

## 3.0 ELIGIBILITY AND ENROLLMENT

Blueprint Application

November, 2012

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### 3.1 Single streamlined application(s) for Exchange and SHOP

#### **Description**

The Minnesota Exchange intends to implement the HHS-developed application to determine eligibility and collect information that is necessary for enrollment in a QHP for the individual market and for Insurance Affordability Programs as specified in 45 CFR 155.405. The Minnesota Exchange intends to use the model HHS-developed single employer and single employer applications per 45 CFR 155.730 (see Open Policy Decisions below).

Minnesota participated in monthly web meetings with the Medicaid and CHIP Learning Collaborative exploration of application data elements and provided input regarding application process models and data elements. Minnesota also participated in the CMS-led Federal/State Application Workgroup, which met via web conference monthly throughout Spring and Summer 2012. This group explored the draft application process flows and data elements. In addition, Minnesota has participated on CCIO/CMS sponsored Blueprint Deep Dive sessions.

Based on these experiences, continued review of the Medicaid, Internal Revenue Service and Exchange final regulations, as well as participation in many CMS webinars and conference calls, Minnesota refined documentation of business requirements for the Insurance Affordability Programs in the “Application Form Policy Analysis Document”.

Minnesota has solicited input from stakeholders regarding the development and implementation of the single streamlined application. For example, Medicaid representatives presented and discussed federal requirements, options, and considerations for a single, streamlined application for Insurance Affordability Programs with the Health Care Eligibility & Access External Partner Advisory Group on October, 18, 2012. See “MACSSA Fall Conference Presentation” document in Section 3.2.

#### **Documentation**

<u>Document</u>	<u>Description</u>
<b>3_1 Single Streamlined Application Data Elements</b>	This document contains a draft list of data elements applicants will need to submit to receive eligibility determinations. The online application will be dynamic and tailor the amount of data required from an applicant based on the applicant’s circumstances and responses to particular questions. The paper application will be static but will collect only the data required to determine eligibility.
<b>3_1 Application Form Policy Analysis Document</b>	This document specifies the forms that can be used to apply for Qualified Health Plan (QHP) enrollment, Insurance Affordability Programs (IAPs) and non-MAGI Medicaid.
<b>MN Technical</b>	The Minnesota Health Insurance Exchange will leverage the technical infrastructure

<b>Infrastructure Contract</b>	contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.1, the areas within the contract referenced for this area are:  Exhibit A – Business Functional Requirements,  <i>Pages 1-2, Section I</i>  <i>Pages 5-6, Section III. c. 2. 2.[sic]</i>  <i>Page 17, Section V. 5.</i>  <i>Page 18. Section V. 11.</i>
<b>Business Process Models</b>	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, individual, employee, and employer process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.

### Open Policy Decisions

Minnesota intends to use the HHS-developed applications for IAP and SHOP, but given that they have not yet been released, Minnesota reserves the right to submit state developed applications for HHS review and approval.

## 3.2 Coordination strategy with Insurance Affordability Programs and SHOP

### Description

The Minnesota Exchange has an established coordination strategy with other agencies administering Insurance Affordability Programs and the SHOP that enables the Exchange to carry out eligibility and enrollment activities. Interagency agreements (IAs) have been approved between Minnesota's Exchange and Minnesota's Department of Human Services, which is Minnesota's Medicaid Agency. These IAs describe a single streamlined process and IT system for eligibility and enrollment for Insurance Affordability Programs and SHOP, specify cost allocation agreements, and provide the framework for future IAs and amendments as necessary.

Minnesota has an Exchange Interagency Structure that was created to effectively execute design, development, and implementation activities for the Minnesota Exchange that involve multiple agencies, create an efficient process for decision making and issue resolution, and establish clear communication, coordination, project management, and documentation mechanisms. Within this interagency structure

## Minnesota Health Insurance Exchange Blueprint Application Documentation

are work groups for eligibility and enrollment to ensure a single streamlined process for eligibility and enrollment.

Representatives from the Exchange and Medicaid agencies attend monthly meetings with county agency directors (Minnesota Association of County Social Service Agencies) to present health care reform updates and solicit input and feedback regarding coordination of Exchange and local county agency activities. Minnesota engaged county agency leaders in discussion of MN Exchange and Medicaid at the MACSSA Fall Conference on October 3, 2012.

### Documentation

<u>Document</u>	<u>Description</u>
<b>3_2 MACSSA Fall Conference Presentation</b>	This document is a presentation from the Minnesota Association of County Social Service Agencies' Fall Conference, which was executed collaboratively by the Medicaid and Exchange agencies. The presentation engaged county agencies in thought and discussion of their role in Medicaid and interaction with the MN Exchange.
<b>3.2 RACI</b>	This document provides a draft construct for roles and responsibilities across the Medicaid and Exchange business units.
<b>HIX/DHS IAA</b>	Interagency agreement between Minnesota Department of Human Services and Minnesota Health Insurance Exchange.
<b>3_2 Interagency Structure</b>	This document shows the interagency structure and describes the charge of the work groups.
<b>Business Process Models</b>	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, individual, employee, and employer process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.
<b>Gap Analysis</b>	The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.

### 3.3 Applications, updates, acceptance, and processing and responses to redeterminations

#### Description

The Minnesota Health Insurance Exchange is envisioning a comprehensive customer service solution with multiple modes of assistance for applications, updates, and redeterminations including web, phone, in-person, and mail focused on providing outstanding customer service to meet or exceed the expectations and requirements of those who interact with the Exchange, including those with disabilities and limited English proficiency. The ultimate design and organizational model of the overall

## Minnesota Health Insurance Exchange Blueprint Application Documentation

customer service solution will be determined based on governance and policy decisions made early in the 2013 legislative session including the roles of navigators, agents/brokers, counties, tribes, and others, overall HIX technology functionality and resource plans, and outreach and marketing activities. Please refer to sections 2.4 and 2.6 through 2.8 for more detailed information on customer assistance via phone, in-person, and mail.

The operating models for in-person, phone, and mail assistance determined early in the 2013 legislative session will link into the MAXIMUS contract and development underway on the Exchange IT application. Requirements for the Exchange application and infrastructure environment are identified in Exhibits A and B of the IT Master Contract. The Enterprise business process model identifies the points of interaction planned between the in-person, phone, and mail modes of the overall customer service solution to the Exchange IT application.

### Documentation

<u>Document</u>	<u>Description</u>
<b>Business Process Models</b>	These Enterprise end-to-end process models document the planned flow of exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please refer to the Enterprise model for this section
<b>MN Technical Infrastructure Contract</b>	<p>The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.3, the areas within the Contract referenced for this area are:</p> <p>Exhibit A – Business Functional Requirements <i>Pages 1-2, Section I</i> <i>Pages 5-6, Section III. c. 2. 2.[sic]</i> <i>Page 6, Section III. d.</i> <i>Page 7, Section III. d. 10.</i> <i>Page 14, Section III. d. 14</i> <i>Page 14, Section III. f. 7.</i> <i>Page 38, Section IX. d. 3.</i></p> <p>Exhibit B – Technical Requirements <i>Pages 15-16, Section II. k. 9.</i></p>
<b>Gap Analysis</b>	The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.

### Open Policy Decisions

The design and organizational model of the overall customer service solution will be determined based on governance, financing, and policy decisions including the roles of navigators, agents/brokers, counties, tribes, and others, made early in the 2013 legislative session. Decisions on the customer

assistance structure for in-person, phone, and mail will be completed on or before March 31, 2013 with development starting on or before April 1, 2013, operation on or before October 1, 2013, and improvements into 2014.

### 3.4 Notices, data matching and annual redeterminations

#### **Description**

The Minnesota Exchange will have the capacity to generate and send notices, including notices in alternate formats and multiple languages, pursuant to 45 CFR 155, subpart D, conduct periodic data matching pursuant to 45 CFR 155, subpart D and act on the results of the data matching, and conduct annual redeterminations and process responses through all channels pursuant to 45 CFR 155, subpart D.

The attached documents include policy analysis performed by our Medicaid agency which documents renewal and processing requirements. The IT contract and business process models specify the requirements and structural processes for notices, data matching, and redeterminations.

#### **Documentation**

<u>Document</u>	<u>Description</u>
<b>3_4 Renewals Overview Policy Analysis Document</b>	This document provides a general overview of policies associated with renewal processing for Qualified Health Plan (QHP) enrollment, the Insurance Affordability Programs (IAPs) and non-MAGI Medicaid.
<b>3_4 Medicaid Renewal Timelines</b>	This document contains the timeline for the MAGI Medicaid renewal process.
<b>Business Process Models</b>	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, individual, employee, and employer process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.
<b>MN Technical Infrastructure Contract</b>	<p>The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.4, the areas within the Contract referenced for this area are:</p> <p>Exhibit A – Business Functional Requirements</p> <p><u>3.4a</u>                      Page 3. Section II. 2.                      Page 7. Section III. d. 5.                      Page 18. Section V. 8-9</p> <p><u>3.4b</u>                      Page 4-5, Section II. 2. A. i. 1.</p>

	<p><i>Page 5-6, Section III. c. 2. C. D. E. F. G.</i>  <i>Page 8. Section III. d. 17</i>  <i>Page 9. Section III. d. 26</i></p> <p><u>3.4c</u>  <i>Page 7, Section III. d. 8. 9.</i></p> <p><i>Exhibit B – Technical Requirements</i>  <i>Pages 15-16, Section II. k. 9.</i></p> <p><i>Exhibit D – Data Sharing Agreement</i></p>
<b>Gap Analysis</b>	<p>The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.</p>

### Open Policy Decisions

We are awaiting federal guidance on the issuance and content of the annual redetermination notice within the Exchange (page 18367 Federal Register /Vol. 77, No. 59).

## 3.5 Verifications

### Description

Minnesota has engaged in analysis and evaluation of verification policy requirements and has produced reference documents which will inform the creation of our verification plan per § 435.945(j). The Minnesota Exchange will have the capacity to conduct verifications pursuant to 45 CFR 155, subpart D, and will connect to data sources, such as the Federal Data Services Hub, and other sources as needed. The referenced documents below contain current verification evaluations. The IT contract and business process models specify the requirements and structural processes for verifications.

### Documentation

<u>Document</u>	<u>Description</u>
<b>3_5 Verifications Overview Policy Analysis Document</b>	This document provides high-level information regarding verifications including information regarding advance premium tax credit (APTC) compliance and the personal exemption verification.
<b>3_5 Verification Procedures in the Minnesota State-Based Exchange</b>	This document summarizes the verification procedures that the Minnesota Exchange expects to follow, including the electronic data sources it intends to access.
<b>Business Process Models</b>	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please

	<p>reference the Enterprise, individual, employee, and employer process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.</p>
<p><b>MN Technical Infrastructure Contract</b></p>	<p>The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.5 the areas within the Contract referenced for this area are:</p> <p>Exhibit A – Business Functional Requirements</p> <p><i>Pages 1-2, Section I.</i></p> <p><i>Page 3, Section II. 1</i></p> <p><i>Page 5-6, Section III. c. 2. B-H</i></p> <p>Exhibit D –Data Sharing Agreement</p>
<p><b>Gap Analysis</b></p>	<p>The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.</p>

### Open Policy Decisions

We are awaiting federal guidance on verification policies, procedures, and data elements. Minnesota will develop a Medicaid/CHIP verification plan that describes verification policies and procedures using the required federal template when it is issued. Minnesota’s verification plan will be informed by pending federal guidance regarding verifications data elements available through the federal hub.

Whether verification of residency and incarceration is done via self-attestation or by electronic data sources approved by HHS will be determined in the 2013 legislative session. Whether to allow the Exchange access to other Minnesota state agency databases to perform data verifications for eligibility determinations will be determined in the 2013 legislative session.

## 3.6 Document acceptance and processing

### Description

The Minnesota Exchange will have the appropriate privacy protections and capacity to accept, store, associate, and process documents received from individual applicants and enrollees electronically, and will have the ability to accept, image, upload, associate, and process paper documentation received

from applicants and enrollees via mail and/or fax. The IT contract and business process models specify the requirements and structural processes for document acceptance and processing. See sections 10.0 for detail on privacy and security for document acceptance and processing.

### Documentation

<u>Document</u>	<u>Description</u>
<b>MN Technical Infrastructure Contract</b>	<p>The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.6 the areas within the Contract referenced for this area are:</p> <p>Exhibit A – Business Functional Requirements</p> <p><i>Page 5, Section III. c. 1.</i></p> <p><i>Page5, Section III. c. 2. A</i></p> <p><i>Page 6, Section III. c. H.</i></p> <p><i>Page 36-37, Section IX. b. c</i></p> <p><i>Page 39, Section IX. h.</i></p> <p>Exhibit B – Technical Requirements and Module Definition and Scope</p> <p><i>Page2, Section II. a. 13.</i></p> <p><i>Page 4, Section II. b. 17.</i></p> <p>Exhibit D –Data Sharing Agreement</p>
<b>Business Process Models</b>	<p>These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, individual, employee, and employer process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.</p>
<b>Gap Analysis</b>	<p>The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.</p>



### 3.7 Eligibility determinations

#### **Description**

The Minnesota Exchange will have the capacity to determine individual eligibility for enrollment in a QHP through the Exchange and for employee and employer participation in the SHOP. In addition, the Minnesota Exchange will have the capacity to determine eligibility for Medicaid and CHIP based on Modified Adjusted Gross Income (MAGI).

Minnesota has participated in all HHS eligibility webinars and conference calls to date, including weekly State Network calls, monthly CMS Eligibility TAG calls, and State Operations Technical Assistance (SOTA) calls. Minnesota has participated in the Expanding Coverage Medicaid and CHIP Learning Collaborative.

The Exchange also works closely with Minnesota’s Health Care Reform Task Force, created by the Governor, to develop strategies that improve access to health care, lower costs through payment reform, and improve health care outcomes and address disparities. The Task Force also established the Access Work Group to evaluate state options for the Medicaid Expansion and coverage options for Minnesotans between 138% and 200% of federal poverty guidelines.

Minnesota has created over 90 policy documents to specify the “as is” and “to be” business requirements for Insurance Affordability Program (IAP) eligibility in the Exchange. Medicaid and Exchange staff continually review and refine these documents as federal guidance is received, components of eligibility are defined or clarified, and outstanding issues and questions are resolved. The attached documents includes our policy analysis related to this section. The IT contract and business process models specify the requirements and structural processes for eligibility determinations.

#### **Documentation**

<u>Document</u>	<u>Description</u>
<b>3_7 MN Policy Documents by Topic</b>	This document is a list of the policy documents that have been created to specify policies and business rules to implement the ACA and the MN Exchange. Each item represents a policy analysis document.
<b>3_7 SSN Policy Analysis</b>	This is a sample of a policy analysis document that has been created to specify the business rules to implement the ACA and the MN Exchange.
<b>3_7 Possible IAP Eligibility Determination in Minnesota (Draft) – Medicaid Path</b>	This document provides a high-level model of Insurance Affordability Programs (IAPs) eligibility determination with a Medicaid path.
<b>Business Process Models</b>	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, individual, employee, and employer process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also

	available, but may not be released publicly due to intellectual property protections under the contract.
<b>MN Technical Infrastructure Contract</b>	<p>The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.7 the areas within the Contract referenced for this area are:</p> <p>Exhibit A – Business Functional Requirements</p> <p><i>Pages 1-2, Section I.</i></p> <p><i>Pages 5-6, Section III. c. 2. A-H.</i></p> <p><i>Pages 6-9, Section III. d.</i></p> <p><i>Page17, Section V. a-b</i></p> <p>Exhibit B – Technical Requirements and Module Definition and Scope</p> <p>Exhibit D –Data Sharing Agreement</p>
<b>3_7 Access WG Criteria for Coverage_Adult 138_205</b>	This document evaluates options for Minnesota to expand Medicaid coverage either through a Basic Health Plan option or through supplementing commercial coverage costs and benefit sets in the Exchange.
<b>3_7 Expansion Options Presentation</b>	Slide show providing information on ACA options for Medicaid expansion.
<b>Gap Analysis</b>	The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.

### Open Policy Decisions

Whether Minnesota will expand Medicaid to individuals with MAGI-based income up to 138% FPL and whether Minnesota will establish a Basic Health Plan or other supports for those between 138% and

We are awaiting federal guidance in the following areas:

- Definition of “lawfully present” as it relates to Medicaid, CHIP, and the Exchange (page 18314 Federal Register /Vol. 77, No. 59)
- Standards related to electronic notices and coordination of notices between the Exchange, Medicaid and CHIP (page 18336 Federal Register /Vol. 77, No. 59)

## Minnesota Health Insurance Exchange Blueprint Application Documentation

- Definition of “reasonably expected” to be a citizen, national or non-citizen who is lawfully present for the entire period for which enrollment is sought (page 18350 Federal Register /Vol. 77, No. 59)
- Individuals leaving incarceration (page 18350 Federal Register /Vol. 77, No. 59)
- Timeliness standards for eligibility determinations (page 18352 Federal Register /Vol. 77, No. 59)
- What is considered “satisfactory evidence” in regards to documents that may be used to support verification (page 18358-18359 Federal Register /Vol. 77, No. 59)
- Detail on what is “reasonably compatible” (page 18359 Federal Register /Vol. 77, No. 59)
- Authentication process to verify an individual’s identity (page 18387 Federal Register /Vol. 77, No. 59)
- Clarification of the meaning of “living with” in the context of the non-filer household composition rules (page 17156 Federal Register Vol. 77, No. 57)
- Residency for institutionalized individuals (page 17160-17161 Federal Register Vol. 77, No. 57)
- Converting current income standards to MAGI-equivalent standards (page 17190 Federal Register Vol. 77, No. 57)
- CHIP specific issues related to changes under ACA, such as the policy for waiting periods, MOE, essential health benefits, etc. (page 17194 Federal Register Vol. 77, No. 57)
- Deemed newborn eligibility for babies born to mothers eligible for CHIP (page 17193 Federal Register Vol. 77, No. 57)

### 3.8 Eligibility determinations for APTC and CSR

#### **Description**

The Minnesota Exchange will have the capacity to determine eligibility for Advance Payments of the Premium Tax Credit (APTC) and Cost Sharing Reductions (CSR), including calculating maximum APTC via use of a Federally-managed service. Minnesota has created over 90 policy documents to specify the “as is” and “to be” business requirements for Insurance Affordability Program (IAP) eligibility in the Exchange. Medicaid and Exchange staff continually review and refine these documents as federal guidance is received, components of eligibility are defined or clarified, and outstanding issues and questions are resolved. The attached documents includes our policy analysis related to this section. The IT contract and business process models specify the requirements and structural processes for eligibility determinations for APTC and CSR.

#### **Documentation**

<u>Document</u>	<u>Description</u>
<b>3_8 QHP Enrollment Period Policy Analysis</b>	This document specifies the policy requirements regarding the QHP enrollment period.

<b>Business Process Models</b>	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise and individual process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.
<b>MN Technical Infrastructure Contract</b>	<p>The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.8 the areas within the Contract referenced for this area are:</p> <p>Exhibit A – Business Functional Requirements  <i>Page 1, Section I.</i>  <i>Page 5-6, Section III. c. 2. A-H</i>  <i>Pages 6, Section III.d.</i></p> <p>Exhibit B – Technical Requirements and Module Definition and Scope                  Exhibit D –Data Sharing Agreement</p>
<b>Gap Analysis</b>	The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.

### 3.9 Applicant and employer notification

#### **Description**

The Minnesota Exchange will have the capacity to independently send notices, as necessary, to applicants and employers pursuant to 45 CFR 155 subpart D that are in plain language, address the appropriate audience, and meet content requirements. Minnesota has created over 90 policy documents to specify the “as is” and “to be” business requirements. Medicaid and Exchange staff continually review and refine these documents as federal guidance is received, components of eligibility are defined or clarified, and outstanding issues and questions are resolved. The attached documents includes our policy analysis related to this section. Minnesota’s Exchange technical infrastructure contract and business process models include the requirements and processes for notice generation and issuance.

#### **Documentation**

<u>Document</u>	<u>Description</u>
<b>3_9 Client Notice Policy Analysis Document</b>	This document specifies the policy requirements regarding customer notices for Qualified Health Plan eligibility and Insurance Affordability Programs within the Minnesota Exchange.

<p><b>Business Process Models</b></p>	<p>These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, individual, employee, and employer process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.</p>
<p><b>MN Technical Infrastructure Contract</b></p>	<p>The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.9 the areas within the Contract referenced for this area are:</p> <p>Exhibit A – Business Functional Requirements  <i>Page 3. Section II. 2.</i>  <i>Page 7. Section III. d. 5.</i>                  Page 18. Section V. b. 8-9, 11.b.</p> <p>Exhibit B – Technical Requirements and Module Definition and Scope                  Exhibit D –Data Sharing Agreement</p>
<p><b>Gap Analysis</b></p>	<p>The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.</p>

**Open Policy Decisions**

We are awaiting federal guidance on the notification sent to an employee who is determined eligible for APTC (page 18357 Federal Register /Vol. 77, No. 59)

**3.10 Individual responsibility requirement and payment exemption determinations**

**Description**

The Minnesota Exchange will have the capacity to accept applications and updates, conduct verifications, and determine eligibility for individual responsibility requirement and payment exemptions independently or through the use of Federally-managed services. Minnesota has created over 90 policy documents to specify the “as is” and “to be” business requirements for Insurance Affordability Program (IAP) eligibility in the Exchange. Medicaid and Exchange staff continually review and refine these documents as federal guidance is received, components of eligibility are defined or clarified, and outstanding issues and questions are resolved. The attached documents includes our policy analysis related to this section. The IT contract and business process models specify the requirements and structural processes for eligibility determinations.

## Documentation

<u>Document</u>	<u>Description</u>
<b>3_10 Individual Mandate Overview Policy Analysis Document</b>	This document provides a general overview of the individual mandate and penalty exemptions.
<b>3_10 Personal Exemption Verification Policy Analysis</b>	This document specifies the requirements regarding exemption from the individual mandate to maintain health insurance.
<b>Business Process Models</b>	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise and individual process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.
<b>MN Technical Infrastructure Contract</b>	<p>The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.10 the areas within the Contract referenced for this area are:</p> <p>Exhibit A – Business Functional Requirements  <i>Page 1, Section I.</i>  <i>Page 3, Section III. a. 1.</i>  <i>Page 6, Section III. d. 1</i>  <i>Page 7, Section III. d. 3.</i></p> <p>Exhibit B – Technical Requirements and Module Definition and Scope  <i>Page 12, Section II. i. 10</i></p> <p>Exhibit D –Data Sharing Agreement</p>
<b>Gap Analysis</b>	The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.

## Open Policy Decisions

We are awaiting federal guidance on Certificates of Exemption from the Insurance Mandate (page 18324 Federal Register /Vol. 77, No. 59)

### 3.11 Eligibility appeals

#### **Description**

The Minnesota Health Insurance Exchange will assure that all individuals, employers (SHOP), and employees (SHOP) who access the Exchange are provided all applicable due process rights regarding eligibility determinations made through the Exchange.

While the final Exchange regulations identified that additional federal guidance, including federal regulations, would be forthcoming regarding the content and manner of appeals of eligibility determinations by exchanges, the Exchange assumes, based on current federal guidance, that, at a minimum, the Exchange must have the capacity to support appeals of the following determinations made through the Exchange:

1. Eligibility for enrollment in a Qualified Health Plan (“QHP”);
2. Eligibility for QHP enrolment period;
3. Eligibility for Medicaid;
4. Eligibility for Children’s Health Insurance Program (“CHIP”);
5. Eligibility for Basic Health Plan (“BHP”) (if applicable);
6. Eligibility for Advance Payment of the Premium Tax Credit (“APTC”);
7. Eligibility for Cost Sharing Reductions (“CSR”);
8. Eligibility for Small Business Health Options Program (“SHOP”) for an employer;
9. Eligibility for SHOP for an employee; and
10. Eligibility for individual responsibility mandate exemption.

While the Exchange appeals process will be clearly defined and implemented by 10/1/2013, this process will likely not be fully automated within the Exchange solution. Instead, within the functionality of the Exchange solution individuals, employers and employees will have the ability to submit an appeal, the applicable adjudicating entity will have the ability to submit its final decision, and this eligibility decision will be implemented in the account of the respective individual, employer or employee. The other aspects of the Exchange appeals process will likely be implemented external to the Exchange solution. An appeals process currently exists for Eligibility for Medicaid and Children’s Health Insurance Program (CHIP) in the state of Minnesota the Exchange plans on utilizing or leveraging along with other fully developed and long-standing programs within MN State agencies specifically defined for these two programs.

Additionally, metrics regarding the Exchange appeals process will serve to inform Exchange oversight and monitoring functions and will enable the Exchange to support continuous improvements to both the Exchange Solution and the Appeals process.

#### **Documentation**

<u>Document</u>	<u>Description</u>
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<b>3.11 Eligibility Appeals Work Description</b>	Description of activities to date MN HIX has completed on Eligibility Appeals and the approach to completing the deliverable
<b>3.11 Appeals Process flow(s)</b>  <b>(3 quantity)</b>	Three process flows detailing the high level steps: pre-appeals process, appeals process, and post-appeals process
<b>Citation to the state laws describing DHS current appeals</b>	Document listing links to public state laws and Department of Human Services (DHS) current appeals process
<b>MN Technical Infrastructure Contract</b>	<p>The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to <i>section 3.11 Eligibility Appeals</i>, the areas within the Contract referenced for this area are:</p> <p>Exhibit A – Business Functional Requirements</p> <p><i>Page 7, Section III.d.5</i></p> <p><i>Page 7, Section III.d.7.A-D</i></p> <p><i>Page 13, Section III.f.2.A</i></p> <p><i>Page 7, Section V.b.9-10</i></p>
<b>Gap Analysis</b>	The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.

**Open Policy Decisions**

We are awaiting federal guidance on the standards and processes for different types of appeals.

Currently, MN State law requires that any Medicaid eligibility determinations be heard by Department of Human Services Judges. However, for all of the non-Medicaid related determinations an entity will need to be identified and secured that can hear and adjudicate final decisions on behalf of the Exchange. The adjudication of appeals is an issue to be addressed in the 2013 legislative session.

**[3.12 QHP selections and terminations, and APTC/advance CSR information processing](#)**

**Description**

The Minnesota Exchange will have the capacity to process QHP selections and terminations in accordance with 45 CFR 155.400 and 155.430, compute actual APTC, and report and reconcile QHP



## Minnesota Health Insurance Exchange Blueprint Application Documentation

selections, terminations, and APTC/advance CSR information in coordination with issuers and CMS. This includes exchanging relevant information with issuers and CMS using electronic enrollment transaction standards including the new ASC X12 834, Benefit Enrollment and Maintenance Transaction Standard that is currently under development.

The Minnesota Exchange will have the capacity to process QHP selections and terminations using electronic enrollment transaction standards in coordination with issuers and CMS. The Minnesota Exchange will have the capacity to report and reconcile QHP selections, terminations, and APTC/advance CSR information in coordination with issuers and CMS, and compute the actual APTC. The SHOP will have the capacity to process QHP selections and terminations, including reporting and reconciling selection and termination information.

Minnesota has created over 90 policy documents to specify the “as is” and “to be” business requirements for Insurance Affordability Program (IAP) eligibility in the Exchange. Medicaid and Exchange staff continually review and refine these documents as federal guidance is received, components of eligibility are defined or clarified, and outstanding issues and questions are resolved. The attached documents includes our policy analysis related to this section. The IT contract and business process models specify the requirements and structural processes for requirements in this section.

### Documentation

<u>Document</u>	<u>Description</u>
<b>3_12 Calculating the Advance Premium Tax Credit</b>	This document is a flow chart that illustrates the steps involved in computing the APTC.
<b>Business Process Models</b>	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, individual, employee, and employer process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.
<b>MN Technical Infrastructure Contract</b>	The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.0 – 3.13 the areas within the Contract referenced for this area are:  Exhibit A – Business Functional Requirements  <u><a href="#">3.12a</a></u> <i>Page 1, Section I.</i> <i>Page 15, Section IV. a-c</i>

	<p><u>3.12b</u> Page 6, Section III. d. Page 22, Section VI. b. 1. Iii.</p> <p><u>3.12c</u> Page 15-16, Section IV. a-c</p> <p><u>3.12d</u> Pages 17-21, Section V.</p> <p>Exhibit B – Technical Requirements and Module Definition and Scope Exhibit D –Data Sharing Agreement</p>
<b>Gap Analysis</b>	<p>The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.</p>

### Open Policy Decisions

We are awaiting federal guidance on federal reporting standards and interaction with the Federal Data Services Hub.

## 3.13 Electronically report results of eligibility assessments and determinations

### Description

The Minnesota Exchange will have the capacity to electronically report results of eligibility and exemption assessments and determinations, and provide associated information to HHS and IRS. This includes information necessary to support administration of the APTC and CSR and to support the employer responsibility provisions of the Affordable Care Act. The IT contract and business process models specify the requirements and structural processes for requirements in this section.

### Documentation

<u>Document</u>	<u>Description</u>
<b>Business Process Models</b>	<p>These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, individual, employee, and employer process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.</p>
<b>MN Technical</b>	<p>The Minnesota Health Insurance Exchange will leverage the technical infrastructure</p>

<b>Infrastructure Contract</b>	contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specific to section 3.13 areas within the Contract referenced for this area are:  Exhibit A – Business Functional Requirements Page 14, Section III. f. 5. Page 31, Section VIII. a. 4. Page 35, Section VIII. f.  Exhibit B – Technical Requirements and Module Definition and Scope Exhibit D –Data Sharing Agreement
<b>Gap Analysis</b>	The gap analysis document captures the Exchange functions that are currently supported by the software packages procured through the technical infrastructure contract. In addition, the document also outlines additional configuration and integration necessary to fully support the Exchange functions detailed in Exhibit A and Exhibit B of the technical infrastructure contract.

### Open Policy Decisions

We are awaiting federal guidance on federal reporting standards and interaction with the Federal Data Services Hub.

### [3.14 In accordance with section 155.345\(i\) of the Exchange Final Rule, the Exchange must follow procedures established in accordance with 45 CFR 152.45 related to the Pre-Existing Condition Insurance Plan \(PCIP\) transition](#)

#### Description

This section does not apply. Minnesota does not have a state-based PCIP.