Indiana Insurance Exchange Questionnaire

Governor Mitch Daniels has recently issued an Executive Order (EO) that asks the State to begin planning for a potential State based Exchange. The EO can be found at http://www.in.gov/gov/files/Executive%20orders/EO_11-01.pdf .

The EO calls for the establishment of a not-for-profit entity, the Indiana Insurance Market, that will coordinate with existing State agencies including the Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Insurance (IDOI). As part of the planning efforts, the State is seeking stakeholder input on the design of a potential Indiana based Exchange. This questionnaire assumes that there would be only one Indiana based Exchange that would serve both the individual and small group markets separately. It does not assume that the small group and individual markets for insurance will be combined; these markets may remain separate.

The following questions seek to gather preliminary feedback on key Exchange design decisions. Additional written comments can be submitted to feedback@nationalhealthcare.in.gov. This questionnaire represents the initial outreach effort to Stakeholders on Exchange design questions. As the design develops and questionnaire responses are analyzed, there will be additional opportunities to offer feedback.

More information on the State's efforts can be found at nationalhealthcare.in.gov. For help or questions on this questionnaire please contact kshaw@svcinc.org.

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

*** 1. Please enter your contact information below.**

Name:

Company:

City/Town:

ZIP:

Email Address:

*** 2. By selecting this questionnaire you have identified as an individual consumer. Questions pertinent to individual consumers will be displayed first. At the end of these questions you will have the option to view and respond to additional optional questions. Please indicate below what other respondent groups you identify with. Check all that apply.**

- Insurer
- Health Care Provider
- Business
- Advocacy Group
- Insurance Agent/Producer
- Other (please specify)

SVC

*** 3. If you are self employed or identify also as a business do you have any employees?**

- Yes
- No
- Not applicable.

Employer Follow-up

4. How many people do you employ?

- ☐ 1/Self-employed
- ☐ 2-15
- ☐ 16-50
- ☐ 51-99
- ☐ 100+

5. Who manages employee 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)

SVC

Exchange Goals

6. A broad list of possible Exchange objectives is displayed below. Please select the principles that you think should guide the formation of Indiana's Exchange and check all that apply.

- Promote and increase competition among health insurers
- Offer all qualified health plans on the Exchange
- Allow only a limited number of plans that meet certain criteria to be offered on the Exchange
- Only meet the minimum federal requirements for an Exchange
- Serve as a negotiator with health plans to achieve lower prices
- Be a driver of quality improvement and cost containment in the health insurance marketplace
- Provide cost and quality data on health care providers to help promote consumerism and increase transparency in the health insurance market place
- Require additional quality standards based on State health goals (e.g. smoking rates, obesity, etc.)
- Increase the portability and continuity of health coverage
- 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

7. 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 Indiana?

- 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

8. Please offer any additional comments on the Exchange Business Model.

9. Do you have suggestions for strategies Indiana could employ to increase competition in the health insurance marketplace?

Exchange Data and Consumer Needs

10. 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
Premium					
Benefit tier (Bronze, Silver, Gold, etc.)					
Deductible, or the amount of covered expenses the enrollee pays in full each year before plan benefits begin.					
Co-payments, the fixed amounts paid by the enrollee for each office visit or pharmacy prescription filled.					
Co-insurance, a payment for services where the enrollee's share of payment is based on a percentage of total cost.					
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.					
Health Plan quality (e.g. National Committee for Quality Assurance)					
Claims denial rate					
Average cost of specific services					
Health plan enrollee satisfaction					
Network of available doctors and facilities					
Health care provider quality					
Patient satisfaction by provider					
Average health care provider appointment wait times					
Office hours of health care provider					

Other

11. Claims data will need to be made available to the Exchange so that the required risk adjustment functions can be implemented. The Exchange could also use this data to generate public reports on provider or clinic cost and quality. Should the Exchange use the claims data to generate public reports on provider or clinic cost and quality?

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

Additional Comments

12. 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

13. Quality and cost measures or functionality that goes above and beyond the federal Exchange requirements will add additional cost to Exchange operations. This increased cost could be reflected in higher premiums or Exchange fees. What percent premium increase would you be willing to pay to have access to more detailed cost and quality information on providers and plans?

- 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 5% premium increase for cost and quality information that goes beyond the federal requirements.

Additional Comments

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

Exchange Financing Questions

15. 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 Indiana's Exchange be financed? (Choose one or more)

- An increase in the current premium tax on health plans qualified to be sold through the Exchange (Indiana's current premium tax is 1.3%)
- An increase in the current premium tax for all health plans sold in Indiana(Indiana's current premium tax is 1.3%)
- Issue bonds and borrow money
- Charge license fees for Navigators
- Create a new tax
- Charge insurers a fee to offer plans on the Exchange
- Charge a fee to small businesses to use the 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 Current Coverage Questions

16. 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?

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

- Completely
- Somewhat
- A little
- Not at all

18. 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)

19. 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

20. 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)

Optional Questions

You have reached the end of the individual consumer portion of this questionnaire.

You are welcome to see or respond to questions in any of the categories below or finish the survey at this point. If you would like to answer the additional questions, these may be answered in any order you choose. All responses to the additional questions can be revisited before you submit the questionnaire.

* 21. What questions would you like to answer next?

- I want to see/answer the Exchange Market and Design Questions.
- I want to see/answer the Exchange Medicaid Questions.
- I want to see/answer the Exchange Small Business Questions.
- I want to see/answer the Exchange Administrative Functions Questions.
- I want to see/answer the Exchange Navigator Questions.
- I don't want to see or answer any additional questions, please take me to the end of the survey.

Exchange Small and Individual Market Requirement Questions

22. The ACA establishes combined risk pools for the small group market on and off of the Exchange and individual market on and off 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 on or off the Exchange. If the risk pools are merged premiums will be the same between the individual and small group market.

Should Indiana merge the current small group and individual markets?

- Yes, Indiana should merge the risk pools for small group and individual markets.
- No, Indiana should keep the risk pools for small group and individual markets separate.
- Undecided

Why or why not?

23. The ACA allows for carriers who offer dental only plans to offer them on the Exchange. Should the potential 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

Additional Comments

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

- Plans only available in certain geographic locations should be allowed to offer on an Exchange.
- All plans offered on an Exchange should be available statewide.
- Undecided

Additional Comments

25. 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	○	○	○
Institute limited enrollment periods for the small group market	○	○	○
Institute a waiting period of 30 days for covered services for the individual market	○	○	○
Institute a waiting period of 30 days for covered services for the small group market	○	○	○
Institute penalties for dropping coverage and then enrolling again when ill for the individual market	○	○	○
Institute penalties for dropping coverage and then enrolling again when ill for the small group market	○	○	○

Other (please specify)

26. 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)

27. In addition to adverse selection due to individuals waiting until they become sick to purchase health insurance, there is also 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	Uncertain
Require individuals to lock-in to an Exchange benefit level for a multiple year period.	○	○	○
Allow individuals to move up or down only one benefit level relative to the previous year's benefit level.	○	○	○
Charge a fee to move up or down a benefit level.	○	○	○

Other (please specify)

28. The potential Exchange will be a new forum in which to purchase health insurance. Should comprehensive health insurance products continue to be sold in the market outside of the Exchange or should the Exchange be the only place to purchase these products?

- ○ Both Individual and Small Group health insurance products should be available outside of the Exchange.
- ○ Individual products should be available for purchase only on the Exchange.
- ○ Small Group products should be available for purchase only on the Exchange.
- ○ Both Individual and Small Group products should only be offered on the Exchange.
- ○ Undecided

Additional Comments

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

Should rules for insurers be the same for the markets inside and outside of 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 that 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 of 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

30. 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 on the Exchange?

- Yes, health insurers should be allowed to offer plans on the individual market outside of the Exchange that are not qualified to be sold on the Exchange.
- 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 on the Exchange.
- 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 on the Exchange.
- No, health insurers should not be allowed to offer plans that are not qualified to be sold on the Exchange in the outside marketplace.
- Undecided

Additional Comments

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

- Yes, health insurers should be required to offer the individual plans sold on the Exchange in the outside market.
- Yes, health insurers should be required to offer the small group plans sold on the Exchange in the outside market.
- Yes, health insurers should be required to offer both the individual and small group plans sold on the Exchange in the small group market.
- No, health insurers should not be required to offer individual or small group plans sold on the Exchange in the outside market.
- Undecided

32. Should all health insurers who sell small group or individual health plans in the State be required to offer their products on the Exchange?

- Yes, health insurers who sell small group products in Indiana should be required to sell on the Exchange.
- Yes, health insurers who sell individual products in Indiana should be required to sell on the Exchange.
- Yes, health insurers who sell small group or individual products in Indiana should be required to sell on the Exchange.
- No, there should be no requirement on health insurers selling small group or individual products to offer on the Exchange.

Additional Comments

33. Requiring health insurance carriers who offer plans on 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

34. 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

Additional Comments

35. In the individual market, should Exchange plans be limited to repricing their products only at enrollment/renewal?

- Yes, in the individual market Exchange plans should be limited to repricing their products only at enrollment/renewal.
- No, Exchange plans should not be limited on when they can reprice their products.
- Undecided

36. In the small group market should Exchange plans be limited to repricing their products only at enrollment/renewal?

- Yes, in the small group market, Exchange plans should be limited to repricing their products only at enrollment/renewal.
- No, Exchange plans should not be limited on when they can reprice their products.
- Undecided

The Exchange and Medicaid

37. Should the State provide premium vouchers to Medicaid eligible individuals to buy commercial health coverage products on the Exchange?

- Yes, the State should provide premium vouchers to Medicaid eligible individuals to buy commercial health coverage on the Exchange.
- No, the State should not provide premium vouchers to Medicaid eligible individuals. These individuals should be covered through the Medicaid contracted health plans.
- Undecided

38. Should Medicaid contracted health plans be required to offer a commercial product with a comparable provider network on the Exchange to aid individual's transitions between Medicaid and Exchange products?

- Yes, Medicaid contracted health plans should be required to offer a comparable commercial product on the Exchange.
- No, Medicaid contracted health plans should not be required to offer a comparable commercial health product on the Exchange.
- Undecided

Additional Comments

39. States may offer premium vouchers to parents with children eligible for the Children's Health Insurance Program (CHIP) to cover the cost of 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 a family health coverage product on 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 on 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

40. 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 and cost sharing subsidies that would have been available to these individuals for Exchange coverage to operate the "Basic Health Plan." Should Indiana consider establishing a Basic Health Plan?

- Yes, Indiana should offer a Basic Health Plan. All individuals between 133% and 200% FPL would be covered by the Basic Health Plan rather than receiving subsidies to purchase commercial health insurance in the Exchange.
- No, Indiana should not offer a Basic Health Plan and should allow individuals between 133% and 200% FPL to receive federal tax credits and cost sharing subsidies in selecting coverage through the Exchange.
- Undecided

Additional Comments

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.

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

- 1 to 50
- 2 to 50
- 1 to 100
- 2 to 100

Comments

42. 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

Additional Comments

43. 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 limited to a selection of plans determined by their employer across different benefit tiers.
- Undecided

Additional Comments

44. 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

45. 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

46. Should the Exchange consider administering Internal Revenue Code §125 (Cafeteria Plans) where employees on a pre-tax basis can contribute to the purchase of group insurance?

- Yes, the Exchange should consider administering §125 plans.
- No, the Exchange should not consider administering §125 plans.
- Undecided

47. For an employee with household income between 134% and 399% FPL and a required employee premium contribution (to participate in the employers 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 and 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

Additional Comments

48. 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

Exchange Administrative Functionality Questions

49. 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 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 approved (State licensed and certified)Navigators to complete selection and enrollment functions.
- Undecided

Other (please specify)

50. 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

51. 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

52. 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 0% to 1% 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% premium increase for Exchange functionality that goes beyond the federal requirements.

Additional Comments

Exchange Navigator Questions

53. 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 Indiana's Exchange? (Check all that apply).

- é Exchange employees
- é Licensed insurance brokers/agents
- é Social service agency employees
- é Medicaid advocacy groups
- é Community based agency employees
- é Non-profit faith based organizations
- é Other contractors
- é Other (please specify)

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

- é Flat rate per transaction
- é Percentage of premium for each plan sold
- é Hourly
- é Salaried as Exchange employees
- é Commissions
- é Per member per month
- é Other (please specify)

55. 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 on to help people enroll in commercial products.
- Undecided

56. Should Navigators be licensed?

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

If yes, who should license Navigators?

57. 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

58. 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 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)

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

60. Who should fund the Exchange Navigator program? (Check all that apply).

- The Exchange
- Health Insurers
- Individuals
- Employers
- Other (please specify)

Additional Comments

Thank you for completing the Indiana Insurance Exchange Questionnaire!

61. Please add any additional comments on Exchanges.