

ACA Milestones and Grant Application Overview

Board of Directors Meeting

Wednesday August 7, 2013

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MNsure Executive Director



ACA Blueprint Milestones



What is the Blueprint?

The Blueprint is the application describing readiness to perform Exchange activities and functions to the U.S. Department of Health and Human Services (HHS) for states seeking approval to operate a State-based Exchange.



Blueprint Submission & Status

- November 16, 2012: Deadline for States seeking to operate a State-based Exchange beginning in 2014 to submit an Exchange Blueprint.
 - HHS could approve, conditionally approve or not approve Blueprint applications.
- December 20, 2012: Letter from HHS notifying Minnesota of conditional approval status



Conditional Approval

- Demonstrate ability to perform all required Exchange activities in line with attestations in Blueprint submission
- Comply with regulations and expected progress milestones
- 3. Demonstrate sufficient legal authority to operate



Blueprint Application

- Application is an iterative process
- Once a Blueprint is submitted a State has flexibility regarding the operational and policy options that are included or referenced in the Blueprint
- A state has the opportunity to amend or add other operational or policy options not identified in the initial submission
- Minnesota posted all public Blueprint materials on our website on a rolling basis prior to submission



Blueprint Milestones

- Negotiated list of requirements for states seeking approval to operate a State-Based Exchange. States must demonstrate readiness to perform required activities and functions.
- Not a narrative, but a compilation of:
 - Attestations for completion or future completion
 - Supporting documentation (description of processes, reference files, contracts, agreements, work plans, etc.)
 - Testing files



Blueprint Sections

- 1.0 Legal Authority and Governance
- 2.0 Consumer and Stakeholder Engagement and Support
- 3.0 Eligibility and Enrollment
- 4.0 Plan Management
- 5.0 Risk Adjustment and Reinsurance
- 6.0 Small Business Health Options Program (SHOP)
- 7.0 Organization and Human Resources
- 8.0 Finance and Accounting
- 9.0 Technology
- 10.0 Privacy and Security
- 11.0 Oversight, Monitoring and Reporting
- 12.0 Contracting, Outsourcing and Agreements



1.0 Legal Authority and Governance

- Enabling authority for Exchange and SHOP
- Board and governance structure

	1.0	Submitted	Current
1.1	Establish enabling authority to operate Exchange and Small Business Health Options Program (SHOP)	3/31/2013	Complete.
1.2	Demonstrate Exchange compliance with Affordable Care Act 1311(d) and 45 CFR 155.110/ Board and governance structure established	3/31/2013	Complete



2.0 Consumer and Stakeholder Engagement and Support

- Stakeholder consultation plan
- Tribal consultation plan
- Outreach and education
- Call center
- Internet website
- Navigators
- In-person assistance program (if applicable)
- Agents/brokers (if applicable)
- Web brokers (if applicable)



	2.0	Submitted	Current
2.1	Develop stakeholder consultation plan	Complete	Complete
2.1	Initiate stakeholder consultation sessions	Complete	Complete
2.2	Submit tribal consultation plan to HHS	Complete	Complete
2.3	Develop outreach and education plan and provide materials to the public	7/1/2013	Complete
2.3	Exchange branding and media/marketing campaign launched	7/1/2013	Complete
2.3	Dissemination of outreach and education materials begins	7/1/2013	Complete
2.4	Award call center contract	4/1/2013	Not applicable
2.4	Begin the process and plan for call center training	6/10/2013	Plan for training complete, development of training materials is underway, training for call center supervisors started June 2010
2.4	Launch operational call center to handle seamless application support to consumers and can respond to requests for assistance as specified in 45 CFR 155.205(a), including through the operation of a toll-free telephone hotline	9/27/2013	
2.4 b	Provide translation and oral interpretation services, auxiliary aids, and consumer assistance services to the public	9/27/2013	



	2.0	Submitted	Current
2.5	Launch internet web site	10/1/2013	
2.6	Process in place to establish a Navigator program	4/30/2013	Complete
2.6	Release Navigator application	5/30/2013	Complete
2.6	Navigator selection	8/1/2013	Applications have been received starting 6-3-13 and are continuing to be accepted on a rolling basis
2.6	Begin Navigator enrollment activities	10/1/2013	
2.7	Establish In-person assistance program	4/30/2013	Complete
2.7	In-person assistance selection	8/1/2013	Applications have been received starting 6-3-13 and are continuing to be accepted on a rolling basis
2.7	Begin In-person assistance enrollment activities	10/1/2013	
2.8 / 2.9	Agent/broker policy established	3/31/2013	Complete
2.8 a	Establish verification process to ensure agents/brokers are in compliance with State law and licensure requirements	4/30/2013	Complete
2.8/2.9	Begin agents/brokers enrollment activities	10/1/2013	
2.8	Establish policies and procedures for agents/brokers	4/30/2013	Complete

3.0 Eligibility and Enrollment

- Single streamlined application for Exchange and SHOP
- Coordination strategy with Insurance Affordability Programs and SHOP
- Application, updates, acceptance and processing and responses to redeterminations
- Notices, data matching, annual redeterminations and response processing
- Verifications
- Document acceptance and processing
- Eligibility determinations



3.0 Eligibility and Enrollment con't

- Eligibility determinations for tax credits and cost sharing reductions
- Applicant and employer notification
- Individual responsibility requirement and payment exemption determinations
- Eligibility appeals
- Plan selections and terminations, and tax credit/cost sharing information processing
- Electronically report results of eligibility assessments and determinations



	3.0	Submitted	Current
3.1 a2	Utilize HHS' stream-lined application for individual market, may modify	Complete	Complete, we are modifying
3.1 b2	Utilize HHS' stream-lined application for SHOP, may modify	Complete	Complete, we are modifying
3.7 d	Establish capacity to accept and process applications transferred from other agencies	9/9/2013	
3.1	Establish capacity to accept applications and updates, conduct verifications, and determine eligibility for individual responsibility requirement and payment exemptions either independently or through Federally-managed services	9/9/2013	
3.2	Develop coordination strategy with State agencies, Insurance Affordability Programs and SHOP	Complete	Complete
3.3	Eligibility application in production	8/1/2013	Complete
3.3	Establish capacity to accept/process application, updates, and responses to redeterminations	9/9/2013	
3.4	Finalize plan and processes for notices	6/24/2013	Complete
3.4	Establish capacity to generate and send notices in alternate formats, conduct periodic data matching, conduct annual redeterminations, and process responses	9/9/2013	
3.5	Sign data sharing agreements	6/28/2013	Complete
3.5	Establish capacity to conduct verifications and connect to data sources as needed	9/9/2013	
3.6	Develop appropriate privacy protections for consumer information, and establish capacity to accept, store, associate, and process documents (both electronically and via mail/fax)	9/9/2013	

	3.0	Submitted	Current
3.7	Establish capacity to determine individual, employer, and employee eligibility, including capacity to assess or determine eligibility for Medicaid and CHIP based on MAGI	9/9/2013	
3.8	Establish capacity to determine eligibility for APTC and CSR either independently or through Federally-managed services	9/9/2013	
3.9	Establish capacity to independently send notices to applicants and employers	9/9/2013	
3.11	Establish appeals business process model/functional capabilities	7/8/2013	Complete
3.11	Adopt standard operating procedures (SOPs) for Appeals	7/12/2013	Complete
3.11	Establish capacity to support eligibility appeals process and implement appeals decisions for individuals, employers, and employees	9/9/2013	
3.12	Establish capacity to process Exchange and SHOP QHP selections and terminations, compute APTC/advance CSR, and report/reconcile this information with issuers and CMS	9/9/2013	
3.13	Establish capacity to electronically report results of eligibility and exemption assessments and determinations, and provide associated information to HHS, IRS, other agencies administering Insurance Affordability Programs (including APTC/CSR)	9/9/2013	

4.0 Plan Management

- Authority to perform and oversee plan certification
- Plan certification process
- Plan management system(s) or processes that support the collection of plan data
- Ensure ongoing plan compliance
- Support issuers and provide technical assistance
- Issuer recertification, decertification, and appeals
- Timeline for plan accreditation
- Plan quality reporting



	4.0	Submitted	Current
4.1	Establish appropriate authority to perform QHP certification and oversee QHP issuers	Complete	Complete
4.2	Develop QHP certification timeline and standard operating procedures	2/15/2013	Complete
4.2	Make QHP application and certification standards publically available	3/15/2013	Complete
4.2	Complete QHP certification plan submission	7/1/2013	Complete
4.2	Submit cost-sharing data to HHS	8/31/2013	
4.2 a	Establish capacity to certify QHPs in advance of the annual open enrollment period	Complete	Complete
4.2 b	Establish capacity to ensure QHPs comply with QHP certification standards	Complete	Complete
4.2 c	Establish capacity to collect, analyze, and if required, submit QHP plan variations for CSRs to the Federal government for review	Complete	Complete
4.2 d	Establish capacity to ensure QHPs meet actuarial value and essential health benefit standards	Complete	Complete
4.2 e	Establish capacity to ensure QHP compliance with market reform rules	Complete	Complete
4.3	Test and determine readiness of Plan Management IT system(s) - SERFF	3/15/2013	This was delayed for all states using SERFF by CCIIO to end of March 2013



	4.0	Submitted	Current
4.3	Develop plan management system(s) or processes to support collection of QHP issuer and plan data, facilitate QHP certification process, manage QHP issuers and plans, and integrate with other Exchange business areas	9/9/2013	
4.4	Establish capacity to ensure QHPs' ongoing compliance with QHP certification requirements, and develop process to monitor QHP performance and resolve enrollee complaints	Complete	Complete
4.4	Select complaint tracking system	2/15/2013	Complete
4.4	Operationalize complaint tracking system	10/1/2013	
4.5	Establish capacity to support and provide technical assistance to issuers	Complete	Complete
4.6	Develop process for QHP and QHP issuer recertification, decertification, and appeal of decertification determination	Complete	Complete
4.6	Establish QHP oversight and decertification standard operating procedures	8/1/2013	Complete
4.7	Develop QHP issuer accreditation timeline, system(s) and procedures to ensure QHP issuers meet accreditation requirements	Complete	Complete
4.8	Put system(s) and procedures in place to ensure QHP issuers meet minimum quality reporting certification requirements	1/1/2015	



6.0 Small Business Health Options Program (SHOP)

- Compliance with SHOP requirements
- SHOP premium aggregation
- Electronically report results of eligibility assessments and determinations for SHOP



	6.0	Submitted	Current
6.1 a	Establish capacity for SHOP to allow qualified employer to select a level of coverage	9/27/2013	
6.1 c	Establish capacity for SHOP to offer small employers only QHPs that meet requirements for the State's small group market	Complete	Complete
6.1 d	Establish capacity for SHOP to authorize uniform group participation rates, if SHOP implements minimum participation requirements	Complete	Complete
6.1 e	Establish a SHOP premium calculator that facilitates QHP comparison	Complete	Complete
6.2	Establish capacity for SHOP premium aggregation	9/9/2013	
6.2 a	Institute system to bill employers, receive employer and employee contributions toward premiums, and make aggregated premium payments to issuers	9/9/2013	
6.3	Establish capacity for SHOP to electronically report information to IRS for tax administration purposes	9/9/2013	



7.0 Organization and Human Resources

 Organizational structure and staffing resources to perform Exchange activities

	7.0	Submitted	Current
7.1	Establish organizational structure and staffing resources to perform Exchange activities	Complete	Complete
7.1	Hire core Exchange staff	Complete	Complete



8.0 Finance and Accounting

 Long-term operational cost, budget and management plan

	8.0	Submitted	Current
8.1	Acquire legal authority to generate revenue to ensure operational sustainability	3/31/2013	Complete
8.1 a	Develop a long-term operational, budget, and management plan, and establish the ability to monitor finances and track costs and revenues	Complete	Complete
8.1 b	Define methods to generate revenue	3/31/2013	Complete



9.0 Technology

- Compliance with HHS IT guidance
- Adequate technology infrastructure and bandwidth
- IV&V, quality management and test procedures



	9.0	Submitted	Current
9.1	Determine compliance of technology and system functionality with HHS IT guidance	9/27/2013	
9.2	Demonstrate functionality for plan management (PM) Exchange components (e.g., QHP evaluation and certification)	6/24/2013	Complete
9.2	Demonstrate functionality for eligibility and enrollment (E&E) Exchange components (e.g., enrollment processing, verification interfaces, rate calculator)	6/28/2013	Complete
9.2	Establish data use agreements for State and agency data sources and submit to CMS	6/28/2013	Complete
9.2	Complete development of PM Exchange components	6/28/2013	Complete
9.2	Demonstrate functionality for financial management (FM) Exchange components	6/28/2013	Complete
9.2	Complete development of E&E Exchange components	6/28/2013	Complete
9.2	Complete development of FM Exchange components	6/28/2013	Complete



	9.0	Submit	Current
9.2	Complete production environment setup	7/2/2013	Complete
9.2	Demonstrate functionality for systems supporting consumer assistance (CA) functions (e.g., call center integration, call center)	8/5/2013	Code development complete, validation in progress, testing mid August, go live 9-3
9.2	Complete development of CA Exchange components	8/5/2013	Complete
9.2	Complete Hub and partner testing on all Data Services Hub services	8/30/2013	
9.2	Establish connectivity for all required Data Services Hub services	8/30/2013	
9.2	Complete communications and security certification testing of all Data Services Hub services	8/30/2013	



	9.0	Submitted	Current
9.2	Complete preproduction testing of all Data Services Hub services	8/30/2013	
9.2	Complete systems testing and submit results to CMS for all Exchange components	8/30/2013	
9.2	Complete independent verification and validation (IV&V) testing and submit results to CMS	9/9/2013	
9.2	Ensure adequate technology infrastructure and bandwidth to support Exchange activities	9/27/2013	
9.3	Implement IV&V, quality management, and test procedures and demonstrate achievement of HHS-defined essential functionality for each Exchange activity	9/27/2013	



10.0 Privacy and Security

- Privacy and security standards policies and procedures
- Safeguards based on HHS IT guidance
- Safeguard protections for Federal information



	10.0	Submitted	Current
10.1	Establish and implement privacy and security standard policies and procedures, as specified in 45 CFR 155.260(a)-(g)	8/30/2013	
10.2	Establish and implement safeguards that ensure the critical outcomes in 45 CFR 155.260(a)(4) and comply with HHS IT guidance	9/9/2013	
10.3	Submit substantially completed Safeguard Procedures Report to IRS for approval	6/3/2013	Complete
10.3	Establish safeguards to protect the confidentiality of all Federal information received through the Data Services Hub, including, but not limited to, Federal tax information	9/9/2013	



11.0 Oversight, Monitoring and Reporting

- Routine oversight and monitoring of Exchange activities
- Track/report performance and outcome metrics related to Exchange activities
- Uphold financial integrity provisions including accounting, reporting and auditing procedures



	11.0	Submitted	Current
11.1	Draft oversight and monitoring metrics	6/28/2013	Complete
11.1 a	Establish and implement policies and procedures to perform routine oversight and monitoring of Exchange activities	9/13/2013	
11.1 b	Develop process to perform quality controls as part of oversight and monitoring of Exchange activities	9/13/2013	
11.2	Establish capacity to track and report Exchange activity performance and outcomes metrics in a format and manner specified by HHS	8/30/2013	
11.3	Establish procedures to uphold financial integrity provisions for accounting, reporting, and auditing	9/13/2013	



12.0 Contracting, Outsourcing and Agreements

Contracting and outsourcing agreements

	12.0	Submitted	Current
12.1	Issue request for proposal (RFP) for systems integrator	Complete	Complete
12.1	Issue RFP for Exchange platform	Complete	Complete
12.1	Select Systems integrator	Complete	Complete
12.1	Select Exchange platform(s)	Complete	Complete
12.1	Establish contracting, outsourcing, and privacy agreements	Complete	Complete
12.1	Select IV&V contractor	2/1/2013	Complete



Grant Application



Level 2 Grant Application

MNsure is requesting grant funds for 2014 operations, including:

- Legal Authority and Governance: Board compensation, board meetings, staff support for Board of Directors and Board Advisory Committees
- Consumer and Stakeholder Engagement and Support: Staff, call center, communications, marketing, outreach, one on one assistance
- Eligibility and Enrollment: Staff, eligibility processing, business operations, appeals
- Plan Management: Staff, future quality rating and enrollee satisfaction survey systems and business operations



Level 2 Grant Application

- Risk Adjustment and Reinsurance: Evaluation of alternative risk adjustment model (MDH). Includes staff and IT
- SHOP: Staff and business operations
- Organization and HR: Staff and business operations
- Finance and Accounting: Staff, business operations, premium billing, independent audit and collection services
- **Technology:** Staff, consultant contracts, hardware, software, contract costs for annual maintenance for the MNsure modules and supporting software, security training, system enhancements and on-site support
- Privacy and Security: Staff
- Oversight, Monitoring and Reporting: Staff, audit operations,
 Commerce hotline, fraud prevention, Office of Administrative Hearings



Federal Exchange Grant Funding



Federal Grant of \$4.2 M August 2011 Federal Grant of \$23.3 M February 2012 Federal Grant of \$42.5 M September 2012 Federal Grant of \$39.3 M January 2013







- Development
- Technical Infrastructure
- Stakeholder Consultations
- Market Research







- Technical Infrastructure
- Program Integration
- Business Operations
- Branding and Outreach



Level 2 Grant Request

- New grant request is for \$55 million total
 - Level 2 grant \$45.2 million
 - Medicaid \$9.8 million
- Level 2 grant will cover 2014 operational costs for Minnesota's State Based Exchange
- Grant application is due August 15, expected award date of October 1.



Level 2 Grant Overview - Compensation



- Salary and Fringe \$15.9 million
 - MNsure Central Office 66 FTE
 - MNsure Call Center 33 FTE
 - MN.IT staff 39 FTE
 - Department of Commerce 9.5 FTE
 - Department of Health 17.6 FTE
- Board \$180,000



Level 2 Grant Overview – General Admin Costs

- Total \$1.2 million
 - Rent (Central Office, Call Center, Temporary Vender Space)
 - MN.IT Support (e-mail, WAN, Commerce and Health Desktop Support)
 - Supplies
 - \$1500 per FTE
 - \$250 per consultant
 - Enterprise Annual Microsoft License Agreement
 - \$130 per FTE/Consultant
 - Other software licenses
 - Staff Development
 - \$375 per FTE
 - Miscellaneous (printers, conference lines, long distance, PO Box)



Level 2 Grant Overview - Travel

- Total \$120,000
- In-State
 - SHOP, Eligibility and Enrollment and Navigator/Assistor/Broker Program travel
 - Outreach Liaison Travel
 - Communication and Marketing
- Out-State Travel
 - MNsure, Health and Commerce
 - Required federal grantee meetings
 - Program area meetings



Level 2 Grant Overview – Information Technology

- Total \$13.7 million
 - Contracts \$7.1 million
 - System Enhancements
 - First Year On Site System Support
 - Training
 - After Hours Support Services
 - Deed Data Sharing Agreement
 - MN.IT Support \$1.2 million
 - Storage
 - Backup
 - Virtual Instances
 - SAN
 - MNsure System Licenses Maintenance Agreements \$1.6 million
 - IBM, Connecture, EngagePoint COTS products
 - Other IT Maintenance and Support Agreements \$3.8 million
 - Other hardware and software



Level 2 Grant Overview – Marketing and Communications

- Total \$3.1
 - Marketing Research
 - Advertising
 - Design and Development
 - Placement
 - Run
 - Collateral Materials
 - Outreach events
 - Communication Tools



Level 2 Grant Overview – Customer Service

- Total \$18.5
 - Call Center Infrastructure \$800,000
 - Overflow Contract
 - IVR
 - Operating Licenses
 - Language Line
 - In-bound Toll Free
 - Out-bound Long Distance
 - Premium Processing \$1.0 million
 - Appeals \$2.6 million
 - Translation \$300,000
 - Outreach Grants \$4.0 million
 - In-Person Assisters \$5.2 million
 - Notices \$700,000
 - Eligibility Processing \$3.9 million



Level 2 Grant Overview - Other Contracts



- Total \$1.6 million
 - Staff Augmentation \$850,000
 - Appeals Management System Design and Development - \$250,000
 - Independent Audit \$50,000
 - Quality Rating and Enrollee Satisfaction System -\$250,000
 - NAB Program Evaluation \$200,000



Level 2 Grant Overview – Other Department of Health and Commerce

- Minnesota Department of Health
 - Risk Adjustment Analysis- \$690,000
 - Hardware (disk space and back-ups)
 - Software Licenses and System Security Audit
 - Contracts
 - Data Audit for Quality
 - Develop Data Definitions
 - Evaluating Alternative Risk Models
- Minnesota Department of Commerce
 - Fraud Prevention \$79,500
 - 1-800 Hotline
 - Fraud Prevention Advertisement
 - Office of Administrative Hearings.



Questions?

