for various reasons from legal to customer service.

g. The MNHIX will generate reports and notifications needed for relevant agencies and stakeholders.

2. The Contractor's Solution will provide reporting and notification design, methodology, and template creation to allow the State to create and modify notifications in the solution.

3. The Contractor's Solution will establish a list of ten notifications for User, which may include but are not limited to:

   A. Supply supplemental information, to complete their application, expirations, event periods, due dates, status, changes, etc.

4. The Contractor's Solution will display consent management notices for actions such as a Notice of Privacy Practices. These actions may also require the capturing of acknowledgement by User.

h. The MNHIX will facilitate secure communications and notifications between accounts

1. The Contractor's Solution will provide secure communications throughout the MNHIX which will be displayed in the account administration.

2. The Contractor's Solution will ask and record Users preferred mode of communication for use in the MNHIX and respond using the preferred mode.

3. The Contractor's Solution will send information via e-mail, mail, text, etc. to individual Users outside the MNHIX, per the individual's expressed preference for mode of communication, per the State's standards.

4. The Contractor's Solution will prevent communication sent outside the MNHIX that may relate to private information, but will send a reference message stating that the information can be obtained by logging into the MNHIX.

5. The Contractor's Solution will allow individuals a means to dispute the accuracy of information or integrity of their individual identifiable information, and have erroneous information corrected or to have a dispute documented if their request is denied.

6. The Contractor's Solution will establish time based communication triggers to provide Users with reminders to provide updates about their circumstances and renew eligibility for subsidy/assistance.

7. The Contractor's Solution will notify insurers and/or Medicaid agency of individual changes in information including contact information, eligibility determination, and levels of premium tax credit and cost-sharing reductions.

APPENDIX 1
Other MN HC Programs

	System Identifier	Program and Eligibility Group	Mandatory / Optional Medicaid Group? Legal Citations	Eligibility Criteria	FMAP /Funding	Notes
1	Major Program: MA Eligibility Type: AA Spenddown Indicator: No	**Medical Assistance:** Low-income families (§1931) who would be eligible under former AFDC program	Mandatory §1931 §1902(a)(10)(A)(i)(I) §256B.055, subd. 3a §256B.06, subd. 4	Income limit: 100% FPG Asset limit: $10,000 for a household of one; $20,000 for a household of two or more Methodology: Currently Method A, will be MAGI Must be a Citizen or Qualified Noncitizen	50% Medicaid	
2	Major Program: MA Eligibility Type: PX Spenddown Indicator: No	**Medical Assistance:** Pregnant women	Mandatory §1902(a)(10)(A)(i)(III) & (IV) §256B.055, subd. 5&6 §256B.06, subd. 4	Income limit: 275% FPG Asset limit: None Methodology: Currently Method A, will be MAGI Must be a Citizen or Lawfully Present (Qualified or Nonqualified) Noncitizen	50% Medicaid	
3	Major Program: MA Eligibility Type: 11	**Medical Assistance:** Auto Newborns	Mandatory §1902(e)(4) §1902(a)(10)(A)(i)(III) & (IV) §256B.055, subd. 10	Income limit: None Asset limit: None Methodology: N/A Must be born to mother enrolled in Medicaid the month of birth.	50% Medicaid	
4	Major Program: MA Eligibility Type: CB Spenddown Indicator: No	**Medical Assistance:** Infants under age 2	Mandatory §1902(a)(10)(A)(i)(IV) §1115 waiver to two §256B.055, subd. 10&10b §256B.06, subd. 4	Income limit: 275% FPG Asset limit: None Methodology: Currently Method A, will be MAGI Must be a Citizen or Lawfully Present (Qualified or Nonqualified) Noncitizen	50% Medicaid +15% CHIP for kids >133% FPG	

5	Major Program: MA Eligibility Type: CK Spenddown Indicator: No Age: 2-5 years	**Medical Assistance:** Children ages 2 – 5	Mandatory §1902(a)(10)(A)(i)(V) §256B.06, subd. 4	Income limit: 150% FPG Asset limit: None Methodology: Currently Method A, will be MAGI Must be a Citizen or Lawfully Present (Qualified or Nonqualified) Noncitizen	50% Medicaid +15% CHIP for kids >133% FPG	
6	Major Program: MA Eligibility Type: CK Spenddown Indicator: No Age: 6-18 years	**Medical Assistance:** Children ages 6 – 18	Mandatory §1902(a)(10)(A)(i)(VI) §256B.06, subd. 4	Income limit: 150% FPG Asset limit: None Methodology: Currently Method A, will be MAGI Must be a Citizen or Lawfully Present (Qualified or Nonqualified) Noncitizen	50% Medicaid +15% CHIP for kids >133% FPG	
7	Major Program: MA Eligibility Type: 13	**Medical Assistance:** Transitional Medical Assistance (TMA)	Mandatory §§1925, 1931 §1902(a)(10)(A)(i)(I) Could sunset §256B.0635, subd. 1	Income limit: None Asset limit: None Methodology: N/A Must have been enrolled as member of a 1931 family (under 100% FPG) in 3 of past 6 months. Must have a dependent child in the household. Must have lost 1931 eligibility (income exceeded 100% FPG) due to increased child support or spousal maintenance. If parent/caretaker, must be a Citizen or Qualified Noncitizen If child, must be a Citizen or Lawfully Present (Qualified or Nonqualified) Noncitizen	50% Medicaid	This population derives from 1931 families (Row 1). TMA is granted when a 1931 enrollee's income increases. So, this enrollee group may originally enter thru the Exchange as 1931 eligibles.

8	Major Program: MA Eligibility Type: 14	**Medical Assistance** Transitional Year Medical Assistance (TYMA)	Mandatory §1902(e)(1) §1902(a)(10)(A)(i)(I) §256B.0635, subd. 2 Could sunset	Income limit: None Asset limit: None Methodology: N/A Other: Must have received MA, have a dependent child in the household, and have become ineligible for MA because of increased earnings. If parent/caretaker, must be a Citizen or Qualified Noncitizen If child, must be a Citizen or Lawfully Present (Qualified or Nonqualified) Noncitizen	50% Medicaid	This population derives from 1931 families (Row 1). TYMA is granted when a 1931 enrollee's income increases. So, this enrollee group may originally enter thru the Exchange as 1931 eligibles.
9	Major Program: EH	**Medical Assistance:** Emergency Medical Assistance (EMA)	States must provide this coverage §1903(v) §256B.06, subd. 4, paragraph (g)	Income limit: Follow guidelines for the individual's specific MA basis Asset limit: Follow guidelines for the individual's specific MA basis Methodology: Currently Method A or Method B depending on individual's specific basis; Method A will change to MAGI To qualify, an individual must meet all MA eligibility requirements except for citizenship/immigration status and SSN. Qualified & Nonqualified Noncitizens Undocumented Noncitizens	50% Medicaid	
10	Major Program: RM	**Medical Assistance:** Refugee Medical Assistance (RMA)	Not Medicaid An individual can only qualify for RMA if ineligible for MA §8 USC Sec. 1522 € 45 CFR §400.90 through §400.107	Income limit: 100% FPG Asset limit: $10,000 for a household of one; $20,000 for a household of two or more Methodology: Method A Must be otherwise ineligible for MA. Eligibility is for up to 8 months. Special rules apply.	100% Federally Funded	

11	Major Program: MA Eligibility Type: 25	**Medical Assistance:** Children receiving IV-E foster care benefits	Mandatory §1902(a)(10)(A)(i)(I) §256B.055, subd. 2	Income limit: None Asset limit: None Methodology: N/A Automatic MA eligibility. Exempt from MA renewals. Citizens & Qualified Noncitizens	50% Medicaid	
12	Major Program: MA Eligibility Type: 09	**Medical Assistance:** Children receiving IV-E adoption assistance	Mandatory §1902(a)(10)(A)(i)(I) §256B.055, subd. 1	Income limit: None Asset limit: None Methodology: N/A Citizens & Qualified Noncitizens	50% Medicaid	
13	Major program: MA Eligibility Type: 10	**Medical Assistance:** Children receiving non-IV-E adoption assistance	Optional §1902(a)(10)(A)(II)(VIII)	Income limit: None Asset limit: None Methodology: N/A Up to age 21 Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizen Children	50% Medicaid	
14	Major Program: MA Eligibility Type: CX, CM	**Medical Assistance:** Children ages 19 and 20	Optional §1902(a)(10)(A)(ii)(I) §256B.055, subd. 9 §256B.06, subd. 4	Income limit: 100% FPG Asset limit: None Methodology: Currently Method A, will be MAGI Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizen Children	50% Medicaid	

15	Major Program: MA or EH Eligibility Type: AA, PX, CB, CK, CM and CX Spenddown Indicator: Yes	**Medical Assistance:** Medically needy families and children	§256B.055, subd. 9	Income limit: 100% FPG Asset limit: Non pregnant adults - $10,000 for a household of one; $20,000 for a household of two or more Methodology: Currently Method A, will be MAGI Citizens and Qualified Noncitizen Non-pregnant adults Citizen, Lawfully Present (Qualified & Nonqualified) Noncitizen Pregnant Women and Children EH: Qualified & Nonqualified Noncitizens Undocumented Noncitizens	50% Medicaid	
16	Major Program: MA Eligibility Type: BC	**Medical Assistance:** Women who need treatment for breast or cervical cancer	Optional §1902(a)(10)(A)(ii)(XVIII) §256B.0637 §256B.057, subd. 10	Income limit: None Asset limit: None Methodology: N/A Other: Must be ineligible for mandatory categories of MA , must have been screened by SAGE screening program, presumptive eligibility available through medical provider. Presumptive eligibility period - immigration status n/a Ongoing coverage - Citizens and Qualified Noncitizens	65% Medicaid	
17	Major Program MA; included in eligibility type CB [This group is identified by Reports & Forecasts]	**Medical Assistance:** Targeted Low Income Children – Infants under age 2 (CHIP Infants)	~~N/A~~ Optional CHIP group in MA §1902(a)(10)(A)(ii)(XIV) §256B.057, subd. 8	Income limit: >275%-280% FPG Asset limit: None Methodology: Currently Method A, will be MAGI Must not have other health insurance. Must be ineligible for Medicaid. (Chidren in this group that have access to other insurance are eligible for Medicaid at the regular FMAP). Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizen Children	65% CHIP	

18	Major Program: NM Eligibility Type: PC	**Medical Assistance:** Prenatal care for noncitizen pregnant women	~~N/A~~ CHIP separate program group 42 CFR §457.10 §256B.06, subd. 4	Income limit: 275% FPG Asset limit: None Methodology: Currently Method A, will be MAGI Cannot have other health insurance. Must be ineligible for Medicaid. Undocumented Noncitizens (Not residing lawfully)	65% CHIP	
19	Major Program: MA Eligibility Type: AX	**Medical Assistance:** Adults without Children	Optional §1902(k)(2) §256B.055, subd. 15	Income limit: 75% FPG Asset limit: None Methodology: Currently Method A, will be MAGI Other: Must not be eligible for MA under another basis Citizens & Qualified Noncitizens	50% Medicaid	This group did not exist before March 2011. Will be subsumed into VIII group in 2014.
20	Major Program: IM	**Medical Assistance:** Individuals who would be eligible for federally-funded MA but for they reside in an Institution of Mental Diseases (IMD) Can have eligibility with a spenddown also	State program §256B.055, subd. 13	Income limit: Follow guidelines for specific MA basis Asset limit: Follow guidelines for specific MA basis Methodology: Currently Method A or Method B depending on individual's specific basis; Method A will change to MAGI Other: Must have an MA basis of eligibility Citizens & Qualified Noncitizens	100% State-funded	
21	Major Program: NM Eligibility Type: GS	**Medical Assistance:** Individuals receiving services at the Center for Victims of Torture (CVT)	State program	Income limit: None Asset limit: None Methodology: N/A Other: Must be receiving services from CVT and must be ineligible for federally-funded MA under standard program guidelines. Immigration status n/a	100% State-funded	

22	Major Program: FP	**Family Planning Waiver:** MN Family Planning Program	Medicaid Waiver Program §1115 Waiver §256B.78 MN Rules, parts 9505.5300- 9505.5325	Income limit: 200% FPG Asset limit: None Methodology: Method A Other: Must be ages 15-50, not pregnant, not enrolled in a MHCP, providers can determine presumptive eligibility. Presumptive eligibility period - immigration status n/a Ongoing coverage - Citizens and Qualified Noncitizens	90% Medicaid	

23	1. These are individuals with major program MA who have income type of 3 (SSI) on the UNEA panel in MAXIS. 2. Individuals who do not receive SSI income but are deemed to be SSI recipients due to 1619(a) and 1619(b) status: Major Program: MA Eligibility Types: 15 and 16 3. Individuals who do not receive SSI income but qualify for either the Pickle disregard, Disabled Widow/Widower Deduction, or the Widow/Widower Disregard. These deductions/disregards are recorded on the STAT-PDED panel in MAXIS.	**Medical Assistance:** SSI Recipients under 209(b) (more restrictive than SSI)	Mandatory §1902(f) §1902(A)(10)(A)(i)(II) 42 CFR §435.121 §256B.055, subd. 7 §256B.055, subd. 7(a) §256B.057, subd. 5 §256B.057, subd. 6	Income limit: 100% FPG Asset limit: $3,000 for a household of one, $6,000 for a household of two (no asset limit for children under 21) Methodology: Method B Citizens & Qualified Noncitizens	50% Medicaid	On the systems, SSI recipients #1 and #3 are comingled with row 32.
24	Identified in MAXIS as MA with STAT/UNEA type 44 = MSA - Excess income for SSI	**Medical Assistance:** MSA Recipients	Mandatory §1902(a)(10)(A)(ii)(IV) §256B.055, subd. 4	Income limit: None (must meet income limit within MSA determination) Asset limit: None (must meet asset limit within MSA determination) Methodology: N/A	50% Medicaid	

25	Major Program: MA Eligibility Types: BT and DT Spenddown Indicator: N	**Medical Assistance:** TEFRA Children up to age 19	Optional §1902(e)(3) §256B.055, subd. 12	Income limit: 100% FPG (child's income only) Asset limit:None Methodology: Method B Child must be under age 19, must have a TEFRA certification of disability & level of carefrom the State Medical Review Team, must live with at least one parent. Parents may have to pay parental fee based on income. Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizens Undocumented Noncitizens (EMA only)	50% Medicaid	
26	Major Program: MA Eligibility Types: DC, DX, BX and EX Spenddown Indicator: N	**Medical Assistance:** Elderly and People with Disabilitities with income at or below 100% of Poverty	Optional §1902(a)(10)(A)(ii)(X) §256B.055, subd. 7	Income limit: 100% FPG Asset limit: $3,000 for a household of one, $6,000 for a household of two Methodology: Method B Citizens & Qualified Noncitizens	50% Medicaid	Individuals in this group may participate in a disability/elderly waiver.
27	Major Programs: MA Eligibility Type: DP	**Medical Assistance:** Employed Persons with Disabilities (MA-EPD)	Optional §1902(a)(10)(A)(ii)(XV) §256B.057, subd. 9	Income limit: No upper income limit Asset limit: $20,000 Methodology: Method B Must be ages 16-64, must have average monthly earned income above $65, must have taxes withheld. Citizens & Qualified Noncitizen adults (21 and older) Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizen children (age 16 through 20)	50% Medicaid	
28		**Medical Assistance:** Institutionalized people who would qualify for receipt of cash assistance if not in an institution	Optional 1902(a)(10)(A)(ii)(IV)	Income limit: Follow guidelines for the individual's specific MA basis Asset limit: Follow guidelines for the individual's specific MA basis Methodology: Currently Method A or Method B depending on individual's specific basis; Method A will change to MAGI	50% Medicaid	Cannot identify this group. This is more of a continuation of benefits issue where someone who was receiving cash assistance can continue to receive

						MA if he or she enters an institution.
29	Major Programs: MA Eligibility Type: EX Waiver Type on RWVR: J or K	**Medical Assistance:** Elderly who would be in NF but for receipt of home & community-based services, with income at or below 300% of SSI (SIS-EW)	Optional §1902(a)(10)(A)(ii)(V)& (VI) §256B.0915, subd. 1	Income limit: 300% FPG [for an individual, monthly income is greater than $908 and at or below $2,094; for a married person not otherwise eligible for MA, $0 to $2094; institutional eligibility rules apply] Asset limit: $3,000 for a household of one,complete asset assessment for community Methodology: Method B, gross income test Citizens and Qualified Noncitizens	50% Medicaid	
30	Major Programs: MA Eligibility Type: DX Waiver Type on RWVR: F, G, H, I, L, M, P, Q, R, S, T, U or W	**Medical Assistance:** People with Disabilities who would be in a hospital, NF or ICF/DD but for receipt of home & community-based services	Optional §1902(a)(10)(A)(ii)(VI) §256B.092, subd. 5 §256B.49, subd. 11	Income limit: 100% FPG [parental and spousal deeming waived] Asset limit: $3,000 for the individual (adult) No asset limit for < 21. Methodology: Method B Citizens & Qualified Noncitizen non-pregnant adults (21 and older) Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizen pregnant women and children	50% Medicaid	

31	1. Major Programs: MA and EH Eligibility Types: BT, DT, DC, BX, DX, EX Spenddown Indicator: Yes Waiver Type on RWVR: None 2. Major Programs: MA Eligibility Type: EX Waiver Type on RWVR: J or K - Monthly income is greater than $2,094	**Medical Assistance:** Medically Needy Aged, Blind, and People with Disabilitities	Optional §1902(a)(10)(C) §256B.055, subd. 7	Income limit: 75% FPG Asset limit: $3,000 for a household of one, $6,000 for a household of two (adults). No asset limit for pregnant women or < 21. Methodology: Method B Citizens and Qualified Noncitizen Non-pregnant adults Citizen, Lawfully Present (Qualified & Nonqualified) Noncitizen Pregnant Women and Children EH: Qualified & Nonqualified Noncitizens Undocumented Noncitizens	50% Medicaid	
32	Major Program: QM	**Medicare Savings Program:** Qualified Medicare Beneficiaries	Mandatory §1902(a)(10)(E)(i) §256B.057, subd. 3	Income limit: 100% FPG + $20 Asset limit: $10,000 for a household of one, $18,000 for a household of two Methodology: Method B Benefit: Payment of Medicare premiums and Medicare cost-sharing	50% Medicaid	
33	Major Program: SL Eligibility Type: BS, DS and ES	**Medicare Savings Program:** Service-Limited Medicare Beneficiaries	Mandatory §1902(a)(10)(E)(iii) §256B.057, subd. 3(a)	Income limit: 120% FPG + $20 Asset limit: $10,000 for a household of one, $18,000 for a household of two Methodology: Method B Benefit: Payment of Medicare Part B premium	50% Medicaid	
34	Major Program: SL Eligibility Type: 1B, 1D and 1E	**Medicare Savings Program:** Qualified Individuals	Mandatory §1902(a)(10)(E)(iv) §256B.057, subd. 3(b)	Income limit: 135% FPG +$20 Asset limit: $10,000 for a household of one, $18,000 for a household of two Methodology: Method B Cannot be simultaneously enrolled in MA. Benefit: Payment of Medicare Part B premium	100% Federally funded Medicaid Allotment	

35	MMIS Major Program: WD	**Medicare Savings Program:** Qualified working adults with disabilitites Buys person into Medicare Part A only	Mandatory §1902(a)(10)(E)(ii) §1905(s) §256B.057, subd. 4	Income limit: Income at/below 200% FPG Asset limit: $10,000 for a household of one, $18,000 for a household of two Methodology: Method B	50% Medicaid	
36	MMIS Major Program: AC	**Alternative Care**	N/A State program	Must need nursing facility level of care, individual's income and assets would be inadequate to fund a NF facility stay for more than 135 days, individual chooses to receive home and community-based services, individual pays assessed monthly fee, and no other funding source is available to pay for community services.	100% State-funded	
37	MMIS Major Program: EE	Minnesota Children with Special Health Needs Evaluation (administered by MN Department of Health)	N/A	N/A	N/A	This program is expired.
38	MMIS Major Program: TT	Minnesota Children with Special Health Needs Treatment (administered by MN Department of Health)	N/A	N/A	N/A	This program is expired.
39	MMIS Major Program: HH	HIV/AIDS Program	N/A State program	Must be HIV+, income under 300% FPG Minnesotacare Income Methodology), less than $25,000 in assets, uninsured or underinsured, ineligible for MHCP, Minnesota resident.	Federally and state-funded	May overlap with MHCP
40	MMIS Major Program: OO	Consolidated Treatment Fund	N/A State Program	Clients must meet clinical requirments acc to Rule 25 assessment. Must meet household size and Income guidelines: MA adults with children - 100% FPG, Pregnant Women -275% FPG or meet MA or MSA program guidelines. All eligibility unaffected by TPL, if commercial insurance covers less than 100% of the recommended treatment. No asset test.	Federally, state, and county-funded	May overlap with MHCP

41	MMIS Major Program: LL Eligibility Type: I1 and I2	**MinnesotaCare:** Auto Newborns & Infants < 2	Medicaid Waiver Program §1115 Waiver §256L.04, subd. 1	Income limit: 275% FPG (auto newborns have no income limit) Asset limit: None Methodology: MinnesotaCare Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizens	50% Medicaid +15% CHIP for kids >133% FPG	
42	MMIS Major Program: KK Eligibility Type: I1 and I2	**MinnesotaCare:** Infants under age 2 who are incarcerated	N/A State program §256L.04, subd. 1 & 12	Income limit: 275% FPG Asset limit: None Methodology: MinnesotaCare Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizens	100% State-funded	
43	MMIS Major Program: LL Eligibility Type: C1 and C2	**MinnesotaCare:** Children ages 2 – 21	Medicaid Waiver Program §1115 Waiver §256L.04, subd. 1	Income limit: 275% FPG Asset limit: None Methodology: MinnesotaCare Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizens	50% Medicaid +15% CHIP for kids >133% FPG	
44	MMIS Major Program: KK Eligibility Type: C1 and C2	**MinnesotaCare:** Children ages 2 – 21 who are incarcerated	N/A State program §256L.04, subd. 1 & 12	Income limit: 275% FPG Asset limit: None Methodology: MinnesotaCare Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizens	100% State-funded	
45	MMIS Major Program: LL Eligibility Type: P1 and P2	**MinnesotaCare:** Pregnant Women	Medicaid Waiver Program §1115 Waiver §256L.04, subd. 1	Income limit: 275% FPG Asset limit: None Methodology: MinnesotaCare Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizens	50% Medicaid	
46	MMIS Major Program: KK Eligibility Type: P1 and P2	**MinnesotaCare:** Pregnant Women who are incarcerated	N/A State program §256L.04, subd. 1 & 12	Income limit: 275% FPG Asset limit: None Methodology: MinnesotaCare Citizens, Lawfully Present (Qualified & Nonqualified) Noncitizens	100% State-funded	

47	MMIS Major Program: FF Eligibility Type: A2 and M2	**MinnesotaCare:** Parents & Relative Caretakers	Medicaid Waiver Program §1115 Waiver §256L.04, subd. 1	Income limit: 275% FPG Asset limit: $10,000 for a household of one $20,000 for a household of two or more. Methodology: MinnesotaCare Citizens & Qualified Noncitizens	50% Medicaid	Income <= 215 would be ET M2 Income >215<=275 would be ET A2
48	MMIS Major Program: JJ Eligiblity Type: A2 and M2	**MinnesotaCare:** Parents & Relative Caretakers Foster Parents & Legal Guardians	N/A State program §256L.04, subd. 1 & 10	Income limit: 275% FPG Asset limit: $10,000 for a household, $20,000 for a household of two or more. Methodology: MinnesotaCare Non-qualified noncitizen parents & relative caretakers Citizen, Lawfully present (Qualified & Nonqualified) Noncitizen Foster Parents & Legal Guardians Incarcerated individuals	100% State-funded	Income <= 215 would be ET M2 Income >215<=275 would be ET A2
49	MMIS Major Program: BB Eligibility type: M5	**MinnesotaCare:** Adults without Children > 75% FPG	Medicaid Waiver Program	Income limit: 75 - 250% FPG Asset limit: $10,000 for a household, $20,000 for a household of two or more. Methodology: MinnesotaCare Citizens and Qualified Noncitizens	50% Medicaid	Approved for FFP with MCRE Waiver Renewal. Citizens & Qualified noncitizens with income above 75% FPG will be federally-funded retro to 8/1/2011.
50	MMIS Major Program: BB Eligibility type: M6	**MinnesotaCare:** Adults without Children < 75% FPG or those who are incarcerated with income up to 250% FPG	N/A State program	Income Limit: 75% FPG Asset limit: $10,000 for a household, $20,000 for a household of two or more. Methodology: MinnesotaCare Citizens and Qualified Noncitizens and Incarcerated Persons	100% State-funded	

5 1	Major Program: BB Eligibility Type: M1	**MinnesotaCare:** Adults who are Volunteer Firefighters or Ambulance Attendants	N/A State Program	Income limit: N/A Asset limit: N/A Methodology: N/A Citizens	100% State-funded	Cost-neutral as the enrollee premium amount is equal to the average capitation rate for an Adult without Children.
5 2	Major Program: UN Eligibility Type: UN					Pays for one-time only LTCC screening evaluation - not placed on waiver or AC.

APPENDIX 2

Current list of quality measures for public reporting

Provider Type	Quality Measure	Reporting Timeline
Physician Clinic	Optimal diabetes care (ODC) composite	Phase 1
Physician Clinic	Optimal vascular care (OVC) composite	Phase 1
Physician Clinic	Depression remission at six months	Phase 1
Physician Clinic	Optimal asthma care composite (age distribution 5-17 and 18-50)	Phase 1
Physician Clinic	Colorectal cancer screening	Phase 1
Physician Clinic	Controlling High Blood Pressure	Phase 1
Physician Clinic	Use of Appropriate Medications for People with Asthma	Phase 1
Physician Clinic	Appropriate Treatment for Children with Upper Respiratory Infection	Phase 1
Physician Clinic	Appropriate Testing for Children with Pharyngitis	Phase 1
Physician Clinic	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Phase 1
Physician Clinic	Breast Cancer Screening	Phase 1
Physician Clinic	Cervical Cancer Screening	Phase 1
Physician Clinic	Colorectal Cancer Screening	Phase 1
Physician Clinic	Cancer Screening Combined	Phase 1
Physician Clinic	Chlamydia Screening in Women	Phase 1
Physician Clinic	Childhood Immunization Status	Phase 1
Physician Clinic	Health information technology (HIT)	Phase 2
Physician Clinic	Maternity Care: Primary c-section rate	2013
Physician Clinic	Maternity Care: Early elective induction	2013
Physician Clinic	Patient experience of care	2013

Provider Type	Quality Measure	Reporting Timeline
Physician Clinic	Total Knee Replacement: Average post-operative functional status improvement	2014
Physician Clinic	Total Knee Replacement: Average post-operative quality of life improvement	2014
Hospital	Heart attack patients given aspirin at arrival	Phase 1
Hospital	Heart attack patients given aspirin at discharge	Phase 1
Hospital	Heart attack patients given ACE inhibitor or ARB for left ventricular systolic dysfunction	Phase 1
Hospital	Heart attack patients given smoking cessation advice/counseling	Phase 1
Hospital	Heart attack patients given beta blocker at discharge	Phase 1
Hospital	Fibrinolytic therapy received within 30 minutes of hospital arrival	Phase 1
Hospital	Heart attack patients given PCI within 90 minutes of arrival	Phase 1
Hospital	Heart failure patients given discharge instructions	Phase 1
Hospital	Heart failure patients given an evaluation of left ventricular systolic function	Phase 1
Hospital	Heart failure patients given ACE inhibitor or ARB for left ventricular systolic dysfunction	Phase 1
Hospital	Heart failure patients given smoking cessation advice/counseling	Phase 1
Hospital	Pneumonia patients assessed and given pneumococcal vaccination	Phase 1
Hospital	Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics	Phase 1
Hospital	Pneumonia patients given smoking cessation advice/counseling	Phase 1
Hospital	Pneumonia patients given initial antibiotic(s) within 6 hours after arrival	Phase 1
Hospital	Pneumonia patients given the most appropriate initial antibiotic(s)	Phase 1
Hospital	Pneumonia patients assessed and given influenza vaccination	Phase 1
Hospital	Surgery patients with recommended VTE prophylaxis ordered	Phase 1
Hospital	Surgery patients who received appropriate VTE prophylaxis within 24 hrs before or after surgery	Phase 1
Hospital	Surgery patients who received prophylactic antibiotic 1 hr prior to incision	Phase 1
Hospital	Surgery patients with appropriate prophylactic antibiotic selected	Phase 1
Hospital	Surgery patients with prophylactic antibiotics discontinued within 24 hrs after surgery	Phase 1
Hospital	Cardiac surgery patients with controlled post-operative blood glucose	Phase 1

Provider Type	Quality Measure	Reporting Timeline
Hospital	Surgery patients with appropriate hair removal	Phase 1
Hospital	Surgery patients taking beta blockers who were kept on them	Phase 1
Hospital	Ventilator associated pneumonia bundle compliance for ICU patients	Phase 1
Hospital	Central line bundle compliance for ICU patients	Phase 1
Hospital	Abdominal aortic aneurism (AAA) repair inpatient mortality rate	Phase 1
Hospital	Abdominal aortic aneurysm (AAA) repair volume	Phase 1
Hospital	Hip fracture inpatient mortality rate	Phase 1
Hospital	Percutaneous transluminal coronary angioplasty (PTCA) inpatient mortality rate	Phase 1
Hospital	Percutaneous transluminal coronary angioplasty (PTCA) volume	Phase 1
Hospital	Coronary artery bypass graft (CABG) inpatient mortality rate	Phase 1
Hospital	Coronary artery bypass graft (CABG) volume	Phase 1
Hospital	Decubitus ulcer (pressure ulcer)	Phase 1
Hospital	Death among surgical inpatients with serious treatable complications	Phase 1
Hospital	Post-op pulmonary embolism or deep vein thrombosis	Phase 1
Hospital	Obstetric trauma: vaginal delivery with instrument	Phase 1
Hospital	Obstetric trauma: vaginal delivery without instrument	Phase 1
Hospital	Hospital-acquired infection: surgical site infection rate for vaginal hysterectomy	Phase 1
Hospital	Acute myocardial infarction appropriate care measure (AMI-ACM)	Phase 1
Hospital	Heart failure appropriate care measure (HF-ACM)	Phase 1
Hospital	Pneumonia appropriate care measure (PN-ACM)	Phase 1
Hospital	Home management plan of care given to patient/caregiver	Phase 1
Hospital	Late sepsis or meningitis in very low birth weight (VLBW) neonates	Phase 1
Hospital	Fibrinolytic therapy received within 30 minutes of emergency department (ED) arrival	Phase 1
Hospital	Median time to transfer to another facility for acute coronary intervention – overall rate	Phase 1
Hospital	Aspirin at arrival	Phase 1
Hospital	Median time to ECG	Phase 1
Hospital	Timing of antibiotic prophylaxis	Phase 1
Hospital	Prophylactic antibiotic selection for surgical patients	Phase 1
Hospital	Mortality for selected conditions composite	Phase 1
Hospital	Patient safety for selected indicators composite	Phase 1
Hospital	Pediatric heart surgery mortality	Phase 1
Hospital	Pediatric heart surgery volume	Phase 1
Hospital	Pediatric patient safety for selected indicators composite	Phase 1

Provider Type	Quality Measure	Reporting Timeline
Hospital	30-day readmission rate after hospital discharge for heart attack	Phase 1
Hospital	30-day readmission rate after hospital discharge for heart failure	Phase 1
Hospital	30-day readmission rate after hospital discharge for pneumonia	Phase 1
Hospital	30-day mortality after hospital admission for heart attack (AMI)	Phase 1
Hospital	30-day mortality after hospital admission for heart failure	Phase 1
Hospital	30-day mortality after hospital admission for pneumonia	Phase 1
Hospital	Patient experience of care	Phase 2
Hospital	Health information technology (HIT)	Phase 2
Hospital	Prevention immunization: Pneumococcal immunization	2013
Hospital	Prevention Immunization: Influenza immunization	2013
Hospital	Median time from ED arrival to ED departure for admitted ED patients – overall rate	2013
Hospital	Admit decision time to ED departure time for admitted patients – overall rate	2013
Hospital	Troponin results for Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with Probably Cardiac Chest Pain) received within 60 minutes of arrival	2013
Hospital	MSRT: NIH stroke scale (NIHSS) performed in initial evaluation	2013
Hospital	MSRT: Door-to-imaging performed within 25 minutes or less	2013
Hospital	ED Transfer Communication: Administrative communication	2013
Hospital	ED Transfer Communication: Patient information	2013
Hospital	ED Transfer Communication: Vital signs	2013
Hospital	ED Transfer Communication: Medication information	2013
Hospital	ED Transfer Communication: Physician information	2013
Hospital	ED Transfer Communication: Nurse information	2013
Hospital	ED Transfer Communication: Procedures and tests	2013
Hospital	Central line-associated bloodstream infection (CLABSI) event	2013
Hospital	Statin prescribed at discharge	2013
Hospital	Urinary catheter removed on postoperative day 1 (POD 1) or postoperative day 2 (POD 2) with day of surgery being day zero	2013
Hospital	Surgery patients with perioperative temperature management	2013
Ambulatory Surgical Center	Prophylactic intravenous (IV) antibiotic timing	Phase 1
Ambulatory Surgical Center	Hospital transfer/admission	Phase 1

Provider Type	Quality Measure	Reporting Timeline
Ambulatory Surgical Center	Appropriate surgical site hair removal	Phase 1

APPENDIX 3

Current Provider Peer Grouping (PPG) methodology

The PPG methodology is still under development. Therefore, the detailed information contained in this exhibit is intended solely to provide the Contractor with a conceptual understanding of what may be supplied.

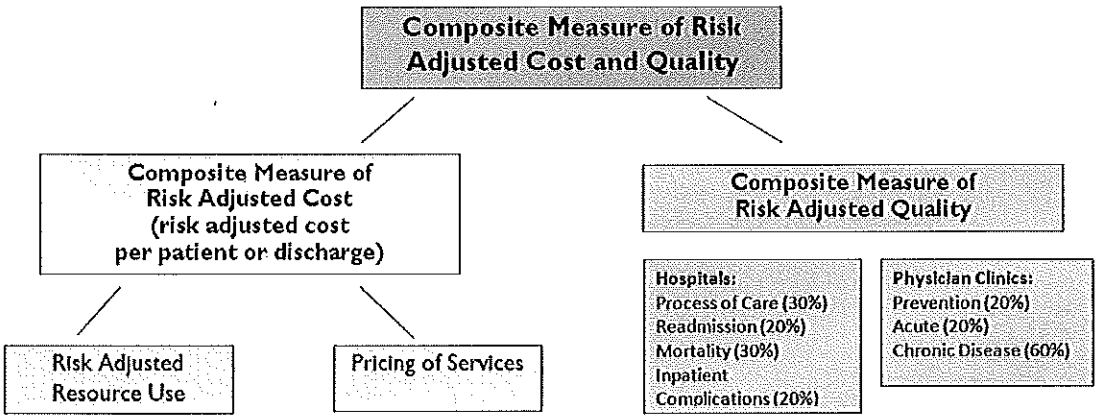
The Contractor is responsible for assisting with the display of PPG information for a consumer audience, as well as displaying all data for provider (e.g., hospital and physician clinic) review prior to public reporting. It is anticipated the data for public reporting may be a subset of the data provided to hospitals and physician clinics for their review; this subset of data may be aggregated at a different level than what is reported directly to hospitals and physician clinics.

The PPG system will include composite measures for hospitals and physician clinics on total care, as well as specific conditions. The specific condition analysis will include the following for the referenced provider types.

- *Asthma (physician clinics)*
- *Coronary artery disease (physician clinics)*
- *Congestive heart failure (physician clinics)*
- *Diabetes (physician clinics)*
- *Pneumonia (hospitals)*
- *Total knee replacement (hospitals)*

The diagram below identifies the overall concept for the PPG system in terms of total care. At its highest level PPG is a composite measure of risk adjusted cost and quality. Within each of those composite parts (e.g., cost and quality) there are additional underlying data elements. The total care measure is specific to each provider type.

PROVIDER PEER GROUPING TOTAL CARE OVERVIEW



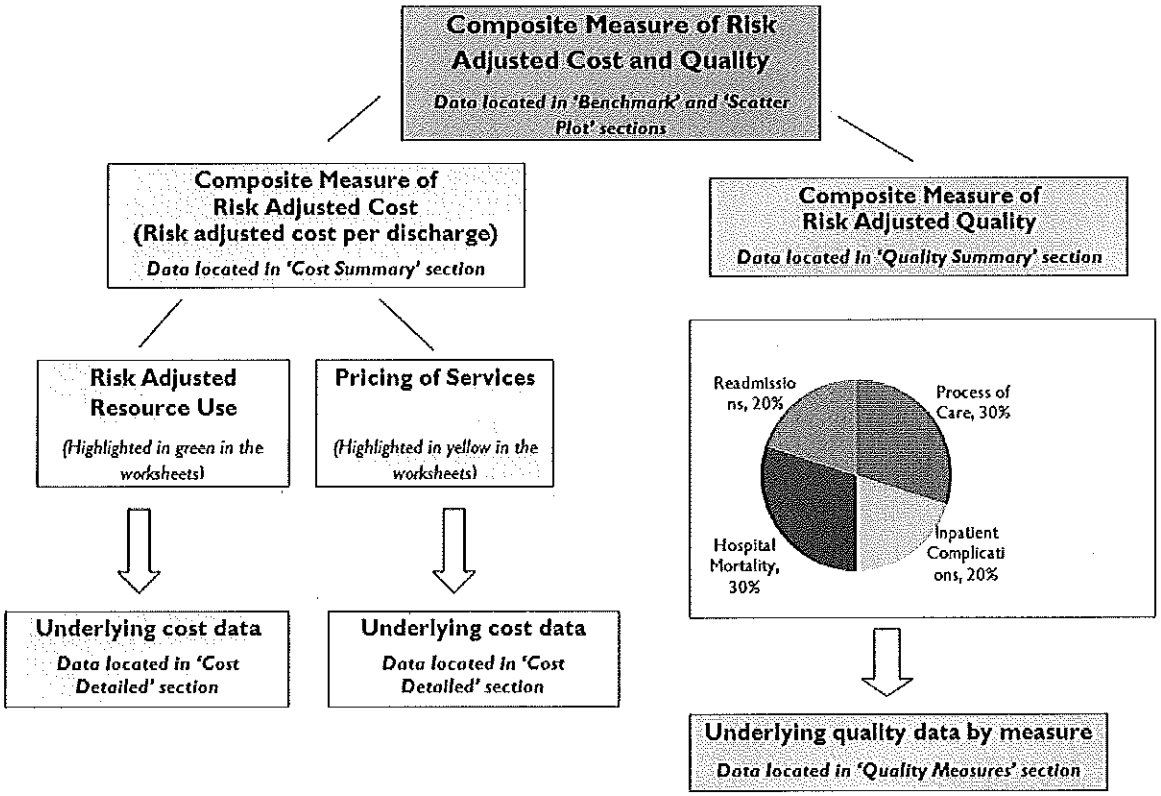
TIMING

It is anticipated that the hospital total care results will need to be available for the provider's confidential review in fall 2012 and publicly reported in December 2012. The physician clinics total care analysis will follow for confidential review and public reporting. The timeline for the condition specific analysis is not known at this point.

HOSPITAL TOTAL CARE EXAMPLE

The hospital total care analysis has progressed furthest and thus has been selected for inclusion as an example in this exhibit. This example does not include clinic total care analysis data, or any specific condition data, but the Contractor will be responsible for developing and launching displays of that content as well as it is developed. Please note within this analysis hospitals were divided into two peer groups by hospital type [e.g., Prospective Payment System (PPS) hospitals and Critical Access hospitals (CAH)]. A similar diagram provides a detailed overview of the data included in the following sections. Specific examples of the potential available data are noted within each component and identified by section name. A measure of patient experience is not included within the quality composite, but will still need to be displayed in conjunction with the PPG results. All of this data will ultimately be available in an excel spreadsheet format.

PROVIDER PEER GROUPING: HOSPITAL TOTAL CARE

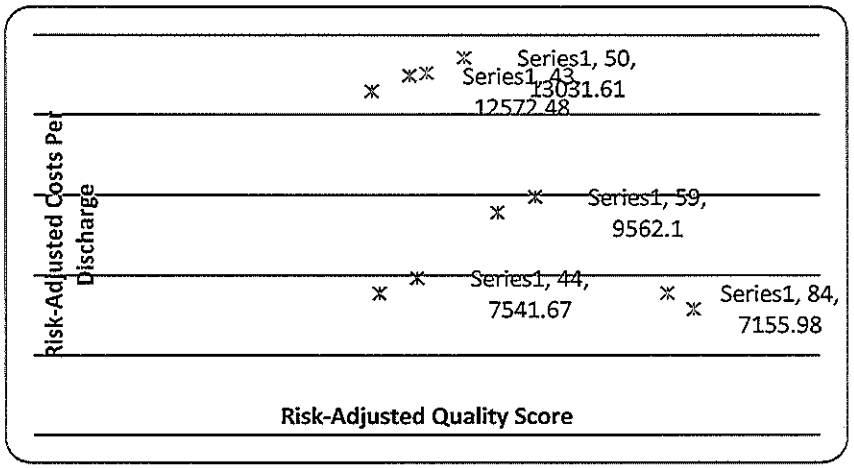


BENCHMARK

ID	FACILITY_NAME	CITY	HOSP TYPE	NUMBER OF DISCHARGES	RISK ADJUSTED COST PER DISCHARGE	ADJUSTED COST COMPARED TO BENCHMAR	COST PERCENTILE RANKING	BENCHMARK COST PER DISCHARGE	COST RANGE ALL MN HOSPITALS	MORT SCORE	INPATIENT COMPLICATIONS	PROCESS SCORE	READMIT SCORE	HCAHPS SCORE	HCAHPS Percentile Rank	QUALITY COMPOSITE SCORE	MEAN QUALITY SCORE	QUALITY PERFORMANCE	QUALITY PERCENTILE RANKING	QUALITY RANGE ALL MN HOSPITALS
1	HOSPITAL A	A	PPS																	

SCATTER PLOT

ID	Hospital Type	FACILITY_NAME	QUALITY COMPOSITE SCORE	RISK ADJUSTED COST PER DISCHARGE
1	PPS	HOSPITAL A	43	12572
2	PPS	HOSPITAL B	44	7542
3	PPS	HOSPITAL C	50	13032
4	PPS	HOSPITAL D	59	9562
5	PPS	HOSPITAL E	84	7156



EXAMPLE ONLY—NO ACTUAL DATA USED

COST SUMMARY

HOSP_TYPE	ID	HOSPITAL_NAME	PAYER_TYPE	MED_SURG_MAT_GRP	MEET_THRESHOLD	NUM_IPDIS	COST_ADJ_RAW	SIG_DIF_BENCH_RAW	CI_LOWER_RAW	CI_UPPER_RAW	COST_ADJ_NORM	SIG_DIF_BENCH_NORM	RATIO	COST_RAW_BENCH	COST_NORM_BENCH	RATIO_BENCH
PPS	1	Hospital A	All	All												
PPS	1	Hospital A	All	Medical												
PPS	1	Hospital A	All	Surgical												
PPS	1	Hospital A	All	Newborn												
PPS	1	Hospital A	Medicare	All												
PPS	1	Hospital A	Medicaid	All												
PPS	1	Hospital A	Commercial	All												

COST DETAILED

HOSP_TYPE	ID	HOSPITAL_NAME	PAYER_TYPE	MED_SURG_MAT_GRP	MDC_GRP	MEET_THRESHOLD	NUM_IPDIS	MEAN_LOS	COST_ADJ_RAW	SIG_DIF_BENCH_RAW	COST_ADJ_NORM	SIG_DIF_BENCH_NORM	PERC_HOSP_COST	RATIO	MEAN_LOS_BENCH	COST_RAW_BENCH	COST_NORM_BENCH	RATIO_BENCH	AGG_PERC_HOSP_COSTS
PPS	1	Hospital A	All	All	All														
PPS	1	Hospital A	All	Medical	All														
PPS	1	Hospital A	All	Medical	01 Nervous System														
PPS	1	Hospital A	All	Medical	02 Eye														
PPS	1	Hospital A	All	Medical	03 Ear, Nose, And Throat														
PPS	1	Hospital A	All	Medical	04 Respiratory System														
PPS	1	Hospital A	All	Medical	05 Circulatory System														
PPS	1	Hospital A	All	Medical	06 Digestive System														
PPS	1	Hospital A	All	Medical	07 Hepatobiliary System And Pancreas														
PPS	1	Hospital A	All	Medical	08 Musculoskeletal Sys & Connective Tissue														
PPS	1	Hospital A	All	Medical	09 Skin, Subcutaneous Tissue, And Breast														
PPS	1	Hospital A	All	Medical	10 Metabolic Diseases/Disorders														
PPS	1	Hospital A	All	Medical	11 Kidney And Urinary Tract														
PPS	1	Hospital A	All	Medical	12 Male Reproductive System														
PPS	1	Hospital A	All	Medical	13 Female Reproductive System														
PPS	1	Hospital A	All	Medical	14 Pregnancy, Childbirth, And The Puerperium														
PPS	1	Hospital A	All	Medical	15 Newborns/Neonates														
PPS	1	Hospital A	All	Medical	16 Blood/Blood Forming Organs/Immunity Dis														
PPS	1	Hospital A	All	Medical	17 Myeloproliferative														
PPS	1	Hospital A	All	Medical	18 Infectious And Parasitic Diseases														
PPS	1	Hospital A	All	Medical	19 Mental Diseases/Disorders														
PPS	1	Hospital A	All	Medical	20 Substance Use														
PPS	1	Hospital A	All	Medical	21 Injury, Poisoning, And Toxic Effects														
PPS	1	Hospital A	All	Medical	22 Burns														
PPS	1	Hospital A	All	Medical	23 Factors Influencing Hlth Status														

COST DETAILED (CONTINUED)

HOSP_TYPE	ID	HOSPITAL_NAME	PAYER_TYPE	MED_SURG_MAT_GRP	MDC_GRP	MEET_THRESHOLD	NUM_IPDIS	MEAN_LOS	COST_ADJ_RAW	SIG_DIF_BENCH_RAW	COST_ADJ_NORM	SIG_DIF_BENCH_NORM	PERC_HOSP_COST	RATIO	MEAN_LOS_BENCH	COST_RAW_BENCH	COST_NORM_BENCH	RATIO_BENCH	AGG_PERC_HOSP_COSTS
PPS	1	Hospital A	All	Medical	24 Multiple Significant Trauma														
PPS	1	Hospital A	All	Medical	25 Human Immunodificiency Virus Infection (AIDS)														
PPS	1	Hospital A	All	Medical	Other														
PPS	1	Hospital A	All	Surgical	All														
PPS	1	Hospital A	All	Surgical	01 Nervous System														
PPS	1	Hospital A	All	Surgical	02 Eye														
PPS	1	Hospital A	All	Surgical	03 Ear, Nose, And Throat														
PPS	1	Hospital A	All	Surgical	04 Respiratory System														
PPS	1	Hospital A	All	Surgical	05 Circulatory System														
PPS	1	Hospital A	All	Surgical	06 Digestive System														
PPS	1	Hospital A	All	Surgical	07 Hepatobiliary System And Pancreas														
PPS	1	Hospital A	All	Surgical	08 Musculoskeletal Sys & Connective Tissue														
PPS	1	Hospital A	All	Surgical	09 Skin, Subcutaneous Tissue, And Breast														
PPS	1	Hospital A	All	Surgical	10 Metabolic Diseases/Disorders														
PPS	1	Hospital A	All	Surgical	11 Kidney And Urinary Tract														
PPS	1	Hospital A	All	Surgical	12 Male Reproductive System														
PPS	1	Hospital A	All	Surgical	13 Female Reproductive System														
PPS	1	Hospital A	All	Surgical	14 Pregnancy, Childbirth, And The Puerperium														
PPS	1	Hospital A	All	Surgical	15 Newborns/Neonates														
PPS	1	Hospital A	All	Surgical	16 Blood/Blood Forming Organs/Immunity Dis														
PPS	1	Hospital A	All	Surgical	17 Myeloproliferative														
PPS	1	Hospital A	All	Surgical	18 Infectious And Parasitic Diseases														
PPS	1	Hospital A	All	Surgical	19 Mental Diseases/Disorders														

COST DETAILED (CONTINUED)

HOSP_TYPE	ID	HOSPITAL_NAME	PAYER_TYPE	MED_SURG_MAT_GRP	MDC_GRP	MEET_THRESHOLD	NUM_IPDIS	MEAN_LOS	COST_ADJ_RAW	SIG_DIF_BENCH_RAW	COST_ADJ_NORM	SIG_DIF_BENCH_NORM	PERC_HOSP_COST	RATIO	MEAN_LOS_BENCH	COST_RAW_BENCH	COST_NORM_BENCH	RATIO_BENCH	AGG_PERC_HOSP_COSTS
PPS	1	Hospital A	All	Surgical	20 Substance Use														
PPS	1	Hospital A	All	Surgical	21 Injury, Poisoning, And Toxic Effects														
PPS	1	Hospital A	All	Surgical	22 Burns														
PPS	1	Hospital A	All	Surgical	23 Factors Influencing Hlth Status														
PPS	1	Hospital A	All	Surgical	24 Multiple Significant Trauma														
PPS	1	Hospital A	All	Surgical	25 Human Immunodificiency Virus Infection (AIDS)														
PPS	1	Hospital A	All	Surgical	Other														
PPS	1	Hospital A	All	Newborn	All														
PPS	1	Hospital A	Medicare	All	All														
PPS	1	Hospital A	Medicare	Medical	All														
PPS	1	Hospital A	Medicare	Surgical	All														
PPS	1	Hospital A	Medicare	Newborn	All														
PPS	1	Hospital A	Medicaid	All	All														
PPS	1	Hospital A	Medicaid	Medical	All														
PPS	1	Hospital A	Medicaid	Surgical	All														
PPS	1	Hospital A	Medicaid	Newborn	All														
PPS	1	Hospital A	Commercial	All	All														
PPS	1	Hospital A	Commercial	Medical	All														
PPS	1	Hospital A	Commercial	Surgical	All														
PPS	1	Hospital A	Commercial	Newborn	All														

QUALITY SUMMARY

HOSP_TYPE	ID	HOSPITAL_NAME	QUALITY_CATEGORY	HOSP_SCORE	STATE_SCORE
PPS	1	Hospital A	Total Quality Score		
PPS	1	Hospital A	Process of Care		
PPS	1	Hospital A	Inpatient Complications		
PPS	1	Hospital A	Mortality		
PPS	1	Hospital A	Readmissions		

QUALITY MEASURES

HOSP_ TYPE	ID	HOSPITAL_ NAME	CATEGORY	SOURCE	DESC	DENOM	RATE	IMPUTATION _FLAG	LOW_ CI	UPP_ CI	SCORE	THRES HOLD	BENCH MARK	PEER_ MEAN	DATA_ FROM	DATA_ TO
PPS	1	Hospital A	PROCESS	AMI-1 (CMS)	Heart attack patients given aspirin at arrival											
PPS	1	Hospital A	PROCESS	AMI-2 (CMS)	Heart attack patients given aspirin at discharge											
PPS	1	Hospital A	PROCESS	AMI-3 (CMS)	Heart attack patients given ACE inhibitor or ARB for left ventricular systolic dysfunction											
PPS	1	Hospital A	PROCESS	AMI-4 (CMS)	Heart attack patients given smoking cessation advice/counseling											
PPS	1	Hospital A	PROCESS	AMI-5 (CMS)	Heart attack patients given beta blocker at discharge											
PPS	1	Hospital A	PROCESS	AMI-8a (CMS)	Heart attack patients given PCI within 90 minutes of arrival											
PPS	1	Hospital A	PROCESS	HF-1 (CMS)	Heart failure patients given discharge instructions											
PPS	1	Hospital A	PROCESS	HF-2 (CMS)	Heart failure patients given an evaluation of left ventricular systolic function											
PPS	1	Hospital A	PROCESS	HF-3 (CMS)	Heart failure patients given ACE inhibitor or ARB for left ventricular systolic dysfunction											
PPS	1	Hospital A	PROCESS	HF-4 (CMS)	Heart failure patients given smoking cessation advice/counseling											
PPS	1	Hospital A	PROCESS	PN-2 (CMS)	Pneumonia patients assessed and given pneumococcal vaccination											
PPS	1	Hospital A	PROCESS	PN-3b (CMS)	Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics											
PPS	1	Hospital A	PROCESS	PN-4 (CMS)	Pneumonia patients given smoking cessation advice/counseling											
PPS	1	Hospital A	PROCESS	PN-5c (CMS)	Pneumonia patients given initial antibiotic(s) within 6 hours after arrival											
PPS	1	Hospital A	PROCESS	PN-6 (CMS)	Pneumonia patients given the most appropriate initial antibiotic(s)											
PPS	1	Hospital A	PROCESS	PN-7 (CMS)	Pneumonia patients assessed and given influenza vaccination											
PPS	1	Hospital A	PROCESS	SCIP- VTE-1 (CMS)	Surgery patients with recommended VTE prophylaxis ordered											
PPS	1	Hospital A	PROCESS	SCIP- VTE-2 (CMS)	Surgery patients who received appropriate VTE prophylaxis within 24 hrs before or after surgery											
PPS	1	Hospital A	PROCESS	SCIP- Inf-1a (CMS)	Surgery patients who received prophylactic antibiotic 1 hr prior to incision											
PPS	1	Hospital A	PROCESS	SCIP- Inf-2a (CMS)	Surgery patients with appropriate prophylactic antibiotic selected											
PPS	1	Hospital A	PROCESS	SCIP- Inf-3a (CMS)	Surgery patients with prophylactic antibiotics discontinued within 24 hrs after surgery											
PPS	1	Hospital A	PROCESS	SCIP- Inf-4 (CMS)	Cardiac surgery patients with controlled post-operative blood glucose											
PPS	1	Hospital A	PROCESS	SCIP- Inf-6 (CMS)	Surgery patients with appropriate hair removal											
PPS	1	Hospital A	PROCESS	SCIP- Card-2 (CMS)	Surgery patients taking beta blockers who were kept on them											
PPS	1	Hospital A	PROCESS	(MHA)	Ventilator associated pneumonia bundle compliance for ICU patients											

QUALITY MEASURES (CONTINUED)

HOSP_ TYPE	ID	HOSPITAL_ NAME	CATEGORY	SOURCE	DESC	DENOM	RATE	IMPUTATION _FLAG	LOW_ CI	UPP_ CI	SCORE	THRES HOLD	BENCH MARK	PEER_ MEAN	DATA_ FROM	DATA_ TO
PPS	1	Hospital A	PROCESS	(MHA)	Central line bundle compliance for ICU patients											
PPS	1	Hospital A	MORTALITY	MORT- 30-AMI (CMS)	30-day mortality after hospital admission for heart attack (AMI)											
PPS	1	Hospital A	MORTALITY	MORT- 30-HF (CMS)	30-day mortality after hospital admission for heart failure											
PPS	1	Hospital A	MORTALITY	MORT- 30-PN (CMS)	30-day mortality after hospital admission for pneumonia											
PPS	1	Hospital A	MORTALITY	IQI 11 (MDH/AHRQ)	Abdominal aortic aneurism (AAA) repair inpatient mortality rate											
PPS	1	Hospital A	MORTALITY	IQI 19 (MDH/AHRQ)	Hip fracture inpatient mortality rate											
PPS	1	Hospital A	MORTALITY	IQI 30 (MDH/AHRQ)	Percutaneous transluminal coronary angioplasty (PTCA) inpatient mortality rate											
PPS	1	Hospital A	MORTALITY	IQI 12 (MDH/AHRQ)	Coronary artery bypass graft (CABG) inpatient mortality rate											
PPS	1	Hospital A	INPATIENT COMPLICATIONS	PSI 3 (MDH/AHRQ)	Decubitus ulcer (pressure ulcer)											
PPS	1	Hospital A	INPATIENT COMPLICATIONS	PSI 4 (MDH/AHRQ)	Death among surgical inpatients with serious treatable complications											
PPS	1	Hospital A	INPATIENT COMPLICATIONS	PSI 12 (MDH/AHRQ)	Post-op pulmonary embolism or deep vein thrombosis											
PPS	1	Hospital A	INPATIENT COMPLICATIONS	PSI 18 (MDH/AHRQ)	Obstetric trauma: vaginal delivery with instrument											
PPS	1	Hospital A	INPATIENT COMPLICATIONS	PSI 19 (MDH/AHRQ)	Obstetric trauma: vaginal delivery without instrument											
PPS	1	Hospital A	INPATIENT COMPLICATIONS	(MHA)	Hospital-acquired infection: surgical site infection rate for vaginal hysterectomy											
PPS	1	Hospital A	READMIT	READM-30-AMI (CMS)	30-day readmission rate after hospital discharge for heart attack											
PPS	1	Hospital A	READMIT	READM-30-HF (CMS)	30-day readmission rate after hospital discharge for heart failure											
PPS	1	Hospital A	READMIT	READM-30-PN (CMS)	30-day readmission rate after hospital discharge for pneumonia											

PATIENT EXPERIENCE

Currently patient experience is not part of the PPG quality composite. However, this data needs to be reported in conjunction with the PPG results.

HOSP_TYPE	ID	HOSPITAL_NAME	DESC	HCAHPS	SCORE	AVE_HCAHPS
PPS	1	Hospital A	Patient Experience Score			
PPS	1	Hospital A	Number of Completed Surveys			
PPS	1	Hospital A	Survey Response Rate			
PPS	1	Hospital A	their nurses "Always" communicated well			
PPS	1	Hospital A	their doctors "Always" communicated well			
PPS	1	Hospital A	they "Always" received help as soon as they wanted			
PPS	1	Hospital A	their pain was "Always" well controlled			
PPS	1	Hospital A	staff "Always" explained about medicines before giving it to them			
PPS	1	Hospital A	YES, they were given information about what to do during their recovery at home			
PPS	1	Hospital A	the area around their room was "Always" quiet at night			
PPS	1	Hospital A	their room and bathroom were "Always" clean			
PPS	1	Hospital A	reported that YES, they would definitely recommend the hospital			
PPS	1	Hospital A	gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)			

DICTIONARY

This information is intended to provide additional details around the abbreviations used for the column headings in the previous tables.

Sheet Name	Variable	Label
Quality Summary	HOSP_TYPE	Type of hospital, CAH or PPS
	ID	Unique provider number
	HOSPITAL_NAME	Hospital name
	QUALITY_CATEGORY	Quality category
	HOSP_SCORE	Hospital score
	STATE_SCORE	Average score by hospital type
Quality Measures	HOSP_TYPE	Type of hospital, CAH or PPS
	ID	Unique provider number
	HOSPITAL_NAME	Hospital name
	CATEGORY	Subdomain category
	SOURCE	Measure number (source)
	DESC	Measure description
	DENOM	Number of patients in denominator
	RATE	Performance rate
	IMPUTATION_FLAG	Imputation flag
	LOW_CI	95% lower confidence interval
	UPP_CI	95% upper confidence interval
	SCORE	Quality points earned
	THRESHOLD	Achievement threshold
	BENCHMARK	Performance benchmark
	PEER_MEAN	Mean rate
	DATA_FROM	Dates of service from
	DATA_TO	Dates of service to
HCAHPS	HOSP_TYPE	Type of hospital, CAH or PPS

Sheet Name	Variable	Label
	ID	Unique provider number
	HOSPITAL_NAME	Hospital name
	DESC	Description
	HCAHPS	Hospital score or rate
	SCORE	Quality point
	AVE_HCAHPS	Average score or rate by hospital type
COST SUMMARY and COST DETAILED	ID	Provider ID Number
	HOSPITAL_NAME	Hospital Name
	HOSP_TYPE	Hospital Type
	PAYER_TYPE	Payer Type
	MED_SURG_MAT_GRP	Service Type
	MDC_GRP	MDC-Major Diagnostic Category
	MEET_THRESHOLD	Meets minimum N threshold
	NUM_IPDIS	Number of Discharges
	MEAN_LOS	Average Length of Stay (Days)
	COST_ADJ_RAW	Total Costs per Discharge
	SIG_DIF_BENCH_RAW	Total Costs per Discharge Flag Different from the Peer Group
	COST_ADJ_NORM	Price-Standardized Payments per Discharge
	SIG_DIF_BENCH_NORM	Price-Standardized Payments per Discharge Flag Different from the Peer Group
	PERC_HOSP_COST	Percentage of Hospital Total Costs
	RATIO	Ratio of Total Costs to Standardized Payment per Discharge
	MEAN_LOS_BENCH	Averge Length of Stay for the Peer Group
	COST_RAW_BENCH	Total Costs per Discharge for the Peer Group
	COST_NORM_BENCH	Price-Standardized Payments per Discharge for the Peer Group
	RATIO_BENCH	Ratio of Total Costs to Standardized Payment per Discharge for the Peer Group

Sheet Name	Variable	Label
	AGG_PERC_HOSP_COSTS	Percentage of Hospital Total Costs for the Peer Group