

#### Solicitation for Partnership Proposals FY 2019

# **Appendix 1: Questionnaire**

## **Applicant Information**

Name of agency and primary contact

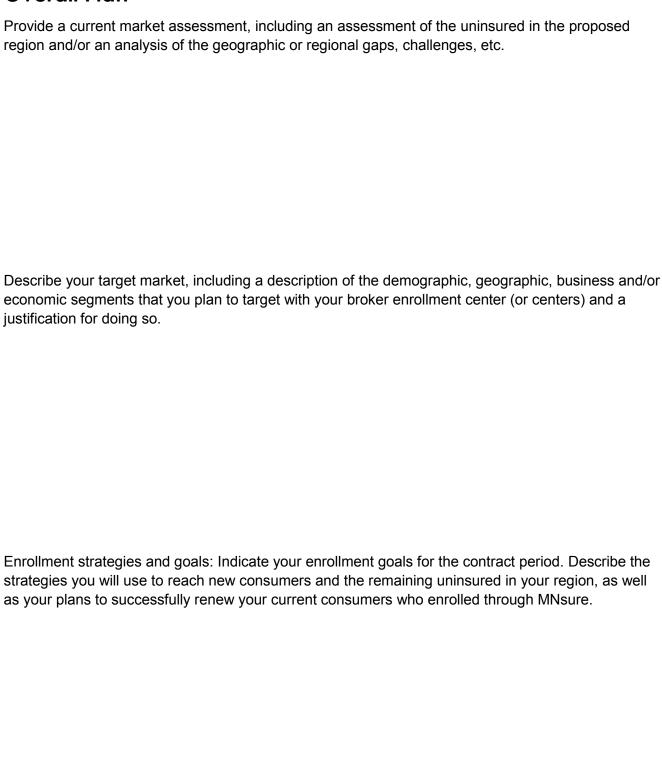
Contact information for primary contact (including telephone, email and mailing address)

Website/web address

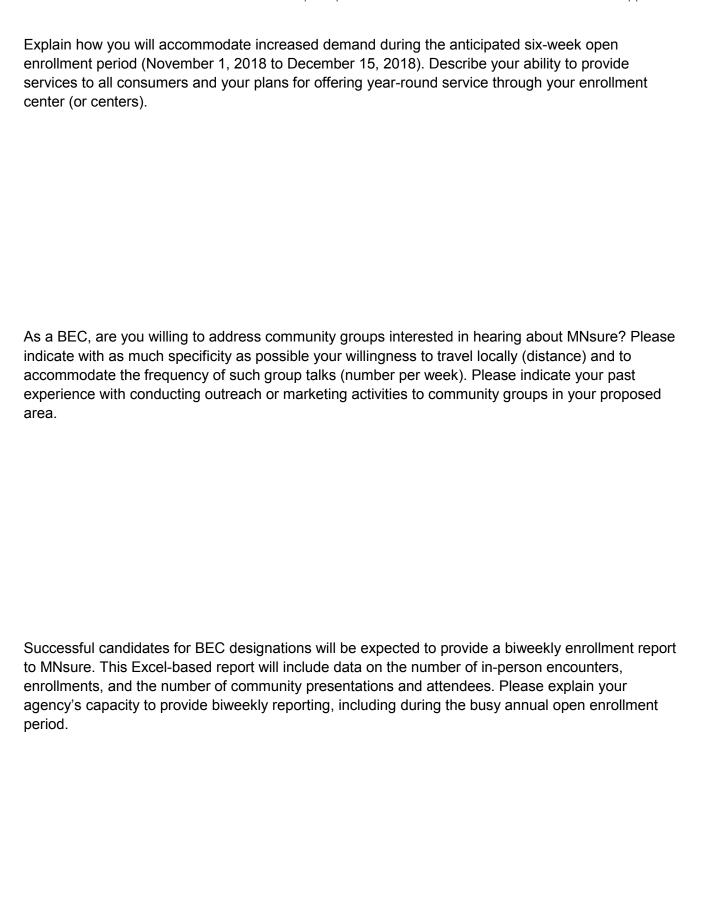
List the health and dental insurance companies you currently are appointed with. If you are not currently appointed with all of the insurance companies that currently offer coverage through MNsure, explain how you will meet the expectation that a BEC will be appointed through all health insurance companies.

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### **Overall Plan**



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If selected as an enrollment center, please de individual who personally visits your site for o eligible for Medical Assistance or MinnesotaC supported by navigators with whom the enroll	ne-on-one a care. (Clients	ssistance, including individuals who may be slikely to qualify for these programs could be
Enrollment centers are expected to provide ye Please explain your agency's plan for providing		• •
Advertising/Promotion/Public	city Plan	IS
Do you use any of the following for your adventers," please provide your recommended so community or region.		
Print media (please select one):	Yes	No
Recommended sources:		
Local TV or radio (please select one):	Yes	No
Recommended sources:		

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Social media (if applicable) (please sele	ect one):	Yes	No
Recommended sources:			
Digital (please select one): Yes	;	No	
Recommended sources:			
	ation (in alco	d	
Other sales, marketing and outreach ta	ictics (includ	de current and pro	posed 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.

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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.

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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.)

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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.

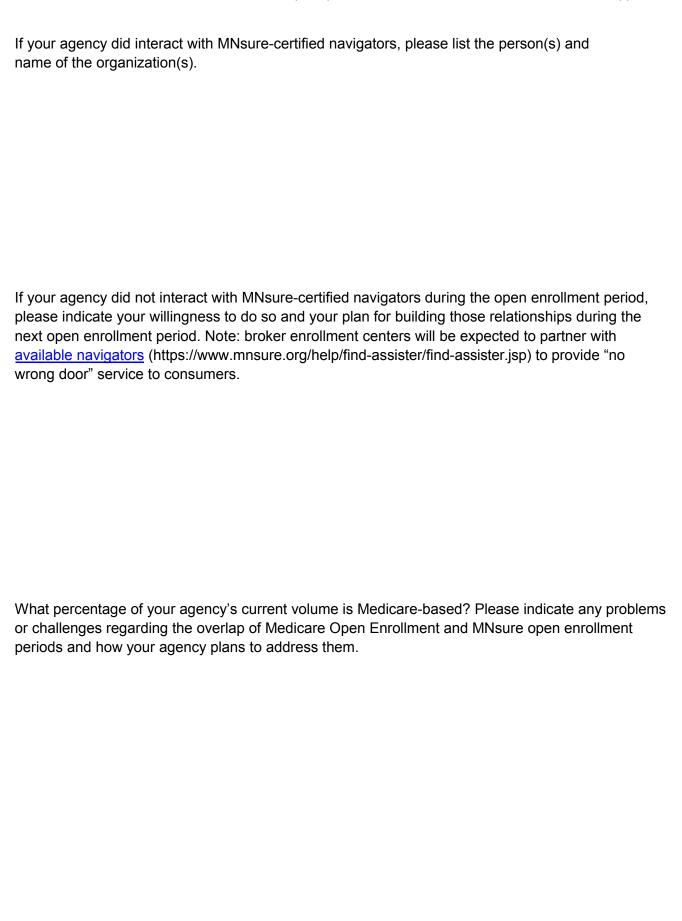
QHPs by Insurance Company and Public Plans by Program	Number of Members per Insurance Company
BCBS of MN	
HealthPartners	
Medica	
UCare	
Delta Dental	
Medical Assistance Application	
MinnesotaCare Application	
Total 2018 consumers served:	

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.

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### 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:

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Parking		
Cost:		
Validation available:		
Proximity to office space:		
Describe accessibility:		
Access to public transportation (please select one):	Yes	No
Type(s) of public transportation:		
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#### **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).

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## Lead Agency Questionnaire (if applicable)

Ledd Agency Questionnaire (ii 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.).

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