



Understanding and Reporting Employer-Sponsored Insurance

June 2018



Objective

- Assisters will have basic knowledge of employer-sponsored insurance (ESI) and its impact on an individual's or family's ability to obtain coverage through MNsure. Assisters will also understand how consumer's should correctly report ESI on the application.
- This presentation will cover the following topics:
 - Minimum essential coverage
 - Defining employer-sponsored insurance (ESI)
 - ESI and eligibility for financial assistance
 - Reporting ESI on the MNsure application
 - Special enrollment periods (SEPs) connected with ESI
 - ESI verification process

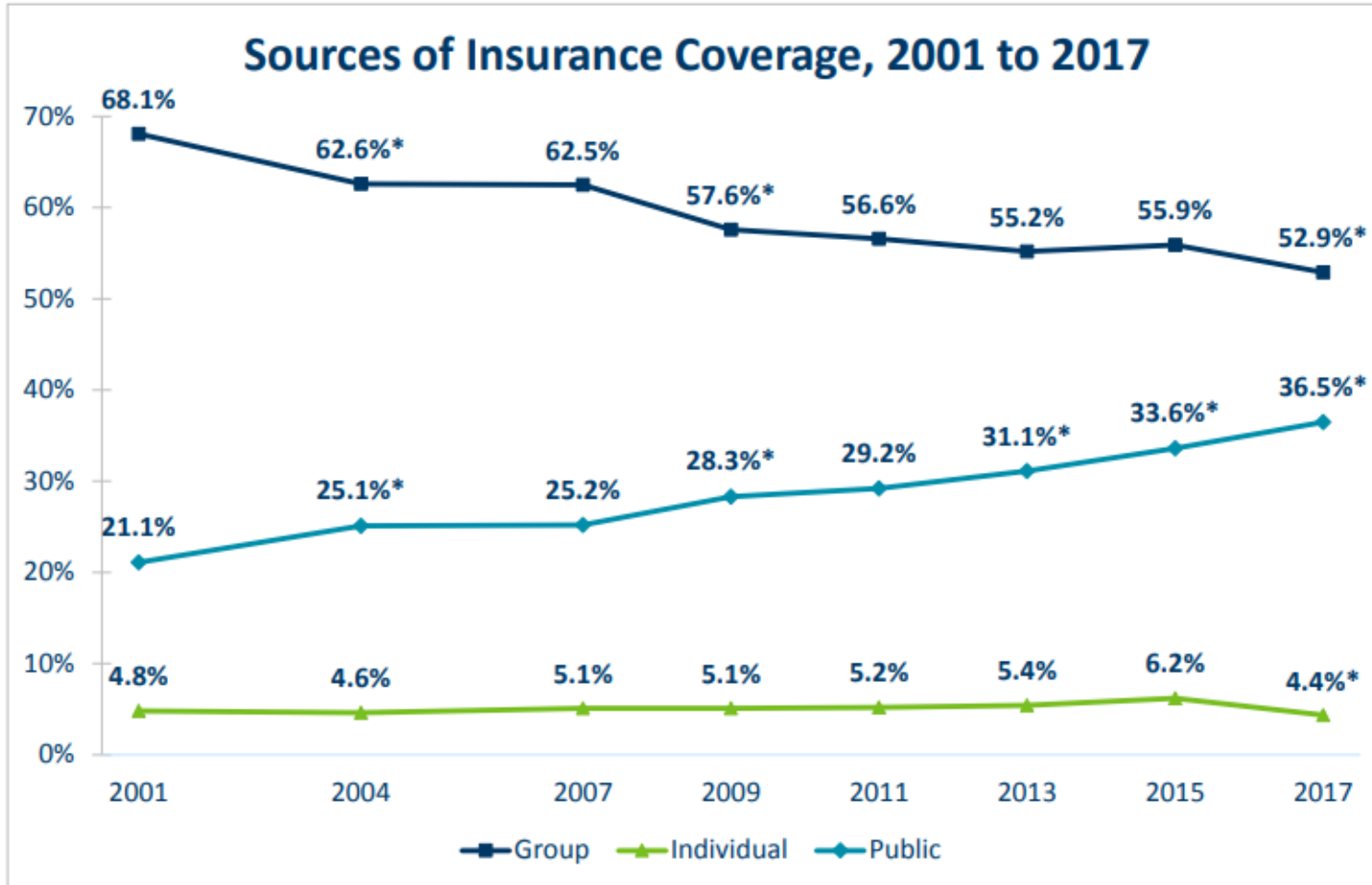
Minimum essential coverage (MEC)

- The ACA requires that nearly all Americans must have health insurance coverage that meets a minimum standard (called minimum essential coverage) through the end of 2018.
- For plan year 2019, the penalty for failing to maintain coverage (individual shared responsibility payment) is removed.
- Employer shared responsibility mandate is still in effect.

Minimum essential coverage

- Minimum essential coverage (MEC) is defined in law and includes:
 - Specified government-sponsored programs, including Medicaid and MinnesotaCare
 - Individual market coverage, such as QHPs purchased through MNsure
 - Employer-sponsored coverage under a group health plan
 - Other coverage and certain coverage that may provide limited benefits

Sources of coverage



* Indicates statistically significant difference from previous year shown at the 95% level Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.

Employer-sponsored insurance (ESI)

- Employer-sponsored insurance is coverage under a group health plan (including self-insured plans), such as:
 - Coverage provided by an employer to an employee and coverage dependents
 - Retirement benefits
 - Continuation coverage required under federal or state law (such as health coverage through the Consolidated Omnibus Budget Act (COBRA))
- Access to ESI, including access through a family member's employer, can impact an individual's eligibility for financial assistance – even if the individual is NOT enrolled.

ESI and eligibility for financial assistance

- Eligibility for MinnesotaCare and APTC follow the same rules. In general:
 - If you are enrolled in ESI, you are treated as eligible for MEC and are not eligible for financial assistance.
 - If you have access to but are not enrolled in ESI, you are treated as eligible for MEC, so long as the ESI coverage meets minimum value and affordability standards.
- Medical Assistance:
 - Being enrolled in ESI is not a barrier to eligibility.
 - An offer of ESI (having access to ESI) is not a barrier to eligibility, even if the ESI coverage meets minimum value and affordability standards.
 - If the ESI is considered “cost-effective,” MA may pay the employee’s premiums.

Minimum value & affordability standards

- If an applicant has access to ESI, but is not enrolled, the ESI must meet two standards to be a barrier to MinnesotaCare and APTC:
 - Minimum value standard – The plan covers 60 percent of the total allowed costs of benefits provided to the employee under the plan (the equivalent of a bronze plan).
AND
 - Affordability standard – The employee portion of the annual premium for self-only coverage is not more than 9.56% of the employee’s annual household income.
- If the ESI meets both of these standards, the individual is treated as eligible for MEC and is not eligible for MinnesotaCare or APTCs.

ESI: Dependents and spouses

- A person who is eligible for coverage under an employer-sponsored plan because of his or her relationship to the employee (such as a dependent or spouse), is considered to have access to MEC if enrolled or eligible to enroll in the plan.
 - The “family glitch”: If the cost of the employee-only meets the affordability test for the employee, all household members who are eligible to enroll in the plan are considered to have access to MEC, regardless of the cost of the family coverage.
- Special rule: An individual who is eligible for ESI due to their relationship to an employee, but for whom the employee is not expecting to take a personal exemption deduction, is only considered to have MEC if the individual is enrolled in the ESI plan.



Reporting ESI on the application



Gathering information: Appendix A

Remember:
The consumer should always accurately report access to ESI, even if they may be eligible for Medical Assistance.

DHS-6696D-ENG 11-17

APPENDIX A Health Coverage from Jobs

You **do not** need to answer these questions unless someone in the household is eligible for health coverage from a job. Attach a copy of this page for each job that offers coverage. Take this form to your employer that offers coverage to help you answer these questions. You can use this information to complete your application.

EMPLOYEE Information

1. EMPLOYEE NAME (FIRST, MIDDLE, LAST)	2. EMPLOYEE SOCIAL SECURITY NUMBER
----------------------------------------	------------------------------------

EMPLOYER Information

3. EMPLOYER NAME	4. EMPLOYER IDENTIFICATION NUMBER (EIN)
5. EMPLOYER ADDRESS	6. EMPLOYER PHONE NUMBER
7. CITY	8. STATE 9. ZIP CODE

10. Whom can we contact about employee health coverage at this job?

11. PHONE NUMBER (if different from above)	12. EMAIL ADDRESS
--------------------------------------------	-------------------

13. Are you currently eligible for coverage offered by this employer, or will you become eligible in the next three months?
Note: If you declined or waived an offer of employer-sponsored coverage for the current plan year, you must answer yes. If you declined or waived an offer of employer-sponsored coverage for a prior plan year and there is no future option to enroll in an employer plan, answer no.

Yes – continue

13a. If you are in a waiting or probationary period, when can you enroll in coverage (MM/DD/YYYY)?

List the names of anyone else that is eligible for coverage from this job.

No – stop here and go to step 3 in the application

Tell us about the health plan offered by this employer.

14. Does the employer offer a health plan that meets the minimum value standard*? Yes No

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee** (do not include family plans); if the employer has wellness programs, provide the premium that the employee would pay if he or she received the maximum discount for any tobacco cessation programs, and did not receive any other discounts based on wellness programs.

a. What is the name of the lowest-cost plan offered by the employer? _____

b. How much would the employee have to pay in premiums for this plan? \$ _____

c. How often? Weekly Every two weeks Twice a month Monthly Quarterly Yearly

16. What change will the employer make for the new plan year (if known)?

Employer will not offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every two weeks Twice a month Monthly Quarterly Yearly

Date of change (MM/DD/YYYY): _____

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

NEED HELP WITH THIS APPLICATION? Visit www.mnsure.org or call us at **855-366-7873**. If you need help in a language other than English, tell us the language you need. We will get you help at no cost to you.

Scenario 1: Enrolled in ESI

- Scenario: A consumer has access to ESI and is enrolled. They will not be eligible for MinnesotaCare, APTC or cost-sharing reductions. They may be eligible for Medical Assistance.
- Check box below individuals who are **enrolled** or have **access to** ESI coverage. Remember this may include the children and/or spouse of the employee.

FAQ | Glossary



myMNSure Where you choose health coverage SIGN OUT

Manage Assister Get Help Learn More

Home **Employer Sponsored Coverage Information** Print

Please answer these additional questions about the household.

Please select the individuals below who are enrolled in employer sponsored coverage or have access to employer sponsored coverage. Access to coverage could be through the person's own employment or through another person's employment, such as a parent or spouse.

 Test <input checked="" type="checkbox"/>	 Jane <input checked="" type="checkbox"/>
------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

Save & Exit Back Next

Getting Started
Applicant Details
Household Information
Household Income
Additional Household Information


Scenario 1: Enrolled in ESI (continued)

- On the next screen, select “Yes” if the individual has health insurance through an employer (it could be through another member of the household).

The screenshot shows the myMNSure website interface. At the top left is the myMNSure logo. To the right of the logo is the text 'Where you choose health coverage'. In the top right corner, there is a link for 'FAQ | Glossary'. Below the logo, there is a green bar with the text 'SIGN OUT'. To the right of this bar are three buttons: 'Manage Assister', 'Get Help', and 'Learn More'. On the left side, there is a vertical navigation menu with the following items: 'Getting Started' (checked), 'Applicant Details' (checked), 'Household Information' (checked), 'Household Income' (checked), and 'Additional Household Information' (not checked). The main content area is titled 'Employer-Sponsored Coverage Information' with a 'Print' link. Below the title, there is a prompt: 'Please enter information about employer health coverage for Test.' There are two icons representing 'Test' (a blue male figure) and 'Jane' (a pink female figure). Below this, there is an information icon and a message: 'Tell us if Test is enrolled in employer sponsored coverage or is eligible for health coverage through an employer (even if it is from another person's job).' The question 'Does Test have health insurance through an employer?' is followed by a dropdown menu with 'Yes' selected and a help icon. At the bottom, there are three buttons: 'Save & Exit', 'Back', and 'Next'.

Scenario 1: Enrolled in ESI (cont.)

- On the next screen, the individual will provide additional information about their employer. Employees can use Appendix A to request information (such as Employer Identification Number) from their employer.

 **Additional Information of Employer** Print

Getting Started Please provide additional information on the employer-sponsored coverage. The information provided on this page will be used in the determination eligibility for the health insurance programs.



Applicant Details

Household Information

Household Income

Additional Household Information

Summary

 Test  Jane

* Indicates a required field

Employer Details

Employer Name * ?

Employer Identification Number * ?

Is the employee employed full-time? * ?

Address

Address Line 1 * Address Line 2

Apt/Suite City *

County * State *

Zip Code *

Scenario 1: Enrolled in ESI (end)

- On the “Additional Information of Employer” screen, the individual will also need to indicate:
 - The date the coverage started,
 - Whether the coverage is ending in the next two months, and
 - Whether any other applicants are also enrolled in this plan.

Other Contact Information

This information is not required but you can provide it to make it easier for us to contact your employer.


Phone Number


Coverage Details

Plan Enrolled On* ?

Is this coverage ending in the next 2 months?* ?

Please select any of the Insurance Assistance applicants who are also enrolled on this employer sponsored plan.


Tammy


Lydia


Robert

Scenario 2: Enrolled in ESI, but losing coverage

- Scenario 2: The consumer is currently enrolled in ESI, but coverage will be ending in next two months.
- All screens up to this point are the same. Select “Yes” that the coverage is ending in the next 2 months. The application will ask for the coverage end date.

Other Contact Information

This information is not required but you can provide it to make it easier for us to contact your employer.

Phone Number

Coverage Details

Plan Enrolled On *

01/01/2018



Is this coverage ending in the next 2 months? *

Yes



Coverage End Date *

7/1/2018

Please select any of the Insurance Assistance applicants who are also enrolled on this employer sponsored plan.



Tammy



Lydia



Robert



- The eligibility determination will be based on the consumer’s status on the date of application. If the consumer’s coverage is ending in the future, they will need to call MNsure.

Scenario 3: Offered ESI, but not enrolled

- Scenario 3: The consumer has access to ESI, but is not enrolled.
- Check the box below individuals who have **access to ESI** coverage. Remember this may include the children and/or spouse of the employee.

myMNSure Where you choose health coverage

FAQ | Glossary

SIGN OUT

Manage Assister Get Help Learn More

Employer Sponsored Coverage Information

Print

Getting Started

Applicant Details

Household Information

Household Income

Additional Household Information

Please answer these additional questions about the household.

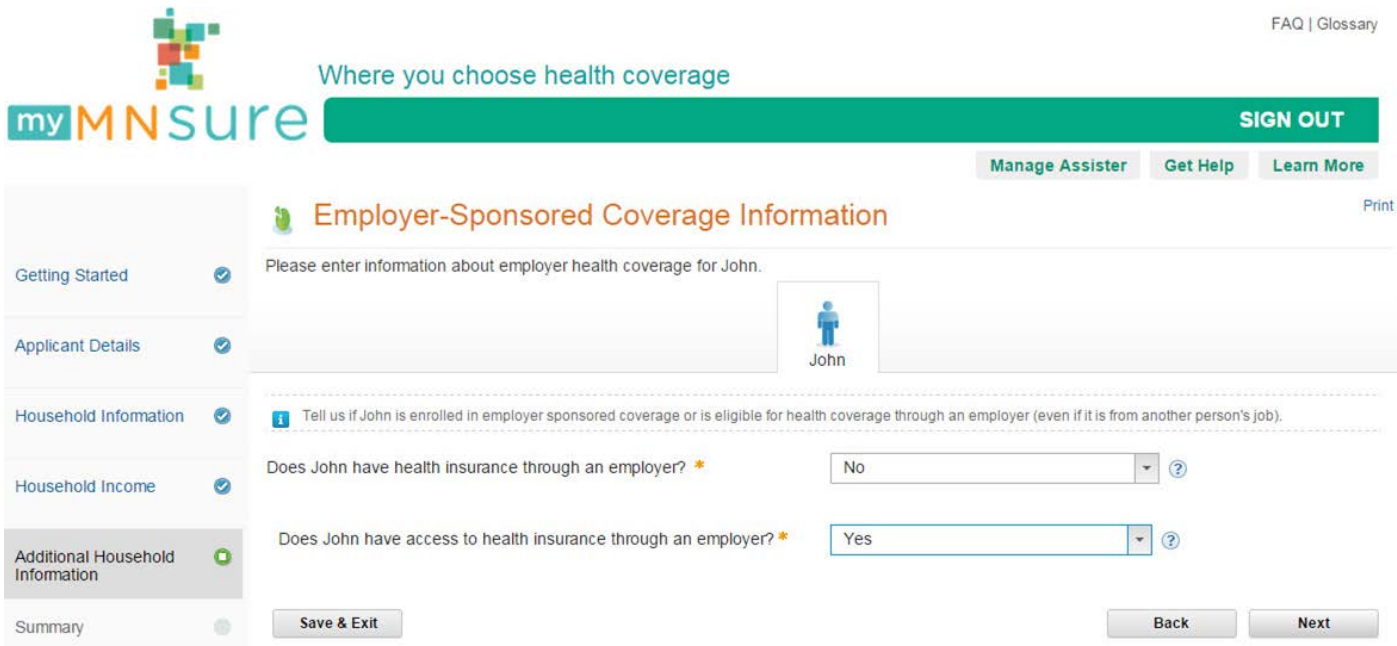
Please select the individuals below who are enrolled in employer sponsored coverage or have access to employer sponsored coverage. Access to coverage could be through the person's own employment or through another person's employment, such as a parent or spouse.

John

Save & Exit Back Next

Scenario 3: Offered ESI, but not enrolled

- On the next screen, select “No,” the individual does not have health insurance through an employer (they are not enrolled). But select “Yes” that they do have **access** to health insurance through an employer. Remember, this could include access to coverage through another member of the household.



The screenshot shows the myMNSure website interface. At the top left is the myMNSure logo. To the right of the logo is the text "Where you choose health coverage". In the top right corner, there are links for "FAQ | Glossary" and a "SIGN OUT" button. Below these are three buttons: "Manage Assister", "Get Help", and "Learn More".

The main content area is titled "Employer-Sponsored Coverage Information" with a "Print" link on the right. Below the title is a sub-header: "Please enter information about employer health coverage for John." To the right of this text is a profile icon for "John".

Below the sub-header is an information icon and the text: "Tell us if John is enrolled in employer sponsored coverage or is eligible for health coverage through an employer (even if it is from another person's job)."

There are two questions with dropdown menus:

- Does John have health insurance through an employer? * (Dropdown menu set to "No")
- Does John have access to health insurance through an employer? * (Dropdown menu set to "Yes")

At the bottom of the form are three buttons: "Save & Exit", "Back", and "Next".

On the left side of the form is a navigation menu with the following items:

- Getting Started (checked)
- Applicant Details (checked)
- Household Information (checked)
- Household Income (checked)
- Additional Household Information (selected)
- Summary (unchecked)

Scenario 3: Offered ESI, but not enrolled

- The next screen will ask for additional information about the applicant's offer of coverage through an employer. Note that the application says this information will be used to determine whether the coverage qualifies as MEC.

Additional Information on the Employer-Sponsored Coverage Print

Please enter information about employer sponsored coverage available to John. If John can get insurance through more than one employer, enter the lowest cost "self-only" plan that meets the minimum value standard.







John

* Indicates a required field

 Please provide additional information on the employer-sponsored coverage. The information provided on this page will be used to determine if the coverage qualifies as minimum essential coverage, which may influence the eligibility determination.

Employer Details

Employer Name *	<input type="text"/>	
Employer Identification Number *	<input type="text"/>	
Is the employee employed full-time? *	<input type="text" value="--Please Select--"/>	
Is John the employee? *	<input type="text" value="--Please Select--"/>	

Scenario 3: Offered ESI, but not enrolled

- The same screen asks for additional details about the employer and the coverage.

Address

Address Line 1 *	<input type="text" value="234 Avenue"/>	Address Line 2	<input type="text"/>
Apt/Suite	<input type="text"/>	City *	<input type="text"/>
County *	<input type="text" value="--Please Select--"/>	State *	<input type="text" value="--Please Select--"/>
Zip Code *	<input type="text"/>		

Other Contact Information

This information is not required but you can provide it to make it easier for us to contact your employer.

Contact Name

Phone Number

Coverage Details

Are you in a waiting period? *	<input type="text" value="--Please Select--"/>
What change will the employer make for the new plan year? *	<input type="text" value="--Please Select--"/>
Does the employer offer a health plan that meets the minimum value standard? *	<input type="text" value="--Please Select--"/> ?
Is your access to this coverage ending in the next 2 months? *	<input type="text" value="--Please Select--"/> ?

Answer these questions carefully. The responses play an important role in determining eligibility. We'll walk through scenarios on the following screens.

Scenario 3: Waiting period

- Employers often require new employees to go through a waiting period before their coverage begins. This information can be collected from the employer using Appendix A (Question 13).
- If the consumer is in a waiting period, select “Yes” and then indicate the date the consumer is eligible to enroll in ESI. Otherwise, select “No.”

Coverage Details

Are you in a waiting period? *	Yes
Date you can enroll *	7/1/2018
What change will the employer make for the new plan year? *	None
Does the employer offer a health plan that meets the minimum value standard? *	No
Is your access to this coverage ending in the next 2 months? *	No

An employee who is offered ESI but is in a required waiting period before the coverage becomes effective is not treated as being eligible for MEC during the waiting period. They would be eligible for MinnesotaCare and APTC during the waiting period.

Scenario 3: Upcoming change to plan

- An employer may be making a change to the ESI that could impact the applicant's eligibility for financial assistance. This information can be collected from the employer using Appendix A (Question 16).

Coverage Details

Are you in a waiting period? *

No

What change will the employer make for the new plan year? *

Does the employer offer a health plan that meets the minimum value standard? *

Is your access to this coverage ending in the next 2 months? *

None
Employer won't offer health coverage
Employer will change the cost of the lowest cost plan available to the employee
I don't know

Save & Exit

Back

Next

Scenario 3: Minimum value standard

- This is the point on the application where the applicant reports whether the ESI qualifies as MEC. The first question asks whether the employer's health plan meets the minimum value standard. Employees can collect this information from their employer using Appendix A (Question 14).

Coverage Details

Are you in a waiting period? *

Yes

Date you can enroll *

7/1/2018

What change will the employer make for the new plan year? *

None

Does the employer offer a health plan that meets the minimum value standard? *

No

Is your access to this coverage ending in the next 2 months? *

No

Save & Exit

Back

Next

- 23 If the answer is “No”, then the coverage does not meet the minimum value standard and is not considered MEC (no additional questions are asked).

Scenario 3: Affordability standard

- If the plan does meet the minimum value standard, then the application will ask three additional questions to determine whether the ESI meets the affordability standard.

Coverage Details

Are you in a waiting period? *

No

What change will the employer make for the new plan year? *

I don't know

Does the employer offer a health plan that meets the minimum value standard? *

Yes

Employee Contribution for Self-Only Coverage *

Lowest Cost Plan *

Please select how often the amount for self-only coverage has to be paid. *

--Please Select--

Is your access to this coverage ending in the next 2 months? *

--Please Select--

Save & Exit

Back

Next

Scenario 3: Affordability standard

- **Employee contribution for self-only coverage.** This amount can be collected from the employer using Appendix A (Question 15).

What is the amount of the employee contribution for self-only coverage under the lowest cost plan?

Does the employer offer a health plan that meets the minimum standard? *

Employee Contribution for Self-Only Coverage *

Employee Contribution for Self-Only Coverage *

A screenshot of a form with a tooltip. The tooltip is a white box with a blue border and a close button (X) in the top right corner. It contains the text: "Employee Contribution for Self-Only Coverage" followed by "Please enter the amount to be contributed by the employee for self-only coverage under the lowest cost plan." The form below the tooltip has a label "Employee Contribution for Self-Only Coverage *" and an empty input field with a question mark icon to its right.

- **Lowest cost plan.** The applicant should enter the name of the lowest cost plan available to the employee. This information is NOT asked on Appendix A, but can be collected from the employer.

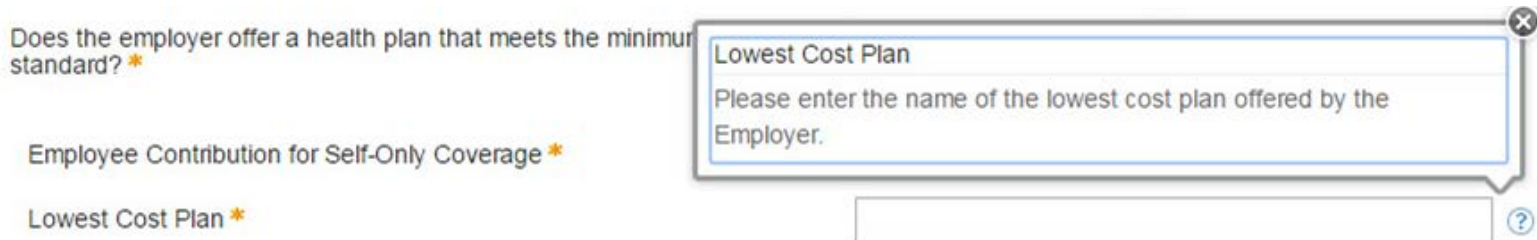
Does the employer offer a health plan that meets the minimum standard? *

Employee Contribution for Self-Only Coverage *

Lowest Cost Plan *

Lowest Cost Plan

Please enter the name of the lowest cost plan offered by the Employer.

A screenshot of a form with a tooltip. The tooltip is a white box with a blue border and a close button (X) in the top right corner. It contains the text: "Lowest Cost Plan" followed by "Please enter the name of the lowest cost plan offered by the Employer." The form below the tooltip has a label "Lowest Cost Plan *" and an empty input field with a question mark icon to its right.

- **How often is the amount for self-only coverage paid.** This may be monthly, quarterly, yearly, etc. This information can be collected from the employer using Appendix A (Question 15).

Reporting ESI coverage

- Consumers should answer ESI questions for the current month, even if they are applying for coverage in the future (such as during open enrollment).
- The system will determine eligibility based at the time of application. If a consumer is enrolled in ESI that is ending soon, they may be determined ineligible for APTC (because that is the correct determination as of the application date). However, the notice may show eligibility for APTC at a future date (after ESI has ended).
- The consumer will need call MNsure to report changes.

Special enrollment periods

- What is a special enrollment period (SEP)?
 - SEP is required to enroll or change QHPs outside of the annual open enrollment period.
 - An individual must either experience a qualifying event or be a member of federally-recognized tribe in order to qualify.
 - SEP allows an individual, who is otherwise eligible to purchase QHP, to enroll in a QHP or change QHPs
 - Individuals may qualify for an SEP during open enrollment – special coverage effective dates apply.

ESI special enrollment eligibility



- The following situations are some qualifying events that trigger a special enrollment period:
 - Change in ESI causing new advanced premium tax credit (APTC) or cost-sharing reduction (CSR) eligibility. (For example, termination of employer contributions for an individual who has coverage that is not COBRA.)
 - Loss of minimum essential coverage when an employer ends coverage or employee or spouse loses or leaves a job.
- These are not qualifying events:
 - Losing MEC due to failure to pay premiums.
 - Voluntarily terminating coverage that meets minimum value and affordability standards.

Terminating ESI coverage

- An employee whose ESI does not meet minimum value or affordability standards can terminate that coverage and can still be eligible for financial assistance:
 - They are considered eligible for MinnesotaCare the day after ESI is terminated. However, coverage will not begin until the first day of the month after the premium is paid, or the first day of the month after MinnesotaCare is approved, if no premium is required.
 - During open enrollment, they can voluntarily switch from ESI to QHP.
 - Outside of open enrollment, voluntary termination of coverage does not trigger a special enrollment period (SEP) for enrolling in a QHP.

COBRA

- Clarification of COBRA impact on SEP eligibility
 - SEP due to loss of job-based coverage available even if offered COBRA (or continuation coverage required under state law).
 - If you accept COBRA, you can switch to MNsure:
 - During the 60-day SEP for loss of job-based coverage
 - During the annual open enrollment period
 - At any time if you are eligible for MA or MinnesotaCare
 - When COBRA coverage is exhausted

SEPs: A few things to remember

- For purposes of financial assistance, an employee will be considered as having MEC if he or she failed to enroll at the time of the employer's special or open enrollment period, if it is determined that the ESI meets the minimum value and affordability requirements.
- An employee who was enrolled in ESI, but chooses not to renew during an employer's open enrollment period is eligible for a SEP, but is not eligible for APTC if the ESI that was offered meets the minimum value and affordability requirements.

Employer notices: APTC

- Large employers (generally those with 50 or more full-time employees) are subject to the ACA's Employer Shared Responsibility provision:
 - An employer may be subject to a penalty if they fail to offer coverage that meets minimum value or affordability standards to full-time employees.
 - The IRS, not MNsure, determines if the employer is subject to a penalty.
- MNsure is required to notify employers when a consumer enrolls, is determined eligible for APTC or CSR and states that their employer either
 - does not offer health care coverage
 - or the coverage does not meet minimum value or was unaffordable.

Employer notices: APTC

MNsure Operations
PO Box 64253
St. Paul, MN 55164-0253



Apr 4, 2017 10:25 AM

BUILDERS AND CONSTRUCTORS
81 7TH ST
ST PAUL MN 55101

Employer Notice

The person listed below submitted an application for health coverage through MNsure and reported that he or she is employed by **Builders and Constructors**, and that he or she either:

- Did not have an offer of health care coverage from their employer; or
- Did have an offer of health care coverage, but it did not provide minimum value or was unaffordable.

MNsure has determined the employee is eligible for an advanced premium tax credit (APTC) or cost-sharing reductions (CSR) to help pay for coverage in a qualified health plan (private insurance).

Employee Name	Date of Birth	APTC/CSR Start Date
John Assisted	09/25/1960	05/01/2017

For more information see the [Employer Shared Responsibility Notice](#) section on the MNsure website.

- Employers have a right to appeal the determination that the employer does not provide minimum essential coverage or that it is not affordable for the employee.
- Employees will be invited to participate in the employer's appeal.
- The result of the appeal could cause MNsure to re-determine a household's eligibility for APTC.

Reporting concerns

- We have learned of cases where consumers did not accurately report their eligibility for employer-sponsored insurance, either through their own employment or the employment of a member of their household.
- Knowingly failing to report access to ESI on an application is a violation of your responsibilities as a certified assister and can result in serious consequences for both the consumer and the assister.
- Ultimately, the consumer is responsible for providing accurate information on the application. However, there may be circumstances where you have concerns about what the consumer is reporting. You can report those concerns in two ways – by calling the anonymous complaints telephone line, or by sending an email to the MNsure Compliance hotline.

Reporting concerns (continued)

- We have had assisters ask whether they could refuse to serve a consumer whom the assister thought was committing fraud.
- The assister is not a fact finder or determiner of fraud. That is a role for MNsure or DHS (depending on the eligibility determination). Filing the report documents the assister's concerns and alerts MNsure and or DHS
- For example, if the consumer initially states they have access to has ESI, and then when filling out the application states that they do not have ESI.
- In cases like these, the assister should complete the consumer's application and immediately file a complaint using the resources on the next slide.

Reporting concerns (cont.)

- Assisters should report concerns to MNsure. Reporting can be anonymous.
 - Call the MNsure anonymous complaints telephone line at 1-844-466-7873; or
 - Send an email to the MNsure Compliance hotline at mnsurecompliancehotline@mnsure.org. The email is monitored by the MNsure compliance department.
- MNsure reviews all complaints and takes appropriate action. If you have any questions about this reporting process, please contact the MNsure compliance department in the manner described above.
- [Policy on Reporting Fraud & Complaints for Assisters](#)

Information to include in your complaint/report

About you (optional):

- Name
- Mailing Address
- Day and evening telephone numbers (tell us the preferred time to call)
- Email address

About the situation:

- Explain what you think was inappropriate.
- Who was involved? Include names and positions, if you have them.
- When (roughly) did the improper action(s) take place?
- What law, rule, policy, or other standard do you think was violated? What witnesses, documents, or other evidence do you have to support this claim? Please attach copies to your email.
- Have you filed this allegation with another government office? If so, please tell us what actions that office took, if any.

Resources

- Health Coverage from Jobs: Appendix A:
<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696D-ENG>
- Insurance Affordability Programs Manual (IAPM):
<http://hcopub.dhs.state.mn.us/iapmstd/>
- MNsure special enrollment period resource page: <https://www.mnsure.org/new-customers/enrollment-deadlines/special-enrollment/sep-apply/index.jsp>
- ACA tax provisions for employers (IRS website): <https://www.irs.gov/Affordable-Care-Act/Employers>
- Employer Shared Responsibility provision (IRS website):
<https://www.irs.gov/Affordable-Care-Act/Employers/Employer-Shared-Responsibility-Provisions>
- Employer Shared Responsibility Notice (MNsure website):
<https://www.mnsure.org/help/appeals/appeals-faq.jsp>
- MNsure Policy on Assisters' Role in Reporting Fraud & Complaints:
<https://www.mnsure.org/assister-central/policies/fraud-complaints.jsp>
- Individual Shared Responsibility Provision – Minimum Essential Coverage (IRS website): <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage>