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American Health Benefit Insurance Exchange/SHOP Survey

1. Nebraska Health Insurance Exchange Questionnaire

A health insurance Exchange is a central marketplace for health insurance that provides one-stop shopping for individuals and small businesses to compare rates, benefits and quality among plans. The Exchange will also administer the new federal health insurance tax credits for those who qualify and make it easier to enroll in health insurance.

As part of our commitment to openness, transparency, and stakeholder engagement, we highly encourage all stakeholders to participate in our Health Insurance Exchange Survey in order to provide valuable input on the design of our potential Health Insurance Exchange. The following questions seek to gather preliminary feedback on key Exchange design and policy decisions. Additional written comments can be added to each individual question on the survey.

More information regarding the State's effort can be found at <http://www.doi.ne.gov/healthcarereform/exchange/index.htm> (please cut and paste)

Please enter your contact information below so we can follow up on any feedback. Answers are only required for the first two questions. Any comments provided will be considered confidential but may be used in the executive summary or analyst's reports without attribution to you or your organization.

In order to incorporate your input in a timely fashion, the Department requests that you complete the survey by July 15th. Thank you for your feedback.

* 1. Please enter your contact information below:

Name:

Company:

City/Town:

ZIP:

Email Address:

* 2. Are you a(n):

- Consumer
- Insurer
- Health Care Provider
- Business
- Advocacy Group
- Insurance Agent/Producer
- Other

Other (please specify)

Employer Follow Up

3. How many people do you employ?

1/Self-Employed

2-50

51-99

100+

None

4. Who manages employee benefits for your organization? Please check all that apply:

Human resource generalist

Benefits manager

Outsourced

Insurance agent/producer

Do it myself

Do not offer any employee benefits

Other (please specify)

Exchange Goals

5. A broad list of possible Exchange objectives is displayed below. Please select the principles that you think should guide the formation of Nebraska's Exchange, if the state chooses to create a state-based Exchange. Check all that apply.

Promote and increase competition among health insurers

Offer all qualified health plans in the Exchange

Allow only a limited number of plans that meet certain criteria to be offered in the Exchange

Only meet the minimum Federal requirements for an Exchange

Be a driver of quality improvement and cost containment in the health insurance marketplace

Serve as a negotiator with health plans to achieve lower prices

Provide cost and quality data on health plans to help promote consumerism and increase transparency in the health insurance marketplace

Require additional quality standards based on State health goals (e.g. smoking rates, obesity, etc.)

Increase the portability and continuity of health coverage

Simplify the purchase of health insurance

Promote consumer directed health plans

Help small businesses with administrative functions and minimize the burdens related to offering health insurance

Other (please specify)

Exchange Business Model

6. Exchanges have different business models that they can follow. These models are described in more detail below.**Which model do you think would work best for Nebraska?**

Active Purchaser - Exchanges can be active purchasers, negotiate with plans and selectively contract with insurers for Exchange products. This model could limit the number of products offered in the Exchange.

Passive Clearing House - Exchanges can be passive clearing houses where all qualified health carriers can sell their products. Individuals and businesses can shop among these products. This could maximize the number of plans and choices offered on the Exchange.

Hybrid Model - Exchanges can be a hybrid (active purchaser and passive clearing house) with some requirements related to quality - limiting the plans that offer on the Exchange.

Other (please specify)

7. Please offer any additional comments on the Exchange Business Model.**8. Do you have any suggestions for strategies that Nebraska could employ to increase competition in the health insurance marketplace?****Exchange Small and Individual Market Requirement Questions****9. The Affordable Care Act (ACA) establishes combined risk pools for the small group market in and out of the Exchange and individual market in and out the Exchange. States may also elect to merge the small group and individual markets. This would create one risk pool for individuals and small groups in or out of the Exchange. Should Nebraska merge the current small group and individual markets?**

Yes, Nebraska should merge the risk pools for small group and individual markets.

No, Nebraska should keep the risk pools for small group and individual markets separate.

Undecided

Why or why not?

10. The ACA allows for carriers who offer dental only plans who cover pediatric dental benefits to sell dental only products for everyone within the Exchange. Should the potential Exchange offer other stand-alone benefit plans such as

vision only plans?

Yes, stand-alone vision plans should be offered.

Yes, vision and other stand-alone coverage plans should be offered.

No, the Exchange should only offer plans with comprehensive coverage that meet the Federal essential benefit requirements.

Undecided.

Additional Comments

11. Should the potential Exchange offer plans only available in specific geographic areas or should all plans offered in the Exchange have the requirement to be available statewide?

Plans available only in certain geographic locations should be allowed in an Exchange.

All plans offered in an Exchange should be available statewide.

Undecided

Additional Comments

12. Exchange design will impact consumers who seek to purchase plans in the Exchange. If an Exchange design attracts primarily unhealthy participants then the Exchange plans will become more expensive and potential participants will be more inclined to purchase health plans sold outside the Exchange. Additionally, individuals may choose to wait until they become sick to purchase health insurance, which is known in the insurance industry as adverse selection. This will increase premium cost for everyone. Please indicate what preventive strategies you would support in the health insurance markets to help ensure the affordability of products sold within the Exchange.

Support

Don't Support

Uncertain

1. Institute limited enrollment periods for the individual market
2. Institute limited enrollment periods for the small group market
3. Institute a waiting period of 30 days for covered services for the individual market
4. Institute a waiting period of 30 days for covered services for the small group market
5. Institute penalties for dropping coverage and then enrolling again when ill for the individual market

Support

Don't Support

Uncertain

6. Institute penalties for dropping coverage and then enrolling again when ill for the small group market

7. Tie open enrollment periods to the enrollee's birthday

Other (please specify)

13. If a market for health insurance products exists outside the potential Exchange, it is possible that rules governing health plans (e.g. marketing, benefits, enrollment, etc.) in this market could be different than the rules in the Exchange.

Should the rules for insurers be the same for the markets inside and outside the Exchange?

Yes, the State should ensure that plan requirements and rules are the same for plans in the small group and individual markets both inside and outside of the Exchange.

Yes, the State should ensure than plan requirements and rules are the same for plans in the small group markets both inside and outside of the Exchange.

Yes, the State should ensure that plan requirements and rules are the same for plans in the individual markets both inside and outside the Exchange.

No, the rules inside and outside of the Exchange do not need to be consistent in the small group or individual markets.

Undecided

Additional Comments

14. Assuming that a health insurance marketplace exists outside of the Exchange, should health insurers be allowed to offer health plans in the outside market that are not qualified to be sold in the Exchange? (Check all that apply)

Yes, health insurers should be allowed to offer plans in the individual market outside of the Exchange that are not qualified to be sold in the Exchange.

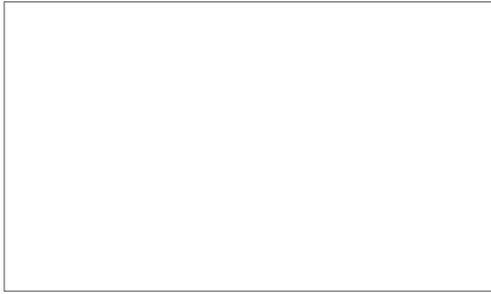
Yes, health insurers should be allowed to offer plans in the small group market outside of the Exchange that are not qualified to be sold in the Exchange.

Yes, health insurers should be allowed to offer plans in both the individual and small group markets outside of the Exchange that are not qualified to be sold in the Exchange.

No, health insurers should not be allowed to offer plans that are not qualified to be sold in the Exchange in the outside marketplace.

Undecided

Additional Comments



15. Assuming there is a market outside of the Exchange for health insurance, should health insurers be required to sell the plans they offer in the Exchange in the outside market?

Yes, health insurers should be required to offer the individual plans sold in the Exchange in the outside market.

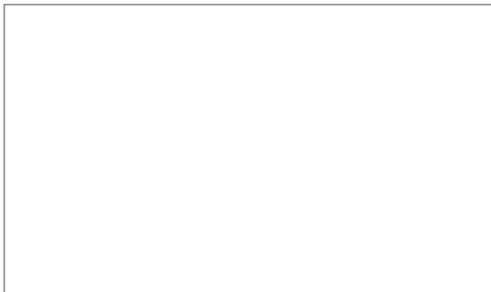
Yes, health insurers should be required to offer the small group plans sold in the Exchange in the outside market.

Yes, health insurers should be required to offer both the individual and small group plans sold in the Exchange in the small group market.

No, health insurers should be not be required to offer individual or small group plans sold in the Exchange in the outside market.

Undecided

Additional Comments



16. Assuming an outside market exists, should the State require premiums for comparable products to be the same in the Exchange and in the outside market?

Yes, small group premiums should be required to be the same in the Exchange and in the outside market.

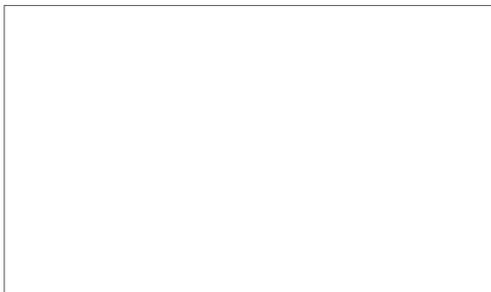
Yes, individual premiums should be required to be the same in the Exchange and in the outside market.

Yes, both individual and small group premiums should be required to be the same in the Exchange and in the outside market.

No, neither individual nor small group premiums should not be required to be the same in the Exchange and in the outside market.

Undecided

Additional Comments



17. Should all health insurers who sell in the State be required to offer their products in the Exchange?

Yes, health insurers who sell small group products in Nebraska should be required to sell in the Exchange.

Yes, health insurers who sell individual products in Nebraska should be required to sell in the Exchange.

Yes, health insurers who sell small group or individual products in Nebraska should be required to sell in the Exchange.

No, there should be no requirement on health insurers selling small group or individual products to offer in the Exchange.

Additional Comments

18. The potential Exchange will be a new forum in which to purchase insurance. Should ACA-governed insurance products, known as "qualified plans" in the Exchange, continue to be available for purchase outside the Exchange?

Both individual and small group health insurance products should be available outside of the Exchange.

Individual products should be available for purchase only in the Exchange.

Small group products should be available for purchase only in the Exchange.

Both individual and small group products should only be offered in the Exchange.

Undecided

Other (please specify)

19. Requiring health insurance carriers who offer plans in the potential Exchange to offer plans in both the individual and small group markets could increase the chance that an individual could keep the same coverage if their employment circumstances change. Should health insurers be required to offer Exchange plans for both the individual and small group markets?

Yes, health insurers should be required to offer in both the individual and small group markets.

No, health insurers should not be required to offer in both the individual and small group markets.

Undecided

Additional Comments

20. Should plans offering in the Exchange be subject to additional State certifications requirements pertaining to quality and cost of care?

Yes, plans offering in the Exchange should be subject to additional State certification requirements pertaining to quality of care.

No, plans offering in the Exchange should not be subject to additional State certification requirements pertaining to quality of care.

Undecided

Additional Comments

21. How should open enrollment be conducted in the individual market?

Open enrollment should occur once a year.

Open enrollment should occur twice a year.

Open enrollment should occur to coincide with date of birth.

Open enrollment should be continuous.

Other (please specify)

22. In the individual market, should Exchange plans be limited to re-pricing their products only at enrollment/renewal?

Yes, in the individual market, Exchange plans should be limited to re-pricing their products only at enrollment/renewal.

No, Exchange plans should not be limited on when they can re-price their products.

Undecided

Additional Comments

23. In the small group market should Exchange plans be limited to re-pricing their products only at enrollment/renewal?

Yes, in the small group market, Exchange plans should be limited to re-pricing their products only at enrollment/renewal.

No, Exchange plans should not be limited on when they can re-price their products.

Undecided

Additional Comments



The Exchange and Medicaid

24. Should the State provide premium vouchers to Medicaid-eligible individuals to buy commercial health coverage products in the Exchange?

Yes, the State should provide premium vouchers to Medicaid-eligible individuals to buy commercial health coverage in the Exchange.

No, the state should not provide premium vouchers to Medicaid-eligible individuals to buy commercial health coverage in the Exchange.

Undecided

Additional Comments



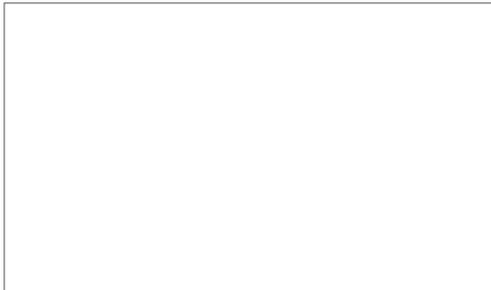
25. Should Medicaid-contracted health plans be required to offer a comparable commercial product in the Exchange to aid individuals transitions between Medicaid and Exchange products?

Yes, Medicaid-contracted health plans should be required to offer a comparable commercial product in the Exchange.

No, Medicaid contracted health plans should not be required to offer a comparable commercial health product in the Exchange.

Undecided

Additional Comments



26. States may offer premium vouchers to parents with children eligible for the Children's Health Insurance Program (CHIP) to cover the cost of the dependent coverage. These premium vouchers could allow for the purchase of family coverage through the Exchange so that the family unit could be covered by a single plan.

Should Medicaid provide premium vouchers to parents of CHIP children to aid in the purchase of family health coverage product in the Exchange?

Yes, Medicaid should offer premium vouchers to the parents of CHIP children to aid in the purchase of a family health coverage product in the Exchange.

No, Medicaid should not offer premium vouchers to the parents of CHIP children. These children should continue to be covered under CHIP.

Undecided

Additional Comments

27. The ACA gives states the ability to operate a "Basic Health Plan" for individuals between 133% and 200% of the federal poverty level (FPL). A state can use 95% of the tax credits that would have been available to these individuals for Exchange coverage to operate the "Basic Health Plan." Should Nebraska consider establishing a Basic Health Plan?

Yes, Nebraska should offer a Basic Health Plan. All individuals between 133% and 200% FPL would be covered by the Basic Health Plan and not have the option to purchase commercial coverage.

No, Nebraska should not offer a Basic Health Plan and should allow individuals between 133% and 200% FPL to use federal tax credits to purchase coverage in the Exchange.

Undecided

Additional Comments

Exchange Data and Consumer Needs

28. What type of data will be important for consumers to have when making health plan selection decisions? Please rate the below on a 1 to 5 scale.

1- Not Important

2

3

4

5- Very Important

1. Premium
2. Deductible, or the amount of covered expenses the enrollee pays in full each year before plan benefits begin
3. Co-payments, the fixed amounts paid by the enrollee for each office visit or pharmacy prescription filled
4. Co-insurance, a payment for services where the enrollee's share of payment is based on a percentage of total cost
5. Yearly maximum out-of-pocket expenses, the total of deductible, co-payments, and co-insurance that an enrollee could be responsible to pay

1- Not Important

2

3

4

5- Very Important

over a year

6. Plan quality (Exchange
Ranking of Insurance Plans)

7. Claims denial rate

8. Average cost of specific
services9. Health plan enrollee
satisfaction10. Network of available
doctors and facilities

11. Doctor quality

12. Patient satisfaction by
doctor13. Average appointment wait
times

14. Hours

Other (please specify)

29. Should Exchange plans be required to provide claims data (subject to the appropriate privacy requirements) to the Exchange or other entity so that cost and quality data can be made available to the public?

Yes, plans offering in the Exchange should be required to provide claims data for the purpose of aggregate cost and quality reporting.

No, the plans offering in the Exchange should not be required to provide claims data.

Undecided

Additional Comments

30. Please offer any comments on the Exchange and quality and cost control initiatives.

Small Business Health Option Programs (SHOP) Exchange

An Exchange serves both the individual and small group markets. For the small group market the Exchange is called the Small Business Health Option Programs (SHOP) and offers health plans that businesses can purchase for their employees.

31. For the small group market, the groups may be defined as 1-50, 2-50, 1-100, or 2-100 employees. What should the small group definition be for initial Exchange participation in 2014?

1-50

2-50

1-100

2-100

Undecided

Other (please specify)

32. State are allowed to open Exchange eligibility to large employers starting in 2017. Should large employers (greater than 100 employees) be allowed to participate in an Exchange in 2017?

Yes

No

Undecided

Additional Comments

33. An Exchange could offer defined contribution plans, in which employers provide a fixed contribution to their employees' health plans and the employees use the employer contribution to select the plans they deem appropriate for their needs.

Should the Exchange consider offering defined contributions for employers?

Yes, the Exchange should consider offering defined contributions for employers.

No, the Exchange should not offer defined contributions.

Undecided

Additional Comments

34. If a plan is deemed qualified according to federal standards it is then placed in a benefit tier based on its' actuarial value. For example, bronze plans offer the most basic benefits and platinum plans offer the richest benefits.

If the Exchange offers defined contribution plans, should employees have a choice among all possible plans across benefit tiers (Bronze, Silver, Gold, etc.), be limited to all possible plans within a benefit tier, or be limited to employer plan selections?

Employees using defined contributions should be limited to a benefit tier specified by their employer but have a free choice of plans in that tier.

Employees using defined contribution should be limited to a selection of plans determined by their employer within a single benefit tier.

Employees using defined contributions should be able to select any plan from any tier.

Employees using defined contribution should be limited to a selection of plans determined by their employer across different benefit tiers.

Undecided

Additional Comments

35. Should employers purchasing coverage in the Exchange be required to make a minimum contribution towards their employees' health plans?

Yes, employers purchasing coverage in the Exchange should be required to make a minimum contribution towards their employees' health plans.

No, employers purchasing coverage in the Exchange should not be required to make a minimum contribution towards their employees' health plans.

Undecided

Additional Comments

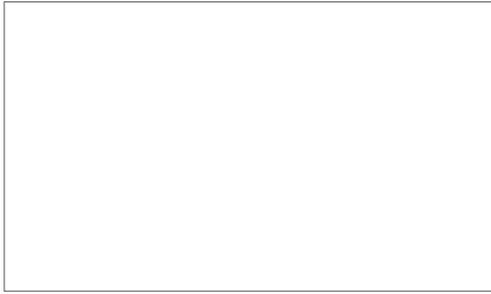
36. Should employers purchasing coverage for their employees in the Exchange be required to have a minimum percentage of their employees participating in the plan?

Yes, employers purchasing coverage for their employees in the Exchange should be required to have a minimum percentage of their employees participating.

No, employers purchasing coverage for their employees in the Exchange should not be required to have a minimum percentage of their employees participating.

Undecided

Additional Comments



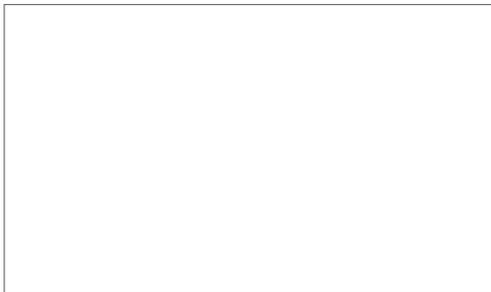
37. Should the Exchange consider offering Internal Revenue Code 125 (Cafeteria Plans) so that employees may, on a pre-tax basis, purchase their insurance?

Yes, the Exchange should consider offering 125 plans.

No, the Exchange should not considering offering 125 plans.

Undecided

Additional Comments



38. Instead of small businesses sending payments to carriers, an Exchange can collect employer, employee, and other (subsidies, etc.) premium payments and distribute them to the appropriate health carrier. This would allow for multiple employers to contribute to a single plan on behalf of an employee and their family. This is referred to as premium aggregation.

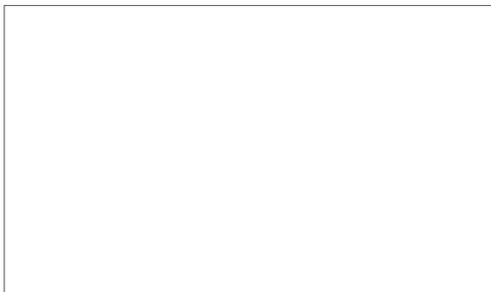
For small employers, should the Exchange collect premium contributions from employers, employees and other sources and distribute them to health insurers?

Yes, the Exchange should collect premiums from employers, employees, and other sources and distribute them to health insurers.

No, premium collection should remain a responsibility of health insurers.

Undecided.

Additional Comments



Exchange Administrative Functionality Questions

39. Should the Exchange provide the ability to shop, compare, and purchase health plans? Or, should the Exchange only provide comparison data and direct buyers to the individual insurers to purchase health plan?

Buyers should be able to shop, compare, and purchase plans on the Exchange.

The Exchange should direct customers to the insurers to purchase the health plan.

Undecided

Other (please specify)

40. In the individual market, should the Exchange collect premium contributions from individuals and distribute them to health insurers?

Yes, in the individual market the Exchange should collect premium contributions from individuals and distribute them to health insurers.

No, premium collection should remain a responsibility of health insurers.

Undecided.

Other (please specify)

41. In the individual market, should the Exchange have the functionality to aggregate premium contributions from multiple sources (individuals, part-time employers, subsidy contributions, etc.) and distribute lump sum premium payments to insurers?

Yes, in the individual market the Exchange should have the functionality to aggregate premium contributions from multiple sources and distribute lump sum payments to insurers.

No, the Exchange should not have the functionality to aggregate premium contributions.

Undecided

Additional Comments

Exchange Financing Questions

42. An Exchange must be self-sustaining by 2015. This means that after 2015 the federal government will not provide funds to support the operations of a State's Exchange. How should the Nebraska Exchange be financed? (Choose one or more)

An increase in the current premium tax on plans sold through the Exchange (currently .5%)

An increase in the current premium tax for all plans sold inside and outside of the Exchange (currently .5%)

Charge license fees for Navigators

Create a new tax

Charge insurers a fee to offer plans in the Exchange

Charge a fee to small businesses to use the SHOP Exchange

Charge a fee to individuals to use the Exchange

Support the creation of risk pools to purchase insurance and charge a fee to join a risk pool

Other (please specify)

Exchange Insurance Questions

43. Were you involved in the purchasing decision of your current health insurance coverage?

Yes, I helped choose the coverage option.

No, the coverage option was provided for me through an employer or other group.

I don't know.

If yes, did you use the assistance of a licensed insurance producer?

44. How well do you understand your current health insurance coverage?

Completely

Somewhat

A little

Not at all

45. If you have a question or need assistance with your health insurance coverage, who do you contact?

A licensed health insurance producer (agent/broker)

Your employer

Your insurance carrier

I figure it out on my own

Other (please specify)

46. If you need assistance with comparing insurance options how would you prefer to receive it?

From a licensed health insurance producer that is regulated by the State and that may be getting paid by a health plan.

From a Navigator (unlicensed and paid Exchange employee)

From a Navigator that is licensed, regulated, and does not have a financial relationship with a plan.

By contacting the insurance carrier call center.

By researching online.

Other (please specify)

47. Should those who provide support in the Exchange health insurance enrollment process hold a certification or license to counsel and advise consumers?

Yes, those who provide support in the Exchange should hold a certification or license to counsel and advise consumers on health insurance decisions.

No, a certification or license should not be required to advise and counsel consumers on health insurance decisions.

Undecided.

Exchange Navigator Questions

48. The ACA requires an Exchange to establish a "Navigator" program. Navigators are required to:

1. Conduct public education activities
2. Raise awareness of the availability of qualified health plans
3. Distribute fair and impartial information concerning enrollment in qualified health plans
4. Distribute fair and impartial information on the availability of premium tax credits and cost-sharing reductions
5. Facilitate enrollment in qualified health plans
6. Provide referrals to any applicable office of health insurance consumer assistance or any other appropriate State agencies
7. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange or Exchanges.

Who should hold the Navigator positions in Nebraska's Exchange? (Check all that apply).

Exchange employees

Licensed insurance brokers/agents

Social service agency employees

Community based agency employees

Other contractors

Other (please specify)

49. How should the Navigators of the Exchange be compensated? (Check all that apply).

Flat rate per transaction

Percentage of premium for each plan sold

Hourly

Salaried as Exchange employees

Commissions

Per member per month

Other (please specify)

50. Should Navigators be trained to help people enroll in public programs (e.g. Medicaid) as well as private health plans?

Yes, Navigators should be trained to help people enroll in public programs.

No, Navigators should only be trained to help people enroll in commercial products.

Undecided

51. Should Navigators be licensed?

Yes, Navigators should be licensed.

No, Navigators should not be licensed.

Undecided

If yes, who should license Navigators?

52. Should compensation for Navigators and/or brokers be required to be the same inside and outside of the Exchange?

Yes, compensation should be required to be the same inside and outside of the Exchange.

No, compensation should not be required to be the same inside and outside of the Exchange.

Undecided

Additional Comments

53. What should the role of brokers be relative to the Exchange?

Brokers should help the individuals, employers and employees select plans inside and outside of the Exchange but have no formal relationship with the Exchange.

Brokers should function as Exchange Navigators.

Brokers should only help individuals, employers and employees select plans in the markets outside of the Exchange.

Undecided.

Other (please specify)

54. What are ways to prevent agents/brokers from having incentives to steer individuals and businesses away from the Exchange?

55. Should the State of Nebraska create a state-based Exchange, participate in a regional Exchange, or allow the Federal government to create a Federally operated Exchange for the State?

Nebraska should create a state-based Exchange.

Nebraska should participate in a regional Exchange.

Nebraska should allow the Federal government to operate a federal Exchange in Nebraska.

Undecided

Additional Comments

Additional Comments

56. Please add any additional comments:

Done