



## **Consumer Shopping, System of Record, Enrollment Decision Support, and Small Business Health Options Program Tools for MNsure: Responses to Questions**

---

September 30, 2016

The following questions were submitted by responders to MNsure's request for information. All questions are addressed below:

**Q1: Does MNsure utilize a state-specific standard for 834 transactions? If yes, how many carriers are in compliance with your state 834 companion guide? Alternatively, do your carriers use the FFM Companion Guide rather than a state-specific standard? Are there differing standards across different carriers? If so, please elaborate on what extent the carrier integrations vary.**

All carriers are in compliance with the state 834 companion guide. MNsure utilizes the v5010 ASC X12N EDI format for 834 transactions, which was developed based on the federally facilitated marketplace's 834 Companion Guide. While some customization for MNsure carriers has been made, all MNsure carriers receive the same EDI format from MNsure as of 2016. Carriers are also sent the HIPAA compliant 834 EDI as well as a file in CSV format that some carriers translate into their own format prior to loading to their eligibility systems.

**Q2: How many types of change enrollment transactions can the system handle automatically – for example, from the step of a user reporting a change to EDI generation?**

No change transactions are done in an automated fashion without transferring that change into our current Enrollment System of Record (ESOR) via an 834ST, which is an inbound CSV version of the EDI 834.

**Q3: How many types of change enrollment transactions do you receive from METS?**

Currently, there are 11 types of change enrollment transactions, including changes to Advanced Premium Tax Credit (APTC), Cost Sharing Reduction (CSR), Plan ID, Full Household Termination, Address Change, Tobacco Usage, Special Enrollment Period Adds, Social Security Number, Date of Birth, Name Change and Sex Change.

**Q4: Which database(s) of systems do you invoke your external data sources from? From METS, the exchange, or both?**

The Minnesota Eligibility Technology System (METS) is the database utilized by MNsure.

**Q5: Which system(s) trigger Requests for Information (RFI) from users needing to submit additional information? In this regard, we are asking about RFIs/notices sent to (current or potential) QHP enrollees, MinnesotaCare enrollees, Medical Assistance (MA) enrollees, and mixed households.**

RFI and/or notices to current and potential QHP enrollees are triggered from METS.

**Q6: Is there an eligibility reconciliation process between METS and MNsure? Is there an enrollment reconciliation process between carriers and the exchange? What types of tools does the reconciliation process use? What reconciliation percentages are automated vs. manual as they relate to the reconciliation processes? What is the frequency of your reconciliation exercise?**

A monthly reconciliation process flow that covers member-to-member, policy-level and demographic reconciliation between carrier and MNsure enrollment systems is utilized. While MNsure and carriers have successfully operationalized member-to-member reconciliation, we continue to work with our carrier partners to operationalize more granular levels of reconciliation. Microsoft Excel and Access tools are used to facilitate manual reconciliation, with additional database query tools utilized to extract the source data.

**Q 7: Who collects premium payments for your QHP members for the individual marketplace? MNsure or carriers?**

Carriers collect premium payments for all qualified health plans (QHPs) sold through MNsure.

**Q8: Do you have an existing reporting and data warehouse solution that you use for the MNsure exchange, METS and/or MAXIS or a combination of those systems?**

Primary reporting tools include Business Objects with Crystal and SAS. However, a new METS Data Warehouse is in the planning phase.

**Q9: To what extent is MAXIS (the legacy system) utilized in MNsure/exchange business processes? For example, we understand MinnesotaCare premium billing is an example. Are there others?**

MAXIS is not utilized in MNsure business processes.

**Q10: Could you please provide a list of existing products and vendors servicing the marketplace to help us understand the integration landscape?**

MNsure currently contracts with IBM and Connecture for its enrollment and shopping tools. Additionally, MNsure licenses with EP Product Suite to produce notices and warehouse audit information as well as Consumers' CHECKBOOK for its plan comparison tool.

**Q11: Could you please provide a roadmap of the marketplace allowing responders to understand other components that are currently being implemented?**

At this time, no other COTS or other components are being implemented.

**Q12: Could you please provide a map showing system integration points between the marketplace components listed in this RFI and METS?**

We have over 135 mediations within METS, including 75 ESB, 30 AVOS – Process, 27 AVOS – Schedulers and four Fed834 – Java.

**Q13: Should the response include pricing for integration or does the state have a system integrator that will perform integration for each of the requested products?**

Responders are asked to submit a cost estimate that is specific and addresses (as applicable), but is not limited to, the following points:

- Onetime or ongoing implementation and maintenance costs
- Annual costs
- Pricing variables or options

The cost estimate submitted should include integration pricing separately from other products or services that are included in the responder's information.

**Q14: For enrollment tools, can vendors provide a demo rather than direct access?**

In the case that MNsure requests additional information, including direct access to existing tools, responders can provide a demonstration in lieu of direct access so long as the tool(s) are currently being utilized in another health insurance exchange or similar model.

**Q15: Who is using an “enrollment decision support tool,” the consumer or an administrator or service representative? How are you distinguishing “shopping tools” from “enrollment decision support tools?”**

For the purposes of the RFI, consumer shopping tools are tools utilized by the consumer to navigate the MNsure website and collect information about health insurance options. Decision support tools are considered to be separate from shopping tools in that they are utilized to make an accurate enrollment eligibility determination based on the information submitted by the consumer.

**Q16: Would the state consider all-inclusive pricing if a vendor is capable of providing all four requested products/services?**

MNsure will review all cost estimates submitted in response to this RFI.

**Q17: In your definition, does the enrollment system of record include EDI transmission and reconciliation of enrollment data with carriers, or reporting of enrollment information to CMS/IRS?**

MNsure's enrollment system of record does not include reconciliation of enrollment data with carriers as part of its core functionality. MNsure business operations currently utilizes a reconciliation process external from the enrollment system of record, requiring corrections to be loaded to the enrollment system of record once a discrepancy has been identified. The current

enrollment system of record transmits EDI to carriers and reports enrollment information to CMS and the IRS.

**Q18: The shopping tools, enrollment system of record, and decision support capabilities rely on a plan management module and database. Would this module be considered within the scope of this RFI or does MNsure intend for the vendor to integrate with existing capabilities in this regard?**

MNsure will review information from Responders for enrollment system of record, decision support or plan management tools. MNsure is also interested in responses including information related to integrating with existing enrollment system of record, decision support and plan management capabilities.

**Q19: Plan and enrollment information is also accessed through carrier and agent portals. Are these components within the scope of the RFI or do you intend to reuse capabilities that are already available in METS?**

The RFI seeks information related to tools that would integrate with METS, if necessary.

**Q20: Is MNsure seeking responses only from IT vendors?**

MNsure will review information submitted in response to the RFI by any type of responder demonstrating use of an existing tool or currently administering related services in a state health insurance exchange or other model. MNsure is not limiting responses to this RFI to IT Vendors and expects it is likely responses may include relevant public or public/private entities administering services in the state health insurance exchange or other similar model.