Minnesota Health Insurance Exchange (MNHIX)

3.1.4 Gap Analysis

Date: November 12th, 2012

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Gap Analysis

Date: November 12th, 2012

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Acronyms

ACA	Federal Patient Protection and Affordable Care Act
BTI	Business Transaction Inventory
CCA	Child Care Assistance
CHIP	Children's Health Insurance Program
COTS	Commercial Off-The-Shelf
HHS	Health and Human Services
ID	Unique Identifier
MAGI	Modified Adjusted Gross Income
MNHIX	Minnesota Heath Insurance Exchange
RTM	Requirement Traceability Matrix
SERFF	System for Electronic Rate and Form Filing
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families

1. Introduction to the Gap Analysis

1.1 Project Background

Under the Federal Patient Protection and Affordable Care Act (ACA) enacted in March of 2010 (Public Law 111-148 and 111-152), new mechanisms for comparing and obtaining health care coverage were created called Health Benefit Exchanges (Exchange). An Exchange must be operational in each State by January 1, 2014. By January 1, 2013, a State must have taken the necessary steps to have an Exchange operational by January 1, 2014 or the U.S. Department of Health and Human Services (HHS) will establish one on a State's behalf.

An Exchange is an organized competitive marketplace to facilitate the comparison, choice, and purchase of health care coverage for individuals and employees of small businesses. Through an Exchange, individuals and employees will have access to comparable information on costs, benefits, health care providers, quality, and customer satisfaction for an array of coverage options, and they can use this information to choose and enroll in the health benefit plan that best fits their personal and family needs. Exchanges will also assist eligible individuals and small businesses in receiving premium tax credits and cost-sharing reductions or help individuals enroll in Federal or State health care programs. By engaging consumers in a one-stop shopping experience with transparent information, Exchanges will make purchasing health insurance easier and more understandable, put more control and choice in the hands of individuals and employees of small businesses, and incent greater market competition.

An Exchange will carry out a number of functions that include:

- Ensuring that health insurers and health benefit plans meet certain standards for Exchange participation.
- Providing comparative information on costs, benefits, health care providers, quality, and customer satisfaction using a standard format.
- Determining individual, employer, and employee eligibility for Exchange participation, exemptions from individual coverage responsibilities, premium tax credits and cost-sharing reductions, Federal and State health care programs, and potentially other social service programs.
- Facilitating "real-time" eligibility determination and enrollment using a uniform format.
- Sharing information with Federal and State agencies regarding eligibility, administration of tax credits and cost-sharing reductions, exemptions from individual coverage responsibilities, etc.
- Communicating with employers regarding employee eligibility, coverage choices and defined contribution, coverage initiation and cancelation, potential employer coverage requirement liability, etc.
- Establishing a call center and website.
- Operating a "Navigator" program to provide outreach, education, and assistance to individuals and employers. Navigators may be brokers/agents, community-based organizations, or other types of individuals/organizations capable of meeting yet to be determined requirements to be certified as a Navigator.

The State of Minnesota Department of Commerce awarded MAXIMUS a contract to develop a fully functioning Health Benefit Exchange. The priority of the MNHIX project is to implement an Exchange that is compliant with the MAGI eligibility rules, as well as an Exchange that creates an organized competitive marketplace to facilitate the comparison, choice, and purchase of health care coverage for individuals and employees of small businesses. Through an Exchange, individuals and employees will have access to

comparable information on costs, benefits, health care providers, quality, and customer satisfaction for an array of coverage options, and they can use this information to choose and enroll in the health benefit plan that best fits their personal and family needs. Exchanges will also assist eligible individuals and small businesses to receive premium tax credits and cost-sharing reductions or help individuals enroll in Federal or State health care programs.

By engaging Minnesotans in a one-stop shopping experience with transparent information, the Exchange will make purchasing health insurance easier and more understandable. It will put more control and choice in the hands of individuals and employees of small businesses, and will foster greater market competition.

1.2 Scope of Deliverable

The table below lists the requirements for this deliverable as defined in the Contract.

Deliverable Requirements and Standards	
Document ID	**Description**
Contract Main Definitions	**"Gap Analysis"** means the identification of any differences between the current situation or environment and the future state that is necessary for completion of the Solution and the identification of tasks required to be completed for that end Solution.
Contract Main Section 3.5	3.5 Analysis/Definition Duties, Contractor shall, in accordance with Exhibit A and Exhibit B and subject to State approval: a) Develop and submit to the State requirements documents for the Solution; including functional, technical and integration requirements. Contractor's requirements document shall be subject to State's approval in accordance with Section 25; b) Conduct business requirements sessions for requirements for the Solution. Business requirements sessions shall be based upon the requirements contained within Exhibit A and Exhibit B. c) Document business requirements findings, conduct Gap Analysis, prepare high level process flow documents, develop test use cases, and deliver Gap Analysis to State.

Table 1 - Gap Analysis Requirements and Standards

1.3 Approach to Gap Analysis

The Gap Analysis describes whether or not the requirements specified in the Contract (Exhibits A and B), or those identified in the Business Architecture Sessions and documented in the Requirements Validation Documentation can be satisfied by the standard functionality of the COTS software or whether the software will require modifications in order to meet the requirements. When analyzing and describing the gaps, MAXIMUS will take into consideration any upgrades that are scheduled to occur in the COTS software products prior to the end of the development sprints (approximately April 2013).

MAXIMUS and MNHIX Project Managers have agreed upon an approach to submitting certain written deliverables at various points during the project lifecycle as the associated information and artifacts become available. The Gap Analysis is one of the written deliverables that will follow this pattern of delivery. The iterative system development approach we are using for developing the MNHIX business architecture and modifying the COTS solutions means that the Business Architecture and development team will follow an repeatable approach to validating requirements, defining the gaps between the requirements and the base functionality of the COTS products, producing artifacts and completing the configuration and development of the software solution.

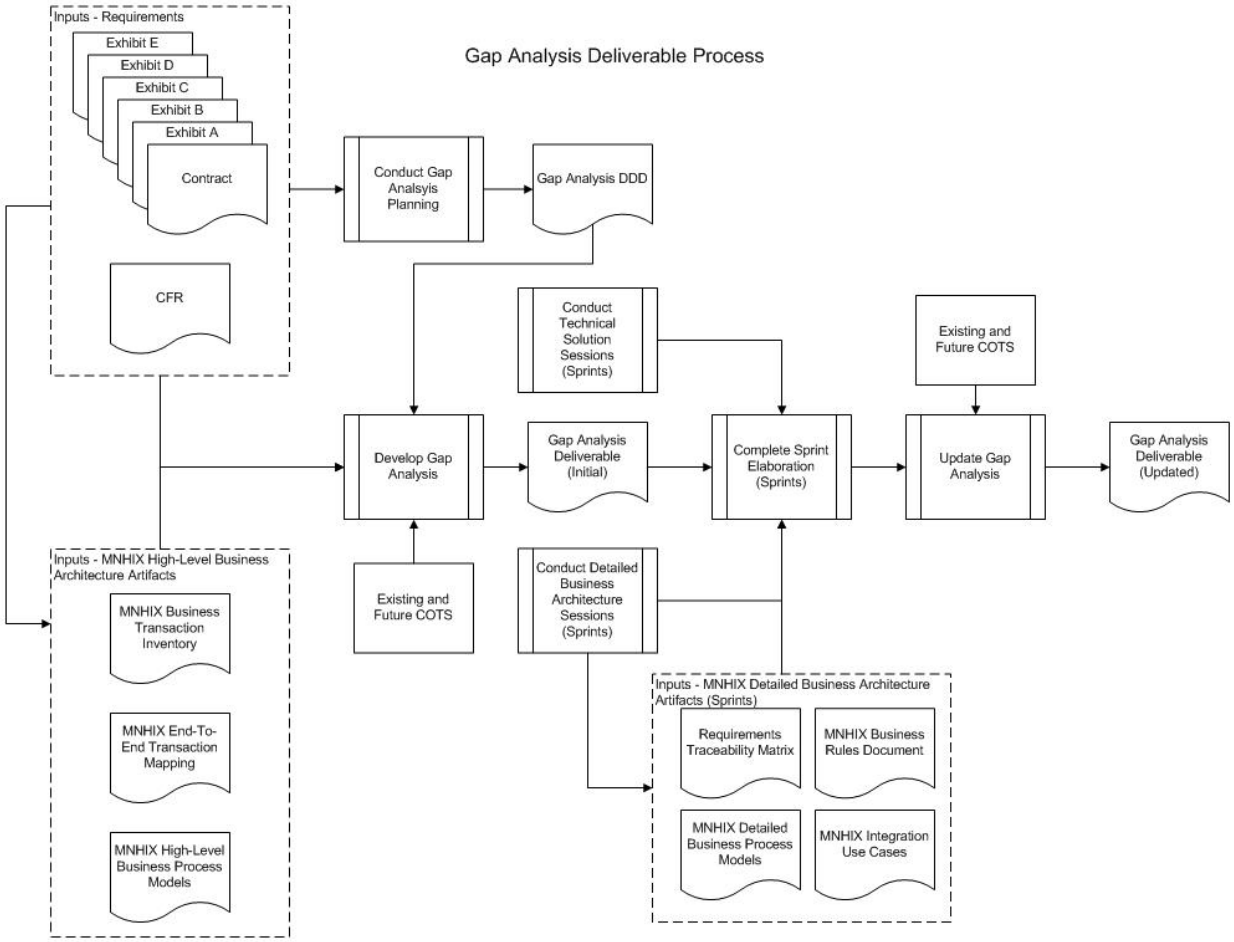

Figure 1 - Gap Analysis Deliverable Process

Based on this approach, which is illustrated in Figure 1, MAXIMUS will deliver the first version of the Gap Analysis at the end of the High-Level Business Architecture sessions after the associated Requirement Validation Documentation artifacts are developed. Analysts will compare the requirements in the contract and the information in the Requirements Validation Documentation to the capabilities of the current and future COTS products. The term “future COTS products” refers to the future state of the COTS software based on the planned enhancements to the products, being made by the vendors between the current time and the end of the project sprint cycles.

The Gap Analysis will then be updated and resubmitted during each development sprint in association with the updates to the Requirements Validation Documentation. During each development sprint more detailed information regarding the requirements of the Exchange will be exposed, creating the need to update the Requirements Validation Documentation and the Gap Analysis. The Gap Analysis document, including each updated version created and resubmitted during the development sprint cycles, is used in planning the content of subsequent development sprints. The content of the development sprints is the documented in Solution Planning Document.

The Gap Analysis uses a standardized table format to identify the requirements, gaps and gap solutions. Table 1 describes the columns in the standardized table format.

Gap Analysis Column Definitions	
Column	**Description**
Gap ID	A unique identifier assigned to each line item in the Gap Analysis.
Requirement Text	The text of the requirement a shown in the source document. The source of the requirement may be the Contract, Exhibits A or B, or the Requirements Traceability Matrix (RTM).
Requirement Source	Provides a reference to the source for the requirement. The source of the requirement may be the Contract, Exhibits A or B, or the Requirements Traceability Matrix (RTM).
Requirement Type	Provides the classification of the type of requirement (e.g. business or technical).
Requirement Source ID	Provides a reference to the ID of the requirement in the Requirement Source. The Requirement Source will have its own identifier for the requirement. The source of the requirement may be the Contract, Exhibits A or B, or the Requirements Traceability Matrix(RTM)
Module ID	A numeric reference to the Module number as described in the contract, when applicable.
Business Transaction	A reference to the business transaction identifier as shown in BTI, when applicable.
Process Model	A reference to the business process model, when applicable.
COTS Indicator	Indicates whether the requirement is satisfied by the base COTS product or not. Values in this column are either “Yes” or “No”. A “Yes” value indicates that the requirement is satisfied by the COTS product “Out-Of-The-Box” (OOTB). A “No” value indicates that a gap exists between the COTS functionality OOTB and the required solution. Filling a gap may only require configuration of the COTS product, or may require custom development to modify the product or create the necessary system integration components.
Gap Solution	If the COTS Indicator is “No”, a description of solution necessary to fill the gap. The solution may require configuration or modification to one or more COTS products, or may require custom development.

Table 2 - Gap Analysis Standardized Table Format

1.4 COTS Listing

The gaps identified in this document were conducted against the specific modules that are listed in Table: ‘MNHIX COTS Modules’ below.

Module	Vendor	Software	Version
Individual Eligibility and Exemption	IBM Cúram	• IBM Cúram Enterprise Framework • IBM Cúram Evidence Broker • IBM Cúram Financial Management • IBM Cúram Global Medical Assistance • IBM Cúram Funded Program Management • IBM Cúram Intelligent Evidence	•

Module	Vendor	Software	Version
		Gatherin • IBM Cúram Verification • IBM Cúram Business Intelligence and Analytics • IBM Cúram Citizen Portal • IBM Cúram Health Care Bundle	
Individual Enrollment	Connecture	• Connecture StateAdvantage • Individual/AHBE: Shopping; • Individual/AHBE: Initial Enrollment; • Individual/AHBE: Renewals/Re-enrollment.	•
Small Employer Eligibility and Enrollment	Connecture	• SHOP-Shopping (Employer and Employee) • SHOP-Enrollment (Employer and Employee) • SHOP-Employer Maintenance • SHOP-Employee Maintenance • SHOP-Employer Renewal.	•
Health Benefit Plan and Navigator-Broker Certification and Display	Connecture	• Health Plan Management (Plan and Rate Maintenance)	•
Provider Display	Connecture	• Provider Facilities/Directory and Search	•
Fund Aggregation	EngagePoint	• Bill Generation • Bill Aggregation • Bill Presentment • Payment Processing • Reconciliation • Payment Disbursement • Exception Handling • Notifications	•
Account Administration	EngagePoint	ezAudit ezNotification Master Data Services	

Table 3 - MNHIX COTS Modules

2. Module 1 - Individual Eligibility and Exemption

The Individual Eligibility and Exemption Module includes MNHIX functions which determine and process eligibility for an individual before that individual is allowed to purchase health insurance coverage through the MNHIX.

Module 1 must be able to interface with other MNHIX Modules and determine eligibility for Medicaid, Children's Health Insurance Program (CHIP), other state programs, premium tax credits, cost-sharing reductions and potentially a Basic Health Plan. The Contractor's Solution shall be designed, developed and implemented to support future scaling to include future eligibility determination and transfer of data for additional health care programs and human services programs including, but not limited to Temporary Assistance for Needy families (TANF), Cash Assistance, Supplemental Nutrition Assistance Program (SNAP), Child Care Assistance (CCA) and Child Support.

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
1	Provide information on health programs and screen eligibility of programs without log-in or account creation.	Exhibit A	ExA III(a)	1	19: Process Applications	IND370	Yes	The framework for satisfying this requirement comes OOTB. Will need list of program specific rules and detailed screening information from State in order to produce rules diagrams in the Curam Rules Editor.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
2	The Contractor's Solution will provide the ability to perform Pre-Screening through the use of the Contractor's standard calculator functionality for individuals to determine MNHIX participation, potential eligibility for Insurance Affordability Programs: advance payments of the premium tax credit, cost-sharing reductions, MAGI Medicaid, CHIP, and State-established Insurance Affordability Programs related initiatives (e.g., Basic Health Program or additional premium incentives as defined in the ACA), and potential exemptions from the individual mandate, by displaying and capturing an individual's responses to a limited set of questions without-requiring an individual to log-in.	Exhibit A	ExA III(a)(1)		8:Perform Eligibility	IND370 IND480 IND490 IND500	Yes	An anonymous pre-screening calculator is provided OOTB in the HCR solution. Specific language displayed to users in the results is configurable.	Functional
3	The Contractor's Solution shall ask the following three questions in support screening: (1) Are you over 65? (2) Are you disabled? and (3) Are you blind?	Exhibit A	ExA III(a)(2)	1	19: Process Applications	IND380	Yes	The framework exists OOTB. Will need a list of program specific rules and detailed screening information from the State in order to produce rules diagrams in the Curam Rules Editor.	Functional
4	The Contractor's Solution shall provide Screening functionality to Users per all state and federal requirements to efficiently and accurately determine potential eligibility for programs.	Exhibit A	ExA III(a)(3)	1	8:Perform Eligibility	IND380	No	The framework exists OOTB. Will need a list of program specific rules and detailed screening information from the State in order to produce rules diagrams in the Curam Rules Editor.	Functional
5	The Contractor's Solution shall allow Assisters to enter the answers to the three screening questions on behalf of an individual.	Exhibit A	ExA III(a)(4)	1	8:Perform Eligibility	IND380	Yes	An anonymous pre-screening calculator is provided OOTB in the HCR solution.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
6	The Contractor's Solution will display results of Pre-Screening and Screening to an individual and display State provided information on how to apply. Regardless of results, individuals may apply for full eligibility determination through existing State provided channels.	Exhibit A	ExA III(a)(5)	1	8:Perform Eligibility	IND380 IND480 IND490 IND500	No	Specific language related to the Pre-Screening and Screening results is configurable. The application processed through the Exchange or other existing state channels are not controlled by these results.	Functional
7	The Contractor's Solution shall allow individuals to create an account to save information entered during the screening process, and later continue the Screening process using the saved data.	Exhibit A	ExA III(a)(6)	1	2: Manage Authentication; 5: Identity Matching	IND380	Yes	User account creation will be done in collaboration with Module 7. The ability to save and continue during the application process is OOTB.	Functional
8	Provide for collection of information on individuals to create an account in the MNHIX and guide Users through appropriate options (7)	Exhibit A	ExA III(b)	1	2: Manage Authentication; 5: Identity Matching; 13: Process Individual Changes; 6: Perform Data Verification		No	User account creation will be done in collaboration with Module 7.	Functional
9	The Contractor's Solution shall determine if a User does not already have an existing account within the MNHIX. (7)	Exhibit A	ExA III(b)(1)	1	2: Manage Authentication; 5: Identity Matching		No	User account creation will be done in collaboration with Module 7.	Functional
10	The Contractor's Solution shall allow a User to recover User account log-in information, with this requirement provided via a link to the Identity Management Software. (7)	Exhibit A	ExA III(b)(1)(A)	1	2: Manage Authentication		Yes	User account creation will be done in collaboration with Module 7.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
11	The Contractor's Solution shall allow Users to update data about themselves and other members of the User's household per program rules and in support of change in circumstance processing associated with Module 1. (7)	Exhibit A	ExA III(b)(1)(B)	1	13: Process Individual Changes		Yes	User account creation will be done in collaboration with Module 7.	Functional
12	The Contractor's Solution shall create a new User account if the User is not registered within the MNHIX. The creation of the new user account will be triggered from Module 1 but stored in, and managed by the Identity Management System (7)	Exhibit A	ExA III(b)(2)	1	2: Manage Authentication		Yes	User account creation will be done in collaboration with Module 7.	Functional
13	The Contractor's Solution will be able to authenticate the identity of Users electronically.	Exhibit A	ExA III(b)(2)(A)	1	2: Manage Authentication		Yes	User account creation will be done in collaboration with Module 7.	Functional
14	The Contractor's Solution will request information such as Social Security Number ("SSN") and date of birth ("DOB") to allow for authentication of data by external means by	Exhibit A	ExA III(b)(2)(A)(i)	1	2: Manage Authentication; 5: Identity Matching		Yes	The Curam HCR solution provides OOTB functionality to request demographic data that will be used to verify application data.	Functional
15	Gathering information from external data sources such as the Department of Motor Vehicles, credit reporting agencies and other public data sources.	Exhibit A	ExA3(b)(2)(A)(i)(1)	1	6: Perform Data Verification		Yes	The HCR product will integrate with the Module 7 solution to retrieve verification data from external sources.	Functional
16	Requesting the User to answer knowledge-based questions based on data gathered from the called routine to facilitate authentication of identity.	Exhibit A	ExA III(b)(2)(A)(i)(2)	1	2: Manage Authentication; 5: Identity Matching		No	Need to define the knowledge based answers and integrate with Module 7 solution.	Functional
17	Comparing Users' answers to the knowledge based identification questions with data gathered from available sources.	Exhibit A	ExA III(b)(2)(A)(i)(3)	1	2: Manage Authentication; 5: Identity Matching		No	Need to define the knowledge based answers and integrate with Module 7 solution.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
18	The Contractor's Solution shall allow Assisters to manually record that they have authenticated the identity of the User through non-electronic verification mechanisms. Assisters will use the standard contractor solution interface to meet this requirement.	Exhibit A	ExA III(b)(2)(B)	1			Yes	Assisters will use OOTB evidence verification features to meet this requirement.	Functional
19	Accept, locate, match and verify data needed to determine eligibility for Insurance Affordability Programs and related exemptions from Users and associated Users.	Exhibit A	ExA III(c)	1	19: Process Applications; 6: Perform Data Verification; 23: Perform Eligibility Reevaluation	IND390 IND400 IND480 IND490 IND500	No	Portions of this high-level requirement are covered OOTB and configurable functionality. Additional portions will need to be built to integrate with the ESB.	Functional
20	The Contractor's Solution shall display to Users with information provided by the State associated with privacy practices, rights, and responsibilities in accordance with federal and state requirements.	Exhibit A	ExA III(c)(1)	1	19: Process Applications	IND400	No	The online application provides standard language related to rights and responsibilities which can be configured to meet state specific requirements.	Functional
21	The Contractor's Solution will provide the User the ability to indicate their acceptance or refusal of these terms, and the consequences of not accepting, for non-SHOP healthcare programs. If a user does not accept the terms it will stop the process.	Exhibit A	ExA III(c)(1)(A)	1	19: Process Applications	IND400	Yes	The online application feature contains a method to allow a user to indicate authorization to use personal information for verification purposes.	Functional
22	The Contractor's Solution will collect the required data necessary to determine eligibility for Insurance Affordability Programs based on State provided requirements.	Exhibit A	ExA III(c)(2)	1		IND400	No	The online application provided OOTB asks questions based on federal requirements. Additional questions can be configured based on state requirements.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
23	The Contractor's Solution will determine, based on State provided requirements, which data elements require verification. The acceptable mechanisms for verification are electronic, self-attestation, or paper.	Exhibit A	ExA III(c)(2)(A)	1	6: Perform Data Verification		No	Evidence Verification is provided OOTB but will need to be configured for state specific needs.	Functional
24	The Contractor's Solution will attempt to electronically verify data elements requiring verification and tolerance for the transaction utilizing standard methodologies that include error handling if data elements are not properly returned.	Exhibit A	ExA III(c)(2)(B)	1	6: Perform Data Verification		No	The HCR product will integrate with the Module 7 solution to retrieve verification data from external sources. Additional requirements related to data accuracy tolerance will be configured with the HCR product to meet state needs.	Functional
25	The Contractor's Solution will attempt to verify relevant data with state sources and the Federal data services hub.	Exhibit A	ExA III(c)(2)(C)	1	23: Perform Eligibility Reevaluation; 6: Perform Data Verification		No	The HCR product will integrate with the Module 7 solution to retrieve verification data from external sources.	Functional
26	The Contractor's Solution will attempt to electronically gather information from external sources.	Exhibit A	ExA III(c)(2)(D)	1	6: Perform Data Verification	IND400	No	The HCR product will integrate with the Module 7 solution to retrieve verification data from external sources.	Functional
27	The Contractor's Solution shall provide Users the ability to view and attest to self-specific data collected from external sources.	Exhibit A	ExA III(c)(2)(D)(i)	1	6: Perform Data Verification	IND400	Yes	The online application provides the ability to attest to the accuracy of externally obtained data.	Functional
28	The Contractor's Solution will electronically verify information.	Exhibit A	ExA III(c)(2)(E)	1	23: Perform Eligibility Reevaluation; 6: Perform Data Verification		No	The HCR product will integrate with the Module 7 solution to retrieve verification data from external sources.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
29	The Contractor's Solution will entail Users having the ability to refute the accuracy of external data sources and submit additional information.	Exhibit A	ExA III(c)(2)(E)(i)	1	6: Perform Data Verification		Yes	The online application provides the option for users to indicate that external data is incorrect and provide accurate information.	Functional
30	The Contractor's Solution shall allow Assisters to manually verify information if necessary. Assisters will use the standard contractor solution interface to meet this requirement.	Exhibit A	ExA III(c)(2)(E)(ii)	1	6: Perform Data Verification		Yes	Assisters will use OOTB evidence verification features to meet this requirement.	Functional
31	The Contractor's Solution will use data received from an external source.	Exhibit A	ExA3(c)(2)(F)	1	6: Perform Data Verification		No	Integration with Module 7 is necessary to provide access to external data. Once information is recorded as evidence it will be used by eligibility and case maintenance functions OOTB.	Functional
32	The Contractor's Solution will provide functionality to support the implementation of the "reasonable compatibility" and self-attestation verification policy and procedures.	Exhibit A	ExA III(c)(2)(G)	1	6: Perform Data Verification		No	The HCR product will be configured to meet the state requirements surrounding attestation and reasonable compatibility.	Functional
33	The Contractor's Solution will support uploading of documents into an Electronic Document Management System (EDMS) with accurate indexing or tracking. The EDMS, its provision, installation, configuration, integration and all implementation work, including work associated with indexing and tracking, is the responsibility of the State.	Exhibit A	ExA III(c)(2)(H)	1			No	Need to develop EDMS integration.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
34	The Contractor's Solution shall ensure Users have the ability to query the State EDMS system for and view verification documents that have been loaded into the system.	Exhibit A	ExA III(c)(2)(H)(i)	1			No	Need to develop EDMS integration.	Functional
35	The Contractor's Solution shall send notification of alternative verification options to User and/or Assisters when electronic documents are not available. (7)	Exhibit A	ExA III(c)(2)(H)(ii)	1			No	Need to develop EDMS integration.	Functional
36	The Contractor's Solution shall ensure Users shall have the ability to provide alternative verification documents.	Exhibit A	ExA III(c)(2)(H)(iii)	1			No	Need to develop EDMS integration.	Functional
37	The Contractor's Solution shall ensure that Assisters have the ability to manually verify uploaded documents via query to the State EDMS system, subject to appropriate role-based authorities.	Exhibit A	ExA III(c)(2)(H)(iv)	1			No	Need to develop EDMS integration.	Functional
38	The Contractor's Solution shall allow Assisters to enter case notes that can be associated both to an individual User and to the User's electronic case file. Assisters will use the standard IBM Cúram functionality to meet this requirement.	Exhibit A	ExA III(c)(2)(I)	1	Assister/Ability to create case notes on a linked individual or employee. (Internal Only)		Yes	Only Internal CSR will have access to case notes.	Functional
39	The Contractor's Solution will provide a signature mechanism (e.g. check box) to meet State provided requirements.	Exhibit A	ExA III(c)(2)[sic] should be ExA III(c)(3)	1	19: Process Applications	IND400	Yes	The online application provides an OOTB method for a user to accept/sign prior to submission.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
40	Determine eligibility for Insurance Affordability Programs advance payments of the premium tax credit, cost-sharing reductions, MAGI Medicaid, CHIP, State-established Insurance Affordability Programs related initiatives (e.g., Basic Health Program or additional premium incentives as defined in the ACA), and potential exemptions from the individual mandate.	Exhibit A	ExA III(d)	1	1: Receive Inbound Requests; 3: Send Information to Trading Partners; 4: Process Appeals; 5: Perform Identity Matching; 6: Perform Data Verification; 8: Perform Eligibility; 9: Determine Tax Credits; 15: Send Notification; 19: Process Applications; 20: Process Enrollments; 23: Perform Eligibility Reevaluation; 25: Process Exemptions; 27: Initiate Renewal	IND390 IND480 IND490 IND500	Yes	This high level requirement is satisfied by multiple OOTB areas of the HCR product as well as integration with other Modules of the overall HIX solution.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
41	The Contractor's Solution will develop rules for and deploy a rules engine to determine eligibility for Insurance Affordability Programs: advance payments of the premium tax credit, cost-sharing reductions, MAGI Medicaid, CHIP, State-established Insurance Affordability Programs related initiatives (e.g., Basic Health Program or additional premium incentives as defined in the ACA), and potential exemptions from the individual mandate. Determinations must be made according to State provided requirements.	Exhibit A	ExA III(d)(1)	1	9: Determine Tax Credits; 8: Perform Eligibility	IND390 IND480 IND490 IND500	Yes	Federal rules for MAGI, CHIP and Insurance Assistance are provided OOTB.	Functional
42	The Contractor's Solution shall facilitate referrals and transfers to the Medicaid agency or its designee for individuals who require or request a non-MAGI eligibility determination.	Exhibit A	ExA III(d)(1)(A)	1	19: Process Applications	IND400 IND480 IND490 IND500	No	Integration with Module 7 is necessary to facilitate the referral process with external systems.	Functional
43	The Contractor's Solution shall be consistent with the requirements of with Section III, Part e of this Exhibit.	Exhibit A	ExA III(d)(1)(B)	1	8: Perform Eligibility	IND480 IND490 IND500	Yes	The OOTB HCR produce provides federally compliant rules in a manner that will allow them to be updated or expanded at a future date using the Curam Rules framework.	Functional
44	The Contractor's Solution will use the rules engine for Module 1.	Exhibit A	ExA III(d)(1)(C)	1	8: Perform Eligibility	IND480 IND490 IND500	Yes	The OOTB HCR product provides federally compliant rules in a manner that will allow them to be updated or expanded at a future date using the Curam Rules framework.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
45	The Contractor's Solution shall support State specified requirements regarding the interaction of the MAGI Medicaid program and other non-MAGI Medicaid programs so that individuals are not incorrectly denied or terminated due to MAGI Medicaid eligibility status.	Exhibit A	ExA III(d)(2)	1	8: Perform Eligibility	IND480 IND490 IND500	No	Curam OOTB provides federal requirements; additional state requirements will be configured.	Functional
46	The Contractor's Solution shall determine eligibility for individual mandate exemptions.	Exhibit A	ExA III(d)(3)	1	8: Perform Eligibility; 25: Process Exemptions		Yes	The HCR product rules provide the ability to determine eligibility for Exemptions OOTB.	Functional
47	The Contractor's Solution shall automatically determine required verifications, per State provided requirements	Exhibit A	ExA III(d)(4)	1	6: Perform Data Verification		No	Evidence Verification is provided OOTB but will need to be configured for State specific needs.	Functional
48	The Contractor's Solution will inform Users of eligibility determination results, reductions in eligibility and benefits, and processing delays. Communications to Users shall meet all notice and correspondence requirements including but not limited to, security, data privacy, appeal rights, and federal and state notice requirements. (7)	Exhibit A	ExA III(d)(5)	1	15: Send Notification; 8: Perform Eligibility	IND390 IND480 IND490 IND500	No	Integration with Module 7 will provide the ability to trigger and generate state defined correspondence.	Functional
49	The Contractor's Solution shall display eligibility and exemption information to Assisters. (7)	Exhibit A	ExA III(d)(6)	1	8: Perform Eligibility; 25: Process Exemptions	IND480 IND490 IND500	Yes	The HCR product provides the ability to view eligibility and exemption data OOTB to users and Assisters.	Functional
50	The Contractor's Solution will interface MAGI Medicaid/CHIP eligibility information to DHS systems as required.	Exhibit A	ExA III(d)(6)(A)	1	3: Send Information to Trading Partners; 23: Perform Eligibility Reevaluation		Yes	Integration with Module 7 will provide the ability to send information to external systems.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
51	The Contractor's Solution shall allow Assisters to view more detailed information on eligibility calculations including, but not limited to, income calculations. Assisters will use the standard IBM Cúram functionality to meet this requirement.	Exhibit A	ExA III(d)(6)(B)	1	19: Process Applications		No	Case Management functionality is provided OOTB and will be configured using role based security to allow specific users access to specific case related information.	Functional
52	The Contractor's Solution shall accept appeals information in accordance with agreed upon business requirements.	Exhibit A	ExA III(d)(7)	1	4: Process Appeals		No	Integration with Module 7 is needed to access appeal related status information. Additional state related requirements need to be defined to allow for the display of specific Appeal related data.	Functional
53	The Contractor's Solution shall ensure Users will be informed of appeal process.	Exhibit A	ExA III(d)(7)(A)	1	4: Process Appeals		No	Integration with Module 7 is needed to access appeal related status information. Additional state related requirements need to be defined to allow for the display of specific Appeal related data.	Functional
54	The Contractor's Solution will accept and transfer information to appropriate appeals management entity.	Exhibit A	ExA III(d)(7)(B)	1	4: Process Appeals		No	Integration with Module 7 is needed to access appeal related status information. Additional state related requirements need to be defined to allow for the display of specific Appeal related data.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
55	The Contractor's Solution will receive information from appeals management entity on status/outcomes for display on User account page.	Exhibit A	ExA III(d)(7)(C)	1	4: Process Appeals		No	Integration with Module 7 is needed to access appeal related status information. Additional state related requirements need to be defined to allow for the display of specific Appeal related data.	Functional
56	The Contractor's Solution shall ensure support of continued coverage under certain circumstances pending an appeal and support overpayment determination functionality if User loses appeal.	Exhibit A	ExA III(d)(7)(D)	1	4: Process Appeals		No	Integration with Module 7 is needed to access appeal related status information. Additional state related requirements need to be defined to allow for the display of specific Appeal related data.	Functional
57	The Contractor's Solution will allow for and determine renewal of eligibility and exemptions according to State provided requirements.	Exhibit A	ExA III(d)(8)	1	27: Initiate Renewal;		Yes	Curam OOTB provides the ability to re-determine eligibility.	Functional
58	The Contractor's Solution will determine eligibility and exemption changes during a coverage year according to federal and state requirements.	Exhibit A	ExA III(d)(9)	1	13: Process Individual Changes; 23: Perform Eligibility Reevaluation		Yes	Curam OOTB provides the ability to determine eligibility based on updated data (user provided or obtained through external sources.)	Functional
59	The Contractor's Solution will support Users reporting changes via the Solution's established interfaces.	Exhibit A	ExA III(d)(10)	1	13: Process Individual Changes		Yes	Curam OOTB provides a method for a user/assister to provide updated data which can be used to re-determine eligibility.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
60	The Contractor's Solution shall be designed, developed and implemented to support future scaling to and extensibility to include future eligibility determination and transfer of data for additional health care programs and human services programs including, but not limited to Temporary Assistance for Needy families (TANF), Cash Assistance, Supplemental Nutrition Assistance Program (SNAP), Child Care Assistance (CCA) and Child Support.	Exhibit A	ExA III(d)(11)	1	8: Perform Eligibility	IND480 IND490 IND500	Yes	The OOTB HCR product provides federally compliant rules in a manner that will allow them to be updated or expanded at a future date using the Curam Rules framework.	Functional
61	The Contractor's Solution shall support case assignment functionality in accordance with State provided requirements. The solution will provide basic organizational unit assignment and basic work queue assignment functionality.	Exhibit A	ExA III(d)(12)	1			No	Work queues and workflow will be configured to meet state specific needs.	Functional
62	The Contractor's Solution will support eligibility determinations for time periods prior to the date an application was submitted(though no earlier than October 1, 2013), as well as for past, current and future calendar months based on State provided requirements and the extent of rules available in Module 1.	Exhibit A	ExA III(d)(13)	1	1: Receive Inbound Requests; 8: Perform Eligibility	IND480 IND490 IND500	Yes	The HCR solution provides an OOTB method to determine retroactive and future functionality.	Functional
63	The Contractor's Solution will accept and process applications via the Solution's established interfaces and through direct entry by Assisters. Assisters will use the standard IBM Cúram functionality to meet this requirement.	Exhibit A	ExA III(d)(14)	1	19: Process Applications; 20: Process Enrollments	IND400	Yes	The OOTB HCR product provides an online application that can be used directly or by Assisters.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
64	The Contractor's Solution will support State provided MAGI Medicaid/CHIP specific requirements including those associated with, determination of cost effective health insurance and medical support per federal and state requirements.	Exhibit A	ExA III(d)(15)	1	8: Perform Eligibility	IND390 IND480 IND490 IND500	Yes	The OOTB HCR product provides federally compliant rules in a manner that will allow them to be updated or expanded at a future date using the Curam Rules framework.	Functional
65	The Contractor's Solution captures up to 15 data elements associated with a third party liability and make them available to the Medicaid/CHIP agency.	Exhibit A	ExA III(d)(16)	1	3: Send Information to Trading Partners; 19: Process Applications	IND400	No	State specific data related to TPL will need to be configured as part of the online application. Integration with Module 7 is necessary to transfer this information to external systems.	Functional
66	The Contractor's Solution will support the receipt and processing of notifications from the Medicaid/CHIP agency regarding changes in Medicaid/CHIP eligibility (e.g., from MAGI to non-MAGI).	Exhibit A	ExA III(d)(17)	1	23: Perform Eligibility Reevaluation		No	Integration with Module 7 is necessary in order to support the receipt of data from external sources.	Functional
67	The Contractor's Solution will support the manual receipt of a referral from the State Medicaid Agency and determine eligibility for the Insurance Affordability Programs.	Exhibit A	ExA III(d)(18)	1	1: Receive Inbound Requests; 19: Process Applications; 8: Perform Eligibility	IND390 IND400	Yes	Curam OOTB provides a method to enter an application online which will be used to determine/re-determine eligibility.	Functional
68	The Contractor's Solution will support presumptive eligibility processing per agreed upon requirements. The Contractor will provide up to 160 hours of work in support of presumptive eligibility.	Exhibit A	ExA III(d)(19)	1			No	Details for the presumptive eligibility solution will be clarified during pre-sprint/sprint activities	Functional
69	The Contractor's Solution will transition a User determined presumptively eligible to a full determination per agreed upon requirements. Contractor support is as included in the previous requirement.	Exhibit A	ExA III(d)(20)	1			No	Details for the presumptive eligibility solution will be clarified during pre-sprint/sprint activities	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
70	The Contractor's Solution shall notify MAGI Medicaid/CHIP applicants/enrollees of other benefits they may apply for as per State provided requirements. The Contractor will support this requirement for the web channel. The Contractor will support the other channels determined necessary by the state based on mutual agreement.	Exhibit A	ExA III(d)(21)	1	15: Send Notification	IND380 IND480 IND490 IND500	No	Screening requirements will be configured to meet state needs. Integration with Module 7 will be necessary to trigger notifications to be sent.	Functional
71	The Contractor's Solution shall interact with Medicaid/CHIP systems in support of identity management features to send and receive data	Exhibit A	ExA III(d)(22)	1	2: Manage Authentication; 5: Perform Identity Matching		No	Integration with Module 7 is necessary in order to support the receipt/transfer of data from and to external sources.	Functional
72	The Contractor's Solution shall issue a unique MNHIX User identifier and maintain User uniqueness. (7)	Exhibit A	ExA III(d)(22)(A)	1	2: Manage Authentication; 5: Perform Identity Matching		No	User account creation and management will be done in collaboration with Module 7.	Functional
73	Based upon established criteria, the Contractor's Solution shall validate a User's existence with the Minnesota Department of Human Service's MMIS systems.	Exhibit A	ExA III(d)(22)(B)	1	5: Perform Identity Matching		No	User account creation and management will be done in collaboration with Module 7.	Functional
74	For Users currently known to MMIS, the MNHIX will use the existing identifier, known as the MMIS recipient identifier in addition to the MNHIX identifier.	Exhibit A	ExA III(d)(22)(B)(i)	1	5: Perform Identity Matching		No	User account creation and management will be done in collaboration with Module 7.	Functional
75	For Users not already known to MMIS, the MNHIX system will be responsible for assigning a unique MMIS recipient identifier to be used by MMIS and the MNHIX, in addition to the MNHIX identifier.	Exhibit A	ExA III(d)(22)(B)(ii)	1	5: Perform Identity Matching		No	User account creation and management will be done in collaboration with Module 7.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
76	The Contractor's Solution shall provide a person search function and will allow the reconciliation of User account issues. The contractor will provide up to 160 hours of work in support of person, person splitting and synchronization with MMIS.	Exhibit A	ExA III(d)(22)(C)	1	5: Perform Identity Matching		No	IBM Cúram will provide support for 160 hours.	Functional
77	If, after the assignment of an MMIS identifier, a person is found to be the same as another person, the MNHIX will provide the functionality for 'merging' the person's multiple identities and appropriately communicating with MMIS.	Exhibit A	ExA III(d)(22)(C)(i)	1	5: Perform Identity Matching		No	IBM Cúram will provide support for 160 hours.	Functional
78	If a single identified person is determined to be two persons, the MNHIX will be responsible for splitting the person and appropriately communicating with MMIS.	Exhibit A	ExA III(d)(22)(C)(ii)	1	5: Perform Identity Matching		No	IBM Cúram will provide support for 160 hours.	Functional
79	The Contractor's Solution shall support Administrative program maintenance including, federal poverty level changes per State provided ACA requirements.	Exhibit A	ExA III(d)(23)	1	8: Perform Eligibility		Yes	IBM Cúram has the capability to maintain the rate tables used by eligibility rules with time period specific data OOTB.	Functional
80	The Contractor's Solution will support batch processing for known events that will affect eligibility including, but not limited to, Medicaid/CHIP age changes. The MNHIX shall determine eligibility and document on any enrolled individual the action taken per State provided requirements.	Exhibit A	ExA III(d)(24)	1	23: Perform Eligibility Reevaluation	IND480 IND490 IND500	No	IBM Cúram has the ability to re-determine eligibility OOTB based on changes to information. State specific scenarios surrounding mass change functionality will need to be defined.	Functional
81	The Contractor's Solution shall allow Contractor to design, develop and generate reports for programmatic and operational management per federal and state requirements.	Exhibit A	ExA III(d)(25)	1	No BTI/BT Needed		No		Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
82	The Contractor's Solution shall support interaction with Income and Eligibility Verification System (IEVS), New Hire, and Public Assistance Reporting Information System (PARIS) match processes, per State provided requirements. Contractor's scope for this requirement is limited to 80 hours of work throughout the Project.	Exhibit A	ExA III(d)(26)	1	23: Perform Eligibility Reevaluation		No	IBM Cúram will create the web service registry to integrate with Module 7 in support of this functionality.	Functional
83	The Contractor's Solution shall provide the ability to redetermine Medicaid/CHIP eligibility for past periods and to provide a notice to individuals when the individual was previously found eligible/ineligible in error. The Contractor's solution will support redetermination of eligibility for past periods as standard functionality and rules defined in the system.	Exhibit A	ExA III(d)(27)	1	15: Send Notification; 1: Receive Inbound Requests; 8: Perform Eligibility	IND480 IND490 IND500	Yes	IBM Curam OOTB provides the ability to re-determine eligibility. Integration with Module 7 will allow relevant notices to be generated related to changes in eligibility.	Functional
84	Provide functionality to allow Assisters to manage the cases of individuals, families and households, and employers and employees associated with the Assister.	Exhibit A	EXA III(f)	1	1: Receive Inbound Requests; 5: Break the Link with Individuals or Employees that will no longer be Assisted; 6: Perform Data Verification; 8: Perform Eligibility; 13: Process Individual Changes; 14: Manage Assister Linkage to Individual; 15: Send Notifications; 19: Process Applications	IND390 IND400	No	Portions of this high-level requirement are covered by OOTB and configurable functionality. Additional portions will need to be built to integrate with the overall Appeals solution.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
85	The Contractor's Solution shall provide agreed upon case management functionality across Insurance Affordability Programs. Assisters will use the standard IBM Cúram functionality to meet this requirement.	Exhibit A	EXA III(f)(1)	1	19: Process Applications		Yes	Case Management functionality is provided OOTB and will be configured using role based security to allow specific users access to specific case related information.	Functional
86	The MNHIX will provide functionality to allow Assisters to perform actions on behalf of Users.	Exhibit A	EXA III(f)(2)	1	19: Process Applications	IND400	Yes	Case Management functionality is provided OOTB and will be configured using role based security to allow specific users access to specific case related information.	Functional
87	The Contractor's Solution shall provide Assisters case management functions necessary for them to perform necessary actions within the MNHIX. These actions include: completing an application, manually verifying a user's documentation, sending a user a notice or other communication, completing an eligibility redetermination/ renewal, or reporting changes in information related to eligibility determinations. (1, 2, 3)	Exhibit A	EXA III(f)(2)(A)	1	19: Process Applications; 8: Perform Eligibility; 15: Send Notifications	IND390 IND400 IND480 IND490 IND500	Yes	Case Management functionality is provided OOTB and will be configured using role based security to allow specific users access to specific case related information.	Functional
88	The Contractor's Solution shall provide ability for individuals to terminate a relationship with an Assister which results in the Assister immediately losing all access rights to the User's information on the MNHIX. Revocation of access rights will be provided by a call to a Contractor provided routine or similar function. (7)	Exhibit A	EXA III(f)(2)(B)	1	14: Manage Assister Linkage to Individual; 5: Break the Link with Individuals or Employees that will no longer be Assisted		Yes	The HCR solution provides a method OOTB for an individual to disassociate themselves from an Assister.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
89	The Contractor's Solution will include customizable dashboard functionality for Assisters, to allow Assisters to view the following key metrics, including applications and renewals in queue, appeals, actions taken, and referrals. The functionality must allow for individual caseworker or case bank caseworker support where case bank caseworker support allows a caseworker to access the next case in a queue of cases not yet assigned.	Exhibit A	EXA III(f)(2)(C)	1	19: Process Applications	IND400	No	Work queues and workflow will be configured to meet state specific needs.	Functional
90	The Contractor's Solution shall allow Assisters to send notices and letters to Users for special circumstances, using pre-populated templates with the ability to incorporate free-form text. The Solution must store a copy of the notice and letter to the same extent as other notice requirements.	Exhibit A	EXA III(f)(2)(D)	1	15: Send Notification		Yes	Integration with Module 7 will be necessary to allow for the triggering and generation of state specific communications.	Functional
91	The Contractor's Solution shall allow Assisters to manually verify information that is not verified electronically or through reasonable compatibility.	Exhibit A	EXA III(f)(2)(E)	1	6: Perform Data Verification		Yes	Assisters will use OOTB evidence verification features to meet this requirement.	Functional
92	The Contractor's Solution or related third party tools will generate data and reports needed to notify and process User activities.	Exhibit A	EXA III(f)(3)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional
93	Enrollment trends	Exhibit A	EXA III(f)(3)(A)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
94	Eligibility determination outcomes	Exhibit A	EXA III(f)(3)(B)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional
95	Plan selection choices	Exhibit A	EXA III(f)(3)(C)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional
96	Premiums	Exhibit A	EXA III(f)(3)(D)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional
97	Assist Assisters	Exhibit A	EXA III(f)(3)(E)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional
98	User assistance	Exhibit A	EXA III(f)(3)(F)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional
99	User feedback and satisfaction	Exhibit A	EXA III(f)(3)(G)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional
100	Other reports defined during business requirement gathering sessions	Exhibit A	EXA III(f)(3)(H)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
101	The Contractor shall allow the creation of ad hoc reports by State Business Administrators through the standard reporting tool or third party dynamic reporting software.	Exhibit A	EXA III(f)(4)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram - MAXIMUS will be able to generate the data and reports.	Functional
102	The Contractor's Solution shall generate data and reports needed to comply with federal audit and oversight requirements.	Exhibit A	EXA III(f)(5)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional
103	The Contractor's Solution will generate data and reports needed to comply with federal MNHIX, Medicaid/CHIP and Quality control initiatives.	Exhibit A	EXA III(f)(5)(A)	1	BI/Reporting Requirement		No	As long as the data already exists in IBM Cúram – MAXIMUS will be able to generate the data and reports.	Functional
104	The Contractor's Solution will establish linking relationship between individuals, family/households, employers, employees, Assisters, insurers and health care providers and shall be displayed as appropriate.	Exhibit A	EXA III(f)(6)	1	19: Process Applications	IND400	Yes	The OOTB online application asks relationship related questions. Additionally OOTB Case Management functions allow other parties to be associated to a case/participant.	Functional
105	The Contractor's Solution will have functionality to reassess and determine eligibility based on new circumstances.(1, 2, 3, 4, 5)	Exhibit A	EXA III(f)(7)	1	13: Process Individual Changes		Yes	Curam OOTB provides the ability to re-determine eligibility.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
106	The Contractor's Solution will provide account case management functions for the management of Users by Assisters.	Exhibit A	EXA III(f)(8)	1	14: Manage Assister Linkage to Individual; 5: Break the Link with Individuals or Employees that will no longer be Assisted; 1: Receive Inbound Requests		No	Case Management functionality is provided OOTB and will be configured using role based security to allow specific users access to specific case related information.	Functional
107	The Contractor's Solution will be responsible for assigning a case identifier for MNHIX participants coming through the Exchange, using a format that is mutually agreed-upon and a process that assures the case identifier is not duplicated.	Exhibit A	EXA III(f)(8)(a)	1			No	Need additional information to determine which BTI this should map to.	Functional
108	For cases currently known to MMIS, the MNHIX will use the existing case identifier as the MMIS case identifier.	Exhibit A	EXA III(f)(8)(b)	1			No	Need additional information to determine which BTI this should map to.	Functional
109	The Contractor's Solution shall allow Assisters to perform actions on behalf of an individual.	Exhibit A	EXA III(f)(9)	1	14: Manage Assister Linkage to Individual; 5: Break the Link with Individuals or Employees that will no longer be Assisted; 1: Receive Inbound Requests		Yes	Case Management functionality is provided OOTB and will be configured using role based security to allow specific users access to specific case related information.	Functional
110	The Contractor's Solution shall allow Assisters to have the ability to add a narrative to a case and track and maintain changes over time.	Exhibit A	EXA III(f)(10)	1	19: Process Applications; 13: Process Individual Changes		Yes	Case Management functionality is provided OOTB and will be configured using role based security to allow specific users access to specific case related information.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
111	The Contractor's Solution will allow Users and Assisters to maintain and access a history of notices that have been sent to a beneficiary.	Exhibit A	EXA III(f)(11)	1	19: Process Applications; 13: Process Individual Changes		No	Case Management functionality is provided OOTB and will be configured using role based security to allow specific users access to specific case related information.	Functional
112	The Contractor's Solution will allow Assisters the ability to maintain and access a record history of a User's eligibility status over time.	Exhibit A	EXA III(f)(12)	1	19: Process Applications		Yes	Case Management functionality is provided OOTB and will be configured using role based security to allow specific users access to specific case related information.	Functional
113	The Contractor's Solution shall allow an Assister to be assigned to an account and/or have access to an account according to role-based security controls.	Exhibit A	EXA III(f)(13)	1	19: Process Applications		Yes	Case Management functionality is provided OOTB and will be configured using role based security to allow specific users access to specific case related information.	Functional
114	Determine eligibility for non-MAGI Medicaid and other state health care programs according to federal and state requirements and timeliness and performance standards. The Contractor's Solution is not required to have the functionality described under this Part e. Nonetheless, the Contractor's Solution under this contract shall be designed, developed and implemented in a manner that permits the scalability and future implementation of the requirements under this Part e.	Exhibit A	ExA III(e)	1				The highlighted text in the Requirement Text describes how this is not a requirement for this contact. Therefore, no Gap Solution is required.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
115	The Contractor's Solution will develop rules for and deploy a rules engine to determine eligibility for non-MAGI Medicaid and other state health care programs. All determinations must be made according to federal and state requirements and timeliness and performance standards. The rules engine design and architecture must also be able to integrate with and scale to support the eligibility determination of additional Human Services programs to include integration with other eligibility determination systems.	Exhibit A	ExA III(e)(1)	1	Perform Eligibility [Shared Transaction]		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
116	The Contractor's Solution will automatically determine required verifications and provide notice of verifications needed to User.	Exhibit A	ExA III(e)(2)	1	Individual/Perform Eligibility		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
117	The Contractor's Solution will inform Users of eligibility determination results, reductions in eligibility and benefits, and processing delays. Communications to Users shall meet all notice and correspondence requirements including but not limited to, security, data privacy, appeal rights, and federal and state notice requirements. (7)	Exhibit A	ExA III(e)(3)	1	Perform Data Verification [Shared Transaction]		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
118	The Contractor's Solution will communicate eligibility information to Assister. (7)	Exhibit A	ExA III(e)(4)	1	Send Notification [Shared Transaction]		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
119	The Contractor's Solution will interface non-MAGI Medicaid and other state health care programs eligibility information to DHS systems as required.	Exhibit A	ExA III(e)(4)(A)	1	Perform Eligibility [Shared Transaction]		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional

Module 1- Individual Eligibility and Exemption									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
120	The Contractor's Solution will incorporate eligibility results that allow appropriate Users to view more detailed information on eligibility calculations including, but not limited to, income calculations.	Exhibit A	ExA III(e)(4)(B)	1	Individual/Process Enrollments		Yes	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
121	The Contractor's Solution will accept and process appeals and coordinate where necessary across Modules.	Exhibit A	ExA III(e)(5)	1	Individual/Process Appeals		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
122	The Contractor's Solution will have the capability for Users to be informed of appeal process.	Exhibit A	ExA III(e)(5)(A)	1	Individual/Process Appeals		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
123	The Contractor's Solution will accept and transfer information to appropriate appeals management entity.	Exhibit A	ExA III(e)(5)(B)	1	Individual/Process Appeals		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
124	The Contractor's Solution will receive information from appeals management entity on status/outcomes for display on User account page.	Exhibit A	ExA III(e)(5)(C)	1	Individual/Process Appeals		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
125	The Contractor's Solution will support continued coverage under certain circumstances pending an appeal and support overpayment determination functionality if User loses appeal.	Exhibit A	ExA III(e)(5)(D)	1	Individual/Process Appeals		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
126	The Contractor's Solution will allow for and determine renewal of non-MAGI Medicaid and other state health care programs eligibility according to federal and state requirements.	Exhibit A	ExA III(e)(6)	1	Initiate Renewal		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
127	The Contractor's Solution will determine non-MAGI Medicaid and other state health care programs eligibility changes according to federal and state requirements.	Exhibit A	ExA III(e)(7)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional

Module 1- Individual Eligibility and Exemption									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
128	The Contractor's Solution will support Users reporting changes via the internet, phone, mail, and in-person and through other commonly available electronic means and perform a full eligibility redetermination.	Exhibit A	ExA III(e)(8)	1	Process Individual Changes		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
129	The Contractor's Solution will support non-MAGI Medicaid and other state health care programs eligibility determinations for time periods prior to the date an application was submitted, as well as for past, current and future calendar months per federal and state requirements.	Exhibit A	ExA III(e)(9)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
130	The Contractor's Solution will accept and process non-MAGI Medicaid and other state health care programs applications via all methods per federal and state requirements.	Exhibit A	ExA III(e)(10)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
131	The Contractor's Solution will support and determine eligibility for non-MAGI Medicaid and all other state health care programs per federal and state requirements including, but not limited to:	Exhibit A	ExA III(e)(11)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
132	non-MAGI Medicaid and other state health care programs income and asset methodologies,	Exhibit A	ExA III(e)(11)(A)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
133	functionality to support determination and notification of recipient premium and defined contribution amounts for state specified programs, (6,7)	Exhibit A	ExA III(e)(11)(B)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
134	functionality to link premium payment results and support for good cause determinations for premium payments for state specified programs, (6,7)	Exhibit A	ExA III(e)(11)(C)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional

Module 1- Individual Eligibility and Exemption									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
135	special rules for Medicaid payment of long-term care services such as but not limited to, the home equity limit, annuity requirements, determination of uncompensated transfers and penalty periods, level of care requirements, and long-term care spend downs, and	Exhibit A	ExA III(e)(11)(D)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
136	determination of cost effective health insurance and medical support.	Exhibit A	ExA III(e)(11)(E)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
137	The Contractor's Solution will support an asset assessment for married individuals who may need to apply for Medicaid paid long-term care services per federal and state requirements regardless if a Medicaid application is eventually filed.	Exhibit A	ExA III(e)(12)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
138	The Contractor's Solution will support referral for Long-Term Care Consultations if the User identifies as potentially having a need for long-term care services.	Exhibit A	ExA III(e)(13)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
139	The Contractor's Solution will identify and report third party liability to DHS.	Exhibit A	ExA III(e)(14)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
140	The Contractor's Solution will support the receipt and processing of notifications from the DHS regarding changes in non-MAGI Medicaid and other state health care programs eligibility.	Exhibit A	ExA III(e)(15)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional

Module 1- Individual Eligibility and Exemption									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
141	The Contractor's Solution will support the determination and notification of a spousal contribution for an individual whose spouse is receiving long-term care services from Medicaid and certain state health care programs per state requirements. (6)	Exhibit A	ExA III(e)(16)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
142	The Contractor's Solution will support liens and life estate functionality.	Exhibit A	ExA III(e)(17)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
143	The Contractor's Solution will notify non-MAGI Medicaid and other state health care program applicants/enrollees of other benefits they must apply for and track and act on response or non-response per federal and state requirements.	Exhibit A	ExA III(e)(18)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
144	The Contractor's Solution will interoperate with Medicaid/CHIP systems in support of identity management features to send and receive data	Exhibit A	ExA III(e)(19)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
145	The Contractor's Solution shall issue a unique MNHIX User identifier and maintain User uniqueness. (7)	Exhibit A	ExA III(e)(19)(A)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
146	Based upon established criteria, the Contractor's Solution shall validate a User's existence with the Minnesota Department of Human Service's MMIS systems.	Exhibit A	ExA III(e)(19)(B)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
147	For Users currently known to MMIS, the MNHIX will use the existing identifier, known as the MMIS recipient identifier in addition to the MNHIX identifier.	Exhibit A	ExA III(e)(19)(B)(i)	1	Identity Matching [Shared Transaction]		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional

Module 1- Individual Eligibility and Exemption									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
148	For Users not already known to MMIS, the MNHIX system will be responsible for assigning a unique MMIS recipient identifier to be used by MMIS and the MNHIX, in addition to the MNHIX identifier.	Exhibit A	ExA III(e)(19)(B)(ii)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
149	The Contractor's Solution shall provide a person search function and will allow the reconciliation of User account issues. Contractor support effort is included as part of the requirements in the person search requirements listed previously.	Exhibit A	ExA III(e)(19)(C)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
150	If, after the assignment of an MMIS identifier, a person is found to be the same as another person, the MNHIX will provide the functionality for 'merging' the person's multiple identities and appropriately communicating with MMIS.	Exhibit A	ExA III(e)(19)(C)(i)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
151	If a single identified person is determined to be two persons, the MNHIX will be responsible for splitting the person and appropriately communicating with MMIS.	Exhibit A	ExA III(e)(19)(C)(ii)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
152	The Contractor's Solution will support non-MAGI Medicaid and other state health care programs maintenance including, but not limited to, federal poverty level changes per federal and state requirements.	Exhibit A	ExA III(e)(20)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
153	The Contractor's Solution will support batch processing for known events that will affect eligibility including, but not limited to, Medicaid age changes. The MNHIX shall determine eligibility and document on any enrolled individual the action taken per federal and state requirements.	Exhibit A	ExA III(e)(21)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional

Module 1- Individual Eligibility and Exemption									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
154	The Contractor's Solution will generate reports for programmatic and operational management per federal and state requirements.	Exhibit A	ExA III(e)(22)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
155	The Contractor's Solution will support Income and Eligibility Verification System (IEVS), New Hire, and Public Assistance Reporting Information System (PARIS) match processes and the overpayment processes per federal and state requirements.	Exhibit A	ExA III(e)(23)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
156	The Contractor's Solution will support acceptance of reports of suspected fraud, referral to designated entities, and overpayment processes per federal and state requirements.	Exhibit A	ExA III(e)(24)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional
157	The Contractor's Solution will support the determination, calculation and notification of overpayments for Medicaid/CHIP per federal and state requirements.	Exhibit A	ExA III(e)(25)	1	No BTI/BT Needed		No	This is a sub-requirement for requirement 114, and therefore no Gap Solution is required.	Functional

Table 4 - Module 1 - Individual Eligibility and Exemption Gaps

3. Module 2 - Individual Enrollment

The Individual Enrollment Module (Module 2) encompasses MNHIX functions which facilitate health benefit plan enrollment, and as applicable, selection of specific health care providers through the MNHIX.

Module 2 must also interface with other MNHIX Modules and must function to communicate health plan enrollment and provider selection information with insurers and/or the Medicaid/CHIP agency.

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
158	The MNHIX shall facilitate health plan enrollment and as applicable selection of specific health care providers for individuals/households/families and employees eligible to use the MNHIX	Exhibit A	ExA IV(a)	2	20: Process Enrollments	IND 530 IND 540	NA	Header Requirement	Functional
159	The MNHIX will provide functionality to allow Assisters (approved by the User) to perform actions on behalf of Users.	Exhibit A	ExA IV(a)(2)(B)	2	1: Receive inbound requests	IND 260	Yes		Functional
160	The Contractor's Solution will provide functionality to allow a User to select a health plan for other members of their household.	Exhibit A	ExA IV(a)(2)(C)	2	20: Process Enrollments	IND 530 IND 540	Yes	Individuals or Assisters may select plans for others.	Functional
161	The Contractor's Solution will assist with the plan selection for employees under a defined contribution plan, ability to use pretax dollars for the purchase. (3, 4)	Exhibit A	ExA IV(a)(2)(F)	2	20: Process Enrollments		Yes	OOTB supports both SHOP plans and defined contributions.	Functional
162	The Contractor's Solution will only allow enrollment in the appropriate metal level plans for initial and renewal enrollment periods.(4)	Exhibit A	ExA IV(a)(2)(G)	2	20: Process Enrollments	IND 530 IND 540	Yes	Plan information will be obtained through Module 4.	Functional
163	The Contractor's Solution have the capability to display and selection of MNHIX health plans, making it available for Users who have not entered any User-specific information	Exhibit A	ExA IV(a)(1)	2	20: Process Enrollments	IND 260	No	Shared Transaction - Configuration to send anonymous shopper back to Module 1 for registration	Functional
164	The Contractor's Solution will allow enrollment only in a health plan when the applicant has been determined eligible.	Exhibit A	ExA IV(a)(2)	2	20: Process Enrollments	IND 560	Yes	OOTB will allow enrollment after determined eligible with Module 1 integration.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
165	The Contractor's Solution will make the selection and display of health plans related to specific Insurance Affordability Programs and other state health care programs available only after completion of eligibility application and the determination that the applicant meets eligibility requirements.	Exhibit A	ExA IV(a)(2)(A)	2	20: Process Enrollments		No	Configuration is necessary due to the state specific Med/Chip upload template. Base product will allow users to shop for commercial insurance or CHIP or Medicaid based on the eligibility sent to us. Other state programs means section E in module 1 which is out-of-scope for Oct 2013.	Functional
166	The MNHIX will provide functionality for the aggregation and creation of a work queue for the selection of health plans.	Exhibit A	ExA IV(a)(2)(D)	2			No	Requires further definition of functionality expected.	Functional
167	The Contractor's Solution will provide enrollment functionality that allows for retroactive enrollment per state requirements.	Exhibit A	ExA IV(a)(2)(E)	2	20: Process Enrollments; 13: Process Individual Changes		Yes	Rules that enforce retroactive enrollment would be handled by Module 1 or 7.	Functional
168	The Contractor's Solution will have rules for the notification to the insurer and/or the Medicaid agency of selected enrollment in a health plan and the selection of specific health care providers as applicable.	Exhibit A	ExA IV(a)(3)	2	3: Send Information to Trading Partners		No	Integration with Module 7 for Notifications.	Functional
169	The Contractor's Solution will process premium payment methods, premium tax credit fund aggregation, and cost-sharing reduction eligibility, as well as defined contribution for employees as required by state and federal law. (6)	Exhibit A	ExA IV(a)(4)	2	22: Set Up Individual Premium Payments; 11: Pay Health Plans		No	Base product will send the premium tax credit, Cost Sharing, or ER contribution within the post enrollment transaction information to Financial Management for processing.	Functional
170	The Contractor's Solution will record and submit information to the Federal Service Hub so that payments can be made to health plans on behalf of a qualified individual. (6)	Exhibit A	ExA IV(a)(5)	2	11: Pay Health Plans		No	Base product will send the premium tax credit, Cost Sharing, or ER contribution within the post enrollment transaction information to Financial Management for processing.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
171	The Contractor's Solution will receive information from the Federal Service Hub associated with individuals.	Exhibit A	ExA IV(a)(6)	2	11: Pay Health Plans		No	Integration with Module 7 to receive information.	Functional
172	The MNHIX shall process renewals, disenrollments, terminations, and changes to enrollment.	Exhibit A	ExA IV(b)	2	13: Process Individual Changes; 18: Process Disenrollment: 27: Initiate Renewal		Yes	Rules that enforce dis-enrollments and terminations would be handled by Module 1 or 7. Non-payment will come from Module 6. Base product functionality to 1) read a disenrollment sent by Module 1and 2) generate an update record to terminate coverage will exist.	Functional
173	The Contractor's Solution will allow for and record disenrollments and terminations.	Exhibit A	ExA IV(b)(1)	2	18: Process Disenrollment; 13: Process Individual Changes		Yes	Rules that enforce disenrollments and terminations would be handled by Module 1 or 7. Non-payment will come from Module 6. Base product functionality to 1) read a disenrollment sent by Module 1and 2) generate an update record to terminate coverage will exist.	Functional
174	The Contractor's Solution will allow enrollment and changes in enrollment only during open enrollment periods, special enrollment periods (e.g., changes in eligibility due to new employment, change in income, change in family composition, etc.), and per requirements of the Medicaid/CHIP and other state health care programs.	Exhibit A	ExA IV(b)(2)	2	13: Process Individual Changes; 24: Manage Open Enrollment		Yes	Rules that enforce this would be handled by Module 1 or 7.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
175	The Contractor's Solution will have enrollment functionality that allows retroactive enrollment per state requirements.	Exhibit A	ExA IV(b)(3)	2	20: Process Enrollments		Yes	We do allow for retroactive enrollment by essentially executing what is sent to us from Module 1. The assumption here is that "per state requirements" do not cause this requirement to become custom.	Functional
176	The Contractor's Solution will provide for automatic generation and display of enrollment renewal periods, notices and related information. (7)	Exhibit A	ExA IV(b)(IV)	2	13: Process Individual Changes; 24: Manage Open Enrollment; 15: Send Notification		Yes	Eligibility must be redetermined for Renewal. Integration with Module 7 for notifications.	Functional
177	The Contractor's Solution will communicate renewal, disenrollment or termination information to the individual/family/household and Assister, as appropriate. (7)	Exhibit A	ExA IV(b)(5)	2	24: Manage Open Enrollment; 15: Send Notification; 18: Process Disenrollment		No	Integration with Module 1 and 7 for enrollments. Integration with Module 7 for notifications.	Functional
178	The Contractor's Solution will provide functionality to process large scale changes to plan selections for individuals, families, and households. This includes, but is not limited to situations where a particular plan is no longer offered and all enrollees must be enrolled in another plan. (IV)	Exhibit A	ExA IV(b)(6)	2	20: Process Enrollments		No	HPM does manage the decertification of plans. Requires trigger to Module 1 and 7 for enrollment transaction and plan mapping.	Functional
179	The MNHIX will record and communicate information about enrollment, disenrollment, termination and other enrollment status changes to insurers, DHS, HHS, and others as appropriate. (7	Exhibit A	ExA IV(c)	2	3: Send Information to Trading Partners; 18: Process Disenrollment		No	Integration with Module 7 for notifications.	Functional
180	The Contractor's Solution will notify insurers and/or Medicaid agency of individual changes in enrollment per the requirements defined by the entity being notified.	Exhibit A	ExA IV(c)(1)	2	3: Send Information to Trading Partners		No	Integration with Module 7 for notifications.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
181	The Contractor's Solution will support the receipt and processing of notifications from insurers and/or Medicaid agency regarding disenrollment, termination, and other changes in enrollment.	Exhibit A	ExA IV(c)(2)	2	18: Process Disenrollment		Yes	Integration with Module 7 for notifications.	Functional
182	The Contractor's Solution will reconcile enrollment information with QHP issuers and Medicaid/CHIP and other state health care programs, in a manner and frequency defined by requirements of QHP issuer and Medicaid/CHIP and other state health care programs.	Exhibit A	ExA IV(c)(3)	2	15: Send Notifications 13: Process Individual Changes		No	Integration with Module 1 & 7 for enrollment and Module 7 integration for notifications.	Functional
183	The Contractor's Solution will maintain records of all enrollments through the MNHIX and submit enrollment information to HHS monthly.	Exhibit A	ExA IV(c)(IV)	2	15: Send Notifications 13: Process Individual Changes		No	Integration with Module 1 & 7 for enrollment and Module 7 integration for notifications.	Functional
184	Notify federal government of confirmed enrollment, disenrollment, termination and eligibility changes to facilitate appropriate payment of any tax credits and cost-sharing reductions.	Exhibit A	ExA IV(c)(4)(A)	2	15: Send Notifications 13: Process Individual Changes		No	Integration with Module 1 & 7 for enrollment and Module 7 integration for notifications.	Functional
185	Notifications must be secure and ACA and HIPAA compliant.	Exhibit A	ExA IV(c)(4)(B)	2	15: Send Notifications		No	Integration with Module 7 for notifications.	Functional
186	The Contractor's Solution will allow for and record re-enrollment and plan changes when they occur.	Exhibit A	ExA IV(c)(5)	2	13: Process Individual Changes		Yes	Base product will provide special event processing and plan changes would be made through Connecture's HPM solution. Integration with Module 1 for eligibility of plan change/re-enrollment.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
187	The Contractor's Solution will communicate enrollment and disenrollment in health benefit plans by employees receiving premium tax credit to employers for calculation of potential employer responsibility payments.(7)	Exhibit A	ExA IV(c)(6)	2	19: Process Applications; 13: Process Individual Changes		Yes	Module 3 Requirement. Connecture will do the processing of enroll/dis-enroll and send to Module 6 for premium payment.	Functional
188	The Contractor's Solution will support of premium aggregation.(1, 3, 4, 5)	Exhibit A	ExA IV(c)(7)	2	10: Aggregate Payments		Yes	This is base functionality assuming that support equals display for Connecture. Premium aggregation stored in Module 6.	Functional

Table 5 - Module 2 - Individual Enrollment Gaps

4. Module 3 - Small Employer Eligibility and Enrollment

The Small Employer Eligibility and Enrollment Module (Module 3) determines and processes small employer and associated employee eligibility and enrollment through the MNHIX. Module 3 evaluates criteria before allowing a small employer to purchase group health benefit plan coverage for their employees or establish a defined financial contribution for employees to purchase individual health benefit plan coverage. Module 3 must facilitate employee enrollment and as applicable employee comparison and selection from among multiple group health benefit plans.

Module 3 must also interface with the other MNHIX Modules and must function to communicate health plan enrollment and provider selection information with insurers and/or the Medicaid/CHIP agency, if applicable.

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
189	The Contractor's Solution will create employer and employee accounts on MNHIX. (7)	Exhibit A	ExA V(b)(3)	3	2: Manage Authentication; 5: Perform Identity Matching		Yes	Integration with Module 7 is necessary to create all accounts and authentication using Oracle Identity Manager.	Functional
190	The Contractor's Solution will determine the eligibility of employers and their employees for the MNHIX.	Exhibit A	ExA V(b)(5)	3	19: Process Qualified Employer Application; 8: Perform Eligibility		Yes	Employer – Yes Employee - shared transaction with Module 1.	Functional
191	The Contractor's Solution will update employer and employee information for special enrollments such as new hires, terminations, and life changing events such as marriage, divorce, birth of child, etc. (7)	Exhibit A	ExA V(b)(5)(A)(ii)	3	23: Create and Update Qualified Employee Information/Roster; 31: Manage Employee Ongoing Enrollment Changes		Yes	Connecture will maintain the employer rosters and monitor enrollment. Employee eligibility requires integration with Module 1 & 7.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
192	The Contractor's Solution will establish and support business rules for associated with each life changing event shall only allow an employee to perform functions associated with the given life changing event.	Exhibit A	ExA V(b)(5)(A)(iii)	3	13: Process Individual Changes; 13: Manage Employee Ongoing Enrollment Changes		Yes	Module 3 will support the business flow to make change. Business rules will be housed in Module 7.	Functional
193	The Contractor's Solution will locate, match and verify eligibility information from other data sources (such as the data sources of the Minnesota Department of Economic Development).	Exhibit A	ExA V(b)(5)(B)	3	6: Perform Data Verification		Yes	Employer – yes, Module 7 integration. Employee eligibility shared transaction, Module 7 integration with State.	Functional
194	The Contractor's Solution will determine eligibility for employer/employee MNHIX participation.	Exhibit A	ExA V(b)(5)(C)	3	19: Process Qualified Employer Application; 8: Perform Eligibility		Yes	Employer - yes Employee - shared transaction with Module 1.	Functional
195	The Contractor's Solution will provide notification of employer and/or employee eligibility determinations and opportunities to appeal.	Exhibit A	ExA V(b)(9)	3	15: Send Notification		Yes	Integration with Module 7 is necessary to send notifications.	Functional
196	The Contractor's Solution shall ensure notifications to Assisters as appropriate. (7)	Exhibit A	ExA V(b)(9)(A)	3	15: Send Notification		No	Integration with Module 7 is necessary to send notifications.	Functional
197	The Contractor's Solution will collect, update and verify employee eligibility information from employer and/or employee.	Exhibit A	ExA V(b)(11)	3	23: Create and Update Qualified Employee Information/Roster; 13: Process Individual Changes		Yes	Employee - shared transaction with Module 1.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
198	The Contractor's Solution will provide information to employees on the affordability of employer coverage options. If employer coverage is unaffordable (currently if the required contribution for the "self-only" coverage exceeds 9.5 percent of household income) or does not meet a minimum value, the employee may be eligible for advance payment of the premium tax credit.	Exhibit A	ExA V(b)(11)(B)	3	9: Determine Tax Credit & Cost Share; 3 Process Enrollments		No	Integration with Module 1 is necessary to determine household income.	Functional
199	The Contractor's Solution shall support timing for notifications. (7)	Exhibit A	ExA V(b)(13)	3	15: Send Notification		No	Integration with Module 7 is necessary to send notifications.	Functional
200	The Contractor's Solution will support online education features for Users that provide explanation of terms and benefits. (3,7)	Exhibit A	ExA V(c)(1)	3	20: Process Enrollments; 20: Enroll a Qualified Employer		Yes	Users are provided with Summary of Benefits.	Functional
201	The Contractor's Solution will allow for the employer to select a specific QHP for employees, select a choice of QHPs, select a metal level or tier of coverage or create a defined contribution program for employees. (6)	Exhibit A	ExA V(c)(2)	3	20: Enroll a Qualified Employer		Yes	Base product allows for named plan selections. Defined contribution is part of premium process.	Functional
202	Allow choice percent of costs, dollar value, metal levels or other options. (6)	Exhibit A	ExA V(c)(4)(A)(i)	3	20: Enroll a Qualified Employer		Yes	Other options require further definition. Not in base product.	Functional
203	The Contractor's Solution will notify insurer of employer selection and employee enrollment in a group health benefit plan and selection of specific health care provides as applicable.	Exhibit A	ExA V(c)(5)(A)	3	3: Send Information to Trading Partners		Yes	Integration with Module 7 is necessary to send notifications.	Functional
204	The Contractor's Solution will transmit enrollment information on behalf of employees to insurers.	Exhibit A	ExA V(c)(5)(B)	3	3: Send Information to Trading Partners		Yes	Integration with Module 7 is necessary to send notifications.	Functional
205	The Contractor's Solution will confirm insurer responses and verifications to group health benefit plan enrollment transactions and notifications, including verifications that employee is enrolled.	Exhibit A	ExA V(c)(5)(C)	3	3: Send Information to Trading Partners		No	Integration with Module 7 is necessary to send notifications.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
206	The Contractor's Solution will provide employees notice as to the effective date of coverage. (7)	Exhibit A	ExA V(c)(5)(D)	3	15: Send Notification		No	Integration with Module 7 is necessary to send notifications.	Functional
207	The Contractor's Solution will allow Users the ability to pick multiple plans for their families or households so that Users may reflect their families or household's eligibility in different programs (e.g. public programs, SHOP, unsubsidized purchase or APTC). (1, 2)	Exhibit A	ExA V(c)(5)(E)	3	3: Process Enrollments		No	Integration with Module 1 is necessary for eligibility.	Business
208	Facilitate establishment of defined contribution levels toward a benchmark individual health benefit plan, possibly through the use of a calculator.	Exhibit A	ExA V(c)(6)(A)	3	20: Enroll a Qualified Employer		Yes	Online calculator provided.	Functional
209	The Contractor's Solution will verify employee identity and association with an employer or multiple employers, if applicable, prior to the enrollment process.	Exhibit A	ExA V(c)(7)	3	19: Process Applications		No	Module 7 will hold all user accounts and authentication.	Functional
210	The Contractor's Solution will provide the employer administrative tools to monitor and assist employee participation including monitoring enrollment activity, payment activity and designation of another authorized administrator on behalf of the employer.	Exhibit A	ExA V(c)(8)	3	13: Manage Employee Ongoing Enrollment		Yes	Employer ongoing portal will provide tool to monitor enrollment activity. Payment activity will be the responsibility of a Financial Aggregator (FA) but will be displayed on the employer portal (the display may be a service configuration).	Functional
211	The Contractor's Solution will communicate enrollment information with individual (employee)/Family/household and Assister as appropriate.	Exhibit A	ExA V(c)(9)	3	15: Send Notification		No	Integration with Module 7is necessary to send notifications.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
212	The Contractor's Solution will process employer and employee renewals, reactivation of lapsed accounts, disenrollments, reinstatements and terminations.	Exhibit A	ExA V(c)(10)	3	18: Disenroll Employer, 18: Process Disenrollments, 24: Manage Open Enrollment; 12 Initiate Renewal, 24: Initiate Renewal of Eligibility		Yes	Integration with Module 1 & 7, reinstatements handled outside Connecture.	Functional
213	The Contractor's Solution will notify employers and employees when annual election period is approaching. (7)	Exhibit A	ExA V(c)(10)(A)	3	15: Send Notification		Yes	Integration with Module 7 is necessary to send notifications.	Functional
214	The Contractor's Solution will allow for employees to enroll in a SHOP plan during special enrollment periods or life changing event.	Exhibit A	ExA V(c)(10)(B)	3	13:Manage Employee Ongoing enrollment Changes		Yes	Integration with Module 1 & 7is necessary.	Functional
215	The Contractor's Solution will allow employees to terminate coverage and provide notice to employer that coverage is terminated, in the context of the termination business rules within the proposed solution.	Exhibit A	ExA V(c)(10)(D)	3	18: Process Disenrollment; 15: Send Notification		Yes	Integration with Module 7 is necessary to send notifications.	Functional
216	The Contractor's Solution will notify insurers of changes in employer and employee enrollment including renewal, disenrollment and termination.	Exhibit A	ExA V(c)(10)(E)	3	13: Process Individual Changes; 18: Disenroll Employer; 3: Send Information to Trading Partners		Yes	Integration with Module 7 is necessary to send notifications.	Functional
217	The Contractor's Solution will receive notification from insurers regarding disenrollment, termination, and other changes in enrollment provided to the insurer.	Exhibit A	ExA V(c)(10)(F)	3	18: Process Disenrollment		Yes	Integration with Module 1 & 7 is necessary.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
218	Communicate enrollment, disenrollment and termination information with employees, employers and Assisters as appropriate reflecting different scenarios including employees resignation and termination, and COBRA eligibility.(7)	Exhibit A	ExA V(c)(10)(G)	3	15: Send Notification		Yes	Integration with Module 7 is necessary to send notifications.	Functional
219	The Contractor's Solution will generate information to facilitate premium payment and tracking. (6)	Exhibit A	ExA V(c)(11)	3	21: Generate Health Insurance Premium Invoice; 10: Aggregate Payments; 12: Reconcile Payments; 42: Exchange Pay Health Plans; 22: Manage Collection of Premiums from Employers; 22: Set Up Individual Premium Payments; 21: Manage Health Insurance Billing Statements		Yes	Module 6 integration and Connecture will display.	Functional
220	The Contractor's Solution will provide small businesses with an aggregated monthly bill for the costs of employees' coverage and options to view, premium payment options and track premium payments. (6, 7)	Exhibit A	ExA V(c)(11)(C)	3	21: Generate Health Insurance Premium Invoice		Yes	Module 6 integration.	Functional
221	The Contractor's Solution will communicate with other entities as necessary. (7)	Exhibit A	ExA V(c)(12)	3	3: Send Information to Trading Partners		No	Integration with Module 7 is necessary to send notifications.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
222	The Contractor's Solution will notify the Federal government of confirmed enrollment, disenrollment and termination to facilitate appropriate payment of any tax credits.	Exhibit A	ExA V(c)(12)(A)	3	20: Enroll a Qualified Employer; 13: Manage Employee Ongoing Enrollment Changes; 3: Send Information to Trading Partners		No	Integration with Module 7 is necessary to send notifications.	Functional
223	The Contractor's Solution will reconcile enrollment information and employer participation information with QHPs at least monthly.	Exhibit A	ExA V(c)(12)(C)	3	13. Manage Employee Ongoing enrollment		Yes	Integration with Module 7 is necessary and part of the 834 process.	Functional
224	The Contractor's Solution shall accept appeals information.	Exhibit A	ExA V(b)(10)	3	4: Process Appeals		Yes	Display only	Functional
225	The Contractor's Solution will support employers giving an employer ID and/or an employer specific URL for employees to use to enroll.	Exhibit A	ExA V(b)(3)(B)	3	20: Enroll a Qualified Employer		Yes		Functional
226	Provide information on health and pre-screen eligibility of programs without log-in or account creation	Exhibit A	ExA V(a)	3	1: Receive Inbound Requests		Yes		Functional
227	The Contractor's Solution will include online instructions, FAQs and other tools to assist employers in understanding options available to them.	Exhibit A	ExA V(c)(1)(A)	3	1: Receive inbound Requests		Yes	FAQ's and tool tips only.	Functional
228	Assist employees for individual enrollment with employer contribution information. (2,6,7)	Exhibit A	ExA V(c)(6)(C)	3	3: Process Enrollments		Yes	This will be handled via the individual process as a shared transaction with Module 2, 6 and 7.	Functional
229	Communicate contribution information to employees. (7)	Exhibit A	ExA V(c)(6)(B)	3	15: Send Notification		No	Integration with Module 7 is necessary to send notifications.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
230	The Contractor's Solution will allow an employer participating in SHOP to continue participating in SHOP if the number of workers employed exceeds the level specified by the definition of a qualified employer after the employer's initial eligibility determination.	Exhibit A	ExA V(b)(7)	3	8. Perform Eligibility		Yes		Functional
231	If the employer chooses defined contribution, the Contractor's Solution shall:	Exhibit A	ExA V(c)(6)	3	20: Enroll a Qualified Employer		n/a	Header Requirement	Functional
232	The Contractor's Solution will distinguish between an employer User or an employee defined contribution User (6). If employee defined contribution User, provide for User to be directed to Module two with employer contribution information.	Exhibit A	ExA V(a)(1)(2)	3	2: Manage Authentication		Yes		Functional
233	The Contractor's Solution will display net costs to employees (after employer contribution) for different plans and different Family compositions .(4)	Exhibit A	ExA V(c)(11)(A)	3	21: Manage Health Insurance Billing Statements		Yes		Functional
234	The Contractor's Solution will display the QHP costs for the employee pool for employer.(4)	Exhibit A	ExA V(c)(11)(B)	3	21: Generate Health Insurance Premium Invoice		Yes		Functional
235	The Contractor's Solution will assist in the display and provide browsing capabilities on small group health plans and group dental plans available without requiring a log-in. (4)	Exhibit A	ExA V(a)(1)	3	1: Receive Inbound Requests		Yes		Functional
236	The MNHIX shall facilitate employee enrollment into QHPs	Exhibit A	ExA V(c)	3	3: Send Information to Trading Partners		Yes		Functional
237	The Contractor's Solution will allow MNHIX to set eligibility rules for employers and employees including size of employer and location.	Exhibit A	ExA V(b)(1)	3	19: Process Qualified Employer Application; 8: Perform Eligibility		Yes		Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
238	Facilitate employer choice of group health benefit plan.	Exhibit A	ExA V(c)(4)(B)	3	20: Enroll a Qualified Employer		Yes		Functional
239	Determine employer contribution,	Exhibit A	ExA V(c)(4)(A)	3	20: Enroll a Qualified Employer		Yes		Functional
240	The MNHIX will determine employer eligibility and facilitate employer/employee health plan choice	Exhibit A	ExA V(b)	3	19: Process Qualified Employer Application; 8: Perform Eligibility		Yes		Functional
241	The Contractor's Solution will determine and communicate employer eligibility for premium tax credits.	Exhibit A	ExA V(b)(8)	3	9: Determine Tax Credit & Cost Share		Yes	Calculator is offered that can be used by the employer. Integration with Module 7 for notifications.	Functional
242	The Contractor's Solution will support employers being able to view and manage their census information.	Exhibit A	ExA V(b)(3)(A)	3	23: Create and Update Qualified Employee Information/Roster		Yes		Functional
243	The Contractor's Solution will allow employers to shop for health benefit plans and search for health care providers without determining their eligibility for MNHIX participation or tax credits.	Exhibit A	ExA V(b)(2)	3	1: Receive Inbound Requests		Yes		Functional
244	The Contractor's Solution will be able to address the needs of employers with more than one worksite and employers who have employees in different network areas.	Exhibit A	ExA V(b)(6)	3	20: Enroll a Qualified Employer		Yes		Functional
245	The Contractor's Solution will allow enrollment only in the health plan for which the employee is eligible.	Exhibit A	ExA V(c)(5)	3	8: Perform Eligibility; 20: Process Enrollments		Yes		Functional
246	If employer chooses group defined health plan/defined benefit, The Contractor's Solution will provide the following functionality:	Exhibit A	ExA V(c)(4)	3	20: Enroll a Qualified Employer		N/A	Header Requirement	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
247	The Contractor's Solution will provide Users information on high quality/low cost plans and direct Users to these plans.	Exhibit A	ExA V(c)(1)(C)(ii)	3	3: Process Enrollments		Yes	Requires integration with state quality info. QHP's will not exist until 2014.	Functional
248	The Contractor's Solution will send and receive HIPAA compliant 834 and/or other standard transactions and acknowledgements related to enrollment and disenrollment information.	Exhibit A	ExA V(c)(12)(B)	3	15: Send Notification		Yes	Integration with Module 7 is necessary.	Functional
249	The Contractor's Solution will allow an employer or a designee to identify and manage the employees by multiple methods including uploading their employee directory into the MNHIX Solution or entering the employee and dependents information into the MNHIX Solution manually.	Exhibit A	ExA V(b)(11)(A)	3	23: Create and Update Qualified Employee Information/Roster		Yes		Functional
250	The Contractor's Solution shall ensure notifications to Assisters as appropriate. (7)	Exhibit A	ExA V(b)(9)(A)	3	15: Send Notification		No	Integration with Module 7 is necessary to send notifications.	Functional
251	The Contractor's Solution will provide an on-line calculator to the employer to calculate approximate costs.	Exhibit A	ExA V(c)(4)(A)(ii)	3	20: Enroll a Qualified Employer		Yes		Functional
252	The Contractor's Solution will offer the opportunity for Users to use an optional decision support tool to compare, prioritize, and evaluate their options or to complete the process without using any available decision support tool. (4)	Exhibit A	ExA V(c)(1)(C)	3	3: Process Enrollments		Yes	Plan Advisor is Module 4.	Functional
253	The Contractor's Solution will accept, update and verify information regarding employer eligibility.	Exhibit A	ExA V(b)(5)(A)	3	23: Create and Update Qualified Employee Information/Roster		Yes	Configuration to contact verification source.	Functional
254	Provide health benefit plan and health care provider enrollment options to employees.	Exhibit A	ExA V(c)(4)(C)	3	20: Enroll a Qualified Employer		Yes		Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
255	The Contractor's Solution will establish plan year functionality, rolling consecutive twelve month period of coverage, ongoing ability of employers to shop and purchase product on a rolling basis.	Exhibit A	ExA V(b)(4)	3	24: Initiate Renewal of Eligibility		Yes		Functional
256	The Contractor's Solution will provide a premium calculator that provides total cost comparison information for employer which reflects all the impact of the various choices referenced in the preceding paragraph to determine implications of defined contribution versus defined benefit for their business if selecting a fully insured product. (4)	Exhibit A	ExA V(c)(3)	3	20: Enroll a Qualified Employer		Yes		Functional
257	The Contractor's Solution shall allow for renewal of employer and employee eligibility in next coverage year.	Exhibit A	ExA V(b)(12)	3	24: Initiate Renewal of Eligibility; 27: Initiate Renewal		Yes		Functional
258	The Contractor's Solution will allow employers to terminate SHOP coverage.	Exhibit A	ExA V(c)(10)(C)	3	13: Process Individual Change		Yes		Functional
259	The Contractor's Solution shall support the reception of information from appeals management entity on status/outcomes for display on User account page.	Exhibit A	ExA V(b)(10)(C)	3	4: Process Appeals		No	Display Status	Functional
260	The Contractor's Solution shall ensure Users/Assisters will be informed of appeal process.	Exhibit A	ExA V(b)(10)(A)	3	4: Process Appeals		No	Configuration to State specific process.	Functional
261	The Contractor's Solution will support an optional decision support tool which shall include a set of questions to solicit priorities and information about health status.	Exhibit A	ExA V(c)(1)(C)(i)	3	20: Process Enrollments		Yes	Plan Advisor – Module 4.	Functional
262	The Contractor's Solution will advise Users of the time it may require to complete the plan selection process as well as information they may need to complete the process.	Exhibit A	ExA V(c)(1)(B)	3	3: Process Enrollments; 36 Enroll a Qualified Employer?		No		Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
263	The Contractor's Solution shall transfer information to appropriate appeals management entity.	Exhibit A	ExA V(b)(10)(B)	3	4: Process Appeals		No	Integration with Module 7is necessary. Display only.	Functional
264	Information will include but is not limited to corporate structure, location, employer size, average employee wage and contribution levels and other information required under federal rules.	Exhibit A	ExA V(b)(5)(A)(i)	3	23: Create and Update Qualified Employee Information/Roster		Yes	Employer eligibility based on zip code and employer size (f/t and p/t). Base product will leverage the rules engine to define the eligibility requirements for the employer. Configuration to validate and adjust the rules to match the state requirements.	Functional

Table 6 - Module 3 - Small Employer Eligibility and Enrollment Gaps

5. Module 4 - Health Plan Benefits and Navigator/Broker Certification and Display

The Health Benefit Plan and Navigator/Broker Certification & Display Module (Module 4) encompasses all MNHIX functions related to the certification and display of individual and group insurers/health benefit plans, Medicaid health plan options, and Navigators/brokers. Through this Module, information is submitted and/or retrieved from other data sources for insurer/health benefit plan and Navigator/broker certification to participate in the MNHIX. The Module must allow for review and approval mechanisms by the MNHIX and/or State regulators for integrated certification determination, specifically integration with the NAIC's System for Electronic Rate and Form Filing (SERFF) for plan certification. The display of information for health benefit plans and Medicaid health plan options should match the eligibility determination and the preferences of the individual, employer, and employee determined eligible in either Modules 1 or 3 and enrollment preferences from either Modules 2 or 3.

This Module also needs to incorporate a calculator to allow the User the ability to estimate the total cost of a health benefit plan. Module 4 must also interface with other MNHIX Modules and is expected to interact closely with Module 5 and the enrollment functionality in Modules 2 and 3.

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
265	The Contractor's Solution will interact with the System for Electronic Rate and Form Filing (SERFF) to receive a defined set of benefits, rates and other data elements related to plan information from issuers after certification for proposed QHPs in SERFF. Certification is handled by SERFF. (4)	Exhibit A	ExA VI(a)(1)	4	2: Receive Information from Health Plans		No	Custom: Assume Certification is handled by SERFF then passed to Exchange ready for consumer viewing. The Exchange will accept data from SERFF quarterly.	Functional
266	The Contractor will participate in and assist with activities as needed with SERFF to enhance SERFF capacities to fulfill MNHIX needs. SERFF will handle certification and recertification of plans, Contractor will not assist with certification or recertification of QHP data.	Exhibit A	ExA VI(a)(1)(A)	4	2: Receive Information from Health Plans		No	Custom: Assume SERFF handles all certification and recertification of plans. The exchange will accept data from SERFF quarterly.	Functional
267	The Contractor will establish a calculator for connected QHP benefit and design to facilitate enhanced User understanding of potential out-of-pocket costs related to the use of certain services. SERFF will send a rate table look-up for all plans.	Exhibit A	ExA VI(a)(1)(B)	4	20: Process Enrollments		No	Custom: SERFF will send a rate table look up for all plans.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
268	The Contractor's Solution will take plan base rates and calculate exact premium based on allowed underwriting criteria. This is a functionality related to rate tables and a rating engine.	Exhibit A	ExA VI(a)(2)	4	20: Process Enrollments		Yes		Functional
269	The Contractor's Solution will collect carrier and QHP quality data and provider network information in a database format outside of what is provided through SERFF. Functionality must accommodate updates in provider network information on a frequent basis. All documents transmitted through SERFF without data element storage or validation will not be loaded within the Exchange. Users must correct file formats and reload to SERFF and attempt to send to Exchange. The Contractor's Solution will not be responsible for SERFF data errors.	Exhibit A	ExA VI(a)(3)	4	1: Receive inbound requests		Yes		Functional
270	The Contractor's Solution will interface with either SERFF for health plan information or DHS to receive plan information on Medicaid health plan options including fee for service providers/networks and managed care options. Medicaid plans will follow transmission file format as QHP through SERFF if integration is necessary with DHS. Otherwise, Medicaid/CHIP plans will be loaded through the template within the Exchange.	Exhibit A	ExA VI(a)(4)	4	2: Receive Information from Health Plans		No	Need to integrate with Module 7 to receive information. Integration approach will be based off of SERFF requirements.	Functional
271	The MNHIX will display information about QHPs, Medicaid and other state health care program plans and facilitate User-Friendly comparisons between QHPs	Exhibit A	ExA VI(b)	4	2: Receive Information from Health Plans		Yes		Functional
272	Premium Tax Credit calculations based on health plan choice	Exhibit A	ExA VI(b)(1)(A)(iii)	4	1: Receive Inbound Requests		Yes	Base product includes a simple premium tax credit calculation.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
273	The 2Contractor's Solution must display QHPs, Medicaid/ CHIP health plan options, and other state health care program plans, fee for service coverage and newer coverage payment models, such as Accountable Care Organizations and tiered networks. These new payment models may be available to commercial and Medicaid-eligible populations.	Exhibit A	ExA VI(b)(1)(C)	4	1: Receive Inbound Requests		No	Custom: Base product does not support tiered networks and Accountable Care Organizations. Further requirements definition.	Functional
274	Participation of individual provider, clinic or hospital in a QHP, Medicaid/CHIP plan, or other state health care programs that fall into data framework consistent with the QHPs, and Medicaid/CHIP plans, provider networks(5)	Exhibit A	ExA VI(b)(4)(A)(i)	4	1: Receive inbound requests.		Yes	Assumption "other state Programs" do not deviate from QHP, Medicaid, Chip framework.	Functional
275	Quality ratings, provided by a third party	Exhibit A	ExA VI(b)(4)(A)(iv)	4	1: Receive inbound requests		Yes	Assuming no calculations required. Product support display and import of Quality data.	Functional
276	Enrollee satisfaction surveys	Exhibit A	ExA VI(b)(4)(A)(v)	4			No	Store/display/import only	Functional
277	User health status and implications for estimated annual health care utilization.	Exhibit A	ExA VI(b)(4)(A)(vi)	4			No	Custom functionality assuming this is OOP cost calculator. Connecture will provide a high level health status but drilling into diseases or conditions is added scope.	Functional
278	Health benefit plan choices, shown in a decision support tool, must be displayed in a manner that aligns with the User's preferences. This optional decision support tool must connect to the calculator to support a total annual estimated cost of a health benefit plan.	Exhibit A	ExA VI(b)(4)(D)	4	20: Process Enrollments		No	OOP is custom functionality.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
279	The Contractor's Solution must incorporate situational functionality to support plan choice and enrollment into Medicaid/CHIP plans and other state health care program plans that fall into data framework consistent with the QHPs, and Medicaid/CHIP plans, under certain circumstances:	Exhibit A	ExA VI(b)(5)	4	20: Process Enrollments		Yes	Assumption "other state Programs" do not deviate from QHP, Medicaid, Chip framework.	Functional
280	Transparency of coverage measures	Exhibit A	ExA VI(b)(6)(G)	4	1: Receive Inbound Requests		Yes	Assuming transparency of coverage measures is simply the Summary of benefits coverage.	Functional
281	Whether the plan includes their specified provider(s) in the QHP, Medicaid/CHIP, or other state health care programs that fall into data framework consistent with the QHPs, and Medicaid/CHIP plans, provider networks	Exhibit A	ExA VI(b)(6)(H)	4	1: Receive Inbound Requests		Yes	Assumption "other state Programs" do not deviate from QHP, Medicaid, Chip framework.	Functional
282	The Contractor must propose multiple options for displaying health benefit plan cost, quality, and enrollee satisfaction information and share options with stakeholders convened by the MNHIX. Cost information must be displayed consistent with UX2014 or other established design principles. The Contractor must modify options based on input from stakeholders at the direction of Exchange staff.	Exhibit A	ExA VI(b)(8)(A)	4	1: Receive Inbound Requests		No	Requires further definition and integration with Module 7.	Functional
283	The Contractor must conduct testing of information displays with established usability testing processes and surveys. The test plan must include the remote methods of usability and survey information.	Exhibit A	ExA VI(b)(8)(A)(i)	4			No	Usability testing will be addressed in the Testing Plan.	
284	The Contractor's Solution will allow Users to explore the potential to reduce the amount of advance premium tax credits when viewing premium costs and see a new calculation of their out-of-pocket costs with a modified advance premium tax credit amount.	Exhibit A	ExA VI(b)(8)(F)	4	9: Determine Tax Credit & Cost Share		No	OOP is custom functionality.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
285	The Contractor's Solution will provide capability to communicate or e-mail information about plans a User is considering for selection to him or herself, Assister or other person involved in selection process.(7)	Exhibit A	ExA VI(b)(10)	4	20: Process Enrollments		Yes	Base product provides SBC (Benefit Plan Summary).	Functional
286	The Contractor's Solution will facilitate a User's choice of a provider, such as a primary care provider or health care home, when such choice is needed as part of QHP, Medicaid/CHIP or other state health care programs that fall into data framework consistent with the QHPs, and Medicaid/CHIP plans enrollment process. (5)	Exhibit A	ExA VI(b)(12)	4	20: Process Enrollments		Yes	Assumption "other state Programs" do not deviate from QHP, Medicaid, Chip framework.	Functional
287	The Contractor's Solution will provide functionality for Navigators/Brokers to create a certification account in the MNHIX.	Exhibit A	ExA VI(d)(1)	4	2: Validate Assister Request for account		No	Integration with Module 7 is necessary for Account creation.	Functional
288	The Contractor's Solution will provide functionality to collect certification information from Navigators/Brokers and support the upload of certification results.	Exhibit A	ExA VI(d)(1)(A)	4	2: Validate Assister Request for account		No	Integration with Module 7 is necessary for Account creation.	Functional
289	The Contractor's Solution will electronically verify the information provided by the Navigator/broker if electronic sources of verification are available (e.g., Department of Commerce connection with Vertafore also known as SIRCON).	Exhibit A	ExA VI(d)(2)	4	2: Validate Assister Request for account		No	Integration with Module 7 is necessary to receive information.	Functional
290	The Contractor's Solution will allow Users to view Navigators/brokers information based on preferences, including, but not limited to: name, defined levels of service, ratings, certification, training/licensing status, and market specialty status (e.g., small group or individual).	Exhibit A	ExA VI(d)(3)	4	1: Receive Inbound Requests		No	Custom	Functional
291	The Contractor's Solution shall allow Users to contact Navigators/brokers electronically.	Exhibit A	ExA VI(d)(4)	4	1: Receive inbound requests		No	Custom	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
292	The MNHIX will collect data from issuers seeking certification for proposed QHPs.	Exhibit A	ExA VI(a)	4	2: Receive Information from Health Plans		No		Functional
293	The Contractor's Solution will display plan information matching general MNHIX and Insurance Affordability Program and other state health care program eligibility determinations for Users who have finished the eligibility determination process or generically for Users who have not yet entered any User-specific information.	Exhibit A	ExA VI(b)(1)	4	19: Process Applications		Yes		Functional
294	Allow User to view health plans based on eligibility determinations .[4]	Exhibit A	ExA VI(b)(1)(A)	4	20: Process Enrollments		Yes	Integration with Module 1 is necessary to determine eligibility.	Functional
295	Medicaid, other state health care program, or QHP health plans available by geographic area	Exhibit A	ExA VI(b)(1)(A)(i)	4	1: Receive Inbound Requests		Yes		Functional
296	Eligible health plans for Cost-Sharing Reductions	Exhibit A	ExA VI(b)(1)(A)(ii)	4	1: Receive Inbound Requests		Yes		Functional
297	Health plans based on User filters	Exhibit A	ExA VI(b)(1)(A)(iv)	4	1: Receive Inbound Requests		Yes		Functional
298	The Contractor's Solution will allow Users to view multiple plans that address families with varied bases of eligibility for affordability assistance (e.g., public program, tax credit, employee, etc).	Exhibit A	ExA VI(b)(1)(B)	4	1: Receive Inbound Requests		Yes		Functional
299	The Contractor's Solution must allow certain Medicaid-eligible individuals the choice to opt out of a managed care product and into fee-for-service coverage.	Exhibit A	ExA VI(b)(1)(C)(i)	4	18: Process Disenrollment		Yes		Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
300	The Contractor's Solution must establish options for and support various algorithms by which plan choices are displayed. The State must be able to change which algorithm is being used and implement new algorithms as needed. These algorithms will determine in what default order plan choices are arrayed.	Exhibit A	ExA VI(b)(2)	4	20: Process enrollments		Yes		Functional
301	The Contractor's Solution will support Users having the ability to set their own criteria about what plan characteristics are most important to them through a multi-faceted decision support tool that Users may opt to use. Preferences and needs expressed through use of this tool must override system-generated defaults.	Exhibit A	ExA VI(b)(3)	4	20: Process Enrollments		Yes		Functional
302	The Contractor's Solution will establish a multi-faceted decision support tool that must offer Users a mechanism to search for and prioritize among specific QHPs, dental plans, Medicaid/CHIP plans, and other state health care programs, as applicable based on different plan attributes. (A) Such attributes should include, but are not limited to the following:	Exhibit A	ExA VI(b)(4), (4)(A)	4	20: Process Enrollments		NA	Header Requirement	Functional
303	Metal level	Exhibit A	ExA VI(b)(4)(A)(ii)	4	20: Process Enrollments		Yes		Functional
304	Premium and cost-sharing information	Exhibit A	ExA VI(b)(4)(A)(iii)	4	20: Process Enrollments		Yes		Functional
305	The decision support tool must facilitate separate or combined searches for specific Family/household members or for different subgroups within a Family/household and save search criteria and search results for each Family/household member or subgroup within a Family/household.	Exhibit A	ExA VI(b)(4)(B)	4	20: Process Enrollments		Yes		Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
306	The optional decision support tool must not display certain components to Users when only one plan is available for a User.	Exhibit A	ExA VI(b)(4)(C)	4	20: Process Enrollments		Yes		Functional
307	Users should be prompted to use the decision support tool.	Exhibit A	ExA VI(b)(4)(E)	4	20: Process Enrollments		Yes		Functional
308	In the event a Medicaid-eligible User does not have a choice of plans, the Contractor's Solution must default to choosing the single plan for a Medicaid-eligible User and connect with Module 2 to enroll the Medicaid-eligible User in that plan.	Exhibit A	ExA VI(b)(5)(A)	4	20: Process Enrollments		Yes		Functional
309	In other circumstances, a Medicaid-eligible User will have a choice of plans. If the Medicaid-eligible individual doesn't choose and enroll in a Medicaid plan, the solution must choose a default option for that individual during that use session and connect them to the enrollment process to enroll them in the default Medicaid plan. The functionality around default auto plan selection and enrollment to facilitate different plans being automatically deemed a default will be limited to a minimum number of business rules (3-4) as provided by the State. (2)	Exhibit A	ExA VI(b)(5)(B)	4	20: Process Enrollments		Yes	Connecture will implement a limited set of business rules (4) around default auto plan selection. Ability to create new algorithm requires change control process.	Functional
310	The Contractor's Solution will allow Users to filter, view and compare information from search results on each health plan including:	Exhibit A	ExA VI(b)(6)	4	1: Receive Inbound Requests		NA	Header Requirement	Functional
311	Premium and cost sharing information	Exhibit A	ExA VI(b)(6)(A)	4	1: Receive Inbound Requests		Yes		Functional
312	Summary of benefits and coverage	Exhibit A	ExA VI(b)(6)(B)	4	1: Receive Inbound Requests		Yes		Functional
313	QHP metal level	Exhibit A	ExA VI(b)(6)(C)	4	1: Receive Inbound Requests		Yes		Functional
314	Enrollee satisfaction surveys	Exhibit A	ExA VI(b)(6)(D)	4	1: Receive Inbound Requests		No		Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
315	Quality ratings	Exhibit A	ExA VI(b)(6)(E)	4	1: Receive Inbound Requests		Yes		Functional
316	Medical loss ratio information	Exhibit A	ExA VI(b)(6)(F)	4	1: Receive Inbound Requests		Yes		Functional
317	Total estimated cost based on average utilization or utilization assumptions entered by User	Exhibit A	ExA VI(b)(6)(I)	4	1: Receive Inbound Requests		No	Custom – Further requirements.	Functional
318	The Contractor's Solution will be flexible enough to accommodate additional dynamic elements (drop downs, criteria, sorting categories, etc.) selected by Users or deemed necessary in the future.	Exhibit A	ExA VI(b)(7)	4	1: Receive Inbound Requests		No	Custom – Further requirements.	Functional
319	The Contractor's Solution will provide a summary display of health plan information that allows for a high level comparison of composite measures and the ability to drill down into detailed information on costs, benefits, provider networks, quality, and customer satisfaction.	Exhibit A	ExA VI(b)(8)	4	1: Receive Inbound Requests		Yes		Functional
320	The Contractor must modify options, where reasonable, based on input from stakeholders and usability results as mutually agreed upon.	Exhibit A	ExA VI(b)(8)(A)(ii)	4			No	Custom – requires change control process.	Functional
321	Initial cost, quality, and customer satisfaction information should be at a summary level.	Exhibit A	ExA VI(b)(8)(B)	4	1: Receive Inbound Requests		Yes		Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
322	The Contractor's Solution will have a display that includes a filter that can limit the number of health benefit plans shown to a User as either a default for the Module or to be set by an individual User. If filter is not activated, Users will have the ability to view all selected health plan options and summary comparison information about them with the ability to drill down into more detailed comparisons for a minimum of three QHP options at a time (unless a User wants detailed information on only one or two options). Similarly, the Module should not display health benefit plan options that do not meet a User's stated preferences if one or more health benefit plans do meet a User's preferences.	Exhibit A	ExA VI(b)(8)(C)	4	1: Receive Inbound Requests		Yes		Functional
323	The Contractor's Solution will allow Users to view a consolidated list of plans that contract with their providers.	Exhibit A	ExA VI(b)(8)(D)	4	1: Receive Inbound Requests		Yes		Functional
324	The Contractor's Solution will allow Users to sort the health plans that meet criteria specified through use of the optional decision support tool by prioritizing among the specified criteria in viewing their search results.	Exhibit A	ExA VI(b)(8)(E)	4	20: Process Enrollments		Yes		Functional
325	The Contractor's Solution will allow Users to save the selected plan(s) prior to enrollment so User can review, compare, contrast, add or delete plans for comparison.	Exhibit A	ExA VI(b)(9)	4	20: Process Enrollments		Yes		Functional
326	The Contractor's Solution will allow Users to enroll based on selected health plan and eligibility requirements. (2)	Exhibit A	ExA VI(b)(11)	4	20: Process Enrollments		Yes	Integration with Module 1 is necessary to determine eligibility.	Functional
327	The MNHIX will include a calculator that allows the User the ability to estimate total out-of-pocket costs based on QHP cost structure, User demographic characteristics and health status.	Exhibit A	ExA VI(c)	4	20: Process Enrollments		No		Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
328	The Contractor's Solution will establish the calculator's functionality to estimate total out-of-pocket costs by accounting for:	Exhibit A	ExA VI(c)(1)	4	20: Process Enrollments		NA	Header Requirement	Functional
329	Eligibility determination for premium tax credits, cost-sharing reductions or contribution from employer.	Exhibit A	ExA VI(c)(1)(A)	4	20: Process Enrollments		Yes		Functional
330	Choice of health plan.	Exhibit A	ExA VI(c)(1)(B)	4	20: Process Enrollments		Yes		Functional
331	Ability for Users to adjust assumptions underlying average health care utilization and view resulting total out-of-pocket cost estimates.	Exhibit A	ExA VI(c)(1)(C)	4	20: Process Enrollments		No	Further definition is required.	Functional
332	Create the calculator function to include an estimated total annual cost of a health plan based on average utilization.	Exhibit A	ExA VI(c)(2)	4	20: Process Enrollments		No	Further definition is required.	Functional
333	Assumptions about average utilization must be clearly articulated.	Exhibit A	ExA VI(c)(2)(A)	4	20: Process Enrollments		No	Further definition is required.	Functional
334	The Contractor's Solution will include an intermediate calculator for Users based on entered information without an eligibility determination or employer contribution information.	Exhibit A	ExA VI(c)(3)	4	19: Process Applications		Yes		Functional
335	The Contractor's Solution will allow Users to lower the amount of Advance Premium Tax Credit they receive in order to minimize risk of paying back overpayments through tax filing.	Exhibit A	ExA VI(c)(4)	4	9: Determine Tax Credit & Cost Share		Yes		Functional
336	The MNHIX shall provide Users access to qualified Navigators/brokers and shall provide Navigators/brokers access to the MNHIX	Exhibit A	ExA VI(d)	4	2: Validate Assister Application for an Account		Yes		Functional
337	The Contractor's Solution will display all applicable training, certification, and licensure information on the Navigator/Broker.	Exhibit A	ExA VI(d)(1)(B)	4	1: Receive Inbound Requests		Yes		Functional

Table 7 - Module 4 - Health Plan Benefits and Navigator/Broker Certification and Display Gaps

6. Module 5 - Provider Display

The Provider Display (Module 5) encompasses all MNHIX functions related to the display of health care provider information to assist individuals, employers, and employees in finding, comparing, and selecting a health care provider and health benefit plan. Module 5 determines and displays health care provider information based on the preferences of individuals, employers, and employees. The provider information needs to be displayed in layers that begins with a high level comparison of composite measures and allows for an expanded comparison of detailed information on cost and quality measures as well as provider peer grouping. Module 5 also needs a mechanism for health care providers to securely preview their information before it is publicly reported.

Module 5 must also interface with other MNHIX Modules and is expected to interact closely with Module 4. Information from Module 5 should be available as consumers search for information about health care providers associated with specific health benefit plans.

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
481	The MNHIX will display health care provider information to assist individuals, employers, and employees in finding, comparing and selecting a health care provider and health benefit plan	Exhibit A	ExA VII(a)	5	1: Receive Inbound Requests		Yes	The idea is to have the carrier upload plans into Connecture systems. Base product functionality utilizes the NPI provider file information. MN utilizes MDH so the base product requires configuration of the different provider format.	Functional
482	The Contractor's Solution will display individual provider name, clinic and/or hospital affiliations and locations with contact information, service provided (specialty), the QHPs, Medicaid/CHIP plans, or other state health care programs plans in which the provider is included in the provider network, and other potential data elements.	Exhibit A	ExA VII(a)(1)	5	1: Receive Inbound Requests		Yes	The idea is to have the carrier upload plans into Connecture systems. Base product functionality utilizes the NPI provider file information. MN utilizes MDH so the base product requires configuration of the different provider format.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
483	The Contractor's Solution will provide hotlinks to clinic/hospital address, phone number, and email address to the extent an email address is available as provided by the State.	Exhibit A	ExA VII(a)(1)(A)	5	1: Receive Inbound Requests		Yes	Connecture will display information in Req a1. Additional information must be included in the registry file.	Functional
484	The Contractor's Solution will include up to 10 sorting capabilities for a User; including but not limited to zip code, zip code radius, county, city, quality/cost information, provider name and provider type if applicable.	Exhibit A	ExA VII(a)(1)(B)	5	1: Receive Inbound Requests		No	Base, Custom and configuration for additional sorts.	Functional
485	The Contractor's Solution will facilitate the ability of Users to search for and obtain information about providers based on the search criteria of Users.	Exhibit A	ExA VII(a)(2)	5	1: Receive Inbound Requests		No	Configuration required for additional search criteria.	Functional
486	The Contractor's Solution will allow a User to select the type of provider or facility (e.g., clinic, hospital or ambulatory surgical center) they wish to search for.	Exhibit A	ExA VII(a)(2)(A)	5	1: Receive Inbound Requests		No	Type of provider indicator must be added to MDH file.	Functional
487	The Contractor's Solution will have a search/query capability by criteria available to the User and shall be performed by freeform text and other interface utilities. These criteria will minimally include provider name, gender, geographic location, quality and/or cost information, language spoken, the QHPs, Medicaid/CHIP plans, or other state health care programs plans in which a provider is included in the provider network, hospital affiliate, and whether the provider is accepting new patients.	Exhibit A	ExA VII(a)(2)(B)	5	1: Receive Inbound Requests		Yes	Requirement includes Quality measure display which is custom. Language spoken refers to doctors only.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
488	The Contractor's Solution will have search capabilities that allow a User to find a provider by typing a provider name or partial name in free form text and attempt to match it in a mechanism to the provider name in the consolidated provider directory.	Exhibit A	ExA VII(a)(2)(C)	5	1: Receive Inbound Requests		Yes		Functional
489	To the extent that provider peer grouping or quality information is available for each physician clinic, hospital, or ambulatory surgical center included in the search results, the search results must display summary level provider peer grouping and quality information for that entity. When provider peer grouping or quality information is not available, information about the reasons for the lack of data must be provided.	Exhibit A	ExA VII(a)(3)(A)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		No	Custom – further definition required.	Functional
490	The Contractor's Solution shall ensure search results clearly indicate the data presented relates to an entire clinic's, hospital's or ambulatory surgical center's performance rather than to an individual provider.	Exhibit A	ExA VII(a)(3)(B)	5	1: Receive Inbound Requests		No	Configuration required for type of facility.	Functional
491	The Contractor's Solution will have search results that include criteria from the initial search as well as the ability to conduct refined searches on the results.	Exhibit A	ExA VII(a)(3)(C)	5	1: Receive Inbound Requests		No	Base has filter functionality, further clarification.	Functional
492	The Contractor's Solution will allow a User be easily able to perform a new search, as well as go back to previous results.	Exhibit A	ExA VII(a)(3)(D)	5	1: Receive Inbound Requests		No	Base has filter functionality, further clarification.	Functional
493	The MNHIX will display information for quality measures and provider peer grouping as provided by the State.	Exhibit A	ExA VII(b)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		N/A	Header Requirement	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
494	The Contractor's Solution must support two distinct data sources provided by the State to be reported through this Module.	Exhibit A	ExA VII(b)(1)	5			No	Custom	Non-Functional
495	The two data sources will be used to provide two distinct displays of output. Components of both data sources are included in Appendix 2 & 3.	Exhibit A	ExA VII(b)(1)(A)	5			No	Custom	Non-Functional
496	Statewide Quality Reporting and Measurement System quality measurement data for hospitals, clinics, and ambulatory surgical centers.	Exhibit A	ExA VII(b)(1)(A)(i)	5			No	Custom – further definition required.	Non-Functional
497	Provider Peer Grouping data, which consists of a composite measure of cost and quality data for hospitals and clinics on total care and specific conditions.	Exhibit A	ExA VII(b)(1)(A)(ii)	5			No	Custom – further definition required.	Non-Functional
498	The Contractor's Solution will display information at a summary level and also allow for drill downs into more detailed components as provided by the State depending on a User's interest. The display functionality will include the following:	Exhibit A	ExA VII(b)(1)(B)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		No	Custom – further definition required.	Functional
499	Data will be displayed in a variety of formats as approved by the State including, but not limited to table, graphic, text, picture, and grid.	Exhibit A	ExA VII(b)(1)(B)(i)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		No	Custom – further definition required.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
500	Explanations of how to interpret the information as provided by the State.	Exhibit A	ExA VII(b)(1)(B)(ii)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		No	Custom – further definition required.	Functional
501	Presentation and comparison of current and historical information as provided by the State.	Exhibit A	ExA VII(b)(1)(B)(iii)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		No	Custom – further definition required.	Functional
502	Presentation and comparison of provider data against statewide averages as provided by the State or other benchmark data.	Exhibit A	ExA VII(b)(1)(B)(iv)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		No	Custom – further definition required.	Functional
503	Facilitate search by payer type (public programs, commercial, and Medicare) when there are sufficient numbers of patients as determined and provided by the State to support this payer-type data display with default as “all-payer” data.	Exhibit A	ExA VII(b)(1)(B)(v)	5	1: Receive Inbound Requests		No	Custom – require payer type indicator.	Functional
504	For the provider peer grouping data this will include, but not be limited to, the added capability of searching by specific condition, as well as a jointly displayed cost and quality score.	Exhibit A	ExA VII(b)(1)(C)	5	1: Receive Inbound Requests		No	Custom – further definition required.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
505	The Contractor's Solution will allow a User to compare providers by each of these components—cost, quality, and a simultaneous presentation of the two components. Future iterations may require a combined measure of these two components.	Exhibit A	ExA VII(b)(1)(D)	5	1: Receive Inbound Requests		Yes	Requires further definition.	Functional
506	The Contractor's Solution will display measure names and descriptions that are easily identifiable on the search results page. These descriptions must also have the ability to be minimized and maximized based on the amount of information an individual wants to view.	Exhibit A	ExA VII(b)(1)(E)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		Yes	Requires further definition.	Functional
507	The Contractor's Solution will allow a User be able to easily choose a different measure by selecting from a list on the results page or through some other functionality.	Exhibit A	ExA VII(b)(1)(F)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display; 1: Receive Inbound Requests		Yes	Requires further definition.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
508	The Contractor will develop and propose multiple options for displaying provider peer grouping and quality data.	Exhibit A	ExA VII(b)(2)	5			Yes	Connecture will display the information that was included in the files prepared for these data items. Connecture to provide multiple ways to display the data for the state to choose from. Assume that the service team will work with MN to specify the requirements for display of SQRMS quality data.	Non-functional
509	The Contractor's Solution will display provider information within guidelines consistent with those specified in the Enroll UX 2014 and Consumer Choice projects. The guidelines will be provided by the State.	Exhibit A	ExA VII(b)(2)(A)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		Yes	UX2014 recommendations will be applied as applicable.	Non-functional
510	The Contractor must share options with stakeholders convened by the MNHIX and other reviewers identified by the State.	Exhibit A	ExA VII(b)(2)(A)(i)	5			No	Prototype being created.	Non-functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
511	The Contractor must conduct testing of information displays with individual Users and/or focus groups of Users. The purpose of conducting this activity is to determine whether Users understand the information being presented; whether Users tend to prefer certain display options; and to solicit input on how to improve displays. The Contractor must provide the State the ability to participate in or observe this activity. The Contractor must submit a draft testing plan for State approval prior to initiating consumer testing. The test plan must include the proposed number of individuals/groups to participate, strategies to recruit diverse participants reflective of Exchange users, and proposed questions or topic areas.	Exhibit A	ExA VII(b)(2)(A)(ii)	5			No	Testing requirement. Test plan created and submitted to State for sign off.	Non-functional
512	The Contractor must modify options based on input from stakeholders and results from User testing at the direction of Exchange staff subject to change control.	Exhibit A	ExA VII(b)(2)(A)(iii)	5			No	Testing requirement subject to change control process.	Non-functional
513	The State will supply preliminary test files with quality measurement and provider peer grouping data during the development phase of the Project.	Exhibit A	ExA VII(b)(3)	5			NA	State Requirement	Non-functional
514	The MNHIX will provide an application maintenance interface accessible to Administrators and specified Users.	Exhibit A	ExA VII(c)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, user Interface Display		N/A	Header Requirement	
515	The Contractor's Solution will facilitate the ability for health care providers to securely preview their information before it is publically reported.	Exhibit A	ExA VII(c)(1)	5	6: Provide Secure Preview of Information; 7: Approve Provider Information		No	Custom – further definition required.	Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
516	The Contractor's Solution must incorporate provider-specific information, such as use of a National Provider Identification number or Unique Minnesota Provider Identifier for purposes of gaining secure access to information.	Exhibit A	ExA VII(c)(1)(A)	5	2: Mange Authentication		No	Custom – further definition required.	Functional
517	The Contractor's Solution must facilitate viewing of additional and more detailed provider peer grouping and quality measure data elements beyond those data elements included in public reporting.	Exhibit A	ExA VII(c)(1)(B)	5	1. Process inbound requests.		No	Custom – further definition required.	Functional
518	The Contractor's Solution will allow providers with the ability to update information pertaining to them in the Module as allowed by the State and provide information on how to contest or appeal information related to cost and quality information and other information they are not able to update themselves.	Exhibit A	ExA VII(c)(1)(C)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, user Interface Display; 4: Process Appeals		No	Custom – further definition required.	Functional
519	The Contractor's Solution will allow MNHIX Administrators to have the ability to withhold publication of results for specific hospitals and clinics. This withholding of specific hospital and clinic information must not impede publication of other hospital and clinic data.	Exhibit A	ExA VII(c)(2)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display		No	Custom – further definition required.	Functional
520	The Contractor's Solution will allow MNHIX Administrators to have the ability to modify all displayed text and images, including measure descriptions, contact information (providers and the State), frequently asked questions, labels, drop-down boxes, and various related articles and images.	Exhibit A	ExA VII(c)(2)[sic] should be ExA VII(c)(3)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display		No	Custom – further definition required.	Functional
521	The MNHIX will be adapted and modified to accommodate historical and new information.	Exhibit A	ExA VII(d)	5	1: Receive Inbound Requests		N/A	Header Requirement	

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
522	The Contractor will propose and build a database schema to accommodate historical and new information. The State shall approve any schema before implementation.	Exhibit A	ExA VII(d)(1)	5			NA	Custom	Non-functional
523	The Contractor will populate the database using information provided by the State.	Exhibit A	ExA VII(d)(2)	5			NA	Custom	Non-functional
524	The Contractor will create or obtain agreement from the State for a standard database population mechanism.	Exhibit A	ExA VII(d)(3)	5			NA	Custom	Non-functional
525	The Contractor's Solution will allow the State to have the ability to load and or reload updated data for both distinct data sources on an annual basis.	Exhibit A	ExA VII(d)(4)	5			NA	Custom	Non-functional
526	The Contractor's Solution will support the reload mechanism be developed so nontechnical State staff can upload a full refresh of data and individual data points.	Exhibit A	ExA VII(d)(5)	5			NA	Custom	Non-functional
527	The Contractor must also employ a mechanism for linking different variations of a provider's name and de-duplicating names of individual providers.	Exhibit A	ExA VII(d)(6)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		NA	Custom	Non-functional
528	The Contractor's Solution will link an individual physician to each clinic or hospital at which s/he practices and to ensure these affiliations are included in search results.	Exhibit A	ExA VII(d)(7)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		NA	Custom	Non-functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
529	The Contractor's Solution must include a map of where a provider is located.	Exhibit A	ExA VII(a)(2)(G)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		Yes		Functional
530	The Contractor's Solution will allow a User to click on a provider to obtain their contact summary information, if available.	Exhibit A	ExA VII(a)(1)(C)	5	5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		Yes		Functional
531	The Contractor's Solution will allow Users to search for a minimum number of specific providers in a single search and learn which health benefit plans include all or some of those providers in their networks. Plans will be displayed via percentage match.	Exhibit A	ExA VII(a)(2)(D)	5	1: Receive Inbound Requests; 5: Administration of Ongoing Provider Information, Reporting, User Interface Display, Reporting, User Interface Display		Yes		Functional
532	The Contractor's Solution will allow Users to be able to search for a minimum number of specific providers in a single search and learn which health benefit plans include all or some of those providers in their networks.	Exhibit A	ExA VII(a)(2)(E)	5	1: Receive Inbound Requests		Yes		Functional
533	The Contractor's Solution will have provider search capability that takes place in the context of a consolidated all-plans provider directory facilitated by the Contractor. This consolidated all-plans provider directory must be refreshed as often as plans submit updated provider network information.	Exhibit A	ExA VII(a)(2)(F)	5	1: Receive Inbound Requests		No		Functional

ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
534	The Contractor's Solution will facilitate the ability of Users to compare providers based on information generated from their search criteria.	Exhibit A	ExA VII(a)(3)	5	1: Receive Inbound Requests		Yes		Functional
535	The Contractor's Solution will allow a User to simultaneously compare the results for a maximum number of three providers. This functionality needs to be clearly identified on the results page.	Exhibit A	ExA VII(a)(3)(E)	5	1: Receive Inbound Requests		Yes		Functional

Table 8 - Module 5 - Provider Display Gaps

7. Module 6 - Fund Aggregation and Payment

The Fund Aggregation and Payment Module (Module 6) encompasses all MNHIX functions to track and aggregate payments from multiple sources for health benefit plan enrollment, premiums for a potential basic health plan or other state health care program, navigator/broker services, and funding of operations through the MNHIX. Module 6 must also interface with other MNHIX Modules, SWIFT (the State's accounting system), and other entities to properly record, communicate and reconcile monies. This includes premiums, advance premium tax credits and other related information between individuals, small employers, insurers, federal agencies, SWIFT and the state's premium processes entities.

Module 6 - Fund Aggregation and Payment									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
338	Manage Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions for reconciliation and aggregation of payment information for individuals.	Exhibit A	ExA VIII(a)	6	12: Reconcile Payments		Yes	Premium Tax Credit payment management.	Functional
339	The Contractor's Solution will receive necessary information in a standard format from required interfaces for Advance Payments of the Premium Tax Credit ("APTC") and Cost-Sharing Reductions ("CSR") eligibility management.	Exhibit A	ExA VIII(a)(1)	6			Yes	IBM Cúram OOTB capability to receive information for Advance Payments of Premium Tax Credits and Cost Sharing Reductions.	Functional
340	The Contractor's Solution will store monthly APTC and CSR information, including individual choice of reduced APTC.	Exhibit A	ExA VIII(a)(2)	6			Yes	IBM Cúram Financial Manager provides Storage of APTC/CSR information.	Functional
341	The Contractor's Solution will receive updated information and process accordingly for fund aggregation and payment reconciliation, including information on individual payments made directly to carriers.	Exhibit A	ExA VIII(a)(3)	6	10: Aggregate Payments		Yes	System must aggregate funds and reconcile payment info.	Functional
342	The Contractor's Solution will facilitate reconciliation process with IRS and health plans APTC and CMS payments on behalf of individual in a standard format.	Exhibit A	ExA VIII(a)(4)	6	12: Reconcile Payments		Yes	Payment information integration with outside agencies.	Functional

Module 6 - Fund Aggregation and Payment									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
343	The Contractor will create Report template for monthly report on individual enrollment in QHP and provide to CMS.[7]	Exhibit A	ExA VIII(a)(4)(A)	6			Yes	Enrollment Reporting.	Functional
344	The Contractor's Solution should expect to receive CMS Federal Issuer Payment report at issuer and individual level.	Exhibit A	ExA VIII(a)(4)(B)	6			Yes	CMS Federal Issuer Payment integration.	Functional
345	The Contractor's Solution shall record CMS Federal Issuer Payment information.	Exhibit A	ExA VIII(a)(4)(C)	6			Yes	CMS Federal Issuer Payment integration.	Functional
346	The Contractor's Solution shall verify APTC and CSR payment information from CMS Federal Issuer Payment Report.	Exhibit A	ExA VIII(a)(4)(D)	6			Yes	Reconciliation based on CMS report.	Functional
347	The Contractor's Solution shall support process to reconcile discrepancy notices received from carriers.	Exhibit A	ExA VIII(a)(4)(E)	6	14: Resolve Payment and Premium Dispute		Yes	Reconciliation with carrier partners.	Functional
348	The Contractor's Solution shall produce exception reports which identify discrepancies in APTC and CSR information between the MNHIX and CMS Federal Issuer Payment information.	Exhibit A	ExA VIII(a)(4)(F)	6			Yes	Exception reporting for APTC/CSR information.	Functional
349	Contractors Solution shall support process to resolve discrepancies	Exhibit A	ExA VIII(a)(4)(F)(i)	6	17: Resolve Payment and Premium Dispute		Yes	Exception resolution of discrepancies is standard functionality.	Functional

Module 6 - Fund Aggregation and Payment									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
350	Contractors Solution shall allow for updating records with correct information as necessary	Exhibit A	ExA VIII(a)(4)(F)(ii)	6	13: Process Individual Changes; 13: Manage Employee Ongoing Enrollment changes (employer provides change on behalf of employee)		Yes	This functionality is currently available OOTB from IBM Cúram and Connecture.	Functional
351	Manage Premium Collections for employers and employees (communicating information, as authorized by the MNHIX, to SWIFT and other entities as necessary, receive information from the State premium processing partner(s) as appropriate)	Exhibit A	ExA VIII(b)	6	11: Pay Health Plans; 3: Send Information to Trading Partners		Yes	Premium Collection and information management.	Functional
352	The Contractor's Solution shall facilitate and track the premium collection process for SHOP.	Exhibit A	ExA VIII(b)(1)	6	11: Pay Health Plans; 10: Aggregate Payments		Yes	System must track premium collections.	Functional
353	The Contractor's Solution shall receive necessary information from required internal MNHIX interfaces for employer and employee premiums.	Exhibit A	ExA VIII(b)(1)(A)	6	20: Process Enrollments		Yes	Must be able to receive employer/employee premium information.	Functional
354	The Contractor's Solution shall calculate periodic payment amounts based on total premium provided by Module 3 and the payment frequency selected by the User and generates the invoice.	Exhibit A	ExA VIII(b)(1)(B)	6	21: Setup Individual Premium Payments		Yes	Calculation of periodic payment amounts.	Functional

Module 6 - Fund Aggregation and Payment									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
355	The Contractor's Solution shall allow employer to choose a mode of invoice notification. The Contractor's solution shall allow for invoices to be generated and sent electronically to employer or to State's processing solution for printing and mailing. Invoices shall meet State's needs for printing and payment processes.	Exhibit A	ExA VIII(b)(1)(C)	6	15: Send Notification		No	User selected invoice notification.	Functional
356	The Contractor's Solution shall initiate any other secure communications as necessary. (7)	Exhibit A	ExA VIII(b)(1)(C)(i)	6	15: Send Notification		No	This is Module 7 functionality.	Functional
357	The Contractor's Solution shall develop interfaces for receiving all necessary payment information from State's premium collection process which may include external electronic payment and lockbox/cashiering partners in a standard format.	Exhibit A	ExA VIII(b)(1)(D)	6	21: Setup Individual Premium Payments		Yes	Receipt of payment information from State of MN.	Functional
358	The Contractor's Solution shall allow for tracking of all payments made on behalf of employee	Exhibit A	ExA VIII(b)(1)(D)(i)	6	21: Setup Individual Premium Payments		Yes	Payment tracking of employees is the responsibility of Connecture. EP will facilitate communications from the carriers to Connecture via the MNHIX.	Functional
359	The Contractor's Solution shall receive, track and store all premium collection. Information from state premium processing partner(s) in a standard format for employers and employees.	Exhibit A	ExA VIII(b)(1)(D)(ii)	6			Yes	Premium collection information management will be provided by OOTB functionality from Connecture using the services of the USB.	Functional

Module 6 - Fund Aggregation and Payment									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
360	The Contractor's Solution shall have the capability to aggregate premium collection from multiple resources (i.e. multiple employers and other entities) in a standard format.	Exhibit A	ExA VIII(b)(1)(D)(iii)	6			Yes	Premium collection aggregating from multiple sources configuration will require definition of the sources and their ability to connect with web services. EngagePoint will work with Connecture OOTB functionality to implement this service.	Functional
361	The Contractor's Solution shall support notification process to employee and employer for payments received and processed for enrollment.	Exhibit A	ExA VIII(b)(1)(D)(iv)	6	15: Send Notification		Yes	System generated notifications on payment status using ezNotify.	Functional
362	The Contractor's Solution shall monitor/report unpaid premiums and issue notification of non-payment to the employer or Assister.	Exhibit A	ExA VIII(b)(1)(F)	6	12: Reconcile Payments		No	Unpaid premium tracking will be facilitated though communications with the authorized insurance providers within the State. This data must come from the providers; Federal and State program payments to Assisters are the responsibility of the State. EP will facilitate communications with the Assisters when/if the State can provide the rules associated with their notification requirements.	Functional
363	The Contractor's Solution shall receive notification of premium invoice discrepancies from employers.	Exhibit A	ExA VIII(b)(1)(G)	6	14: Resolve Payment and Premium Dispute; 12: Reconcile Payments		Yes	Ability to receive premium invoice discrepancies from employers will be handled by the EP validation Module.	Functional

Module 6 - Fund Aggregation and Payment									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
364	The Contractor's Solution shall provide the system to facilitate premium invoice and payment resolutions for employers.	Exhibit A	ExA VIII(b)(1)(H)	6	14: Resolve Payment and Premium Dispute		Yes	Employer invoice/payment issue resolution.	Functional
365	The Contractor will design an interface, as well as establish security roles for authorized Administrator to facilitate reconciliation.	Exhibit A	ExA VIII(b)(1)(H)(i)	6			No	Administrator role/security is being provided through Module 7.	Functional
366	The Contractor's Solution shall record actions of authorized Administrator for reconciliation of discrepancies.	Exhibit A	ExA VIII(b)(1)(H)(ii)	6			Yes	User action history for payment reconciliation will be stored in the FM transaction DB.	Functional
367	The Contractor's Solution shall issue new invoices as necessary to appropriate parties (employers/employees).	Exhibit A	ExA VIII(b)(1)(H)(iii)	6	13: Process Individual Changes		Yes	Ability to issue new/updated invoices based upon payment rules for employers/employees.	Functional
368	The Contractor's Solution shall track and store resolution of premium invoice and/or payment discrepancies, facilitate updating records as necessary.	Exhibit A	ExA VIII(b)(1)(I)	6	14: Resolve Payment and Premium Dispute		Yes	Ability to update records is OOTB functionality for IBM Cúram and Connecture.	Functional
369	Manage Premium and Other State Health Care Programs Collections for individuals (communicating information, as authorized by the MNHIX, to SWIFT and other entities as necessary, receive information from the State premium processing partner(s) as appropriate)	Exhibit A	ExA VIII(c)	6	21: Setup Individual Premium Payments		Yes	The FM from EngagePoint will manage the exchange premium collections data for individuals between MNHIX modules and the State's Premium processor and SWIFT.	Functional
370	The Contractor's Solution shall facilitate and track the premium collection process for individuals.	Exhibit A	ExA VIII(c)(1)	6	21: Setup Individual Premium Payments		Yes	Facilitate and track individual premium collections.	Functional

Module 6 - Fund Aggregation and Payment									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
371	The Contractor's Solution shall receive necessary information from required internal MNHIX Modules and interfaces for individual premiums.	Exhibit A	ExA VIII(c)(1)(A)	6			Yes	Information received from MNHIX modules will use the interfaces described in their Interface Control Documents to facilitate necessary invoice generation.	Functional
372	The Contractor's Solution shall determine and store monthly individual premium and create invoices.	Exhibit A	ExA VIII(c)(1)(B)	6	21: Setup Individual Premium Payments		Yes	Determination of premiums for individuals is the responsibility of the providers; this module will receive this data from the MNHIX trading partners and process the information using rules developed with the State.	Functional
373	The Contractor's Solution shall allow individual to choose mode of invoice notification. The Contractor's solution shall allow for invoices to be generated and sent electronically to individual or to State's processing solution for printing and mailing. Invoices shall meet State's needs for printing and payment processes. The Contractor's Solution shall develop interfaces for receiving all necessary payment information from State's premium process which may include external electronic payment and lockbox/cashiering partners.	Exhibit A	ExA VIII(c)(1)(C)	6	15: Send Notification		Yes	Individually selected method of invoice notification will be supported using the State provided Print Solution and the State's Payment processor after the selection has been made by the individual using IBM Cúram OOTB functionality.	Functional
374	The Contractor's Solution shall allow for an individual to pay directly to carrier except for state health care programs per state requirements.	Exhibit A	ExA VIII(c)(1)(C)(i)	6	22: Set Up Employee Premium Payments		Yes	Individuals are able to pay carriers directly; the carriers will need to provide access to their premium receipts database for EngagePoint to complete this task.	Functional

Module 6 - Fund Aggregation and Payment									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
375	The Contractor's Solution shall allow for tracking of all payments made on behalf of an individual including payments made directly to carriers.	Exhibit A	ExA VIII(c)(1)(C)(ii)	6	22: Set Up Employee Premium Payments		Yes	Individuals are able to pay carriers directly; the carriers will need to provide access to their premium receipts database for EngagePoint to complete this task.	Functional
376	The Contractor's Solution shall receive individual payment information from carriers as appropriate.	Exhibit A	ExA VIII(c)(1)(C)(iii)	6	10: Aggregate Payments		Yes	System must be able to receive payment information from carriers in order to provide basic functions of the FM.	Functional
377	ExA VIII(c)(1)(D) was omitted from contract.	Exhibit A		6					Functional
378	The Contractor's Solution shall record and support processing of individual premium payments.	Exhibit A	ExA VIII(c)(1)(E)	6	21: Setup Individual Premium Payments		Yes	Processing of individual payments OOTB	Functional
379	The Contractor's Solution shall solution shall have the capability to aggregate and track premium collection from multiple sources (Tribes, etc.) for an individual or Family.	Exhibit A	ExA VIII(c)(1)(E)(i)	6			Yes	Multiple payment source tracking is included in the EngagePoint FM functionality.	Functional
380	The Contractor's Solution shall receive, track and store all premiums collection information from State processing partner(s) for individuals.	Exhibit A	ExA VIII(c)(1)(F)	6	21: Setup Individual Premium Payments		Yes	Must receive, track, store information from the State.	Functional
381	The Contractor's Solution shall support notification process to individual for payments received and processed for enrollment.	Exhibit A	ExA VIII(c)(1)(F)(i)	6	15: Send Notification		Yes	System notifications for payments processed using ezNotify.	Functional
382	The Contractor's Solution shall support notification process to Module 1 for status of premium payments within specified timeframes for other state health care programs. (1)	Exhibit A	ExA VIII(c)(1)(F)(ii)	6			Yes	Notification to Module 1 for other state programs will be provided through the eznotifiy application provided by EP.	Functional

Module 6 - Fund Aggregation and Payment									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
383	The Contractor's Solution shall monitor/report unpaid individual premiums and issue notification of non-payment to the individual, Assister and DHS as applicable, for individuals paying through the MNHIX.	Exhibit A	ExA VIII(c)(1)(G)	6	12: Reconcile Payments		No	Unpaid premium notification/tracking information must come from carriers.	Functional
384	The Contractor's Solution shall receive notification of individual premium invoice discrepancies from individual or Assister.	Exhibit A	ExA VIII(c)(2)	6	17: Resolve Payment and Premium Dispute; 12: Reconcile Payments			Ability to receive individual premium discrepancies.	Functional
385	The Contractor's Solution shall facilitate premium invoice and payment resolutions for individuals paying through the MNHIX.	Exhibit A	ExA VIII(c)(2)(A)	6	17: Resolve Payment and Premium Dispute		Yes	Payment discrepancy resolution for individuals.	Functional
386	The Contractor will design windows/screens, as well as establish security roles for authorized Administrator to facilitate reconciliation.	Exhibit A	ExA VIII(c)(2)(A)(i)	6			Yes	Screens will be developed that assist in the administration of the FM module.	Functional
387	The Contractor's Solution shall record actions of authorized Administrator for reconciliation of discrepancies.	Exhibit A	ExA VIII(c)(2)(A)(ii)	6			Yes	Issue resolution audit trail.	Functional
388	The Contractor's Solution shall issue new invoice.	Exhibit A	ExA VIII(c)(2)(A)(ii)	6			Yes	Ability to issue new/updated invoices to individuals based upon information provided by the carriers is OOTB.	Functional
389	The Contractor's Solution shall track and store resolutions of premium invoice and/or payment discrepancies for Users while updating records as necessary.	Exhibit A	ExA VIII(c)(2)(B)	6	14: Resolve Payment and Premium Dispute		No	Ability to update records based on discrepancy resolution.	Functional
390	Facilitate, track and manage premium pass-thru payments to insurance carriers net of MNHIX fees as appropriate (fund aggregation for SHOP and individual) and Navigator payment information.	Exhibit A	ExA VIII(d)	6	11: Pay Health Plans		Yes	Premium Pass-thru payments as appropriate.	Functional

Module 6 - Fund Aggregation and Payment									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
391	The Contractor's Solution shall aggregate premium payments from individuals and employers for each carrier.	Exhibit A	ExA VIII(d)(1)	6	10: Aggregate Payments		No	Premium payments must be aggregated by the carrier and sent to the MNHIX; EP will facilitate reporting of this information using templates designed with the State.	Functional
392	As appropriate, the Contractor Solution shall calculate carrier User fees based on state defined methodologies.	Exhibit A	ExA VIII(d)(1)(A)	6			Yes	Carrier user fee calculations.	Functional
393	The Contractor's Solution shall allow for MNHIX fees to be netted from aggregated payment to carriers if appropriate.	Exhibit A	ExA VIII(d)(1)(B)	6			Yes	MNHIX fees needed from carrier payment.	Functional
394	The Contractor's Solution shall allow for process to invoice and record fees collected from carriers as appropriate, interacting with SWIFT and states fee collection process as appropriate.	Exhibit A	ExA VIII(d)(1)(C)	6			Yes	Process and record carrier payments.	Functional
395	The Contractor's Solution shall provide information to SWIFT in a standard format on aggregated payments less User fee by carrier to be paid to carriers upon authorization by the employer, individual, and MNHIX. Information shall meet SWIFT processing needs.	Exhibit A	ExA VIII(d)(2)	6	11: Pay Health Plans		Yes	System must push payment information to SWIFT.	Functional
396	The Contractor's Solution will receive notification of premium payment/invoice discrepancies from health carriers in a standard format.	Exhibit A	ExA VIII(d)(3)	6	14: Resolve Payment and Premium Dispute		Yes	Ability to receive notification of invoice discrepancies from health carriers.	Functional

Module 6 - Fund Aggregation and Payment									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
397	The Contractor's Solution shall facilitate premium invoice and payment resolutions for carriers.	Exhibit A	ExA VIII(d)(3)(A)	6	11: Pay Health Plans		No	Payment resolution instructions from carriers based upon their or the State's dispute resolution system can be programed into the FM module using specific rules.	Functional
398	The Contractor will design windows/screens, as well as establish security roles for authorized Administrator to facilitate reconciliation.	Exhibit A	ExA VIII(d)(3)(A)(i)	6			Yes	Administrator security for payment resolution.	Functional
399	The Contractor's Solution shall record actions of authorized Administrator for reconciliation of discrepancies.	Exhibit A	ExA VIII(d)(3)(A)(ii)	6			Yes	Audit logs for payment resolution.	Functional
400	The Contractor's Solution shall issue new invoice to carriers as appropriate.	Exhibit A	ExA VIII(d)(3)(A)(iii)	6			Yes	Ability to issue new/updated invoices to carriers.	Functional
401	The Contractor's Solution shall track and store resolution of premium invoice and/or payment discrepancies for carriers while updating records as necessary.	Exhibit A	ExA VIII(d)(3)(B)	6	14: Resolve Payment and Premium Dispute		No	Ability to update records based on discrepancy resolution for carriers.	Functional
402	The Contractor's Solution shall communicate Navigator/broker payment information based on navigator/broker payment rules to SWIFT for payment processing. Information shall meet SWIFT processing needs.	Exhibit A	ExA VIII(d)(4)	6			Yes	Payments to SWIFT will be provided by the FM module.	Functional
403	The Contractor's Solution shall facilitate reconciliation process with health carriers on all premium payments made to the MNHIX or directly to carriers.	Exhibit A	ExA VIII(d)(5)	6	14: Resolve Payment and Premium Dispute		Yes	Payment reconciliation with carriers.	Functional
404	The Contractor's Solution shall allow individuals to pay directly to health carriers.	Exhibit A	ExA VIII(d)(5)(A)	6			Yes	Individuals should be able to pay carriers directly.	Functional
405	The Contractor's Solution shall reconcile APTC payments sent directly to health carriers from IRS/CMS.	Exhibit A	ExA VIII(d)(5)(B)	6			No	Reconciliation with APTC payments from carriers.	Functional

Module 6 - Fund Aggregation and Payment									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
406	The Contractor's Solution shall create and manage list of bills to employers, individuals and/or Assisters.	Exhibit A	ExA VIII(d)(6)	6			No	These requirements need to be refined by the State.	Functional
407	The Contractor's Solution shall ensure the communicating receipts of payments should be handled through secure means and notification of the receipt availability could be made via User-defined choices. (7)	Exhibit A	ExA VIII(d)(7)	6	15: Send Notification		No	Secure notification of payments will enable the security features described in Module 7.	Functional
408	The Contractor's Solution shall address late payments, payments not received or partial payments via rules for notifications, enrollment and eligibility.	Exhibit A	ExA VIII(d)(8)	6	12: Reconcile Payments		Yes	Late/partial payment notifications will be develop using rules provided by the State.	Functional
409	Communicate financial information, as authorized by the MNHIX, to SWIFT, receive payment information from State's processing partner(s) as necessary, and reconcile all financial transactions.	Exhibit A	ExA VIII(e)	6			Yes	Ability to receive, reconcile, and transmit financial information/transactions is basic functionality of FM.	Functional
410	The Contractor shall establish interfaces between the MNHIX and the state's premium processing partner(s)).	Exhibit A	ExA VIII(e)(1)	6			Yes	Integration with States premium processing partners is basic functionality.	Functional
411	The Contractor shall establish interfaces between the MNHIX and SWIFT. Data shall be provided in formats prescribed on the state website at http://www.swift.state.mn.us/ii-flat-files.	Exhibit A	ExA VIII(e)(2)	6			Yes	Integration with SWIFT is basic functionality.	Functional

Module 6 - Fund Aggregation and Payment									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
412	The Contractor's Solution shall track all sources of payments to the MNHIX (received from State's premium processes partner(s)) and communicate to receipts to SWIFT. The Contractor's Solution shall allocation of funds received between pass-through payments to the carriers and as necessary, for User fees for operations. As necessary operation funds may be further allocated to Navigator/Broker program, payment processing fees and other operations. Allocation will be communicated to SWIFT in a standard format.	Exhibit A	ExA VIII(e)(3)	6	11: Pay Health Plans; 10: Aggregate Payments		Yes	Tracking payment sources received from the State and communicated to SWIFT.	Functional
413	The Contractor's Solution shall provide daily electronic transactional reports to be used to reconcile - financial transactions between the MNHIX and the state's premium processing partner(s).	Exhibit A	ExA VIII(e)(4)	6			Yes	Daily transactional reconciliation reports.	Functional
414	The Contractor's Solution shall provide electronic batch reports on payments and as receipts as necessary to support state reconciliation process with SWIFT in a standard format.	Exhibit A	ExA VIII(e)(5)	6			Yes	Batch reports on payments/receipts.	Functional
415	The Contractor's Solution shall maintain a history of all transactions and payments.	Exhibit A	ExA VIII(e)(6)	6			Yes	Transaction/payment history.	Functional
416	The Contractor's Solution shall communicate Accounts Receivable information to SWIFT per state requirements.	Exhibit A	ExA VIII(e)(7)	6			Yes	Accounts Receivable information communicated to SWIFT.	Functional
417	Reports	Exhibit A	ExA VIII(f)	6				Reports	Functional
418	The Contractor will create or support the creation of MNHIX all federally and state required financial reports based on information from MNHIX and including but not limited to:	Exhibit A	ExA VIII(f)(1)	6			No	EngagePoint will assist the State in designing print templates to be used by the State Reporting System.	Functional

Module 6 - Fund Aggregation and Payment									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
419	Payment aged reports	Exhibit A	ExA VIII(f)(1)(A)	6			No	EngagePoint will assist the State in designing print templates to be used by the State Reporting System.	Functional
420	Balance reports	Exhibit A	ExA VIII(f)(1)(B)	6			No	EngagePoint will assist the State in designing print templates to be used by the State Reporting System.	Functional
421	Individual Detail Reports	Exhibit A	ExA VIII(f)(1)(C)	6			No	EngagePoint will assist the State in designing print templates to be used by the State Reporting System.	Functional
422	Employer Reports	Exhibit A	ExA VIII(f)(1)(D)	6			No	EngagePoint will assist the State in designing print templates to be used by the State Reporting System.	Functional
423	Provide information for federally and state required financial reports	Exhibit A	ExA VIII(f)(1)(E)	6			No	EngagePoint will assist the State in designing print templates to be used by the State Reporting System.	Functional
424	The Contractor's Solution will allow for the ability to create ad hoc financial reports.	Exhibit A	ExA VIII(f)(2)	6			No	EngagePoint will assist the State in designing print templates to be used by the State Reporting System.	Functional

Table 9 - Module 6 - Fund Aggregation and Payment Gaps

8. Module 7 - Account Administration

The Account Administration Module (Module 7) creates accounts with current and historical information, links information from the other Modules, tracks relationships between individuals, family and households, employers, employees, Assisters, insurers, health care providers, and allows for calculation of aggregate Module statistics for employers, Assisters, insurers, health care providers, and MNHIX administrators. Module 7 will allow Assisters to efficiently and effectively manage the cases of individuals, families and households, and employers and employees.

Module 7 must also allow health care providers to securely preview select components of information before public reporting.

Module 7 - Account Administration									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
425	The Contractor will lead and take responsibility for master data management and establishment of any new data schemas within the MNHIX exchange.	Exhibit A	ExA IX(a)(1)	7			No	Development required for Engage-Point.	Functional
426	The Contractor will establish a standard de-duplication process for conflicting data elements within the MNHIX. (similar efforts related to the quality data in Module 5 are not part of this requirement)	Exhibit A	ExA IX(a)(2)	7			No	Development required for Engage-Point.	Functional
427	The Contractor will establish a standard reporting tool and methodology to be used throughout the MNHIX. The State will have the final approval for all reporting tool methodology decisions. Upon approval, the State will be responsible for acquiring those third party licenses as per Section 28 (Equipment and Third-Party Software) of this contract.	Exhibit A	ExA IX(a)(3)	7			No	Microstrategies software has been recommended.	Functional
428	The Contractor will provide a Security Plan based on State established standard security guidelines/protocols for MNHIX communications within and outside the system. The State will have the final approval for all secure communication decisions.	Exhibit A	ExA IX(a)(4)	7			No	EngagePoint is working with State on IDB.	Functional

Module 7 - Account Administration									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
429	Account Administration Module shall manage all User accounts for the MNHIX	Exhibit A	ExA IX(b)	7	2:Manage Authentication		No	IBM Cúram and Connecture manage authentication within their individual applications EngagePoint will provide multi-level authentication when needed between system applications.	Functional
430	The Contractor's Solution will have functionality for MNHIX accounts to be established for individuals, employees, employers, Assisters, Organization, Administrators, Family/household Members, Providers, Insurers and other entities as necessary. The State will provide the account authentication tools (e.g., Oracle Identity Manager).	Exhibit A	ExA IX(b)(1)	7	2:Manage Authentication		Yes	IBM Cúram and Connecture have out of the box functionality for creating accounts in MNHIX. EngagePoint will create and manage the master ID and will leverage the Oracle IDM.	Functional
431	Each identified individual within the MNHIX will have a at least one unique separate identification reference (number- MNHIX id). The system may support a composite master ID coined from multiple unique reference numbers.	Exhibit A	ExA IX(b)(1)(A)	7	2: Manage Authentication; 5: Identity Matching		No	EngagePoint and State Security team are working on a schema to provide this functionality.	Functional
432	The Contractor's Solution shall access the Identity Management Software to perform identity management and create unique MNHIX IDs for all Users and Assisters of the MNHIX.	Exhibit A	ExA IX(b)(1)(B)	7	6: Perform Data Verification; 5: Perform Identity Matching; 2: Manage Authentication		No	EngagePoint will not duplicate any functionality which already exists within the COTS solutions offered. Both IBM Cúram and Connecture have authentication functionality for users of their systems.	Functional
433	Access accounts to the MNHIX may be created by an individual or by an Administrator and will be based upon a unique or composite master the distinct identification reference (number) or ID.	Exhibit A	ExA IX(b)(1)(C)	7	6: Perform Data Verification; 5: Perform Identity Matching; 2: Manage Authentication		No	EngagePoint and State Security team are working on a schema to provide this functionality.	Functional

Module 7 - Account Administration									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
434	Specific relationships between IDs may still reside within other Modules, however access and maintenance of account interfaces for an individual resides in Module 7.	Exhibit A	ExA IX(b)(1)(D)	7	2: Manage Authentication		No	Authentication of all services requested between users of systems connected to the MNHIX will be managed by EngagePoint using a role based security and the tools provided by the State.	Functional
435	Relations can exist between IDs either on a singular and/or group level.	Exhibit A	ExA IX(b)(1)(E)	7	2: Manage Authentication		No	A single sign on with authentication is being developed by EngagePoint and the State Security Team.	Functional
436	The Contractor's Solution shall ensure Users be authenticated and permissions checked prior to executing requested processes.	Exhibit A	ExA IX(b)(2)	7	2: Manage Authentication		No	The MNHIX logon security will meet these requirements because this solution is being developed by EngagePoint and the State Security Team.	Functional
437	The Contractor's Solution shall provide access to account and household information based on business requirements.	Exhibit A	ExA IX(b)(3)	7			Yes	Demographics information is available in IBM Cúram; plan type and provider data is available OOTB from Connecture.	Functional
438	The Contractor's Solution will provide ability for User to terminate relationship effective immediately with an Assister at any time. (1, 4)	Exhibit A	ExA IX(b)(4)	7	14: Manage Assister Linkage to Employee, Employer, Individual; 5: Break the Link with individuals or employees that will no longer be assisted		Yes	Both IBM Cúram and Connecture have OOTB functionality that facilitates these activities.	Functional

Module 7 - Account Administration									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
439	The Contractor's Solution will provide all relevant information in the MNHIX related to an individual or an account needs to be linked or displayed.	Exhibit A	ExA IX(b)(5)	7			No	Integration with the Service Bus needed by IBM Cúram and Connecture in order to link or transmit data for display. This functionality will be provided by EngagePoint.	Functional
440	The Contractor's Solution will be able to link or interact with necessary account information for all Modules. (1, 2, 3, 4, 5, 6)	Exhibit A	ExA IX(b)(6)	7			No	Integration with the Service Bus needed by IBM Cúram and Connecture in order to link or transmit data for display. This functionality will be provided by EngagePoint.	Functional
441	The Contractor's Solution shall ensure the Modules link or interact with each other for necessary account information. (1, 2, 3, 4, 5, 6)	Exhibit A	ExA IX(b)(7)	7			No	Integration with the Service Bus needed by IBM Cúram and Connecture in order to link or transmit data for display. This functionality will be provided by EngagePoint.	Functional
442	The Contractor's Solution will provide an administrative user interface for User Accounts. Access to these features would be conditional to the security settings for the MNHIX administrator.	Exhibit A	ExA IX(b)(8)	7	2: Manage Authentication		No	EngagePoint will not duplicate any functionality which already exists within the COTS solutions offered. Both IBM Cúram and Connecture have authentication functionality for users of their systems, however when there is a need for cross application authentication this process will be developed by EngagePoint.	Functional

Module 7 - Account Administration									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
443	The Contractor's Solution will support account grouping identified by the MN HIX.	Exhibit A	ExA IX(b)(9)	7			Yes	Account grouping for households is available OOTB for IBM Cúram.	Functional
444	The MNHIX will utilize role based access and security	Exhibit A	ExA IX(c)	7			No	Authentication of all services requested between users of systems connected to the MNHIX will be managed by EngagePoint using a role based security and the tools provided by the State.	Functional
445	The Contractor's Solution will utilize security role methodology that will be established and coordinated with other MNHIX Modules.	Exhibit A	ExA IX(c)(1)	7			No	Authentication of all services requested between users of systems connected to the MNHIX will be managed by EngagePoint using a role based security and the tools provided by the State.	Functional
446	The Contractor's Solution will have capability for individuals, employees, employers, Assisters, carriers, providers, state administrators and other entities as necessary may have multiple roles, subject to the capability of the State's authentication management tools.	Exhibit A	ExA IX(c)(2)	7	2: Manage Authentication		No	Additional information is required from the State before any development is performed in order to leverage OOTB functionality already being performed in conjunction with the roles based security and single sign on capabilities.	Functional
447	The Contractor's Solution shall ensure role-based security will include a set of permissions defining what a role can and cannot do.	Exhibit A	ExA IX(c)(3)	7			No	Single sign on will be implemented by EngagePoint.	Functional

Module 7 - Account Administration									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
448	The Contractor's Solution will use role-based security to allow an Assister to act on behalf of an individual, employer, or employee for certain approved functions.	Exhibit A	ExA IX(c)(4)	7			No	The MNHIX security will meet these requirements once there is better clarification as to which OOTB solution is going to be providing specific functionality for brokers and navigators because this solution is being developed by EngagePoint and the State Security Team.	Functional
449	The Contractor's Solution shall ensure default roles be established for specific User accounts when they are established, subject the capability of the State's authentication management tools.	Exhibit A	ExA IX(c)(5)	7	2: Manage Authentication		Yes	Default roles of internal users can be defined during business requirements sessions. This may not be possible for external users and will therefore require additional information.	Functional
450	The Contractor will allow roles to be defined during business requirement sessions.	Exhibit A	ExA IX(c)(6)	7			Yes	This is typically when/how roles are defined for IBM Cúram.	Functional
451	The Contractor's Solution will allow MNHIX Business Administrators to modify a User's assigned role(s).	Exhibit A	ExA IX(c)(7)	7			Yes	OOTB functionality for IBM Cúram.	Functional
452	The MNHIX will allow self-administration from an authorized User and provide for appropriate security controls	Exhibit A	ExA IX(d)	7			Yes	Authorized users, with the proper security can update or change their demographic data.	Functional
453	The Contractor's Solution allows self-registration for individuals, employees and employers.	Exhibit A	ExA IX(d)(1)	7			Yes	OOTB functionality for IBM Cúram however may be a contractual issue.	Functional

Module 7 - Account Administration									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
454	The Contractor's Solution supports tracking of all account updates/changes are tracked and logged for security purposes.	Exhibit A	ExA IX(d)(2)	7	13: Process Individual Changes		No	Security manager will track all activities within the MNHIX.	Functional
455	The Contractor's Solution will have the capability to accept updates to Users account and process information based on data provided by authorized external sources.	Exhibit A	ExA IX(d)(3)	7	13: Process Individual Changes; 6: Perform Data Verification		No	Authorized users, with the proper security can update or change their demographic data.	Functional
456	The Contractor's Solution shall ensure individual accounts, belonging to an organization identified by the MNHIX, have designated administrative privilege accounts to help administer the organization, subject to the capability of the State's authentication management tools.	Exhibit A	ExA IX(d)(4)	7	13: Manage Employee Ongoing Enrollment Changes		No	More definition/explanation of this requirement is needed. This sounds like it is out of the box for Connecture.	Functional
457	The Contractor's Solution will incorporate a process for role-based security modification that will be established upon agreement.	Exhibit A	ExA IX(d)(5)	7			No	As the roles of individuals change within the MNHIX their security privileges will also change.	Functional
458	Seamlessly interact with other areas of the MNHIX or other entities that need to interact with the MNHIX	Exhibit A	ExA IX(e)	7			No	All communications and data exchange will use web services between MNHIX and members of the exchange.	Functional
459	The Contractor's Solution will allow the User to save, exit, and then return at a later time. .(1, 2, 3, 4, 5)	Exhibit A	ExA IX(e)(1)	7			Yes	This is OOTB functionality of the IBM Cúram Self Service Module and functionality being developed by Connecture.	Functional

Module 7 - Account Administration									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
460	The Contractor's Solution shall support various administrative user functions through interfaces for the MNHIX that originate from the account administration area. Access to these features would be conditional to State administrators with proper security settings (roles) for a MNHIX administrator.	Exhibit A	ExA IX(e)(2)	7			No	EngagePoint and State Security team are working on a schema to provide this functionality.	Functional
461	The MNHIX will require a data management solution to promote streamlined data interactions.	Exhibit A	ExA IX(f)	7			No	The state must provide additional information on their objectives, views and rules for data management including deduplication and master data management. The use and goals for the data warehouse must be provided.	Functional
462	The Contractor will lead and take responsibility for master data management. The State will have the final approval for all master data management decisions.	Exhibit A	ExA IX(f)(3)	7			No	The state must provide additional information on their objectives, views and rules for data management including deduplication and master data management. The use and goals for the data warehouse must be provided.	Functional
463	The Contractor's Solution will provide for the calculation of aggregate Module statistics for employers, Assisters, Insurers, Providers, and MNHIX Administrators.	Exhibit A	ExA IX(f)(4)	7				More information about the data warehouse and the State's decision on the reporting tool is necessary to complete this task.	Functional

Module 7 - Account Administration									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
464	The Contractor will standardize and de-duplicate data regardless of data types.	Exhibit A	ExA IX(f)(5)	7			No	The state must provide additional information on their objectives, views and rules for data management including deduplication and master data management. The use and goals for the data warehouse must be provided.	Functional
465	The Contractor's Solution shall support role-based security access to data.	Exhibit A	ExA IX(f)(6)	7			No	EngagePoint and State Security team are working on a schema to provide this functionality; some capabilities will be OOTB from IBM Cúram.	Functional
466	The Contractor will resolve data discrepancies.	Exhibit A	ExA IX(f)(7)	7			No	Rules for resolving data discrepancies can be developed after the State has provided the rules needed for this ask.	Functional
467	The Contractor's Solution will have the ability to save and retrieve past Module processes. This ability is related to data retention and the ability to retrieve data transactions for various reasons from legal to customer service.	Exhibit A	ExA IX(f)(8)	7			No	The state must provide additional information on their objectives, views and rules for data management including de-duplication and master data management. The use and goals for the data warehouse must be provided.	Functional
468	The MNHIX will generate reports and notifications needed for relevant agencies and stakeholders.	Exhibit A	ExA IX(g)	7			No	The State needs to provide a decision of the reporting tool and to define the 10 templates they require.	Functional

Module 7 - Account Administration									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
469	The Contractor's Solution will provide reporting and notification design, methodology, and template creation to allow the State to create and modify notifications in the solution.	Exhibit A	ExA IX(g)(2)	7			No	The State needs to provide a decision of the reporting tool and to define the 10 templates they require.	Functional
470	The Contractor's Solution will establish a list of ten notifications for User, which may include but are not limited to:	Exhibit A	ExA IX(g)(3)	7	15: Send Notification		No		Functional
471	Supply supplemental information, to complete their application, expirations, event periods, due dates, status, changes, etc.	Exhibit A	ExA IX(g)(3)(A)	7	15: Send Notification		No	EngagePoint will provide up to 10 notifications to users to support their completion of their application. These will include: information on plan expirations, event periods, due dates, status, changes, etc.	Functional
472	The Contractor's Solution will display consent management notices for actions such as a Notice of Privacy Practices. These actions may also require the capturing of acknowledgement by User.	Exhibit A	ExA IX(g)(4)	7			No	After the determination has been made on whether to use the IBM Cúram Self Service Module (Portal) or not EngagePoint will work with Maximus to determine how best to meet this requirement.	Functional
473	The MNHIX will facilitate secure communications and notifications between accounts	Exhibit A	ExA IX(h)	7	15: Send Notification		No	EngagePoint has been working closely with the State's Security team to insure that all communications within the MNHIX meet the technical and statutory requirements for each data type.	Functional

Module 7 - Account Administration									
ID	Requirement Text	Source	Source ID	Mod	Business Transaction	Process Model	COTS Ind.	Gap Solution	Req Type
474	The Contractor's Solution will provide secure communications throughout the MNHIX which will be displayed in the account administration.	Exhibit A	ExA IX(h)(1)	7				Authentication of all services requested between users of systems connected to the MNHIX will be managed by EngagePoint using a role based security and the tools provided by the State.	Functional
475	The Contractor's Solution will ask and record Users preferred mode of communication for use in the MNHIX and respond using the preferred mode.	Exhibit A	ExA IX(h)(2)	7	2: Manage Authentication		Yes	OOTB IBM Cúram.	Functional
476	The Contractor's Solution will send information via e-mail, mail, text, etc. to individual Users outside the MNHIX, per the individual's expressed preference for mode of communication, per the State's standards.	Exhibit A	ExA IX(h)(3)	7	15: Send Notification		Yes	This is OOTB functionality of the IBM Cúram Module.	Functional
477	The Contractor's Solution will prevent communication sent outside the MNHIX that may relate to private information, but will send a reference message stating that the information can be obtained by logging into the MNHIX.	Exhibit A	ExA IX(h)(4)	7	15: Send Notification		No	This functionality will be developed by EngagePoint for users of the exchange who have the need to have this information based on the role and security level.	Functional
478	The Contractor's Solution will allow individuals a means to dispute the accuracy of information or integrity of their individual identifiable information, and have erroneous information corrected or to have a dispute documented if their request is denied.	Exhibit A	ExA IX(h)(5)	7	1: Receive Inbound Requests		No	Disputes will be handled by current State dispute systems/applications.	Functional

Module 7 - Account Administration									
ID	**Requirement Text**	**Source**	**Source ID**	**Mod**	**Business Transaction**	**Process Model**	**COTS Ind.**	**Gap Solution**	**Req Type**
479	The Contractor's Solution will establish time based communication triggers to provide Users with reminders to provide updates about their circumstances and renew eligibility for subsidy/assistance.	Exhibit A	ExA IX(h)(6)	7	15: Send Notification		Yes	EngagePoint will not duplicate any functionality which already exists within the COTS solutions offered. Both IBM Cúram and Connecture have authentication functionality for users of their systems, however when there is a need for cross application authentication this process will be developed by EngagePoint.	Functional
480	The Contractor's Solution will notify insurers and/or Medicaid agency of individual changes in information including contact information, eligibility determination, and levels of premium tax credit and cost-sharing reductions.	Exhibit A	ExA IX(h)(7)	7	3: Send Information to Trading Partners		No	EngagePoint will provide notifications and other information requested by trading partners but plan changes, demographic and eligibility determinations are OOTB functionality for IBM Cúram with Case Manager Module.	Functional

Table 10 - Module 7 - Account Administration Gaps