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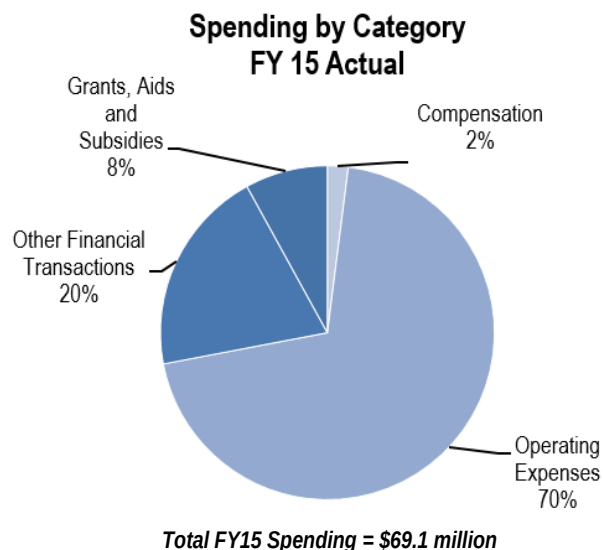
AT A GLANCE

- MNSure is the state's online portal for individuals and small businesses to access public and private health insurance coverage.
- The Minnesota Eligibility Technology System (METS) determines eligibility for Medical Assistance, Minnesota Care, and Advanced Premium Tax Credits.
- Coverage/programs available through MNSure:
 - Private: Qualified Health Plans (QHP) and Small Business Health Options (SHOP)
 - Public: Medical Assistance (Medicaid), and MinnesotaCare (Basic Health Plan)
- MNSure provides customer assistance through its call center and network of assisters.

PURPOSE

MNSure exists to enroll Minnesotans in health insurance coverage so all Minnesotans have the security of health insurance. MNSure is a one-stop health insurance marketplace where consumers can compare, shop, and find affordable, comprehensive health insurance coverage.

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: BPAS FY15 Spending as of August, 2015.

MNSure is transitioning from federally funded grants for development of the health insurance exchange to a self-sustainable agency utilizing QHP premium withhold revenue and funds from the Department of Human Services. Expenditures that benefit both public and private program enrollees are allocated between MNSure and the Department of Human Services based on the Public Assistance Cost Allocation Plan (PACAP). The plan allocates these expenditures using a number of metrics, such as public program enrollment and call center utilization. For Fiscal Year 2017, it is estimated that 29% of the budget will be funded with federal grants, 30% will be funded with QHP premium withhold revenue, and 43% will be funded with DHS resources.

STRATEGIES

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

MNSure is the only place where consumers can access financial help to make the cost of insurance more affordable. Consumers may be eligible for 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.

MNsire employs a number of customer service channels that consumers can access for help with the MNsure application and enrollment. MNsure operates a toll-free call center that consumers can access seven days a week during the open enrollment period. Within the call center, MNsure has reserved dedicated staff to work closely with brokers/agents, navigators, and insurance carriers. MNsure also supports a network of insurance agents and brokers and navigators that provide consumers with in-person help.

MNsire executes an outreach and marketing campaign before and during the yearly open enrollment period to drive enrollment and awareness. This campaign includes traditional media, digital media, social media, and grassroots activation and outreach.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Insured Rate in Minnesota ¹	91.8%	95.7%	2013 vs 2015
Quantity	MNsire Enrollment ²	356,911	414,631	10/15/14 vs 7/20/16
Result	Savings via Tax Credits to Consumers ^{3,4}	\$20 Million	\$62.6 Million	9/30/14 vs 7/20/16
Quantity	Percentage of Minnesotans Receiving Tax Credits ⁵	40%	63%	1/22/14 vs 7/20/16

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

¹ Minnesota Department of Health, Health Economics Program, 2013 and 2015 Minnesota Health Access Survey.

² MNsure Board of Directors Meeting, MNsure Dashboard/Slide Deck, October 15, 2014 and July 20, 2016.

³ MNsure Finance Staff. Tax credits for enrollments in QHPs for policies purchased between October 1, 2013 and September 30, 2014.

⁴ MNsure Board of Directors Meeting, MNsure Slide Deck, July 20, 2016.

⁵ MNsure Board of Directors Meeting, MNsure Slide Decks, January 22, 2014 and July 20, 2016.

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecasted Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
3000 - Federal	58,510	0	0	0	0	0	0	0
4120 - MN Health Insurance Exchange	0	63,877	52,301	42,797	44,113	37,325	44,113	37,325
Total	58,510	63,877	52,301	42,797	44,113	37,325	44,113	37,325
Biennial Change				(27,289)		(13,660)		(13,660)
Biennial % Change				(22)		(14)		(14)
Governor's Change from Base								0
Governor's % Change from Base								0

Expenditures by Program

Program: Health Insurance Marketplace	58,510	63,877	52,301	42,797	44,113	37,325	44,113	37,325
Total	58,510	63,877	52,301	42,797	44,113	37,325	44,113	37,325

Expenditures by Category

Compensation	8,210	12,153	12,650	13,215	10,867	10,867	10,867	10,867
Operating Expenses	48,838	46,403	35,209	24,672	28,336	21,548	28,336	21,548
Other Financial Transactions	375	655	5	60	60	60	60	60
Grants, Aids and Subsidies	925	4,605	4,437	4,850	4,850	4,850	4,850	4,850
Capital Outlay-Real Property	162	62						
Total	58,510	63,877	52,301	42,797	44,113	37,325	44,113	37,325
Total Agency Expenditures	58,510	63,877	52,301	42,797	44,113	37,325	44,113	37,325
Internal Billing Expenditures	32		32	0	0	0	0	0
Expenditures Less Internal Billing	58,478	63,877	52,269	42,797	44,113	37,325	44,113	37,325
Full-Time Equivalents	115.4	166.6	165.2	163.3	125.8	122.8	125.8	122.8

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Receipts	58,510	8,180	0	0	0	0	0	0
Expenditures	58,510	0	0	0	0	0	0	0
Balance Forward Out	0	8,180	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(58,510)				
<i>Biennial % Change in Expenditures</i>				(100)				
Full-Time Equivalents	115.4	5.4						

4120 - MN Health Insurance Exchange

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	592	840	819	1,238	729	1,238	729
Receipts	537	64,119	52,279	43,216	43,604	37,122	43,604	37,122
Net Transfers	0	0	0	0	0	0	0	0
Expenditures	0	63,877	52,301	42,797	44,113	37,325	44,113	37,325
Balance Forward Out	537	835	819	1,238	729	526	729	526
<i>Biennial Change in Expenditures</i>				31,221		(13,660)		(13,660)
<i>Biennial % Change in Expenditures</i>				49		(14)		(14)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents		161.2	165.2	163.3	125.8	122.8	125.8	122.8

FY 2018-19 Federal Funds Summary

(Dollars in Thousands)

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2016 Actuals	FY2017 Budget	FY2018 Base	FY2019 Base	Required State Match or MOE?	FTEs
Dept. of Health & Human Services, Center for Medicare & Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO) 93.525	CCIIO Health Insurance Exchange Establishment Grants (authorized under Section 1311 of the Affordable Care Act): Provides start-up funding to States seeking to establish a State-based Exchange.		25,330	8,857	6,788	0	No	163
	Agency Total		25,330	8,857	6,788	0		

Narrative:

Exchanges, such as MNsure, help qualified individuals and qualified small employers shop for, select, and enroll in high-quality, affordable private health plans that fit their needs at competitive prices. Exchanges also assist eligible individuals to receive premium tax credits and cost sharing reductions.

CCIIO establishment grants funds are were originally available to States through calendar year 2015. MNsure has received extensions for continued use of these funds through December 31, 2017 to complete the development, design and implementation (DDI) of the system, and consumer assistance activities associated with the extended period of IT development.

In Minnesota, the Exchange (MNsure) is also used to determine eligibility and facilitate enrollment in the public health care programs administered by DHS (Medical Assistance and MinnesotaCare). Accordingly, CCIIO establishment grant funding is being coupled with funding from the federal Medicaid program to pay for the development of MNsure's IT system. There is a state match requirement associated with federal Medicaid IT development funding (impacts DHS budget)