



FY 2017 Solicitation for Partnership Proposals for Enrollment Centers

Responses to Applicant Questions

May 24, 2016

This document contains responses to all questions received during the applicant webinar on May 10 and via email by the question deadline of May 19.

Q.1: Is MNSure not looking for any partners in Hennepin County?

A: For applications targeting Region 11, those agencies demonstrating ability to provide services within Anoka and Dakota counties will receive preference in evaluation scoring.

Q.2: What are MNSure's available resources?

A: Enrollment centers will receive planning and financial support from MNSure for outreach and educational campaigns. See page 4 of the SPP.

Q.3: New space established before submitting application?

A: Each newly chosen enrollment center will develop and operate a co-branded MNSure walk-in site to educate and enroll consumers. Selected brokers will operate as a physical enrollment center during the contract period.

Q.4: Can an agency sell to clients from a different region?

A: Yes, agencies can enroll clients from any regions.

Q.5: Is the webinar recorded?

A: No, please use PowerPoint and refer to Q and A.

Q.6: How are invoices handled? Split in half? Coordinated with agency?

A: MNSure agencies will pay media outlets directly for its portion of the marketing budget.

Q.7: How much of the committed advertising dollars will go to direct buy of advertising vs. advertising agency design costs?

A: All matching funds go to media and/or digital campaign(s).

Q.8: If I don't want to be an enrollment center, am I still able to support clients with MNSure?

A: Yes. MNSure-certified brokers can still support clients enrolling through MNSure.

Q.9: How many of the current partner agencies are renewing for 2017?

A: All individual market broker enrollment center contracts were recently extended.

Q.10: Are there any stipulations on whether the agents can share their marketing? Can independent agents come together in a joint proposal?

A: Yes, joint proposals will be considered. All proposals will be reviewed and scored by region.

Q.11: Are there minimum standards for hours available, or is it strictly based on what other agencies submitted in the area?

A: No minimum standard of hours are required. Expanding hours during peak times should be considered.

Q.12: What percentage of the policies listed as written by the agencies last year were QHP vs MinnesotaCare or Medical Assistance?

A: The broker enrollment centers last year wrote 4,200 QHPs during open enrollment. These brokers forwarded most of the public program enrollments to navigators, and with navigators enrolled 1,200.

Q.13: Once a partner, is the expectation to enroll everyone through MNsure even though they may not qualify for subsidy?

A: While it is our hope that these broker partnerships will lead to an increase in QHP enrollments through MNsure and a further reduction in Minnesota's uninsured, it is of primary importance that the consumer receives the most suitable plan for their health care needs.

Q.14: What is the difference between doing this program and being a standard broker? What are the added benefits and costs to brokers?

A: MNsure's goal is to partner with committed members of the broker community to retain and grow QHP membership. Enrollment centers will receive planning and financial support from MNsure for outreach and educational campaigns. Enrollment centers will also be given priority on the MNsure website's assister directory page and access to its specialized broker staff.

Q.15: Are the centers expected to process all government program apps that walk-in or refer some or all to navigator offices?

A: Our expectation is that enrollment centers will make sure that consumers are assisted with enrollment. If an enrollment center is unable to refer a consumer to a navigator or the consumer requires or requests immediate assistance, the expectation is that the enrollment center would assist the consumer.

Q.16: Will the AOR work automatically through MNsure for 2017?

A: We are unable to commit to a date of completion. This functionality is a priority.

Q.17: Is MNsure looking for a single organization in region 11 to serve both Anoka and Dakota counties? If so, should that organization consider marketing between \$2500 and 10,000 or between \$5,000 and 20,000?

A: MNsure has identified Anoka and Dakota Counties as underserved.

For applications targeting Region 11, those agencies demonstrating ability to provide services within Anoka and/or Dakota counties will receive preference in evaluation scoring.

MNsure seeks proposals for the following identified regions: 2, 4, 8 and 11. Each application should identify the region for which the applicant is proposing to serve.

Q.18: Is MNsure accepting region 11 proposals from existing region 11 agencies? In such a case, would this be a revision of the existing agreement, or an additional agreement?

A: Existing agencies can apply for region 11, and current agreements may be revised

Q.19: If an existing region 11 BEC applies in region 11 for Anoka and or Dakota County, should they be bidding marketing funds of \$2,500-10,000 per county, per contract, or some other means?

A: MNsure seeks proposals for the following identified regions: 2, 4, 8 and 11. Each application should identify the region for which the applicant is proposing to serve. The budget must identify the matching dollars the agency will contribute towards promotional marketing. The minimum request for matching funds that will be matched by MNsure is \$2,500 and the maximum request for matching funds from MNsure is \$10,000.

Q.20: Does MNsure have a preference in their scoring based on whether a single organization is bidding for multiple region 11 counties vs different proposals for each county?

A: No. MNsure seeks proposals for the following identified regions: 2, 4, 8 and 11. For applications targeting Region 11, those agencies demonstrating ability to provide services within Anoka and Dakota counties will receive preference in evaluation scoring.

Q.21: Does MNsure anticipate any changes or additions to its current support processes for BEC? BAT line changes, general call center hours, any other software changes than can be planned on?

A: There are no anticipated changes to the BAT line at this time.

Q.22: Will the webinar be taped so I could listen to it later?

A: No.

Q.23: We are wondering how to locate what the agency would be reimbursed for providing this service?

A: Brokers are not reimbursed for participating.

Q.24: We're trying to save the document and send it, but it will not save anything. Is the best way to print and fill out by hand?

A: All proposals must be received via email at the above email address no later than noon, Central Standard Time, May 27, 2016.

Late proposals will not be accepted. Responses sent via methods other than email including courier, fax, US mail or express shipment will not be considered or reviewed.

Q.25: How many enrolled by navigator per day (or for whole enrollment period) at enrollment center?

A: We did not track the navigator enrollments. Broker enrollment centers enrolled more than 1,000 public program enrollments for an average of 50 each.

Q.26: How many QHPs per day (or for whole enrollment period) at an enrollment center?

A: Broker enrollment centers are one of the most successful channels. Their combined efforts resulted in 4,200 QHP enrollments for an average of 210 enrollments per BEC partner.

Q.27: As an agency, can we hire a navigator?

A: No. Agencies cannot hire a navigator or otherwise employ a navigator in any capacity. However, an agency can work collaboratively with navigators in their community. There cannot be any direct or indirect compensation or financial incentive between insurance producers and navigators.

Q.28: What is the expectation for those that are not eligible for a subsidy to be enrolled through MNsure?

A: While it is our hope that these partnerships will lead to an increase in QHP enrollments through MNsure and a further reduction in Minnesota's uninsured, it is of primary importance that the consumer receives the most suitable plan for their health care needs.