

Florida Health Choices Evaluation: Focus Group Report

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University of Florida
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Prepared by:
Jacqueline Baron-Lee, PhD
Shannon Alford, MPH
Betsy Shenkman, PhD

Table of Contents

Section	Page
Executive Summary	4
Introduction	7
Methodology	10
Findings	12
Conclusions	17
References	19
Appendix	21



Executive Summary

Executive Summary

Introduction

Health Insurance Exchanges have existed in different states in the US for many years. Some exchanges were successful and are still functioning today whereas others failed. Health Exchanges can be thought of as a health insurance “one-stop-shop” for individuals and/or small businesses in which participating health companies offer a variety of different plans. The exchanges allow the individual or business to compare options, select a health insurance plan, receive verification of coverage, and make payments. Health Insurance Exchanges have been gaining more attention due to the Affordable Care Act (ACA). Part of the ACA calls for government-facilitated health insurance exchanges to be operating in every state on or before January 1, 2014. States establishing an exchange can refer to existing private and public exchanges and rely on lessons learned to be successful.

The state of Florida recently created an analog to an exchange called the Florida Health Choices Marketplace. The Florida Marketplace provides employers and their employees with flexible insurance options and products. Like many existing exchanges, users of the Florida Marketplace can compare multiple insurance products side-by-side, enroll in the one that best meets their needs, and access important health information using an online portal.

Methodology

Research shows that focus groups are essential in guiding the success of Health Exchanges.¹ On August 14, 2012, the Institute for Child Health Policy (IHP) conducted two separate focus groups at the Florida Association of Health Underwriters (FAHU) meeting. One group included only the Florida Health Choices (FHC) Agent Steering Committee members whereas the other included licensed agents from the FAHU. All focus group attendees’ participation was solicited via email. All attendees were given a standard introduction to FHC, provided ground-rules for the sessions, and followed a semi-structured format with questions focused on five domains: 1) prior knowledge of the Marketplace, 2) the source of information, 3) appeal, and 4) barriers of the Marketplace, and 5) ways to improve collaboration among stakeholders. Both focus groups were audiotaped and transcribed for analysis. The analysis produced several emergent themes.

Summary of Findings

Domain	Emergent Themes
1. Prior knowledge of Florida Health Choices (FHC) Marketplace	<ul style="list-style-type: none">• Varying knowledge: Knowledge differed between the FAHU agent focus group and the FHC steering committee focus group.• Misinformation: Many attendees were either misinformed or had misunderstandings about the FHC Marketplace. This misinformation was associated with some of the perceived barriers and concerns with the FHC Marketplace.
2. Source of information	<ul style="list-style-type: none">• Various sources of information about FHC: FHC steering committee members had prior knowledge of the FHC from involvement with the project. Other sources were cited by FAHU agents, including newsletters, colleagues, and websites.
3. FHC Marketplace appeal for agents, employers, and employees	<ul style="list-style-type: none">• Localization: All agents liked the centrality of information the FHC Marketplace offers.• Decrease in workload: Agents also liked the idea of the FHC Marketplace assisting them with their workload.• Choice of plan: Expanded plan choice was a perceived appeal for

	<p>employers reported by both the FAHU and FHC groups.</p> <ul style="list-style-type: none"> • Price comparison: Agents reported that the side-by-side price comparison was a big draw for employers and employees. • Customized plans: The ability to factor in prescription usage and doctor visits was nominated by agents as an appeal for employees.
4. FHC Marketplace barriers for agents, employers, and employees	<ul style="list-style-type: none"> • Compromised personal relationships: Many agents felt that the online portal would inevitably compromise their personal relationship with their clients. • Technology issues: Agents brought up that some employers are not technologically advanced and some employees might not have internet access which would be limiting with the FHC online portal. Some agents, however, were not aware that future iterations of the FHC Marketplace would allow for paper-pencil applications. • Costs: Even though the FHC Marketplace offers convenience, it does not offer lower cost; this was a perceived barrier for employers and employees. • Processing schedule: The lag in processing and updating payment information was mentioned as a barrier for agents. Some agents' misconceptions about the processing and payment schedule contributed to their perceived barriers.
5. Collaboration of agents, employers, and employees	<ul style="list-style-type: none"> • Varying views on collaboration: Collaboration views varied between the FHC and FAHU focus groups. • Agent involvement: FAHU agents felt strongly that more agent involvement in the formation of the FHC Marketplace was necessary. • Role delineation: Agents thought that clearly defining each stakeholder's role in the FHC Marketplace was key in promoting collaboration.

Recommendations

Recommendation	Reasoning	Focus Group Recommendations
Eliminate agent misconceptions	Promoting knowledge and clear understanding of the Florida Health Choices Marketplace will eliminate many misconceptions and in turn perceived barriers associated with the FHC Marketplace.	Some agents in the focus group had misconceptions about the Florida Marketplace whereas other agents were educating the group on the details and interworking of the Florida Marketplace.
Promote agent involvement	Health Exchanges are more likely to succeed when agents are involved. Agents can be vital in growing the number of enrollees, which makes it more likely that the risk pool will be balanced.	Agents in the focus group discussed how they wanted more agent involvement and brought up allowing agent branding as one way to ensure that they are represented and can still have the personal relationships.
Provide subsidies in marketplace	Health Exchanges are more successful when subsidies are provided to enrollees. Subsidies are also related to lower Adverse Selection.	FHC focus group attendees were concerned about the price of insurance. They agreed that providing cost incentives would promote the success of the Florida Marketplace.



Introduction

Introduction

Recently, the state of Florida has created an analog to a Health Insurance Exchange called the Florida Health Choices Marketplace. Health Insurance Exchanges, however, have been established and tried in a various states since the early 90s. Some exchanges have been very successful whereas others have not. While many successful exchanges have been private, state-established health exchanges have also been effective. Vital lessons can be learned from both private and state exchanges.

Private Health Exchanges

The Health Plan of California was launched in 1992 and was originally state-created and operated. Shortly thereafter, however, the state of California transferred the program to the Pacific Business Group to operate as PacAdvantage—a private exchange. The program operated successfully for a number of years offering access to products from many health plans. The program, however, was never able to expand beyond two percent of the state’s insurance market and PacAdvantage stopped operating in 2006. Studies have suggested that some reasons for its closure included limited agent involvement, too many participating health plans, and adverse selection.² Adverse selection refers to the tendency of people who have a greater than average likelihood of claims to seek health care coverage to a greater extent than individuals who have a less than average likelihood of claims. Adverse selection causes an increase in the number of claims which drives up the cost of premiums.³

In 1995 the Connecticut Business & Industry Association (CBIA) set-up CBIA Health Connections as a for-profit subsidiary with the aim of providing health coverage options for small businesses and their employees. The most recent assessment showed that Health Connections is serving 20% of the small employer market.⁴ Studies have suggested the reasons for CBIA Health Connections’ success include agent involvement and limited carrier involvement.^{2,5} Agent involvement helped gain a substantial market share with a mix of less healthy and healthy people while limited carrier involvement helped increase the chances for each health plan having a good mix of healthy and less healthy enrollees.

State Health Exchanges

In addition to private exchanges, several states have also set up exchanges as state entities. For example, in Massachusetts the Massachusetts Connector was established in 2006 and Utah formed the Utah Health Exchange in 2009. The Utah Health Exchange is most similar to Florida’s Marketplace. It had two initiation launches, small group and large group. The Utah Health Exchange is a single state exchange targeting small and large employers. It offers an internet-based portal which connects employers and employees to health insurance choices and assists with enrollment. It is also a public agency housed in the Governor’s Office of Economic Development.

Studies show there are also lessons to learn from burgeoning state-sponsored programs.^{2,6} For example, making subsidies available through the exchange drives the membership and provides a strong base for the risk pool and reduces adverse selection.⁶ Also, as with private exchanges, more agent involvement is needed to boost the number of small businesses and individuals that participate in an unsubsidized program.^{2,6} Finally, an open market approach could possibly lead to too many plans which lead to each plan having a small share and eventually leading to adverse selection and higher rates, thus, limiting the number of carriers involved in an exchange may promote success.⁶

Affordable Care Act

On March 23, 2010, President Obama signed the Patient Protection Affordable Care Act, referred to as the Affordable Care Act (ACA). The law puts in place comprehensive health insurance reforms that will roll out over four years and beyond, with most changes taking place by 2014. Others

have already begun.⁷ The ACA requires that every state have an exchange for small businesses and individuals established and functioning by January 1, 2014. If the state cannot do this, the federal government will operate the exchange for the state. The ACA has certain requirements that each exchange must meet. There are some similarities to the exchanges already operating, but currently, no state that has an exchange that meets all of the requirements set forth by the ACA. Variety in the exchanges is expected as each state is different but there are certain requirements each state must have, including: 1) the exchanges must handle small business and individuals, 2) the exchange must provide assistance to purchasers, 3) the exchanges must facilitate applications for tax and cost sharing subsidies that will be offered by the ACA, 4) the exchanges must provide access to other health programs such as Medicaid or Medicare, and 5) the exchanges must certify that all plans meet federal and state standards.⁴

Florida Health Choices

In response to the changing healthcare environment, Florida legislators signed S.B. 2534 into law in May 2008, which created the Florida Health Choices (FHC) Corporation. The Corporation was established with the goal of increasing access to affordable, quality health care by creating a competitive market for purchasing health insurance and health services. The program is administered by a 15-member board made up of appointees chosen by the Governor, the Senate president, and the House speaker. In 2012, FHC began to roll out Florida's Insurance Marketplace in several phases.⁸

Florida's Insurance Marketplace provides employers and their employees with flexible insurance options and products. Small businesses and eligible individuals can compare multiple insurance products side-by-side, choose from a variety of health plans and services, enroll in the one that best meets their needs, and access important health information all on a central web portal. Florida's Marketplace has several planned phases and will evolve and grow to include more vendors, products, and web-based functionality in each phase.⁸

Florida Health Choices engaged in a contract with the Institute for Child Health Policy (IHP) at the University of Florida to conduct a program evaluation of Florida's Insurance Marketplace. The evaluation is a multi-faceted assessment involving focus groups with Florida insurance agents, interviews with participating insurance vendors and employers, a database warehouse creation of participating beneficiaries enrolled in the marketplace, as well as an assessment of enrolled beneficiaries. A multi-pronged approach is the gold standard for program evaluation.

The current report concentrates on the focus groups. Research on Health Exchanges has shown that focus groups are an essential component to successful exchanges.¹The report includes the emergent themes from the two focus groups conducted by IHP. It also highlights the lessons learned from past evaluation studies and from the FHC focus groups.



Methodology

Methodology

On August 14, 2012, the Institute for Child Health Policy (ICHP) conducted two separate focus groups at the Florida Association of Health Underwriters (FAHU) annual meeting. The first focus group consisted of only Florida Health Choices (FHC) Agent Steering Committee members. These members have been involved with FHC from its inception. The second group included licensed agents from the FAHU that are not steering committee members.

All focus group attendees' participation was solicited via email. They were told they could attend in person or via phone. As an incentive for participation, all attendees were offered a chance to win limited edition prints or an original painting for participating in the focus group. Refreshments were provided for both sessions. All attendees were given a standard introduction to FHC and were provided ground-rules for the sessions. Ground-rules included silencing electronic devices, being respectful of others, and providing honest, thoughtful, and candid responses. Each focus group session lasted one hour.

Focus group attendees were also reminded of their rights as participants. Specifically, that their identity and individual comments will not be shared with anyone from Florida Health Choices, the University of Florida, or anyone else. They were also told that a report would be prepared based on the focus groups and thus that the focus groups will be audiotaped, transcribed, analyzed for themes, and interpreted and submitted to Florida Health Choices. Focus group members were informed that the evaluation of FHC is exempt from the UF Institutional Review Board (IRB) and therefore they were not required to sign a consent form. Members from both groups were assured that the strictest of standards would be employed to maintain their confidentiality and anonymity.

The focus groups followed a semi-structured format with questions focused on five domains: 1) prior knowledge of the Marketplace, 2) the source of information, 3) appeal, and 4) barriers of the Marketplace, and 5) ways to improve collaboration among stakeholders. Appendix A shows the questions used at the focus group.

Both focus groups were audiotaped and transcribed for analysis. The transcripts were analyzed by two research team members trained in qualitative research analysis. The analysis produced a number of emergent themes described in detail in the following section.



Findings

Findings

Several emergent themes within each of the five domains were identified by two research team members trained in qualitative research methods. Each theme is presented below with supporting quotes from the Florida Health Choices focus group attendees. Many of the emergent themes are in line with findings from existing research literature.

1. Prior Knowledge of Florida Health Choices(FHC) Insurance Marketplace

Varying Knowledge of FHC: As expected, the extent of knowledge of FHC varied considerably between the FHC Agent Steering Committee group and Florida Association of Health Underwriters (FAHU) group. The FHC Agent Steering Committee has been involved in planning and collaborating with FHC since 2010 and thus had a wealth of understanding and knowledge. In contrast, the FAHU group may have heard about the Marketplace, but few, if any, had an in-depth understanding.

- *“I’d say for those of us in this (FHC) focus group we’re on the agent steering committee so we’re different than the other (FAHU) focus group...we’ve obviously heard everything we can about it for the last two years.”*
- *“Many of us (FAHU agents) attended the session yesterday so I think that would be the initial (exposure).”*

Misinformed about FHC: Many attendees actually were actually misinformed or had misunderstandings of the Marketplace. Interestingly, many agents educated each other on the details and interworking of the FHC Marketplace.

- *“Just to clarify, an employer can only choose one carrier (or can) they choose plans and plans can have different aspects to it?” (FAHU Agent 1)*
- *“My understanding was that you could have different carriers” (FAHU Agent 2)*
- *“No!” (Multiple FAHU Agents)*
- *“You can quote multiple carriers but you pick one carrier.” (FAHU Agent 3)*

2. Source of Information

Varying Sources of Information: The FHC Agent Steering Committee had primarily heard of the Marketplace through their involvement with FHC over the last two years. On the other hand, the FAHU group heard about the Marketplace from a variety of sources. Many only recently heard of the Marketplace at the previous day’s information session at the conference, whereas others heard of the Marketplace from sources such as newsletters, other colleagues, word of mouth, and through personally seeking information via various websites.

- *“Some of us (FHC steering committee) are familiar with it from its conception.”*
- *“I (FAHU agent) saw on it on a website newsletter.”*

3. Appeal of FHC Insurance Marketplace for Agents, Employers, and Employees

Localization: An overwhelming number of attendees, regardless of the group, felt the primary appeal of the Marketplace was related to the centrality of information the Marketplace offers. That is, they thought having information localized in one portal was a strong appeal.

- *“And the uniformity that this allows in comparing claims and offering them to the employers is tremendous. And then also, just having that access to all of your groups in one place regardless of which carrier you have will make for ease of administration on down the road once the kinks are worked out instead of having multiple carriers, multiple passwords, multiple groups, you know,...can house their business in one place and service their clients through that one location. That is a tremendous tool.”*

- *“It is both simpler and easier than what we do today. I mean when you come right down to it. I think it’s a better way to show the value to a client.”*

Decrease in Workload: The prospect of the Marketplace assisting agents with their workload and their everyday tasks was a major appeal for the agents.

- *“If it creates tools and does things that we do not have available to us today, makes our job easier to do, then I’m sure we will all use it.”*

Plan Choice: Having the option to choose among several plans was also a perceived appeal of the Marketplace for employers.

- *“Especially in the ‘four to 10 marketplace’ where we can now use tool options if they have 4 different plans for the employees...that would be unique.”*

Price Comparison: The ability of the Marketplace to show side-by-side price comparisons was an appeal discussed for both employers and employees. Attendees thought this might assist employers and employees in better understanding the costs associated with the insurance plans.

- *“I like the idea in the small group market segment that they have the ability to do a quote option; right now they really don’t. If it’s a small group they are not able to do four different plan designs in one small group setting so that’s a nice feature.”*

Customized Plans: Attendees thought some of the unique features of the Marketplace would appeal to employees. Specifically, the ability of the plans to be customized, factor in prescription usage, and account for individual doctor appointment usage, was a major perceived appeal for employees.

- *“The other functionality, which I thought I saw yesterday on (the) demonstration, was the ability of an employee to go on and say ‘I take this many prescriptions, I think I’ll have this many office visits’...that it kind of calculates based on each plan design what that family’s out of pocket would be if they pick this one or this one. Now that’s a very cool tool I don’t know anyone else who has anything like that so that they can make a value judgment on where I’m going to spend, now I’m either going to spend it here or spend it here; it’s a real visual I think based on their own family data so that was a cool tool I thought.”*

4. Perceived Barriers for Agents, Employers, and Employees

Compromised Personal Relationships: The majority of the FAHU group felt that the Marketplace compromised the personal relationships they have formed with their clients. That is, having a hotline for clients to use, rather than contacting their agent directly, was perceived as a major barrier to the Marketplace.

- *“If this process would preclude me from using relationships I have in existence with carriers then it’s not something that is going to help me in the long run.”*
- *“I would possibly feel that maybe for the 1, 2, and 3 life groups it may work, but I know with many people in this room, we know, and we are about relationship building. So always on the internet is not always the best way to build relationships.”*

Hotline Limitations: The FAHU group expressed concern about the Marketplace hotline’s ability to only offer nonspecific policy information, such as insurance card replacement, as a barrier for both employers and employees.

- *“...two things, I started talking about relationships, this is all built upon relationships. When you, I do enrollments monthly, weekly, whatever the employees need, employers need. We give them vital information; a lot of people don’t know that you can get antibiotics at Publix for free or go to Wal-Mart or Target for four dollars. These are things as we as agents bring to the table, we talk about outpatient, it’s your money first, spend it wisely, here’s what we can do. It’s very difficult for them (clients) to get that from a website or a computer or a call center.”*

Confusion of Benefits: The attendees also raised the concern that employers and employees would likely have confusion about the offered benefits. Not having access to a specific agent through the Marketplace would likely make this process more difficult for the clients.

- *“I actually think there is less appeal, this is the one where I would come at this from another angle where some of those employees rely on us for those one-on-one situations or telephonic situations to explain to them what they are seeing and under certain circumstances they may not have access to that. And think we kind of take for granted that those employees need a lot of help. It’s not as easy, for those of us who look at plans all the time it’s not that hard to understand but for a person who looks at them once a year, twice a year, or when it comes time to use it, it’s a tough experience for them.”*

Lack of Agent Branding: Not having agent information available as part of the Marketplace was a perceived barrier. Many attendees wanted the ability to provide their name and branding as part of the Marketplace. Allowing agent branding was nominated as a way to keep personal relationships intact.

- *“There’s not going to be any way for us to brand that they know ‘here is how you reach out to your assigned agent’, ‘here is how you get the answer you are looking for’, so I think that could be a barrier if that’s not morphed in the next phase to something more than simply Q and A.”*
- *“If you don’t brand or allow us to brand our agency information onto this system, from the start, and I heard yesterday that was not planned, I think that is a huge mistake and that is because (the Marketplace is) going to have a customer call center, I heard about that yesterday too, and again I think this is all a good thing, but the negative is, they’re (customer call center) not going to be answering any insurance questions.”*

Technology Issues: Many attendees claimed that some employers are not technologically advanced and/or prefer paper applications. These employers may have issues with an exclusively online system. For employees, this issue was also a perceived barrier as some may not have internet access at home. These technological issues might prevent them from using the Marketplace. Allowing paper applications would assist employers and employees who are without internet or just prefer paper to still have that option. In addition, many FAHU agents suggested creating an App for smartphones for easier access, since many people may have smartphones but may not have access to a computer. It is important to note that paper applications will in fact be part of the Florida Marketplace in future phases so this perceived barrier was linked to FAHU agents misconceptions about the Marketplace.

- *“Like we said before not every employer is technologically advanced and that initially, at least until you have some paper options, it’s going to be a barrier to certain groups because even groups you would think would have technology sometimes they still want to do everything on paper and they don’t want to do email forms or anything.”*
- *“And maybe for some blue collar employers where their workers don’t have internet access it’s obviously an issue.”*

Cost: The Marketplace does not allow for reduced cost of plans for employers and employees. This was a major perceived barrier among the attendees. Being able to offer a **lower cost incentive** would allow for lower costs among plans for employers and employees and allow the agents to have competitive pricing. Additionally, offering **wellness incentives** would allow employers to have wellness groups in which healthy employees would be grouped together so they would be charged a lower cost based on their health status.

- *“... Why they (clients) don’t buy today?...it’s probably price and these prices aren’t going to be any better. It’s going to be the same products we are already selling today at the same price.”*
- *“...It (health coverage) is expensive and again the website is not going to change that.”*

- *“I’d go back to the wellness. I mean the law clearly allows for wellness credits; I don’t know if that’s going to particularly drive people that don’t have coverage today but it’s definitely something different.”*
- *“So while the automation is cool, and the one app is cool, and all that stuff is cool, I don’t know anyone that is going to buy it just because of those things. Because it really comes down to the economic equation.”*

Processing Schedule: The Marketplace will process and update payment-related information once a week. FAHU agents perceived this as a barrier. Note, however, that though the processing of payment information occurs once per week, new enrollment is processed within a 24-hour period. Checks are issued to the vendors once per week. Misunderstandings about the Florida Marketplace processing schedule were also related to agents’ perceived barriers.

- *“On that point, I did have a concern when I found out it only occurs once a week because we need enrollment services to PAs that only uploaded once a week and it slows down our processing because when I enter something in some of the larger carriers, that uploads that day by midnight, so I get results the next day. If I’m entering a whole division it needs to come aboard quickly then that’s not going to be an option for me.”*
- *“We all know we can call special people; we all got specific phone numbers to get stuff done literally within 12 hours to get somebody in so they can walk into a doctor’s office the next morning. From what you’re telling me, that is an eight, nine day situation.”*

5. Collaboration among Agents and Other Stakeholders

Varying Views on Collaboration: Attendees varied in what they thought about collaboration with the Marketplace. Moreover, there was a difference in opinions between the FHC Agent Steering Committee and the FAHU agents.

- *“...so I (FHC steering committee member) hope the marketing effort and the energy spent for collaboration will be to the people that are not presently covered.”*
- *“I (FAHU agent) think, not just picking agents, you need to have someone from the employer side and the carrier side.”*

Agent Involvement: The FAHU agents felt strongly that more agent involvement in the formation of the FHC Marketplace was necessary. Many suggested having focus groups, Marketplace piloting, and having practicing licensed agents on the Agent Steering Committee were ways to promote collaboration among key stakeholders.

- *“Get every business card here and have these people be engaged in the evolution of it (FHC Marketplace), beyond the board, and no difference to the meeting before, you got a lot more fire power here, and you have a lot of voices that have a lot of experience, and a lot of passion. So get all of our information and figure out a way to engage us in that discussion.”*
- *“...There is not one licensed agent on that (FHC) board that can make decisions. That would be comparable to the American Medical Society or the Medical Association having a board of unlicensed physicians steering their association, that’s just unheard of. It’s very political and I understand that, it’s government and the governor appoints, the senators...and so on. If an agent who, in theory, is a knowledgeable person, will bring value to the board and when making decisions you have to have a licensed agent on the board.”*

Role Delineation: The FAHU agents mentioned that clearly laying out what everyone’s role in the Marketplace was, so that there is no confusion of who is responsible for what, would be a way to promote collaboration among participants in the Marketplace.

- *“...and I think you have to have very defined roles of what the vendor, and (Florida) Health Choices, and is it Xerox now that’s doing that, and what the carrier role is.”*



Conclusions

Conclusions

The overarching goal of the focus groups was to obtain agents' perspectives on the perceived appeal of and barriers to using the Florida Marketplace as well as ideas on collaboration that could improve the way that the Marketplace operates. While common themes emerged from both focus groups, the two groups did differ when asked about their previous knowledge of the Marketplace. The Steering Committee member group understandably had more knowledge of the Marketplace than the non-member licensed agents group. In addition to having less information, some attendees from the licensed agents group were misinformed about many of the aspects of the Marketplace. Opinions on collaboration also varied between the two groups. Both groups gave great insight into some possible barriers to using the Marketplace and provided ideas how to possibly avoid them, many of which are in line with lessons learned from existing private and public Health Exchanges. Furthermore, attendees gave excellent ideas on how to collaborate with agents and other key stakeholders. The most central points from the focus groups include:

- **Appeal for Agents, Employers, and Employees:** Attendees expressed that having a localized marketplace was an appeal not only for them, but also for employers and employees. For example, allowing both employers and employees to compare prices of carriers was a perceived benefit of the Marketplace. Moreover, agents were excited that the online portal could make their job easier and decrease their workload. Attendees also thought that giving employees plan choice, and the ability of the Marketplace to allow employees to customize their health plans, was a great appeal.
- **Barriers for Agents, Employers, and Employees:** The FAHU agents did not like that the Marketplace could possibly compromise their relationships with employers and insurance carriers due to the electronic nature of the Marketplace. They also raised concerns about some of the employers and employees they work with not being tech savvy or not having access to the internet and mentioned some employers prefer paper applications. In addition, attendees expressed concern that although the Marketplace was a good idea, it wouldn't necessarily bring down the cost of the health plans and that was a perceived barrier for employers and employees purchasing insurance. Agents also brought up that the Marketplace has slower processing times and discussed some issues that could arise from that.
- **Collaboration among Agents and Key Stakeholders:** Agents were vocal about getting involved in the process and felt that everyone's role in the Marketplace should be clearly defined so everyone knows what they are responsible for to avoid confusion.

Recommendations

There are several important lessons to be learned from the Florida Health Choices (FHC) focus groups, the primary of which are also in line with key lessons learned from the success and failures of existing private and public Health Exchanges. The Florida Health Choices Corporation should consider these and other recommendations to strengthen the Florida Marketplace. First, educating key stakeholders, including agents, will eliminate misconceptions and in turn perceived barriers. In addition, having key stakeholders involved, particularly agents, is essential. For example, agent involvement will not only boost employer and employee involvement in the Florida Marketplace but also assist in integral support functions, such as helping employees with plan selection. This notion is also reported among existing exchanges. Moreover, FHC focus group attendees commented on the cost of insurance provided in the Marketplace. Many viewed the lack of subsidies provided via the Marketplace a barrier to its success. Cost of insurance is linked to several factors and existing exchanges have found that providing subsidies help reduces adverse selection. Providing subsidies, and its link to reduced adverse selection, is a critical consideration for a successful Marketplace.



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Appendix

Appendix A. Focus Group Questions

Focus Group Questions:

- **Background Questions:**
 - What have you heard about the Florida Health Choices' Insurance Marketplace before today?
 - What was the source of the information you received?

- **Appeal: We'll transition to discuss the "draw" of Florida's Insurance Marketplace.**
 - For agents, what is the appeal for using Florida's Insurance Marketplace?
 - And in your opinion, for employers, what is the "draw"?
 - And for employees/individuals, what is the appeal for using the Marketplace?

- **Barriers: Moving on to perceived barriers to participating in the Marketplace.**
 - In your minds, what are some of barriers or concerns for agents participating in the Marketplace?
 - What about for employers? What are some barriers for their participation in the Marketplace?
 - And for employees/individuals? What in your mind are some unique barriers for their participation in the Marketplace?
 - What are some ways in which these barriers can be addressed?
 - How might these barriers be addressed differently for agents?
 - And the employers?
 - Or employees/individuals?

- **Collaboration: Finally, we'll discuss ways to promote collaboration among key players.**
 - What are some strategies to enhance collaboration among vendors (insurance carriers), agents, employers, and employees/individuals in order to promote utilization of the Marketplace?

- **Before we end for this session, are there any additional thoughts you would like to share?**