



Solicitation for Partnership Proposals FY 2019

Appendix 1: Questionnaire

Applicant Information

Name of agency and primary contact

Contact information for primary contact (including telephone, email and mailing address)

Website/web address

List the health and dental insurance companies you currently are appointed with. If you are not currently appointed with all of the insurance companies that currently offer coverage through MNSure, explain how you will meet the expectation that a BEC will be appointed through all health insurance companies.

Overall Plan

Provide a current market assessment, including an assessment of the uninsured in the proposed region and/or an analysis of the geographic or regional gaps, challenges, etc.

Describe your target market, including a description of the demographic, geographic, business and/or economic segments that you plan to target with your broker enrollment center (or centers) and a justification for doing so.

Enrollment strategies and goals: Indicate your enrollment goals for the contract period. Describe the strategies you will use to reach new consumers and the remaining uninsured in your region, as well as your plans to successfully renew your current consumers who enrolled through MNsure.

Explain how you will accommodate increased demand during the anticipated six-week open enrollment period (November 1, 2018 to December 15, 2018). Describe your ability to provide services to all consumers and your plans for offering year-round service through your enrollment center (or centers).

As a BEC, are you willing to address community groups interested in hearing about MNsure? Please indicate with as much specificity as possible your willingness to travel locally (distance) and to accommodate the frequency of such group talks (number per week). Please indicate your past experience with conducting outreach or marketing activities to community groups in your proposed area.

Successful candidates for BEC designations will be expected to provide a biweekly enrollment report to MNsure. This Excel-based report will include data on the number of in-person encounters, enrollments, and the number of community presentations and attendees. Please explain your agency's capacity to provide biweekly reporting, including during the busy annual open enrollment period.

If selected as an enrollment center, please describe your commitment to providing service to any individual who personally visits your site for one-on-one assistance, including individuals who may be eligible for Medical Assistance or MinnesotaCare. (Clients likely to qualify for these programs could be supported by navigators with whom the enrollment center has an effective working relationship.)

Enrollment centers are expected to provide year-round service and support to enrollees as needed. Please explain your agency's plan for providing in-person assistance outside of open enrollment.

Advertising/Promotion/Publicity Plans

Do you use any of the following for your advertising and promotions? For each type if you select "Yes," please provide your recommended source(s), and how those sources are effective in your community or region.

Print media (please select one): Yes No

Recommended sources:

Local TV or radio (please select one): Yes No

Recommended sources:

Social media (if applicable) (please select one): Yes No

Recommended sources:

Digital (please select one): Yes No

Recommended sources:

Other sales, marketing and outreach tactics (include current and proposed tactics)

Enrollment Experience

General Enrollment Experience

Describe any experience serving the geographic area and specific target market(s) that are the focus of the proposal. At a minimum, please include the following information:

- How long has the agency served the geographic area?
- Evidence of existing connections the broker agency has with the geographic area and target market(s) to be served by the contract, including any current outreach strategies. If there are no existing connections, describe plans to develop those connections.

Describe any experience as a MNsure partner. At a minimum, please include the following information:

- Describe any previous success the agency has had enrolling consumers in health insurance through MNsure. If the applicant does not have previous experience enrolling consumers through MNsure, describe plans to develop that experience, as well as any other relevant experience providing enrollment assistance.
- Describe how the agency currently supports consumers in all aspects of the application and enrollment process, including post-application follow-up such as responding to notices, reporting changes and completing renewals.

List the following information for all currently MNsure-certified broker staff that will be part of this contract: broker name, organization, how long they have been certified, percentage of their time currently spent providing assistance to consumers, and any specialized skills.

If there are no currently MNsure-certified broker staff, describe how the applicant will add capacity to provide application and enrollment assistance, and describe the brokers' experience selling individual plans.

Use the following format: Jane Doe, broker, certified since 11/2016, 50% of time spent assisting consumers, no special skills

Please estimate the percentage of QHP members enrolled by your agency that received a federal subsidy (advanced premium tax credit and/or cost-sharing reductions.)

Please estimate the number of MNsure consumers you supported for a 2018 effective date, including initial applications for coverage and renewals. Include the primary insured as well as all applicable family members who applied for coverage.

QHPs by Insurance Company and Public Plans by Program	Number of Members per Insurance Company
BCBS of MN	
HealthPartners	
Medica	
UCare	
Delta Dental	
Medical Assistance Application	
MinnesotaCare Application	
Total 2018 consumers served:	

Please describe current service area, as a list of the agency's top counties and percentage of business from each.

Counties	Percentage of Agency Volume

During the 2018 open enrollment period, did your agency closely interact with any MNsure navigators? Please be specific and explain any relationships.

If your agency did interact with MNSure-certified navigators, please list the person(s) and name of the organization(s).

If your agency did not interact with MNSure-certified navigators during the open enrollment period, please indicate your willingness to do so and your plan for building those relationships during the next open enrollment period. Note: broker enrollment centers will be expected to partner with [available navigators](https://www.mnsure.org/help/find-assister/find-assister.jsp) (https://www.mnsure.org/help/find-assister/find-assister.jsp) to provide “no wrong door” service to consumers.

What percentage of your agency’s current volume is Medicare-based? Please indicate any problems or challenges regarding the overlap of Medicare Open Enrollment and MNSure open enrollment periods and how your agency plans to address them.

Proposed Hours of Operation, 11/1/18 – 12/15/18 Open Enrollment

Using the chart below, please provide proposed hours of operation for the anticipated open enrollment period (November 1 through December 15, 2018).

Day	November 2018	December 2018
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Location

Please indicate where your office will be located. Explain why this location is the best choice for serving consumers in your region.

Physical Space

Please provide a description of available office space and associated amenities for the following functions for each location (if more than one location, please copy and paste a separate chart format for each).

Reception and Office Area

Square footage:

Seating:

Number of private offices and/or cubicles:

Internet connectivity and number of phone lines:

Parking

Cost:

Validation available:

Proximity to office space:

Describe accessibility:

Access to public transportation (please select one): Yes No

Type(s) of public transportation:

Technical Capabilities and Equipment Availability

Please list software and equipment utilized; for instance, printer/scanner, special phone system, Sales Force, Windows, etc.

Commitment to MNSure Matching Funds

Indicate the amount of matching funds 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. MNSure reserves the right to negotiate.

Indicate the budget and resources the enrollment center will dedicate to meeting the overall operational and outreach goals described in your proposal (attach separate budget; see appendix 3).

Lead Agency Questionnaire (if applicable)

(A lead agency is one that applies to lead a collaboration between itself and another broker agency.)

Describe the roles and responsibilities of the lead agency vs. the partner organization in operating the BEC and serving MNsure consumers.

Why do you think a lead agency model is necessary to support consumers in this region? How will consumers benefit from this model?

Describe how the lead agency will ensure that the partner agency and its staff will be prepared, trained and ready to operate as a BEC.

Please describe any experience the lead agency has in serving consumers in the proposed region.

Please describe any experience the lead agency has in overseeing the enrollment activities of another agency (lines of accountability, reporting, etc.).