- **Subpart 1. Definitions.** Within this part, the following definitions apply, unless clearly indicated otherwise by the context:
 - A. "Health plan" means a health plan as defined in Minnesota Statutes, section 62V.02, subdivision 4.
 - B. "Health carrier" means a health carrier as defined in Minnesota Statutes, section 62V.02, subdivision 5.
 - C. "Qualified individuals" means individuals or employees who would be qualified to purchase a qualified health plan through MNsure.
 - D. "Qualified employers" means employers who would be qualified to offer a qualified health plan to their employees through MNsure.
 - E. "MNsure board or "board" means the entity established in Minnesota Statutes, chapter 62V, as a board under Minnesota Statutes, section 15.012, and should be understood to include any individual or entity to whom the board has delegated a specific power or authority either directly or through an interagency agreement when that individual or entity is exercising the delegation.
- **Subp. 2. Notification by MNsure Board.** To initiate the process for determining whether making the health plan available through MNsure is in the interest of qualified individuals and qualified employers under Minnesota Statutes, section 62V.05, subdivision 5, paragraph e, the MNsure Board shall publish in the State Register a notice requesting proposals from health carriers for health plans to be made available on MNsure. Interested health carriers must submit proposals to the MNsure Board. Proposals must be received by the MNsure Board by the deadline established in the notice.
- **Subp. 3. Proposals; requirements.** Proposals must be submitted in the form or format specified by the MNsure Board in the published notice.
- **Subp. 4. Evaluation of proposals.** The MNsure Board shall evaluate each proposal that is determined to be complete. For those proposals determined to be complete, the MNsure Board shall base the evaluation and any determinations that making the health plans available through MNsure is in the interest of qualified individuals and qualified employers on any or all of the following factors:
 - A. Affordability:
 - C. Quality and value of health plans;
 - D. Promotion of prevention and wellness;
 - E. Promotion of initiatives to reduce health disparities;
 - F. Market stability and adverse selection;
 - G. Meaningful choices and access:
 - H. Alignment and coordination with state agency and private sector purchasing strategies and payment reform efforts; and
 - I. Other criteria that the MNsure Board has identified in the published notice.
- **Subp. 5. Prohibited factors.** As prohibited under section 1311(e)(1)(B) of the Affordable Care Act, Public Law 111-148, the MNsure Board may not reject a proposal being evaluated under subpart 4:
 - A. on the basis that such plan is a fee-for-service plan;
 - B. through the imposition of premium price controls; or
 - C. on the basis that the plan provides treatments necessary to prevent patients' deaths in circumstances MNsure determines are inappropriate or too costly.
- **Subp. 6. Additional information or modifications to proposals.** During the evaluation of proposals, the MNsure Board may request additional information or allow modifications a health carrier's proposal so long as such opportunities to offer additional information or to make modifications to proposals are made to all health carriers whose proposals are under evaluation.