# MNsure Phase II Project

## **Deliverable #3** – Phase 1 functional and technical assessment

June 18, 2014

# Document Control Information

## Document Information

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| **Document Name** | Phase 1 Functional and Technical Assessment Report |
| **Project Name** | MNsure Phase II Project |
| **Client** | State of Minnesota |
| **Document Author** | Deloitte Consulting LLP |
| **Document Version** | 3.0 |
| **Document Status** | FINAL |
| **Date Released** | 6/18/2014 |

## Document Edit History

| Version | Date | Additions/Modifications | Prepared/Revised by |
|---|---|---|---|
| 1.0 | 05/27/2014 | Initial Submission to the State | Deloitte Consulting LLP |
| 2.0 | 06/12/2014 | Second Submission to the State | Deloitte Consulting LLP |
| 3.0 | 06/18/2014 | Final Submission to the State | Deloitte Consulting LLP |
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## Project Background and Objective

Deloitte Consulting LLP (Deloitte) was engaged by the State of Minnesota to assess, identify potential impacts and provide recommendations for the State's consideration on the go-forward strategy for ongoing operations, 2015 open enrollment and beyond.

## Project Scope

1. Conduct an assessment of governance structure, decision-making processes, program and project management practices and provide recommendations for consideration to implement governance structure, program and project management controls and oversight
2. Conduct an assessment of the current state of the MNsure system from functional and technical perspective and provide recommendations for consideration for the short-, mid-, and long-term
3. Perform the following project activities:
    - Program and Project Management
    - Project Planning
    - Functional and Technical Systems Assessment
    - Release Management
    - Defect and Issue Tracking
    - Leadership and Planning of User Acceptance Testing (UAT)

## Project Deliverables

Deloitte is contracted to produce five deliverables:

1. Vendor Report and Deliverable Reconciliation Matrix
2. Project Management Analysis and Considerations Report
3. Phase 1 Functional and Technical Assessment Report with a categorization of key functional and system gaps and considerations for a near-term system roadmap
4. Application Project Work Plan
5. Phase 2 Functional and Technical Assessment Report with a categorization of key functional and system gaps and considerations for a mid-term and long-term

Scope of this deliverable

The focus of this deliverable is the Phase 1 Functional and Technical Assessment Report with a categorization of key functional and system gaps and considerations for a near-term system roadmap.

# Executive Summary

# Executive Summary

- Deloitte Consulting LLP (Deloitte) was engaged to conduct a two-phased functional and technical assessment of the Minnesota Insurance Marketplace (MNsure) system. That system supports the business interests of both the MNsure and Department of Human Services (DHS) organizations. This Phase 1 assessment focused on identifying the impact of system gaps on ongoing operations and open enrollment for the 2015 benefit year, along with a roadmap to outline a path to address any gaps identified in the assessment. The State also requested that Deloitte comment on their intended approach for converting public program cases from legacy systems to MNsure.

- To assess MNsure's attributes against those needed to meet the State's objectives, Deloitte compared existing functional and technical capabilities against Deloitte's Key Function Matrix (KFM). The Key Function Matrix contains a list of high-level functions and associated sub-functions that are expected in a robust Health Insurance Exchange. This matrix contained 11 high level functions and 73 sub-functions identified in conjunction with the State for assessment in Phase 1 (Appendix A).

- Twenty-two detailed scenarios were developed to cover these sub-functions and to effectuate the comparison (Appendix B). System demonstrations of these scenarios and interviews were conducted with the participation of the State and MNsure vendors. Gaps and issues raised during the review process were (where needed) subsequently reviewed against existing defect logs and requirements documents as an added measure of cross-referencing the items reported.

- While the following sections focus on the gaps and issues identified in the system during the assessment, it was noted that during the assessment that several aspects of the system operated as expected. Through the system demonstrations, 26 of the 73 sub-functions were found to function as expected according to the specific scenarios assessed. These sub-functions included the ability to determine eligibility to purchase health plans on MNsure, determine eligibility for the MinnesotaCare program, display appropriate plan information to applicants, and allow applicants to enroll in Medicaid throughout the year. As of June 2014, more than 240,000 Minnesotans have been enrolled in health coverage through MNsure.

# Executive Summary (cont.)

- Our initial review of the underlying technical architecture and foundation (that enables the business sub-functions) did not identify significant issues or gaps. Select opportunities are present and will be addressed in related deliverables.

- Since the Fall of 2013, much of the State's effort has been focused on addressing issues that arose at the time of the initial open enrollment period (beginning October 1, 2013). As the nation moves towards the Fall of 2014 (open enrollment for benefit year 2015), in addition to being able to support initial enrollment, a State's Health Insurance Exchange must also be able to process the renewal of the existing enrollment base. These additional demands compound the remediation efforts that have been underway in Minnesota.

- During the assessment, 47 of the 73 sub-functions assessed were found either to be absent or not functioning as expected. Six of the 47 sub-functions could be considered for implementation post-open enrollment. The remaining 41 sub-functions need to be provided for the 2015 open enrollment period, either through changes/enhancements to the system or addressed through contingent means.

- Sixteen (16) of the needed 41 sub-functions have been represented by the system vendors as being identified for implementation in releases before November 2014. The 3 most critical absent functions are included in this release plan: (1) Changes in circumstance, (2) Medicaid renewals, and (3) Qualified Health Plan (QHP) renewals. Implementing each of these sub-functions will involve several components of the system, utilize complex logic and functionality, and impact a large number of MNsure users. System requirements for some of this functionality have not been finalized. If this functionality is not implemented on schedule, its absence could have a significant adverse impact on MNsure operations during open enrollment.

# Executive Summary (cont.)

- The Observations, Impacts, and Considerations section of this document expands upon these 47 sub-functions and, where issues were identified, provides a high level explanation of each issue and its corresponding impacts.

- A high level roadmap was created to outline the major activities, key dependencies, critical milestones and success criteria/assumptions for the State to consider in closing as many of these 41 gaps as possible by November 2014. It should be noted that this roadmap does not intend to imply that all 41 elements of functionality can be achieved through systemic changes but provides a framework by which the State can manage the activities needed and the timeframes that must be met in order to deliver the functionality or resort to contingent options.

- It remains unclear whether the addition of new functionality (identified during this gap analysis), coupled with development efforts currently underway and the recommended development of some contingent capacity can be successfully implemented for the November 2014 open enrollment period. There are several unknowns confronting the planning process at this point, including: (1) Vendor commitment and ability to deliver critical functionality on-time, (2) the State's ability to prioritize needs and develop requirements (the first stage in the systems development life cycle) in time, (3) availability of appropriate resources, and (4) the extent and ability to provide and execute on contingency plans should any of the first three challenges present themselves.

# Approach and Scope

# Approach

1. Deloitte's approach to assessing the current MNsure system and its readiness for open enrollment beginning November 15, 2014 was to compare MNsure's existing functional and technical capabilities against Deloitte's Key Functional Matrix (KFM). The KFM represents an inventory of system modules incorporating key functional components that, together, are required to successfully operate a Health Insurance Exchange system. The comparison was effectuated by demonstrating detailed functional scenarios (please see Appendix B) in the existing MNsure system. Those scenarios were designed to reflect the vast majority of processing capability needed in a fully functioning system:
    - The KFM was compiled to encompass functionality critical to an effective Health Insurance Exchange
    - KFM functionality was prioritized into Phase 1 and Phase 2
    - Scenarios were developed for vendors to demonstrate Phase 1 functionality
    - The KFM and Phase 1 scenarios were reviewed with the State

2. Review current status of MNsure
    - Vendor demonstrations of the Phase 1 functional scenarios were facilitated May 6-8, 2014
    - Follow-up interviews with State and vendor Subject Matter Experts (SMEs) were conducted to validate observations

3. Identify, categorize and determine the impact of key functional and system gaps
    - Observations witnessed and reported during the May 6-8, 2014 vendor demonstrations of the Phase 1 functional scenarios and follow-up interviews were conducted
    - Observations were categorized by Phase 1 KFM functions
    - Observations were reconciled with the inventory of known defects that was provided by the State
    - The impact of observed gaps was assessed

4. Identify functionality scheduled to be implemented prior to open enrollment for 2015 based on vendor input
    - Observed gaps were reconciled with the State's initial vendor business requirements
    - Information was requested from vendors on identified vs. unplanned remediation of observed gaps

5. Provide considerations and create near-term system roadmap to support ongoing operations and open enrollment for 2015
    - Considerations were categorized based upon impact and criticality
    - A near-term system roadmap to represent considerations was created

6. Assess current conversion strategy
    - SMEs were interviewed and the State's strategy documents for converting public program cases were reviewed

# Scope

Phase 1 focused on the assessment of the key functional and technical system capabilities with the highest impact to day-to-day operations for the remainder of benefit year 2014 and for open enrollment for benefit year 2015.

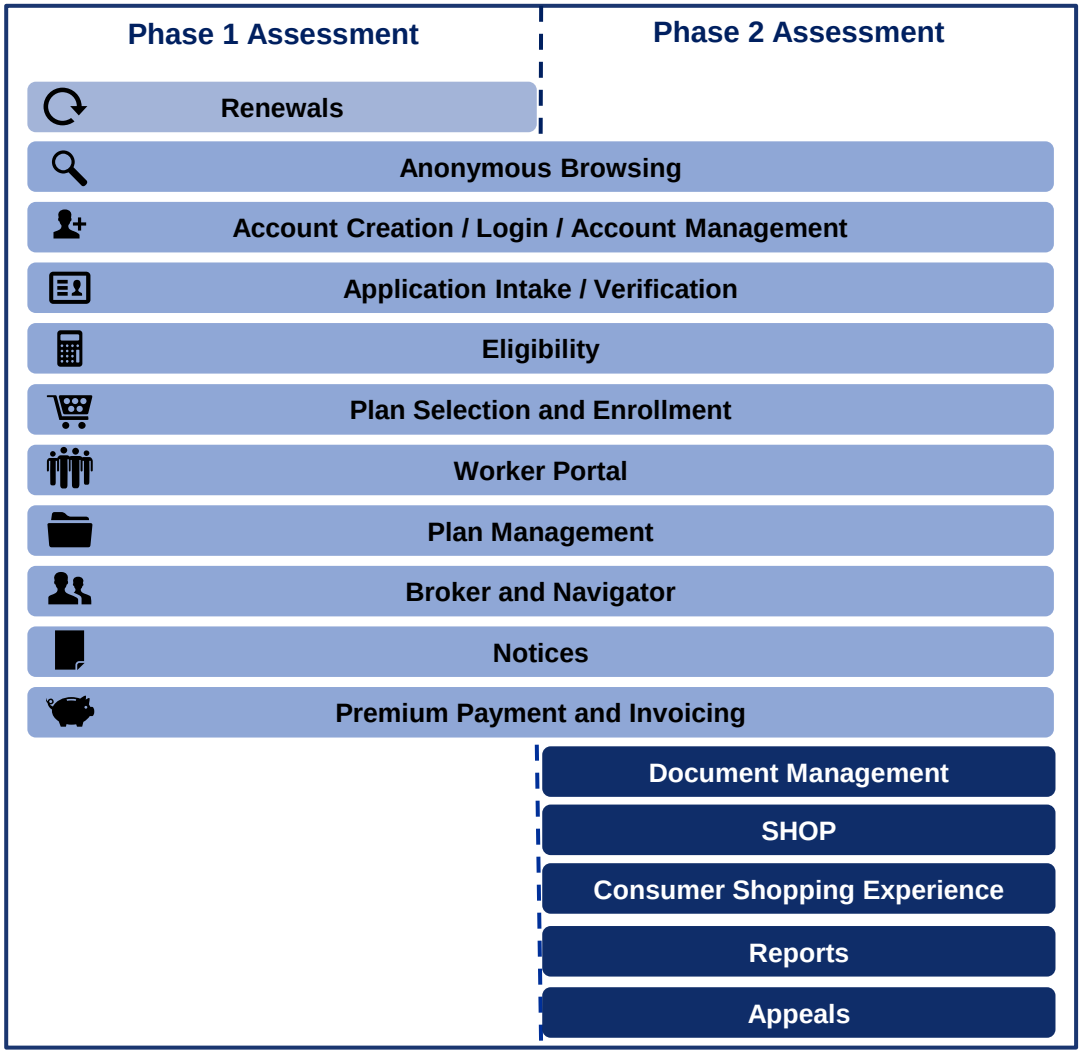
The diagram to the right shows the key functional areas covered across Phase 1 and Phase 2.

- Phase 2 is scheduled to be completed by June 24, 2014
- The detailed sub-functions included in Phase 1 is documented in Appendix A

These sub-functions were prioritized by applying the following criteria to the Key Function Matrix:

- Ongoing Operations – Is automating this function critical to enrolling applicants and managing cases for the benefit year 2014?

- Open Enrollment – Is automating this function critical to enrolling applicants on November 15, 2014?



## Observations, Impacts, and Considerations

# Introduction to Observations

*This section of the report includes observations, the impact of those observations on stakeholders, and considerations for MNsure to consider when prioritizing its future efforts.*

The observations were categorized into two types:

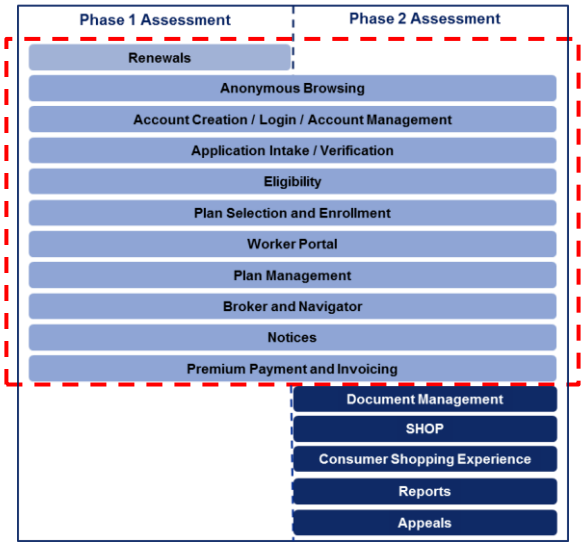
**Observations from Scenario Demonstrations**

- Issues directly observed by the Deloitte team during scenario demonstrations of MNsure functionality
- Issues reported by the participants during scenario demonstrations of MNsure functionality that were not directly observed by the Deloitte team, but were tied to an existing defect

**Reported Observations**

- Issues reported about MNsure functionality that were unable to be directly observed by the Deloitte team or tied to an existing defect

Deloitte has documented the impact of each issue and proposed considerations. Each consideration has been assigned a priority (1 being highest and 3 being lowest) based on potential impact to the user experience, internal workload, enrollment activities, and other factors.




- Due to the distribution of the key functional areas across Phase 1 and Phase 2, Deloitte only assessed a **portion of the functionality** for each function included in Phase 1 (except for renewals which was fully encompassed in Phase 1)
- For details on what was assessed in Phase 1, please refer to **Appendix A for the detailed sub-functions** included in Phase 1

# Renewals

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 1 | Renewal and open enrollment functionality is not currently in the system. While Medicaid and MinnesotaCare policy has been developed, business requirements have not been started. The policy for QHP/Advanced Premium Tax Credit (APTC) renewals has not been defined and business requirements have not been documented. | ▪ Without the functionality to be able to load and manage both the 2014 and 2015 plan benefits and rates, the State faces major challenges meeting the Affordable Care Act (ACA) open enrollment requirements<br>▪ The State may be unable to determine eligibility for clients with active cases, to set future eligibility dates, and to reset renewal dates<br>▪ The State may be unable to send 834 records to carriers and enrollment files to Medicaid Management Information Systems (MMIS) with accurate enrollment data for future eligibility periods and new plan identifiers without impacting current enrollment data<br>▪ The State may face challenges communicating clearly and accurately via notices and other methods concerning the open enrollment period and renewals | Implement individual renewals for QHPs | 1 |
| | | | Implement individual renewals for Medicaid/MinnesotaCare | 1 |
| | | | Implement individual renewal/redetermination process for mixed cases | 1 |

# Account Creation / Log-In / Account Management

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 2 | Citizen portal functionality does not allow the client to:<br>▪ Edit data or report changes<br>▪ View their notifications<br>▪ View current eligibility status if eligibility has changed since the initial application<br>▪ View current enrollment information if enrollment has changed since the initial application<br><br>Specifically for clients on public programs, the eligibility determination result they see in the Citizen portal is only preliminary. A secondary eligibility determination is run after the application data is transferred to the Worker portal. For example, clients may apply and be told that they have been determined eligible in the Citizen portal. However, they may still have to provide additional verifications in order for their final eligibility to be determined. They are not told of their pending verifications in the Citizen portal and are only notified once they receive a written notice requesting additional verification. | ▪ Inability to edit or report a change may impact the eligibility and benefit amounts for the insurance affordability programs, creating confusion for clients and generating additional workload for State and county workers and the MNsure contact center<br>▪ Without the ability to see their updated information, clients are unable to know whether a change they have reported has been acted upon (exacerbated by the lack of a notice). This may result in clients reporting a change multiple times, generating additional State and county workload. It may also lead to clients determining that reporting changes is optional, which may increase errors and jeopardize payment accuracy in Medicaid, MinnesotaCare, and for the APTC.<br>▪ Clients may not be aware that their applications have been pended and may believe they are eligible when further information may be needed<br>▪ When income or household changes result in individual eligibility for Medicaid being terminated and APTC eligibility granted, clients may not know that they need to pick a QHP, potentially creating health coverage gaps | Expand Citizen portal functionality to allow clients to:<br>▪ View their notifications<br>▪ View updates to current eligibility status<br>▪ View updates to current enrollment information<br>▪ View a status of pended if their application requires additional information | 2 |

# Application Intake / Verification

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 3 | Identity matching functionality is limited:<br>▪ The Shared Master Index (SMI) query to check for an applicant's existing coverage is implemented with interim logic instead of the full SMI logic to search in legacy systems (MMIS/MAXIS)<br>▪ An exact data match is necessary to recognize whether an applicant already exists in the MNsure system from a previous application | ▪ Applicants not identified through the identity matching logic could result in duplicate cases for the same person<br>▪ Duplicate cases/persons could result in duplicate public program capitation payments<br>▪ Duplicate cases/persons could result in manual work needing to be performed by State staff to remove the duplicate case | Implement more sophisticated identity match and existing coverage checks during application intake to identify more potential matches. | 2 |
| 4 | The system is designed to move applications with a technical error encountered during transfer from the Citizen to the Worker portal in one of two queues: the Process Instance Error (PIE) queue or the Evaluation Queue. As a result:<br>• Case data is unknown to the Worker portal<br>• Medicaid applications are not fully processed because action may be needed in the Worker portal<br>• QHP/APTC applicants may proceed to plan selection, however their application data is unknown to the Worker portal | Applications that are not transferred to the Worker portal may not be processed fully, potentially resulting in an applicant not receiving coverage. Manual workarounds have been put into place to lessen the instances of delayed and missed application processing. | Identify and prioritize fixes needed to prevent applications being transferred from the Citizen portal to the Worker portal to get "stuck" in the PIE queue or Evaluation Queue. | 2 |

# Eligibility

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 5 | MNsure does not have the end-to-end functionality to process existing client case changes:<br>▪ Clients are unable to enter changes directly in the Citizen portal<br>▪ Changes made in the Worker portal may not result in the expected eligibility determinations<br>▪ Changes in eligibility are not propagated to carriers and MMIS<br>▪ Changes entered into the Worker portal are not updated in Citizen portal<br><br>Case workers are manually determining eligibility and contacting carriers or MMIS as needed in cases of emergency. | The lack of end-to-end change reporting and processing may result in:<br>▪ Manual effort to take calls and log changes<br>▪ Incorrect and out-of-date eligibility determinations and enrollment in inappropriate plans<br>▪ Poor data quality<br>▪ Client confusion due to out-of-date information on the Citizen portal<br><br>Additionally:<br>▪ In cases where changes impact eligibility, a lack of propagation of changes to carriers and MMIS may result in clients not being enrolled in programs for which they are newly eligible or disenrolled from programs for which they are no longer eligible<br>▪ If a change prompts a client to become newly eligible for QHP, the client is unable to select a plan on the Citizen portal<br>▪ Inaccurate APTC amounts reported to Centers for Medicare & Medicaid Services (CMS) may have tax implications for clients or may influence their decision not to enroll in a QHP based upon incorrect information | Implement end-to-end functionality to process existing client case changes, including:<br>▪ Case change reporting in the Citizen portal<br>▪ Consistently accurate eligibility re-determination based on changes made to the case<br>▪ Propagation of changes in eligibility and enrollment status to MMIS and QHP carriers as needed<br>▪ Integration allowing clients who are newly eligible for QHP to choose a plan | 1 |

# Eligibility (cont.)

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 6 | When pending verifications are not received within the mandated time period, the system does not trigger an eligibility re-determination to deny the application. The client remains in the prior eligibility status, not accounting for the overdue verification. | ▪ This gap may result in manual effort required in case processing<br>▪ Clients may receive incorrect or out-of-date eligibility determinations and be enrolled in inappropriate plans<br>▪ A client whose eligibility for Medicaid is not verified may not receive an appropriate denial<br>▪ A client whose eligibility for MinnesotaCare or APTC is not verified may continue to enroll in MinnesotaCare or QHP with APTC; the latter may result in unexpected tax implications for the consumer | Implement a process to identify applications with overdue verifications and take appropriate action, including generating any applicable client notifications. | 2 |
| 7 | The system intermittently incorrectly determines the benchmark plan premium amount to be $0, causing the APTC calculation to result in $0 APTC. | An APTC amount inaccurately calculated as $0 may result in clients facing a higher premium than anticipated, potentially causing clients to forego coverage (and potentially face a financial penalty for non-enrollment). | Remediate APTC calculation defect which causes the system to incorrectly set the benchmark plan premium amount to $0 when the actual premium amount is greater than $0. | 2 |
| 8 | The system logic is set up to deny eligibility for MinnesotaCare as well as APTC and Cost Sharing Reductions (CSR) for those who disclose having Minimum Essential Coverage (MEC) during the application month. When a client's MEC is ending in the application month, the system does not find them eligible for the following month. | This issue results in inappropriately delaying eligibility for clients whose MEC is ending, potentially creating a gap in coverage between the end of MEC and start date of new coverage. | Adjust eligibility logic to determine future eligibility for clients who disclose having MEC during the application month. | 2 |

# Eligibility (cont.)

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 9 | During system demonstrations, an application was created for a couple applying together for benefits with the husband's younger brother (who they claim as a tax dependent) and with the wife's daughter from a previous relationship (claimed by the absent parent). The system found the child eligible for Medicaid, which was not the expected result per State staff. (NOTE: It is possible that the child would be eligible for Medicaid in the household claiming the child as a dependent if the specific details of the household warranted this determination.) | An inaccurate eligibility determination may be made for the child on the case in such instances. | As this was not a defect that had already been identified, re-run a similar scenario and validate the eligibility results. If the results are incorrect, log a defect. | 2 |

# Plan Selection and Enrollment

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 10 | MNsure does not process 999 transactions, error reports, or effectuation or termination notices from carriers for QHPs. Generation of the initial 834 requires manual intervention to review the 834 for data accuracy. | ▪ QHP effectuation and termination information is not captured by MNsure, creating the potential for MNsure's enrollment data to be out-of-date<br>▪ Changes in QHP enrollment status, such as disenrollment, are not recorded and do not trigger re-determination, potentially resulting in out-of-date eligibility information<br>▪ Providing incorrect QHP enrollment information to CMS may result in inaccurate plan payments of APTC/CSR | Conduct one-time eligibility and enrollment data reconciliation effort with carriers and MMIS. | 1 |
| | | | Implement and automate monthly reconciliation with carriers. | 1 |
| | | | Implement processing of 999 transactions, error reports, and 834 effectuation/termination files from the carriers. | 1 |
| 11 | MNsure lacks Special Enrollment Period (SEP) functionality required to handle new applications and changes in existing client cases due to life events (birth, death, marriage, etc.). State staff manually review incoming applications to verify SEP eligibility and release an 834. | Without change in circumstance functionality and implementation of SEP logic, clients who lose coverage or who have had other life events occur may:<br>▪ Not receive the correct insurance affordability program eligibility<br>▪ Not be allowed to enroll in a QHP outside of the enrollment period and will lack health coverage | Implement automated Special Enrollment Period functionality. | 1 |

# Plan Selection and Enrollment (cont.)

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 12 | When multiple QHPs are selected by individuals in the same household, APTC is not distributed correctly. | MNsure is unable to correctly assign the right APTC amounts for each individual enrolled in a case in which multiple plans are selected, potentially resulting in inaccurate enrollment and limited client choice. | Correct logic for applying APTC to multiple plans for one household. | 2 |
| 13 | The interface between MNsure and MMIS is missing key information on Third Party Liability and ID Cards, specific data elements for federal reporting, and demographic data changes. Data reconciliation with MNsure and MMIS is required. | When information, such as Third Party Liability, is not transmitted to MMIS, it may result in the incorrect amounts being paid to providers and managed care plans for services. | Incorporate missing high-priority information into enrollment file sent from MNsure to MMIS. | 2 |

# Worker Portal

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 14 | The MNsure system contains a Worker portal and a Citizen portal, each with its own eligibility rule set and data schemas. Additionally:<br>▪ Rule sets must be maintained separately and system defects can result in different rules<br>▪ Application data is transferred from the Citizen portal to the Worker portal, but not from the Worker portal to the Citizen portal. Applications cannot be started in the Worker portal, saved, and resumed in the Citizen portal. To allow clients who send in paper applications to select QHP plans in the Citizen portal, workers are entering paper applications in the Citizen portal. Some 30,366 paper applications have been entered in the system through 5/22/14. A downstream impact of this workaround is that the Citizen portal does not allow case workers to enter a backdated receipt date.<br>▪ The limited integration results in disparate data being presented on the portals. As a result, workers do not see the same information on the Worker portal that a client is seeing in their account on the Citizen portal and vice versa. | ▪ Disparate rule sets can result in inconsistent eligibility determinations depending on the entry point of an application<br>▪ Inability to backdate paper applications may result in eligibility start dates being based on the date the application is entered into the system rather than the receipt date (as is appropriate per State policy), potentially resulting in delayed start of coverage<br>▪ Requiring paper applications to be entered in the Citizen portal increases the workload of State and county workers, as workers may need to enter the application in the Citizen portal and complete it in the Worker portal<br>▪ The lack of synchronization of the two portals may result in inconsistent eligibility determinations and coverage dates being presented to workers and clients | Synchronize (and maintain ongoing synchronization of) rules between the portals. | 1 |
| | | | Implement integration to allow an application to be entered in the Worker portal and transition to the Citizen portal for plan selection for QHP-eligible clients. | 1 |
| | | | Provide workers full visibility into eligibility results and information presented to clients in the Citizen portal. | 1 |

# Worker Portal (cont.)

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 15 | Manual override capabilities in the Worker portal are not used due to existing defects with the override functionality. | Manual overrides completed outside of the system may result in:<br>▪ Additional workload for staff<br>▪ A lack of a single system of record for APTC/CSR and QHP clients as the system does not accurately reflect the client's current eligibility results | Resolve defects impacting override functionality for eligibility determination in the Worker portal. | 2 |
| 16 | Workers are unable to set and extend correct verification time period. | Verification periods and due dates cannot be changed to meet policy requirements for multiple sets of circumstances, which may result in clients being determined ineligible where this is not the expected determination. | Provide override functionality for eligibility determination and verification time periods in the Worker portal. | 2 |
| 17 | State staff were not provided any training on entering or editing information in the Worker portal. There is a lack of understanding of what date to populate into the date field when updating evidence or verifications. | A gap in understanding of the date fields may result in the need for manual workarounds to enter evidence and inaccurate date entry. | Provide training on populating date fields when updating evidence or verifications in the Worker portal. | 3 |

# Broker and Navigator

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 18 | There is presently no functionality to authorize or de-authorize navigators or brokers to complete an online application on behalf of a client. | This gap may complicate the process of engaging a broker or navigator in completing an application or in case management. | Implement the ability to authorize and de-authorize brokers and navigators to complete client applications. | 3 |
| 19 | Broker data is not included in the 834 transaction to carriers. It is currently listed on the 834 companion file. | Transmitting the broker information on a companion file may require manual workarounds to be used by both the State staff and carriers to match enrollments to brokers. This may create additional work in processing this information and may result in inaccurate payments to brokers. | Populate the 834 with broker information selected in the application. | 3 |

*Please note: As highlighted on the Introduction to Observations Slide, additional Broker and Navigator functionality will be explored during Phase 2*

# Notices

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 20 | MNsure is not issuing notices with the exception of requests for additional information/verification needed to determine eligibility. | ▪ The lack of notices may limit communication to clients, potentially resulting in client confusion and increased call/work volumes<br>▪ Failure to communicate certain information to clients may cause MNsure to be in significant non-compliance with federal law and regulation | Identify, prioritize, and fix data issues impacting notices; re-enable notice generation. | 1 |
| 21 | The denial and termination notices contain eight denial/termination reasons, which is not the comprehensive list of denial/termination reasons per State policy. | An inability to specify the appropriate denial/termination reason may result in a lack of communication or inaccurate communication to clients. | Implement additional denial/termination reasons to align to State policy for denials/terminations. | 2 |

# Premium Payment and Invoicing

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 22 | There are multiple issues with MinnesotaCare invoice generation:<br>▪ Invoices have not been generated in a timely manner<br>▪ A 45-day billing cycle has not been implemented<br>▪ Invoices have been sent for incorrect coverage months and incorrect household members<br>▪ Some households have received multiple invoices for the same billing period<br>▪ Some invoices have been sent to a residential address even when a separate mailing address is given | ▪ Invoice generation issues may result in an increase in client confusion and the resultant workload for the MNsure contact center and MinnesotaCare State workers<br>▪ Inaccurate invoices may result in clients overpaying, necessitating refund processing | Conduct root cause analysis and resolve issues affecting timely and accurate MinnesotaCare invoice generation. | 1 |
| 23 | Payment collection functionality has encountered multiple issues accurately applying rules, resulting in payments being unable to be processed:<br>▪ Department of Human Services (DHS) has lifted all rules on payment collection and is currently accepting all payments<br>▪ The system does not clearly track or indicate which payments are for which month of coverage | Payment collection issues may prevent DHS from collecting the correct funds for the correct time period and from re-implementing coverage conditional on payment. | Conduct root cause analysis and resolve issues affecting MinnesotaCare payment processing | 1 |

# Premium Payment and Invoicing

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 24 | Online payment functionality is not currently available; all MinnesotaCare premiums must either be mailed to DHS or brought to the DHS Walk-In Center. | The lack of online payment functionality may result in clients signing up and not paying at all or not paying in a timely manner. | Identify, prioritize, and resolve issues impacting online payment functionality. | 2 |

## Reported Observations

*The following issues were reported during scenario demonstrations of MNsure functionality, however they were unable to be directly observed by the Deloitte team or tied to an existing defect. For the issues below, there may be a discrepancy in understanding of the issue between the State and vendors.*

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 25 | Individuals who are aging out of their existing Medicaid eligibility groups are reflected in the MNsure system as being transitioned to their new eligibility groups (where applicable). However, only in certain cases is the client made aware of the change and transitions from a public program to QHP eligibility do not take place. | As a client ages into a different Medicaid group, to MinnesotaCare, or to a QHP, appropriate actions may not be taken:<br>▪ If a client changes Medicaid eligibility types, such as transitioning from pregnancy to post-partum eligibility, they may not receive a notice indicating this change<br>▪ If a client's eligibility changes from Medicaid to QHP, their Medicaid coverage may not be terminated, there may be no communication to the client, and they may not be given the opportunity to select and enroll in a QHP<br>▪ If a client's eligibility changes from Medicaid to MinnesotaCare, their coverage may change in MMIS, but they may not receive appropriate notification from MNsure | Implement system functionality to identify clients aging out of eligibility spans or with overdue pregnancy end dates, reassess eligibility, and take appropriate action, propagating changes through the system. | 2 |
| 26 | Functionality to re-run eligibility due to defect fixes is not in place, therefore current cases impacted by defect fixes have to be manually identified and re-run. | Manual work may be required to reassess eligibility. | Implement functionality to reassess eligibility following rule changes and defect remediation. | 2 |

## Reported Observations (cont.)

*The following issues were reported during scenario demonstrations of MNsure functionality, however they were unable to be directly observed by the Deloitte team or tied to an existing defect. For the issues below, there may be a discrepancy in understanding of the issue between the State and vendors.*

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 27 | While current income is collected, income effective dates are not collected properly. | This is a critical problem for Medicaid, but not for APTC or MinnesotaCare. Because Medicaid eligibility is based upon having the correct monthly income, the effective dates must be correctly set and used to correctly determine eligibility. | Implement functionality to utilize income effective dates in order to make accurate eligibility determinations for prior month, current month, and future month. | 2 |
| 28 | Functionality to remove the primary applicant from the case is not available. | This functionality will enable case workers to process a common life change. | Provide “breakaway" functionality, meaning removing an applicant from a case, while retaining the information on that applicant including removing the primary applicant. | 2 |
| 29 | Homeless applicants receive an APTC of $0 due to the system being unable to find a benchmark plan without a zip code to define the service area. | An inaccurate APTC amount may result in clients facing a higher premium than what is expected, potentially causing clients to forego coverage. | Implement ability for homeless applicants to indicate a service area or address to allow the system to identify a benchmark plan for APTC calculation. | 2 |
| 30 | Plan publication currently lacks a carrier preview environment to facilitate a secure carrier review of plans and rates prior to the start of open enrollment. | The lack of a carrier preview environment may generate manual workarounds to present plan information to carriers for review. | Create “carrier preview environment" for carriers to test plan display and rate calculation prior to go-live with appropriate security/privacy. | 3 |

## Reported Observations (cont.)

*The following issues were reported during scenario demonstrations of MNsure functionality, however they were unable to be directly observed by the Deloitte team or tied to an existing defect. For the issues below, there may be a discrepancy in understanding of the issue between the State and vendors.*

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 31 | The rules to prevent non-related individuals from applying together (e.g. roommates) are not implemented. | This gap creates the potential for non-related individuals to apply on one case, which is against MNsure policy. | Implement rules to prevent non-related individuals from applying together to be compliant with MNsure policy. | 3 |
| 32 | Save and Exit functionality is inconsistent. Resuming an existing application that had not been submitted sometimes clears the application of data previously entered, causing the client to create a new application. | Loss of application data due to inconsistent Save and Exit functionality may lead to client confusion and frustration. Since staff are unable to see client data until it is submitted in the Citizen portal, the contact center staff has limited ability to help in these instances. | Fix issue where person clicks "Save and Exit", but the application information cannot be retrieved. | 3 |
| 33 | An issue around rounding can result in the APTC calculation being several dollars more or less than the expected amount. | An incorrect APTC amount may indicate that the client's premium is higher or lower than the accurate amount, presenting coverage as more or less expensive than expected. | Fix issue around rounding that results in the APTC calculation being several dollars off. | 3 |

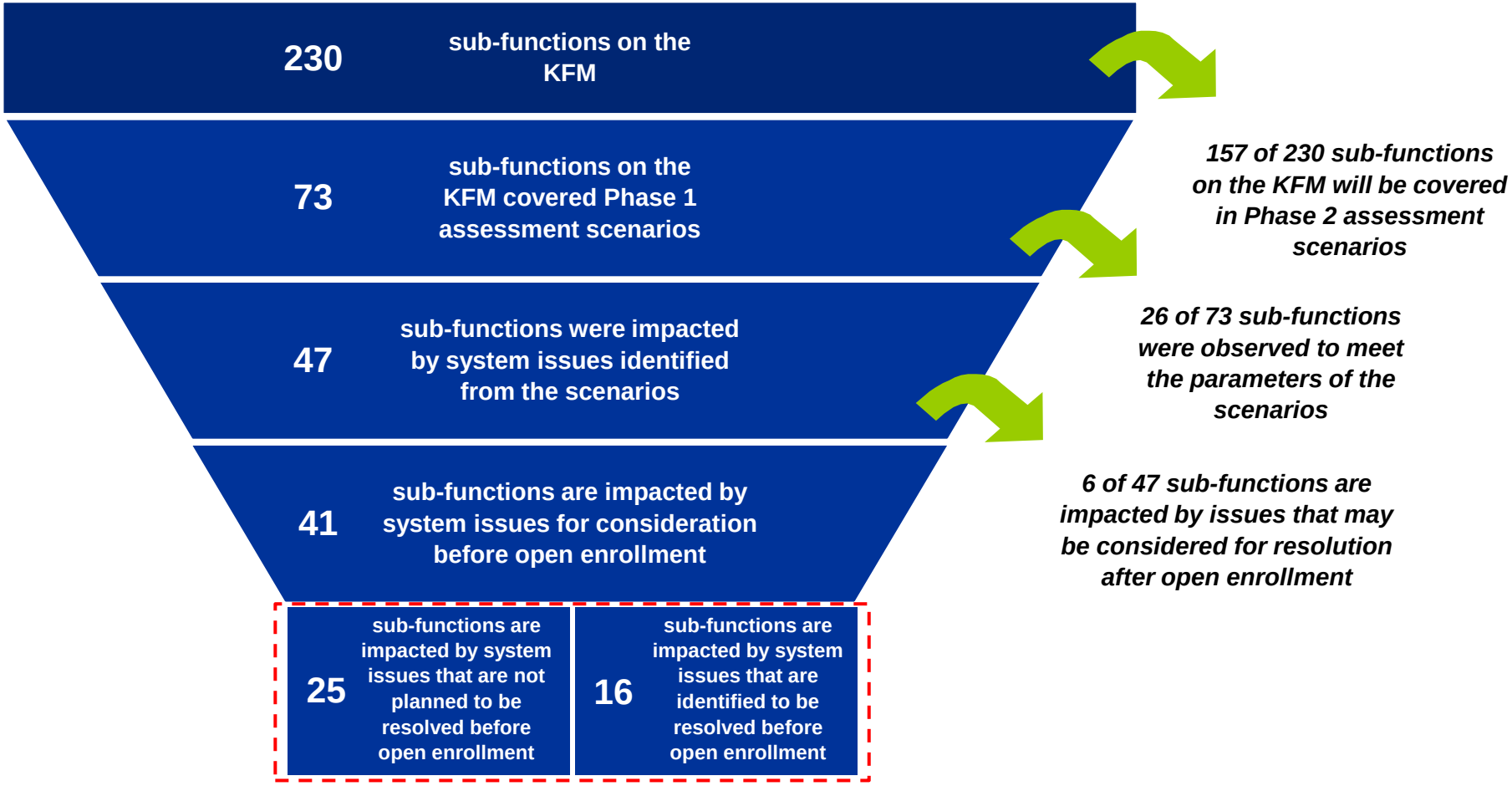
## Reported Observations (cont.)

*The following issues were reported during scenario demonstrations of MNsure functionality, however they were unable to be directly observed by the Deloitte team or tied to an existing defect. For the issues below, there may be a discrepancy in understanding of the issue between the State and vendors.*

| ID | Observation | Impact | Considerations | Priority |
|---|---|---|---|---|
| 34 | There are multiple functional gaps and issues with the plan publication functionality:<br>▪ Connecture does not presently differentiate between Small Business Health Options Program (SHOP) and individual standalone dental plans<br>▪ System for Electronic Rate and Form Filing (SERFF) integration for standalone dental plan data is not supported<br>▪ The system does not automate zip code data edit updates to all the plans | ▪ Functional gaps and issues result in additional manual work for the plan management team<br>▪ The wrong plan data may be included in MNsure, which may result in:<br>▪ Clients enrolling in plans that do not exist<br>▪ Clients enrolling in plans that have inaccurate cost sharing and coverage information<br>▪ Clients not being provided with a choice of all available plans | Implement the following updates to plan management functionality:<br>▪ Differentiation between SHOP and individual standalone dental plans<br>▪ SERFF integration for standalone dental plan data<br>▪ Automation of plan data updates associated with zip code changes | 3 |

# Phase 1 Results and Road Map

## Phase 1 Assessment Results

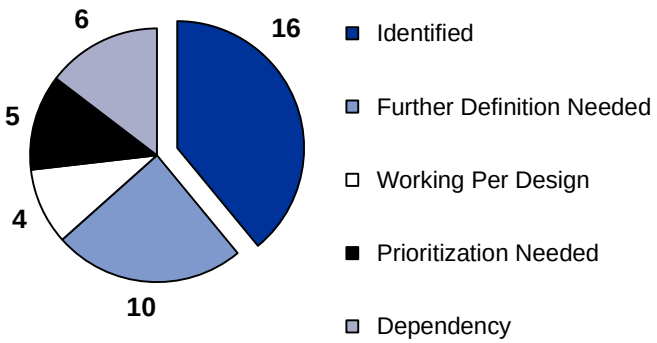



**The State needs to consider focusing immediately on resolving the 41 sub-functions impacted by system issues.**

# Phase 1 Assessment Results (cont.)

*Of the 41 sub-functions impacted by issues, action should be taken by the State and vendors to resolve and determine direction for these issues. Based on vendor response, we have categorized these sub-functions into the following:*

**Priority 1 and 2 Sub-Function Gaps**




***Note: Details of these groupings are provided on the next 2 pages of this document***

- **Identified:** There are **16 sub-functions that vendors have identified for implementation** between now and open enrollment. Identified for implementation is based on vendor response but analysis has revealed that functional requirements were not completed for all 16. **At least 3 of the 16 sub-functions do not have requirements finalized** (changes in circumstances, Medicaid renewals, QHP renewals). For sub-functions without defined requirements, the **requirements should be finalized immediately** in order for vendors to implement before open enrollment. The State should prioritize resources **dedicated to design, testing, contingency planning and deployment activities** for these 16 sub-functions.

- **Further Definition Needed:** There are **10 sub-functions that require further definition and clarification** with the vendors. Based on our analysis, **6 of the 10 sub-functions have an associated requirement(s)** but requirements may not be sufficient. The **State should document needs and meet with vendor to determine direction** for these sub-functions.

- **Working per Design:** There are **4 sub-functions the vendors have indicated is working however there are differences** between the State and vendors understanding of how the functionality was implemented. **The State and vendors should meet to demonstrate functionality and determine direction** for these sub-functions.

- **Prioritization Needed:** There are **5 sub-functions the vendor(s) has indicated that are in-scope but prioritization is needed** from the State. **The State should assess and determine direction** for these sub-functions.

- **Dependency:** There are **6 sub-functions the vendors have indicated a dependency** outside of their control that should to be addressed for the functionality to be implemented. **The State should meet with dependent parties** to determine direction for these sub-functions.

## Phase 1 Assessment Results – Details of 16 Sub-functions (Identified)

| Sub-function | Observation ID | Priority |
|---|---|---|
| Individual Renewals (QHP) | Observation 1 | Priority 1 |
| Medicaid/MinnesotaCare Renewals | Observation 1 | Priority 1 |
| Mixed Case Renewals | Observation 1 | Priority 1 |
| Change Reporting not Triggering Special Enrollment Period | Observation 5 | Priority 1 |
| 834/MMIS Update Transaction Generation and Accuracy | Observation 5 | Priority 1 |
| Medicaid Redetermination | Observation 1 | Priority 1 |
| Data Seen In Worker Portal Matches What Was Entered In Client Portal | Observation 14 | Priority 1 |
| Add/Edit Customer Information | Observation 14 | Priority 1 |
| Process Life Changes | Observation 5 | Priority 1 |
| Premium Invoice Generation for MinnesotaCare | Observation 22 | Priority 1 |
| Premium Payment for MinnesotaCare | Observation 23 | Priority 1 |
| Submit Application | Observation 4 | Priority 2 |
| Set Coverage Begin and End Dates for APTC | Observation 8 | Priority 2 |
| Set Coverage Start and End Date for QHP | Observation 8 | Priority 2 |
| Determine Coverage Effective Date | Observation 8 | Priority 2 |
| Edit Document Verification Status (Verified, Pending, Rejected, etc.) | Observation 15 | Priority 2 |

# Phase 1 Assessment Results – Details of 25 Sub-functions (Not Planned)

| Sub-function | Observation ID | Priority | Category |
|---|---|---|---|
| Log In and access My Account/Dashboard | Observation 2 | Priority 2 | Requirement Definition Needed* |
| View Application History | Observation 2 | Priority 2 | Requirement Definition Needed* |
| Medicaid Enrollment File | Observation 13 | Priority 2 | Requirement Definition Needed* |
| Monthly Reconciliation | Observation 10 | Priority 1 | Requirement Definition Needed* |
| Determine Medicaid/MinnesotaCare Eligibility & MinnesotaCare Premium | Observation 9 | Priority 2 | Requirement Definition Needed* |
| Change Reporting Triggering Special Enrollment Period | Observation 11 | Priority 1 | Requirement Definition Needed* |
| Worker View of Information Regarding Consumer | Observation 14 | Priority 1 | Requirement Definition Needed* |
| Change Primary Applicant SSN | Observation 5 | Priority 1 | Requirement Definition Needed* |
| Ability to Set and Extend Correct Verification Time Period | Observation 16 | Priority 2 | Requirement Definition Needed* |
| Automated Batches for Notices | Observation 20 | Priority 1 | Requirement Definition Needed* |
| Clearance/Registration | Observation 3 | Priority 2 | Working Per Design |
| Override Eligibility Determination | Observation 15 | Priority 2 | Working Per Design |
| Remove Primary Applicant | Observation 28 | Priority 2 | Working Per Design |
| Calculate APTC | Observation 7 | Priority 2 | Working Per Design |
| Determine Coverage Start/End Dates for Medicaid/MinnesotaCare Eligibility | Observation 8 | Priority 2 | Prioritization Needed |
| Determine APTC Eligibility | Observation 8 | Priority 2 | Prioritization Needed |
| Process Paper Applications | Observation 14 | Priority 1 | Prioritization Needed |
| Initiate Eligibility Determination | Observation 14 | Priority 1 | Prioritization Needed |
| Worker Creation of Client Account | Observation 14 | Priority 1 | Prioritization Needed |
| Interface with MMIS | Observation 3 | Priority 2 | Dependencies |
| Adverse Action | Observation 25 | Priority 1 | Dependencies |
| 834/999 | Observation 10 | Priority 1 | Dependencies |
| Disenrollments and Terminations | Observation 10, Observation 28 | Priority 1 | Dependencies |
| Cross-Case Eligibility Check | Observation 3 | Priority 2 | Dependencies |
| Notice Data Accuracy | Observations 20, 21 | Priority 1 | Dependencies |



**May or may not imply a change request*

## Introduction to Near-Term System Roadmap

- A high-level system roadmap was created to outline the major activities, key dependencies and critical milestones for the State to consider in closing as many of these 41 gaps as possible by November 2014. This section also sets out the key assumptions and conditions necessary for success.

- The roadmap does not replace a detailed project work plan due within the next few weeks (which is the subject of Deliverable 4), but instead provides a high-level framework for its development.

- It should be noted that this roadmap does not intend to imply that all (41) functionality gaps can be achieved through systemic changes but provides a framework by which the State can begin to manage expectations, the major activities, vendor and staff results needed, and the timeframes that must be met in order to deliver any of the functionality systemically or resort to contingent options.

- It is worth noting that the roadmap identifies several critical milestones. These are intended to serve as measurable assessment points on the progress of the project as input for the leaderships decision-making purposes:

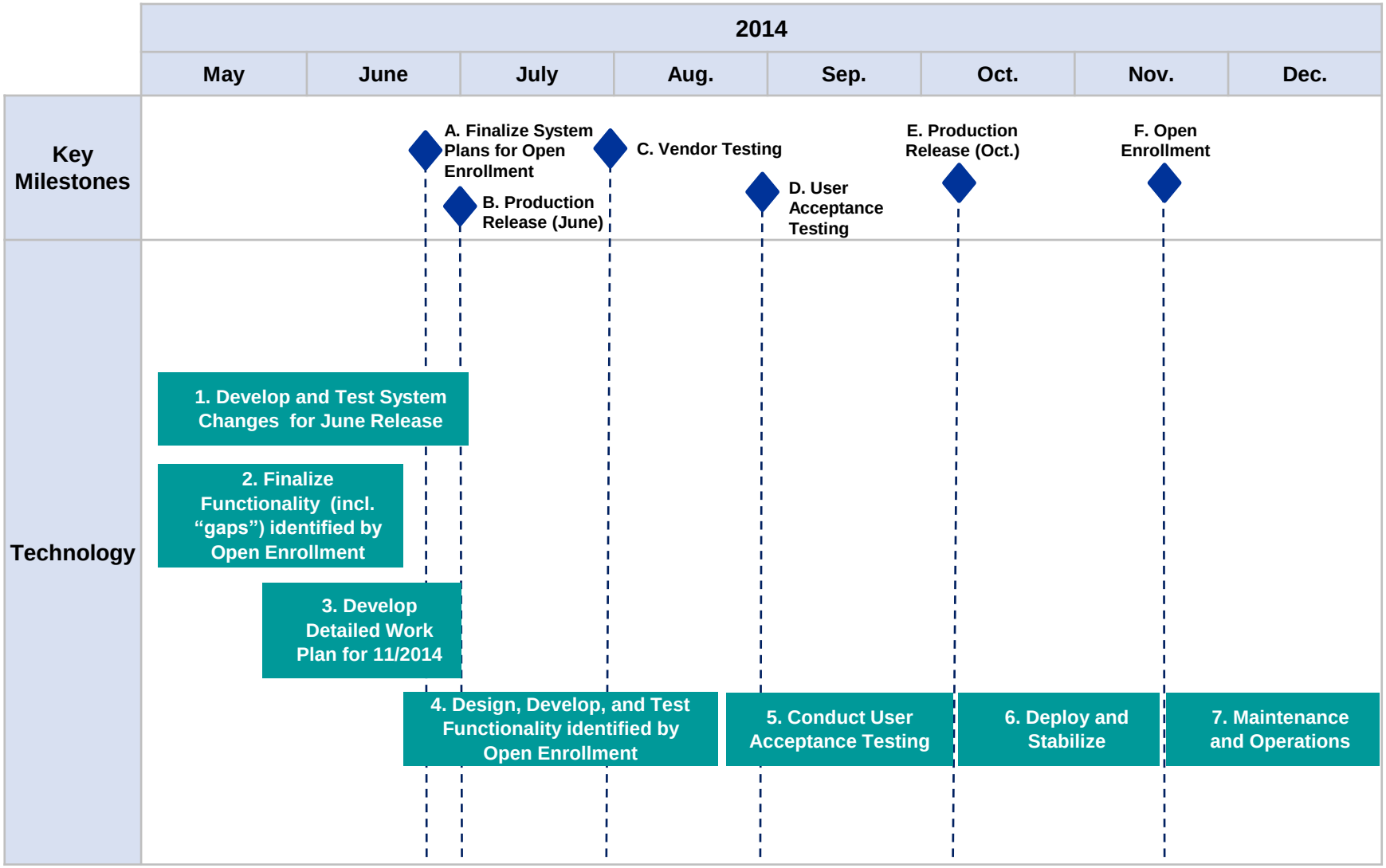
  - Finalize System Plans for Open Enrollment
  - Production Release (June)
  - Vendor Testing
  - UAT Testing for Oct. Release
  - Production Release (Oct.)
  - Open Enrollment

## Key Assumptions and Conditions for Success

- Current vendor contracts are in place for project duration
- Levels of effort (LOE) and related costs for non-scoped/change requests by vendors, as well as additional project costs (e.g. resources for manual processing, call center resources) can be funded
- Both in-scope and non-scoped functionality gaps are fully assessed and agreed to and can be delivered by current vendors
- Adequate vendor and State resources exist/will be made available to meet all performance requirements for this project. Adequate is defined in terms of capacity, timeliness, focus/dedication, skills and experience.
- The scope of functionality, prioritization of same and detailed requirements to be implemented by November 2014 will be defined in time to allow for all downstream activities
- State policy decision-making and approval (as needed) will occur in time to support project runway
- Adequate test cases will be developed and executed to fully support the testing process (and will be conducted in upstream environments)
- Adequate systems hardware and software (licenses) will exist for all parts of systems development life cycle (SDLC)
- All governance and key program management processes are fully functional and staffed and effective
- Key issues identified in testing will be resolved in the system prior to system go-live
- That cross-vendor (sub) systems integration will not serve as a barrier to success
- Clear metrics will be developed to measure the progress of all aspects of the project
- Dependencies amongst stakeholders and external factors will be identified early in the process and planned for appropriately
- Clear check points/milestones will be utilized to assess progress and for leadership decision-making
- Contingency plans will be developed and executed when key milestones are not met

# Near-Term System Roadmap

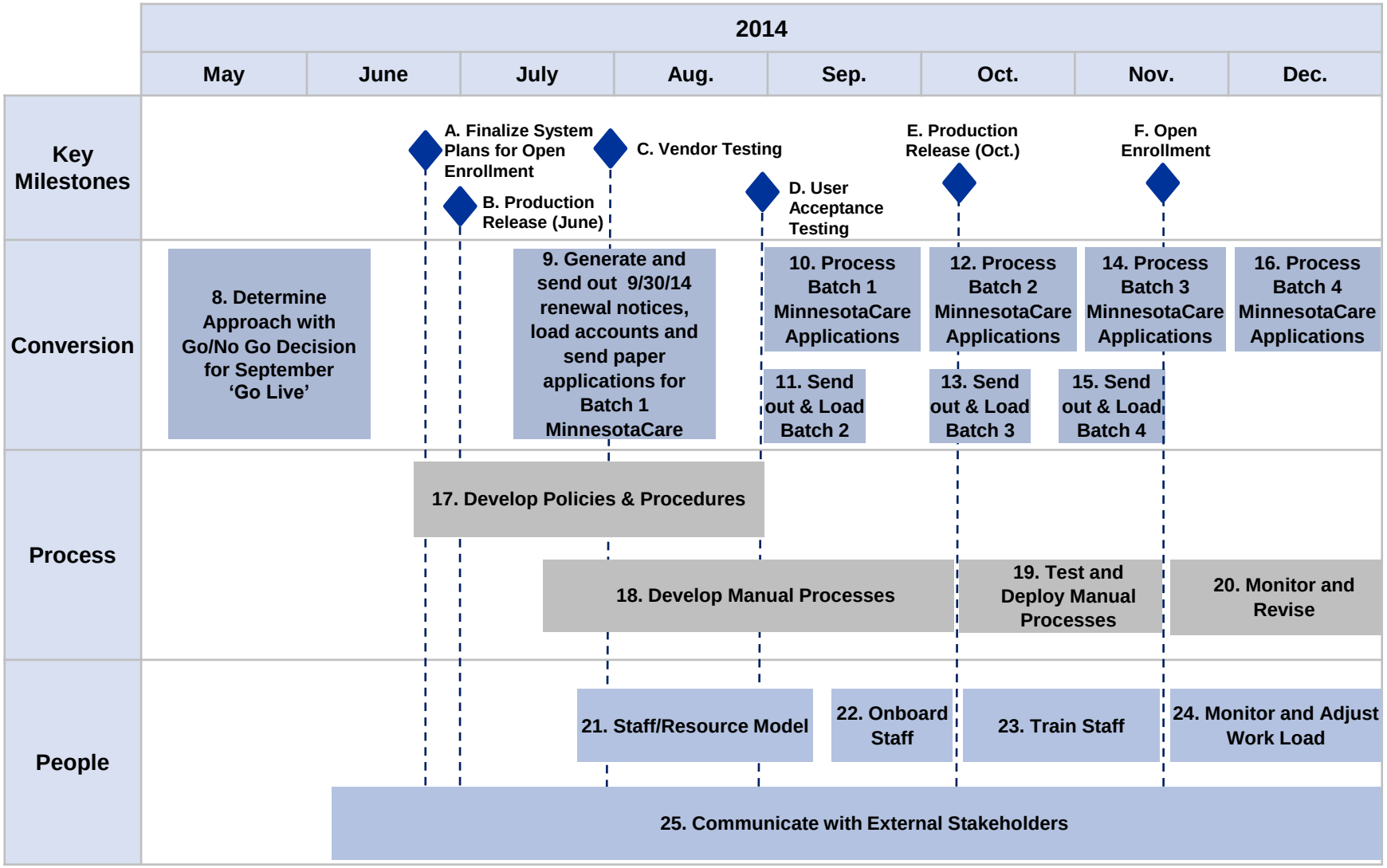
*Below is a potential roadmap for the State to consider with the planning and execution of its efforts for November 2014.*




A check-in is performed at each milestone to determine if contingency plans need to be executed

# Near-Term System Roadmap (cont.)

*Below is a potential roadmap for the State to consider with the planning and execution of its efforts for November 2014.*




A check-in is performed at each milestone to determine if contingency plans need to be executed

# Near-Term System Roadmap – Milestones Definition

*This table outlines the high-level milestones for readiness for open enrollment and benefit year 2015. The key milestones in this table are checkpoints to formally assess the project risks for open enrollment and decision points to execute some/all contingency plans.*

| No. | Key Milestones | Description |
|---|---|---|
| **A** | Finalize System Plans for Open Enrollment (*late June 2014*) | This checkpoint assesses the detailed systems work plan (that is reflective of scope, timing, dependencies and resourcing), in conjunction with those scope items identified as (potential) for manual processing and the plans to support those. |
| **B** | Production Release *(late June 2014)* | This checkpoint reviews the progress made by the MNsure vendors on the functionality identified for the build for the month of June. The mitigation plans for the risks identified for the upcoming open enrollment may need to be updated as a result of this checkpoint. This checkpoint occurs in late June immediately after the testing for the June production release has been completed. |
| **C** | Vendor Testing *(late July 2014)* | This formal checkpoint reviews the progress made by the MNsure vendors on the various types of testing including Integration Testing, Regression Testing, System Testing, Usability Testing, Security Testing, and, Stress, Volume and Performance Testing against the quality metrics established. Contingency plans may need to be executed as a result of this checkpoint. This checkpoint occurs in late July and is a mid-point assessment of the vendor's progress. |
| **D** | User Acceptance Testing *(late August 2014)* | This reviews the progress made on the User Acceptance Testing activities against the quality metrics established. Contingency plans may need to be executed as a result of this checkpoint. This checkpoint occurs in late August prior to the start of the UAT test execution. |
| **E** | Production Release Go/No-Go (*early October*) | This is the formal Go/No-Go checkpoint for the open enrollment go-live production candidate. This checkpoint reviews the progress made by the MNsure vendors on the functionality identified for open enrollment. Contingency plans may need to be executed as a result of this checkpoint. This checkpoint occurs in early October immediately after the testing for the October production release has been completed. |
| **F** | Open Enrollment | This checkpoint reviews the as-built system, MNsure business processes, and the performance against Open Enrollment "go-live" metrics established. Contingency plans may need to be executed as a result of this checkpoint. This checkpoint occurs immediately after the start of the November open enrollment. |

# Near-Term System Roadmap – Activities Definition

*This table outlines the high-level activities for readiness for open enrollment and benefit year 2015. These activities do not replace a more detailed project work plan. If any of these activities is not successfully completed, it could put successful implementation of the functionality needed for open enrollment and benefit year 2015 at risk.*

| No. | Activities | Description |
|---|---|---|
| **1** | Develop and Test System Changes for June Release | Continue addressing known defects and developing functionality required for ongoing operations. |
| **2** | Finalize Functionality (Including "Gaps") identified by Open Enrollment | ▪ Finalize requirements for three critical areas: (Changes in circumstances, Medicaid renewals, QHP renewals)<br>▪ Prioritize State resources dedicated to design, testing, contingency planning and deployment activities<br>▪ Meet with vendors to resolve clarifications and differences and determine level of effort<br>▪ Prioritize sub-functions for vendors and identify prioritized scope for open enrollment<br>▪ Define scope for releases before open enrollment |
| **3** | Develop Detailed Work Plan for 11/2014 | Define the detailed activities needed to implement the functionality identified for open enrollment. |
| **4** | Design, Develop, and Test Functionality identified by Open Enrollment | Finalize design and develop functionality to be released in the open enrollment release or releases prior to the open enrollment release. |
| **5** | Conduct User Acceptance Testing | Define test cases and conduct User Acceptance Testing (UAT). |
| **6** | Deploy and Stabilize | Release identified functionality and stabilize system performance. |
| **7** | Maintenance and Operations | Address defects reported in production and monitor system performance in production. |

# Near-Term System Roadmap – Activities Definition (cont.)

*This table outlines the high-level activities for readiness for open enrollment and benefit year 2015. These activities do not replace a more detailed project work plan. If any of these activities is not successfully completed, it could put successful implementation of the functionality needed for open enrollment and benefit year 2015 at risk.*

| No. | Activities | Description |
|---|---|---|
| **8** | Determine Approach with Go/No Go Decision for September 'Go Live' | Create a committee, including MN.IT, MNsure and DHS managers and staff, to determine the best path to transition MinnesotaCare cases from MMIS, and Medicaid cases from MAXIS, to MNsure. Make a decision by June 16, 2014 on whether to move forward with the first transition occurring in September 2014. |
| **9** | Generate and send out 9/30/14 renewal notices, load accounts and send paper applications for Batch 1 MinnesotaCare | Terminate eligibility in MMIS for the first batch of MinnesotaCare cases with an effective date of September 30, 2014. Send a renewal notice to these individuals with directions for applying using MNsure's Citizen portal or the enclosed paper application. Additionally, provide these individuals an account ID and passcode that gives them access to a Citizen portal account. If they have not completed the MNsure application process by 20 days before their closure date, a second notice will be sent. A closure notice is sent if the client does not apply by the end of the month. |
| **10** | Process Batch 1 MinnesotaCare Applications | Allow the first batch of MinnesotaCare cases (with September 30, 2014 termination dates in MMIS) to begin applying using the Citizen portal (using their loaded account ID/passcodes) and begin processing paper applications received from this first batch. |
| **11** | Send out and Load Batch 2 | Terminate eligibility in MMIS for the first batch of MinnesotaCare cases with an effective date of October 31, 2014. Send a renewal notice to these individuals with directions for applying using MNsure's Citizen portal or the enclosed paper application. Additionally, provide these individuals an account ID and passcode that gives them access to a Citizen portal account. If they have not completed the MNsure application process by 20 days before their closure date, a second notice will be sent. A closure notice is sent if the client does not apply by the end of the month. |
| **12** | Process Batch 2 MinnesotaCare Applications | Allow the second batch of MinnesotaCare cases (with October 31, 2014 termination dates in MMIS) to begin applying using the Citizen portal (using their loaded account ID/passcodes) and begin processing paper applications received from this second batch. |

# Near-Term System Roadmap – Activities Definition (cont.)

*This table outlines the high-level activities for readiness for open enrollment and benefit year 2015. These activities do not replace a more detailed project work plan. If any of these activities is not successfully completed, it could put successful implementation of the functionality needed for open enrollment and benefit year 2015 at risk.*

| No. | Activities | Description |
|---|---|---|
| **13** | Send out and Load Batch 3 | Terminate eligibility in MMIS for the first batch of MinnesotaCare cases with an effective date of November 30, 2014. Send a renewal notice to these individuals with directions for applying using MNsure's Citizen portal or the enclosed paper application. Additionally, provide these individuals an account ID and passcode that gives them access to a Citizen portal account. If they have not completed the MNsure application process by 20 days before their closure date, a second notice will be sent. A closure notice is sent if the client does not apply by the end of the month. |
| **14** | Process Batch 3 MinnesotaCare Applications | Allow the third batch of MinnesotaCare cases (with November 30, 2014 termination dates in MMIS) to begin applying using the Citizen portal (using their loaded account ID/passcodes) and begin processing paper applications received from this third batch. |
| **15** | Send out and Load Batch 4 | Terminate eligibility in MMIS for the first batch of MinnesotaCare cases with an effective date of December 31, 2014. Send a renewal notice to these individuals with directions for applying using MNsure's Citizen portal or the enclosed paper application. Additionally, provide these individuals an account ID and passcode that gives them access to a Citizen portal account. If they have not completed the MNsure application process by 20 days before their closure date, a second notice will be sent. A closure notice is sent if the client does not apply by the end of the month. |
| **16** | Process Batch 4 MinnesotaCare Applications | Allow the fourth batch of MinnesotaCare cases (with December 31, 2014 termination dates in MMIS) to begin applying using the Citizen portal (using their loaded account ID/passcodes) and begin processing paper applications received from this fourth batch. |
| **17** | Develop Policies and Procedures | Document policies and procedures (both business and technology) to support ongoing operations and open enrollment. |
| **18** | Develop Manual Processes | Define the detailed manual processes to address functionality that is not planned to be automated before open enrollment. |

# Near-Term System Roadmap – Activities Definition (cont.)

*This table outlines the high-level activities for readiness for open enrollment and benefit year 2015. These activities do not replace a more detailed project work plan. If any of these activities is not successfully completed, it could put successful implementation of the functionality needed for open enrollment and benefit year 2015 at risk.*

| No. | Activities | Description |
|---|---|---|
| **19** | Test and Deploy Manual Processes | Verify the manual processes, refine the processes, train staff and implement across the organization. |
| **20** | Monitor and Revise | Monitor and revise the processes developed. Make adjustments as necessary. |
| **21** | Staff/Resource Model | Define the staff and resource requirements needed to implement the finalized scope. |
| **22** | Onboard Staff | Make staff familiar with identified technology and process changes for at/post go-live. |
| **23** | Train Staff | Prepare staff to appropriately use developed technology and carry out process changes at/post open enrollment. |
| **24** | Monitor and Adjust Work Load | Confirm staff is appropriately using new functionality and carrying out processes. Conduct additional training as needed. |
| **25** | Communicate with External Stakeholders | Provide timely updates on system functionality, issues identified, and correction strategies to appropriate parties. |

# Conversion

# Conversion

## Deloitte's Understanding of MNsure Conversion Background

- The current conversion strategy allows the transfer of clients from the legacy system to MNsure to occur on an expedited timeline because it does not require major technical system changes and utilizes current application methods. The clients who apply in MNsure can then be determined according to MAGI rules as required by the ACA.

- The first two groups that are expected to be transferred are the childless adults and parents currently receiving MinnesotaCare, approximately 30,000 clients. The next group would consist of the 110,000 clients who moved from MinnesotaCare to Interim Medicaid in January 2014. After, the 700,000 clients in MAXIS who are receiving Medicaid in the MAGI group would be transitioned in manageable monthly groups to MNsure.

- The State has reported, based on discussions with its vendors, that it will be difficult to transfer the data from MMIS and MAXIS into MNsure as currently designed. MN.IT has taken the lead to support the process with some automated processes, but requires a lead time of 60 to 90 days to implement. This requires prompt decision-making to assure that conversion can begin before open enrollment.

## Deloitte's Understanding of MNsure's Conversion Strategy

- The conversion of clients from the legacy system to MNsure will be done in monthly phases with clients chosen based upon program and sub-program enrollment, beginning with those in MinnesotaCare or Interim Medicaid in MMIS
- The client's MinnesotaCare, Interim Medicaid, or Medicaid eligibility will be end-dated in the legacy system, a notice will be generated and sent directing the client to apply using either the Citizen portal or an enclosed paper application

# Conversion (cont.)

*Assessing Minnesota's strategy for converting public program cases from legacy systems to MNsure beginning no later than August 2014.*

## Deloitte's Understanding of Strategy

- Clients will be end-dated in the legacy system and then asked to reapply in MNsure. Clients currently receiving public assistance must apply in MNsure in order to continue receiving benefits. A risk of this approach is that some clients may not receive the communication to apply, may choose not to apply, or may be prevented from applying in a timely manner. This would result in clients, who would otherwise be eligible according to MAGI rules, losing benefits.
- Paper applications will be mailed to specific groups of clients to be transferred to MNsure. Staff will input the paper applications that are returned into the MNsure system.

## Considerations

- Consider coordinating navigators, county workers, and other stakeholders to conduct outreach encouraging clients to be converted to apply in MNsure and to do so using the Citizen portal
- Consider prioritizing implementation of the functionality to allow applications to be entered in the Worker portal and transferred to the Citizen portal. This functionality could expedite inputting paper applications and eliminate the need to have accounts created on the backend for these clients.
- Consider aligning the paper application with the Worker portal to increase efficiency. A time-and-motion assessment of these processes could be performed to estimate time for work to be completed in order to estimate the additional work for staff.
- Consider allocating specific staff to address this additional workload and developing training for staff to learn how to most effectively use the system

# Conversion (cont.)

*Assessing Minnesota's strategy for converting public program cases from legacy systems to MNsure beginning no later than August 2014.*

| Deloitte's Understanding of Strategy | Considerations |
|---|---|
| ▪ During conversion, the eligibility of those transferring will be determined using the current MNsure eligibility rules. Currently, some defects in MNsure cause inaccurate eligibility determinations. | ▪ Consider prioritizing eligibility defect fixes in the MNsure system prior to conversion to avoid inaccurate determinations made during conversion and to avoid additional manual work to address these errors |
| ▪ During conversion, the system will utilize the current matching criteria in MNsure. This matching criteria requires an exact information match to recognize that a new client is the same client as an existing record in the legacy system. If the new application is not accurately matched to the record currently in the system, the same client could be given multiple eligibility records in MMIS. | ▪ Consider implementing additional matching logic to identify potential matches of new clients to cases currently known to MNsure and/or the legacy system and avoid the creation of duplicate records |
| ▪ Requirements for potential system modifications specific to conversion have not been defined | ▪ Consider defining requirements of potential modifications that may be made for conversion, especially concerning eligibility dates and current coverage in the system<br>▪ Consider scheduling regression testing of the proposed conversion process to identify and address any systematic issues |

# Conversion (cont.)

*Assessing Minnesota's strategy for converting public program cases from legacy systems to MNsure beginning no later than August 2014.*

## Deloitte's Understanding of Strategy

- The conversion process proposes that letters be generated to clients currently in the legacy system
- The conversion process involves sending letters on the same day to an entire group of clients to be transferred for the upcoming month
- During the conversion process technical and business issues could occur

## Considerations

- Consider testing the letter generating capabilities of the system, developing the conversion-specific text to be sent to clients, and developing an outreach plan for clients whose letters are returned
- Consider conducting stress-and-load tests to verify that the system can handle the maximum number of applications to be converted at the same time. Consider additional stress-testing for functions that may be used more frequently during conversion months (e.g. remote identity proofing).
- Consider defining a reconciliation process for the initial phases of conversion and establishing verification criteria to determine if the conversion is operating according to business/technical expectations
- Create a contingency plan with clear decision points on whether to proceed with conversion activities throughout the process and a plan to quickly onboard staff to input applications if necessary

# Conversion (cont.)

*Assessing Minnesota's strategy for converting public program cases from legacy systems to MNsure beginning no later than August 2014.*

## Deloitte's Understanding of Strategy

- Addressing exceptions in the conversion process could involve manual processes to resolve issues

## Considerations

- Consider defining manual processes involved with addressing potential conversion specific issues and then simulating the process within the system. A time-and-motion assessment of these processes could be used to estimate time for work to be completed in order to estimate the additional work for staff and allocate staff to address this additional workload.
- Consider developing training sessions and materials on manual business processes for staff who will be addressing conversion-related issues in the system

# Appendix A:

# Phase 1 Functionality Assessed

# Sub-Functions Included in Phase 1

*The following sub-functions were included in the Phase 1 assessment.*

| | Function | Sub-Functions |
|---|---|---|
|  | **Renewals** | ▪ Individual QHP Renewals<br>▪ Medicaid/MinnesotaCare Renewals<br>▪ Mixed Case Renewals |
|  | **Anonymous Browsing** | ▪ Collect Household Information and Zip<br>▪ Present Plans Available for Area and Premiums |
|  | **Account Creation / Log-in / Account Management** | ▪ Log-In and access My Account/Dashboard<br>▪ Password Management<br>▪ View Application History<br>▪ Remote Identity Proofing (RIDP) |
|  | **Application Intake / Verification** | ▪ Clearance / Registration<br>▪ Editing from Application Review Screens Prior to Submission<br>▪ E-Signature Intake<br>▪ Verifications with External Data Sources<br>▪ Household Deduction Calculation (Annual / Monthly)<br>▪ Interface with MMIS<br>▪ Saving Application Progress<br>▪ Enter Pregnancy Due Date (Prospective)<br>▪ Enter Date Pregnancy Ended (Post-Partum)<br>▪ Submit Application |

# Sub-Functions Included in Phase 1 (cont.)

*The following sub-functions were included in the Phase 1 assessment.*

| Function | Sub-Functions |
|---|---|
| **Eligibility** | ▪ Determine MNsure Participation Eligibility<br>▪ Determine Medicaid/MinnesotaCare Eligibility and MinnesotaCare Premium<br>▪ Determine Coverage Start/End Dates for Medicaid/MinnesotaCare Eligibility<br>▪ Determine APTC Eligibility<br>▪ Calculate APTC<br>▪ Set Coverage Begin and End Dates for APTC<br>▪ Determine QHP Eligibility<br>▪ Set Coverage Start and End Date for QHP<br>▪ Determine Basic Health Program Eligibility<br>▪ Set CSR Tier<br>▪ Adverse Action<br>▪ Change Reporting Triggering Special Enrollment Period<br>▪ Change Reporting Not Triggering Special Enrollment Period |
| **Plan Selection and Enrollment** | ▪ Display All Plans with Premiums Based on Age / Tobacco / Zip<br>▪ Add and Remove Plans from Shopping Cart<br>▪ Ability to Select APTC Amount, Which Defaults to the Maximum<br>▪ Determine Coverage Effective Date<br>▪ Display Plan Information (Benefits, Cost Share, Premium, etc.)<br>▪ Child Only Plans<br>▪ Submit Enrollment<br>▪ 834 / 999<br>▪ Medicaid Enrollment File<br>▪ Monthly Reconciliation<br>▪ Dis-enrollments and Terminations<br>▪ 834 / MMIS Update Transaction Generation and Accuracy<br>▪ Year Round Enrollment for Medicaid/MinnesotaCare |

# Sub-Functions Included in Phase 1 (cont.)

*The following sub-functions were included in the Phase 1 assessment.*

| | Function | Sub-Functions |
|---|---|---|
|  | **Worker Portal** | ▪ Medicaid Re-determination<br>▪ Process Paper Applications<br>▪ Picking up Applications Started Elsewhere (Inbox Functions)<br>▪ Identify Missing Information in Applications<br>▪ Worker View of Information Regarding Consumer<br>▪ Data Seen in Worker Portal Matches What Was Entered in Citizen Portal<br>▪ Search for Case<br>▪ Add / Edit Customer Information<br>▪ Initiate Eligibility Determination<br>▪ Override Eligibility Determination<br>▪ Remove Primary Applicant<br>▪ Change Primary Applicant SSN<br>▪ Process Life Changes<br>▪ Worker Creation of Client Account<br>▪ Edit Document Verification Status (Verified, Pending, Rejected, etc.)<br>▪ Worker Selection of Program and Eligibility Dates<br>▪ Cross-Case Eligibility Check<br>▪ Ability to Set and Extend Correct Verification Time Period |
|  | **Plan Management** | ▪ Publishing Plans |
|  | **Broker and Navigator** | ▪ Authorize / Deauthorize Broker or Navigator to Complete Application on Behalf of a Customer<br>▪ Inclusion of Broker Information on Outbound 834<br>▪ Broker Assignment / Link to Application |

# Sub-Functions Included in Phase 1 (cont.)

*The following sub-functions were included in the Phase 1 assessment.*

| | Function | Sub-Functions |
|---|---|---|
|  | **Notices** | ▪ Appropriate Triggers<br>▪ Notice Data Accuracy<br>▪ Ability to Generate Paper Correspondence<br>▪ Automated Batches for Notices |
|  | **Premium Payment and Invoicing** | ▪ Premium Invoice Generation for MinnesotaCare<br>▪ Premium Payment for MinnesotaCare |

# Appendix B:

# Scenarios Developed

## Phase 1 Functionality Scenarios

*The following scenarios were developed for demonstration of Phase 1 functionality May 6-8, 2014.*

| No. | Scenario Description |
|---|---|
| 1 | A married couple applies through MNsure.org outside of open enrollment (for QHPs) and is determined eligible for MAGI Medicaid. |
| 2 | A few months later, the same couple from above reports an increase in income, which triggers an open enrollment period, and they enroll in a QHP with APTC and CSR. |
| 3 | A few months after that, the same couple from above reports a pregnancy and the pregnant woman becomes Medicaid eligible again. |
| 4 | A three generation household applies for healthcare together where the grandmother files taxes and claims all others in the household as her tax dependents. The entire household qualifies for Medicaid based on households composed from tax filer rules. |
| 5 | A three generation household applies for healthcare together where no one files taxes. The entire household qualifies for Medicaid based on households composed from non-filer rules. |
| 6 | A married couple and their child apply for financial help using a paper application. They are determined APTC eligible, but their income is not reasonably compatible with the Federal Data Services Hub (FDSH) data. After being determined eligible they do not select a plan. The couple then separates and the husband submits a separate application for himself and the child. The worker removes the child and husband from the initial application and runs eligibility for the new application. The wife's eligibility is rerun and she selects a plan. The husband and wife later reunite and the case is merged into the husband's case. |

# Phase 1 Functionality Scenarios (cont.)

*The following scenarios were developed for demonstration of Phase 1 functionality May 6-8, 2014.*

| No. | Scenario Description |
|---|---|
| 7 | A man previously enrolled in a QHP plan reports the adoption of a child. Two months later, he reports that he is married and wants to add his domestic partner to his QHP. Two months later his partner reports his death and reports an address change. |
| 8 | An individual attempts to create an account on MNsure.org, but is incarcerated so is unable to use the exchange. |
| 9 | An individual attempts to create an account on MNsure.org, but is a permanent resident and has MEC so is unable to use the exchange. |
| 10 | A married couple applies for healthcare with a child of the wife from a previous relationship and the younger brother of the husband. The couple and the child are determined eligible for QHP with APTC/CSR and the husband's brother is determined eligible for Medicaid. |
| 11 | In an alternative scenario to Scenario 10, the husband's brother has income of his own and becomes eligible for and enrolls in a child-only QHP plan. |
| 12 | Separately from the individuals in Scenario 10 and 11, the non-custodial parent father of the child in Scenario 10 applies for healthcare with his adult sister, who is unable to gain healthcare on the same case and must apply separately. |

# Phase 1 Functionality Scenarios (cont.)

*The following scenarios were developed for demonstration of Phase 1 functionality May 6-8, 2014.*

| No. | Scenario Description |
|---|---|
| 13 | Non-marital co-parents with one child-in-common and each having one child from a previous relationship, apply for healthcare together. All members of the household, except the father, qualify for Medicaid. The father's child qualifies for disability Medicaid and is referred to DHS. The father qualifies for APTC and CSR. The father then shops for a plan and selects and enrolls in a QHP. |
| 14 | At a point after being enrolled, the father from Scenario 13 fails to pay a premium and his enrollment and APTC/CSR eligibility are terminated. |
| 15 | A household applies for healthcare through the Citizen portal and receives eligibility results. This household then reports a change to a worker and has eligibility re-determined. The results of this scenario are compared that those of Scenario 16. |
| 16 | A household applies for healthcare through a worker and receives eligibility results. This household then reports a change online and has eligibility re-determined. The results of this scenario are compared to those of Scenario 15. |
| 17 | Validate that the eligibility results from Scenarios 15 and 16 are the same regardless of where the eligibility is determined (Citizen portal or Worker portal). |
| 18 | MNsure conducts a monthly reconciliation process with multiple issuers to confirm that all applicants who have enrolled through MNsure have been enrolled by the appropriate issuers and that all payments are reconciled. |

# Phase 1 Functionality Scenarios (cont.)

*The following scenarios were developed for demonstration of Phase 1 functionality May 6-8, 2014.*

| No. | Scenario Description |
|---|---|
| 19 | A family presently receiving Medicaid on MAXIS comes up for renewal; a redetermination is conducted and additional information is requested. Once that information is received, they are renewed on MNsure and found Medicaid eligible. |
| 20 | MNsure renews the QHP enrollees in Scenario 11 after one year has passed. |
| 21 | MNsure renews the Medicaid case from Scenario 4 after one year has passed. |
| 22 | MNsure renews the mixed household case from Scenario 15 after one year has passed. |

# Appendix C:

# Interviews Conducted

## Interviews Conducted

*The following interviews were conducted with State and vendor attendees.*

| No. | Organization | Interview Subject | Interview Date |
|---|---|---|---|
| 1 | MNsure, DHS, MN.IT, IBM/Cúram, Connecture, EngagePoint, PwC | Scenarios 1-2* | May 6, 2014 |
| 2 | MNsure, DHS, MN.IT, IBM/Cúram, Connecture, EngagePoint, PwC | Scenarios 3-7* | May 6, 2014 |
| 3 | MNsure | Functionality gaps: business requirements status | May 7, 2014 |
| 4 | DHS, MN.IT | Conversion | May 7, 2014 |
| 5 | MNsure, DHS, MN.IT, IBM/Cúram, Connecture, EngagePoint, PwC | Scenarios 8-12* | May 7, 2014 |



**Please see Appendix B for scenario descriptions.*

## Interviews Conducted (cont.)

*The following interviews were conducted with State and vendor attendees.*

| No. | Organization | Interview Subject | Interview Date |
|---|---|---|---|
| 6 | MNsure, DHS, MN.IT, IBM/Cúram, Connecture, EngagePoint, PwC | Scenarios 13-18* | May 7, 2014 |
| 7 | MNsure, DHS, MN.IT, IBM/Cúram, Connecture, EngagePoint, PwC | Scenarios 19-22* | May 7, 2014 |
| 8 | MNsure, DHS, MN.IT, IBM/Cúram, Connecture, EngagePoint, PwC | Renewals, open enrollment, miscellaneous scenario follow-ups | May 8, 2014 |
| 9 | MN.IT | Review of current status of Medicaid enrollment file | May 13, 2014 |
| 10 | MNsure | Eligibility/enrollment topic follow-ups | May 13, 2014 |
| 11 | DHS | Review of invoicing and payment processing for MinnesotaCare | May 13, 2014 |
| 12 | MNsure, DHS | Review of processes for worker selection of program and eligibility dates | May 13, 2014 |



**Please see Appendix B for scenario descriptions.*

## Interviews Conducted (cont.)

*The following interviews were conducted with State and vendor attendees.*

| No. | Organization | Interview Subject | Interview Date |
|---|---|---|---|
| 13 | MNsure | Review of plan publication functionality | May 15, 2014 |
| 14 | IBM/Cúram | Functionality identified during scenarios identified to be implemented in future releases | May 16, 2014 |
| 15 | EngagePoint | Functionality identified during scenarios identified to be implemented in future releases | May 16, 2014 |
| 16 | DHS | Demonstration observation clarifications | May 21, 2014 |
| 17 | MNsure | Demonstration observation clarifications | May 21, 2014 |
| 18 | IBM/Cúram | Functionality identified during scenarios identified to be implemented in future releases | May 22, 2014 |
| 19 | Connecture | Functionality identified during scenarios identified to be implemented in future releases | May 23, 2014 |
| 20 | EngagePoint | Functionality identified during scenarios identified to be implemented in future releases | May 23, 2014 |