

Position Statement

2023

Public Health Care Eligibility Technology System

Proposal

Issue:

METS (Minnesota Eligibility Technology System) is the state-wide public healthcare insurance eligibility determination system utilized by the state and counties. In late 2012/early 2013, using a multi-tiered selection and funding process, DHS leveraged time-limited federal and state dollars to engage vendors for a fall 2013 release date for statewide enrollment. Optimization of METS for public insurance assistance determination has yet to reach successful functionality for consumers and county workers. Nine years into the operation of the system, county staff, leadership and policy makers recognize it has yet to reach a level of maturity that allows for efficiency in performing health care eligibility functions.

Funding for METS system development has steadily decreased over the years, and currently, State-share funding for METS development projects has been depleted. As a result, there are no new projects planned for FFY23 and beyond. This is extremely problematic, because while improvements have been made, analysis indicates that it may be several more years in conjunction with a significant amount of resources for the METS system to achieve operational efficiency.

Furthermore, once the federal Public Health Emergency (PHE) ends, the counties will be faced with the massive undertaking of reviewing eligibility for all enrollees within a 12 month period. This will greatly exacerbate already existing workload issues for county and tribal eligibility workers statewide. Unfortunately, doing so in a system that is not operationally efficient will make this work more difficult.

Implementation Strategy:

Counties will advocate for a health care eligibility system that serves as a sustainable platform for performing health care functions and fully integrates with other health and human services technology systems. The state should have a plan for sustaining operations in for the MAGI and non-MAGI healthcare eligibility currently on the legacy systems. Concurrently, counties will advocate that the state continue to appropriate sufficient funding and resources to maintain the base level of operations, continue critical improvements and development work and secure a long-term resource plan for the METS system.

Systemic Priority Alignment (highlight all that apply and explain why)

- Equity
- Integrated Services
- Fiscal Framework

Comments:

Relevant Committee (highlight all that apply and explain why)

- **Modernization**
- **Health Care**

Why:

Rationale/Background:

MACSSA has long advocated for modernized human services technology systems. As legacy systems continue to age, it is imperative that the state move toward a modernized health and human services technology environment that supports the goals of a person centered, integrated health and human services delivery system. Technical issues with the METS system have continued to create administrative and fiscal challenges at the local level and challenges to applicants for public health care programs. These challenges, if not resolved, may jeopardize the vision of integrated human services delivery system supported by modernized technology. Current challenges with the system include but are not limited to:

- No ability to close cases due to non-cooperation.
- Many situations still result in full case closure and re-entry, resulting in generation of new case number.
- No ability to reinstate a case.
- Some case actions require manual tracking and subsequent follow-up to ensure data interfaces properly to other systems.
- Some case types must be moved to another system (MAXIS) in order to get the correct eligibility determination.
- Duplicate person records are being reduced but will never be fully eliminated – significant backlog exists.
- System-generated notices are confusing to enrollees and lengthy; some situations require a manual notice to be created.
- Significant number of system-generated tasks and minimal capability to efficiently sort and work through them.
- No systematic way of preventing current enrollees from re-applying, which creates stuck applications and need for manual intervention.
- No access to METS data from the data warehouse or reporting capabilities within the system

Counties envision technology supporting a health and human services delivery system that:

- Empowers individuals
- Employs an equity lens and addresses disparities and disproportionality
- Leverages person centered, whole family/2 Gen approaches
- Supports a social determinants of health and well-being framework for improving outcomes
- Leverages data and data analytics across systems to support proactive upstream and early intervention strategies
- Automates eligibility determination to the fullest extent possible and supports efficient county operations

As health care is a foundational component to this vision, it is essential that Minnesota have a public health care eligibility technology system that functions at an optimal level and can fully integrate with other technology systems.

In 2020 the state hired consultants from Gartner to conduct objective analysis of the state's modernization work including an assessment of the IBM Curam platform that METS was built upon. Gartner's final report in 2021 recommended that the state continue to improve the existing METS system while pursuing a long-term strategy of integrating it with other "best of breed" software components to achieve the broader integrated eligibility and enrollment vision.

MACSSA recommends that the state give priority to both elements of this two-pronged approach: maximize the current METS system on the Curam platform while pursuing a more comprehensive integrated eligibility solution that supports all programs.



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