Navigator Q & A *(12/12/13)*

Note: Additions / Updates are highlighted in yellow.

Category	Question	Answer
Accommodations	Will the website/applications/ call center be able to accommodate different languages?	Eventually. The ccontact center has Hmong, Spanish and Somali on staff as well as access to the Language Line. The website is available in Google Translate but it isn't optimal. We are working on various solutions. Paper forms will be translated per current DHS policy.
	If interpreter services are required for an applicant who pays for the service, MNsure or the non-profit?	Please see the "Navigator Policy on Language English Proficiency" in the Navigator manual. This procedure covers use of Language Line services through the MNsure contact center.
Technology	When will the website issues be resolved? Once a person has been "locked out" of the system for trying too many times and receiving error messages each time, how do they get renewed access to be able to try again?	Password resets are handled by the Contact Center.
	What is the next step if you are unable to build an account on MNsure due to system issues? Do you send in the online account request form, or is there another website to enroll the person on that works better?	(See Top Ten FAQs)
	Does it look like the glitches on MNsure will be fixed anytime soon? The biggest glitches I can't get past is the initial identity verification and the system not recognizing the username and password that was created for the individual. Can you give any tips for how to navigate around these?	
	Do people need an email address to apply?	No they do not.
	Is there is a way to create MNsure accounts for clients ahead of time so that when we meet for the in-person application assistance appointment, we can jump right into the application part of the process?	Navigators should not be creating accounts for consumers.
	Send some sort of notification, whether it be a mass email or banner on MNsure, to all navigators when the state knows there are problems with the MNsure website and then notify us when it's been fixed.	At this time, the best way to obtain this information is on the home page of the website.
	If we are aware of problems with the website who do we report this to?	You may report this to the Assister Resource Center.
	Is the link of communication between the counties and MNSure established yet? For example, if someone applies through MNSure and receives MA effective Jan 1 but elected for help with coverage Oct-Dec, will that county contact the patient for retro coverage?	When an individual applies through MNsure and indicates a request for MA for Oct - Dec 2013, they will receive materials in the mail to return to their county agency. The county agency will also see a task on MNsure to facilitate this determination.
	How can we retrieve log ins/passwords if a person doesn't have access to email?	An email is not needed to create an account. If an applicant needs to retrieve account / password information, they should call the Mnsure Contact Center.
Training	Does MNsure cover the 20 hours of training costs? If not, it is hard on community-based agencies who want to train many people as navigators since the money has to come out of their general unrestricted funding.	No. MNsure does not cover this cost.

Training	Where is the navigator handbook that was referred to in the training materials?	The link has been provided in recent Navigator Communications and is also sent with certification notice.
	Is there a way for Navigator's to use a "dummy/practice" account into the MNsure site, before working with an actual client?	There is not a way to create a "dummy" account. However, we are developing a tool that will walk you through screenshots of the application. Please keep in mind, however, that this will change as system enhancements move into production.
	It would be helpful if we could look at the actual process and questions before we are sitting with a participant. Is there a “dummy” log in we can use to practice moving through the system?	
	Are there any handout pieces developed that tell people what they are going to need in order to get through an application process on MNSure? Maybe a check list?	Good ideas. We will work on developing these tools.
	The online training was great to learn about MNSure, however, I feel I am unclear as to what forms if any I need to have on hand at my site for assisting consumers and for tracking. Could you please clarify this?	Good ideas. We will work on developing these tools.
Applications	Does the MNSure application take the place of the MA/MNCare application? So that we can use only one application for all insurances?	The Mnsure application should be used for all public and private qualified health plans in MN.
	What is the process Navigators should go follow after helping someone complete the paper application? Is there a MNsure receipt we give them? Can we take the apps and then fax them once we return to our office?	The Navigator Manual contains procedures for both the online and paper application process.
	How does someone report a change in income or household size through MNsure? Is the ability to report a change up and running on the site? Are there guidelines around when to report a change? For example, if an individual makes an extra $100 this month, should they report that?	Changes in income should be reported. Generally, people should call their worker or MNsure to report changes. Online change reporting is not available yet..
	Is there a mechanism to print/email the completed MNsure application once submitted and/or approved for the client’s or caseworkers records?	This functionality does not currently exist.
Assister Directory	Will contact center representatives be educated on who each navigator organization serves? Does the directory list if the Navigator organization serves a specific community/population/geographic area?	The directory lists lanugage spoken. At this time the system does not have the capability to list additional information. This is a great idea for future enhancements.
	Rather than listing the home address of volunteer Navigator on the Assistor Directory is there some other option please?	We are developing a policy to address this issue and will share this policy with all of you soon.
	I've been getting individuals refered to me by MNsure help desk when the individual can't get past the glitches on the website. I'm not really sure what to tell them when they call me for this reason. Can you give advice for this type of situation?	This should not be occurring. We will work with the Contact Center to make sure they are aware of this.
Navigator Policies and Procedures	Can a Navigator assist an individual over the phone or do they have to physically be with that person and see their social security number and documentations?	Yes, "over-the-shoulder" can occur in person or via phone. However, the assister is not able to create an account for the consumer, so will need to walk the consumer through the steps as they enter the information themselves. Assisters should not have consumer account information and should not be logging into consumer accounts.
	During the MHA seminar in September, it was stated that assisting people in applying for MNsure was to be more of an “over the shoulder” assistance. How do we handle this for patients who we are assisting over the phone? Can we complete the online application as the patient guides us with their answers? Or would we be unable to assist over the phone?If we are able to assist over the phone: a) Can we log in to a patient’s MNsure account if the patient has verbally authorized us to do so? (For example, application was started with patient, patient later calls to request assistance completing the process) b) Is there any information we need to know about creating the patient’s account/password for them – i.e. privacy issues?	
	How does MNSure recommend Navigators helping consumers in terms of their account information? Do they recommend us creating a template to give to patients to fill in with their user name, password and answers to security questions? Consistency among navigators would probably be best..?	

Navigator Policies and Procedures	I see that there is an option in the online application to apply for an exemption to the mandate. Should we be advising this family to complete that section to get an official exemption, or it that not necessary since they are not eligible for MNsure programs?	Filing an exemption is a consumer choice. Navigators should not be providing a recommendation, but rather, providing the information for a consumer to make an informed decision about whether to file for an exemption. Please see the "Mandate Exemptions" policy in the Navigator manual.
	What is the role of an assister when a consumer is trying to apply for an exemption?	Please see the "Navigator Policy on Mandate Exemptions" found in the Navigator manual.
	Will MNSURE have an authorization form or Release of Information form that Navigators need to have an enrollee sign for us to be able to follow-up with MNSURE/counties throughout the entire enrollment process?	This is being determined. We originally thought this would not be needed, however, with system limitations we are determining if it would be more efficient for organizations to use a release form. We will communicate the outcome of this in a future Navigator Communication.
Assister Roles	Are Certified Application Counselors expected to speak with every self-pay patient? Or, what are the guidelines around that? For example, we have policies in place that make it difficult to speak with Emergency Room patients about financial information; we also don't currently have Financial Counseling staffed on evenings and weekends. If we attempt to follow up with these patients after discharge, is that sufficient?	The only difference between a navigator and in-person assister is our funding source. For simplicity, we will be using the term navigator moving forward. Together Navigators, Certified Application Counselors, and Brokers make up a network of MNsure assisters. Navigators - A certified navigator is a person who helps individuals and
	Are navigators obligated to assist everyone who contacts them? The reason I ask is, the training was very clear that Application Counselors are not obligated to, but it does not mention whether or not navigators are.	

Assister Roles	We are a county that has applied for both assistor and navigator roles . Could you please clarify the navigator role vs the assistor role.	families achieve successful enrollment through MNsure. They are listed on the MNsure website and are obligated to help any consumer that contacts them for assistance. They are compensated for successful enrollments in MA, MinnCare, and QHPs. Counties with navigators are compensated for enrollments in QHPs only. Certified Application Counselors (CACs) - CACs are trained and certified to help people with MNsure questions. They do this as part of their jobs with organizations such as: hospitals, clinics, associations or other groups. They are not listed on the MNsure website and are not obligated to help any consumer that contacts them for assistance. They are not compensated for successful enrollments. Navigators and CACs are not insurance brokers. Brokers are licensed to sell insurance in MN and are compensated for successful enrollments in QHPs only. A subset of assisters are the MNsure Grantees. Through a Request For Proposal process, funding was awarded to organizations to provide outreach and education to hard-to-reach populations and to build or expand their capacity to help individuals and small businesses enroll in healthcare coverage. Please see the assister page on the MNsure website for further descriptions of these roles. http://www.mnsure.org/assisters/
	As navigators, do we help enroll in the plan or do we refer them to a broker? When is the best time to refer to a Broker? What are the differences of the Navigator/Broker roles in the enrollment process? Does each Broker know about the whole MNSure Marketplace, or just specific plans?	
	Do you define how we help our patients in the hospital? We would like to set up appointments to meet with patients after they are healthier and discharged. There have been questions among many organizations as to exactly what our requirements are, and whether or not we are required to apply with patients while they are admitted. Can you help me clarify our expectations for patients while they are in house?	It is up to each organization to determine the best way to provide services.
	I am an assister and was wondering where we should refer a client that falls below the 200% FPL and qualifies for MNCare?	Navigators are expected to assist all individuals regardless of their income level.
Tracking/ Reimbursement	Tracking/Reimbursement	Tracking and Reimbursement processes are still being determined. Eventually, navigators will have access to a Dashboard in the eligiblity system where they will be able to see enrollment outcomes.
	How will and organization know if a individual is a successful enrolled applicant?	

Tracking/ Reimbursement	Is there a number that navigators can call and check the status of the application on behalf of the client? In the past there was a MNCAA program with a phone center to call and get information regarding any missing documentation and where the process was at. Will there continue to be something similar to that, and will it cover all of MNSure, not only the state programs?	The ARC staff will be able to provide this information for all programs offered through MNsure. This may occur through phone call or Case Status request. Please see "Navigator Policy on Assister Resource Center Services" and "Case Status Requests" in the Navigator Manual.
	I understand we can request a Case Status Report from the Assister Resource Center which can help us with our reporting numbers for Medicaid/MNCare.. however, how will we be able to find out our numbers for QHPs?	
	When we help a client apply for medical assistance now, do we claim reimbursement for this, assuming that we have been approved and listed, given that the MA application might be processed and the person approved before January 1st, given that MA continues to take ongoing applications?	We will be tracking outcomes. At this time we do not aniticpate that you will need to submit invoices for reimbursement.
Materials	Can we make and distribute our own materials WITHOUT the MNsure logo? With information straight from Mnsure? Or if we decide to make our own materials do they still need to be approved by MNSure even if we make them without MNSure logo?	Please refer to the "Policy on Navigator Communication and Collateral Materials and Resources".
	Will more funding be available to order materials? What if we cannot afford to continually purchase mnsure materials to distribute?	When and If you near your budget limit, submit a request through the ARC.
	Who do we call if we need technical expertise about the materials? Is there support if there is a problem with program/computer issue while we are working with people?	There is an email resource on the Bolger collateral materials site: Communications @mnsure.org
Applications	We already assist many refugee clients with applications for medical assistance and MN Care. Often, however, the MA applications are within the context of a combined application for cash and food support as well. Will we receive credit/reimbursement for the assistance we offer on these applications since they won't be online and are not exclusively for healthcare, but include health care? Or will the process change and applications for health care be separated from cash and food support at the county level?	Health care will be removed from the Combined Application Form and Apply MN on January 1, 2014.
	What is the wait time for faxed MNSure paper applications to be processed?	We encourage online applications for fastest processing. Paper applications are a priority. System issues have prevented us from entering them. The system issues have been resolved and we have started entering paper applications.
	It is understood that eligibility will be considered in the hierarchy of Medicaid first. So, why is the question: "....full medicaid review?" asked in the online application? What are the implications of answering this question Yes, or No?	The question is asked because some people may not want an eligibility determination made for Medicaid. Clients have an option of a full Medicaid review or to just apply for an Unassisted Qualified HealthPlan (QHP). A QHP is just purchasing health insurance in the private market, bypassing any government funded programs.

Applications	Will smoking status be confirmed?	We do not know what practices or procedures each insurance carrier may choose to follow in regard to implementing the tobacco rating provision. The state does not enforce this. Consumers are encourage to answer these questions honestly. Although a health plan company broadly cannot rescind coverage, they can do so if "the individual makes an intentional misrepresentation or omission of material fact, as prohibited by the terms of the health plan" (62Q.186, if you want the reference). Carriers do, through the course of their regular business, receive claims and sometimes medical records that may include indications of tobacco use- whether they choose to use that information to adjust someone's coverage is ultimately up to them.
Enrollment / Payment	Does the entire household need to enroll in the same plan?	Each eligible individual will enroll in a plan.
	I have recently had consumers who made their first premium payment through MNSure. They were able to make their payment online using a credit card. Is that information automatically saved in their enrollment profile and their premium will be automatically withdrawn each month?	That information is not saved into enrollment record for the purpose of subsequent payments. Subsequent payments are made to the carriers. Auto-payment may be an option through the carrier.
Appeals	Are appeal summaries of decisions/appeal deadlines etc all provided in paper form? If the person is non-English speaking, does the notice have a language block to direct the non –English speaker to resources for help?	MNsure Appeal acknowledgment letters, hearing scheduling orders, and appeal decisions are provided in paper format. Most written MNsure appeals correspondence should include a language block directing the appellant to the MNsure Contact Center. Through the MNsure Contact Center, assistance is available in English, Spanish, Hmong and Somali, and representatives will connect callers who need help in other languages to a Language Line that offers 140 languages. The MNsure Contact Center then works with the Appeals office and the Accessibility and Equal Opportunity (AEO) office to ensure meaningful communication with the appellant. All individuals may contact the MNsure Contact Center at any time at 1-855-366-7873 (toll-free). Additional questions about accessibility for persons with limited English proficiency may be directed at any time to the AEO office at AEO@mnsure.org, or by calling the MNsure Contact Center. Accessibility is a cornerstone of the MNsure appeals process. Information about appeals rights and the appeals process are found in paper form and on the mnsure.org website.

Appeals	If the deadline for responding to a step in the appeal process is missed due to language barrier, what options are there for appealing the issue?	Generally speaking, failing to respond to a step in the appeals process, such as not appearing at a scheduled hearing, is grounds for dismissal. Yet, there is a specific exception for language barriers. If an appellant misses a step in the appeals process due to a language barrier, s/he should contact the judge immediately. If the appeal is dismissed, s/he can make a written request that the dismissal be vacated (done away with and reinstated); but this is time-sensitive, so the appellant should act quickly. Appellants with disability or language needs can contact the MNsure Accessibility and Equal Opportunity (AEO) office by email at AEO@mnsure.org, or by calling the MNsure Contact Center. Questions about accessibility during the appeals process may also be directed to the Appeals office by calling the MNsure Contact Center.
	Are Certified Application Counselors/Navigators prevented or excluded from being an appeal representative?	This is outside the duties of a navigator, however, we are developing policy to provide further guidance on this issue.
Policy		
American Indians	How do we assist American Indians with the verification process? -What type of documentation is needed and how do we get it to MNsure? -How do we assist them in applying for the individual mandate exemption or hardship exemption? -Do AI's enrolled in federally recognized tribes only need to enter their enrollment number in the online application for verification or will they need to upload the card?	We are developing this process. One form of verfication is their tribal enrollment card. MNsure is utilizing the federal service for determinations of exemptions from the mandate. This service is not currently available. When this service becomes operational individuals will be able to apply through this service. They will need to upload their card.

American Indians	If we have a mixed family (some American Indians, some non-American Indians), how do we assist them with enrollment? -o Will we need to enroll/assist them separately?	Enrolled members of a federally recognized tribe in households with income at or below 300% FPL are eligible to receive 100% cost sharing reductions if they enroll into a plan with only other enrolled members of a federally recognized tirbe. If an American Indian lives in a household with non-American Indians and they choose to enroll into a plan with the household members that are non-American Indians then the cost sharing benefit is set at the level that the non-American Indian is eligible for and not the full 100% cost sharing reduction. The household needs to consider the pros/cons of paying premiums for two separate plans, one for the American Indian household members and another for the non-American Indian members, in order for teh American Indian member(s) to receive he 100% cost sharing reduction, or enrolling into a single plan and paying a single premium, but receiving a reduced cost sharing benefit.
	When shopping for a plan, will an AI who is eligible for cost sharing have to pick a specific cost-sharing plan?	An enrolled member of a federally recognized tribe whose household income is at or below 300% fpl receives the 100% cost sharing benefit across all metal level plans.
	Do American Indian children need to be a member of a federally recognized tribe?	In order be eligible for benefits as a member of a federally recognized tribe, this needs to be verified.
APTC / CSR	Are we able to see how much the credit would be before submitting or there is an extra step to determine that after submitting the application. Is there a table with the tax credit amounts according to her income so that I can refer to that, or the system calculates this for you, if so, are we able to see it right after the submission or mnsure would mail something with this information to her?	Upon completion of the application MNsure will display the maximum amount of APTC available to the household. They can then shop for plans and the APTC amount available to apply towards the premium will be displayed.
	How does having employer sponsored insurance, affect eligibilty for tax credits?	Having employer sponsored insurance does effect subsidy eligibility. Generally if a consumer currently has insurance through an employer (ESI), or has access to ESI which is affordable, or has current coverage through Medicare, TriCare, or other government sponsored healthcare the consumer is ineligible for APTC.
	What is the best way for a married individual to enter her spouse in relation to her if they file taxes jointly but the individual desires a separate plan, and is interested in what the premium cost would be for herself alone?	The application will guide you through this process.

APTC / CSR	What if I think I'll make more money than what's needed to qualify for a subsidy so I don't fill out an IAP application. But, then, at the end of 2014, I realize my income is low enough to get a tax credit. Can I still claim the credit when I file my taxes even though I never filled out the application for IAPs? If yes, is this only if I got insurance via MNsure?	A consumer can only receive a tax credit by applying through the marketplace. If a consumer applies through the marketplace and does not qualify, but circumstances change at a later point in time, the consumer should report that change. Their eligibility will be redetermined and if tax credit eligible at that time, the credits would then be applied.
	Why must an applicant be limited to choosing the silver plan to use the tax credits?	As provided by the federal Affordable Care Act, premium tax credits apply to all metal levels for qualified health plans. However, enrolling in a silver plan allows a person to also collect cost-sharing reductions. Special rule for American Indian and Alaska Native populations: American Indian and Alaska Native applicants below 300% of the federal poverty level are exempt from out-of-pocket costs. They are not required to enroll in a silver plan to qualify for this “no cost-sharing” protection.
	I know the tax credit is based on the Siver Plan, but are they able to apply that amount to any plan level or only a Silver level plan?	Cost Sharing Reductions are only available in the silver level plan for any non-American Indian / Native American. These are available for American Indians / Native Americans at any metal level.
	When a consumer who is eligible for a tax creit is shown prices for different metal level plans, will the plan’s price reflect the tax credit automatically or does the applicant have to do that calculation? So when it shows prices for Silver plans will the tax credit already be applied?	The tax credit will be shown. They are calculated based on the silver plan, but not applied to the silver plan. An individual may apply to any policy they wish.
	If a client is eligible for Cost Sharing, how does the client receive it? Does it just reduce the out of pocket maximum from the chosen plan, or can the client elect to receive that as a credit at the end of the year?	CSR is a discount that lowers the amount you have to pay out-of-pocket for deductibles, coinsurance, and copayments. Client does not receive this assistance as a lump sum at end of year. The health plan must ensure that an individual eligible for cost-sharing reduction pays only the cost sharing required.
Other Insurance / Covered Services	Are there current MA? MNCARE health care services that will no longer be covered?	No
	What mental health services are required to be covered under the “essential services” coverage. Psychiatry and therapy? Is day treatment, DBT or partial hospitalization considered essential as well?	In order to be compliant with the essential health benefits, carriers need to offer mental health and substance use disorder services that are at least as comprehensive as Minnesota’s benchmark plan. Our benchmark includes coverage for both inpatient and outpatient mental health and substance abuse disorder services. Outpatient services includes office visits as well as day treatment and partial hospitalization. My understanding is that DBT is a particular type of outpatient therapy.

Other Insurance / Covered Services	What will the minimum value standard be for Jan. 2014, for employer sponsored insurance? Is it required that employers pay 60% or more for employee coverage or is it 50%?	To qualify as "minimum essential coverage" an employer's plan must be "affordable" and it must provide "minimum value." There is no requirement that an employer pay a certain amount toward an employee's health care coverage. However, to be considered "affordable" the employee's share of the premium for employee-only coverage must not exceed 9.5% of household income. A plan provides "minimum value" if it covers at least 60% of the total allowed costs under the plan. Please note, if an individual is actually enrolled in employer-sponsored coverage it is considered minimum essential coverage even if it does not meet the affordability or minimum value standards.
	If a spouse gets insurance through work, but it is too expensive to buy the family plan and the other spouse and children want to buy on the exchange, are they eligible to buy insurance on the exchange and receive the tax credit, assuming of course that they are financially eligible for the tax credit?	Generally, if a spouse or dependents have access to insurance through an employee's employer insurance and the insurance meets the definition of "minimum essential coverage" then the spouse and dependents would not be eligible for tax credits. An individual can purchase a Qualified Health Plan without tax credits through MNsure even if they are enrolled in or have access to other health insurance (assuming they are Minnesota residents, are lawfully present and are not incarcerated).
	What if insurance is offered at work, but it is not affordable and it would be more affordable to buy on the exchange and receive a tax credit to help pay for it? Is this possible or is a person automatically excluded from the exchange if their work offers insurance even if it is unaffordable?	If an individual is enrolled in employer-sponsored insurance, they are ineligible for MinnesotaCare and tax credits. If they are not enrolled in the employer-sponsored insurance, but they have access to it, they are ineligible for MinnesotaCare and tax credits if the insurance qualifies as minimum essential coverage. To qualify as "minimum essential coverage" an employer's plan must be "affordable" and it must provide "minimum value." "Affordable" means the employee's share of the premium for employee-only coverage does not exceed 9.5% of household income. A plan provides "minimum value" if it covers at least 60% of the total allowed costs under the plan.
	Is the spouse of an employee ineligible for MNCare even if his/her portion of the monthly premium is over 9.5%? This does not make insurance affordable.	Yes. Federal law only considers the employee's individual premium amount in the insurance affordability test. MinnesotaCare will follow the Federal law.

Other Insurance / Covered Services	Example: Household of 4. Husband has insurance offered through work. Mom and children are currently enrolled in MinnesotaCare. Will the mom and children have to take the husband's insurance because it's affordable and meets the standards? Also, if mom becomes pregnant, does that automatically qualify her for MinnesotaCare or MA again even if insurance through husband is offered?	Employer insurance has no effect on eligibility for MA. For MInnesotaCare and APTC, an individual is ineligible if he/she has access to employer-sponsored insurance that is affordable and meets the minimum value standard. For determining affordability, the cost for employee-only coverage is compared to the household's income. A pregnant woman can qualify for MA if she has income at or below 278% FPG and meets all other requirments. Having other insurance is not a factor in the MA determination.
	Does having Cobra prohibit a client from getting insurance on MNSURE? Does it count as having other insurance?	COBRA is considered minimum essential coverage. Having COBRA coverage is a barrier to MinnesotaCare and APTC. Having access to COBRA, but not enrolling, is not a barrier to MinnesotaCare or APTC. If a person has COBRA, but it ends or they cancel it, having that past COBRA coverage is not a barreir to MinnesotaCare or APTC.
	Does having Cobra prohibit a client from qualifying for the APTC or Cost Sharing Reduction?	A person cannot have both COBRA and get advance tax credits or MinnesotaCare. COBRA is not a barrier to MA.
	Can an individual be eligible for MNsure if they have COBRA coverage which has not yet been exhausted?	Yes. COBRA is ultimately an optional program, an individual can choose to drop coverage at any time and enroll in something else. In fact, they will likely find much more affordable options through an individual insurance product than through COBRA, since those premiums aren't being subsidized by the employer and typically also have a 2% administrative fee. Remember they would need to enroll during open enrollment if that's what they'd like to do; however, if someone does exhaust their COBRA benefits mid-year they would be eligible to sign up during a special enrollment period and would not need to wait for the next open enrollment to get a new plan.

Other Insurance / Covered Services	How should we accurately answer the question "Do you have insurance"? This has been very confusing.	The insurance questions have been reworded to explain that the applicant only needs to tell us about insurance they will have on or after 1/1/14. The questions now state: "Please select the individuals below who will be enrolled in employer sponsored coverage or will have access to employer sponsored coverage on or after January 1, 2014. Access to coverage could be through the person's own employment or through another person's employment, such as a parent or spouse." "Does anyone applying have health insurance not through a job tat will be in effect on or after January 1, 2014?"
	If people that has insurance through their employer and would like to keep it, but want to drop the coverage they have for their family under the employer, would these family members (mostly unemployed) be eligible to get health insurance coverage thorough MNsure?	Having insurance is not a factor for MA. People can have insurance and can have access to employer-sponsored insurance and still qualify for MA. People who are enrolled in an employer sponsored plan due to their relationship with the employee and are not eligible for MinnesotaCare or APTC. People who are eligible to enroll in an affordable employer sponsored plan through someone who claims them as a tax dependent are not eligible for MinnesotaCare and APTC. The best way to determine if someone is eligible is to apply through MNsure.
	If a person is offered insurance by their employer but they feel they cannot afford the plan are they eligible to look for and purchase a plan on the health care exchange?	Yes. Minnesotans can shop for and purchase Qualified Health Plans through MNsure (without a tax credit or subsidty) regardless of whether they have access to insurance through an employer. They would need to apply through the non-financial path.
	The system is not asking questions to verify minimum value. It does ask questions about employer-sponsored coverage affordability. Can you explain why? Verification of Minimum Essential Coverage The new eligibility system will use the Federal Data Hub and other available electronic data to determine if the person is eligible for government-sponsored MEC. Applications require applicants who have access to employer-sponsored coverage to provide information about their health coverage in order to determine whether the employer-sponsored health plan is affordable and provides minimum value.	We will be required to conduct verification on a post-hoc basis for a sample of cases.

Other Insurance / Covered Services	When should consumers expect to hear from MNSure regarding an employer coverage proof form? Should they wait from MNSure or submit one of those forms from the healthcare.gov website?	The Employer Health Coverage Form can found at http://www.mnsure.org/images/employer-health-coverage-form.pdf This is not a form for verification. It is a tool an applicant can use to gather information from their employer to help the applicant complete the online MNsure application for help paying health care costs. If an employer has not provided an applicant with the detailed information about health insurance coverage offered , the applicant can download the form from MNsure and give it to their employer to complete The applicant will then use that information to complete their MNsure online application.
	Can MA still be a supplement to other insurance?	Having other health insurance is not a barrier to MA. If an individual has MA and other health insurance, MA is the secondary payer.
	What will out-of-state coverage look like for the QHPs offered through MNsure?	This information is not available through MNsure's website. Please contact the carriers.
	Under ACA, if someone works 30 hours per week are employers required to provide medical insurance coverage?	No, employers are not required to offer health plan options to their employees. There is **no** employer mandate in 2014 under the ACA i.e. neither small business employers (2-50 full-time equivalent employees) or large employers (51+ FTEs) are required to offer health insurance options for their employees.
Income	Thus far in Navigating consumers, I've used 2012 tax returns to document their income. A co-worker of mine married his partner this year. They need health Insurance. Last year 2012 they were not married and filed separately. For 2013 they will be filing jointly. Should I not use their 2012 information and work from paycheck stubs for this year	The application asks for the details of current income and also projected annual income for the coming year. Applicants should provide their current income and projected annual income when completing the application. Do not enter an end date for employment unless there is truly an end date in sight.
	I'm helping a lot of self-employed people that have sporadic and low income apply for the IAPs through MNsure. I'm having a hard time advising them on frequently they should change IAPs. Their income fluctuates so many times throughout the year! Is it like the public programs now, where the program may kick you out / transfer you to a new program if you exceed a certain monthly income?	When an applicant enters self-employment income, the application asks if the income fluctuates month to month. If the applicant responds "yes" to flucuating self-employment income, the application asks for the annual self-employment income. They should make their best estimate of their annual self-employment income. Once enrolled, if they think their annual self-employment income has changed from what they reported (for example, they are no longer self-employed) they should report that change and their eligibility will be redetermined. The month to month flucuations do not need to be reported when they have been considered in estimating the annual self-employment income amount.

Income	Example: An individual predicts they'll make $30,000. That's what they've made in recent years and have no reason to believe it will be any different in 2014. In January, 2014, they make only $500. By March, they've made $5,000. By July, they've made $15,000. By October, they made $50,000 (in this case, let's say it's because of their own self-employment income, but I understand someone's annual income and eligibility for IAPs could also dramatically change by getting married). 1) When, in this situation, should they have been in MA, MinnesotaCare, received a tax credit or had no subsidy at all? 2) Are they expected to pay back any tax credit they've used because eligibility for the credit is only based on your annual income? 3) Are they expected to pay something back for being in MA or MinnesotaCare because eligibility for MA and MNCare is only based on your annual income? On the flip side, what if someone earns so much less than predicted? Let's say an individual anticipates they'll make $50K. They don't fill out an application for the IAPs, but still get insurance via MNsure. At the end of the year, their income is so low, they could have qualified for MinnesotaCare. 4) Could they retroactively get any rebate from MinnesotaCare? 5) If they can't get any rebate from MinnesotaCare, can they still get a tax credit?	1. The application asks for current income and projected annual income for the coming year. Medical Assistance eligibility is based on current income, while eligibility for MinnesotaCare and tax credits is based on projected annual income for the coming year. Applicants should make their best estimates of their current and projected annual income. Their eligibility will be based on income and household size asserted by the applicant and verified at the time of application. Once enrolled, if people have changes in their income or their family size, they must report that. If they think their annual self-employment income has changed from what they reported (for example, they are on track to make much more or much less than they had in the past) they must report that change. Other changes to their household must also be reported (for example, marriage). 2. Each taxpayer who receives APTC must file a federal 1040 tax return. The tax return will reconcile the actual credit amount for the tax year with the amount of advanced payments received. Differences may arise due to inaccurate estimates of income at the time of application, unreported income changes during the course of the benefit year, changes in family composition, or a taxpayer's decision to reduce the amount of APTC received in order to reduce risk of tax credit overpayment. If they under-estimated their income they may need to pay back some or all of any advance premium tax credits. If an individual over-estimated their income they may receive a larger tax refund. 3. Medical Assistance and MinnesotaCare enrollees do not have to pay back benefits received as long as they report changes that effect their eligibility. 4. There is no "retroactive" MinnesotaCare eligibility or rebate.
	What if part of the family is undocumented and part documented? How is income counted? Who is eligible? How is cash income accounted for?	Immigration status does not affect whose income is counted. Household income would be calculated following the MAGI income calculation rules. If the cash is taxable it should be reported. If it is not taxable it does not need to be reported. The application instructs applicants: "Taxable income is income you would list on lines 7-22 of a 1040 tax form. If you are not sure if a particular type of income is taxable, visit the IRS website at www.irs.gov."
	Where on tax form can you find your MAGI?	There is no 'line' on the tax form that correlates directly with your MAGI income. Follow the instructions on-line. The system will determine the MAGI calculation.
	What if you didn't file taxes? How do you get that number?	Follow the instructions on-line. The system will determine the MAGI calculation.

Income	When filling out "household income" on the IAP application, should applicants be entering taxable income only (unless otherwise noted; I understand one category says "tax-exempt interest")? For example, when asked for "Social Security Benefits," should only the taxable amount be entered (found on line 20b of Form 1040)? There is only one category to report Social Security Benefits; does MNsure need to know both the gross social security benefit and the taxable portion to calculate MAGI?	Applicants should only tell us about taxable income, unless otherwise noted. The instructions on the application have been updated and now state: “Please select the individuals below who have income. ""Income"" is any of the following: • All taxable income. Taxable income is income you would list on lines 7-22 of a 1040 tax form. If you are not sure if a particular type of income is taxable, visit the IRS website at www.irs.gov. • All foreign earned income, including foreign earned income that is not taxable. • All interest income, including interest income that is not taxable. • All Title II Social Security benefits, including Title II income that is not taxable. Title II Social Security benefits include retirement, disability and Railroad Retirement benefits. Supplemental Security Income (SSI) is not Title II income. Do not tell us about other nontaxable income, such as child support, veteran's payments, SSI or worker's compensation.” If the applicant tells us they have “Social Security Benefits” they receive this instruction: “Report how much (Name) currently receives each month in Social Security benefits. Social Security benefits are Title II income. Title II Social Security benefits include retirement, disability and Railroad Retirement benefits. Supplemental Security Income (SSI) is not Title II income. Report the gross amount before any deductions. Include both taxable and tax-exempt income.” The question then asks for the total amount of Social Security Benefits and what portion of that amount is tax exempt.
	How should SS income be reported if we are only to enter taxable income?	The MNsure application income questions have been updated. If the applicant enters “Social Security Benefits” they receive this instruction: “Report how much (Name) currently receives each month in Social Security benefits. Social Security benefits are Title II income. Title II Social Security benefits include retirement, disability and Railroad Retirement benefits. Supplemental Security Income (SSI) is not Title II income. Report the gross amount before any deductions. Include both taxable and tax-exempt income.” The question then asks for the total amount of Social Security Benefits and what portion of that amount is tax exempt.

Income	How does a consumer include long term disability or social security disability payments as income if they are pending and not yet received?	Clients do not need to report income they are not yet receiving. When this client begins to receive the income, he should call his servicing agency to report the change.
	Is financial eligibility real time or is it retrospective to the previous year's tax return and verified by the IRS?	Financial eligiblity for MA is based on current income. Applicants should report their current income. Financial eligibility for MinnesotaCare and APTC is based on projected annual income for the coverage year (2014 for current applicants.) Applicants should report what they expect to have as income for 2014. Income is verified electronically through a variety of sources, including IRS (tax data), Social Security Administration, the MN Department of Employment and Economic Development ((DEED) quarterly wage data and unemployment data) and PRISM (alimony data). Future electronic data sources will include TALX (current wage data).
	If I am enrolled in MinnesotaCare or MA, but towards the end of 2014, I receive a large sum of money that would make me ineligible for MinnesotaCare or MA, do I have to pay MinnesotaCare or MA back for the time I've been in that program, or do I just switch plans when I realize my income has changed and there's no penalty?	Enrollees should report income changes within 10 days. When an income change is reported, eligibility will be redetermined. If an individual is no longer eligible for MA or MinnesotaCare, but now qualifies for APTC or Unassisted QHP, they could purchase coverage through MNsure for the balance of the calendar year. There is no penalty or requirement that MA or MinnesotaCare enrollees who properly report a change in income re-pay benefits.
	Is inheritance money to be included in the MAGI portion of the application?	Taxable inheritance should be reported on the application if it is received or will be received during the application month. Generally, you would report this money as “taxable one-time income.” Non-taxable inheritance should not be reported on the application. Inheritances received in the past should not be reported.
	After entering the income, the applicant is asked about deductions. Is that for deductions for itemizing?	No. Itemized deductions are reported on Schedule A of Form 1040. Itemized deductions include things like medical and dental expenses, home mortgage interest paid and charitable contributions. On the MNsure application, allowable deductions are the types of expenses that are subtracted from the "taxable income" on the front of the 1040 tax return, like alimony paid or student loan interest. For a complete list of allowable deductions see lines 23-35 of the 1040 tax form.

Income	Is there a list of deductions that we can provide to consumers?	Allowable deductions are the types of expenses that are subtracted from the "taxable income" on the front of the 1040 tax return, like alimony paid or student loan interest. For a complete list of allowable deductions see lines 23-35 of the 1040 tax form.
	How do I enter rental income and how do I report the write-offs?	This is self-employment income. Enter the current monthly net income from self-employment. Net income is gross revenue minus expenses. If the individual's income varies from month to month he should report the net amount he expects to receive in the next 12 months.
	How should variable investment income be reported, particularly if the consumer won't know this amount until January 2014?	The client should estimate as best as possible.
	If the household has a Medicare beneficiary, is that beneficiary's income included in the household income for the non-Medicare spouse?	Generally, yes. There are no special income rules for Medicare beneficiaries or spouses of Medicare beneficiaries. Whether a spouse's income deems to the other spouse follows the regular income calculation rules.
	If a client's tax dependent is required to file income taxes, should their income be reported as part of the household income?	All income should be reported. The system will determine when the dependent income is counted towards the household income.
Medical Assistance	Are Spenddowns going away?	No. Spend down eligibility will still be available for pregnant women, parents and children. The income limit for spend down for these populations will be 133% FPL.
	MA Spendown is referred to in the training and then not mentioned again...is it then still a part of the alternative MA eligibility?	Eligibility for MA with a spenddown will continue to be available. Individuals who appear potentially eligible for MA with a spenddown will have an eligibility determination completed through their county agency. The MNsure application will initiate this.
	Example: A mom and 3 children are over income for MA so they are on a QHP with a high deductible. But let's say she gets sick and meets her deductible with a hospital stay. Could she qualify for MA with a spenddown for the same month she had the QHP to maybe get MA with a spenddown to help with her deductible?	Yes. MA eligibility with a spenddown is available regardless of whether someone is enrolled in a QHP.
	Is MA Expansion going away?	No. The early MA adult expansion provides coverage for adults without children with income up to 75% of poverty. Effective January 1 2014, the income limit for adults will increase to 133% FPG, using MAGI-based income methodologies. The current people in the MA expansion will be included in this group.
	If there is an adult applying and they have a child 19-21 in the home are they still eligible for MA, if they are below the income guidelines?	MA eligibility for adults without children applies to people ages 21 through 64 who do not have children under age 19 living with them. To qualify, individuals cannot be Medicare beneficiaries, and must have income at or below 133% FPG.
	For those people unable to apply for MA via MNsure (Medicare recipients, undocumented, disabled) – do they still use the old paper MA application?	All individuals are eligible to apply using MNsure. Counties will follow-up for additional informatio needed to determine eligiblity for these individuals.

Medical Assistance	I know people with disabilities on MA didn't have much change for them, but will they be renewing their MA eligibility on MNSure or will they follow current paper and pen renewals through Maxis and county worker?	They should follow current procedure.
	Can a person have a Medicaid app pending for a past month of eligibility (poss w/ a spenddown) and be pending for MCRE or QHP for future coverage at the same time?	Yes
	Where and when will the conversion (MA) activity likely to be taking place? Will that all be happening at county offices only, or, are Navigators/IPAs likely to be involved? If so, how? If so, when?	Yes, this will primarily occur with the counties next spring. If and when we involve assisters, we will let you know.
	How will we submit a proof of pregnancy for someone we are helping apply online through MNSure for Medicaid? Will we continue to use the DHS form? Will we scan this into somewhere on the online application? OR fax it somewhere?	Proof of pregnancy will not be a required verification in 2014 for all programs.
	MA-EPD is not addressed in the training....will those applicants use MNSURE as well...if not where do they go?	Individuals who want MA-EPD would apply on MNsure. If an individual is not eligible for MA as a parent, caretaker, pregnant women, child or adult wihtout children and has a disability (based on their responses to the application questions) the system will initiate a referral to the county agency for MA programs for people who are age 65 or older, blind or who have disabilities.
	Should individuals who may be EMA eligible apply through MNsure or use the paper application? If they apply through the website then they probably will not get past the ID verification portion. Also if an undocumented parent with children that are legal US citizens wants to apply for coverage through MNsure. Should they set the account up under the childs name or the undocumented parents name?	Starting 1/1/2014, the MNsure system will make the EMA eligibility determination for based on the applicant's application answers (new questions will be added to the online application). If the applicant is not able to create an account they will need to follow the Manual Identity Proofing process. Generally, the parent should create the account under their own name. Individuals may also choose to submit a paper application.
MinnesotaCare	If it is determined by the online MNsure app that a person qualifies for MNCare, do they have the option to decline, or do they get automatically approved/enrolled?	There is not an option. If you elect to apply for insurance affordability programs, once you have been determined eligible for a program you are ineliible for others in the hierarchy. IAP determination is MA, MCRE and then tax credits.
	Can you clarify options for adults who are already on MN Care, but are interested in dental coverage? How does that work?	Yes. We have one carrier (Delta Dental) offering stand-alone dental plans in the individual market. Consumers can purchase stand alone dental plans for children only or for families. We have 16 dental plans on the individual market side offered on a statewide basis. Two of those plans are pediatric plans and the other 14 are family plans.

Citizenship / Residency	Right now legal immigrants (not refugees) are not eligible for medical assistance or MN Care for the first 5 years they are in the country. Will this continue? If they remain ineligible for MA and MN Care, will they be eligible to buy insurance on the exchange as they are here legally, but within their first 5 years? Will they be eligible for the tax credit during those first 5 years?	Yes, the 5-year bar will still apply to MA for noncitizen adults (parents/caretakers and adults without children) who do not meet a the military exemption. The 5-year bar applies to noncitizen adults who have resided in the United States for less than five years and have one of the following immigration statuses: - LPR - Battered Noncitizen - Immigrants granted paroled at least one year The 5-year bar does not apply to MinnesotaCare or APTC. Lawfully present noncitizens may qualify for these programs if they meet other eligibiltiy criteria. Noncitizens who are ineligible for MA due to their immigration status may enroll in MinnesotaCare if they have income under 200% FPL (note, they may have income under 133% and still enroll in MinnesotaCare).
	How should non-documented citizens would apply for health insurance for their children?	Under ACA, there is no change in DHS or county agencies reporting requirements with regard to immigration status. Just as today, filing an application on behalf of an eligible child or other tax dependent, does not put an individual at risk for immigration enforcement. An individual who is not seeking assistance for himself or herself is not required to provide his or her SSN or to provide any information about his or her immigration status. Undocumented parents must provide informaton about their income in order to obtain an eligiblity determination for the children for any of the IAPs.
	How should non-documented citizens would apply for health insurance for their children?	• Exemptions apply on an individual basis. • Noncitizens not lawfully residing in the U.S. are exempt from the individual mandate. • For noncitizen parents, not lawfully residing in the U.S., with citizen children: • If the parents are below the mandatory filing threshold for federal tax returns, an exemption from the individual mandate applies to the citizen children. The exemption will still apply even if the parents choose to file and tax return when they are below the mandatory filing limits. • If the parents are at or above the federal thresholds for filing a federal tax return, the U.S. citizen children are subject to a penalty for failing to have minimum essential coverage. Noncitizen parents not lawfully residing who are required to file a tax return are entitled to tax credits for the coverage for their children, if they qualify for APTC.

Citizenship / Residency	How should household size and income for legally residing non-citizens who are sponsored by a family member be entered on MNsure for the determination of public program eligibility and APTCs? Is the entire household income considered (including the sponsor's spouse), or the income of the sponsor alone?	Applicants should follow the instructions on the application with regard to who to include when they apply. If an applicant is a noncitizen and sponsored by someone who would not ordinarily be included on the application, do not include them. Do not include the sponsor's income on the application if the sponsor is not included. If the sponsor is someone who should be listed on the application, according to the instructions, then list them and include their income.
	Are there circumstances where only the immigrant's income would be considered even though s/he lives with the sponsor?	Yes. Sponsor deeming does not apply to MinnesotaCare eligibility in 2014, or to eligibility for APTC.
	Who is counted in the household size when a legally residing non-citizen is sharing a home with a non-relative sponsor, and potentially additional members of the family?	Sponsor deeming does affect an individual's household size. The people counted in the applicant's household are the people who are counted even if they didn't have a sponsor, including the applicant's spouse, children, and parents (if the applicant is a child) who live together. If the applicant is a tax filer or expects to be claimed as a dependent on someone else's tax return, the household size is the tax filer plus all tax dependents.
	If a legally residing non-citizen who has lived in the US <5 years is estranged from his/her sponsor (no way of contacting, no communication, no support), is it possible for that individual to be eligible for MCRE based on his/her own income?	Yes. MinnesotaCare no longer deems sponsor income beginning January 1, 2014.
	What's the process of determining program eligibility/gaining coverage for individuals waiting to receive asylum (in transition)? Would they be on Medical Assistance, or would they be allowed to shop for a plan on MNsure?	Generally, applicants for asylum are lawfully present noncitizens. That immigration status would not be a barrier to Medical Assistance for children under age 21 or pregnant women. However, it would be a barrier to Medical Assistance for non-pregnant adults. People who have applicant for asylum status can qualify for MinnesotaCare, Advanced Premium Tax Credit or QHP Unassisted. Individuals can also qualify for Emergency MA, if they are not eligible for MA due to their immigration status.

Citizenship / Residency	How does the MNsure application process work if a dependent does not have a SSN, while the remainder of the household does?	For Medical Assistance, applicants (except infants and individuals eligible for EMA) must provide an SSN, unless they meet an exception. If they do not provide one at the time of application they can still complete the application and they will be given 95 days to provide the SSN. During that time they can receive MA (assuming they meet all other eligibility requirements). If an applicant does not provide an SSN by the end of the 95 day period and does not meet an exception, they will not be eligible for MA. MinnesotaCare and APTC applicants must provide an SSN if they have one. If they do not provide one at the time of application they can still complete the application and they will be given 95 days to provide the SSN. Eligibility for other applicants is not affected by another household member's failure to provide an SSN. Individuals who are not applying are not required to supply an SSN.
	If a person is in the US legally, has a green card, is not working and has a sponsor paying for all their expenses would this person be able to apple for MNsure?	Yes, lawfully prestent non-citizens may apply via Mnsure.
	If a legally present adult lives with an undocumented person(s), does the undocumented person count towards who is in the household? And what protections are afforded the undocumented person?	Applying for or enrolling in health insurance through MNsure will not trigger immigration enforcement activity. Individuals who are not lawfully present may be eligible for limited health care benefits (Emergency Medical Assistance or MA for pregnant women who do not have other health insurance).
	Our assumption is that since the F visa is not listed on that document the family is not eligible for MNsure programs and therefore would not be subject to the mandate. Is that true?	The Immigration and Insurance Affordability table is not intended to be a complete list of immigration statuses. It includes the most common immigration statuses. Individuals who are residing in the U.S. with nonimmigrant status may qualify for coverage through MNsure. Persons who are nonimmigrants are considered lawfully present, therefore their immigration status is not a barrier to MinnesotaCare, APTC or Unassisted QHP. They must meet all eligibility requirements such as MN residency, income, tax filing status, etc...

Citizenship / Residency	If we help an LPR <5 years apply thru MNSURE & they are found eligible for MinnesotaCare for future – how is the county alerted that they need to be considered for EMA for a current visit to hospital? This question also applies to someone who may be eligible for MNCARE or QHP, but could be eligilble for MA with a spenddown for one month due to hospital bill? In both cases, I'm curious how MNSURE will work to consider them for eligibility both programs – current & future.	EMA and spenddown determinations will be initiated through MNsure. Beginning 1/1/2014, the system will make the EMA eligibility determination for people who are parents, caretaker relatives, pregnant women, children and adults without children based on the applicant's application answers (new questions will be added to the application). If an applicant is age 65 or older, blind or disabled (based on their application answers) the system will create a referral task for the county agency to review for MA eligiiblity. If an applicant is eligible for MinnesotaCare, the system will create a referral task for the county agency to make a medically needy (spenddown) determination if the applicant meets all eligibility criteria, except for financial eligibility, and they indicated on their application that they have expenses to meet a medical spenddown.
	Is it possible for someone to be deported because they're an unlawful citizen when applying? And, if someone does not have legal immigration status, can they receive health insurance?	Applying for or enrolling in health insurance through MNsure will not trigger immigration enforcement activity. Individuals who are not lawfully present may be eligible for limited health care benefits (Emergency Medical Assistance or MA for pregnant women who do not have other health insurance).
	1. If someone arrived in the US BEFORE 1996, the system doesn't ask any further questions. 2. If someone has arrived AFTER 1996 --> it then asks whether they have been in a qualified status for 5 or more years. If YES --> it then asks when they arrived and what document they used. This is where you get to pick I-94, employment authorization card, LPR card, etc. This is also where you get the "Other" option that takes you to the screen where you can enter the A#. 3. If someone answers that they have not been in a qualified status for more than 5 years, there is a note that shows up about the 5 year bar from Medicaid unless exempt. This also doesn't give an option to enter the A#.	We are working on improvements to the online application questions for noncitizens. The application is designed to only ask for the information that is needed to determine eligibility. For some noncitizens, and for some programs available through MNsure, different information is needed based on a person's individual circumstances.
	Can a person with a work permit only apply via MNSure? If so, will they be able to obtain insurance?	Individuals with a valid, unexpired work permit are considered lawfully present noncitizens. Individuals who are lawfully present may be eligible for MinnesotaCare, APTC and may purchase a QHP without assistance. Children and pregnant women who are lawfully present may be eligible for Medical Assistance also. To qualify for all programs, individuals must be MN residents and meet all other program specific eligibility factors, such as income.

Citizenship / Residency	People who are not in the US legally seem to be able to enroll in health plans though MNsure without a premium credit. Is this correct?	An individual must be lawfully present to enroll in a qualified health plan (with or without tax credits) through MNsure. The MNsure application asks whether an applicant is lawfully present in the United States.
	If a household member reestablishes residency in Minnesota mid-year, are they eligible to enroll in health insurance through MNsure at that time?	This would be a Life Event that would qualify them for a special enrollment period. Life Events should be reported to the MNsure Contact Center.
Household Composition	If a child is 17 but lives at home, but parents cant cover them on their work insurance, can they apply (17 yo) on his/her own?	Anyone completing the application should follow instructions to who they list on the application.
	How it will work for 18-21 year olds who have children and live with parents, but are a separate household (parents do not provide financial or health insurance support.	Anyone completing the application should follow instructions to who they list on the application.
	How would this apply to Juveniles 17-18 year of age coming out of Juvenile Center, who are not returning home?	Anyone completing the application should follow instructions to who they list on the application.
	In cases where a parent (non-custodial) is required by law to carry insurance for a child who resides with the custodial parent who has all the tax deductions for the child and claims them on their yearly taxes, prevent the non-custodial parent the option for tax credits or possible even eligability for MNSure because their marginal adjusted income will not include the deduction for the children and maybe too high for any programs plus if they are required to apply for other state programs first and mom won't cooperate what happens?	An individual is entitled to receive MinnesotaCare or APTC/CSR only for individuals whom they claim as a tax dependent.
	If a family (unmarried man, woman, baby) includes two children from father's past and he pays $1000(+) is child support, can he claim the 2 children in family size? (Children spend almost all weekends in this home.)	For Medical Assistance - If an adult expects to file taxes and cannot be claimed as a tax dependent by someone else, his household composition will include himself, his spouse (if married), and each person he claims as a tax dependent. If an adult does not expect to file taxes and cannot be claimed by someone else as a tax dependent, his household composition will include: his spouse (if living together); and, the individual's children (biological, adopted, and step-children under age 19) who live with him. For all other IAPs - household composition is determined strictly based on tax filing rules. A tax household consists of the taxfiler(s) and all tax dependents.
	What happens when non-custodial parent required to carry insurance and is income eligible but mom's income is too high for any programs? Does that eliminate date from any programs?	Medical Assistance household composition rules for children under age 19 includes the following people, if living with the child: the child's natural, adopted, or stepparent, and, the child's siblings (natural, adopted, or stepsibling) under age 19. For MinnesotaCare and tax credits, a child is considered to be in the tax household of whomever is legally entitled to claim the child as a tax dependent. Therefore, the child would only be ineligible for Medical Assistance. If the non-custodial parent is entitled to claim the child as his tax dependent, and his household income is within the income range for either MinnesotaCare or APTC/CSR, then the child would qualify for one of these.

Household Composition	If there is an adult applying and they have a child 19-21 in the home are they still eligible for MA, if they are below the income guidelines?	MA eligibility for adults without children applies to people ages 21 through 64 who do not have children under age 19 living with them. To qualify, individuals cannot be Medicare beneficiaries, and must have income at or below 133% FPG.
	For all programs, how is household size determined at if you have an unmarried couple with a child in common?	For MA, the child will have a household size than includes both parents and any siblings, including half siblings they live with. The household composition of each of the parents will depend on that parent's tax filing status (whether they expect to file a tax return) and whether they expect to claim the child as a tax dependent. If the parents do not expect to file taxes, they each will have a household size that includes their children under age 19 living with them.
	What does the system mean by the question: "Are you or were you recently pregnant"?	We want to know if the individual is still in the postpartum period (two calendar months after the birth.) Women in their postpartum period are determined eligible under the rules for pregnant women. If you answer "yes" to being recently pregnant, the application will ask for the date the pregnancy ended.
	Example: Bev and her husband are the guardians of two girls. Presently the girls are considered Wards of the State even though they live with Bev and her husband. The adoption is in process, but it is not known when it will be finalized. The girls have MNcare and Bev is on Social Security/Disability. Bev's husband needs health insurance starting January 1, 2014. Is this a household is a household of 4 or 2 (since the kids are wards of the state)?	You do not need to determine the household size – the system will do that. The application asks the applicant to tell us about the family members they live with and anyone they file taxes with. It also asks for the relationship between all of the applicants. Children who are not yet family members should not be included on the application with their guardian(s) unless the guardian(s) plan to claim the children as tax dependents. However, even if the guardians included the children on the application, the system would be able to accurately determine the household size of each applicant, based on their relationships.
QHPs	Are catastrophic plans available on MNsure, and what are the requirements for qualification?	Catastrophic care is available on MNsure and it is available to anyone who is eligible to purchase a QHP and is under 30 years old.

SHOP	Can you please confirm how MNSure will report to employees that they are insured and will avoid the penalty? The employer reports on the W4 , with electronic tax filing there is no way to prove they are insured. How will this be handled with MNsure?	Reporting Employer Provided Health Coverage in Form W-2 The Affordable Care Act requires employers to report the cost of coverage under an employer-sponsored group health plan on an employee's Form W-2, Wage and Tax Statement, in Box 12, using Code DD. Many employers are eligible for transition relief for tax-year 2012 and beyond, until the IRS issues final guidance for this reporting requirement. The amount reported does not affect tax liability, as the value of the employer excludible contribution to health coverage continues to be excludible from an employee's income, and it is not taxable. This reporting is for informational purposes only, to show employees the value of their health care benefits. More information about the reporting can be found on Form W-2 Reporting of Employer-Sponsored Health Coverage. http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions
Other Programs	What will be the MNSURE impact on the Minnesota Family Planning Program and SAGE as programs and for the qualifying process? Will community clinics continue to accept and forward MFPP applications and grant presumptive eligibility?	The application and enrollment processes for the Minnesota Family Planning Program and for MA for Women with Breast or Cervical Cancer will not change. These programs are not available through MNsure.
	I understand minor care will continue to be confidential, but I am not clear how that confidentiality of facilitated..if a family has MNSure coverage including the miot and the minor needs/ chooses to use the MFPP program, traditionally current eligibilty and enrollment for MA or MNCARE has been a barrier to eligibility for MFPP, will that continue to be the case?	Yes. MA and MinnesotaCare enrollment will continue to be a barrier for MFPP. People enrolled in MA or MinnesotaCare are not eligible for MFPP. MFPP confidentiality procedures are not changing.