

On January 27, 2011, Governor Scott Walker issued an Executive Order creating the Office of Free Market Health Care (Office) to develop a plan for the design and implementation of a Wisconsin health insurance exchange that utilizes a free-market, consumer driven approach. The Office is directed by the Department of Health Services and the Office of the Commissioner of Insurance. The Executive Order can be found at: http://walker.wi.gov/journal_media_detail.asp?locid=177&prid=5649.

As part of the planning efforts, the Office is seeking stakeholder input on the design of a Wisconsin health insurance exchange. This questionnaire assumes there will be two separate exchanges for individuals and small employers, with one convenient entry point. The small group and individual markets for health insurance will remain separate; they will not be combined into a single market.

The following questions seek to gather preliminary feedback on key exchange decisions.

Note: Use the previous and next buttons to move between pages (do not use the back button on the your browser).

*** 1. Are you responding to this survey as:**

An individual consumer; defined as someone who is uninsured or has an individual health insurance policy and does not have employer sponsored health insurance coverage.

A small business employer

A small business employee

An Insurance Company Representative

A Health Care Provider or Representative of a Health Care Provider Organization

An Advocacy Group Representative

Insurance Agent/Broker or Representative from an Agent/Broker Organization

Other (please specify)



1. Your name (optional)

*** 2. Your zip code (required - note that all questions with an asterisk are required)**

3. Your contact information (if you wish to be contacted in the future for follow up) e.g. email, phone number, mailing address.



*** 4. How did you purchase your current health insurance coverage?**

Through an agent

Contacted the insurer directly

Other (please specify)

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

Completely

Somewhat

A little

Not at all

*** 6. 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 Insurance Carrier

I figure it out on my own

Other (please specify)

*** 7. If you needed 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 grantee)

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)

1. Your name (optional)

*** 2. Your zip code (required - note that all questions with an asterisk are required)**

3. Business Name

4. Your contact information (if you wish to be contacted in the future for follow up) e.g. email, phone number, mailing address.

*** 5. Number of Employees**

*** 6. Who manages the benefits for your business? Please check all that apply:**

- Human resource generalist
- Benefits manager
- Outsourced to a benefits management company
- Insurance agent/producer
- Do it myself
- Do not offer any employee benefits
- Other (please specify)

*** 7. How well do you understand the health insurance coverage you provide to your employees?**

- Completely
- Somewhat
- A little
- Not at all

*** 8. If you needed 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 grantee).

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)

1. Your name (optional)

*** 2. Your zip code (required - note that all questions with an asterisk are required)**

3. Name of Employer

4. Your contact information (if you wish to be contacted in the future for follow up) e.g. email, phone number, mailing address.

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

Completely

Somewhat

A little

Not at all

*** 6. 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)

*** 7. If you needed 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 grantee).

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)

1. Your name (optional)

2. Title (optional)

*** 3. Name of Organization (required - note that all questions with an asterisk are required)**

*** 4. Your zip code**

5. Your contact information (if you wish to be contacted in the future for follow up) e.g. email, phone number, mailing address.

1. Your name (optional)

*** 2. Title (required - note that all questions with an asterisk are required)**

*** 3. Name of Company or Organization**

*** 4. Your zip code**

5. Your contact information (if you wish to be contacted in the future for follow up) e.g. email, phone number, mailing address.

1. Your name (optional)

*** 2. Your zip code (required - note that all questions with an asterisk are required)**

3. Employer

*** 4. Do you sell products in the individual market?**

Yes

No

5. Should the exchange offer a web-based tool to assist brokers in managing their clients who purchase through the exchange?

Yes

No

1. If yes, what function should the web-based tool include to ensure it is useful to Brokers?

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★ **1. A broad list of possible exchange objectives is displayed below. Please prioritize the principles you think should guide the formation of Wisconsin's exchange using a scale of 1 to 12, with 1 being the top priority.**

	1	2	3	4	5	6	7	8	9	10	11	12
Lower your health insurance premium	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Promote and increase competition among health insurers	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Offer all qualified health plans in the exchange	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Allow only a limited number of plans that meet certain criteria to be offered in the exchange	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Only meet the minimum federal requirements for an exchange	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Be a driver of quality improvement and cost containment in the health insurance marketplace	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Provide cost and quality data on health care providers to help promote consumerism and increase transparency in the health insurance marketplace	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Require additional quality standards based on the State's health goals (e.g. smoking rates, obesity, etc.)	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Increase the portability and continuity of health coverage	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Promote consumer directed health plans	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Help small businesses with administrative functions and minimize the burdens related to offering health insurance	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq
Other (optional - if selected please give detail below)	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq	jq

2. If you selected "Other" above, please explain what you would prioritize.

3. Do you have suggestions for strategies Wisconsin could employ to preserve our competitive health insurance marketplace in an environment where products are available through the exchange as well as outside of the exchange?

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

	1 (Most Important)	2	3	4	5 (Least Important)
Premium	jq	jq	jq	jq	jq
Deductible, or the amount of covered expenses the enrollee pays in full each year before plan benefits begin	jq	jq	jq	jq	jq
Co-payments, the fixed amounts paid by the enrollee for each office visit or pharmacy prescription filled	jq	jq	jq	jq	jq
Co-insurance, a payment for services where the enrollee's share of payment is based on a percentage of total cost	jq	jq	jq	jq	jq
Yearly maximum out-of-pocket expenses, the total of deductible, co-payments, and co-insurance that an enrollee could be responsible to pay over a year	jq	jq	jq	jq	jq
Health plan quality (e.g. National Committee for Quality Assurance)	jq	jq	jq	jq	jq
Claims denial rate	jq	jq	jq	jq	jq
Average cost of specific services	jq	jq	jq	jq	jq
Health plan enrollee satisfaction	jq	jq	jq	jq	jq
Network of available doctors and facilities	jq	jq	jq	jq	jq
Health care provider quality	jq	jq	jq	jq	jq
Patient satisfaction by provider	jq	jq	jq	jq	jq
Average health care provider appointment wait times	jq	jq	jq	jq	jq
Office hours of health care provider	jq	jq	jq	jq	jq
Other (optional - if selected, please give detail below)	jq	jq	jq	jq	jq

5. If you selected "Other" above, please explain what you would prioritize.

*** 1. The exchange may have access to claims data and could use this information to generate public reports on provider or clinic cost and quality. Should the exchange generate these reports?**

- Yes, the exchange should use health plans' claims data to generate public reports on provider or clinic cost and quality.
- No, the exchange should not use health plans' claims data to generate public reports on provider or clinic cost and quality.
- Undecided

2. If you have comments about this question, please enter them below.

*** 3. Should the exchange make provider "report cards" on standard measures available to exchange consumers?**

- Yes, the exchange should make provider "report cards" available to consumers.
- No, the exchange should not make provider "report cards" available to consumers.
- Undecided

*** 4. Quality and cost measures or functionality that goes above and beyond the federal Exchange requirements will add additional cost to Exchange operations. What would you be willing to pay for additional exchange functionality?**

- I am not willing to pay any premium increase for cost and quality information that goes beyond the federal requirements.
- I would be willing to pay between 0% to 1% premium increase for cost and quality information that goes beyond the federal requirements.
- I would be willing to pay between 2% to 3% premium increase for cost and quality information that goes beyond the federal requirements.
- I would be willing to pay between 3% to 4% premium increase for cost and quality information that goes beyond the federal requirements.
- I would be willing to pay more than a 5% premium increase for cost and quality information that goes beyond the federal requirements.

5. If you have comments about this question, please enter them below.

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

*** 7. An exchange must be self-sufficient by 2015. This means that after 2015 the federal government will not provide funds to support the operation of a State's exchange. How should Wisconsin's exchange be financed? (Choose one or more.)**

- Issue bonds and borrow money
- 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 exchange
- Charge a fee to individuals to use the exchange
- Other (please specify)

*** 1. Should those who provide support in the exchange health insurance enrollment process, so called Navigators, 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

*** 2. If an exchange is not able to offer lower premiums for health plans than those health plans available outside of the exchange, would you have an interest in purchasing health insurance through the exchange?**

Yes

No

Undecided

*** 3. The Affordable Care Act (ACA) allows for carriers who offer dental only plans to offer them on the Exchange. Should the Exchange offer other stand-alone benefit plans (example: vision 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 meets the federal essential benefit requirements.

Undecided

4. If you have comments about this question, please enter them below.

*** 1. 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
Institute limited enrollment periods for the individual market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institute limited enrollment periods for the small group market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institute a waiting period of 30 days for covered services for the individual market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institute a waiting period of 30 days for covered services for the small group market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institute penalties for dropping coverage and then enrolling again when ill for the individual market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institute penalties for dropping coverage and then enrolling again when ill for the small group market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (optional - if selected please give detail below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you selected "Other" above, please explain.

*** 3. 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)

4. If you selected "Other" above, please explain what you would prioritize.

*** 5. Are you an Individual consumer or a small business employee (from question 1)?**

- Yes
- No

* 1. There is the potential for adverse selection between the benefit tiers offered in the exchange (bronze (60% actuarial value), silver (70% actuarial value), gold (80% actuarial value), platinum (90% actuarial value)). If individuals are allowed to change their benefit tier each year it is likely that the sickest individuals will gravitate to the platinum plans in the exchange, while the healthiest enrollees will choose the bronze plans. This adverse selection would have the potential to greatly increase the cost of plans in the higher tiers (gold, platinum) relative to plans in the lower tiers (bronze, silver). Please indicate what strategies you would support to limit adverse selection between benefit tiers.

	Support	Don't Support	Undecided
Require individuals to lock-in to an exchange benefit level for a multiple year period.	jn	jn	jn
Allow individuals to move up or down only one benefit level relative to the previous year's benefit level.	jn	jn	jn
Charge a fee to move up or down a benefit level.	jn	jn	jn
Other (optional - if selected please give detail below.)	jn	jn	jn

2. If you selected "Other" above, please explain.

*** 1. Should rules for insurers be the same for the markets inside and outside of the exchange?**

jm 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.

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

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

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

jm Undecided

2. If you have comments about this question, please enter them below.

*** 3. Assuming that a health insurance marketplace exists outside of the exchange, should health insurers be allowed to offer health plans on the outside market that are not qualified to be sold through the exchange?**

jm Yes, health insurers should be allowed to offer plans on the individual market outside of the exchange that are not qualified to be sold through the exchange.

jm Yes, health insurers should be allowed to offer plans on the small group market outside of the exchange that are not qualified to be sold through the exchange.

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

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

jm Undecided

4. If you have comments about this question, please enter them below.

*** 5. Should the exchange implement policies to increase portability of health insurance for individual consumers and employees of small businesses when circumstances change? For example, if a person switches between individual or small employer provided insurance or moves into or out of Medicaid, should the person be able to keep their same coverage?**

Yes, policies should be implemented to increase portability of health insurance.

No, policies should not be implemented to increase portability of health insurance. Those decisions should be left to the insurer.

Undecided

6. If you have comments about this question, please enter them below.

*** 7. Should plans offering on a state exchange be subject to additional State certification requirements pertaining to quality and cost of care?**

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

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

Undecided

8. If you have comments about this question, please enter them below.

*** 9. In the individual market, should exchange plans be limited to increasing premiums only at enrollment/renewal?**

Yes, in the individual market exchange plans should be limited to increasing premiums only at enrollment/renewal.

No, exchange plans should not be limited on when they can increase premiums for their products.

Undecided

*** 10. In the small group market, should exchange plans be limited to increasing premiums only at enrollment/renewal?**

Yes, in the small group market, exchange plans should be limited to increasing premiums only at enrollment/renewal.

No, exchange plans should not be limited on when they can increase premiums.

Undecided

*** 1. Should the State buy Medicaid eligible individuals into commercial plans on the exchange?**

jm Yes, the State should buy Medicaid eligible individuals into commercial plans on the exchange.

jm No, the State should not buy Medicaid eligible individuals into commercial plans on the exchange. These individuals should be covered through the Medicaid contracted health plans.

jm Undecided

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.

* **1. If Wisconsin creates a small employer health insurance purchasing exchange, what will be the most important factor encouraging your business to buy through the exchange (rather than the outside market)? Please rank in order of importance:**

	1 (Most Important)	2	3	4	5	6 (Least Important)
Access to lower premiums opposed to outside of the exchange	jn	jn	jn	jn	jn	jn
More choices as an employer when choosing insurers and plans	jn	jn	jn	jn	jn	jn
Access to standardized comparable information across insurers	jn	jn	jn	jn	jn	jn
Access to quality ranking information for insurers	jn	jn	jn	jn	jn	jn
Less administrative burden in purchasing health insurance	jn	jn	jn	jn	jn	jn
Access to a defined contribution approach where you decide how much you will pay towards your employees' coverage and your employees shop for their own coverage, choosing their own insurers and benefit plans	jn	jn	jn	jn	jn	jn

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

Should the exchange consider offering a defined contributions option for employers?

- Yes, the exchange should consider offering a defined contributions option for employers.
- No, the exchange should not offer a defined contributions option.
- Undecided

3. If you have comments about this question, please enter them below.

- ★ 4. If a plan is deemed qualified according to federal standards, then it is placed in a benefit tier based on its actuarial value. Bronze plans offer the most basic benefits and platinum plans offer the richest benefits.

If the exchange offers defined contributions, 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 contributions 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 contributions should be limited to a selection of plans determined by their employer across different benefit tiers.

Undecided

5. If you have comments about this question, please enter them below.

- ★ 6. For an employee with household income between 134% and 399% of the Federal Poverty Level (FPL) and a required employee premium contribution (to participate in the employer's plan) between 8.0% and 9.8% of household income, the ACA allows the employee to be eligible for a Free Choice Voucher. This provides the employee the option to take the employer's premium contribution and use it to purchase an individual policy on the exchange.

Should the amount of the Free Choice Voucher be based strictly on the employer contribution for the employee's coverage tier (a flat amount for each coverage tier), or should it be adjusted based on the age of the employee (the value of the voucher decreases for the youngest worker and increases for the oldest worker)?

The Free Choice Voucher should be a flat amount per coverage tier regardless of the age of the employee.

The Free Choice Voucher should be adjusted to the age of the employee so that older employees with higher premium cost will receive more than younger employees with lower premium cost.

Undecided

7. If you have comments about this question, please enter them below.

- * 8. Instead of small businesses sending payments to carriers, an exchange can collect employer, employee, and other 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

1. Recognizing that the exchange will incur an expense by offering this service, would you be willing to pay for the service through increased premiums?

Yes

No

*** 1. 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 or agents to complete the purchase of the health plan?**

- Buyers should be able to shop, compare and purchase plans on the exchange.
- The exchange should direct customers to the insurers to complete the purchase of the health plan.
- The exchange should direct customers to a listing of State licensed agents to complete selection and enrollment functions.
- Undecided

2. If you have comments about this question, please enter them below.

*** 3. 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

*** 4. Any exchange functionality that goes beyond the federal requirements including defined contributions, premium collection, premium aggregation, etc. will add to the operational cost of the exchange. This cost will likely be reflected in exchange fees or increased premium costs. Relative to premium costs what would you be willing to pay for additional exchange functionality?**

- I am not willing to pay any premium increase for exchange functionality that goes beyond the federal requirements.
- I would be willing to pay between 2% to 3% premium increase for exchange functionality that goes beyond the federal requirements.
- I would be willing to pay between 3% to 4% premium increase for exchange functionality that goes beyond the federal requirements.
- I would be willing to pay more than 5% to 6% premium increase for exchange functionality that goes beyond the federal requirements.
- I would be willing to pay more than a 6% premium increase for exchange functionality that goes beyond the federal requirements.

5. If you have comments about this question, please enter them below.

- ★ **6. The Affordable Care Act (ACA) requires an exchange to establish a “Navigator” program. Navigators are required to:**
- 1. Conduct public education activities**
 - 2. To raise awareness of the availability of qualified health plans**
 - 3. To distribute fair and impartial information concerning enrollment in qualified health plans**
 - 4. To distribute fair and impartial information on the availability of premium tax credits and cost-sharing reductions**
 - 5. To facilitate enrollment in qualified health plans**
 - 6. To provide referrals to any applicable office of health insurance consumer assistance or any other appropriate State agencies**
 - 7. To 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 Wisconsin's exchange? (Check all that apply).

- Licensed insurance brokers/agents
- Social service agency employees
- Non-profit faith based organizations
- Trade Associations
- Other (please specify)

- ★ **7. 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

- ★ **8. Should Navigators be licensed?**

- Yes, Navigators should be licensed.
- No, Navigators should not be licensed.
- Undecided

*** 1. Should compensation for 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

2. If you have comments about this question, please enter them below.

*** 3. What should the role of brokers be relative to the exchange?**

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

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

Undecided

Other (please specify)

4. How could the exchange help consumers, small business, brokers/agents, providers and insurers?

1. Should individuals selecting a plan offered by an insurer through the exchange enroll for a health plan on the exchange website or directly through the insurer's website?

jm Individuals should enroll for a health plan on the exchange website

jm Individuals should enroll for a health plan directly through the insurer's website

2. Please add any additional comments on exchanges.

	5
	6

