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AT A GLANCE

- MNsure is Minnesota's health insurance marketplace. Through the MNsure website, Minnesotans can access public health care programs and shop, compare and choose private health insurance coverage.
- The Minnesota Eligibility Technology System (METS) determines eligibility for Medical Assistance, Minnesota Care, and Advanced Premium Tax Credits (APTC).
- MNsure provides customer assistance through its call center and network of assisters.
- MNsure employs between 175 and 200 people throughout the year, increasing staff levels during open enrollment.
- In state fiscal year 2020, the Legislature designated MNsure, in partnership with the Minnesota Board of Pharmacy, to implement the Minnesota Insulin Safety Net Program.

PURPOSE

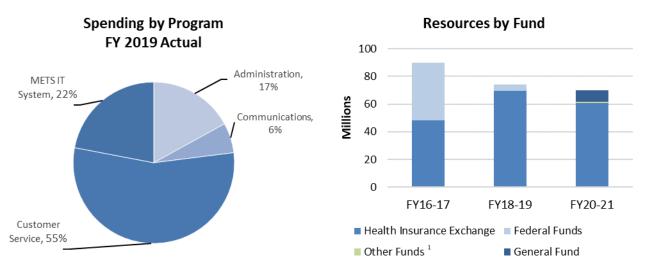
The purpose of MNsure is to ensure that every Minnesota resident, and small business, regardless of health status, can easily find, choose, and purchase a health insurance product that they value and does not consume a disproportionate share of their income. MNsure is a one-stop health insurance marketplace where consumers can compare, shop, and find affordable, comprehensive health insurance coverage.

Plans and programs available to enroll in through MNsure:

- **Private:** Health and dental plans are offered by partnering insurance companies through the MNsure marketplace. These are known as qualified health plans (QHPs) or qualified dental plans (QDPs). All private plans offer the same core set of benefits called "essential health benefits" which include preventive services, mental health and substance abuse services, emergency services, prescription drugs and hospitalization, and follow established limits on cost-sharing (deductibles, co-payments and out-of-pocket maximum amounts). Each private health and dental plan has been reviewed by state regulators and are approved to be sold through MNsure. Most Minnesotans purchasing a QHP qualify for APTC (tax credits).
- **Public:** Medical Assistance (MA or Medicaid), and MinnesotaCare (Basic Health Plan). MA is the largest of Minnesota's publicly funded health care programs, providing health care coverage each month to nearly a million low-income Minnesotans. Like MA, MinnesotaCare provides health care coverage for people with low incomes, but has higher income limits.

MNsure's work contributes to the goals of optimal health for Minnesotans, a thriving economy that encourages business growth and employment opportunities, and Minnesota families and communities that are strong and stable.

BUDGET



Source: Budget Planning & Analysis System (BPAS) and Consolidated Fund Statement

MNsure is a self-sustaining agency utilizing QHP premium withhold revenue and reimbursements from the Department of Human Services (DHS) for costs incurred which benefit public programs. Expenditures that benefit both public and private program enrollees are allocated between MNsure and DHS based on the Public Assistance Cost Allocation Plan (PACAP). The plan allocates these expenditures using metrics such as public program enrollment and Contact Center utilization. For state fiscal year 2019, of the approximately \$35.9 million in expenditures incurred, 65.5 percent was funded with QHP premium withhold revenue and 34.5 percent was funded with reimbursements from DHS.

In state fiscal year 2020, the legislature appropriated an \$8 million transfer from the General Fund to the Health Insurance Exchange fund to hold MNsure resources harmless resulting from the extension of the state reinsurance program. The legislature also appropriated \$547 thousand from the Health Care Access Fund to implement the Alec Smith Insulin Affordability Act. This appropriation supported MNsure's new role under the law implementing the Minnesota Insulin Safety Net program, which included development of a navigator training program, facilitating payments to navigators to assist applicants enrolling in the continuing need program, designing and hosting the program website and the online application for the urgent need program, and implementing a public awareness campaign.

Finally, in state fiscal year 2020, MNsure received \$502.6 thousand from the federally-funded Coronavirus Relief Fund (CRF) for the Special Enrollment Period (SEP) held between March 23 and April 21, 2020. The SEP was in direct response to COVID-19 to help uninsured Minnesota residents enroll into the security of comprehensive health insurance coverage during the pandemic. MNsure handled almost 40,000 calls and supported approximately 100,000 plan comparison sessions during the SEP, and a total of 9,482 Minnesotans were newly enrolled into a QHP.

STRATEGIES

MNsure utilizes three primary strategies to promote enrollment in health insurance: financial assistance, customer service and application assistance, and outreach campaigns.

¹"Other Funds" include \$547,000 appropriated from the Health Care Access Fund and \$502,620 allocated from the Coronavirus Relief Fund in FY 2020-21.

MNsure is the only place where consumers can access financial help to make the cost of insurance more affordable. Consumers may be eligible for federal tax credits to reduce private insurance premiums, a low-cost plan through MinnesotaCare, or a no-cost plan through Medical Assistance. Consumers access MNsure at www.mnsure.org where they can apply for and receive financial assistance based on income and family size.

MNsure employs a number of customer service channels that consumers can access for help with the application and enrollment process. MNsure operates a toll-free call center that supports consumers Mondays through Fridays with extended hours during open enrollment, including some weekend hours. Within the call center, MNsure has dedicated staff working closely with insurance agents, brokers, navigators, assisters, and insurance carriers. MNsure also supports a network of insurance agents, brokers, navigators, and assisters who provide consumers with in-person help.

MNsure executes an outreach and marketing campaign before and during the annual open enrollment period, and throughout the year, to drive enrollment and awareness. This campaign includes traditional, digital, and social media, as well as grassroots activation and outreach.

MNsure depends on information technology to support the organization and deliver value to both MNsure and its consumers.

- The Minnesota Eligibility Technology System (METS) is the online IT system used by MNsure and DHS. METS serves as a centralized resource for individuals to apply for public health care programs and explore private health insurance options. DHS and counties rely significantly on METS to help determine eligibility for more than 1.2 million individuals each year. In calendar year 2018, METS processed more than 2.5 million initial and periodic reviews of eligibility for public program enrollees.
- MNsure, Minnesota IT Services (MNIT), and DHS all have roles in the governance and administration of METS; however, MNIT is responsible for the design, maintenance, and operation of the system. For fiscal years 2012 through 2019, total expenditures to build and operate METS to serve public health care programs and MNsure were about \$432 million.
- In the fall of 2018, MNsure launched new decision support tools from a health insurance and e-commerce technology vendor to help Minnesotans find better health insurance that matches both their budget and their individual healthcare needs. Using the new shopping and enrollment platform, Minnesotans are guided through a series of questions to make the process simpler to find the right insurance plan. Leveraging the vendor's considerable experience working with state-based marketplaces, MNsure has incorporated these helpful tools for consumers into the METS platform seamlessly and efficiently.

RESULTS

Type of Measure	Name of Measure	Previous	Current	Dates
Result	Insured Rate in Minnesota ²	93.7%	95.6%	2017 vs 2018
Quantity	MNsure Cumulative QHP Sign-ups ³	139,680	140,914	Plan Year 2018 vs Plan Year 2019
Result	Savings via Tax Credits to Consumers ^{4 5}	\$320 million	\$221 million	2017 vs 2019
Quantity	Percentage of Minnesotans Receiving Tax Credits ³	65%	59.7%	7/15/2018 vs 12/3/2019

M.S. 62V <u>https://www.revisor.mn.gov/statutes/?id=62V</u> provides the legal authority for MNsure.

² Minnesota Department of Health, Health Economics Program, 2017 Minnesota Health Access Survey and United States Census, Health Coverage in the United States: 2018, issued November 2019

³ MNsure Board of Directors Meeting, MNsure Slide Decks, July 18, 2018 and November 13, 2019

⁴ MNsure staff, cumulative tax credits Jan 2017 – Dec 2017 and Jan 2019 – Dec 2019, as of December 3, 2019

⁵ The Minnesota Premium Security Plan has reduced premiums in the individual market via a statewide reinsurance program since 2018. Because the APTC benefit is calculated using the benchmark cost of insurance coverage to an individual, the reductions in premiums via reinsurance result in a corresponding reduction in the percentage of individuals qualifying for APTC and the amount of APTC qualifying individuals receive. Minnesota's reinsurance program works in tandem with the federal APTC benefit to lower the cost of insurance coverage for MNsure enrollees.

Agency Expenditure Overview

(Dollars in Thousands)

	Actual Actual Actual		Estimate	Forecast Base		
	FY18	FY19	FY20	FY21	FY22	FY23
Expenditures by Fund						
2360 - Health Care Access			30	517		
3010 - Coronavirus Relief			503	225		
4120 - MN Health Insurance Exchange	47,791	39,333	37,296	32,183	34,693	34,084
Total	47,791	39,333	37,828	32,925	34,693	34,084
Biennial Change				(16,371)		(1,976
Biennial % Change				(19)		(3
Expenditures by Program						
Health Insurance Marketplace	47,791	39,333	37,828	32,925	34,693	34,084
Total	47,791	39,333	37,828	32,925	34,693	34,084
Expenditures by Category						
Compensation	14,946	13,933	14,287	15,517	17,718	18,072
Operating Expenses	28,383	20,915	19,033	12,528	12,438	11,47
Grants, Aids and Subsidies	4,453	4,474	4,469	4,844	4,500	4,500
Capital Outlay-Real Property			7	7	7	
Other Financial Transaction	9	11	32	29	30	30
Total	47,791	39,333	37,828	32,925	34,693	34,084
Full-Time Equivalents	191.01	172.03	167.16	166.00	171.00	176.0

Agency Financing by Fund

(Dollars in Thousands)

Actual	Actual	Actual	Estimate	Forecast Ba	ise
FY18	FY19	FY20	FY21	FY22	FY23
		8,000			
		8,000			
	FY18	FY18 FY19	8,000	8,000	8,000

2360 - Health Care Access

Balance Forward In		517	
Direct Appropriation	547		
Balance Forward Out	517		
Expenditures	30	517	
Biennial Change in Expenditures		547	(547)
Biennial % Change in Expenditures			(100)

3010 - Coronavirus Relief

Direct Appropriation	503	225	0	0
Cancellations	0			
Expenditures	503	225		
Biennial Change in Expenditures		728		(728)
Biennial % Change in Expenditures				(100)

4120 - MN Health Insurance Exchange

Balance Forward In	7,296	7,363	4,516	4,551	4,680	1,552
Receipts	47,846	33,039	29,331	32,312	31,565	32,575
Transfers In			8,000			
Transfers Out	18					
Balance Forward Out	7,332	1,068	4,551	4,680	1,552	43
Expenditures	47,791	39,333	37,296	32,183	34,693	34,084
Biennial Change in Expenditures				(17,646)		(702)
Biennial % Change in Expenditures				(20)		(1)
Full-Time Equivalents	191.01	172.03	167.16	166.00	171.00	176.00

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Direct				
Fund: 3010 - Coronavirus Relief				
FY2021 Appropriations	225	225	225	450
Base Adjustments				
All Other One-Time Appropriations		(225)	(225)	(450)
Forecast Base	225	0	0	0
Dedicated				
Fund: 4120 - MN Health Insurance Exchange				
Planned Spending	32,183	34,693	34,084	68,777
Forecast Base	32,183	34,693	34,084	68,777
Revenue Change Summary				
Dedicated				
Fund: 4120 - MN Health Insurance Exchange				
Forecast Revenues	32,312	31,565	32,575	64,140