



Solution 1: Consumer Shopping, Enrollment System of Record and Decision Support Tools

Background

MNSure is seeking proposals to enhance or replace the plan shopping, review and selection tools consumers use when purchasing insurance in the Minnesota individual marketplace. MNSure is also seeking to upgrade the data administration, management and electronic system of record supporting technologies that record shopping transactions and transmit information to insurance carriers. The Responder's proposal must also demonstrate the ability to produce IRS 1095-A notices as well as other reporting described in this section.

The proposed technology should be accessible from the MNSure website and should integrate seamlessly with the eligibility determination system currently in use. The Responder's proposal must include details about how it will address each of the deliverables outlined below.

Vendor Tasks and Responsibilities – Project Approach and Technical Requirements

Deliverables

Shopping Tools

Deliverable One: Shopping Experience

Create an online portal that provides consumers an easy-to-use shopping tool to purchase qualified health (QHP) and qualified dental plans (QDP).

- A. Demonstrate utilization of existing shopping tool in at least one other state-based health insurance marketplace or similar enterprise.
- B. Shopping tool must be accessible to users from the MNSure.org website.
- C. Shopping tool must integrate with MNSure's current eligibility system, the Minnesota Eligibility Technology System (METS), to ensure a seamless transition for the consumer from the application and eligibility process into the shopping experience.
- D. Shopping tool must provide the capability to identify the second lowest cost silver plan during the shopping experience.
- E. Shopping tool must display APTC dollar amount and CSR percentage as determined by METS, and must allow a consumer to select and apply APTC up to the maximum dollar amount as determined by METS.

- F. Shopping tool must provide the ability for consumers to shop, compare and enroll in either a QHP, a QDP, or both a QHP and QDP. The experience will include decision-support tools including, but not limited to comparison of plan types, rates, deductibles, out-of-pocket maximums, benefits offered, filtering and/or sorting of plans based on user preferences, etc.
- G. Shopping tool must provide consumer export options including, but not limited to election confirmation email functionality, printable confirmation pages, etc.
- H. Shopping tool should provide functionality to shop for and enroll all or some of the enrollment household into separate QHPs (i.e., “shopping cart” functionality). Shopping cart must calculate each individual QHP premium based on application of APTC as appropriate and display all relevant data prior to the consumer making the final enrollment selection. This functionality must have edits to inform the consumer if coverage has not been selected for every member of the household, and include a “finalize and enroll” button to complete the shopping experience once all plan selections have been placed in the shopping cart for all members of the household.
- I. Shopping tool must allow contents of shopping cart to be saved for the consumer to continue at a later date.
- J. Shopping tool must provide the ability for the consumer to view previous enrollment selections for every enrollment household member, including such data elements as member name, other demographics, plan selected, premium amount, applied APTC, CSR, etc.
- K. Shopping tool must provide the ability for the consumer to “re-shop” after an initial plan selection has been made.
- L. Shopping tool must accurately calculate plan rates in adherence with federal and state laws and regulatory requirements, and based on annually validated county-zip code combinations consistent with USPS or comparable credible data sources.
- M. Shopping tool must support applicable effective data logic for both open enrollment period and special enrollment period plan selections.

Deliverable Two: Out-of-Pocket Cost Calculator

Provide a tool that assists consumers in understanding the total expected costs of each plan offered in the shopping experience.

- A. Demonstrate utilization of existing Out-of-Pocket Cost Calculator in at least one other state-based health insurance marketplace or similar enterprise.
- B. Provide an Out-of-Pocket Cost Calculator for use in the plan shopping and plan comparison experiences.
- C. Out-of-Pocket Cost Calculator will include such features as overall health status, list of condition, number of prescriptions expected, number of physician visits expected, number of procedures or surgeries expected, pregnancy and estimated cost in a good/bad year.
- D. Out-of-Pocket Cost Calculator must either 1) allow for manual entry of APTC and CSR values or 2) provide “retrieve and display” functionality that will pull APTC and CSR values from METS for consumers who have already completed an eligibility application.

- E. Out-of-Pocket Calculator must provide APTC and CSR “estimator” functionality for consumers who have not yet completed an eligibility application in METS.
- F. Provide detailed documentation regarding the methodology used behind the OOPC

Deliverable Three: Quality Ratings System Data

Display Quality Rating System (QRS) data to consumers as part of the shopping experience.

- A. Provide the capability to display Quality Ratings System (QRS) data to consumers as part of the shopping experience.
- B. Provide capabilities to programmatically maintain and update QRS data using a replicable and efficient process suitable for IT or business staff.
- C. Provide the capability to allow carriers and MNSure business and technical staff to preview QRS rating data in a secure non-production environment before the data is made available to the public or loaded in the production environment.
- D. Meet and maintain all federal requirements governing QRS data display and dissemination.

Deliverable Four: Provider Data

Display healthcare provider information to consumers as part of the shopping experience.

- A. Demonstrate utilization of existing provider data display tool in at least one other state-based health insurance marketplace or similar enterprise.
- B. Display provider data as part of the shopping experience, including, but not limited to, primary care providers, dentists, specialty providers, hospitals, clinics, laboratories, etc.
- C. Display provider demographic details in the shopping experience including, but not limited to provider name, provider type, provider address, provider business phone number, distance of provider from consumer’s home, whether the provider is accepting new patients, etc.
- D. Provide capabilities to programmatically maintain and update provider data on a monthly basis using a replicable and efficient process suitable for IT or business staff.

Deliverable Five: Formulary Data

Display healthcare formulary information to consumers as part of the shopping experience.

- A. Demonstrate utilization of existing formulary data display tool in at least one other state-based health insurance marketplace or similar enterprise.
- B. Provide detailed documentation and available options supported by the Shopping Tool for displaying formulary data as part of the shopping experience as it relates to the CCIO Prescription Drug template including, but not limited to, formulary tiers, drug tiers and types, copays, coinsurance, quantity limits, prior authorizations, mail order availability, etc.

Managing QHP and QDP Plan Data

Deliverable Six: SERFF and CCIIO Plan Management Templates and Data

Provide the capability to integrate with the System for Rate and Form Filings (SERFF) for purposes of consuming QHP and QDP plan filings submitted by carriers via the Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management templates or alternative data required by the State of Minnesota.

- A. Demonstrate utilization of existing SERFF integration in at least one other state-based health insurance marketplace or similar enterprise.
- B. Provide mechanisms to support web services necessary to consume QHP and QDP plan data from SERFF.
- C. Provide detailed documentation regarding how the plan data is mapped from the CCIIO templates to the shopping experience including, but not limited to, rates, benefits, service area, formulary, actuarial values, supporting documentation included in plan filings, etc.

Deliverable Seven: Plan Data Administration

Provide QHP and QDP plan data management capabilities for utilization by MNsure business and/or technical staff.

- A. Demonstrate utilization of existing plan data management tool in at least one other state-based health insurance marketplace or similar enterprise.
- B. Provide mechanisms to support multiple years of QHP & QDP plan data to facilitate ongoing plan data management and maintenance including but not limited to, plan activation, plan deactivation, plan reactivation, etc.
- C. Provide capabilities that support the provision and management of role-based security protocols such as view-only, update, delete permissions for system users.
- D. Provide capabilities to update plan data when necessary including the ability to track changes made to the data throughout and between plan years.
- E. Provide the capability to add or remove a carrier or plan mid-plan year; provide the capability to remove carriers/plans at the state, county and/or zip code level.
- F. Provide the ability to identify, retain and retrieve the second lowest cost silver plan that was effective at the time a consumer enrolled, regardless of whether the carrier or plan are still active in the market.
- G. Support configuration-driven effective dates of coverage including any necessary integration required with METS.
- H. Provide the capability to migrate QHP and QDP plan data across test and production environments.
- I. Provide detailed supporting documentation intended for those who manage/administer the plan data such as a user guide, training manual or other technical references.

Deliverable Eight: Plan Preview Capabilities

Provide alternative environments to house plan data for use in testing and validation.

- A. Demonstrate utilization of a non-production plan preview activities with at least one other state-based health insurance marketplace or similar enterprise.
- B. Provide the capability to allow carriers and MNSure business and technical staff to preview plans, rates and other plan data in a secure non-production environment before the data is made available to the public or loaded in the production environment.
- C. Provide the capability to ensure this non-public plan data is secure and segregated from other environments to prevent access by unauthorized personnel, including the ability for carriers to only see plans offered by their particular company.

Enrollment System of Record

Deliverable Nine: Health Insurance Enrollment Transactions and Files (834 EDI)

Provide capabilities to support the data required in a Benefit Enrollment and Maintenance (834) ANSI ASC X12 transaction.

- A. Demonstrate utilization of an existing 834 EDI data transfer system in at least one other state-based health insurance marketplace or similar enterprise.
- B. Provide capabilities to support enrollment data input from alternative sources, such as manual entry of enrollment elections, changes to existing elections, etc., via a user interface tool to be utilized by operations staff.
- C. Provide capabilities to support the generation of an 834 EDI enrollment transaction and 834 EDI files containing multiple enrollment transactions, including, but not limited to:
 - a. Initial enrollment into plan – communicating demographics of each member of the household, the correct plan effective date based on plan selection date, any subsidy the household has selected to apply towards their premium, and each member's premium as well as a total household premium.
 - b. Changes while enrolled in a plan – including, but not limited to, prospective and retroactive demographic changes, rate and subsidy changes, and addition or removal of dependent
 - c. Disenrollment from a plan – terminating a household's coverage in a plan, supporting both retroactive and prospective term dates
 - d. Cancellation of a plan – terminating a household's coverage in a plan as though it never existed or was never in force.
- D. Provide the capability to include agent/broker information including, but not limited to, agency, name, NPN, etc., on 834 EDI enrollment transaction and 834 EDI files
- E. Provide an 834 EDI companion guide documenting outcomes and transactions of input and output enrollment data for use by business staff and MNSure's partner health insurance carriers.

Deliverable Ten: Enrollment Data Storage and Maintenance

Provide a transaction processing and storage database(s) to securely and accurately process, perform maintenance on and store enrollment data from multiple data sources.

- A. Provide capabilities to detect and systematically track changes to enrollment history as consumers interact with the system.

- B. Must interface with METS to store all enrollment information on all household members using the primary applicant's unique ("MNSure") ID.
- C. Must record who in household is no longer covered by a plan and include coverage start (if appropriate) and coverage end dates.
- D. Must enforce that only one plan per plan type is in effect for each individual at any given time.
- E. Must be able to process and record an election during SEP for current plan year without disrupting coverage for OE selection made for next coverage year, and vice versa.
- F. Automatically terminate current plan upon the selection of a new plan for each individual in the household using correct start and end dates for each plan selection
- G. Must support automated passive/auto enrollment of current enrollees per MNSure rules

Deliverable Eleven: Enrollment Data Migration and Integration

Develop logical mapping and mechanisms to implement necessary enrollment data migration.

- A. Demonstrate utilization of enrollment data migration activities with at least one other state-based health insurance marketplace or similar enterprise.
- B. Provide mechanisms to migrate existing historical consumer enrollment data from the legacy system to the new database.
- C. Provide a back-up record of existing data prior to migration, which can be accessed by appropriate State staff to provide evidence of accuracy and authenticity of imported data.

Deliverable Twelve: Ongoing Effectuated Member Enrollment Maintenance

Provide the capability to systematically communicate enrollment status and demographic information between MNSure and carriers.

- A. Provide capabilities to exchange member level enrollment data with carriers to maintain information related to effectuated vs. non-effectuated members.
- B. Provide capability to compare and reconcile carrier system enrollment data with the MNSure enrollment system.
- C. Provide capabilities to receive and store reason codes provided by carriers that provide details explaining why a transaction is being made
- D. Provide capabilities to generate reporting metrics regarding effectuated vs. non-effectuated members.

Deliverable Thirteen: Payment Order/Remittance Advice Data Exchange (820 EDI)

Provide the capability to systematically communicate payment information between MNSure and carriers.

- A. Provide capabilities to exchange premium payment information between MNSure and carriers in x12 820 EDI format.
- B. Provide capabilities to generate reporting metrics regarding member payment vs. non-payment.

Deliverable Fourteen: Business Intelligence

Provide infrastructure and data mapping that facilitates detailed and efficient reporting on historical and current population by business staff.

- A. Provide mechanism to create daily, weekly, monthly, quarterly, yearly and ad hoc reporting for key metrics, including, but not limited to, new enrollments, total enrollees, re-enrollments, demographics, geographic details, etc., which can be extracted in multiple formats (MS Excel, etc.), saved, printed and manipulated as needed by MNsure employees.
- B. Preference for a Dashboard-style reporting tool that provides an online display of key metric data that updates in real-time, which can be customized by MNsure administrators, and which could allow use of system permissions in order to display varying levels of data.
- C. Preference for the capability to integrate with other MNsure systems for purposes of data merging and performing comparisons between sets of data
- D. Provide real-time user interface into enrollment system of record for operations and other state staff as appropriate including, but not limited to, the ability for staff to search and view current and historic household plan elections and coverage dates, co-pays, deductibles, premium amounts, APTC applied, etc.

1095-A Notices and Federal Reporting

Deliverable Fifteen: 1095-A Notices

Provide the capability to generate and mail annual 1095-A tax forms.

- A. Provide timely creation and delivery of annual 1095-A notices as defined by federal regulation and business needs.
- B. Maintain PDF copies of the forms in a secure and accessible manner as appropriate per data retention requirements. Integrate with METS to make forms accessible in other IT systems as needed.
- C. Documentation and tracking of mailing of notices.
- D. Provide capability to generate 1095 forms in a non-production environment for business testing and QA Provide system support for correcting/updating 1095-A forms as necessary.
- E. Support Corrections and Voids process and provide notification via different reports to cross functional departments.

Deliverable Sixteen: 1095-A Monthly and Annual IRS File Maintenance

Provide the capability to communicate required 1095-A data between MNsure and the IRS.

- A. Provide timely creation and submission of monthly and annual 1095-A files as defined by federal regulation and business needs.
- B. Provide a mechanism to generate monthly reports as needed or required for both past and current year, including standardized tracking of data submissions.

- C. Provide development and support for system updates and enhancements to align with new technical requirements per federal regulatory changes as needed.
- D. Develop schedules for testing of monthly and annual XMLs.

Deliverable Seventeen: 1095-A Monthly and Annual CMS File Maintenance

Provide the capability to communicate required 1095-A data between MNsure and CMS.

- A. Develop State Based Marketplace Inbound (SBMI) and State Based Marketplace (SBM) Policy Level Reporting (PLR) processes and timelines per Centers for Medicare & Medicaid Services (CMS) requirements.
- B. Provide a mechanism to generate monthly reports as needed or required for both past and current year, including standardized tracking of data submissions.
- C. Provide development and support for system updates and enhancements to align with new technical requirements per federal regulatory changes as needed.
- D. Follow-up and update CMS technical requirements within the system and document the changes.

Project Oversight

Deliverable Eighteen: Documentation for Users

Provide a User Manual specifically developed for use by nontechnical staff.

- A. Detailed directions for use of all tools and components, both public- and internal-facing.
- B. Screenshots of and walkthroughs of all tools and components, both public- and internal-facing.
- C. Explanations must use nontechnical language.

Deliverable Nineteen (preferred): Project Management

Provide project management, implementation management and project support.

- A. Responder must proactively manage the contract and make MNsure staff aware of risks related to timely and successful completion of deliverables as they are identified. Responder must use a standard project management template reporting tool provided by MNsure.
- B. Responder must participate in a regularly scheduled weekly call (or more frequently as needed), produce meeting minutes from those calls and respond to inquiries and calls from MNsure promptly.
- C. Responder will follow project management methodologies, establishing and meeting milestones.
- D. Responder will identify in the proposal a project manager as a lead contract person to oversee the project; serve as a liaison with other contractor staff; and serve as a point of contact for the identified MNsure staff contact.
- E. Responder will provide ad hoc progress reports, data or information in writing as requested by MNsure

Deliverable Twenty: General Contract Responsibilities

Meet all responsibilities and obligation as defined by contract.

- A. Key Responder staff must be readily accessible by telephone and email to consult with MNsure staff as needed and/or requested by MNsure.
- B. Before conclusion of the contract and in the event that the contract is terminated and/or the contract is awarded to another contractor, Responder must develop a transition plan, if applicable, for continued operations that shall assist MNsure in accomplishing the tasks described in this RFP.
- C. At the conclusion of the contract, Responder must turn over to MNsure all materials, studies, reports and technical documentation developed for this MNsure project. Materials, studies, reports and technical documentation developed for this project are presumed to be the property of the State.

Technical Requirements

Technical Requirement One:

Responder will propose information on the technical design and functionality to show how the system will work. This proposal will also include any corresponding duties of MNsure and/or State technical staff in implementing the application.

- Responder will supply MNsure with any technical documentation required to implement the Solution, outlining Responder's existing technical and hosting capabilities.
- Responder will also document and maintain requirements and technical specifications particular to this implementation in an agreed-upon format.

Technical Requirement Two:

Responder will supply MNsure with recurring status reports, indicating usage statistics and analytics in an agreed-upon format. Usage statistics should include, but is not limited to, the number of individuals that initiate but do not complete enrollment.

Technical Requirement Three:

If Responder is proposing a hosted solution, the Solution must be implementation ready. Responder will propose hosting options so MNsure can evaluate the options available and associated costs of a Responder-hosted Solution.

Technical Requirement Four:

The Responder must submit a completed response to the Voluntary Product/Service Accessibility Template(s) (VPATs) which are attached to this RFP. The response must contain adequate information to evaluate the responsiveness to the accessibility standards (i.e., a completed VPAT or equivalent). This Technical Requirement is addressed and scored as outlined in Section 6 of the overall proposal submission.

Technical Requirement Five:

Create and supply to MNsure user guides for the following end users:

- Consumers, describing the enrollment process and tools available to them.

- MNsire administrators, describing additional features and tools available to them along with instructions on using them.
- Assisters, describing any additional features or tools available to them.
- Carriers, describing any additional features available to them.

Technical Requirement Six:

Provide scheduled periods of pre-implementation system testing using MNsire employees and administrators, and other users as designated by MNsire. MNsire will work with the selected Responder to design test requirements and plans, and will require the system to pass acceptance tests by MNsire employees, assisters, carriers and other users as designated by MNsire.

Technical Requirement Seven:

Responder must demonstrate ability to provide trace data access logging to identify who has viewed and/or edited records in the system and to identify suspect behavior.

Technical Requirement Eight:

Responder must demonstrate the ability to meet the Data Security requirements outlined in the attached contract template and make the Solution and other functionality available to testing procedures to be completed by the State as needed. Responder must also demonstrate experience with secure coding and application security fundamentals. Further, any of Responder's staff accessing MNsire data must complete the required security and privacy training. This requirement is applicable to both State-hosted and Responderhosted solutions.