



Consumer and Small Business Shopping, System of Record, and Enrollment Decision Support Tools for MNsure: Responses to Responder Questions-Solution 1

June 28, 2017

Question	MNsure Response
<p>Is MNsure/MNIT willing to host the solution for the shopping experience or is the preference to have a cloud based solution?</p>	<p>The shopping experience can be hosted on premises or in the cloud.</p>
<p>To facilitate a seamless transition for the consumer from the application and eligibility process into the shopping experience, what interfaces/web services are exposed by Minnesota Eligibility Technology System (METS) to transfer user data? Please share the architectural diagram of METS components and interfaces?</p>	<p>The application process and eligibility process expose a Web Service Interface to make Demographic and Eligibility Information available to the integration layer. The shopping tool consumes this information and responds with the associated eligibility details, details about each person in the enrollment group, previous enrollments for each person being enrolled and details about assistors.</p>

Question	MNsure Response
<p>For the purpose of estimating level of effort for integration with the current METS system, which commercial and custom software are included, along with version numbers are expected to be implemented for this project? Please provide any relevant technical documentation or diagrams.</p> <p>The MNsure website describes three insurers that limit the number of enrollees they will accept during a plan year. Does MNsure expect the proposed solution to disable additional enrollments when insurers reach their respective enrollment caps? Please provide the number of Brokers and Third Party Administrators (TPA) currently associated with MNsure.</p>	<p>Curam product version 7.0 plus Minnesota customizations, web services integration between software components and for external interfaces. Note that Curam product version changes over time as development is continuous.</p> <p>MNsure expects the proposed solution to be able to support disabling and re-enabling enrollment into a carrier's plans at different times and at the geographic service level.</p>
<p>Please provide a description of the preferred integration methods with METS. Are you able to point us to any documentation that describes this in greater detail?</p>	<p>Web Services are used to integrate with Curam. Interfaces are described in the IBM Curam Web Service API documentation.</p>
<p>If a single set of credentials is established through single-sign on, who handles identity management and authentication?</p>	<p>MN.IT is responsible for identity management and authentication.</p>
<p>Does METS allow for Responder systems to be able to leverage real-time interfaces with METS?</p>	<p>Yes</p>
<p>Is there a requirement to track SLCSP over time due to changes in availability of plans due to enrolment caps?</p>	<p>Yes</p>
<p>Is the State willing to provide a real or mock plan set for the demo?</p>	<p>Yes</p>

Question	MNsure Response
<p>In the case where a QHP household is going to split into separate enrollment groups to select different plans, will the eligibility system be responsible for prorating the APTC amounts for the multiple groups, or is the shopping tool responsible for tracking and applying the max amount limitation across shopping sessions and members currently enrolled in a QHP based on the SOR?</p>	<p>The eligibility system determines the maximum APTC available and the shopping tool is responsible for allocating the appropriate amount of APTC to each eligible enrollee's enrollment record based on a consumer's selections including the ability to elect to receive less than the amount available. A member does not need to be currently enrolled in a QHP in the SOR in order for the shopping tool to properly allocate APTC to the current enrollment household.</p>
<p>Is there any requirement to validate or update the shopping cart when a consumer returns to do things like change effective dates, update plan availability, etc.?</p>	<p>Yes.</p>
<p>Are there specific state rules that MNsure is expecting as part of the special enrollment and the effective dates around it? Can the details be provided and are these driven from the METS system?</p>	<p>ACA regulations determine effective dates of special enrollment periods including triggering events and duration. Please see ACA regulations §155.420. This includes, but is not limited to, authority for exchanges to establish effective dates for exceptional circumstance SEPs.</p>
<p>Please share the interface control document (if available/possible) that shows what data is passed from current eligibility system to shopping portal.</p>	<p>The Out-of-Pocket Calculator is not integrated with METS, but is a standalone application requiring the user to enter the necessary information to receive an estimate.</p>
<p>Is the quality rating data coordinated and provided by Minnesota DOI? Is the data updated annually as in federal market place and in a similar format?</p>	<p>Format and cadence is the same as FFM pilot states. Rating data is provided by CMS.</p>
<p>Will the QRS be limited to the types as followed in the federal marketplace? If not, can more details be provided?</p>	<p>While there is potential for future interest in expanding the rating data display, there are no current plans to expand beyond what the FFM is currently doing as part of its pilot.</p>
<p>Is the state willing to supply real or mock provider data in the format expected by the end solution?</p>	<p>Yes</p>

Question	MNsure Response
Does MNsure have the ability to provide and maintain consolidated provider directory data across all carriers and plans, or is that the responsibility of the Responder and in scope for this RFP?	It would be an expectation of the Respondent to maintain the data. How the data is sourced would need to be a joint discussion with each of the health plans and the business would take the lead on that discussion.
If MNsure provides consolidated provider directory data, is this data consumable through any existing APIs that a Responder can leverage for integration?	There is not an existing API that can be leveraged.
Does the state already maintain the provider data or is this something the solution has to partner with another vendor to provide the feature? If the state does have provider data does it expose a web service to access the data? If so can more details be provided on this?	MNsure does not receive or maintain provider data at this time. This would be a new implementation where a new solution by the Respondent would be required.
Does MNsure provider data currently include information on whether provider is accepting new patients? Is the accuracy of this data responsibility of MNsure, vendor, or other contractor or stakeholder?	MNsure does not receive or maintain provider data at this time. This would be a new implementation where a new solution by the Respondent would be required.
What will be the format of provider data?	MNsure does not receive or maintain provider data at this time. This would be a new implementation where a new solution by the Respondent would be required.
Is it your intent that Responder provide you a technical system where your staff can conduct monthly updates of provider data? Or, is it your intent that Responder be responsible for the monthly updates as well?	The process for updating should be designed for use by business staff. The intent is for the updating process to be simple enough for MNsure to run on its own.
Does "provide capabilities to programmatically maintain and update provider data on a monthly basis..." mean that MNsure staff will be responsible for consolidating and updating provider data in the system?	The process for updating should be designed for use by business staff. The intent is for the updating process to be simple enough for MNsure to run on its own.

Question	MNsurre Response
Will the feature extend beyond the SERFF provided formulary data for shopping experience?	MNsurre is seeking to understand the capabilities vendors are able to support as it relates to displaying formulary data. The Prescription Drug CCIO template will contain baseline drug information when plans are filed each year.
How many carriers does MNsure support for Individual marketplace? How many individual enrollments does MNsure have today and are there projections for the next 3 years?	MNsurre currently supports four Medical carriers and two standalone Dental carriers. Enrollment is roughly 100K.
Please explain the rules that determine "configuration-driven effective dates of coverage" referenced in this requirement.	Effective dates of coverage are determined by the date a consumer selects their QHP and additional rules within OE and SEP. The effective date of coverage may change if the OE start and stop dates, which are configurable, change.
Please elaborate on the integration with METS that is considered necessary for plan data management?	The integration with METS will include the requirement to factor in the Second Lowest Cost Silver Plan (SLCSP) in order to accurately determine subsidy information for the household. It also will include the display of consumer's enrollment history within the eligibility system's consumer portal.
Is the companion guide same across all carriers? Are there any specific requirements for Special Enrollment transactions and reconciliation transactions?	The companion guide is currently consistent across carriers. Both OEP and SEP transaction requirements are covered. Automated reconciliation functionality has not yet been developed in the current system, so the current version of the companion guide does not address this.
Is there a master client index interface used by METS and can the details on the interface be provided?	Yes.
Please describe MNsure rules referenced here for automated passive/automated enrollment	Passive Renewal rules entail identifying the current and next coverage year's eligible QHP and QDP population and cross-walking them into the next year's plan with updated household, demographic and subsidy determinations.
How much history is required to be converted from the current system? Is this conversion only to support existing enrollment information for new elections for the 2019 OE (November 2018)?	Because 1095 changes could be needed for up to 7 years, all years are needed. Otherwise we'd need an alternative solution for 1095s, as well as reporting capabilities for archived enrollment data. We also need to ensure that we meet retention laws.
Is it required that we use the state information as the basis of the historical record or would it be possible to use the carrier premium payment data with grace period information to populate the new system?	MNsurre data must be used, but we would be open to a discussion regarding a possible pre-migration reconciliation effort with carrier data.

Question	MNsure Response
<p>Is providing an intermediate format (such as CSV or XML) to import legacy data into the proposed solution considered responsive? If solution must also export data from the legacy system, please provide detailed description (including available technical documentation) related to legacy system and its database including current size/number of records, type and physical location of legacy database(s) to be migrated.</p>	<p>Yes, importing legacy data using an intermediate format will be considered responsive.</p>
<p>Regarding migration of data from the legacy system database, will vendor be required to perform data scrubbing (e.g.; clean-up/de-duplication of records or other related tasks)? If so, please specify.</p>	<p>Yes, the vendor would be required to "scrub" the legacy data at the direction of MNsure business and MN.IT.</p>
<p>Please share standard reports.</p>	<p>The solution should provide reporting capabilities. Reporting examples include number of members in the system, number of members who have effectuated, etc.</p>
<p>How many and which carriers (Health and Dental, respectively) offer plans under MNsure in Individual market? SHOP market?</p>	<p>As of Plan Year 2017, the Individual market includes four medical carriers (BluePlus, HealthPartners, UCare, Medica) and two dental carriers (Delta Dental, Dentegra).</p> <p>The SHOP market includes one medical (Blue Cross) and one dental carrier (Delta).</p>
<p>Is the use of the EDI820 required or is it allowable to use any EDI X12 format as appropriate?</p>	<p>MN.IT expects the use of EDI820.</p>
<p>Will there be non-payment termination and reinstatement interface with each carrier's payment system?</p> <p>It is expected that carriers will collect the payments from individuals. Would they be able to share the payment details with vendor for creating 820/IRS reports?</p>	<p>Yes, cancellation and reinstatement functionality would ideally be included. Carriers would include data on cancellations.</p>

Question	MNsure Response
Please describe "other MNsure systems" and sets of data to be compared	Other MNsure systems include the METS system. Data to be compared includes demographic updates (e.g. Name, Address, DOB, etc.), eligibility updates (i.e. APTC, CSR), and other comparisons to be defined.
Does METS system provide a preferred Service Bus or other form of Message oriented Middle (MoM) to support this integration?	Yes
Please define "preferred" in this context.	If Solution #3 (Program Oversight and Integration) is not awarded then the respondent for Solution #1 (Consumer Shopping, Enrollment System of Record and Decision Support Tools) would be responsible for providing integration services. If Solution #3 is awarded then the integration services could be provided for the awardee of either solution.
Please identify project management template reporting tool that will be required/provided.	SciForma and Microsoft Project tools are used, as are standard Project management artifacts.
Please clarify if user guides are to be submitted as part of the technical proposal or deliverable post-award?	User guides can be delivered post-award. Vendor needs to state that they either have user guides, or that user guides will be created as part of their response
Is the printing and mailing of enrollment notices in scope? If it is, please provide information on current monthly volumes.	<p>The respondent must deliver the capability to generate enrollment notices. This service is currently provided by MNIT. The respondent may include this service in their proposal.</p> <p>Monthly volumes are as follows:</p> <p>OE Confirmation Notice OE 2017</p> <ul style="list-style-type: none"> • 11/1/16 - 1/31/17 = 57,732 • Average per month: 19,244 <p>1095-A for 2016 tax year</p> <ul style="list-style-type: none"> • Produced 59,882 Form 1095-A in January 2017 - mailed out in groups and were fully mailed out by 2/2/17 • Produced an average of 1,079 per month In March and April of 2017 related to corrections and voids