



MNsure SHOP

Minnesota's Small Business Health Options Program

New Group Enrollment Process

June, 2015



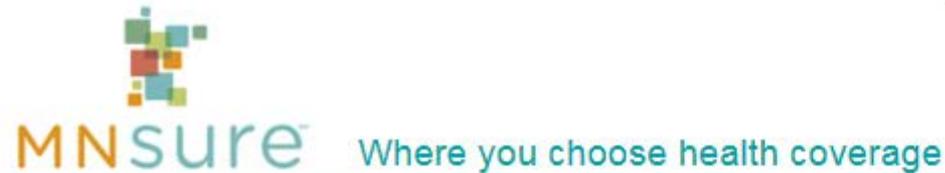
Agenda

- MNsure SHOP overview
- Why use MNsure SHOP?
- Enrollment Requirements
- Enrollment Process
- Resources

MNsure SHOP Overview

- What is MNsure SHOP?
- Carrier Plans on SHOP
- Plan Levels of Coverage

What is MNsure SHOP?



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Small Business Health Options Program (SHOP)

A Great Way to Shop for Health Coverage

MNsure's Small Business Health Options Program (SHOP) offers health insurance coverage that gives small businesses and nonprofit organizations the same clout in the health insurance market that large companies already enjoy.

What is MNsure SHOP? (cont.)

Small Business (SHOP)

- Contact SHOP
- Coverage Changes and New Hires
- **Employer Enrollment**
 - Find a Broker
 - New Employers
 - Renewals
 - Dental Coverage for Small Business
 - Shopping Tool
- FAQ
- Forms & Guides
- Participation Requirements
- Plans & Networks
- Small Business Billing
- Small Business Employees
- Tax Credits



2015 Participating SHOP Health Plans

Medical Plans (58)

- Blue Cross Blue Shield
- BluePlus
- Medica

Dental Plans (22)

- Delta Dental
- Dentegra
- Guardian

Plan Levels of Coverage in 2015

Metal Levels of Coverage	Plan Pays on Average	Enrollees Pay on Average (in addition to the monthly premiums)	Number of Small Group Plans in 2015
Bronze	60%	40%	10
Silver	70%	30%	20
Gold	80%	20%	20
Platinum	90%	10%	8

Why Use MNsure SHOP?

- Benefits to Employers
- Benefits to Brokers

Benefits to Employers



Employer Choice

- Reference plan
- Offer choice
- Manage budget

Employee Choice

- Multiple carriers & plans
(Medical & Dental)

Support

- Support from agents and brokers

One-Stop SHOP

- Online shopping tool
- One application
- One monthly Invoice
- Electronic payment options

Tax Credits

- Two consecutive years

Benefits to Employers

Tax Credit Eligibility Requirements

- Purchase through MNsure
- < 25 employees / <\$50,000
- 50% minimum contribution
- 50% for profit / 35% not for profit
- IRS form 8941 (*leave 'Marketplace Identifier' blank*)

- **Use your tax consultant**

Healthcare.gov SHOP Tax Credit Estimator

<https://www.healthcare.gov/shop-calculators-taxcredit/>

Benefits to Brokers

Dedicated Support

- Dedicated SHOP toll-free number
- Employer support team

Simplicity

- One application
- 3 easy steps to enroll
 - Find plan(s)
 - Employer App.
 - Employee App.

Partnership

- Broker stakeholder group
- Broker referrals
- New business opportunities

Full Coverage

- Comprehensive coverage of medical & dental plans

Enrollment Requirements

Enrollment Requirements

- Small Business Eligibility Requirements
- Contribution & Participation Requirements
- Enrollment Period

Small Business Eligibility Requirements



- Minnesota-based single employer not owned by a controlling entity that has more than 50 employees under its control
- **2015:** 1-50 employees...
- **2016:** 1-100 employees (*anticipated*)...
 - ...Who worked at least 20 hours/week during preceding calendar year
- Must offer to all full-time employees

Contribution & Participation Requirements

- **Minimum Contribution: 50% Employee Only**
- **Minimum Participation: 75%**
 - **Eligible Waivers:** Other group coverage, Medicare, Medicaid, Military-sponsored plans (e.g. Tricare; VA)
 - **Ineligible Waivers:** Individual Coverage; MinnesotaCare

Special Enrollment Period: Contribution and participation requirements waived from 11/15 through 12/15

Note: Employer is ineligible for a tax credit if they contribute less than 50% towards employee premiums.

Enrollment Period

- Employers can enroll year-round
- In any one month of their choosing
- First of the month effective date



Enrollment Process

How do I enroll in MNsure SHOP?

Enrollment Process

- Step 1: Review Plans and Make Selections
- Step 2: Complete & Return Employer Application
- Step 3: Complete & Return Employee Application(s)
- Step 4: Managing Enrollment

New Enrollment – Step 1 Review Plans

Shopping Tool

Medical Plan Information									
Company Name:	<input type="text"/>								
County:	<input type="text" value="(Select One)"/>	←	<table border="1"> <tr> <th>Total Medical Monthly Premium</th> <th>Employer Medical Monthly Premium</th> <th>Employee Medical Monthly Premium</th> </tr> <tr> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </table>	Total Medical Monthly Premium	Employer Medical Monthly Premium	Employee Medical Monthly Premium	\$0.00	\$0.00	\$0.00
Total Medical Monthly Premium	Employer Medical Monthly Premium	Employee Medical Monthly Premium							
\$0.00	\$0.00	\$0.00							
Effective Date of Coverage:	<input type="text" value="(Select One)"/>	←							
Medical Plan(s):	<input type="text" value="(Select a Plan)"/>		<table border="1"> <tr> <th>Medical Plan Metal Level</th> <th>Medical Plan SBC</th> <th>Medical Provider Networks</th> </tr> <tr> <td></td> <td></td> <td>Provider Networks</td> </tr> </table>	Medical Plan Metal Level	Medical Plan SBC	Medical Provider Networks			Provider Networks
Medical Plan Metal Level	Medical Plan SBC	Medical Provider Networks							
		Provider Networks							
Medical Plan Contribution Amount - Employee:	<input type="text" value="0%"/>		↑						
Medical Plan Contribution Amount - Dependent:	<input type="text" value="0%"/>		↑						
Dental Plan Information									
Dental Plan(s)	<input type="text" value="(Select a Plan)"/>		<table border="1"> <tr> <th>Total Dental Monthly Premium</th> <th>Employer Dental Monthly Premium</th> <th>Employee Dental Monthly Premium</th> </tr> <tr> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </table>	Total Dental Monthly Premium	Employer Dental Monthly Premium	Employee Dental Monthly Premium	\$0.00	\$0.00	\$0.00
Total Dental Monthly Premium	Employer Dental Monthly Premium	Employee Dental Monthly Premium							
\$0.00	\$0.00	\$0.00							
Dental Plan Contribution Amount - Employee:	<input type="text" value="0%"/>								
Dental Plan Contribution Amount - Dependent:	<input type="text" value="0%"/>		<table border="1"> <tr> <th>Dental Plan Coverage Level</th> <th>Dental Plan SBC</th> <th>Dental Provider Networks</th> </tr> <tr> <td></td> <td></td> <td>Provider Networks</td> </tr> </table>	Dental Plan Coverage Level	Dental Plan SBC	Dental Provider Networks			Provider Networks
Dental Plan Coverage Level	Dental Plan SBC	Dental Provider Networks							
		Provider Networks							

New Enrollment Use of a Reference Plan

One of the benefits for an employer to use SHOP is the use of a **Reference Plan**.

A **Reference Plan** helps the employer **Budget** for their healthcare costs and allows them to offer greater **Choice** to their employees.

BUDGET

CHOICE

Reference Plan – Example

REFERENCE PLAN = Silver Plan				
Plans Offered	Premium for Age Band*	Employer Contribution (%)	Employer Contribution (\$)	Employee Contribution (\$)
EMPLOYEE A (27 year old)				
Bronze Plan <i>Employee Selection</i>	\$300		\$200	\$100
Silver Plan <i>Reference Plan</i>	\$400	<u>50%</u>	\$200	\$200
Gold Plan	\$500		\$200	\$300
Platinum Plan	\$600		\$200	\$400
EMPLOYEE B (56 year old)				
Bronze Plan	\$450		\$300	\$150
Silver Plan <i>Reference Plan</i>	\$600	<u>50%</u>	\$300	\$300
Gold Plan	\$750		\$300	\$450
Platinum Plan <i>Employee Selection</i>	\$900		\$300	\$600

* Not actual rates - for demonstration purposes only

New Enrollment – Step 2

Complete Employer Application

STEP 1 Tell us about yourself.

1. EMPLOYER NAME		2. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)	
<input type="text"/>		<input type="text"/>	
3. DOING BUSINESS AS			
<input type="text"/>			
4. EMPLOYER TYPE			
<input type="radio"/> Private sector (profit & non-profit) <input type="radio"/> Church/church affiliated <input type="radio"/> State/local government <input type="radio"/> Foreign government <input type="radio"/> Tribal government and tribally-owned or sponsored organizations and businesses			
5. PRIMARY BUSINESS ADDRESS			
<input type="text"/>			
6. CITY	7. STATE	8. ZIP CODE	9. COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STEP 2 Tell us who to contact about this application

Primary contact

1. FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer Application

Why do we need this information?

- **Eligibility Questions** – Step 3 of Application
 - To verify eligibility
- **Annualized Wages** – Step 4 of the Application
 - Reported to the IRS
- **Reference Plan** – Top of page 6 of the Application
 - Required if 2+ plans are offered

New Enrollment – Step 2

Return Application by Secure Email



You've received an encrypted message from **mnsure_shop@state.mn.us**

To view your message

Save and open the attachment (message.html), and follow the instructions.
Sign in using the following email address: '-----'

This email message and its attachments are for the sole use of the intended recipient or recipients and may contain confidential information. If you have received this email in error, please notify the sender and delete this message.

 Message encryption by Microsoft Office 365

New Enrollment Eligibility Determination

- **Eligibility Notices**
 - Conditional Eligibility Approved
 - Request for More Information
 - Eligibility Denied (appeal can be filed)

New Enrollment Coverage Summary & Employee Instructions



- **Employer Health Coverage Summary**
 - Review this carefully and notify SHOP immediately of any discrepancies
- **Employee Enrollment Instructions Letter**
 - A letter written on the employer's behalf that includes employee enrollment instructions
 - Keep a copy of the letter for new hires

New Enrollment - Step 3

Complete & Return Employee Applications



Who is your employer?

EMPLOYER NAME AND ADDRESS

Not interested in SHOP health coverage?

If you do not want SHOP health coverage from your employer, skip to Step 6. 

STEP 1

I am interested in SHOP coverage from this employer.

Information about you, the employee

1. FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. SOCIAL SECURITY NUMBER/TAX ID NUMBER	3. DATE OF BIRTH (mm/dd/yyyy)	4. GENDER	
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	

- Return hard copies by secure email or U.S. Mail
- Application includes areas to note medical & dental plan selections / dependents
- All fields are required unless noted as optional
- All data is reported to the IRS

MNsure SHOP New Group Enrollment Guide

Broker One Stop link to SHOP New Group Enrollment Guide

<http://www.mnsure.org/brokers/small-business/forms.jsp>

Shopping Tool – Review Plans & Rates

Employer Application

Employee Application

Invoice Payment

Coverage Changes and Enrolling New Hires

How to Contact MNsure SHOP

New Enrollment Next Steps

- Reviewed for participation rate (75%)
- Additional information may be requested
- Email notification sent
 - Ineligible (appeal can be filed)
 - Eligible (invoice will be sent)

Monthly Invoice & Payment

- Invoices/Detail around the 5th of the month
- Payment due at MNsure by the 25th
- Electronic Payment
 - E-check
 - Credit Card

Managing Enrollment – Step 4

- Employee Changes
 - Complete the Life Event Form & return to MNsure SHOP
 - Within 30 days from date of event
- Employer Changes
 - Employer Change Form to MNsure SHOP
- New Hires
 - Do not wait to submit changes
 - Applications must be submitted within 30 days of the new hire date.

COBRA and Continuation of Benefits



1. Submit Life Event Form for termination
 - Pay invoices as billed
 - Adjustments will be applied to a future invoice
2. COBRA and continuation rights are offered by the employer, broker/agent, or COBRA Administrator
3. If COBRA is elected, submit Life Event Form to MNsure SHOP for reinstatement
4. MNsure SHOP will enroll the employee with a 0% contribution rate

Resources

- SHOP Business Guide
 - <http://www.mnsure.org/images/SHOP-Business-Guide-2015.pdf>
- Applications
 - Employer: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6740-ENG>
 - Employee: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6740A-ENG>
- SHOP Agent of Record Form
 - <http://www.mnsure.org/images/2015-SHOP-agent-record-designation-form.pdf>
- Shopping Tool
 - <http://www.mnsure.org/employer-employees/enrollment/shopping-tool.jsp>
- Employer Change Form
 - <http://www.mnsure.org/images/SHOP-Employer-Change-Form.pdf>
- Life Event Form
 - <http://www.mnsure.org/images/SHOP-Life-Events-Form.pdf>

Resources (continued)

- MNsure SHOP New Group Enrollment Guide
 - <http://www.mnsure.org/brokers/small-business/forms.jsp>
- IRS Small Business Tax Credit Information
 - <http://www.irs.gov/uac/Small-Business-Health-Care-Tax-Credit-and-the-SHOP-Marketplace>
- Dedicated SHOP Support
 - 1-844-520-8695, Prompt #3 / Hours: M-F 8:00 a.m. – 5:00 p.m.
 - [MNsure SHOP@state.mn.us](mailto:MNsure_SHOP@state.mn.us)
- When to contact the Carrier
 - ID card questions/status
 - Accumulators (deductible carryover policy)
 - Claim inquiries
 - Contract and Policy information
- When to contact MNsure SHOP
 - Enrollment changes such as new hires or terminations
 - Invoice questions and payments



MNsure SHOP

Minnesota's Small Business Health Options Program

New Group Enrollment Process

Q2-2015

