Attachment A: Minnesota Medicaid Enterprise Systems (MES) Modernization Strategy Summary

Contents

Introduction

Modernizing Medicaid Enterprise Systems (MES) requires more than replacing outdated technologies or aligning with federal checklists. It requires a complete rethinking of how to deliver value, learn from failure, and adapt public systems to the needs of the people they serve. Minnesota is embracing this challenge by pursuing a fundamentally different approach: one that treats modernization as an adaptive journey rather than a deterministic project.

This strategy introduces a new operating philosophy rooted in real-world experimentation, outcome-first delivery, and structural learning. Instead of betting big on untested designs, Minnesota is launching with small, purpose-driven experiments called "slices" that deliver measurable outcomes and generate insight before scaling. This marks a deliberate shift away from traditional modernization, which has relied on fixed blueprints, predefined system requirements, and prolonged planning cycles that delay feedback and obscure accountability. Our goal is not to modernize systems. It is to modernize *how we modernize*.

The foundational principles of this approach are captured in its guiding tenets: lead with vision, focus on outcomes, deliver with purpose, deliver value sooner, build in quality, work together, learn and repeat, and cultivate culture. These are more than values. They are operational commitments that shape how work is structured, how decisions are made, and how progress is measured.

To support these principles, Minnesota's State Medicaid Agency (SMA) is also reshaping the ecosystem of modernization. That means rethinking procurement to reward results instead of promises. It means treating vendors as partners in learning rather than executors of rigid scopes. It means giving empowered teams the authority, time, and tools to solve problems close to the point of service. And it means creating space to incubate new behaviors and structures outside the gravitational pull of legacy culture.

Many strategies claim to be different while ultimately following the same playbook. This one does not. What follows is a living system designed to test, learn, and grow toward a Medicaid enterprise that is not only technically sound, but human-centered, accountable, and resilient by design.

This strategy prioritizes learning first—about the right organizational structure, governance structure, processes, and tools—before scaling any of them, ensuring that solutions are proven to achieve outcomes and meet the future-state vision criteria before they're expanded.

Informational videos providing additional background for this RFI can be found at this link: MES Modernization Strategy RFI on Vimeo.

Attachment Purpose

The purpose of this Attachment is to communicate Minnesota's MES Modernization strategy, approach, current status, and planned next steps—to inform stakeholders and potential vendors, and to invite feedback, input, and guidance that will shape the path forward.

Strategy Roadmap and Status

Figure #1 – Strategy Roadmap and Status provides a visual summary of the key steps completed to date, along with the planned next steps leading up to the launch of modernization activities.

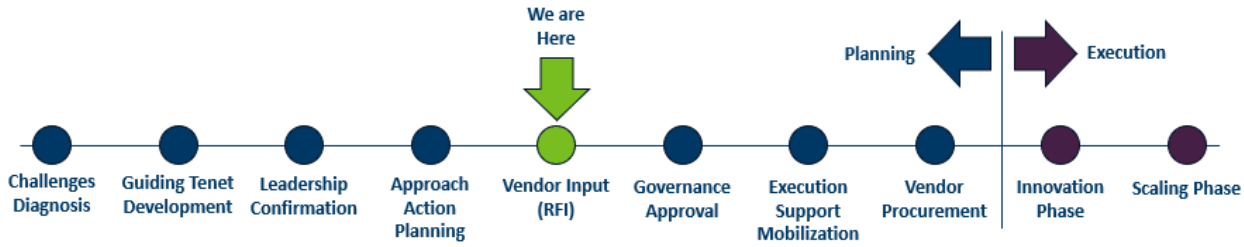

Figure #1 – Strategy Roadmap and Status

The remaining sections of this Attachment outline the work completed to date leading up to the issuance of this Request for Information (RFI) and describe the planned execution approach for launching the innovation phase of the modernization effort.

MES Modernization Challenge Diagnosis

Minnesota's MES modernization effort began with a focused diagnosis of the systemic challenges that have long prevented states from achieving meaningful modernization. Rather than starting with a business process assessment, this diagnostic approach asks a deeper question: not just *what's broken*, but *why modernization efforts so often fail*, even after decades of investment, planning, and effort.

The diagnosis identifies **five core challenges** that have repeatedly undermined modernization across states:

- **Scope:** Difficulty reaching agreement on what scope of work is appropriate or achievable, often resulting in overly ambitious or fragmented efforts.
- **Outcomes:** A common tendency to jump to solutions without clarity on the outcomes they're meant to achieve.
- **Lead Times:** Long planning, procurement, and build timelines prevent teams from learning what works until it's too late to adjust course.
- **Current-State Technology:** Current-state environments are neglected until they reach a failure point, making transition efforts even harder.
- **Organizational Environment:** Decades of hierarchical, compliance-driven structures have conditioned organizations to avoid risk and change, even when innovation is urgently needed.

This diagnosis forms the foundation of Minnesota Medicaid's new approach and reinforces the need for a strategy built around **focused outcomes, rapid learning, and cultural change**, not just new technology.

Appendix A – MES Modernization Strategy Videos includes links to a series of informational videos that provide a deeper explanation of the challenge diagnosis and its underlying insights.

Guiding Approach Tenets - Operating Commitments for Transformational Delivery

In response to the diagnosed challenges, Minnesota defined a set of high-level guiding tenets to shape its MES modernization strategy - a set of operating commitments that define how the work gets done. These tenets translate strategy into action, establishing a disciplined yet flexible system for navigating complexity, aligning decisions with public value, and protecting innovation from being absorbed into the status quo.

- **Lead with Vision:** Align every activity to a clearly articulated, human-centered vision for the future of Medicaid. Create a system that is equitable, navigable, and responsive. The vision is not static; it evolves as we learn.
- **Focus on Outcomes:** Anchor progress to observable and measurable changes in the lives of members, staff, and partners. This tenet rejects an output focus in favor of impact traceability. This means always asking, "What result are we trying to achieve for our members, staff, or program?"
- **Deliver with Purpose:** Start small and meaningful. Slices are not proof-of-concepts or pilots; they are end-to-end integrated solutions that teach us what works before we commit to scale**.** Solutions that drive learning, inform future choices, and

achieve a clear outcome. This is a key differentiator from traditional strategies, which typically structure efforts around broad solution layers rather than focused outcomes.

- **Deliver Value Sooner:** Reduce time-to-learning by prioritizing real delivery over exhaustive planning. When done right, experimentation becomes the fastest path to durable solutions.
- **Build in Quality:** Quality is not added at the end. It is designed into each slice through shared definitions of "done," including customer feedback, compliance alignment, data integrity, and operational readiness.
- **Work Together:** Empower delivery teams with the authority, capacity, and clarity needed to act. Redesign governance around delivery, not hierarchy.
- **Learn and Repeat:** View every implementation as a test of both the solution and the system that produced it. Feed learning into the next iteration. Amplify what works and abandon what doesn't. Evaluate each iteration by metrics and user feedback, allowing the strategy to adapt and improve with every step. Plan for the flexibility to change solutions and requirements using outcomes as the measure of progress.
- **Cultivate Culture:** Transformation is social, not just technical. Create protected spaces for new behaviors and new norms to take root and ensure mutual respect between those stewarding the legacy and those incubating the future. Minnesota acknowledges that the current environment may not fully support the guiding tenets and is intentionally starting modernization in an incubation mode. This approach gives delivery teams the autonomy to challenge the status quo and identify needed changes in organizational structures, processes, governance, policy, and standards when important to delivering better outcomes.

These guiding tenets form the core of a new social contract between leadership, delivery teams, vendors, and stakeholders: one based on trust, transparency, and the shared pursuit of outcomes. They address past pain points (like misaligned goals, slow delivery, siloed teams, and lack of adaptability) by instilling a new way of thinking about the work.

Appendix A – MES Modernization Strategy Videos includes links to informational videos that explore the guiding tenets in greater detail, along with the corresponding action planning efforts designed to put those tenets into practice.

A foundational assumption of the strategy is that traditional modernization approaches have not delivered the desired outcomes for states—and, in fact, may warrant doing the opposite. ***Table 1 –Comparison to Traditional Approaches*** highlights conventional

methods alongside Minnesota's intentionally different alternative approaches that define the MES modernization strategy.

Table 1 –Comparison to Traditional Approaches

Category	Traditional Approach	Proposed Alternative
Strategy & Planning	Develop future-state enterprise architectures and long-term (5-10 year) solution roadmaps.	Create the minimum structure needed to launch outcome-focused experiments rapidly, aligned with future-state vision criteria
Product Selection	Make large investment decisions based on vendor sales presentations, demos, and market research.	Base decisions on the evaluation of demonstrated, working solutions integrated into Minnesota's environment
Vendor Contracts	Establish major, long-term vendor contracts scoped around pre-defined deliverables and detailed requirements.	Define vendor contracts around outcomes. Use short trial periods to test multiple vendors during innovation phases and continue only with those that deliver results.
Cutover Approach	Execute big-bang implementations with extensive data conversions, cutovers, and statewide training efforts.	Migrate cases incrementally by using standard business processing data entry points (e.g., new applications, renewals) to transition to new solutions gradually.
Change Management Approach	Establish a separate change management team/effort responsible for organizational change, training, and cutover transition.	Build change management into every slice and every incremental migration, incorporating the learning and feedback from customers and end users in subsequent work. Invite early adopters during the innovation phase and start with those users during the scaling phase before pushing to others.

These alternative approaches are designed to mitigate the challenges identified in the Strategy Challenges Diagnosis, but introduce new risks to be mitigated. The execution section of this Attachment highlights these additional risks and covers proposed mitigation approaches.

Leadership Confirmation

Following a facilitated executive strategy retreat, Minnesota's Medicaid leadership adopted the guiding tenets for MES modernization and mobilized a cross-functional action planning team to translate those principles into practice, beginning with a focus on Medicaid Eligibility & Enrollment.

Approach Action Planning

The action planning team was tasked with developing the key elements needed to clearly communicate the strategy to vendors and solicit meaningful input from the vendor community. This included:

- **Shared language** to establish common terms and concepts for describing the approach
- A clearly defined **interim and future-state vision**, along with criteria aligned to the **Lead with Vision** tenet
- Defined **outcome areas and performance measures** to support the **Focus on Outcomes** tenet
- The **slice delivery system**, including proposed starting points and sequencing, to operationalize the **Deliver with Purpose** tenet
- Aligned **procurement approaches** designed to empower delivery teams and enable delivery of value through the remaining tenets: **Deliver Value Sooner, Build in Quality, Work Together,** and **Learn and Repeat**

Analogies, Terms, and Definitions

To promote shared understanding, the action planning team introduced a **cake metaphor**—illustrated in ***Figure 2: Cake Metaphor***—as a common language for describing the early phases of Minnesota's MES modernization strategy. The metaphor represents the delivery of small, end-to-end "slices" that cut through all necessary layers—**organizational structure, processes, and technology**—to achieve meaningful, measurable outcomes.

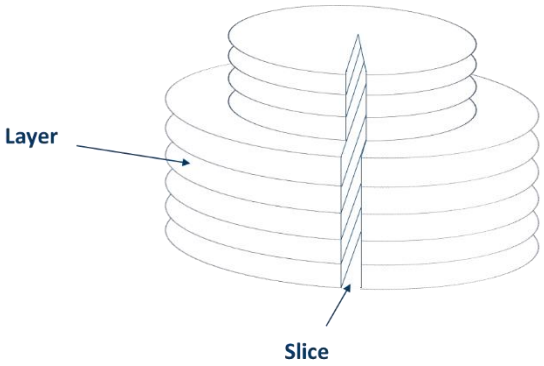

Figure #2 – Cake Metaphor

The following terms and definitions are used throughout the remainder of the action planning content to describe the proposed approach.

- **Cake** – A complete set of layers required to support the enterprise (note: the boundary of "the enterprise" for the purpose of this action planning document is Medicaid)
- **Layer** – The organizational structure, processes, or technical components that, when stacked together, enable the delivery of outcomes and meet a business need or support an enterprise function
- **Outcome Focus Area** – A subset of the overall cake centered on achieving a specific outcome or group of related outcomes, such as new enrollment and ongoing benefit maintenance.
- **Outcome** – The measurable result used to evaluate the "tastiness" of the cake, which can be evaluated in the context of a single, small slice.
- **Slice** - A small, end-to-end initiative that demonstrates a defined outcome within a focus area, cutting vertically through all relevant layers.
- **Wedge** – A group of slices that together represent a meaningful milestone. A wedge may signal sufficient complexity to justify investment in specific layers or readiness for production deployment.
- **Bake off** – A competitive process where multiple delivery teams assemble existing or new layers into a "cake" for a defined slice or wedge. Minnesota evaluates which solution "tastes" best by observing real functionality in context, rather than relying on demos or sales presentations. The bake-off replaces traditional multi-year alternative analysis and procurement cycles.
- **Definition of Done** – A clear set of criteria that must be met before claiming completion of the slice or wedge in focus.

- **Innovation phase** – The initial stage of modernization during which bake-offs are conducted, solutions are tested, and foundational capabilities are proven in a low-risk environment.

Future and Interim-State Vision

The future-state vision for Minnesota's Medicaid Enterprise Systems modernization is the establishment of a sustainable, enterprise-wide architecture that aligns with future-state vision criteria defined in ***Appendix B – Future-State Vision Criteria.*** This architecture will serve as a unifying framework to support and enable business capabilities across all Medicaid outcome focus areas, ensuring scalability, interoperability, and long-term adaptability.

This vision goes beyond technological improvements. It reflects the state's commitment to building the organizational capacity needed to administer Medicaid effectively and equitably. That includes:

- Ensuring alignment with federal and state regulatory requirements.
- Reducing the burden on individuals seeking to access or maintain benefits.
- Easing operational complexity for agencies administering eligibility and services; and
- Promoting fiscal stewardship of taxpayer resources.

Achieving this vision requires a holistic evaluation of organizational transformation, which may encompass structural changes, role and responsibility adjustments, business process enhancements, policy and procedural updates, and rule modifications.

The interim-state vision focuses on delivering foundational capabilities that serve the Medicaid outcome focus areas targeted in the initial implementation. These interim capabilities will be guided by and aligned with the same criteria defined in ***Appendix B – Future-State Vision Criteria***, setting the stage for continued progress toward the future-state vision. Although Minnesota Medicaid E&E is the initial focus, the future-state vision criteria are intentionally designed to ensure that any central capabilities implemented can be expanded over time to support broader enterprise needs.

Outcome Focus Areas and Performance Measures

The action planning team identified two eligibility & enrollment outcome focus areas to scope the first MES modernization strategic initiative and deliver the interim-state vision:

- **New enrollment**

- **Ongoing benefit maintenance**
  (includes renewal, changes, and maintenance functions required to support ongoing member eligibility)

To support these focus areas, the team outlined the foundational layers and components likely needed. These are detailed in:

- ***Appendix C – Eligibility & Enrollment Components***
- ***Appendix D – Technical Components***

Figure 3 – New Enrollment Outcome Focus Area presents a "layered cake" view of the new enrollment focus area, visually depicting the high-level enabling business and technical capabilities.

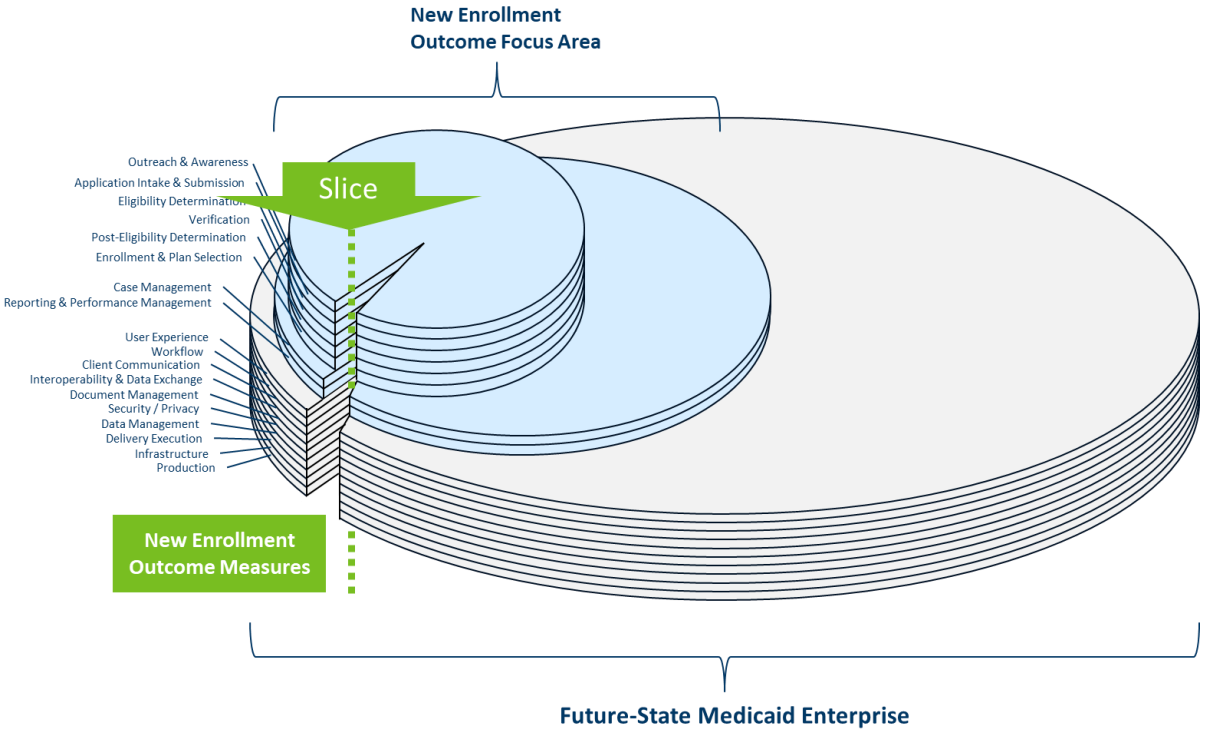

Figure 3 – New Enrollment Outcome Focus Area

The outcome measures established to evaluate the effectiveness of solutions delivered for the new enrollment outcome focus area are provided in ***Appendix E – New Enrollment Outcomes and Measures***.

Building on the new enrollment layers, ***Figure 4 – Ongoing Benefit Maintenance Outcome Focus Area*** augments the view with additional components required to support ongoing

benefit maintenance—including renewals, updates, and other processes necessary to sustain member eligibility over time.

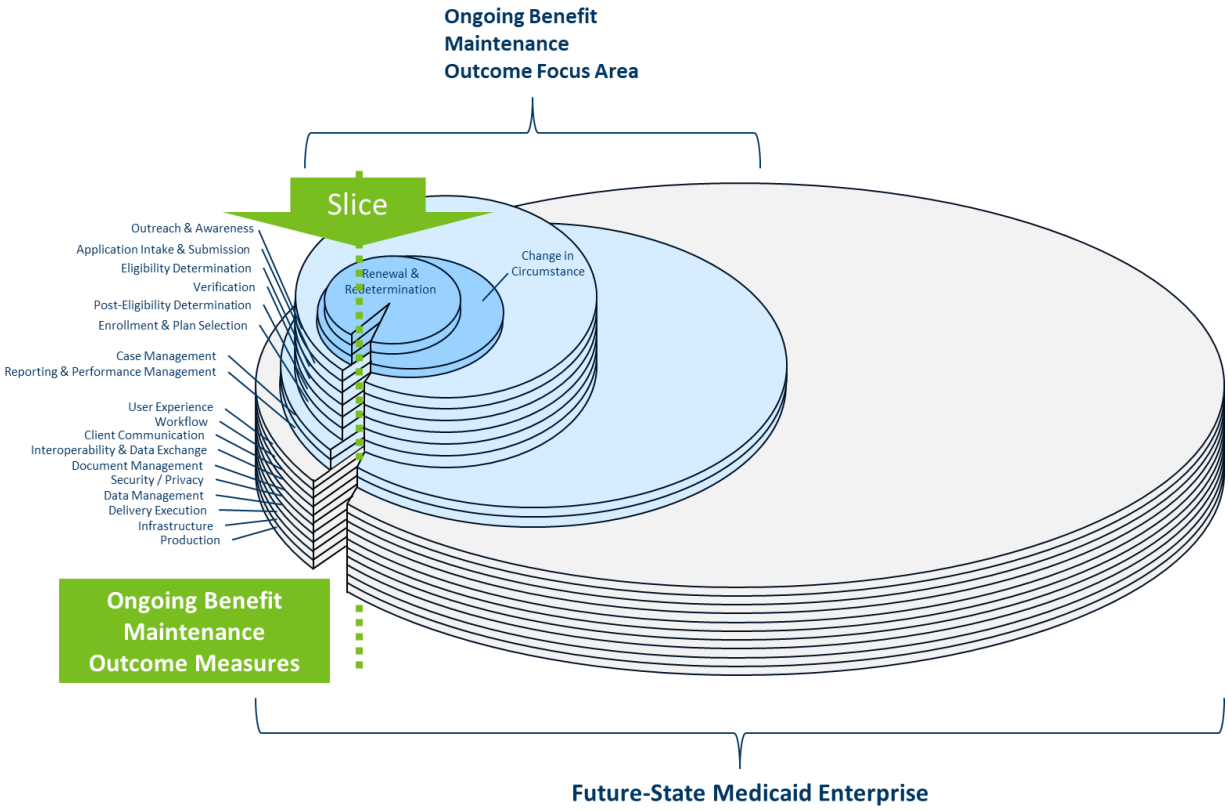

Figure 4 – Ongoing Benefit Maintenance Outcome Focus Area

The outcome measures established to evaluate the effectiveness of solutions delivered for the ongoing benefit maintenance outcome focus area are detailed in ***Appendix F – Ongoing Benefit Maintenance Outcomes and Measures*****.**

Slice Delivery System

The Slice Delivery System is the engine of Minnesota's MES modernization strategy. It replaces the monolithic program management model with a modular, outcome-oriented delivery process that is designed to validate real progress early and often.

Each **slice** is a tightly scoped, end-to-end effort focused on achieving a specific outcome for a defined population or set of conditions. Slices are small enough to test quickly but complete enough to reflect the true complexity of delivering public services. Think of each slice as a miniature delivery cycle, with embedded learning loops, real users, and measurable impact.

This system enables:

- **Concurrency**: Multiple slices can be pursued in parallel, exploring different outcome pathways.
- **Comparative Insight**: Because each slice is assessed against consistent definitions of done and outcome metrics, Minnesota can compare approaches empirically.
- **Scalability**: Successful slices inform and shape the architecture of future wedges—larger increments of integrated functionality.
- **Enterprise Learning**: Patterns of work can be scaled or standardized, or retired without sunk-cost bias.

The Slice Delivery System is intentionally flexible. It does not assume the first solution is the right one. Instead, it embeds curiosity, transparency, and judgment into the execution model. It ensures that we are always learning about our systems, our vendors, our users, and ourselves.

To initiate this approach, the action planning team identified several foundational elements of the slice delivery system:

- A proposed starting point to anchor the initial effort
- An approach for determining the necessary layers to be implemented/invoked as part of each slice delivery
- A sequencing approach informed by sample customer journeys
- A clear definition of done, used to assess the successful completion of each slice and/or wedge
- A proposed execution approach, outlining the proposed delivery execution process, how slices are bundled into deployable wedges and the associated migration approach for transitioning to production
- Procurement strategies for accomplishing the proposed execution approach

Slice Starting Point

The action planning team proposes starting with individuals who are aged, blind, disabled, or enrolled in Medicare Savings Programs (BX, DX, EX) as the initial focus for the slice delivery system. This group was chosen based on key strategic factors:

- Significant opportunity to improve outcomes due to limited, accessible self-service and high manual workloads
- CMS renewal compliance pressures

- The need to improve eligibility and case management, however possible with or without the aging MAXIS mainframe
- A balance of feasibility and impact, starting simple and scaling complexity
- These populations make up the majority of Non-MAGI and allow testing of integrated MAGI/Non-MAGI scenarios

The slice starting point is open for discussion based on responses to the RFI and additional information or learning to inform a different decision.

Layer Identification Approach

As part of the strategic planning process, the action planning team explored several options for identifying which business and technical layers should be included in each slice:

- **Option 1**: Develop a fully prescriptive plan that defines the exact layers to be implemented in both the initial and subsequent slices.
- **Option 2**: Leave layer selection entirely to the discretion of the delivery teams responsible for delivering each slice, enabling maximum flexibility.
- **Option 3**: Strike a balance between structure and autonomy by providing high-level guidance and direction on the expected layers, while allowing delivery teams to make most of the implementation decisions.

At the time of this RFI release, the team is leaning toward **Option 3**, with an emphasis on team empowerment with fast feedback loops.

The State of Minnesota intends to publish a list of technology platforms and tools that already meet the defined future-state vision criteria and may be used by integration vendors as part of their proposed solutions. In addition, Minnesota will identify any solutions that have been designated as enterprise standards and are required components of any vendor-delivered solution.

At this time, the anticipated list of required enterprise solutions includes:

- Login MN – Minnesota's Identity and Access Management (IAM) provider
- The integration platform supporting DHS's Medicaid enterprise systems

Detailed standards for accessing, integrating with, and using these foundational layers will be published prior to the launch of innovation-phase activities.

Slice Sequencing Approach

As with the layer identification strategy, the team determined it was premature to prescribe a specific slice progression. Instead, to help illustrate the intended direction, the team developed an example customer journey, included in ***Appendix G: Example Slice Customer Journey***, to provide vendors with a conceptual view of how slice sequencing might unfold in practice.

Definition of Done

A clearly defined set of "definition of done" (DoD) criteria is essential to the successful execution of the slice-based approach. These criteria serve as key decision points to determine when a slice is considered complete, to inform major decisions related to business and technical layer implementation, and to determine readiness for production deployment. The proposed criteria are detailed in ***Appendix H – Definition of Done***, which outlines how progress and completeness will be consistently evaluated within this execution model.

Slice Implementation Strategy Risks

The alternative delivery approach leveraging slices is designed to mitigate the challenges identified in the MES Modernization Challenges Diagnosis. However, this approach also introduces new risks and complexities that must be proactively addressed to ensure successful implementation:

- **End-to-End Complexity**: By addressing full end-to-end capabilities in each slice, the approach takes on a high level of integration complexity up front (intentionally). This increases the risk of encountering organizational dependency blockers early in execution, which could delay the delivery of initial slices.
- **Vendor Readiness**: It is uncertain whether vendors possess the expertise required to effectively support a slice-based delivery strategy. Additionally, even if such expertise exists, vendors may be hesitant to participate due to the procurement terms and conditions proposed within the strategy.
- **Solution Confidence**: If early slices only address a narrow subset of business functionality, there is a risk that the resulting solutions will not be fully tested or validated against the broader spectrum of real-world complexity.
- **Data Fragmentation**: Deploying slices to production without reaching a critical mass of business and technical capabilities could result in data being split across systems, creating challenges in data access, consistency, and reporting.

The following execution content outlines the strategies and mechanisms proposed to mitigate these risks, ensuring that the slice-based approach remains both practical and scalable.

Slice Execution Approach

The execution phase begins with the transition into the Innovation Phase, as illustrated earlier in ***Figure 1 – Strategy Roadmap and Status***.

Before reaching this phase, several foundational activities are planned for completion:

- Governance and funding approval for the initial slice and interim-state vision
- State support and leadership team mobilization
- Detailed execution strategy development, including:
    - Definition of the organizational structure required to support the delivery effort, identifying roles, responsibilities, and interactions
    - Specifications for required interfaces to enable integration with downstream systems necessary to support delivery of the first slice
    - An assessment of available products and supporting layers currently in place within the organization that can be leveraged to support slice execution
    - A defined concurrency strategy to manage parallel execution of multiple slices or initiatives while minimizing conflicts across business and technical domains
    - A data migration strategy to address the movement of relevant data from legacy systems into new solutions, ensuring continuity and integrity
    - A data management strategy, including governance, quality standards, ownership, and lifecycle controls to support reliable and repeatable slice execution
- Completion of vendor procurements (as needed) to ensure access to new products and capabilities and engage multiple delivery teams equipped to integrate both new and existing solutions in support of the targeted outcomes

Note: Each of the items listed above will be preliminary at the start of the innovation phase and is expected to evolve through continued collaboration with delivery teams.

With these starting point preconditions in place, the Innovation Phase begins. This phase emphasizes experimentation, rapid iteration, and outcome-driven delivery, guided by the principles outlined in the future-state vision criteria.

Cake baking, support, and escalation

Delivery teams are empowered to design and deliver solutions ("bake the cake") that meet the defined outcomes for each slice. While teams have autonomy to select and integrate solutions, they are expected to deliver results aligned with both the future-state vision criteria and the targeted outcome measures.

Performance is evaluated not solely on functionality delivered, but on the effectiveness of each team's approach in meeting long-term goals, such as interoperability, scalability, agility, and usability.

To ensure teams are equipped for success, each delivery team is assigned dedicated support staff responsible for:

- Answering questions
- Clearing blockers
- Facilitating access to information, systems, and stakeholders
- Escalating and resolving issues that impede progress

Vendor and delivery team questions—whether related to rules, policy, staffing, current-state processes, system integration points, or connectivity requests—are documented, answered, and made available to other teams to ensure transparency and shared understanding.

Support teams may also coordinate engagement activities with applicants, staff, or other end users to inform customer experience (CX) design and feedback loops.

The Innovation Phase is deliberately structured to foster innovation by encouraging parallel exploration of multiple solution options.

Monthly demonstrations of value

Each month, delivery teams participating in the Innovation Phase "bake-off" present their progress to an **Accountable Review Team** (*to be defined in the execution strategy*). These demonstrations of value provide a transparent forum for evaluating how well each team is delivering against the slice outcomes and the broader future-state architecture criteria.

The Review Team assesses each delivery team's:

- Ability to demonstrate measurable progress toward achieving defined outcomes
- Effectiveness in aligning solutions with the future-state vision criteria
- Responsiveness to technical, operational, and user-experience expectations

Beyond delivery team performance, the monthly review process serves as a mechanism for identifying cross-cutting challenges that may be inhibiting progress across all teams. For example, if multiple teams surface a common bottleneck—such as policy ambiguity, integration limitations, or unavailable test data—the state can use this insight to coordinate a systemic response and remove barriers to value delivery.

The review cadence also enables the state to make data-informed decisions about delivery team composition and performance. This may include:

- Scaling vendor teams
- Rotating out underperforming teams and reallocating resources
- Fostering collaboration or solution reuse between teams when synergies are identified
- Revisiting policy and procedural inhibitors to progress / effective outcome improvement

Ultimately, this monthly process ensures that slice-based delivery remains focused, adaptive, and aligned with the state's broader modernization goals.

Slice progression

Once a delivery team successfully completes a slice, meeting the established definition of done, the team proceeds to the next slice or set of slices, as mutually agreed upon with the Accountable Review Team. This incremental delivery model gradually introduces additional layers of complexity, allowing the team to build on previously established capabilities and "take on more layers of the cake" over time.

This approach not only supports manageable execution but also serves as a natural test of the solution's flexibility, adaptability, and maintainability. By incrementally building slices, the state gains real-world insight into a question that is often difficult to evaluate with traditional, solution-driven implementations: How easy is it to modify or extend the solution as new regulations, program requirements, or policy changes emerge?

Each slice becomes a proving ground, not just for functionality, but for the system's ability to evolve and respond to the dynamic nature of Medicaid program administration.

Solution Confirmation

When the Accountable Review Team reaches a high level of confidence in a delivered solution, it may recommend advancing one or more layers of the solution (the "cake") through the enterprise architecture governance process. This action formally establishes the layer as a supported enterprise asset within the Minnesota Medicaid environment.

This decision is made with a clear and shared understanding of:

- How the solution integrates into the broader state ecosystem
- Who is responsible for supporting and maintaining the solution
- How future changes will be managed, including policy updates and technical enhancements
- How the solution can be scaled to support additional business functions as a shared enterprise capability

This step ensures that only well-vetted, sustainable, and adaptable solutions are elevated to enterprise status, reinforcing the long-term vision of a unified, flexible Medicaid Enterprise System.

Production Readiness

When the Accountable Review Team determines that a sufficient number of slices have reached a level of maturity and integration to constitute a production-ready "wedge," meeting the Definition of Done criteria, the team may recommend deployment to production. This decision is based on a clear expectation that the benefits to customers and end users will outweigh any potential disruptions.

Deployment of a wedge requires careful coordination across multiple state agency groups and must align with any relevant CMS oversight or approvals. This ensures that the transition to production is smooth, compliant, and delivers tangible value without compromising the integrity of existing operations.

Incremental Rollout

Decisions regarding the rollout of a production-ready wedge are made collaboratively by the Accountable Review Team in partnership with delivery teams. To ensure a smooth and informed deployment, the rollout may begin with a limited sub-set of applicants in a select set of counties, allowing the team to carefully observe performance and gather real-world customer experience data.

This deliberate approach creates space to manage early learning, address any unforeseen issues in the production environment, and refine the solution before scaling more broadly.

Data Migration Strategy

To avoid the complexities and risks associated with large-scale data conversions from legacy systems, the strategy proposes a standard business processing data entry approach to support migration into the new solution, which includes all central data capabilities. In its simplest form, this means that new members applying after system cutover will enter directly into the new solution, while existing members—those who applied prior to the transition—remain in the legacy environment until a natural migration point occurs.

More complex scenarios arise when an existing member must also be represented in the new system, such as during a renewal or when a significant change in eligibility occurs. In these cases, the strategy calls for a clearly defined and thoroughly tested transition process that enables staff and members to migrate seamlessly, at logical points in the member lifecycle. This process must ensure that newly created records in the modernized system maintain linkage to the member's history and data in downstream or siloed systems, preserving continuity and supporting coordinated service delivery.

Procurement as an Engine for Innovation

Traditional procurement has too often been a barrier to MES modernization. In this strategy, procurement becomes a tool for *enabling innovation*, *testing options*, and *rewarding real-world performance*.

The proposed approach separates two distinct types of procurement:

- **Software and Technology Access**: Vendors make commercial products available for low-cost experimentation in a secure, non-production environment.
- **Delivery Services**: Vendors compete to deliver outcome-based slices using available tools, judged not by proposals but by results.

Contracts are short, reversible, and tied to defined outcome metrics. High performers can scale; others exit the system without penalty. This approach increases transparency, fairness, and accountability while creating a dynamic marketplace of ideas.

By making procurement a mechanism for continuous discovery rather than one-time selection, Minnesota transforms it from a compliance exercise into a strategic asset.

These approaches **enable the following key elements of the proposed strategy:**

- **Establishing a low-cost experimentation model** by acquiring commercially available software products at near-zero license cost during the innovation phase.
- **Engaging expert delivery teams (bakers)** to integrate and demonstrate working software products to:

    - Validate alignment with the future-state vision criteria
    - Show measurable improvement in end-to-end outcomes
    - Prove adaptability to increasing complexity and expansion into new outcome focus areas, both during and after innovation
- **Performance managing vendors** based on real-world results and value delivered, swiftly eliminating underperforming vendors and scaling those who demonstrate value aligned with the target outcomes and future-state vision
- **Maintaining flexibility to pivot** from vendors or solutions that fail to meet strategic goals.

This proposed procurement approach is designed to enable agility, support experimentation, and ensure the state can access the talent and tools needed to achieve the vision of a modern, outcomes-driven Medicaid Enterprise System.

Why Participate: Vendor Incentives in Our Modernization Approach

Our approach is designed to attract and reward the very best in the market: those who believe their products and talent can deliver real, measurable outcomes.

For Software Vendors

You believe your product is the best. Our approach gives your software the opportunity to be proven, not just demonstrated. We ask you to provide your software in free or low-cost, small, clearly defined doses that allow our teams to work with it hands-on, in the context of a real-world customer journey slice.

The goal is not just to see what your product can do, but to assess how effectively we can leverage it to achieve measurable outcomes in our environment. We're learning how to use your product to its fullest potential. If that learning leads to results, your payout grows (in accordance with state procurement regulations) as we scale with license revenue increasing alongside adoption and impact.

For Delivery Services Vendors

You believe your people are the best at what they do: navigating complexity, aligning technology and business, and delivering value fast. Our approach allows your team to step in and demonstrate those strengths right away.

Your initial team is funded from day one. If your team delivers and demonstrates they can guide successful integration across multiple layers of the ecosystem, you'll have the opportunity to scale additional teams over time, each with increased scope, responsibility, and contract value.

Invitation to Engage

This RFI is not simply a step in a procurement process. It is an invitation to collaborate in building something better.

We're seeking vendors who are ready to engage differently. Who have the best software, the best teams, the best ideas, and who are eager to prove it through small, outcome-focused efforts that scale based on results.

If you believe in the value of your solutions, and in a future where public systems deliver real impact, we invite you to respond.

We look forward to your ideas, your innovation, and your partnership.

Appendix A – MES Modernization Strategy Videos

The full set of Minnesota's MES modernization strategy videos are posted here - MES Modernization Strategy RFI on Vimeo.

The first two videos provide an introduction to the RFI and its purpose, covering the background information at a summary level that has led to the issuance of this RFI.

- **01. RFI Introduction** - This video introduces Minnesota's Medicaid Enterprise Systems (MES) Modernization Request for Information (RFI), seeking to generate interest, engagement, and responses from the vendor community.
- **02. RFI Summary -** This video summarizes Minnesota's Medicaid Modernization RFI, offering vendors background and context to help them understand the purpose of the RFI and the materials included for their review and response.

Minnesota's MES modernization strategy is organized around three core components:

1. **Diagnosing the key challenges** that have historically prevented states from achieving meaningful outcomes through MES modernization.
2. **Defining guiding approach tenets**—strategic principles designed to address and mitigate those challenges.
3. **Establishing a clear action plan** to initiate and guide modernization efforts in alignment with the identified tenets.

The videos below provide a conceptual overview of the MES Modernization Strategy:

Part 1 – Challenges Diagnosis

- **03. IT Delivery Model Challenges** - This video outlines the framework of the MES modernization strategy, highlighting common IT challenges that affect all organizations.
- **04. Current-State Environment Challenges** - This video describes enterprise architecture and organizational challenges specific to the State of Minnesota that hinder effective modernization of Medicaid Enterprise Systems.
- **05. Modernization and Governance Challenges -** This video examines state and federal governance challenges that prevent states from successfully modernizing Medicaid Enterprise Systems.
- **06. Enterprise Architecture Challenges** - Using an airport analogy to represent enterprise architecture concepts, this video explores the specific enterprise architecture challenges that Minnesota faces in modernizing Medicaid Enterprise Systems.

Part 2 – Guiding Approach Tenets

- **07. Guiding Approach Tenets -** This video proposes guiding tenets tailored to address the challenges highlighted in the previous videos.

- **08. Deliver with Purpose** - This video offers an in-depth exploration of the "Deliver with Purpose" guiding approach tenet, highlighting how this principle distinguishes the MES modernization strategy from traditional transformation approaches. It underscores the unique focus and impact that sets this strategy apart.

Part 3 – Action Plan

- **09. Coherent Action Plan -** This video outlines the vision for the selected modernization starting point—Medicaid Eligibility & Enrollment—and describes the action plan details defined by the action planning team at a high-level.

Appendix B – Future-State Vision Criteria

This list defines the criteria that articulate the **Future-State Vision** for a modernized MES. Any proposed organizational structure, process, or solution must be evaluated against these criteria while defining the future-state environment.

In other words, bakers presenting cakes during a bakeoff should be able to speak to how their cakes align with these criteria and can continue to align with the criteria as more slices are taste-tested.

The criteria are inherently subjective and require evaluation by the appropriate accountable staff <to be defined in the execution approach>. This assessment is conducted for any proposed solution considered within a modernization "slice" (or group of slices) before determining whether it should be adopted as standard and scaled across the Medicaid enterprise.

Business readiness

The extent to which an agency or department is prepared—organizationally, operationally, and strategically—to adopt, implement, and sustain new technology solutions.

- Usability - Interfaces and user experiences must be intuitive, accessible, and optimized for efficiency across user groups
- Operational Readiness – End user staff must have the capacity and necessary skills/knowledge to support business processes in the new solution including, but not limited to the following considerations:
    - Necessary/corresponding changes in process and policy
    - Interim processes to manage transition between systems (if needed)
    - Legal/regulatory readiness
    - Existing, concurrent business demand
- Strategic Alignment – Solutions align with the future-state vision, strategic business goals, and policy objectives.
- Risk Assessment – Implementation risks are identified, and mitigation strategies defined

Ecosystem Understanding

- The Enterprise is organized in a manner that optimizes for outcomes
    - Outcomes are defined
    - Outcomes are baselined
- Clear understanding of the newly defined ecosystem required to support the slice(s) in focus is documented for the following:
    - Organizational structures including product and delivery teams
    - Operational Business processes
    - Business rules
    - Data structures
    - Data lineage

    - Data definitions
    - Systems
    - Integrations
    - Batch processing
    - APIs
    - Software products
    - Security
- Questions about how the current state functions are rapidly and confidently answered by referencing a single source of truth

Governance

- When a new strategic goal is established, stakeholders (individuals seeking the change, individuals prioritizing the change, and individuals implementing the change) understand the changes needed to the ecosystem to achieve the goal and the business, user, and platform teams affected
- New demand is prioritized rapidly (i.e., days elapsed since need identification)
- For central capabilities supporting multiple business outcomes (layers)
    - Each capability has a clear backlog with clear ownership and prioritization
    - Prioritization for central capabilities is driven by outcome priorities
    - Each capability is staffed with sufficient capacity to keep pace with prioritized outcome-driven demand
- For outcome focus area – driven changes
    - Each area has a clear backlog with clear ownership and prioritization
    - Priorities are driven by outcomes
- Demand management processes are clear to stakeholders wishing to make changes and the process is followed for changes to the ecosystem

Central Capabilities

- Single supported instance: only one instance of each capability is designated as the enterprise standard. Other instances are also supported if granted an exception
- Enterprise use: the capability has the flexibility to be leveraged to support any defined outcome priority
    - Clear standards for use are defined
    - New users/business areas can be provisioned quickly
    - Standards are in place enabling teams to connect/use the central capability without impacting other areas
    - The cost for the central capability is clearly understood and charged to different business areas based on a clear cost sharing agreement

- Capabilities that make sense to share across areas have only one instance (shared capabilities are cost shared and must have a team in place that can support them to keep pace with demand)

Software Architectural Qualities

- Scalability – solutions must be able to scale horizontally and/or vertically to meet increased user demand, transaction volume, or data growth without a complete redesign.
- Extensibility – solutions must be designed to easily accommodate future features, modules, or integrations with minimal refactoring.
- Configurability - Business rules, user roles, workflows, and system behavior should be adjustable via configuration, not code, to support flexibility and agility.
- Auditability – solutions must track and log key user actions, changes, and data access events in a way that supports compliance, reporting, and investigation.
- Usability - Interfaces and user experiences must be intuitive, accessible, and optimized for efficiency across user groups, including compliance with WCAG accessibility standards.
- Observability – solutions must support logging, monitoring, and telemetry that enables rapid detection and resolution of issues, with actionable insight for operations teams.
- Testability – solutions must support automated and manual testing at multiple levels (unit, integration, end-to-end) to ensure quality and minimize regression risk.
- Maintainability – solutions must support efficient updates, patching, and bug fixes with minimal disruption to users or dependent systems.
- Resilience – solutions must recover gracefully from unexpected failures, including hardware faults, service disruptions, or cyber incidents.
- Sustainability – solutions must be affordable and supported by operational budgets.

Data

- We have the data needed to support functionality in scope and the corresponding outcome measures. The data is fit for use, complete, and trustworthy.
- Unique identification: each person/organization stored in the environment is uniquely identified
    - Identified with high confidence
    - Associated with all other known data relevant to the entity
    - Prevented from creating duplicate identities when a person already exists in the system
- Single source of truth: the source of truth for each business data element is clear and publishes changes to data to all other systems
- Data literacy: the business definition of all data is commonly understood and easily accessible
- Data lineage: the flow of data from multiple solutions is commonly understood and easily accessible
- Data quality: data quality rules are enforced - data errors and discrepancies are quickly identified and addressed
- Transparency: business data is accessible and easy to find by business users in a format that meets end user needs.

- Establish connection with Master Data management and reference data management
- Data compliance: compliance with State and federal agencies (For example: T-MSIS reporting, MARS-E security, and ARC-AMPE Security compliance)
- Members/ Beneficiaries have the ability to create accounts granting them access to their data - keeping track of and managing these accounts is easy for them
- Members/ Beneficiaries have the ability to authorize others to view their information securely

Integration

- Data Consumers can access key data from a data hub capability and avoid building one off integrations.
- Data Integration: data storied in the new solution is easily accessible/understandable to other consumers of the data

Business Rules

- Business rules applied to business operations are easy to find and understand
- It is clear and easy to find where business rule changes must be made to implement a policy change
- New rule changes can be implemented with minimal technology changes.

Servicing Agency Flexibility

- Servicing agencies have the ability to manage work in the ways that make sense for their agency. Agencies are able to change processes over time as needs evolve.

Appendix C – Eligibility & Enrollment Components

The components listed below were identified by the action planning team as key elements likely required to enable the end-to-end delivery of outcomes within the New Enrollment and Ongoing Benefit Maintenance outcome focus areas.

1. **Outreach & Awareness**
    - **Public Education & Marketing** – Communicating information about MHCP to the public and potential enrollees.
    - **Pre-Screening & Eligibility Estimation** - Tools to help people assess eligibility before applying.
    - **Assistance & Navigation** – Support from application assisters, navigators and community partners.
    - **Member Portals & Self-Service Access** – Allowing MHCP enrollees to get information about their case and manage their eligibility & enrollment online (regardless of method of application).

2. **Application Intake & Submission**
    - **Presumptive Eligibility** – Temporary eligibility for certain programs determined by certain designated partners.
    - **Non-Application Intake & Submission –** Entry into certain programs that do not require an application.
    - **Date of Application –** Setting the date of application.
    - **Multi-Channel Application**– Online, phone, mail, in-person and assisted applications.
    - **Retroactive MA** – Identifying requests for MA to cover prior medical bills (up to 3 months prior to application month).
    - **Unique Identifier** – Assigning/creating a unique identifier for an applicant/enrollee.

3. **Eligibility Determination**
    - **Basis of Eligibility** – Determining if a person has a basis of eligibility for certain programs (e.g., pregnant women, children, people with disabilities).
    - **SSN Check** – Determining if the person meets the SSN requirements.
    - **State Residency Check** – Determining if a person is a MN resident.
    - **Citizen & Immigration Status Check** –Determining if a person meets the citizenship/immigration status requirements.
    - **Household Composition Analysis** – Evaluating family size and whose information impacts whose eligibility.

- **Modified Adjusted Gross Income (MAGI) Calculation** – Assessing income eligibility using IRS tax rules.
- **Non-MAGI Income Calculation** – Assessing income eligibility using rules for non-MAGI programs.
- **Asset Test** – Determining if a person has assets within the asset limits.
- **Requests for Information** - Communication with applicants regarding outstanding information required for a determination.
- **Program Hierarchy** – Determining the order in which program eligibility occurs.
- **Eligibility Determination Decision** – Reaching the final decision for eligibility
- **Notice of Decision** - Communication with applicant/enrollees regarding the eligibility determination made.

4. **Verification**
    - **Federal Data Hub Integration** – Gathering and use of electronic data available from the federal Data Services Hub to verify SSN, income, citizenship/immigration status and other eligibility factors.
    - **State Data Hub Integration**– Gathering and use of electronic data available from state sources (e.g., DEED, MN Revenue, AVS, Work Number, and other state systems) to verify eligibility factors.
    - **Multi-Channel Document Submission & Processing**– Enabling digital upload, in person, and mail submission and verification of required documents.

5. **Post-Eligibility Determination**
    - **Effective Dates** – Determining eligibility begin/end dates and coverage begin/end dates, incorporating adverse and beneficial logic.
    - **Coverage Activation** – Transferring enrollee information from the eligibility system to the coverage system. (Includes eligibility, billing, buy-in, and premium information)
    - **Benefit Set/Cost-Sharing** – Identifying the enrollees benefit set and any cost-sharing.
    - **Premium** – Calculating premium amount and communicating to enrollee.
    - **Medically Needy** – Assessing spenddown for people otherwise eligible for MA whose income exceeds the income limits.
    - **MA Payment of LTC Services** – Assessing eligibility for MA payment of long-term care services (includes MnCHOICES assessment and support plan for level of care)

- **Third Party Liability (TPL)/Cost Effective Insurance** – Identifying other insurance coverage that should pay before Medicaid.
- **Child Support Referral Processing** - Tracking Child Support/Medical support cooperation

6. **Enrollment & Plan Selection**
    - **FFS/Managed Care Determination** – Determining if the enrollee receives coverage via fee-for-service, is required to enroll in a managed care plan, or has the choice to enroll in a managed care plan.
    - **Plan Comparison & Selection Tools** – Helping enrollees choose a managed care plan.
    - **Auto-Assignment Logic** - Default plan assignment when a selection is not made.
    - **Enrollment Notification & Confirmation** - Providing enrollees with approval letters, coverage start dates, and ID cards.

7. **Renewal & Redetermination**
    - **Ex Parte Determination** – Making an auto renew, or Ex Parte decision using trusted electronic data and information in the case file. Individuals who cannot auto renew must complete a renewal form.
    - **Renewal Notice** - Communication with enrollees regarding their renewal, including outcome of the ex parte determination.
    - **Renewal Form** - Collecting updated information for enrollees who did not auto renew.
    - **Multi-Channel Renewal Submission** – Ability to submit renewal in different ways (paper, online, and phone).
    - **Incomplete Renewal** - Communication with enrollees regarding outstanding information needed to complete their renewal.
    - **Renewal Eligibility Notice** - Communication with enrollees regarding the outcome of their renewal determination.
    - **Auto Close** – Process to end eligibility and close coverage for enrollees who did not complete their renewal, i.e., procedural termination.
    - **Eligibility & Coverage Extension** – Process to extend eligibility & coverage for enrollees whose renewal has not been processed due to agency delay.

8. **Change in Circumstances**

- **Multi-Channel Submission** – Ability for enrollees to report changes in different ways (paper, online, and phone).
- **Known Life Events** – Enabling an eligibility redetermination for known events in which eligibility may change (e.g. turning a certain age, pregnancy post-partum period ends). A sample list of such changes enrollees are asked to report to the agency is provided below:

  Income changes when you

  - Start a new job, change jobs or stop a job
  - Start to get, or receive changes in the amount of, other income like Social Security, other retirement income, unemployment, or lump sum payments

  Residence changes when you

  - Move to a new address or lose access to housing

  Life changes in your household when someone

  - Starts or stops other health insurance or Medicare
  - Becomes pregnant or has a baby
  - Moves in or out of your home
  - Changes tax filing status
  - Loses Minnesota residency
  - Applies for or receives SSN
  - Changes citizenship or lawful presence status
  - Changes incarceration status
  - Dies, gets married, or gets a divorce
  - Becomes disabled

  Asset changes (for enrollees with an asset test)

  Access to other health insurance, including Medicare

  Reassessment of Eligibility Without a Reported Change
  There are also other things we track for which a reassessment of eligibility is needed without a change being reported. Again, we don't have a definitive list. This includes the following:

- Post Eligibility Verifications Not Received
- Qualified Immigration Status/5 Year Waiting Period
- Turning age 2, 19 and 65
- End of postpartum period
- End of auto newborn status
- End of Former Foster Care Child basis
- Inconsistent information – i.e., returned mail received, changes reported to other programs
- Non compliance – Ex. Child Support, accident reporting

9. Case Management

- **Servicing Agency/County of Financial Responsibility** – identifying the servicing agency associated with a case and the county of financial responsibility.
- **Electronic Document Routing** – Ability to transfer electronic documents between agencies.
- **Caseworker & Workflow Management** - Enabling agency staff to process applications, renewals and change in circumstances efficiently.
- **Multilingual & Accessibility Services** – Providing translated materials and disability accommodations.
- **Authorized Representative** – Ability for an applicant/enrollee to designate someone to perform the duties to establish and maintain eligibility.

10. Appeals & Fair Hearings

- **Appeals Processing & Case Management** - Enabling applicants to contest agency actions/decisions.
- **Fair Hearings & Administrative Reviews** – Managing appeal process.

11. Program Integrity

- **Fraud Prevention & Detection** – Proactive efforts to identify and prevent fraud.
- **Periodic Data Matching** – Checking trusted electronic data sources between renewals to identify enrollees who may no longer meet program requirements.

- **Interagency Coordination** – Enable data sharing between state agencies across human service programs (Medicaid, SNAP, TANF, Child Support, and others).

12. Reporting & Performance Monitoring

- **Federal Data Reporting** – Ensuring compliance with Centers for Medicare & Medicaid Services (CMS) requirements for data reporting.
- **Operational Dashboards & KPIs** – Monitoring processing times, enrollment rates, and eligibility accuracy.
- **Equity & Access Assessments** - Analyzing disparities in eligibility approvals and coverage access.

Appendix D – Technical Components

The components listed below were identified by the action planning team as technical elements that may be needed to enable the end-to-end delivery of outcomes within the New Enrollment and Ongoing Benefit Maintenance outcome focus areas.

User Experience

- **Portals –** Web-based platforms that provide users with secure access to services, applications, and information in a centralized manner.
- **Mobile Apps –** Applications designed for smartphones and tablets
- **Kiosks –** Self-service touch-screen interfaces that allow users to access services or information in public or semi-public locations.
- **End-User Phone Support –** A phone number users can call to receive support, guidance, and service-related interactions.
- **Live Chat –** An online option embedded in websites where representatives assist clients via chat to provide real-time responses and support.
- **Web Chatbots –** AI-driven or scripted virtual assistants embedded in websites to provide real-time responses, support, and service automation.
- **Email –** Communication between clients/AREPs and staff via email.
- **Single-Sign On (SSO) –** A user authentication process that allows individuals to access multiple applications with a single set of login credentials.

Workflow

- **Automated Workflow –** Systems that streamline business processes by automating tasks, approvals, and routing actions based on predefined rules. To include interfacing with current County EDMS.
- **Workload Management –** Reports and tools that allow supervisors, managers, and others to predict and analyze volume and assign work to staff.
- **Worker Notifications –** Alerts and reminders sent to employees to prompt action, provide updates, or notify about pending tasks.
- **Task & Escalation Management –** A structured process for tracking tasks and ensuring critical or overdue items are escalated to the appropriate personnel for resolution.

Client Communication

- **Text –** SMS-based messaging for quick, direct communication with clients or employees. May be 1:1 or mass text.
- **Email –** Electronic mail communication used for notifications, updates, and official correspondence.
- **Phone –** Voice communication channel for real-time customer service and interaction.
- **Push Notifications** – Alerts sent to any mobile native apps
- **Mail –** Physical delivery of documents, notifications, or correspondence.
- **Web Chat –** Live chat functionality embedded in websites for instant text-based communication between users and service representatives.

Document Management

- **Enterprise Document Repository –** A centralized system for storing, managing, and retrieving documents securely.
- **E-Signature & Consent Management –** Digital solutions that allow users to sign documents electronically and track consent approvals.
- **Document Generation –** Automated or individualized creation of documents based on templates and predefined data inputs or specific client situations.

Interoperability & Data Exchange

- **Data Catalog –** A metadata repository that helps users discover, understand, and manage data assets.
- **Services Orchestration –** Coordination of multiple system interactions to automate workflows and data exchange.
- **Application Programming Interface (API) Management –** Governance and control of APIs to ensure security, monitoring, and efficient data access.
- **Data Standards (FHIR, HL7, NIEM, USCDI) –** Industry-standard frameworks for structuring and exchanging healthcare and government data.
- **Data Governance –** Policies and practices that ensure data accuracy, security, and compliance.
- **Data Integration (ETL, ELT) –** Processes for extracting, transforming, and loading (ETL) or extracting, loading, and transforming (ELT) data into target systems.
- **Data Profiling –** The assessment of data quality, structure, and consistency before integration or analysis.

- **Data Quality –** Ensuring data accuracy, completeness, and reliability for decision-making and operations.

Security / Privacy

- **Identity & Access Management (IAM) –** Systems that manage user identities, authentication, and authorization across systems.
- **Role-Based Access Control (RBAC) –** A security model that restricts system access based on user roles and responsibilities.
- **Data Encryption –** Techniques for securing sensitive data through cryptographic methods.
- **Security Compliance (HIPAA, NIST, etc.) –** Adherence to regulatory standards and frameworks for data protection and cybersecurity.
- **Audit Logging –** Recording and tracking of system events and user actions for compliance and security monitoring.
- **Threat Monitoring –** Continuous surveillance and analysis of security threats to detect and mitigate risks.

Data Management

- **Data Warehouse –** A centralized repository for structured data used for reporting and analysis.
- **Data Mart –** A subset of a data warehouse tailored for specific business functions or teams.
- **Data Lake –** A storage solution for raw and structured data, enabling flexible analytics and processing.
- **Predictive Modeling / Analytics –** The use of statistical models and machine learning to forecast trends and outcomes.
- **Business Intelligence Dashboards –** Interactive visual representations of data to support decision-making and performance tracking.
- **Reference Data Management (RDM) –** Managing consistent, standardized reference data across an organization. Example of RDM would be common codes that cross the enterprise and are used by multiple business areas.
- **Master Data Management (MDM) –** Ensuring consistency, accuracy, and governance of core business data across systems.

- **Operational Data Store –** A real-time data repository that consolidates transactional data for reporting and operational use.

Delivery Execution

- **Rules Engine –** A system that applies business rules dynamically to process data and make decisions.
- **Backlog Management –** The prioritization and organization of tasks and requirements for development teams.
- **Configuration Management –** Maintaining and tracking system configurations to ensure stability and compliance.
- **Pipeline Automation –** Streamlining software development workflows through automated testing, building, and deployment.
- **DevSecOps and Deployment –** Integrating security into development and operations (DevOps) to ensure secure and efficient software releases.
- **Release Management –** Planning, scheduling, and controlling software releases to ensure smooth deployments.
- **Network –** The infrastructure that enables communication between systems, users, and devices.

Infrastructure

- **Storage –** Systems and solutions for securely storing and managing data.
- **Application and Data Servers –** Computing resources that host applications and data services.
- **Monitor –** Tools and processes for tracking system performance, uptime, and resource utilization.
- **Alerts –** Automated notifications for system events, failures, or performance thresholds.

Production

- **Performance Monitoring –** Continuous tracking and analysis of system and application performance.
- **Failover – Business Continuity –** Redundant systems and processes that ensure continued operation in case of failure.
- **Disaster Recovery –** Strategies and solutions to restore systems and data after an outage or catastrophic event.

Appendix E – New Enrollment Outcomes & Measures

The table below lists the outcomes considered in scope for the new enrollment focus area, how each outcome is expected to be measured, and the desired trend for the outcome measure. Current-state baselines are not available for these outcome measures and will be assessed as best possible to determine the level of improvement achieved through modernization.

Outcome	Measure	Measurement Approach	Desired Trend
Elapsed Time to Benefits	Average Elapsed Processing Duration (coverage completed scenarios)	For each new application, measure the elapsed time between the application submission date and the date the applicant was covered by Medicaid ***Highlight Point: this prosed measure goes beyond data currently captured, all the way through to benefit coverage.* ***Note: the desire is to measure as end-to-end as possible. The delivery effort may identify other measurement opportunities that improve the end-to-end extent of the measure.*	Reduce
Accuracy	Accuracy	Number of errors identified as part of application reviews and audit (number of errors identified / total number of applications reviewed) - System - User Error	Reduce
Elapsed Time to Denial	Average Elapsed Processing Duration (Denials due to ineligibility)	For each new application, measure the elapsed time between the application submission date and the denial date for denials due to ineligibility	Reduce
Abandonment Rate (**Completion and overall denial rates intentionally not evaluated)	Abandonment Rate	Of the set of total applications dispositioned each month, calculate the percentage of submission applications withdrawn or denied due to non-responsive applicant	Reduce
Agency Effectiveness	Staff Time Required to Process Applications	Calculate the staff hours (or staff) allocated to new application processing (includes all operational roles, i.e., imaging, mail center) – divide by the total number of applications ***Note: expected to be more feasible during pilot/incubation phases*	Reduce

Outcome	Measure	Measurement Approach	Desired Trend
Agency Effectiveness	Level of Staff Satisfaction	Capture survey data each month regarding the satisfaction of staff responsible for processing new applications (includes staff and those managing staff) ***Note: expected to be more feasible during pilot/incubation phases* *Examples:* *- How confident are you in your ability to complete an eligibility determination timely and accurately?* *- How easy is it for you to - navigate the tools and systems used to determine eligibility?*	Increase
Customer Satisfaction	Level of Applicant Satisfaction	Capture survey data regarding the satisfaction of customers who submit new applications ***Note: expected to be more feasible during pilot/incubation phases. This would include not only applicant users, but also partners and providers satisfaction as well.* *Examples:* *-Determine effectiveness of current communications/outreach* *- Determine effectiveness of application questions and understanding of what is being asked of applicant.*	Increase
Disparities	Disparities in outcome results for disadvantaged population groups	Measure the above outcomes (excluding staff satisfaction) for <define target groups> compared to the same outcome measures on average. *Example: Overall Elapsed Time Average - <Group> Elapsed Time Average*	Reduce

Appendix F – Ongoing Benefit Maintenance Outcomes & Measures

The table below lists the outcomes considered in scope for the ongoing benefit maintenace focus area, how each outcome is expected to be measured, and the desired trend for the outcome measure. Current-state baselines are not available for these outcome measures and will be assessed as best possible to determine the level of improvement achieved through modernization.

Outcome	Measure	Measurement Approach	Desired Trend
Unreported Changes	Unreported Changes	Measure the percentage of unreported changes identified through program integrity reviews (# of unreported changes identified / total cases reviewed)	Reduce
Renewal Completion Rate	Auto Renew %	% of auto renews (# of auto renewed cases / total number of renewals in a given period), split by ex parte and fully automatic renewals	Increase
Renewal Completion Rate	Completed Renewal %	% of Renewals sent to members that were returned and processed in time to avoid a gap in coverage (Number of completed renewals / Total number of renewal notices sent for a given period) **Note: capture elapsed time metrics if possible to focus on how quickly within the completion window the renewals are completed.	Increase
Renewal Completion Rate	Procedural Termination %	% of procedural terminations (Number of renewals terminated due to incomplete information / Total number of renewal notices sent for a given period)	Reduce
Renewal Completion Rate	Return mail %	% of renewals received as returned mail (Number of renewals returned as undeliverable / Total number of renewal notices sent for a given period)	Reduce
Renewal Completion Rate	Churn %	% of renewals resulting in lost coverage, then a return to the program within 4 months (number of procedurally terminated cases that were reinstated /	Reduce

		total number of procedurally terminated cases for a given renewal period)	
Renewal Completion Rate	Accuracy	Number of errors identified as part of case reviews and audit (number of errors identified / total number of cases reviewed) - System - User Error	Reduce
Agency Effectiveness	Staff Effort Required to Manage Active Cases	Calculate the staff hours (or staff) allocated to maintaining ongoing benefits (includes all operational roles, i.e., imaging, mail center) – divide by the total number of active cases ***Note: expected to be more feasible during pilot/incubation phases*	Reduce
Agency Effectiveness	Level of Staff Satisfaction	Capture survey data each month regarding the satisfaction of staff who maintain ongoing benefits ***Note: expected to be more feasible during pilot/incubation phases*	Increase
Customer Satisfaction	Level of Member Satisfaction	Capture survey data regarding the satisfaction of members ***Note: expected to be more feasible during pilot/incubation phases* *Examples:* *-How difficult was it for you to complete the renewal form or gather verifications needed?* *-Did you have any issues knowing how and where to submit your renewal?*	Increase
Disparities	Disparities in outcome results for disadvantaged population groups	Measure the above outcomes (excluding staff satisfaction) for <define target groups> compared to the same outcome measures on average.	Reduce

Appendix G – Example Slice Customer Journey

Note: the action planning team continues to define an example sequence of slices. The examples below reflect the list available at the time of RFI publishing.

Below is an example slice backlog intended for implementation in a non-production integrated environment during the innovation phase. This is a sample only and is subject to refinement based on input from vendors, staff, and other stakeholders.

Slice	Description	Customer Journey	Focus
Customer Journey #1 - Taylor Jones, Jordan Jones, Alex Parnel, Tyler Jones, Jim and Sheryl Jamison			
1A	New applicant (ineligible for MA, but eligible for MSP)	Single adult, Taylor Jones, enrolled in Medicare (Part A), applying for Medicaid	Evaluate the ability to create an integrated solution that achieves the desired new enrollment end-to-end outcomes
1B	Household Change	Taylor's niece, Jordan loses her housing and moves in with Taylor. Taylor reports this as a change (which is unnecessary)	Evaluate the solution's ability to: Accept and manage reported changes to existing cases (including messaging to indicate when a change to the case is unnecessary) Provide clear messaging and guidance to members
1C	Reduce Income	Taylor loses her job	Evaluate the solution's ability to process: Effective-dated changes New eligibility determinations on an existing case
1D	Annual Redetermination (Version 1 - Auto Renew)	Taylor reaches her annual redetermination date (Scenario assumption: the information is available to auto renew the case)	Evaluate the solution's ability to process Ex Parte Renewals and effectively and process an auto renewal Auto renewal logic
1E	Annual Redetermination (Version 2 - Manual Review Required)	Taylor reaches her annual redetermination date (Scenario assumption: the case could be auto-renewed, but we don't receive the needed information to verify, requiring a verification with Tayor)	Evaluate the solution's ability to process Ex Parte Renewals and effectively navigate missing information / interaction with the member covering: Auto renewal logic Missing information requiring client response

Slice	Description	Customer Journey	Focus
1F	New Enrollment	Jordan takes a new job paying less than she was previously making and applies for Medicaid. Jordan requests retro-months, but isn't eligible. (Even though Taylor and Jordan live together, Taylor is not a part of this case or scenario)	Evaluates additional MAGI eligibility criteria and retroactive eligibility logic.
1G	Asset reduction increases coverage and authorized rep	Taylor reports a reduction in assets and also adds Jordan as an authorized rep on the case	Evaluates new elements of the process: Ability to change eligibility based on a reported change Authorized rep
1H	Household Change and Spend-Down Transition	Taylor gets married to Alex, a 68-year-old part-time worker with earned income. Alex is not applying for coverage – he is covered by Medicare and is worried about estate planning	Evaluates the ability to add new household members affecting eligibility and handle spend down complexity
1I	Asset change for household	Alex sells property for $100,000 and now must reduce assets for Taylor to maintain eligibility for MA. Now Taylor's Assets are calculated above $18,000 due to asset deeming from spouse	Evaluates the ability to account for an asset reduction and to pend eligibility until proof is provided that assets are reduced, and close the case if assets are not reduced. Demonstrate improved automation and connectivity to verification systems (like AVS)
1J	Pregnancy	Jordan becomes pregnant. Father is not in the household and does not expect to claim the newborn on taxes. Jordan notifies the agency of the pregnancy with a future due date	Ability to update MA-PX status to date of conception through 12 months post-partum, even with adverse changes to the case.
1K	Give birth	Jordan gives birth and reports newborn- Tyler Jones	Ability to update MA-11 status through age six, even with adverse changes to the case.
1L	Additional pregnancy	Jordan becomes pregnant again. Father is not in the	Demonstrate being able to effectively manage additional pregnancies

Slice	Description	Customer Journey	Focus
		household and does not expect to claim the newborn on taxes.	
1M	Remove child from the home	At age 2, Tyler Jones is removed from Jordan's household	Evaluates the ability to process eligibility changes resulting from a member leaving the household.
1N	Foster Care	Tyler Jones enters Foster Care. Social Services notifies the County Agency of Tyler's eligibility for Medicaid.	Evaluates Foster Care eligibility processing
1O	Adoption	Jim and Sheryl Jamison are adopting Tyler Jones Jim and Sheryl are not on Medicaid. State notifies the County Agency of Tyler's adoption.	Ability to process AA eligibility
1P	Annual Reviews for automatically eligible cases	A year has passed since Tyler's adoption, triggering the annual review process. No changes have occurred for Tyler	Evaluates the ability to perform annual reviews for cases with automatic eligibility.
Customer Journey #2 - Marcus Benzo			
2A	New Disability Application with Spenddown	Marcus Benzo is 45, and receives RSDI for advanced Multiple Sclerosis (MS). His income is too high for standard Medicaid, but is applying for Medically Needy with a spenddown	Evaluate the new enrollment flow for a disabled applicant with a spenddown
Customer Journey #3 - Morgan Welch			
3A	New application for LTC Facility	Morgen fell and broke her hip and determines she cannot continue to live at home safely. She applies for LTC. She gave her vehicle to her son 5 months prior to application.	Ability to process LTC eligibility and applying transfer penalty. (with the ability to apply transfer penalty waiver for hardship).
Customer Journey #4 - Jenna Highland			
4A	Children with a MA basis due to disability turning 18	Jenna Highland is disabled and receives Medicaid under SSI on a disabled basis. She turned 18 years old today, resulting in the loss of	Evaluate the ability of the solution to handle eligibility changes triggered by a loss of SSI benefits – invoking the evaluation of the full program hierarchy.

Slice	Description	Customer Journey	Focus
		disability status as a child, triggering a potential eligibility change.	
Customer Journey #5 - Robert Lussier and Janice Redforly			
5A	Tribal enrollment	Robert Lussier, a resident of the White Earth Nation, submits application for Medical Assistance and tribal enrollment card to agency.	Evaluate enrollment flow for Native America/Alaskan Native participants
5B	Tribal and limited internet access enrollment	Janice Redforly, a descendant of Red Lake Nation living with limited access to phone and internet, submits application for Medical Assistance	Evaluate processing scenarios for limited phone/internet access individuals and an alternative tribal enrollment scenario.
Customer Journey #6 - Sheri Smith and Frankie Smith (changed to Frankle Franz)			
6A	Duplicate PMI – Newborn (also on a food support case)	Sheri Smith applies for Medicaid at the hospital for her newborn child, Frankie. Sheri is on Food support. Frankie is added to the Food Support case prior to the Medicaid application with no SSN. An SSN is available when the application is submitted to Medicaid.	Ensuring the solution does not create multiple instances of the same individuals and associates data appropriately to each individual (including ensuring duplicate records are not created across programs)
6B	Duplicate PMI – Same person applies with alternative demographic details	Later in life, Frankie has changed his name to Frankle Franz and is applying on his own for Medicaid	Ensuring the solution does not create multiple instances of the same individuals and associates data appropriately to each individual.
Customer Journey #7 - Felicia Alvarez and Armando Takati			
7A	MA-EPD New Application	Felicia Alverez is disabled and working. She hears about coverage available and applies for Medicaid	Evaluate MA-EPD and the ability to calculate and track premiums
7B	MA-EPD – Income decrease due to job loss	Felicia is laid off from her job and reports this as a change to the agency	Evaluate Premium recalculation and the fact that the case remains open for 4 months post job loss
7C	MA-EPD – Income Increase due to marriage	Felicia gets married to Armando Takati, increasing her countable income	Evaluate Premium recalculation due to a change in counted income
Customer Journey #8 - Joanie Fischer			

Slice	Description	Customer Journey	Focus
8A	Work Requirements ("Community Engagement") – New Enrollment	Joanie Fischer, a part-time student applies for Medicaid	Evaluate how work requirements (community engagement) could be implemented for a new enrollment in Medicaid
8B	Work Requirements ("Community Engagement") – 6 Month renewal	6 months have passed since Joanie was enrolled in MAGI Medicaid	Evaluate how work requirements ("community engagement") is verified at 6 month renewal
8C	Work Requirements ("Community Engagement") – No longer meeting work requirements	6 months have passed – Joanie is no longer a part-time student	Evaluate the discontinuance of Medicaid members who do not meet Work requirements
8D	Work Requirements ("Community Engagement") – New Enrollment with an exemption	Joanie claims Medically Frail status and re-applies for coverage	Evaluate how work requirements (community engagement) could be implemented for a new enrollment in Medicaid for an individual exempt from the community engagement requirements

The following more detailed slides provide examples of additional details defined to scope each slice.

Slice Details

Slice:	Slice Description:
1A	New applicant (ineligible for MA, but eligible for MSP)

Customer Journey	Persona Definition
Taylor Jones is a single adult enrolled in Medicare (Part A), applying for Medicaid	**Taylor Jones – Applicant** • Age: 67 • Disability Status: Not Disabled • Marital Status: Single • Income: $1,000/mo. SS, $400/mo. earned income • Assets (Countable): $4,000 • Residency: State Resident • Citizenship: US Citizen • Tax Filing Status: Single File • Gender: Female

Expected Result

Taylor is found not eligible for MAGI and is enrolled in SLMB and is given information about the results of her eligibility determination including why she is not eligible for MA and other programs she may be eligible for (Medicare Part D, Spenddown, private insurance, etc)

Outcomes

New enrollment
- Elapsed processing duration
- Agency effectiveness (staff effort and satisfaction)
- Customer satisfaction

Slice Focus

Evaluate the ability to create an integrated solution that achieves the desired new enrollment end-to-end outcomes

Business Layer Focus	Technology Layer Focus
Application Intake & Submission • Online submission method **Eligibility Determination** • MAGI • Non-MAGI **Verification** • SSN • Medicare • Income • Assets • Citizenship/Immigration Status **Post-Eligibility Determination** • Coverage Activation **Case Management** • Servicing agency • Document routing • Caseworker & Workflow Mgmt **Reporting & Performance Management** • Elapsed time • Staff effort	The delivery of the slice incorporates new or existing technology that demonstrate: • User experience • Workflow • Client communication • Document management • Interoperability & data exchange • Security / privacy • Data management • Delivery execution • Infrastructure (Detailed elements of these capabilities to be determined during the delivery phase)

Slice Details

Slice:	Slice Description:
1B	Household Change

Customer Journey	Persona Definition
Taylor's niece, Jordan loses her housing and moves in with Taylor. Taylor reports this as a change (which is unnecessary)	**Taylor Jones (Active SLMB Recipient)** • No changes **Jordan Jones (Reported as a new household member)** • Age: 36 • Marital Status: Single • Income: $2800/mo Earned Income • Assets: $4000 • Residency: State Resident • Citizenship: US Citizen • Tax filing status: Separate filer • Gender: Female

Expected Result

Taylor maintains her SLMB eligibility. Jordan is notified she would need to apply separately if interested in Medicaid eligibility. Jordan is NOT added to Taylor's Medicaid case and does not affect Taylor's eligibility. Jordan is also not eligible for Medicaid. Taylor is informed about the household composition rules for Medicaid.

Outcomes

Ongoing Benefit Maintenance
- Agency effectiveness (staff effort and satisfaction)
- Customer satisfaction

Slice Focus

Evaluate the solution's ability to:
- Accept and manage reported changes to existing cases (including messaging to indicate when a change to the case is unnecessary)
- Provide clear messaging and guidance to members

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Change in Circumstance** • Household member reported change	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1C	Reduce Income

Customer Journey	Persona Definition
Taylor loses her job	**Taylor Jones (Active SLMB Recipient**) • Age: 67 • Disability Status: Not Disabled • Marital Status: Single • Income: $1,000/mo. SS, ~~$400/mo. earned income~~ • Assets (Countable): $4,000 • Residency: State Resident • Citizenship: US Citizen • Tax Filing Status: Single File • Gender: Female

Expected Result

Taylor moves from SLMB to QMB

Outcomes

Ongoing Benefit Maintenance
- Agency effectiveness (staff effort and satisfaction)
- Customer satisfaction

Slice Focus

Evaluate the solution's ability to process:
- Effective-dated changes
- New eligibility determinations on an existing case

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Change In Circumstance** • Income change **Eligibility Determination** • Change in eligibility **Post-Eligibility Determination** • Change in coverage (close down SLMB and activate QMB) **Case Management (specific to change processing)** • Servicing Agency • Document Routing **Reporting & Performance Monitoring (specific to change processing)** • Staff effort	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1D	Annual Redetermination (Version 1 - Auto Renew)

Customer Journey	Persona Definition
Taylor reaches her annual redetermination date *(Scenario assumption: the information is available to auto renew the case)*	**Taylor Jones (Active QMB Recipient)** • Age: 67 • Disability Status: Not Disabled • Marital Status: Single • Income: $1,000/mo. SS • Assets (Countable): $4,000 • Residency: State Resident • Citizenship: US Citizen • Tax Filing Status: Single File • Gender: Female

Expected Result

Taylor's benefits are renewed for another year automatically

Outcomes

Ongoing Benefit Maintenance
- Renewal Completion Rate (Auto Renew %)
- Agency effectiveness (staff effort and satisfaction)
- Customer satisfaction

Slice Focus

Evaluate the solution's ability to process ExParte Renewals and effectively and process an auto renewal
- Auto renewal logic

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Renewal & Redetermination** • Auto Renew logic **Verification** • <Required auto renewal verifications> **Case Management (specific to renewals)** • Servicing Agency • Document Routing **Reporting & Performance Monitoring (specific to renewals)** • Renewal Completion Rate • Elapsed time • Staff effort	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1E	Annual Redetermination (Version 2 - Manual Review Required)

Customer Journey	Persona Definition
Taylor reaches her annual redetermination date *(Scenario assumption: the case could be auto-renewed, but we don't receive the needed information to verify, requiring a verification with Tayor)*	**Taylor Jones (Active QMB Recipient)** • Age: 67 • Disability Status: Not Disabled • Marital Status: Single • Income: $1,000/mo. SS • Assets (Countable): $4,000 • Residency: State Resident • Citizenship: US Citizen • Tax Filing Status: Single File • Gender: Female

Expected Result

Taylor's case is evaluated for ExParte auto renewal, but requires manual review and validation by Taylor. Taylor is presented with her full case details to validate and confirm.

Taylor's benefits are renewed for another year.

Outcomes

Ongoing Benefit Maintenance
- Renewal Completion Rate (Auto Renew %)
- Agency effectiveness (staff effort and satisfaction)
- Customer satisfaction

Slice Focus

Evaluate the solution's ability to process ExParte Renewals and effectively navigate missing information / interaction with the member covering:
- Auto renewal logic
- Missing information requiring client response

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Renewal & Redetermination** • Auto Renew logic • Pre-populated Renewal **Verification** • <Required auto renewal verifications> **Case Management (specific to renewals)** • Servicing Agency • Document Routing **Reporting & Performance Monitoring (specific to renewals)** • Renewal Completion Rate • Elapsed time • Staff effort	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1F	New Enrollment

Customer Journey	Persona Definition
Jordan takes a new job paying less than she was previously making and applies for Medicaid. Jordan requests retro-months, but isn't eligible. ***(Even though Taylor and Jordan live together, Taylor is not a part of this case or scenario)***	**Taylor Jones (Active QMB Recipient)** • No Change **Jordan Jones (Applying for Medicaid)** • Age: 36 • Marital Status: Single • Income: ~~$2800/mo~~ **$1600/mo** Earned Income • Assets (Countable): $4000 • Residency: State Resident • Citizenship: US Citizen • Tax filing status: Separate filer • Gender: Female

Expected Result

Jordan is eligible for MAGI Medicaid (but ineligible for retroactive eligibility) and is set up on a separate Medicaid case from Taylor.
Jordan is informed about the household composition rules for Medicaid (if Taylor is mentioned in Jordan's application)
Jordan and Taylor are unable to access information or receive notifications about each other's cases.

Outcomes

New enrollment
- Elapsed processing duration
- Agency effectiveness (staff effort and satisfaction
- Customer satisfaction

Slice Focus

Evaluates additional MAGI eligibility criteria and retroactive eligibility logic.

Business Layer Focus	Technology Layer Focus
No new capabilities introduced. Adds additional conditions to: **Application Intake & Submission** • Online submission method **Eligibility Determination** • MAGI • Retro-eligibility calculation **Verification** • SSN • Medicare • Income **Post-Eligibility Determination** • Coverage Activation **Enrollment & Plan Selection** • FFS • MCOs **Case Management** • Servicing agency • Document routing **Reporting & Performance Management** • Elapsed time • Staff effort	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1G	Asset reduction increases coverage and authorized rep

Customer Journey	Persona Definition
Taylor reports a reduction in assets and also adds Jordan as an authorized rep on the case	**Taylor Jones (Active QMB Recipient)** • Age: 67 • Disability Status: Not Disabled • Marital Status: Single • Income: $1,000/mo. SS • Assets (Countable): ~~$4,000~~ **$2,000** • Residency: State Resident • Citizenship: US Citizen • Tax Filing Status: Single File • Gender: Female • **Requires an authorized rep** **Jordan Jones (Active Medicaid Recipient)** • No Change

Expected Result

Taylor retains her Medicare and QMB coverage and is newly determined eligible for Medicaid ABD coverage. Taylor receives an eligibility notice that communicates the evaluation of her situation through the full program hierarchy and explains the eligibility decision.

Outcomes

Ongoing Benefit Maintenance
- Agency effectiveness (staff effort and satisfaction)
- Customer satisfaction

Slice Focus

Evaluates new elements of the process:
- Ability to change eligibility based on a reported change
- Authorized rep

Business Layer Focus	Technology Layer Focus
Incremental components/changes layered on top of the baseline established in prior slices: **Change In Circumstance** • Asset change **Eligibility Determination** • Change in eligibility • Program hierarchy **Verification** • Assets **Post-Eligibility Determination** • Change in eligibility **Enrollment & Plan Selection** • Change in Coverage **Case Management** • Authorized representative **Reporting & Performance Monitoring** • Staff effort	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1H	Household Change and Spend -Down Transition

Customer Journey

Taylor gets married to Alex, a 68-year-old part-time worker with earned income.

Alex is not applying for coverage – he is covered by Medicare and is worried about estate planning

Persona Definition

Taylor Jones (Active Medicaid Recipient)
- Age: 67
- Disability Status: Not Disabled
- Marital Status: Single
- Income: $1,000/mo. SS
- Assets (Countable): $2,000
- Tax filing status: ~~Single File~~ **Married filing jointly**

Alex Parnel (New Household Member)
- **Age: 68**
- **Marital Status: Married**
- **Income: $2,200/mo Earned Income**
- **Assets (Countable): $5,000**
- **Tax filing status: Married filing jointly**

Jordan Jones (Active Medicaid Recipient)
- No Change

Expected Result

Following the reported marriage and income update:
- Taylor's combined household income exceeds the standard ABD Medicaid income limit
- Taylor transitions from full ABD Medicaid eligibility to spend -down Medicaid eligibility
- Medicare and QMB coverage continue without disruption
- The system calculates and applies a monthly spend-down liability
- Taylor receives notices explaining
  - Her new spend-down eligibility
  - Communication and explanation of the determination based on the full program hierarchy
  - The monthly spend-down amount she must meet through medical expenses
  - Instructions for reporting expenses or making payments.

Outcomes

Ongoing Benefit Maintenance
Agency effectiveness (staff effort and satisfaction)
Customer satisfaction

Slice Focus

Evaluates the ability to add new household members affecting eligibility and handle spend down complexity

Business Layer Focus

Incremental components/changes layered on top of the baseline established in prior slices:

Change In Circumstance
- Marriage/life event reporting
- Addition of household member
- Addition of new income

Eligibility Determination
- Reassessment of MAGI (bypassed due to Medicare)
- Non-MAGI ABD reevaluation
- Deemed income calculation (spouse income attribution)

Post-Eligibility Determination
- Spend-down creation
- Coverage system updates reflecting spend-down status
- Notices generation (eligibility change + spend-down liability explanation)

Case Management
- Spend-down liability tracking
- Medical expense application

Document Routing
- Verification of marriage and income (if necessary)

Reporting & Performance Monitoring
- Staff effort
- Elapsed time to process household/income changes

Technology Layer Focus

(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1I	Asset change for household

Customer Journey

Alex sells property for $100,000 and now must reduce assets for Taylor to maintain eligibility for MA.

Now Taylor's Assets are calculated above $18,000 due to asset deeming from spouse

Persona Definition

Taylor Jones (Active Medicaid Recipient)
- Age: 67
- Disability Status: Not Disabled
- Marital Status: Single
- Income: $1,000/mo. SS
- Assets (Countable): $2,000
- Tax filing status: Married filing jointly

Alex Parnel (Household Member)
- Age: 68
- Marital Status: Married
- Income: $2,200/mo Earned Income
- Assets (Countable): ~~$5,000~~ **$105,000**
- Tax filing status: Married filing jointly

Jordan Jones (Active Medicaid Recipient)
- No Change

Expected Result

Following the reported marriage and income update:
- Taylor and Alex's combined household assets exceeds the standard ABD Medicaid assetlimit
- Medicare and QMB coverage continue without disruption
- Taylor receives notices explaining
  - The HH is over assets and must reduce to maintain eligibility for MA
  - 10-Day notice of MA Closure.
  - Instructions for reducing assets and reporting requirements.
  - The case closes if assets have not been reduced in 30 days

Outcomes

Ongoing Benefit Maintenance
Agency effectiveness (staff effort and satisfaction)
Customer satisfaction

Slice Focus

Evaluates the ability to account for an asset reduction and to pend eligibility until proof is provided that assets are reduced, and close the case if assets are not reduced. Demonstrate improved automation and connectivity to verification systems (like AVS)

Business Layer Focus

Incremental components/changes layered on top of the baseline established in prior slices:

Change In Circumstance
- Asset change of a household member

Eligibility Determination
- Deemed asset evaluation

Verification
- Assets

Post-Eligibility Determination
- MA closes with 10-day notice
- Notices generation (eligibility change + asset reduction explanation)

Case Management
- Asset reduction tracking
- Continued Medical expense application

Document Routing
- Verification of marriage and income (if necessary)

Reporting & Performance Monitoring
- Staff effort
- Elapsed time to process household/income changes

Technology Layer Focus

(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1J	Pregnancy

Customer Journey	Persona Definition
Jordan becomes pregnant. Father is not in the household and does not expect to claim the newborn on taxes. Jordan notifies the agency of the pregnancy with a future due date	**Jordan Jones (Active Medicaid Recipient)** • Age: 36 • Marital Status: Single • Living with Taylor and Alex (not part of the Medicaid Household) • Income: $1600/mo Earned Income • Assets (Countable): $4000 • Residency: State Resident • Citizenship: US Citizen • Tax filing status: Separate filer • Gender: Female • **Pregnant**

Expected Result

Jordan's eligibility status updates to PX back to date of conception.
All Child Support notifications are paused and set to trigger Post-partum.

Ability to track child support due dates to send initial and follow-up notifications.

Outcomes

Ongoing Benefit Maintenance
Agency effectiveness (staff effort and satisfaction)
Customer satisfaction
- Reduction of undue notifications (postponement of medical support notices)

Slice Focus

Ability to update MA -PX status to date of conception through 12 months post -partum, even with adverse changes to the case.

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Change In Circumstance** • Add pregnancy • Due date calculation • Tax Household changes **Eligibility Determination** • Change in eligibility - AX-PX • Child Support referral paused during Pregnancy and Post-partum. **Post-Eligibility Determination** • Post-partum calculation • Child Support notification and PRISM interface **Case Management** **Reporting & Performance Monitoring** • Staff effort	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1K	Give birth

Customer Journey	Persona Definition
Jordan gives birth and reports newborn- Tyler Jones	**Jordan Jones (Active Medicaid Recipient)** • Age: 36 • Marital Status: Single • Living with Taylor and Alex (not part of the Medicaid Household) • Income: $1600/mo Earned Income • Assets (Countable): $4000 • Residency: State Resident • Citizenship: US Citizen • Tax filing status: Separate filer • Gender: Female • ~~**Pregnant**~~ **Tyler Jones** • Newborn • Tax dependent of Jordan

Expected Result

Newborn receives Auto-newborn eligibility and interfaced.
Notification with Tyler's unique identifier (PMI) and insurance information sent to household.
Automatic enrollment to Managed Care based on mother's enrollment.

Outcomes

Ongoing Benefit Maintenance
Agency effectiveness (staff effort and satisfaction)
Customer satisfaction

Slice Focus

Ability to update MA-11 status through age six, even with adverse changes to the case.

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Change In Circumstance** • Give birth **Eligibility Determination** • Change in eligibility- PX-AA **Post-Eligibility Determination** • Post-partum calculation • Child Support referral Post-partum • Coverage Activation for Tyler	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1L	Additional pregnancy

Customer Journey	Persona Definition
Jordan becomes pregnant again. Father is not in the household and does not expect to claim the newborn on taxes.	**Jordan Jones (Active Medicaid Recipient)** • Age: 36 • Marital Status: Single • Living with Taylor and Alex (not part of the Medicaid Household) • Income: $1600/mo Earned Income • Assets (Countable): $4000 • Residency: State Resident • Citizenship: US Citizen • Tax filing status: Separate filer • Gender: Female • **Pregnant** **Tyler Jones** • Newborn • Tax dependent of Jordan

Expected Result

Jordan's eligibility status updates to PX back to date of conception.
All Child Support notifications are paused and set to trigger Post-partum.

Outcomes

Ongoing Benefit Maintenance
Agency effectiveness (staff effort and satisfaction)
Customer satisfaction

Slice Focus

Demonstrate being able to effectively manage additional pregnancies

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Change In Circumstance** • Add second pregnancy • Due date calculation **Eligibility Determination** • Change in eligibility- AX-PX • Child Support referral paused during Pregnancy and Post-partum. • Tax Household changes **Post-Eligibility Determination** • Potential change in eligibility- PX-AA • Child Support notification and PRISM interface	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1M	Remove child from the home

Customer Journey	Persona Definition
At age 2, Tyler Jones is removed from Jordan's household	**Jordan Jones (Active Medicaid Recipient)** • Age: 36 • Marital Status: Single • Living with Taylor and Alex (not part of the Medicaid Household) • Income: $1600/mo Earned Income • Assets (Countable): $4000 • Residency: State Resident • Citizenship: US Citizen • Tax filing status: Separate filer • Gender: Female **Tyler Jones** • Newborn • **Removed from HH**

Expected Result

No change is eligibility for Jordan - remains MA eligible. Tyler remains covered by Medicaid due to continuous eligibility for children up to age 6.

Outcomes

Ongoing Benefit Maintenance
Agency effectiveness (staff effort and satisfaction)
Customer satisfaction

Slice Focus

Evaluates the ability to process eligibility changes resulting from a member leaving the household.

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Change In Circumstance** • Remove HH member **Post-Eligibility Determination** • Coverage continuity	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1N	Foster Care

Customer Journey	Persona Definition
Tyler Jones enters Foster Care. Social Services notifies the County Agency of Tyler's eligibility for Medicaid.	**Tyler Jones** • Age: 2 • Marital Status: Single • Removed from HH • Residency: State Resident • Citizenship: US Citizen • Tax filing status: non -filer • Gender: Male

Expected Result

Tyler is added to a new Foster Care case, back dated to date of removal from previous HH.
Notification of new enrollment sent.

Outcomes

New enrollment
- Elapsed processing duration
- Agency effectiveness (staff effort and satisfaction)
- Customer satisfaction

Slice Focus

Evaluates Foster Care eligibility processing

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Eligibility Determination** • Change in eligibility- CK-FC • Backdated to removal date.	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1O	Adoption

Customer Journey	Persona Definition
Jim and Sheryl Jamison are adopting Tyler Jones Jim and Sheryl are not on Medicaid. State notifies the County Agency of Tyler's adoption.	**Tyler Jones** • Age: 2 • Marital Status: Single • Residency: State Resident • Citizenship: US Citizen • Tax filing status: non -filer • Gender: Male • **Adopted into new HH**

Expected Result

Tyler moves from Foster Care to Adoption Assistance coverage. Adopted family is notified of the coverage.

Outcomes

Ongoing Benefit Maintenance
Agency effectiveness (staff effort and satisfaction)
Customer satisfaction

Slice Focus

Ability to process AA eligibility

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Eligibility Determination** • Change in eligibility- FC-09	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
1P	Annual Reviews for automatically eligible cases

Customer Journey	Persona Definition
A year has passed since Tyler's adoption, triggering the annual review process. No changes have occurred for Tyler (note: this would be performed for all cases with automatic eligibility at annual review dates)	**Tyler Jones** • Age: 3 • Marital Status: Single • Residency: State Resident • Citizenship: US Citizen • Tax filing status: non-filer • Gender: Male

Expected Result

Tyler remains covered – the agency has confirmed contact information for Tyler and that he remains an adoptee of Jim and Sheryl Jamison. Annual Renewal notice sent to household.

Outcomes

Ongoing Benefit Maintenance
Agency effectiveness (staff effort and satisfaction)
Customer satisfaction

Slice Focus

Evaluates the ability to perform annual reviews for cases with automatic eligibility.

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Renewal** • Automatic annual renewals and case check-in	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
2A	New Disability Application with Spenddown

Customer Journey	Persona Definition
Marcus Benzo is 45, and receives RSDI for advanced Multiple Sclerosis (MS). His income is too high for standard Medicaid, but is applying for Medically Needy with a spenddown	**Marcus Benzo (Applicant)** • Age: 45 • Marital Status: Single • RSDI Income: $1,650/mo • Assets: $1,800 savings • Expenses: $850 / mo for medications, therapies, and personal care not covered by Medicare

Expected Result

Marcus is determined eligible for Medically Needy with Spenddown. He is notified he must provide ongoing documentation of monthly medical expenses.

Outcomes

New enrollment
- Elapsed processing duration
- Agency effectiveness (staff effort and satisfaction)
- Customer satisfaction

Slice Focus

Evaluate the new enrollment flow for a disabled applicant with a spenddown

Business Layer Focus	Technology Layer Focus
Incremental components layered on top of the baseline established in prior slices: **Verification** • Disability Verification (SMRT/SSI) **Post-Eligibility Determination** • Spend-down creation • Coverage system updates reflecting spend-down status	(This section will be completed following the delivery of prior slices)

Slice Details

Slice:	Slice Description:
3A	New application for LTC Facility

Customer Journey	Persona Definition
Morgen fell and broke her hip and determines she cannot continue to live at home safely. She applies for LTC. She gave her vehicle to her son 5 months prior to application.	**Morgan Welsh** • Age: 76 • Marital Status: Single • Medicare Recipient • Income: $1000/mo RSDI Income • Assets (Countable): $2000 bank account • Vehicle transfer with a value of $15,930 • Residency: State Resident • Citizenship: US Citizen • Tax filing status: Filer • Gender: Female

Expected Result

Receives a level of care assessment, qualifying her for facility coverage.
Uncompensated transfer penalty of 1.5 months applied to case and LTC eligibility start date is delayed.
Receives eligibility for MA for 1.5 months during transfer penalty.

Outcomes

New enrollment
- Elapsed processing duration
- Agency effectiveness (staff effort and satisfaction)
- Customer satisfaction

Slice Focus

Ability to process LTC eligibility and applying transfer penalty. (with the ability to apply transfer penalty waiver for hardship).

Business Layer Focus	Technology Layer Focus
Incremental components/changes layered on top of the baseline established in prior slices: **Eligibility Determination** • Transfer penalty review - 60 month look-back. • Asset review • Transfer Penalty applied • Evaluation of other non-LTC eligibility during transfer penalty period. **Post-Eligibility Determination** • Application of LTC eligibility post transfer penalty period.	(This section will be completed following the delivery of prior slices)

Appendix H – Definition of Done

This list outlines the **Definition of Done (DoD)** criteria that must be met for an implementation slice (or set of slices in focus) to be considered complete, supporting three key decision points during execution:

1. Confirmation that a slice (or set of slices) has been completed in a non-production environment and readiness to begin work on the next slice(s)
2. Selection of a capability or solution (layer) as an enterprise standard
3. Approval to move pending functionality into production

DoD Criteria	Criteria Description	Responsible for Signoff
Outcomes	Applicable outcome results are produced and evaluated against other solutions and baselines.	Business Sponsor
Future-State Vision - Business Readiness	An assessment has been completed for the slice(s) in focus, confirming alignment with the business readiness section of the future-state vision criteria.	Business Lead
Future-State Vision - Architecture	An assessment has been completed for the integrated solution selected to deliver the targeted modernization slice(s), confirming alignment with the future-state vision criteria and enterprise architecture standards (if available).	Enterprise Architecture Lead
Governance, Regulatory and Compliance (GRC)	A compliance assessment has been completed, and a determination has been made regarding whether the proposed solution should be scaled or reconsidered.	Compliance Lead
DevOps	A review is completed regarding the deployment process for the solution, confirming changes can easily be made and deployed to different environments.	DevOps Lead
Data	An end-to-end review of data flow is complete, confirming the viability of the solution and its integration with downstream systems	Data Lead
Testing	A review of testing coverage and approach is complete, confirming the completeness and ongoing repeatability of the testing framework.	Test Lead
Certification	Certification steps required by CMS are complete and CMS input has been addressed.	Certification Lead

Note: These DoD criteria are intentionally high-level to allow flexibility in interpretation by the individual identified in the “Responsible for Signoff” column.

The level of rigor applied will vary based on the context, increasing as work progresses across the three defined decision points: slice completion, layer selection, and production deployment.

Any deficiencies identified by the responsible reviewer must be addressed before the item can be considered “Done.”

More detailed and granular criteria will be developed by the state prior to the start of execution.