

## DHS/MNsure County Q&A by Topic

### October 23, 2013

<i>Questions</i>		<i>Answers</i>
<b>Advanced Premium Tax Credits (APTC)</b>		
1.	What entity is processing APTC?	HCEA (MinnesotaCare) Operations. Counties will have the option of providing case management of APTC cases.
2.	Can people who aren't on MA or MinnesotaCare work with the county? What about people on Advanced Premium Tax Credits (APTC) but the county doesn't do APTC?	Counties are required to determine MA eligibility. Counties will have the option to determine eligibility for MinnesotaCare and APTC. However, even if a county doesn't elect to do MinnesotaCare and APTC they are responsible to make sure people who aren't eligible for MA get to the right entity for an eligibility determination of these programs.
<b>Application Processing</b>		
1.	Where will the paper applications go? Will counties be expected to scan paper applications that they receive?	<i>Paper applications will be mailed to a centralized address.</i>
2.	What will the process be for selection of MCO for paper applications? Will it be a different process if it is mailed into DHS or dropped off at the County office?	Initially, the plan selection process will be the same for paper applications and online applications. Once the paper application is entered into MNsure, the MMIS interface will be triggered and MMIS will start tracking and trigger the enrollment letter at the county.
3.	We were told that DHS would be receiving all of the paper MNsure application and completing the data input and then handing it off to counties. How will counties receive this information to assign cases to the correct team/region?	The new eligibility system will assign cases to counties and tribes based on logic established during system development. For example, applications that result in an MA determination will be routed to the applicant's county. Applications that result in a MinnesotaCare determination will be routed to HCEA (MinnesotaCare) Operations.  The new eligibility system allows configuration at the processing entity level so counties and tribes can arrange work flows as needed
4.	What will be the process for routing MA applicants from MNsure to counties for processing during the transitional period of 10/1/13-1/1/14?	The paper application asks if the applicant is applying for immediate MA coverage. If they are, the application will be routed to their county and the applicant will be directed to complete a non-MAGI supplement. If an individual applies for health care eligibility with a single streamlined paper application between 10/1/13 and 12/31/13 it is entered in the new eligibility system. If an

		individual applies for health care through ApplyMN or with a CAF or HCAPP during that same period, it is entered into MAXIS.
5.	The proposed MNsure paper application and the Online application will not have questions related to Assets. Use of the new applications begins 10-1-13 for enrollment in MNsure beginning 1-1-14. During the time period 10-1-13 to 1-1-14 MA eligibility will be determined under existing policy which contains asset limits for a significant portion of MA Method A and MA Method B clients. Even after 1-1-14 Non-MAGI clients will still be subject to asset limit policy (as far as I know). Will DHS produce an application supplement to be completed for those clients who must still report and verify assets?	<i>Yes, information about that supplement is available in ONEsource.</i>
6.	How will the application handle authorized representatives?	Initially, the online application only has the option for one signature. If a client wants to designate an authorized representative, the worker will receive a task to manually send out an authorized representative form.
7.	Will the system auto-deny applications if the client does not respond to the verification request within the given time period?	Yes.
8.	Is it possible to get a waiver of processing timelines during the conversion and initial system start-up?	CMS requires that clients get full MA benefits and get them “on time.”
9.	The IBM/Cúram demo shows that supervisor sign-off is needed for all eligibility determinations. Is this true?	This is a feature that can be turned on or off in the new eligibility system and will likely be helpful for supervisors to use with new workers or workers needing to improve the accuracy of their eligibility determinations.
10.	In an “application case” scenario wherein MNsure is not able to determine program eligibility at time of initial entry, will all of those cases be routed to the counties? Would DHS be willing to keep the application if the reported income is clearly over MA limits?	<i>Yes, they will be routed to the counties. Current system functionality doesn't allow us to change application routing in that way.</i>
11.	When will the new application forms be available for us to order?? And, what will the procedure be when we receive an old	<i>They are available for ordering and on eDocs. Counties and tribes will process HCAPPs for current eligibility as usual through December 31, 2013. Counties and tribes should destroy copies of the old applications effective January 1,</i>

	application? Should we destroy copies of the old versions?	2014.
<b>ApplyMN</b>		
1.	We anticipate that use of ApplyMN will increase when MNsure is implemented, as more clients become aware of their ability to apply for assistance online. ApplyMN has had periodic issues with stability, sometimes for days at a time (including the week of July22nd). Is DHS preparing its technical infrastructure and staffing for the possible increase in ApplyMN usage?	We will continue to support ApplyMN as we have in the past. We are always looking for ways to improve the system stability.
2.	Will the MNsure site also include a link to ApplyMN, for health care applicants who also want to apply for other assistance?	No
3.	DHS has told us they will remove the HC questions and the option to apply for HC via ApplyMN. Is the plan to have a link to the MNsure application available after the individual has completed the ApplyMN applications?	The all-health care option will be removed from ApplyMN effective 1/1/2014. In order to facilitate access to all possible programs, a link to MNsure will be available on the ApplyMN site.
<b>Case Maintenance</b>		
1.	If a County agrees to process <b>MCRE</b> cases and an assister or financial worker helps someone complete an MCRE application and there is no member of the family on MA, who will the case be assigned to for ongoing maintenance?  a) The County b) The County can decide whether to keep it or assign it to the State c) The State	The State
2.	If a County agrees to process <b>Tax Credit</b> cases and an assister or financial worker	The State

	<p>helps someone complete a Tax Credit application and there is no member of the family on MA, who will the case be assigned to for ongoing maintenance?</p> <p>a) The County b) The County can decide whether to keep it or assign it to the State c) The State</p>	
<b>Conversion</b>		
1.	Prior to MNsure implementation, will MAXIS and MMIS be available for extended hours for counties to clean up cases?	Counties will not need to clean up cases prior to conversion.
2.	If Modified Adjusted Gross Income (MAGI) cases will be converted starting 04/14 with yearly renewals, what cases will be converted by non-MinnesotaCare counties in the months of October through December 2013?	Our current conversion plan does not include any scheduled movement of Medical Assistance cases from MAXIS to MNsure prior to 4/14. Some MinnesotaCare cases may need to be moved prior to 1/1/14 but that process will be handled by MinnesotaCare Operations staff.
3.	When will the existing MN Care cases will be transferred to the counties? And, does it sound like counties will be doing the manual conversion? And, if so, does it sound like the conversion will start after the files are sent to the counties – so they arrive to us as MinnesotaCare and we make them MA?	On January 1, 2014, DHS will “auto-convert” those current MinnesotaCare cases that will be moving to Medical Assistance within the MMIS system. These cases will remain on MMIS but be case managed by the counties. Over period of 6-10 months, DHS will trigger “renewal” dates for these cases. A renewal package will be sent to the client directing them to the MNsure web-portal.
4.	Can converting cases to the new system wait until the eligibility determination process is completely automated?	No. We are looking at a variety of options for conversion timing but any delays in conversion will likely need federal approval and have a range of funding implications.
<b>Customer Service</b>		
1.	What phone number will be on notices? MNsure Customer Contact Center?	The MNsure number will be on all MNsure notices.
2.	Which return address will be used for notices? County, tribe, HCEA Operations	<p>MA notices: county/tribe MinnesotaCare and APTC notices: HCEA Operations Mixed households with MA: county/tribe Mixed households with MinnesotaCare or APTC: HCEA Operations (may change depending on if counties/tribes do MinnesotaCare, APTC, or both)</p>

		Pending/incomplete application notices: county/tribe.
3.	Is there any activity happening at DHS to identify form templates in the eDocs repository that will become obsolete or require revision for MNSure? Counties maintain supplies of DHS forms including electronic versions adapted for use with county EDMS. We need to know what changes are planned for the MA-related eDocs and what the timetable will be for making those changes.	<i>DHS has worked through all existing health care eligibility related forms and made revisions, or made forms obsolete, as needed.</i>
4.	Will DHS be developing a script for counties as they begin receiving calls about applying for health care through MNSure, as well as tax credits?	Yes. DHS and MNSure have developed speaking points and materials for counties.
<b>Data Access/Technical</b>		
1.	How consistent will client demographic data be between Cúram and the other DHS systems (particularly MAXIS, SSIS and MMIS) and how will differences in format or structure be managed?	Data should be consistent with all associated systems. Structure or formatting differences will be handled using translation logic behind the scenes.
2.	When will the Data Warehouse for MNSure be ready? Will there be MNSure data available before that time?	The data warehouse for MNSure will not begin development until 4/1/2014. We will begin extracting CURAM data to the DHS Warehouse in October, targeting data we need for specific reports required for 10/2 reporting. There will be limited access. A subset of the data identified above will be available in the DHS Warehouse with daily updates. We are targeting release to all data warehouse users, including the county users, by January.
3.	What (if any) changes to MMIS data should we expect to see? Is it right to assume MMIS will continue to get and store all of the data it has today?	There will not be any changes made to MMIS data. It should continue to get and store all the data it currently does today. Note: Please keep in mind that not all the data elements in MAXIS are interfaced and stored in MMIS.
4.	Will the county staff who currently use the DW be able to draw upon this new data? How frequently will the data be updated?	Data in MMIS will continue to be loaded into the Data Warehouse. No change in frequency at this time.

5.	What type of hardware will workers need to operate the new system?	<i>Counties will not need any special hardware, although there will be minimum browser standards. Only the two most recent versions of Microsoft Internet Explorer (IE9 and 10), Mozilla Firefox, Google Chrome, and Apple Safari will be supported.</i>
6.	Will writing recognition software be available for hand-written applications, so the data can go directly into the system?	No.
7.	How will the new eligibility system handle MA applicants subject to asset limit? Is electronic verification of assets being considered for these clients?	There is will not be electronic asset verification on 10/1/2013. Asset verification will occur the same way as it does now.
8.	Will the new eligibility system MA client demographic and eligibility data be loaded into the existing DHS DW? When will this start?	<i>The data warehouse for MNsure will not begin development until 4/1. However, there will be some data available in the DHS Warehouse shortly after MNsure implementation:</i> <ul style="list-style-type: none"> <li>● <i>We will begin extracting data from the new eligibility system to the DHS Warehouse in October, targeting data we need for specific reports required for 10/2 reporting. There will be limited access.</i></li> <li>● <i>A subset of the data identified above will be available in the DHS Warehouse with daily updates. We are targeting release to all data warehouse users, including the county users, by January.</i></li> </ul>
9.	How will addresses in the new eligibility system be standardized and validated? Will they be geo-referenced?	The need for standardization has been identified. The method and timing of standardization is under discussion.
10.	Has the system been tested with mobile devices, such as with Safari?	No.
11.	What type of software is needed for the client portal (the public-facing application)?	<i>Clients will not need any special hardware, although there will be minimum browser standards. Only the two most recent versions of Microsoft Internet Explorer (IE9 and IE10), Mozilla Firefox, Google Chrome, and Apple Safari will be supported.</i>
<b>EDMS</b>		
1.	How will we get documents into their document management system? Are scanners required?	Counties and tribes will maintain case files as they do now. They do not need to upload documents into the new eligibility system.
2.	Does new eligibility system have its own imaging system where documents can be accessed? If so, does new eligibility system	The new eligibility system has an electronic document management system in which documents can be viewed.

	<p>has its own process management workflows built into it? What does it mean that we are responsible for processing paper, but not “uploading” it? Does Curam have “upload” capabilities? We may not be responsible for uploading paper applications, but what if we want to? What are we supposed to do with paper applications? What about paper verifications? SLC does not keep paper; once scanned to OnBase, paper is processed for shredding. If Curam does not integrate with OnBase, then scanning these documents to OnBase may not be practical, especially for new MNSure applicants that do not have a Maxis case number. SLC currently does not process paper; all processing occurs thru OnBase process management workflows, and we do not want to go back to paper processing.</p>	<p>Paper applications that are scanned at the state will launch a work flow for state processes.</p> <p>The new eligibility system has functionality for uploading documents associated with a case.</p>
3.	<p>What document taxonomy will be used for filing documents in MNSure?</p>	<p>Document taxonomy varies depending on ‘Document Type’. Taxonomy work is still in progress.</p>
4.	<p>How will the taxonomy distinguish “person” documents from “case” documents? Documents we collect about an individual need to be shared across the cases the individual joins over time; other kinds of documents are specific to a single program or case. Both kinds of documents need to be managed.</p>	<p>All the documents are indexed by MNSureID. Options to share individual documents across multiple programs:</p> <ul style="list-style-type: none"> <li>a) Add program type as one of the index value on the individual documents.</li> <li>b) If there is a Case ID specific to a program, Case ID can be added as another index value on the person documents.</li> </ul>
5.	<p>Among the decisions needed here is what if any “case number” will be used as an index value (Curam generates multiple case numbers for the same household).</p>	<p>Solution depends on the business need. A document can be associated to multiple case numbers in MNSure EDMS.</p>
6.	<p>What index values will be used for filing “person” documents? Among the decisions needed here is what person identifier(s) will be used – PMI, SMI, other?</p>	<p>TBD. Based on the current information MNSureID, Last Name, First Name, DOB, Document Type, Document Date will be defined as index values. (Some other values: Middle Name, SSN)</p>

7.	What is the projected number of documents going into MNSure (per day, per month etc.)? Will be needed for storage capacity planning and number of CIU staff that will be needed for scanning and indexing documents.	It's estimated around 1 to 1.5 million pages a month will be added to MNSure EDMS. Current MNSure EDMS infrastructure addresses the storage capacity needs.
8.	What records retention rules will be used for documents stored in MNSure and how technically will the rules be applied?	TBD. Work in progress. MNSure EDMS system will implement IBM's Enterprise Records Manager module to manage the MNSure document retention schedule.
9.	How do the decisions being made for initial MNSure implementation align with the longer-term DHS Systems Modernization vision?	DHS believes it will be able to leverage much of the functionality within both the COTS solutions as well as the architecture being utilized in the MNSure system.
10.	What is a realistic scope for 2014? 2015? Future years?	TBD. System infrastructure can be scaled up depending on the business needs.
11.	How will the filing decisions that are made for MNSure be coordinated with existing county EDMS systems and processes?	Upon MNSure implementation on October 1, 2013, county EDMS (electronic document management systems) will not be integrated with the MNSure EDMS.
12.	What will the state do with the verification documents it receives? Will they upload them into MNSure?	Yes, verification documents send to the MNSure address will be scanned and uploaded into the MNSure EDMS.
13.	What mailing address will be given to clients who choose to use a paper application? Will this be a single statewide mailing address?	A single centralized address will be given.
14.	What mailing address will be given to applicants who need to submit verification documents? Even "online" clients may need to mail verifications to a processing agency – anyone who can't be fully e-verified.	The mailing address of the processing entity that has entered the case into the new eligibility system will be given to the applicant.
15.	Are there any assumptions or expectations for what should happen to existing county case files when the cases are converted from MAXIS to MNSure?	Counties will maintain their case files as usual during the conversion from MAXIS to MNSure. Counties will not need to scan and upload old case documentation
16.	Will MinnesotaCare case documents that are stored in the existing DHS FileNet repository be mapped to MNSure as part of the conversion effort?	No.
17.	Will active clients send mail (e.g. general correspondence, completed forms, completed	Clients will send mail to the processing entity that has the case at the time.

	paper renewals, etc.) to DHS or to a county office?	
18.	What is the direction for Electronic Document Management System (EDMS) and how will it work with individual county EDMS?	With the implementation of the shared IT platform with MNsure, the functions of an EDMS will be used to capture and route documents people provide for Insurance Affordability Programs (IAPs) eligibility. As DHS brings other human services programs onto this platform, those images will be available to other programs as permitted by federal and state privacy regulations.
<b>Interfaces</b>		
1.	Is the information workers received via the online verification ONLY used for determining eligibility for health care or can it be used to determine eligibility for SNAP and Cash as well?	We continue to try to get clarity about this from HHS.
2.	How will new families with children cases be referred for child support?	<i>Information on this will be available through ONEsource</i>
3.	Will the online verification system verify bank accounts, trusts, vehicles and/or other assets?	No. New system work is focused on the new Modified Adjusted Gross Income (MAGI) methodology, which does not include an asset test.
4.	Is CURAM going to be both the eligibility and the payment system? Will those cases that are on CURAM no longer need to be in MMIS?	IBM/Curam will interface eligibility information to MMIS, which will continue to be the claims payment system.
<b>Long Term Care</b>		
1.	Are there any planned policy changes with long term care with MNsure and the Affordable Care Act? Our focus has been on no asset test for what is currently known as Method A. There was mention earlier about aligning assets but we could not find any specifics for LTC individuals.	Asset tests will remain in place for non-MAGI individuals.
<b>MA Expansion</b>		

1.	How quickly is new enrollment expected to occur on to the expanded MA program?	An aggressive ramp-up is assumed. We are assuming that 25 percent of new enrollment will occur in January of 2014. Sixty percent will have occurred by July of 2014 and almost 90 percent will have occurred by January of 2015.
2.	What is the timeframe for the movement of MinnesotaCare enrollees who are eligible for the expanded MA program?	Expanded MA for adults without children, parents, and 19 and 20-year olds is effective January 1, 2014 and would be completed by that date.
<b>Managed Care</b>		
1.	The proposed MNsure paper application and the Online application will not have questions related to Assets. Use of the new applications begins 10-1-13 for enrollment in MNsure beginning 1-1-14. During the time period 10-1-13 to 1-1-14 MA eligibility will be determined under existing policy which contains asset limits for a significant portion of MA Method A and MA Method B clients. Even after 1-1-14 Non-MAGI clients will still be subject to asset limit policy (as far as I know). Will DHS produce an application supplement to be completed for those clients who must still report and verify assets?	We are developing a non-MAGI supplement for individuals who apply to MNsure for coverage but have a non-MAGI basis of eligibility.
2.	Will the MCO information be automatically updated in MMIS on RPPH after the MA is auto approved in MNsure? If no, will this continue to be the responsibility of counties as a manual update after clients send in their enrollment form?	We have determined that we will not have to use the default enrollment process for the MA MCO work-around. We will be able to configure the work-around to allow clients to choose a plan up front. This means that our current plan selection process will be followed except that MMIS will trigger the tracking rather than counties and that tracking may sometimes be less than 30 days. Given this change, counties will continue to enter the plan information in MMIS during the period that the work-around process is in place.
3.	Will counties be able to pull a report (daily/weekly) from Cúram to manually update MMIS for applicants?	Counties will get the plan selection forms returned from the clients as is currently the case. DHS will attempt to develop a report for this function if counties need it.
4.	Will individuals be able to select MCO online whether they are eligible or if they we need additional information? If no for additional info	Yes, once plan selection for MHCP is implemented on the system, a client will be able to make a plan selection even if they were determined eligible for MHCP program with a pending verification. As long as the system determines

	- how will they be informed to select? Will it be electronically or will this be a manual process for counties (current)?	that the client is eligible, the MMIS interface will be triggered to begin the MCO enrollment process. However, if the application is pended for some reason, the client will not be able to move onto the MCO enrollment process until an eligibility determination is made.
5.	Will counties still be responsible for mailing out the MHC packets? Are there any timeline changes (60 days) for choosing? Will it still be a random selection of a MCO if the applicant doesn't choose within the specific timeline?	Yes, because we will be using our current process during the work-around period, counties will continue to be responsible for mailing out the MCO plan information and enrollment materials.
6.	Any more discussion on not having MHC selection and input be manual? Will this be a part of the online application? Also, if it has to be manually updated in MMIS (which I am assuming at this point) - is there a way to have it as part of the MNsure online application and then a report is created for our MHC team to update MMIS?	During the period in which the MCO enrollment work-around process is in place, counties will continue to update plan selection information into MMIS manually. Once plan selection is implemented on MNsure, plan selection information updates in MMIS will be automated.
<b>Multi-program Clients (MA/Cash/SNAP)</b>		
1.	Will implementation of MNsure mandate a separation of a "health care" case file from the file used for other programs? Most counties keep documents for all eligibility programs in a single case file	No.
2.	How will counties index and file incoming documents for multi-program clients?	Counties will use their current indexing and filing procedures.
3.	How will documents that are relevant across programs be handled and stored? Many of the documents collected from clients are used across programs – everything from birth certificates to employment / wage documents.	Counties and tribes should keep cases files as they do today.
4.	How will Cash/SNAP (MAXIS) workers be notified when new documents are received through MNsure?	We don't have this functionality at this time.
5.	Is the assumption that counties will continue to use their existing filing methods for multi-program cases, or is there an expectation that	Yes and yes.

	documents relevant to health care be copied into MNsure?	
<b>Navigator/Broker/In-person Assister</b>		
1.	If the county is an assister, will they be able to get Federal FFP for this service for those eligible for MA, for those eligible for other programs?	Counties and tribes will be able to get enhanced FFP for eligibility activities in their role determining eligibility.
2.	If counties do not apply to be assisters, but actually help enroll MA applicants enroll in another program, will they get reimbursed similar to an assister?	Counties will get enhanced FFP for eligibility determination activities related to all applications up to the point of actual determination. Post-eligibility activities related to applicant that is APTC or QHP eligible are not reimbursable via Medicaid admin match. Counties that have been certified as in person assisters can be reimbursed by MNsure via that route.
3.	Who will work with applicants on the phones that are having a difficult time with the on-line application (like need a lot of hand holding?) Call Center, Navigators, Assistters?	<i>That is the role of the navigators and assistters.</i>
4.	Applications are supposed to be able to be taken over the phone, or by paper. Who will take these applications over the phone and who will receive the paper applications? Call Center, Navigators, referred to Assistters, someone else?	<i>MNsure and DHS jointly decided that MNsure, MinnesotaCare Operations, and counties would not be taking applications by phone on October 1. Individuals who call the MNsure Contact Center seeking to apply by phone will be referred to navigators and in-person assisters for this type of assistance.</i>  <i>Paper applications will contain a single MNsure/MinnesotaCare Operations fax number, mailing address and in-person drop off address.</i>
5.	Do counties have to assist everyone (e.g., a small business owner) if they are an assister?	Yes, but if the individual is better served by another organization the expectation is that a referral will be made.
6.	Can a County Human Services agency be the fiscal agent for a MNsure outreach grant?	Yes, However, outreach funding is limited to administrative services and the county may not receive outreach grants to fund activities that are already paid for by Medicaid funding. Counties are not eligible to receive grant funding on their own and may only be considered if part of a coalition
7.	Is in-person assister funding available for counties and how will that work? Does assistance provided by phone qualify for this funding?	MNsure has developed an in-person assister program, which will provide funding for certified entities/individuals to provide consumer assistance activities. Counties will be able to apply to become in-person assisters for services provided to Advanced Premium Tax Credits (APTC)/Cost Sharing

		Reduction (CSR) consumers. Specifics can be found on the MNSure website.
<b>Notices</b>		
1.	Will there be the capacity for caseworker comments on notices?	This will not be available 10/1/2013. We have requested it for future releases.
2.	Will clients have the choice between paper and electronic notices?	Clients will have the choice to receive their notices by paper, electronically, or both.
3.	What notices will there be on 10/1?	Approval, denial, change
<b>Person Numbers/System Identifiers</b>		
1.	What is the relationship between the MNSure ID and PMI (Medical ID)?	Everyone who accesses MNSure will get a MNSure ID, which is different from the PMI. The PMI (Medical ID) is assigned via MAXIS (unless one already exists for an exact match) when the applicant to MNSure chooses the option “I need assistance.” The PMI will be printed on the notice if there is one assigned to the person. If there is no “assistance” case, thus no need for a PMI, the MNSure ID will display.
2.	How exactly will the association of case number to client/ household be different than MAXIS? Explain the model for case numbering in Curam as DHS intends to use it. Include information about persistence of case number (when cases or programs close and later re-open, is the same number re-used).	The main difference is that the new eligibility system has cases at different levels, and each has a case number. The integrated case (most similar to a case in MAXIS) has a case number. Each product delivery case (similar to program) has a case number. If an application case is created because of missing verifications, that has a case number. There is nothing about the case numbers at the different levels that ties them together. For example, in an integrated case with two product delivery cases, there would be nothing about the product delivery case numbers that would connect them to the integrated case, or, necessarily, to each other.
3.	What is the specific format of case number in Curam (field length, use of alpha or numeric characters, etc.)?	Case numbers can go up to 10 digits, all numeric. Case numbers in the new eligibility system begin at a number high enough to not duplicate any case number already issued, or potentially to be issued, by MAXIS.
4.	Will persons with an existing PMI number keep that number in Cúram and MMIS, or will it change?	If a MNSure client is participating on a public subsidized health care program (MA or BHP) then their <i>existing</i> PMI will be used in both MAXIS and within MMIS as the recipient ID. The PMI is different than a Cúram or MNSure identifier.
5.	Will a Cúram-generated person # be sent to MMIS as the “PMI” for new persons?	MNSure will refer a person to MMIS based on the existing PMI number if it exists. If no PMI number exists, MNSure will “ask” MAXIS to generate a new

		PMI, and this will be passed by MNsure to MMIS as the recipient ID. The PMI is different than a Cúram or MNsure identifier. No PMI number will be generated for MNsure participants not receiving MA or BHP.
6.	Will MAXIS continue to generate PMI numbers for new Cash, SNAP and Child Care clients?	Yes.
7.	Will MAXIS and Cúram use the same person number for new multi-program clients?	The same PMI will continue to be used within MAXIS as the participant ID and also within MMIS as the recipient ID. The PMI/Recipient ID is different than the Cúram ID or the MNsure ID.
8.	How will identity and person number management be handled when a person who exists in MAXIS/MMIS with a PMI number applies for health insurance through the MNsure client portal?	MNsure will query the SMI. Assuming that the matched record is identified, MNsure will then have and use the PMI number as the Recipient ID for MMIS. The PMI/Recipient ID is different than the Cúram ID or the MNsure ID.
9.	Will the new system communicate with MAXIS using PMIs?	There will need to be a way to match identities between the two systems, but the exact mechanism has not been worked out. For the interfaces between MNsure and both MMIS and PRISM, a PMI or PMI-format number is needed, and there is a plan to accommodate that.
10.	When will SMI provide a cross-reference to a Cúram person number? Is it the aim of DHS, MNsure and Cúram to have a degree of SMI connection in place for the October 2013 launch?	All MNsure participants who are eligible for and elect a publically subsidized program (MA or BHP) will be added to the SMI along with a MNsure cross reference ID, (if the record already exists in SMI, the MNsure cross reference will be added to that existing SMI record). This will be in place by go-live.
11.	Will all persons that are added to Cúram get an SMI number?	No. Only MNsure participants who are eligible for and elect a publically subsidized program (MA or BHP) will be added to the SMI. MNsure participants who are private or employer-pay, for example, will NOT be added to the SMI.
12.	What will the SMI clearing process look like for persons added to Cúram? Will it be real-time, nightly batch or other?	Records added to SMI via MNsure will be evaluated against the SMI and may be added as cleared or uncleared. Uncleared records will be placed on a clearing log for manual review. At this time, it is expected that only specialized clearing workers will be able to clear and to resolve potential duplicates due to the limited visibility into the MNsure data.
13.	When will Cúram/MNsure case information (members, assigned worker, program status, address) become available through SMI web services?	The SMI services that provide data on MA/MinnesotaCare clients/cases via MMIS will remain in place. MNsure will continue to interface most if not all of the relevant “drill down” data to MMIS. This MMIS service will therefore still contain the necessary data to maintain current processes.
14.	To what case number will a worker (or team) be associated?	The integrated case number.

	<b>Comment:</b> Counties rely on case/worker association for routing mail, phone calls, appointments and more in local systems.	
15.	Will Curam case numbers be mapped to MAXIS case numbers, and if so where will that information be stored?  <b>Comment:</b> This matters to case file management and records retention for existing cases that get converted to Curam, among other things.	Individual who are eligible for public assistance (MA and MinnesotaCare) will receive a PMI number.
<b>Time Study/Financing</b>		
1.	Can the time study parameters be changed so they are less ambiguous?	The time studies will have to be modified to accommodate MA and MinnesotaCare program changes but the federal rules related to Medicaid administrative match haven't changed. DHS is asking the Centers for Medicare & Medicaid Services (CMS) for clarification on enhanced federal funding for county activities related to technology implementation and conversion, and other MA eligibility determination and enrollment activities.
2.	Will DHS be able to capture evening and weekend work on the Time Studies?	Counties will have the ability to choose from a range of random moment sampling times.
3.	How will non-eligibility workers be accounted for in the Time Studies?	In addition to eligibility workers, costs of clerical and supervisory staff who are performing work that directly supports the allowable eligibility activity, can be direct charged on the DHS-2550 quarterly cost report.  Assuming that these staff are not 100% dedicated to activity covered under the enhanced match, each person must complete ongoing daily activity reports. (Consult the latest Income Maintenance Cost Report Bulletin #11-32-02 Attachment E in for a complete discussion of direct charging salaries including if they are 100% dedicated). Counties must use the daily activity reports to calculate costs for each type of work perform by staff who are going to be direct charged to one or more federal programs. 100% of their working hours must be accounted for on the daily activity report and 100% of their salary and benefit costs must be accounted for on the quarterly cost report (DHS-2550). Costs that the daily activity report documents should be charged to each of the federal programs should be reported in Section F of the DHS-2550. We will be

		changing the MA program lines in this section to allow for a 75% amount and a 50% amount. All salary & benefit costs not allocated to a specific federal program in Section F must be reported in Section G –Other Direct Charges Not Eligible for Federal Financial Participation.
4.	Since MinnesotaCare is still MA for 2014, can counties get MA admin match for post-eligibility activities related to a MinnesotaCare case?	Post eligibility activity to administer the MA MinnesotaCare program will remain reimbursable at 50%.
5.	Does DHS plan to issue a Daily Activity Log template for supervisors and clerical staff (100%?) time reporting? What information will counties have to submit to DHS (all of the logs or some summary of info in the logs) and will there be template for that submission as well?	We have not planned to design a form for you. The Daily Activity Report is a county document. It is retained at the county as documentation for any direct charging of salaries to a federal program (where the employee is not 100% dedicated to one federal program). Counties who are currently direct charging salaries to some federal programs should have a form currently in use that can be modified to track MA 75% eligible activity and MA 50% eligible activity. There will not be any additional submissions needed since the daily activity report is retained at the county and the costs will be reported on the DHS-2550.
6.	Will DHS be issuing a detailed bulletin on the Time Study process and procedures changes?	Yes.
<b>Training</b>		
1.	How do counties train new workers on health care if DHS won't be training after June?	New online training is being developed on the use of the new system and MA and MinnesotaCare program changes due to the ACA. Current online training for the health care programs also will be maintained.
2.	Is the training cycle going to be repeated ongoing so for example, if we have someone miss the 4 <sup>th</sup> week, they can take the 4 <sup>th</sup> week during the 5 <sup>th</sup> week and so on but just finish up a week later? (If a county worker misses a week or two do they make that up)	The first four weeks of training will be available to take any time after they are released as they are all web-based. Week five is a webinar that we will either present on a regular basis, or present and record. Week six and seven are virtual instructor-led, and they will need to attend these sessions live. We will be offering them to accommodate flexibility in the agencies.
3.	Currently SLC clerical staff have MAXIS security which enables them to set HCAPP's received in the agency to PND1. Will DHS provide training to County clerical staff which will give them security to enter MNsure paper	There is a clerical security role within MNsure. We are working to determine the parameters for that role and the needed training. We will be providing training for that role.

	applications into Cúram?	
<b>User Access and Organization</b>		
1.	What user ID will be used to represent an individual user in Cúram?	The current plan is to use the existing X1 numbers for access to the new eligibility system. New workers will be assigned X1 numbers as well.
2.	Can you provide descriptions of the MNsure security profiles that will be available, and the parameters around who can be granted access under each of the roles?	The roles and requirements for the roles are still being finalized with federal guidance.
3.	Currently requests go through DHS security. Given that MNsure will not be exclusive to DHS will there be a new pathway for access requests?	The DHS SSAM team will handle the requests from county security liaisons for county worker access.
4.	Today we need to use a form 4442 when requesting that DHS create, remove or modify a user's access. Will a similar form be required for MNsure?	The 4442 form will either be modified, or a new form will replace it.
5.	Will individual account password resets be handled by counties, by the state, or by self-service?	Password resets will either be handled by the state or by self-service.
6.	Presently we required to provide a business justification along with access requests. Will this practice continue, and if so will the state provide detailed business criteria that must be met for each defined role?	CMS and IRS require business justification for access requests, so yes, that practice will continue. If the feds provide detailed business criteria for each role, it will be applied when assigning access.
7.	What will be the format for new user ID's?	At this time, the plan is to use X1 logon-ids, as have been used in the past for the mainframe systems.
8.	What will be the role of local security administrators in user set-up and ongoing support? How closely will it relate to existing methods?	Local security administrators will be involved in user set-up and ongoing support in the same way as they are now.
9.	What is the relationship between training and access? Will all users be required to complete some level of training to get access to MNsure? Will DHS set up the user access for everyone who enrolls in the MNsure training,	Users will need to complete privacy and security training to receive system access on October 1st. Users will have to complete the health care policy and systems training within 60 days after the last module is available to maintain access.

	or is requesting system access a separate process?	
10.	How will teams be represented and supported in Curam?	There is flexibility within the new eligibility system for counties and tribes to structure workflows to meet their specific needs. More information about this will be provided during training.
<b>Miscellaneous</b>		
1.	What is the state's plan for application support / help desk services for county users of Curam/MNsure?	The existing DHS MMIS Help Desk will become the help desk for county and tribal users of the new eligibility system.
2.	What will be the process for directing non-MAGI applicants to complete existing LTC and waiver applications?	We have developed a non-MAGI supplement for individuals who apply to MNsure for coverage but have a non-MAGI basis of eligibility.
3.	What level of county staff are on the eligibility work groups?	The eligibility workgroups include a range of county staff from workers to directors.
4.	What happens with CEHI - cost effective health insurance with the conversion to MNsure? Will the county still be obligated to pay the premiums?	Cost effective determinations and reimbursements will remain a manual process as they are now for go live.
5.	Is there a clear distinction between MAGI and Non-MAGI populations? What about income limits?	Non-MAGI population is individuals over the age of 65 and individuals who have a disability or are blind.
6.	Will Transition Year Medical Assistance (TYMA) still be available after 1/1/14?	Yes.
7.	MinnesotaCare processing contracts end June 30, 2013. What happens after that?	DHS will be sending out contract extensions to go through 12/31/2013. Contracts will not be renewed after that.