

MNsure Board Meeting

Deloitte Overview of Deliverable #4

July 30, 2014

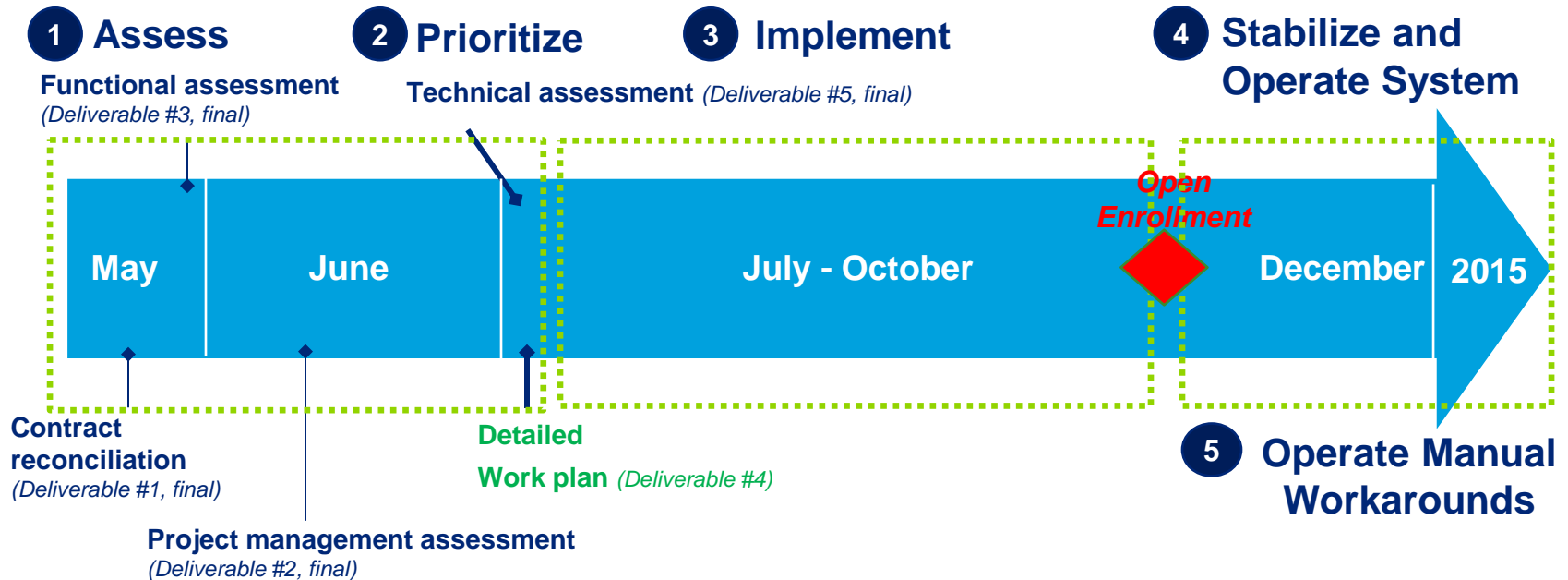
Overview of MNsure Program Roadmap

Existing:

Ongoing improvements to MNsure system



New:



Executive Summary

- ❑ Development of the work plan followed an iterative process – taking several inputs and through a series of work sessions with the impacted parties, progressive results were reviewed in detail, assumptions and scope clarified and modified, options evaluated, and updated versions of the work plan then created.
- ❑ Throughout this process, our priorities have been to meet the project’s “go-live” date and mitigate risks. State leadership has continually assessed the trade-offs and/or the ability to change: (1) the project schedule, (2) resources, and (3) scope of the project.
- ❑ For planning purposes, the project’s “go-live” date has been firmly aligned with the Federal open enrollment period (November 15, 2014). While the State continues to pursue opportunities to leverage additional resources, it has already taken significant action to mitigate risk and improve the probability of project success by reducing the amount of automated scope.
- ❑ As the State and vendors continue to design functionality, one particular area of focus is overall complexity of conducting open enrollment for 2015 while also supporting the current calendar year, including correctly calculating Advanced Premium Tax Credit (APTC) amounts and recognizing correct Federal Poverty Limit (FPL) tables across the 2014 and 2015 plan years.

Executive Summary (continued)

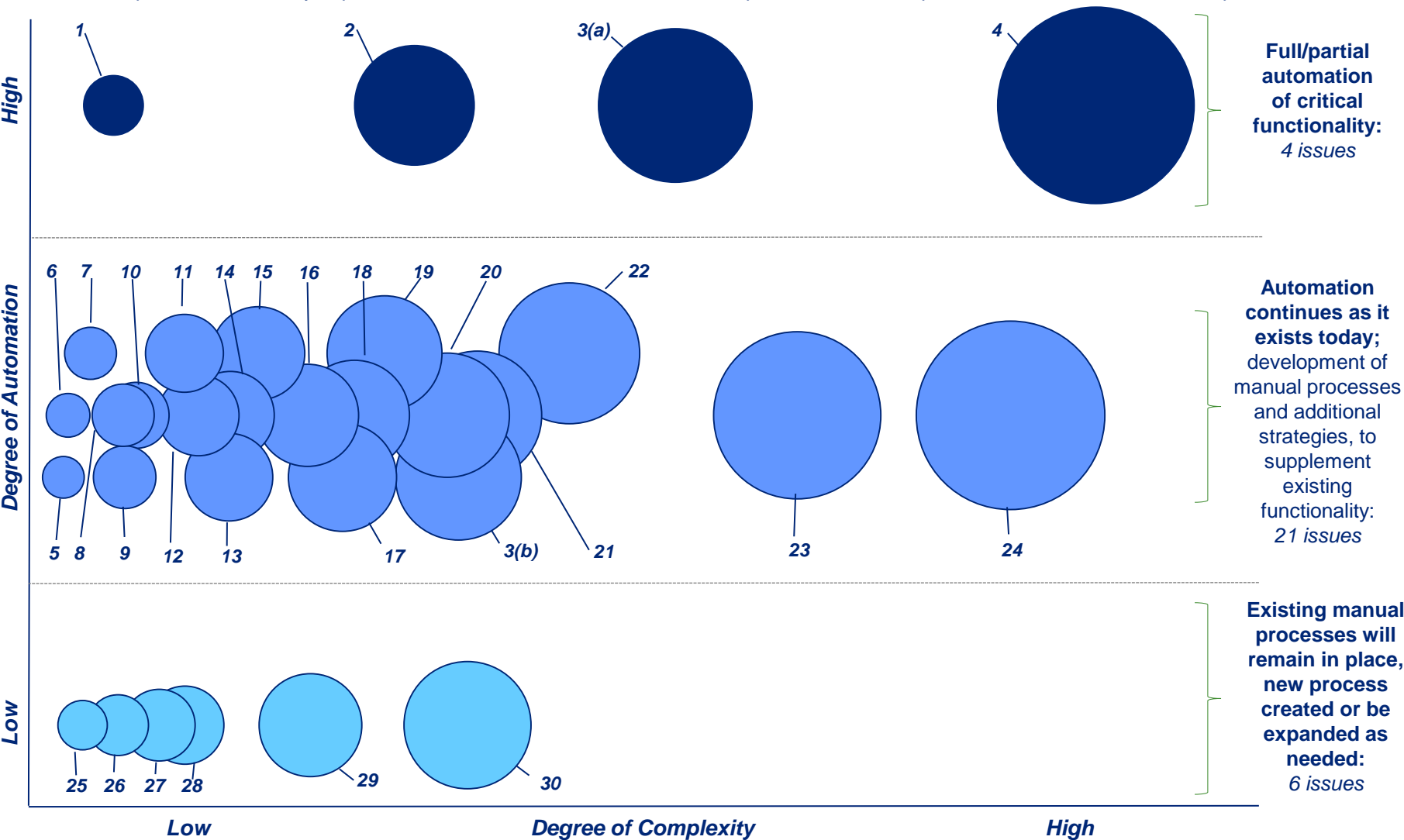
The key underpinnings of the work plan are:

- ❑ **Compressed timeframes:** The timing and durations for many key implementation activities have been compressed and overlapped. As a result, the State continues to assess and realign resources to prioritized work.
- ❑ **Availability of enabling components:** All enabling components and capabilities need to be in place in accordance with the plan.
- ❑ **Delivery of critical dependencies:** There are a number of critical predecessor events on which the final project success is dependent – most notably an enrollment system of record and reconciliation. State staff and Deloitte are identifying contingency plans where possible.
- ❑ **Realization of assumptions:** There are several key assumptions upon which the plan is dependent.
- ❑ **Metrics-based management:** In order to help mitigate the heightened risks, particularly those posed by the compressed and overlapping work streams, clear and measureable metrics need to be established early and then tracked and reported on at appropriate levels in a timely fashion. The State must be ready to enact contingent strategies (which are also being developed under the plan). These strategies and metrics are already established or are currently being developed as part of the plan.

The State has activated an updated governance model – structure and processes. This new governance model continues to prioritize, focus and plan work, proactively manage and monitor risk and realign State and vendor resources.

Approach – November 2014 Functionality

To mitigate risk to the delivery of the critical components in advance of the start of open enrollment, issues have been grouped into those which require new functionality or enhancements to existing automation, those for which existing automation can be supplemented with manual processes, and those where manual processes currently in place will continue to be used, need to be implemented or be expanded as needed for the 2015 open enrollment.

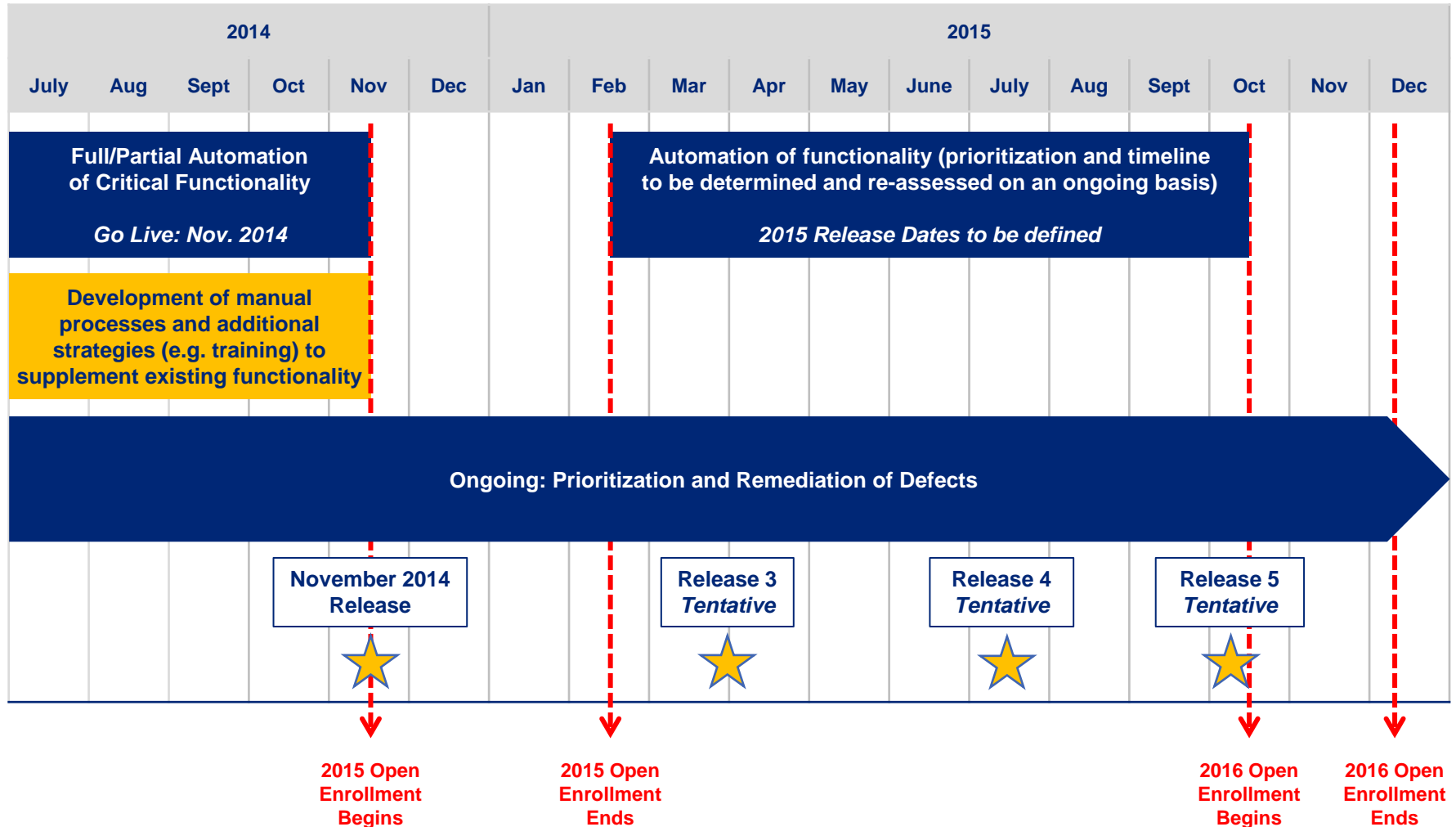


Scope Summary – November 2014 Release

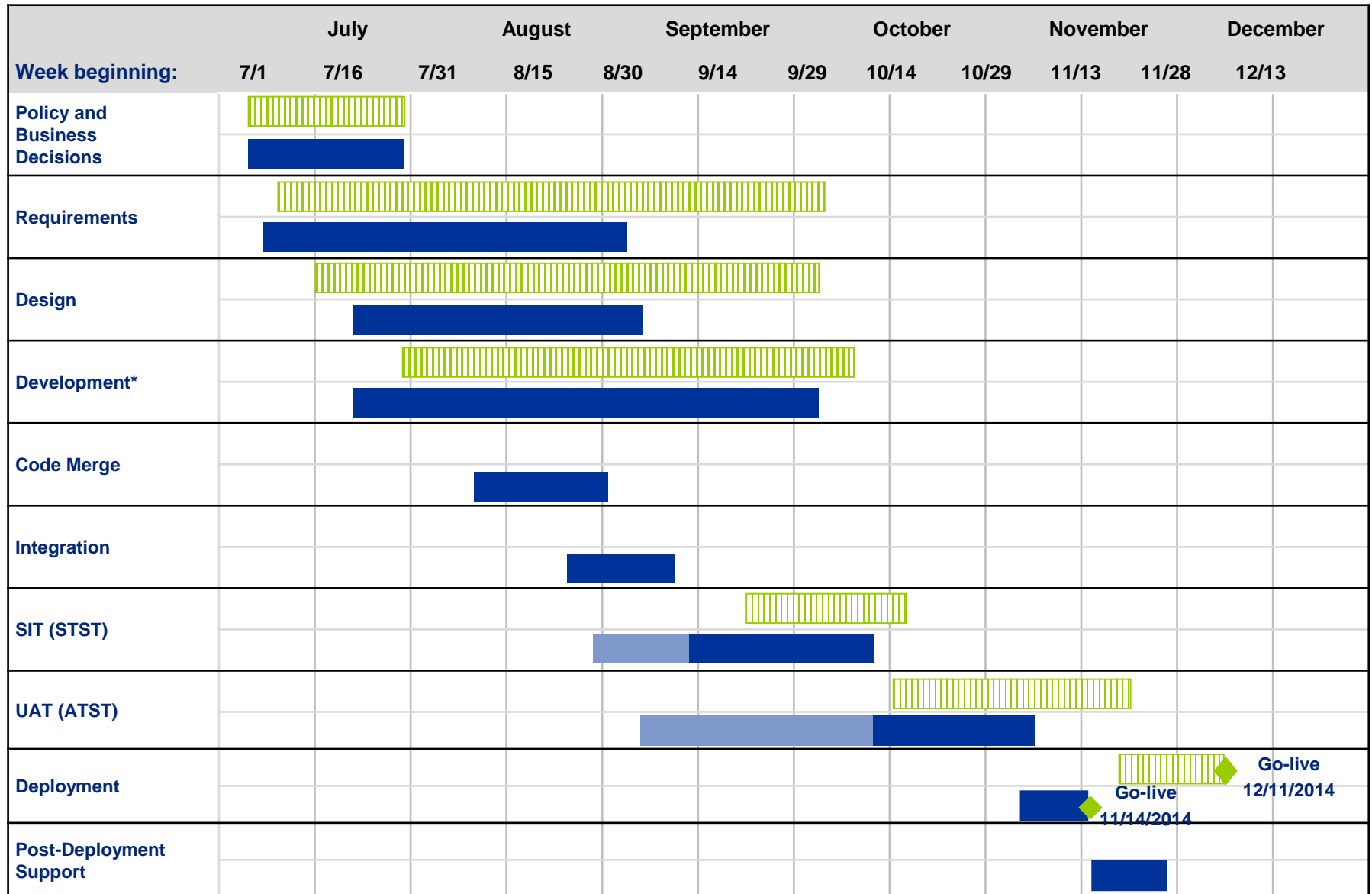
ID	Issue
1	Accurate collection of income effective dates
2	Enrollment system of record and reconciliation of QHP enrollment records between MNsure and Carriers
3	Existing client case changes cannot be processed 3(a) Planned for automation in November release: Plan selection, 834s, limited notices, integration to MMIS 3(b) Ability to make updates in the Citizen portal, changes between assistance/non-assistance cases, usability
4	Renewals (QHP, MA, and MinnesotaCare)
5	Homeless applications receive an APTC of \$0 due to system being unable to find a benchmark plan with a zip code
6	System intermittently calculates the benchmark premium plan amount to be \$0, resulting in APTC calculations of \$0
7	Mixed family resulting in incorrect determinations
8	APTC is not properly distributed among members within the same household under multiple plans
9	Inability to remove primary applicant from a case
10	MNsure online payment functionality is not currently available
11	MinnesotaCare payments are not clearly track payments to months
12	Individuals aging out of Medicaid are not made aware of the change to a new eligibility group and in some cases are not transitioned
13	Notices do not include the comprehensive list of denial/termination reasons
14	Retro eligibility is not properly determined and communicated in the system
15	PRISM interface does not include all necessary information and message certain tasks and changes to workers
16	Required notices are not being issued to consumers
17	Citizen/Worker portals are not fully integrated
18	MinnesotaCare premium invoice process does not function accurately
19	Broker/Navigator portal is not functional
20	Emergency Medical Assistance eligibility cannot be determined by the system
21	Worker portal task list functionality does not meet business needs
22	Citizen portal lacks functionality to change data, report changes, view notifications (incl. pending notifications) and view current eligibility status
23	The system is not transferring all necessary information to MMIS
24	Unique Person ID functionality is limited, interfering with ability to identity matching and avoid duplicate applicants
25	Workers are unable to set and extend correct verification time period
26	Eligibility assessments cannot be rerun in batches when defects have been fixed, requiring manual reassessments
27	Special Enrollment Period applications require manual review and processing
28	Worker portal manual overrides does not work properly
29	System does not re-determine eligibility when required verifications are not submitted within the mandated period
30	The system does find a consumer eligible for coverage in the following month if their MEC is ending in the application month

Release Planning – *Illustrative Runway*

Early efforts have begun to define the major releases for 2015 and beyond. The objective of this activity is to continue the process of inventorying all requirements derived from business needs, prioritizing same and balancing those needs with system development life-cycle, capacity, costs and delivery alternatives. The following graphic is intended to provide an illustration (only) of that release runway:

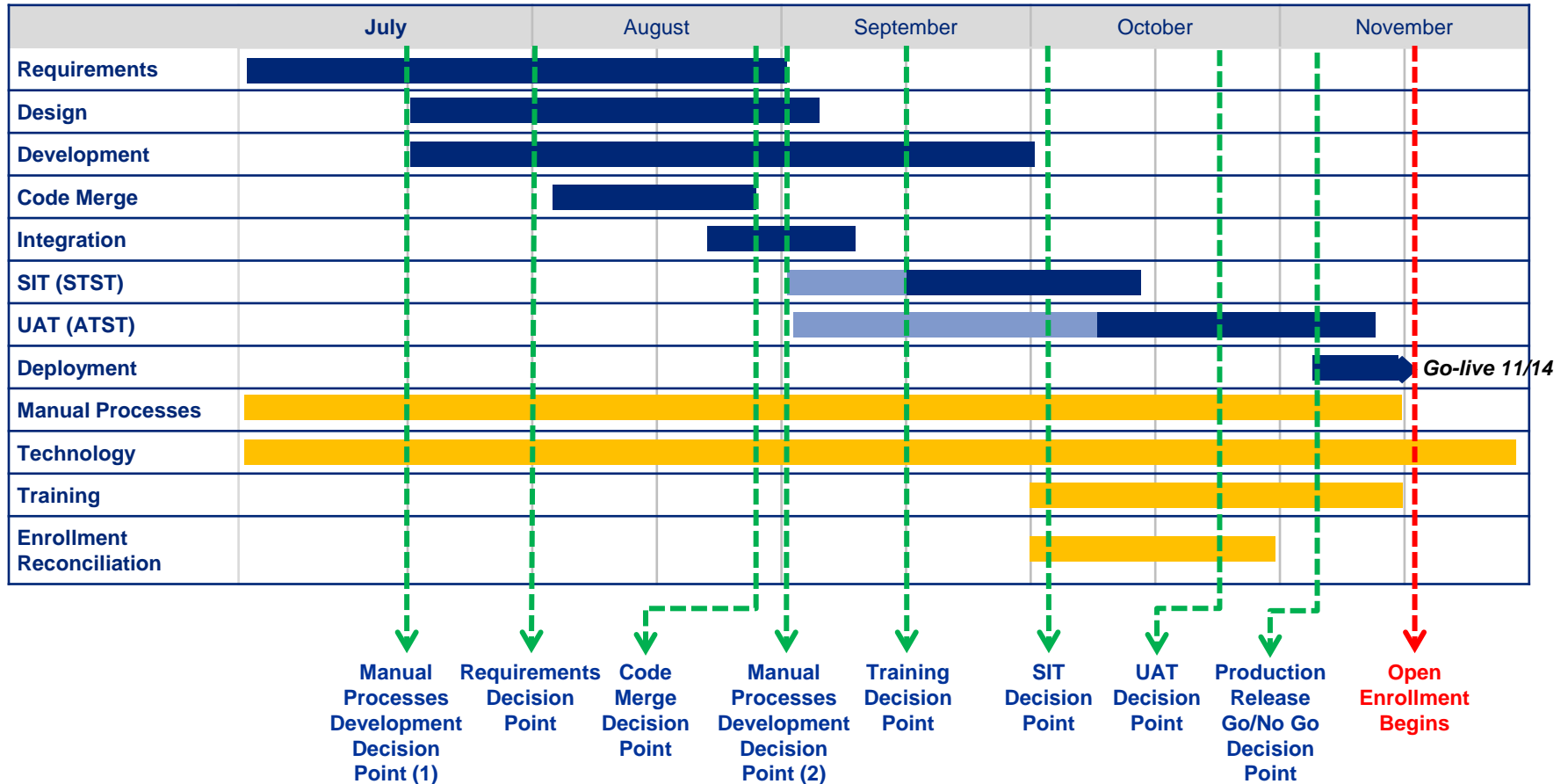


Project Work Plan Summary – November 2014 Focus



Project Tracking

To monitor progress and overall project performance, weekly metrics-based tracking will be critical. In addition, milestone decision points have been identified as opportunities for State Leadership to assess the feasibility of meeting the November open enrollment date and to determine if and which contingency option can or will be exercised as necessary.



Weekly metrics-based tracking and regular decision points will be critical to project tracking and success; any decision point indicating that expected progress has not been made will trigger a contingency plan.