Appendix 1: Questionnaire

Applicant Information

Name of agency and primary contact

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

Website/web address

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

Overall Plan

Geographic Area: Identify the region number from the list of available regions in Section 2 of the solicitation and list the specific counties within the region that will be served.

Market assessment: Provide a current market assessment, including an assessment of the uninsured in the proposed region and/or an analysis of the geographic or regional gaps, challenges, etc.

Target market: Describe your target market, including a description of the demographic, geographic, business and/or economic segments that you plan to target with your broker enrollment center (or centers) and a justification for doing so.

Enrollment objectives and strategies: Indicate your objectives for the contract period for retaining and expanding enrollments through MNsure. Describe the strategies you will use to expand your book of business through MNsure , as well as strategies for successfully renewing current consumers through MNsure.

Capacity: Explain how you will accommodate increased demand during the 2024 open enrollment period that is anticipated to run November 1, 2023, to January 15, 2024. Describe your ability to provide services to all consumers and your plans for offering year-round service to support the increase in demand for assistance with enrollment through MNsure as Minnesotans complete the public program renewal process.

Direct referrals: Explain how you will support responding to a high volume of direct consumer leads from the MNsure Contact Center throughout the year. Describe your capacity for providing bi-weekly reports back to MNsure on this activity.

Community outreach: Describe your capacity to address community groups interested in learning more about enrolling in coverage through MNsure. Please indicate, with as much specificity as possible, your willingness to travel locally (distance) and to accommodate the frequency of such group talks (number per week). Please indicate your past experience with conducting outreach or marketing activities to community groups in your proposed area.

"No wrong door" assistance: Please describe your commitment to providing service to any individual who personally visits your site for one-on-one assistance, including individuals who may be eligible for Medical Assistance or MinnesotaCare. Describe how you will support or refer consumers needing assistance with their public program renewal prior to becoming QHP-eligible.

Remote assistance: Enrollment centers are expected to provide year-round service and support to enrollees as needed. Please explain your agency's practices for providing over-the-phone/remote and online assistance when requested by consumers.

Marketing Plan

Do you use any of the following for your advertising and promotions? For each type if you select "Yes," please provide your recommended source(s), and how those sources are effective in your community or region.

Print media (please select one):   Yes   No

Recommended sources:

Local TV or radio (please select one):   Yes   No

Recommended sources:

Social media (if applicable) (please select one):   Yes   No

Recommended sources:

Digital (please select one):   Yes   No

Recommended sources:

Other sales, marketing and outreach tactics (include current and proposed tactics):

Lead Agency Information (if applicable)

(A lead agency is one that applies to lead a collaboration between itself and another broker agency.)

Describe the roles and responsibilities of the lead agency vs. the partner organization in operating the BEC and serving MNsure consumers.

Why do you think a lead agency model is necessary to support consumers in this region? How will consumers benefit from this model?

Describe how the lead agency will ensure that the partner agency and its staff will be prepared, trained and ready to operate as a BEC.

Please describe any experience the lead agency has in serving consumers in the proposed region.

Please describe any experience the lead agency has in overseeing the enrollment activities of another agency (lines of accountability, reporting, etc.).

Enrollment Experience

Community connection: Describe any experience serving the geographic area and specific target market(s) that are the focus of the proposal. At a minimum, please include the following information:

- How long has the agency served the geographic area?

- Evidence of existing connections with the geographic area and target market(s) to be served by the contract, including any current outreach strategies. If there are no existing connections, describe plans to develop those connections.

Enrollment experience: Describe any experience as a MNsure partner. At a minimum, please include the following information:

- Describe any previous success the agency has had enrolling consumers in health insurance through MNsure. If the applicant does not have previous experience enrolling consumers through MNsure, describe any other relevant experience providing enrollment assistance.

- Describe how the agency currently supports consumers in all aspects of the application and enrollment process, including post-application follow-up such as responding to notices, reporting changes and renewing coverage.

Staffing: List the following information for all currently MNsure-certified broker staff that will be part of this contract: broker name, organization, how long they have been certified, percentage of their time currently spent enrolling clients in private plans in the individual market, and any specialized skills.

If there are no currently MNsure-certified broker staff, describe how the applicant will add capacity to provide application and enrollment assistance.

Service area: Please describe the current service area as a list of the agency's top counties and percentage of business from each.

County	Percentage of Agency Volume

Partner experience: Describe any existing relationships you may established with MNsure-certified navigators. If your agency has not interacted with certified navigators, indicate your willingness to do so and describe any plan for building these relationships. Local navigators can be identified using MNsure online Assister Directory at www.mnsure.org/help/find-assister/find-assister.

Medicare/MNsure open enrollment service: What percentage of your agency's current volume is Medicare-based? Please indicate any problems or challenges regarding the overlap of Medicare open enrollment and MNsure open enrollment periods and how your agency plans to address them.

Proposed Hours of Operation During Open Enrollment

Using the chart below, please provide proposed hours of operation for the 2024 open enrollment period. Open enrollment is anticipated to begin November 1, 2023, and end January 15, 2024.

Day	November 2023	December 2023	January 2024
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Location

Please indicate where your office will be located. Explain why this location is the best choice for serving consumers in your region.

Physical Space

Please provide a description of available office space and associated amenities for the following functions for each location that is part of the proposal.

Reception and Office Area

Describe square footage, reception area seating arrangements, number of private offices and/or cubicles, and any accessibility accommodations.

Parking/Public Transportation

Describe any cost for parking and whether validation is available, proximity to office space, and accessibility accommodations.

Is there public transportation access to the location? If so, what types of public transportation?

Technical Capabilities and Equipment Availability

Please list software and equipment utilized; for instance, printer/scanner, special phone system, Sales Force, Windows, etc.