

FY 2016 C / MNSure Interagency Agreement Invoice Summary

Component IAA Reference	IAA Max Amount	QE 9-30-2015 Invoice	QE 12-31-2015 Invoice	QE 3-31-2016 Invoice	QE 6-30-2016 Invoice	YTD Invoice Amount	YTD Invoice Percent
A. DHS Support Services billed to MNSure							
1.1 Human Resources	200,000	50,000				50,000	25%
1.2 Payroll & Accounts Payable	100,000	25,000				25,000	25%
1.3 Procurement	100,000	25,000				25,000	25%
1.4 Management Services	25,000	6,250				6,250	25%
1.5 Financial Operations	300,000	33,418				33,418	11%
1.6 Background Studies	25,000	0				0	0%
1.7 Internal Audits	100,000	49,550				49,550	50%
1.8 Appeals	540,000	242,415				242,415	45%
1.9 HCA - QHP unassisted	200,000	50,000				50,000	25%
1.10 Receipts Center*	90,000					349	0.4%
1.11 Issuance Operations Center*	250,000					144,077	58%
1.12 Equal Opportunity & Access	10,000	2,500				2,500	25%
2.1 Standard IT Support	375,000	93,750				93,750	25%
Total	2,315,000	577,883	0	0	0	722,309	31%
B. MNSure IT System Operations billed to MNSure							
2.2 QHP / SHOP	1,211,000	241,219				241,219	20%
Total	1,211,000	241,219	0	0	0	241,219	20%
C. MNSure IT System Development billed to MNSure							
2.3 QHP / SHOP	17,409,000	2,082,716				2,082,716	12%
Total	17,409,000	2,082,716	0	0	0	2,082,716	12%
D. MNSure Agency Operations billed to DHS**							
3 Medicaid/BHP	(9,609,000)	(2,061,078)				(2,061,078)	21%
Total	(9,609,000)	(2,061,078)	0	0	0	(2,061,078)	21%

*Receipt Center and Issuance Operations Center charges are invoiced separately; however YTD total reflects charges through 09/30/2015.

**\$1.5 million FY 2016 advance from DHS will be offset against the QE 6-30-2015 amount billed to DHS

MNSure authorized approval / date

DHS authorized approval / date

Katie Burns 12/8/15

12/4/15

Alexandra Kotze

Katie Burns, MNSure Chief Operations Officer

Alexandra Kotze, DHS Chief Financial Officer

H5509 001
 DEPARTMENT OF HUMAN SERVICES
 SWIFT - AR UNIT
 PO BOX 64940
 ST PAUL MN 55164-0940



State of Minnesota
 INVOICE

Customer No: H600100001
 Payment Terms: Due in 30
 Due Date: December 23, 2015
 Invoice: 00000314155
 Invoice Date: November 23, 2015
 From Date: To Date:
 Purchase Order:
 Page: 1 of 2

Bill To:
 MNsure
 85 7TH PLACE EAST SUITE 300
 ST PAUL MN 55101-2211

AMOUNT DUE: 577,883.00

For billing questions, please call 651-431-3769

Original

Line	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
1		Human Resources	1.00	EA	50,000.00	50,000.00
2		Payroll & Accounts Payable	1.00	EA	25,000.00	25,000.00
3		Procurement	1.00	EA	25,000.00	25,000.00
4		Management Services	1.00	EA	6,250.00	6,250.00
5		Financial Operations	1.00	EA	33,418.00	33,418.00
6		Internal Audits	1.00	EA	49,550.00	49,550.00
7		Appeals	1.00	EA	242,415.00	242,415.00
8		HCA - QHP unassisted	1.00	EA	25,000.00	25,000.00
9		HCA - QHP unassisted	1.00	EA	25,000.00	25,000.00
10		Equal Opportunity & Access	1.00	EA	2,500.00	2,500.00
11		Standard IT Support	1.00	EA	93,750.00	93,750.00

FY 2016 DHS / MNsure Interagency Agreement Invoice Summary
 DHS Support Services billed to MNsure
 QE 9-30-2015

Subtotal: 577,883.00
 Amount Due: 577,883.00

H5509 001
 DEPARTMENT OF HUMAN SERVICES
 SWIFT - AR UNIT
 PO BOX 64940
 ST PAUL MN 55164-0940



State of Minnesota
 INVOICE

Customer No: H600100001
 Payment Terms: Due in 30
 Due Date: December 23, 2015
 Invoice: 00000314160
 Invoice Date: November 23, 2015
 From Date: To Date:
 Purchase Order:
 Page: 1 of 1

Bill To:
 MNsure
 85 7TH PLACE EAST SUITE 300
 ST PAUL MN 55101-2211

AMOUNT DUE: 241,219.00

For billing questions, please call 651-431-3769

Original

Line	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
1		QHP / SHOP	1.00	EA	241,219.00	241,219.00
FY 2016 DHS / MNsure Interagency Agreement Invoice Summary						
MNsure IT System Operations billed to MNsure						
QE 9-30-2015						

Subtotal: 241,219.00

Amount Due: 241,219.00

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.
 This information is available in alternative formats to individuals with disabilities by calling 651-431-3769. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848.
 For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

Bill To:
 MNsure
 85 7TH PLACE EAST SUITE 300
 ST PAUL MN, 55101-2211

Customer No: H600100001
 Payment Terms: Due in 30
 Due Date: December 23, 2015

Address Change? If yes, Check box.
 Write correct address on back.

Amount Due: 241,219.00

Please Remit To:
 DEPARTMENT OF HUMAN SERVICES
 SWIFT
 PO BOX 64835
 ST. PAUL MN 55164-0835

Amount Remitted

H5509 H600100001ZZZZZ 0 00000314160ZZZZZZZZZZ 7 0024121900

H5509 001
 DEPARTMENT OF HUMAN SERVICES
 SWIFT - AR UNIT
 PO BOX 64940
 ST PAUL MN 55164-0940



State of Minnesota
 INVOICE

Customer No: H600100001
 Payment Terms: Due in 30
 Due Date: December 23, 2015
 Invoice: 00000314161
 Invoice Date: November 23, 2015
 From Date: To Date:
 Purchase Order:
 Page: 1 of 1

Bill To:
 MNsure
 85 7TH PLACE EAST SUITE 300
 ST PAUL MN 55101-2211

AMOUNT DUE: 2,082,716.00

For billing questions, please call 651-431-3769

Original

Line	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
1		QHP / SHOP	1.00	EA	2,082,716.00	2,082,716.00
FY 2016 DHS / MNsure Interagency Agreement Invoice Summary MNsure IT System Development billed to MNsure QE 9-30-2015						
					Subtotal:	2,082,716.00
					Amount Due:	2,082,716.00

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.
 This information is available in alternative formats to individuals with disabilities by calling 651-431-3769. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848.
 For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

Bill To:
 MNsure
 85 7TH PLACE EAST SUITE 300
 ST PAUL MN 55101-2211

Customer No: H600100001
 Payment Terms: Due in 30
 Due Date: December 23, 2015

Address Change? If yes, Check box.
 Write correct address on back.

Amount Due: 2,082,716.00

Please Remit To:
 DEPARTMENT OF HUMAN SERVICES
 SWIFT
 PO BOX 64835
 ST. PAUL MN 55164-0835

Amount Remitted

H5509 H600100001ZZZZZ 0 00000314161ZZZZZZZZZZZZ 7 0208271600

H6002 001
MNSURE
PO BOX 64832
ST PAUL MN 55164-0832



State of Minnesota
INVOICE

Section D
MNSURE Billing
to DHS
093015

Customer No: H550100001
Payment Terms: Due in 30
Due Date: December 20, 2015
Invoice: 00000313931
Invoice Date: November 20, 2015
From Date: To Date:
Purchase Order:
Page: 1 of 1

Bill To:
HUMAN SERVICES DEPT
444 LAFAYETTE
ST PAUL MN 55155

AMOUNT DUE: 2,061,078.00

For billing questions, please call 651-539-1327

Original

Line	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
1		QE 9-30-2015 PACAP Schedule 38	1.00	EA	2,061,078.00	2,061,078.00
Subtotal:						2,061,078.00
Amount Due:						2,061,078.00

DHS/MNSure Interagency Payment - QE 09-30-2015 PACAP Schedule 38 Costs

Bill To:
HUMAN SERVICES DEPT
444 LAFAYETTE
ST PAUL MN 55155

Customer No: H550100001
Payment Terms: Due in 30
Due Date: December 20, 2015

Address Change? If yes, Check box.
Write correct address on back.

Amount Due: 2,061,078.00

Please Remit To:
MNSure
PO Box 64832
St. Paul MN 55164-0832

Amount Remitted

H6002 H550100001ZZZZZ 0 00000313931ZZZZZZZZZZZZ 2 0206107800