

6.0 SMALL BUSINESS HEALTH OPTIONS PROGRAM (SHOP)

Summary

Minnesota intends to implement and operate a State-Based Exchange per the requirements of the Affordable Care Act (ACA). This Exchange will meet the requirements established in the regulations as promulgated in 45 CFR parts 155 and 156 – Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Proposed Rule. The Minnesota Health Insurance Exchange IT application will serve individuals and small employers through a single system and leverage the same infrastructure and services

The definition of a small employer in Minnesota as stated in Minnesota Statute Chapter 62L.02 subdivision 26, "Small employer" means, with respect to a calendar year and a plan year, a person, firm, corporation, partnership, association, or other entity actively engaged in business in Minnesota, including a political subdivision of the state, that employed an average of no fewer than two nor more than 50 current employees on business days during the preceding calendar year and that employs at least two current employees on the first day of the plan year. The full statute can be found at the following link: <https://www.revisor.mn.gov/statutes/?id=62L.02>.

Minnesota will support all key functions of SHOP as established by rule. These functions include the core functions required by an Exchange and the functions unique to SHOP. The following core components will be addressed:

1. Certification
 - a. QHPs
 - b. Navigators
 - c. Brokers/Agents
2. Creation of an online marketplace for Employers to shop for QHPs
 - a. Comparative information on available QHPs
 - b. Premium and Cost sharing information
 - c. Summary of benefits
 - d. Identification of metal level of the QHP
 - e. Exchange calculator that includes application of employer tax credit available
 - f. Accessibility
3. Eligibility
 - a. No wrong door
 - b. Application of determination rules
 - c. Eligibility determination for tax credits
4. Enrollment
 - a. Single streamlined application
 - b. Support all channels – Internet Portal, Phone (via call center), Mail, In person
 - c. Reconciliation with carriers

5. Financial Oversight
 - a. Billing
 - b. Collections
 - c. Payments
 - d. Premium aggregation
 - e. Reconciliation
6. Customer Service
 - a. Call Center
7. Appeals
8. Data Retention
9. Privacy and Security

The Minnesota Health Insurance Exchange is also working closely with all interested parties to ensure that the Exchange is implemented as effectively as possible. To this end a number of work groups and task forces have been established. Relevant to SHOP were the establishment of the following:

- Health Insurance Exchange Advisory Task Force
- Small Employers and Employees Work Group
- Navigator/Broker Work Group
- Finance Work Group

Agenda, notes and materials for these work groups is available on the Minnesota Health Insurance Exchange web site at the following link:

<http://mn.gov/commerce/insurance/topics/medical/exchange/index.jsp>

6.1 SHOP Compliance with 45 CFR 155 Subpart H

The Minnesota Health Insurance Exchange will meet all regulations as stipulated in 45 CFR 155 Subpart H as well as in any that are identified in subparts C, E, and K that apply to SHOP. Minnesota has contracted with a technology vendor partner to provide all required core Exchange technology functionality. SHOP will leverage the common functions and features built by the vendor partner. They will also build out the specific functions required for SHOP. The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Documentation showing compliance with SHOP requirements is included in the attached IT Master Contract for the Exchange application and business process models.

Additional Information

- For specifics around appeals (refer to appeals section in 3.11)
- Privacy & Security (refer to section 10.0 of blueprint)
- Reporting and Oversight (refer to section 11.0 of blueprint)

Minnesota Health Insurance Exchange Blueprint Application Documentation

Document	Description
MN Technical Infrastructure Contract	The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing, and bringing functionality to a level of operational readiness. Specific to section 5 Small Employer Eligibility and Enrollment the areas within the Contract referenced for this area are: Exhibit A – Business Functional Requirements Page 17-21 Section 5
Business Process Models	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, employee, employer, and health plan process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.
MN Departments of Health and Commerce Regulatory Bulletin	Administrative Bulletin 2012 - #2 regarding the progress for participation and certification including small group size and state law requirements for minimum participation.

Regulation	Description	Evidence to Support Regulation
155.700	Standards for the establishment of a SHOP	Documentation on SHOP authority and decisions on the Minnesota Health Insurance Exchange governance and board structure will be completed on or before March 31, 2013 following work with the Legislature early in the 2013 legislative session.
155.705	Functions of a SHOP	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Pages 17-21, Section 5.a through 5.c Functions of a SHOP that are required functions of an exchange as called out in subparts C, E and K are called out in the relevant section of the blueprint. Specific regulations that will apply are: 155.200 (b) c), 155.205(c), 155.240 and 156.285
155.710	Eligibility standards for SHOP	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Pages 17-21, Section 5.b and 5.c
155.715	Eligibility determination process for SHOP	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Pages 17-21, Section 5.b and 5.c

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Regulation	Description	Evidence to Support Regulation
155.720	Enrollment of employees into QHP's under SHOP	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Pages 19-21, Section 5.c Additional regulations within this regulation that apply to SHOP: 156.260(b) – see section in table below for “Additional Regulations outside of Subpart H”
155.725	Enrollment periods under SHOP	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Page 17, Section 5.b.4 Page 20, Section 5.c.10 Additional regulations within this regulation that apply to SHOP: 155.410, 156.260(b) – see section in table below for “Additional Regulations outside of Subpart H”
155.730	Application standards for SHOP	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Pages 17-21, Section 5.a through 5.c
Additional Regulations outside of Subpart H		
155.200 (b) (c)	Functions of an Exchange. (b) Certificates of exemption (c) Eligibility determinations	Technical infrastructure contract documents Exhibit A – Business Functional Requirements 155.200 (b) Pages 4-7 , Section 3.a.1, 3.c, 3.d 155.200 (c) Summary Text Page 2: The display of information for health benefit plans and Medicaid health plan options should match the eligibility determination and the preferences of the individual, employer, and employee determined eligible in either Modules 1 or 3 and enrollment preferences from either Modules 2 or 3. This Module also needs to incorporate a calculator to allow the User the ability to estimate the total cost of a health benefit plan. Module 4 must also interface with other MNHIX Modules and is expected to interact closely with Module 5 and enrollment functionality in Modules 2 and 3. 155.200 (c) Page 6, Section 3.d.1
155.205 (c)	Required consumer assistance tools and programs of an Exchange	See blueprint sections 2.4, 2.6-2.8, and 3.3
155.240	Payment of Premium (b) Payment by tribes, tribal organizations and urban Indian organizations	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Page 32, Section 8.b.1.D.i

Regulation	Description	Evidence to Support Regulation
155.410	Initial and annual open enrollment periods	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Page 17, Section 5.b.4 Page 20, Section 5.c.10
156.260 (b)	Enrollment periods for qualified individuals (b) Notification of effective date	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Page 20, Section 5.c.5(D)
156.265	Enrollment process for qualified individuals. (f) Summary of benefits and coverage document (g) Enrollment reconciliation	Technical infrastructure contract documents Exhibit A – Business Functional Requirements page 24, Section 6.b.6
156.285	Additional standards specific to the SHOP	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Pages 17-21, Section 5.b and 5.c

6.2 SHOP Premium Aggregation

The Minnesota Health Insurance Exchange is planning to build out all the necessary capability to provide premium aggregation. Minnesota will build or leverage existing vendor capability to provide each qualified employer a bill on a monthly basis that identifies the total amount that is due to the QHP issuers from the qualified employer and to collect the total amount due and make payments to the QHP issuers for all qualified enrollees. Documentation showing compliance with SHOP requirements is included in the attached IT Master Contract for the Exchange application and business process models.

Document	Description
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Business Process Models	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, employee, employer, and health plan process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.

Regulation	Description	Evidence to Support Regulation
155.705 (b) (4)	Premium Aggregation	Technical infrastructure contract documents Exhibit A – Business Functional Requirements Page 17, Section 4.c.7, Page 21, Section 5.c.11 Page 31, Section 8.b

6.3 Electronically Report Results of Eligibility Assessments and Determinations for SHOP

The Minnesota Health Insurance Exchange is waiting for Federal guidance and regulations related to this section. The Exchange will be prepared to electronically report information to the IRS for tax administration purposes. Minnesota recognizes that data capture, data management and the ability to report this information is critical. Documentation showing compliance with SHOP requirements is included in the attached Technical Infrastructure Master Contract for the Exchange application and business process models.

Document	Description
MN Technical Infrastructure Contract	The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing, and bringing functionality to a level of operational readiness. Specific to section 5 Small Employer Eligibility and Enrollment the areas within the Contract referenced for this area are: Exhibit A – Business Functional Requirements Page 21, Section 5.c.12 Page 35-36, Section 8.f.1
Business Process Models	These Enterprise end-to-end process models document the planned flow of Exchange functions necessary to meet federal and state requirements to support individuals, employees, employers, health plans, providers, and assisters. Please reference the Enterprise, employee, employer, and health plan process models for this section. Detailed process models from existing products purchased as part of the Exchange application solution that will be refined and configured are also available, but may not be released publicly due to intellectual property protections under the contract.