

IBM/Curam Issues

1. We were told when we selected IBM/Curam that 90% of the product was complete, however, we were not provided with any documentation from Curam regarding their product. This lack of documentation results in confusion by staff and it is hard for us to understand how it works on the backend or run queries of the databases without Curam assistance. Whenever we ask a question in regards to how the system will function we are told to go into the system and test it out. There is no documentation where we can look to see, for example, the structure of the various rules engines, how cases are created, what evidence exists, how information from the application is carried over into the application, or how information is shared and transferred between what we see (administrators, caseworkers, counties) and what the consumer sees, etc.
2. The various eligibility rule sets were either incorrect or out-of-sync, which causes incorrect eligibility determinations or different eligibility outcomes between what the client sees on his/her account and what is displayed internally to workers. We/DHS staff worked tirelessly to fix the eligibility and application issues and needed to have the federal government intervene to fix certain things. Curam changed their application and the feds approved it and we took nearly all of what the feds approved, but we learned after go live that errors occurred that we thought were fixed.
3. The batch to reassess eligibility has not worked after various attempts. As a result, internal staff had to manually manipulate the system to trigger a redetermination of eligibility on each case one-by-one. This process took over a month, many hours of staff time including efforts of the counties, and has caused more errors to fix manually.
4. There is no way for the client to see on his/her account the result of any reassessment of eligibility. In fact, the individual sees only the results associated with the first time he/she applied which may be different than what has subsequently been determined. This has caused consumer confusion and increased call volume to the call center.
5. There is no way for the call center staff or caseworkers to see the eligibility results that were presented to the client at the time the application was submitted. We only learned this after the reassessment when we learned that the results shown to the consumer did not change.
6. There is no way for an individual to report changes online. The out-of-the-box (OOTB) functionality was confusing and otherwise inadequate for us to implement. As a result, all changes have to be reported directly to a caseworker or call center worker and tracked manually.
7. There is no way for a client to enroll in a plan if an eligibility change results in a change of program—i.e., person goes from being ineligible for tax credits to eligible for tax credits. We must close their case and have them reapply to allow them to enroll in new coverage.
8. In order to close a case, a case worker must change a piece of evidence to make them ineligible for the exchange – we must change evidence to say they are not a Minnesota resident. This

IBM/Curam Issues

change in evidence triggers a notice to be sent to the individual telling them they are denied for MNsure because they are not a Minnesota resident. This requires us to contact all applicants where we are closing a case to tell them to disregard this notice. This is the only way we can close a case – there is no manual override functionality.

9. At some point after going live electronic verifications were no longer working and this was known by Curam and they did not tell us till we found it ourselves through tracking logs. This is one of the reasons we had to rerun everyone through the system to improve customer service so consumers would not need to provide paper verifications. However, the rerun did not work and took over a month and resulted in more errors, consumer questions regarding why they were pending, many calls to the call center, delayed invoices and notices, and delayed sending of 834s to the carriers to effectuate enrollment for consumers.
10. If anyone on a case is being pending for a mandatory verification for Medicaid, the system pends eligibility for all programs. This is not following the regulations. For people eligible for MinnesotaCare or APTC, the regulations require us to not delay eligibility and instead base the eligibility determination on the attested information and give clients a 95 day reasonable opportunity to provide the verification. Just because someone else on the application may be eligible for Medicaid does not allow us to ignore that regulation. This is a big issue for Minnesota because our Medicaid standard is so high for children and pregnant women that we have a lot of mixed households.
11. Thousands of applications are delayed or never show up for the call center staff or caseworkers to see because they go to either a dead message queue or a process instance error (PIE) queue. Clients submit an application online, and potentially even enroll & pay for a plan but we have no record of them in the eligibility system. There are over 2600 of these in the PIE que and Curam cannot tell us how many are cases or just error messages. They also cannot tell us who they are and they cannot get them out of this black hole. We were not told of this nor did we see or know to test for it before we went live.
12. The system at go-live allowed an individual to submit multiple applications, both for assistance and without. As a result we had individuals with multiple applications in the system with duplicate MNsure IDs and who sometime enrolled in different plans multiple times. We have spent a lot of time manually cleaning up these cases, and are still working through fixing these cases. We did not see this in testing and Curam staff on the ground did not even know it could happen and did not know how it was happening.
13. The system at go-live allowed an individual to withdraw his/her application through his/her account but we were not aware of that and that functionality was not supported through the end-to-end process. As a result, clients would withdraw his/her application thinking they were closing out any enrollment or refunding any money paid for a plan; however, it was just withdrawing their application and leaving the enrollment and financial information intact. The

IBM/Curam Issues

other vendors working on enrollment and financials did not know this could happen – again, no documentation and we had to trust the vendor staff on the ground.

14. Curam implemented determinations for Emergency Medicaid into production without the State knowing about it. Our requirements were not fully implemented (such as adding eligibility questions to the application) and it was never tested. We were unsure what information was present to the clients on the eligibility results page or what notice, if any, was sent to them.
15. The system does not allow an individual who currently has minimum essential coverage (MEC) *that is ending* to apply and be determined eligible for MinnesotaCare or APTC. As a result, it will guarantee an individual will have at least a one month gap in coverage. For example, if an individual has employer insurance that is ending in January, the individual will need to apply in February in order to be determined eligible for MinnesotaCare or APTC. Since that coverage does not begin until after payment is received, the soonest coverage could begin would be March. This must be fixed asap by January.
16. We have intermittent issues with seeing an individual's benchmark plan on the call center/case worker side of the system. As a result, we cannot see on the call center/case worker side the amount of any tax credit available to a client. Sometimes this has worked, but Curam has put in other fixes that have disabled this.
17. Eligibility notices only supported 8 ineligible reasons, so we had to manually develop and send notices for individuals who were determined ineligible for a different reason.
18. We cannot process paper applications – this appeared to work initially in testing but we have found that the application cannot be connected to an account. So, if someone applies with a paper application and is determined eligible to enroll in a QHP, there is no way for the individual to enroll in a plan.
19. Security roles were not adequately applied by Curam staff at go live. As a result, internal staff either could not see all of the information we were expecting them to see (such as evidence details) or they could not perform certain functions.
20. We have no way to upload paper verifications or view system-issued notices for consumers as they are not stored in the caseworker portal. For verifications we need to have case workers essentially say they have verified it but the system cannot store the evidence.
21. We discovered a security issue with Curam in mid December where their log out functionality was not working and they had a 30 minute timeout that was creating issues for navigators with repeat clients within 30 minutes. We told Curam to fix the log out functionality and change the timeout to 10 minutes. We were told this was done, but when we checked recently, the 30 minute timeout was not changed.