



November 2012
AGENT CONSULTATION REPORT

From

HEALTH CHOICES:
Florida's Insurance Marketplace

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TABLE OF CONTENTS

Part I: Executive Summary	Page 3
Part II: General Introduction to Florida Health Choices	Page 4
Part III: Agent Consultation Report.....	Page 6
I. Formation of the Agent Steering Committee.....	Page 6
II. Speaking Engagements with Agent Groups.....	Page 7
III. Hosting Agent Focus Groups.....	Page 7
IV. Facilitating Agent Testing of Web Portal.....	Page 11
V. Agent Open House.....	Page 12
VI. Conclusion.....	Page 16
VII. Exhibits.....	Page 17
A. Agent Steering Committee Members.....	Page 17
B. ICHP Agent Focus Groups Report	Page 18
C. Agent Open House Participation At-a-Glance.....	Page 39
D. Agent Open House Most Common Feedback.....	Page 40
E. Agent Open House Master Feedback List.....	Page 42

PART I: EXECUTIVE SUMMARY

Introduction

Amid the rapidly changing landscape of health care, the Florida Legislature found that a significant number of Florida residents did not have adequate access to affordable, quality health care. Thus, in 2008, the Legislature created Florida Health Choices, Inc. (“the Corporation”) by enacting Section 408.910, Florida Statutes (F.S.). The Corporation was established with the goal of increasing access to quality health care by creating a competitive market known as Florida’s Insurance Marketplace for purchasing health insurance and health services. The Marketplace is a web-based shopping experience that allows easy access to, and side-by-side comparison of, health care options for small businesses and individuals.

Methods

In developing Florida’s Insurance Marketplace, the Corporation sought to engage with the insurance agents of Florida in the interest of identifying ways to enhance the Marketplace from an insurance agent’s perspective, and in so doing, better serve Floridians who rely on agents. Over the course of two years, the Corporation reached out to agents in four primary ways: 1) the formation of the Agent Steering Committee, 2) informational speaking engagements with agent groups at regional meetings and conferences, 3) hosting agent focus groups, and 4) facilitating agent testing of the Marketplace web portal.

Results

As a result, significant improvements were achieved in Florida’s Insurance Marketplace. The Agent Steering Committee provides outreach opportunities and continuous insight. The focus groups clarified top issues for agents and assisted FHC in devising ways to keep agents engaged in the development process. In response to agents’ technical issues during testing, the agent registration process was streamlined. Frequently Asked Questions were revised and expanded based on the questions agents submitted. The Agent Terms and Conditions participation form was revised to highlight confidentiality provisions. Due to agent testing feedback, web functionality issues were discovered and remediated. In addition, functional suggestions from agents regarding desired features such as plan filtering were incorporated into future development phases. Following an Agent Open House event, many agents throughout the state registered to participate in the Marketplace.

The Corporation will continue to solicit and support agent involvement as the Marketplace evolves beyond the small group pilot to serve Floridians. It is the aim of the Corporation to further increase access to and knowledge of health insurance and health services.

PART II: GENERAL INTRODUCTION TO FLORIDA HEALTH CHOICES

A. Established by the State of Florida

Florida Health Choices was created by the Florida Legislature in 2008 as a not-for-profit corporation. With the Corporation's Marketplace program, insurers and other companies will be able to offer more flexible insurance options and other products initially geared toward businesses with 50 or fewer employees. The program is administered by a 15-member board made up of appointees chosen by the Governor, the Senate president, and the House speaker.

Specifically, the Florida Health Choices program, known as Florida's Insurance Marketplace, was established to:

- Expand opportunities for Floridians to purchase affordable health insurance and health services
- Preserve the benefits of employment-sponsored insurance while easing the administrative burden for employers who offer these benefits
- Enable individual choice in both the manner and amount of health care purchased
- Provide for the purchase health care coverage
- Disseminate information to consumers on the price and quality of health services
- Sponsor a competitive market that stimulates product innovation, quality improvement, and efficiency in the production and delivery of health services

B. Florida's Insurance Marketplace

The Marketplace is an interactive web-based portal designed to provide one point of reference for critical comparison of multiple health plans with a standardized format. Implementation of the Marketplace will be phased, starting in 2013 with a Small Group Pilot Program. It will later expand to individuals and families. Participation in the Marketplace is voluntary.

Health Insurance Agents licensed by the State of Florida under Part IV of Chapter 626, F.S., are eligible to register and participate as Pathfinders in the Marketplace. Pathfinders are agents who have undergone training provided by the Corporation in order to guide clients through the process of utilizing the Marketplace. In the initial phase, pathfinders assist clients, small employers, and individuals, with the Marketplace shopping experience and vendor selection. The entire registration process is completed on-line at www.FloridaHealthChoices.com.

Confirmation of an agent's active status with the Florida Department of Financial Services will determine an agent's eligibility.

C. Purpose of this Agent Consultation Report

The goal of this Agent Consultation Report is to outline the ways in which the Corporation has sought to engage with insurance agents of Florida, and to provide the outcome of that engagement, in order to demonstrate the value of stakeholder collaboration while providing guidance for future collaboration.

PART III: AGENT CONSULTATION REPORT

I. FORMATION OF THE AGENT STEERING COMMITTEE

Recognizing that agents are an integral part of the insurance industry in Florida, the Corporation formed the Agent Steering Committee in 2011. The Agent Steering Committee is a voluntary, advisory body that provides unique insights from the insurance agent's perspective to the Corporation.

The Committee is comprised of twelve (12) experienced and respected members of the insurance community from around the state, representing different spectrums of the insurance industry (Exhibit A).

It has met nine (9) times to date since its inception. Meetings are typically held in conjunction with other established annual insurance-related events to facilitate attendance and generate discussion.

Topics of discussion are wide-ranging, and include but are not limited to determining agent eligibility in the Marketplace, features and functionality of the Marketplace, perceptions of the Marketplace in the agent community, agent training requirements and opportunities for continuing education, and terms and conditions of agent participation.

Recommendations of the Committee are given substantial consideration by the Corporation. For instance, the Committee's recommendation that registration and monthly fees for agents to participate in the Marketplace be waived for the pilot program was presented to and adopted by the Corporation's Board of Directors.

With the Committee's help, the Corporation has also reached out to Florida's agent community at large by arranging for the Corporation's staff to speak at insurance/agent events, hosting focus groups, providing for agent volunteers to test the Marketplace beta site and submit feedback, and holding an Agent Open House for the Marketplace. The Agent Steering Committee will continue to meet and provide valuable insight from the agent community to the Corporation.

II. SPEAKING ENGAGEMENTS WITH AGENT GROUPS

Throughout the year, Corporation staff has attended and presented at numerous regional agent meetings in the Jacksonville area, Tampa Bay area, South Florida, and the Capital/panhandle area. These informational presentations introduce diverse agent groups to the mission of Florida Health Choices and the goal of the Marketplace. Corporation staff has also presented at the annual conferences of the Florida Association of Health Underwriters (FAHU) and the National Association of Insurance and Financial Advisors (NAIFA), as well as speaking to the legislative committees of these groups when they convene at the Capitol in Tallahassee. The Corporation will continue this outreach effort to educate and inform agent stakeholders about Marketplace development.

III. HOSTING AGENT FOCUS GROUPS

On August 14, 2012, the Institute for Child Health Policy (ICHP) at the University of Florida conducted two focus groups on behalf of the Corporation. The ICHP is the research and evaluation partner of the Corporation. The ICHP performs multidisciplinary research on health care financing and delivery systems, health care quality, and outcomes of care.

The focus groups were conducted by trained researchers in conjunction with the Florida Association of Health Underwriters (FAHU) Educational Symposium in Kissimmee, Florida. One focus group included Agent Steering Committee members. The other included more than thirty (30) licensed agents attending the FAHU symposium. Questions followed a semi-structured format with a focus on: 1) prior knowledge of Marketplace, 2) the source of that information, 3) appeal of the Marketplace, 4) barriers to the Marketplace, and 5) ways to improve collaboration among stakeholders.

The ICHP Report of findings has been provided (Exhibit B). Due to the exploratory nature of focus groups, the Corporation was not able to respond to questions and concerns while the groups were being conducted. Therefore, the Corporation's preliminary responses to concerns raised during the focus groups are noted below. These issues will be continually reassessed going forward.

A. Knowledge of the Marketplace

As might be expected, there was a disparity of knowledge of the Marketplace between the Agent Steering Committee members and the FAHU agents. Committee members were well-

versed in many aspects of the Marketplace due to their long-time involvement, whereas some of the FAHU agents had just learned of it the day before from a presentation. Of particular interest was the fact that many agents were misinformed about several aspects of the Marketplace. The Corporation took note of this and planned future outreach efforts to ensure agents are properly informed.

B. Appeal of the Marketplace

- **Localization:** An overwhelming number of attendees felt the primary appeal of the Marketplace was related to the centrality of information the Marketplace offers. Having plan information from multiple carriers localized in one portal was a strong appeal.
- **Decrease in Workload:** The prospect of the Marketplace assisting agents with their workload and their everyday tasks was a major appeal for the agents.
- **Plan Choice:** Having the option to choose from among several plans, a choice normally only available to large group employers, was a perceived appeal of the Marketplace for employers.
- **Price Comparison:** The ability of the Marketplace to show side-by-side price comparisons was considered an appeal for both employers and employees. Attendees thought this might assist employers and employees in better understanding the costs associated with the insurance plans.
- **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.

C. Barriers to the Marketplace

- **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. There was also concern about the hotline's ability to offer only nonspecific policy information.

Response: Agents can continue to provide dedicated personal service to their clients while doing business in the Marketplace. The call center is available for inquiries from vendors, agents/pathfinders, employers, and employees. Some employers may use the call center for Marketplace-specific questions such as website navigation and password resets. Others may choose to go through their agent for all inquiries, who may call the

center on their clients' behalf. Call center representatives will direct callers to the appropriate contact if they cannot assist with an inquiry.

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

Response: Agents will remain a valuable source of guidance for understanding and selecting appropriate plans and benefits. Employers in the Marketplace may consult either their current registered agent/pathfinder or select one if they do not have one. At the suggestion of agents, the Employer Frequently Asked Questions page has been revised to reflect that there is no charge to utilize an agent/pathfinder.

- **Lack of Agent Branding:** 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.

Response: The Corporation is considering co-branding and has solicited feedback from agents on how best to achieve it as well as any other ideas for collaboration.

- **Technology Issues:** Many attendees stated that some employers are not technologically advanced and/or prefer paper applications, and some employees may not have internet access at home. They may have issues with an exclusively online system. Allowing paper applications would assist employers and employees who are without internet or just prefer paper.

Response: Paper applications will be offered in future phases of the Marketplace. In the interim, employers and employees may receive assistance from their agent/pathfinder or by calling the toll-free Customer Care Center hotline.

- **Cost:** A major perceived barrier among attendees was the fact that the Marketplace does not offer reduced cost of plans for employers and employees. 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.

Response: The Marketplace offers plans that have been approved by the State of Florida's Office of Insurance Regulation. However, wellness incentives could be included in plans in the future. As the Marketplace evolves, so will the type and number of offerings.

- Processing Schedule: The Marketplace will remit payment-related information once a week. This lag in processing and updating payment-related information was a perceived barrier among the FAHU group of agents.

Response: After consulting with agents regarding typical payment procedures, the Corporation does not anticipate that weekly payment updates to vendors during the pilot will cause a delay in agent commission payments. Enrollment data will be submitted daily. Commission payments will be handled by vendors via regular channels and will not be managed by the Marketplace. Agents are encouraged to submit feedback on the Marketplace experience during the pilot project.

D. Collaboration among Stakeholders

Attendees varied in what they thought about collaboration with the Marketplace.

- Agent Involvement: The FAHU agents felt strongly that more agent involvement in the formation of the 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.
Response: Additional focus groups in the future will be considered. The Agent Steering Committee does contain practicing licensed agents among its members. Marketplace piloting/testing by agents was added to the schedule and was implemented that same month as well as in the following month.
- 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.
Response: The element of choice in the Marketplace means that participants may or may not perform a variety of actions, according to their personal wishes or comfort level. Employers may choose to handle some aspects of shopping in the Marketplace in order to take ownership of their health care options. They may be very involved in selecting vendors for quotes, for example, but allow an agent to complete the process. Others may choose to allow an agent/pathfinder to handle many Marketplace functions while periodically checking on their account on-line. In either case, agents/pathfinders will be involved at some level for all employers wishing to participate in the Marketplace.

As the results demonstrate, agent focus group attendees were candid, forthright, and in turns enthusiastic and cautious about the possibilities the Marketplace offers. Future focus groups will be considered to reassess needs and expectations as the Marketplace expands.

IV. FACILITATING AGENT TESTING OF WEB PORTAL

Focus group feedback indicated that agents felt strongly about their inclusion in the formation of the Marketplace. Therefore, during the next scheduled cycle of web portal testing, members of the Agent Steering Committee and others were invited to join the Corporation's testing team to preview available functionality of the Marketplace's web portal.

Agent web portal testing was conducted for three (3) days on August 28 – 30, 2012, and was performed remotely via internet and conference call as well as in person at the testing site. Ten (10) volunteer agent testers were provided with instructions and feedback forms and asked to explore the site and provide in-depth comments and suggestions based on their experience. Moderators were on stand-by for the duration of testing in order to answer questions and help capture functionality errors. At the conclusion of each day, a wrap-up session was conducted to ensure that agents' experiences and comments were being accurately conveyed.

The depth and detail of the feedback received from agent testers was extremely helpful. Agents provided a unique perspective on many aspects of the Marketplace that had not been previously considered. As a result of their input, minor functionality errors were identified and subsequently corrected. Residual issues were added to the master list for remediation. Agent suggestions also included comments on readability of font color, use of tabs to navigate fields, and plan filtering options, which were incorporated into future development and design discussions of the Marketplace.

As the Marketplace grows and additional functionality is developed and released, agents will continue to be solicited for their assistance as web portal reviewers and testers.

V. AGENT OPEN HOUSE

Due to the insightful feedback received from agents after the focus groups and during web portal testing, subsequent improvements to the Marketplace were completed. In order to further ensure that agents obtain accurate information about the Marketplace and that additional improvements are made, the Corporation hosted a two-week Agent Open House for Florida's Insurance Marketplace. For two (2) weeks beginning Monday, September 10, 2012, and concluding on September 21, 2012, access to the Marketplace beta site was opened up to agents state-wide for testing and evaluation purposes. Notification of the event was sent via email blast to subscribers and interested parties as well as by three prominent state insurance and underwriting associations.

Agents around the state could log on to the site, register free of charge, browse sample health insurance plans, and create quotes for client groups using mock data. They were then asked to submit feedback about the experience using forms provided on-line. A draft of the Agent Training Course was also provided on-line, for which feedback was also welcomed.

In addition, four webinars, two per week, were scheduled to help guide agents through the testing process and provide an introduction to Florida Health Choices and the Marketplace.

Throughout the Open House, agents submitted questions and comments verbally and in writing relating to both function and policy. In an effort to fully examine and address these questions and comments, three documents were produced. First, participation numbers and agent appointments were compiled for At-A-Glance reference (Exhibit C). Second, a list of Most Common Feedback arranged by frequency was compiled (Exhibit D). Third, a Master List of all comments and questions was created (Exhibit E).

The Corporation has provided initial responses within the Most Common Feedback and Master Feedback List documents to all agent questions and comments raised during the Open House in order to ensure agents are properly informed about the Marketplace. Many of the agents' suggestions for future development are being considered and have been noted as such.

A. Webinar & Conference Call Participation

Four webinars were conducted during the two-week Agent Open House. Agents could attend via conference call while viewing the introductory presentation on their computer. Following the presentation, the phone line was left open until noon for any technical questions agents might have as they navigated the site. Agents could also contact the moderator or the

Corporation for personal assistance via email or telephone at any time outside of the scheduled webinars. Technical issues were logged and resolved. Agents were very vocal during the webinars and generated many questions.

Below is a chart of the dates, times, and number of known webinar participants.

Date	Time	Participants by Phone	Participants by Web
9/11/2012	10:00am-noon	37	35
9/13/2012	10:00am-noon	35	34
9/18/2012	10:00am-noon	20	18
9/21/2012	10:00am-noon	32	28
Total:		124	115

B. Agent Registration

During the Open House, agents were invited to register free of charge as pathfinders for the Marketplace. Though any sample groups and quotes generated by the agent during the testing period would be removed before the site was officially open, agent registration would remain, allowing agents to get a jump start on familiarizing themselves with the Marketplace. The total number of agents that registered as pathfinders for the Marketplace during the two-week Agent Open House is below.

Agents that Registered as Pathfinders

Date	# of Agents
As of 9/24/2012	118
As of 11/13/2012	164

The number of registered pathfinders continues to grow.

C. Agent Training

The Corporation is required by Florida law to provide training for agents participating in Florida's Insurance Marketplace. Agents have 90 days following registration to complete training. A draft of the Agent Training Course was provided on-line with testing materials during the Agent Open House to enable those agents who registered to complete it as soon as able within the required 90 days. However, few agents completed the training during the Open House, as noted below.

Agents that Completed Marketplace Training

Date	# of Agents
As of 9/26/2012	9
As of 11/14/2012	61

And few agents completed training in the weeks after. This prompted a revision to the Agent category of Frequently Asked Questions on the Marketplace site to include a link to the training course. A system was also developed to remind agents via email of their obligation in intervals. Agents have now begun to complete the training course with more regularity.

D. Agent Appointments

When registering as pathfinders for the Marketplace, an electronic interface with the state's agent license database indicates companies with whom agents have appointments. Below is a sample of the range of company appointments for agents who registered during the two-week Open House. Please note that a single agent may have many appointments.

Number of Appointments for Selected Companies

Company*	# of Agent Appointments as of 9/21/2012	# of Agent Appointments as of 11/14/2012
Aetna Health	77	110
Aetna Life	77	110
Avmed	36	50
Capital Health Plan	2	3

Florida Blue	73	94
Florida Health Care Plan	11	15
Health Options	68	87
Humana AdvantageCare	10	19
Humana Health	72	102
Humana Insurance	67	103
Humana Medical	68	98
Humana Dental	65	98
Neighborhood Health	24	31
UnitedHealthcare Insurance	88	119
UnitedHealthcare of Florida	76	106

**Agent appointments do not indicate a company's participation in the Marketplace.*

A one-page extract containing Open House participation, training, and appointment information is provided in Exhibit C.

E. Feedback Received

During the Agent Open House, agents were encouraged to ask questions and submit comments and suggestions regarding their experience. The feedback received from agents during the Open House echoed the themes discussed by agents during the previously held focus groups. Therefore, the Corporation has provided detailed responses to each question and suggestion submitted by agents.

For ease of reference, a list of Most Common Feedback received was compiled based on type of comment (Like, Dislike, Clarification, Suggestion, Issue) and prevalence (Low = under 5 instances, Medium = 5-10, High = over 10 instances) (Exhibit D). An extract is below.

Most Common Feedback – Likes

Easy to use excel spreadsheet to upload census. Entering group/census information very easy	High	Like
Layout very clear and easy to understand. Good use of displaying high level information with ability to click on links for more information	High	Like
Like the ability to compare plans side by side	High	Like
Website is very intuitive and user friendly!	High	Like
Easier to use than Benefit Central	Medium	Like
Speed is great!	Medium	Like
Manipulation of data is very easy	Medium	Like

**Low = under 5 instances, Medium = 5-10, High = over 10 instances among 124 participants.*

In addition, the Master Feedback List was created to comprehensively house all comments received, be it aspects about the Marketplace that agents liked, a concern, a suggestion, a question, or a technical issue, along with the Corporation’s response (Exhibit E).

The process of considering agents’ perceptions and formulating responses greatly assisted the Corporation in enhancing the Marketplace experience. Site content was subsequently adjusted to more clearly reflect intent. For example, the Frequently Asked Questions were revised to address commonly asked questions. The Agent Terms and Conditions participation form was also revised to highlight confidentiality provisions noted in law. Following a review of technical issues experienced by Open House participants, the Agent Registration process was streamlined.

As the Pilot Program progresses, further clarification will be provided as needed and agent suggestions for future functionality will be continually considered for implementation.

VI. CONCLUSION

By engaging with agents through the formation of the Agent Steering Committee, speaking engagements, focus groups, web portal testing, and the Agent Open House, the Corporation has endeavored to open lines of communication and collaborate with an important stakeholder in the formation of Florida’s Insurance Marketplace. The resulting improvements to the content, structure, and function of the Marketplace will benefit employers and individuals utilizing the site as well as agents. The Corporation intends to continue to solicit feedback from the agent community in order to increase ease of access to and accurate knowledge of health insurance and health services for Floridians.

VII. EXHIBITS

EXHIBIT A

Agent Steering Committee members

Representative	Organization
Jerome Ashford	Florida Comprehensive Health Association
Marlo DeMoss	DeMoss Financial
Bonnie Hauck Evelyn	CBIZ
Donna Fogle	The Bailey Group
Tony Martely	Global Risk Insurance Solutions
Corey McMeeking	Brown & Brown, Inc.
Pam Mims	Florida Health Care Plan
D. David Russell, Chair	Rogers Benefit Group
Terri Seefeldt	Rogers Benefit Group
Kenneth Stevenson	Earl Bacon Agency
Charles Stout	Meridian Insurance Group, LLC
John Lacy	Bouchard Insurance

Florida Health Choices Evaluation: Focus Group Report

**Institute for Child Health Policy
University of Florida
Submitted: 10/30/2012**

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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 (ICHP) 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 ICHP. 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?**

Exhibit C
Florida's Insurance Marketplace
Agent Open House
At-a-Glance

September 10, 2012 – September 21, 2012

Webinars

Date	Time	Participants by Phone	Participants by Web
9/11	10:00am-noon	37	35
9/13	10:00am-noon	35	34
9/18	10:00am-noon	20	18
9/21	10:00am-noon	32	28
Total:		124	115

Agents that Registered as Pathfinders

Date	# of Agents
As of 9/24	118

Agents that Completed Marketplace Training

Date	# of Agents
As of 9/26	9

Number of Appointments for Selected Companies as of 9/21/2012

Company*	# of Agent Appointments
Aetna Health	77
Aetna Life	77
Avmed	36
Capital Health Plan	2
Florida Blue	73
FHCP	11
Health Options	68
Humana AdvantageCare	10
Humana Health	72
Humana Insurance	67
Humana Medical	68
Humana Dental	65
Neighborhood Health	24
UnitedHealthcare Insurance	88
UnitedHealthcare of Florida	76

**Agent appointments do not indicate a company's participation in the Marketplace.*

Exhibit D

Most Common Feedback

Florida's Insurance Marketplace Agent Open House

September 10 - September 21, 2012

Comment	Frequency*	Category	Resolution
Easy to use excel spreadsheet to upload census. Entering group/census information very easy	High	Like	
Layout very clear and easy to understand. Good use of displaying high level information with ability to click on links for more information	High	Like	
Like the ability to compare plans side by side	High	Like	
Website is very intuitive and user friendly!	High	Like	
Easier to use than Benefit Central	Medium	Like	
Speed is great!	Medium	Like	
Manipulation of data is very easy	Medium	Like	
Why is SIC code necessary? We don't need it to quote outside Marketplace	Medium	Dislike	It may be required for other products in the future. Will consider making this field optional.
This is going to take away business from agents	Medium	Dislike	The Marketplace can introduce agents who register to new client groups.
Is paper used at all? Enrollment, eligibility, premium all done through website?	High	Clarification	Online during the Small Group pilot. Will support paper in upcoming phases.
Will Florida 15% rule still apply?	High	Clarification	Yes.
Will FHC have in house agent that can write business?	High	Clarification	FHC will have an agent as an in-house resource only. Not a commissioned agent.
Can employers offer plans from more than one vendor?	High	Clarification	No. Up to 4 plans from one vendor.
Are rates, plans and benefits the same inside and outside the marketplace?	Low	Clarification	Yes.
How is FHC going to handle groups that enter the Marketplace without an agent?	Low	Clarification	Agent Finder tool currently in development.
Who is the Customer Contact Center designed to help?	Low	Clarification	All users of the Marketplace.
How does marketplace get funding?	Low	Clarification	One time appropriation in 2008 and up to 2.5% surcharge on services sold.
Can Agents group together in Marketplace?/Can agents split the application?	Low	Clarification	Not at this time. Good suggestion for future consideration.
Questions about Agents switching agencies, groups switching agents, groups switching vendors. Can more than one agent quote the same group?	Medium	Clarification	When quoting a new group, the agent enters the agency.
How do I get appointed?	Medium	Clarification	The Marketplace does not make agent appointments. Easy process to create a profile and register as an agent.
How is FHC going to Market the program? Confusing to agents to be told they can not market themselves through marketplace	Medium	Clarification	We are exploring co-branding with agents.
How do agents get paid?/will payment to FHC and then vendor slow down my commission?	Medium	Clarification	Agent ID is transmitted to the Vendor with enrollment information. Agents are paid commission by vendor.
What Vendors will be participating?	Medium	Clarification	Under Non-disclosure agreements and cannot disclose at this time. Announcements coming soon.
Can Agents continue to write business outside the Marketplace? Will it affect business outside marketplace?	Medium	Clarification	Agents can write business inside and outside Marketplace.
Will there be discounts for healthy groups?	Medium	Clarification	Yes, if offered by the vendor. The Marketplace does not offer further discounts.
Clarify difference between 4-9 and 10-50 quoting	Medium	Clarification	4-9 is RAF. 10-50 will be composite
What are underwriting procedures?	Medium	Clarification	One common form for groups to use. Vendors perform the underwriting.
When is next open house webinar?	Medium	Clarification	None scheduled at this time
Would like to be able to filter on additional criteria. HSA, co-insurance	High	Suggestions	Not at this time. Good suggestion for future consideration.
Would like ability to SORT plans by premium cost, employee cost, HSA, Deductible, Carrier	Medium	Suggestions	Yes, able to sort by premium, deductible and carrier. HSA is good suggestion for future consideration.

Exhibit D

Most Common Feedback

Florida's Insurance Marketplace Agent Open House

September 10 - September 21, 2012

Want to compare more than 4 plans	Medium	Suggestions	UX2014 consumer group advises consumer preference for three. Agent can perform more than one comparison to accomplish this.
Want print capability to presentation purposes for small groups Very similar to CHPA and Florida Health Access	Medium Medium	Suggestions	Print capability is in development. Regarding CHPA, technology now advanced, products are common small group, do not have 17 sperate regions and boards. Risk remains in the employer group and is not spread across the entire region.
Trouble Loggin in - Buttons not responsive	High	Issue	Wrong browser version or browser in compatibility mode.
Trouble Logging in - Did not get email, system says user already exists, system won't resend verification email	High	Issue	Working on solution. Probable defect

*Low = under 5 instances, Medium = 5-10, High = over 10 instances.

Exhibit E

Master Feedback List

Florida's Insurance Marketplace Agent Open House
September 10-September 21, 2012

Comment	Type	Response
Liked the use of spreadsheet to upload census information	Like	n/a
Liked the layout of basic information presented and click more areas for more detail	Like	n/a
FAQ very clear and understandable	Like	n/a
Plans page comparison was good	Like	n/a
Anonymous browsing was easy to follow and understand	Like	n/a
Enter group census data was easy enough	Like	n/a
For the record, I have found everything very easy and user friendly so far!!	Like	n/a
I love it! 10 times better than Benefits Central	Like	n/a
Web portal is pretty good. Certain links missing at this time	Like	n/a
Side by side is great tool. More than 4 plans would be confusing	Like	n/a
Like the ability to upload census via excel	Like	n/a
speed great	Like	n/a
liked part 2 and compares apples with apples	Like	n/a
10x better than benefits central	Like	n/a
Very nice, very easy to use	Like	n/a
VERY EASY TO REGISTER	Like	n/a
WOW! - like the license verification feature	Like	n/a
MANIPULATION OF DATA IS SIMPLE	Like	n/a
QUOTES ARE FAST	Like	n/a
LOGIN IS FAST	Like	n/a
VERY NICELY DONE, EASY TO USE, EASY TO NAVIGATE	Like	n/a
Once agents get used to change, this will be very useful	Like	n/a
Does the Marketplace need to know the # of children? Currently small group is rated employee/child(ren) regardless the number	Question	The Marketplace asks for the number of children and will analyze family composition.
Will the Florida 15% rule still apply? This should be explained in the quote somewhere ---it may be, but I was unable to see the full testing	Question	Yes.
Will you have an in-house agent which will be able to write business?	Question	The in-house agent is non-commissioned and serves in an advisory capacity.
Does this website take the place of enrollment kits? Are paper forms needed?	Question	Initially, enrollment will be completed entirely on-line. Paper applications will also be available in future phases.
What are your underwriting guidelines; example can you offer 4 plans to a 5 person group?	Question	Yes. Any eligible small business group can offer up to four plans from one vendor as long as there are at least four participating employees.
Will all employees be required to be insured through one insurance carrier, or will they be able to chose multiple carriers like with CHIPPA?	Question	Employees can choose from up to four plans offered by one vendor.
What are your plan benefits inside the Marketplace? Will all carriers be obligated to offer the exact same coverage	Question	During the Small Group Pilot, the Marketplace will offer small group plan benefits. Benefits may vary depending on the vendor and plan chosen.
Are you going to establish a referral program for companies that visit your site and don't have an agent?	Question	The Agent-Finder tool is in development.
What are your confidentiality policies? Will I as an agent have assurances that you will not release information on my groups to a competitor?	Question	Confidentiality of client lists is protected. This is noted in the Florida Statute enacting the Corporation and is also noted in the Agent Terms & Conditions.
Are you providing any customer service support for your groups?	Question	Yes. There is a toll-free Customer Care hotline.
Besides quoting, will we be able to electronically enroll all our groups with the carrier of choice through The Marketplace	Question	Yes. Enrollment can be completed entirely on-line.
Funding for The Marketplace is delivered by whom?	Question	The State of Florida provided a one-time appropriation to fund development of the Marketplace.
Can agents group together in the Marketplace?	Question	Not at this time. This is a good suggestion for future development.
Can Agent have quote sent directly to themselves and not to the employer?	Question	Yes. The agent who submitted the application will receive notice and can send employers a link to a selected quote for viewing.

Exhibit E

Master Feedback List

Florida's Insurance Marketplace Agent Open House

September 10-September 21, 2012

	Is a group locked in to a certain agent? Once they pick an agent can they change?	Question	Once a group is enrolled in a plan through or with a selected agent, the agent is "attached" to them and will remain so unless the agent or the employer makes the change.
	Can you register as an agency instead of individual agent?	Question	There is not a separate registration process for an agency. The Marketplace will ask a registered agent for the agency name when creating a new quote.
	For purpose of presenting the options to an employer - will it be possible to compare more than 4 plans? I found that employers like to see a range of options in the selection process during the face-to-face meeting or if emailing them a spreadsheet of their options	Question	Consumer research performed by UX 2014 suggests that 3-4 plans is the optimum number for comparison. An agent may create more than one 4-plan comparison to achieve the desired effect.
	Can an agent initiate the process and give the employer a link to continue and browse the options, without losing the sale if employer will complete the process on their own?	Question	Yes. The employer can designate the responsible registered agent when completing the process.
	Will the system allow for agent split (for commissions from the carrier)? will be nice to be able to "split on the app" as in the case of paper application so independent agents that work together can be paid directly from the carrier	Question	In development.
	How do I get appointed?	Question	The Marketplace does not appoint agents, but agents can register as Pathfinders on-line by going to www.floridahealthchoices.com and selecting "Create a Profile." Agent appointments are made by the participating vendors.
	How can I Assist/Partner with FHC to promote the program?	Question	The Marketplace is considering co-branding and is interested in other ideas agents may have.
	Will there be any training available?	Question	Yes. The Agent Training Course is available on-line at myfloridachoice.org/resources under the Materials tab.
	How are agents/pathfinders compensated through Florida Health Choices?	Question	When a group is enrolled, the responsible agent is identified and their ID is submitted to the vendor. Agent commissions will be paid by vendors through regular channels and will not be managed by the Marketplace.
	We use quoting software (Benefit Central). Where does FL Health Choices fit in? Can consumers quote & apply on their own or will they need an agent? What are the advantages of us using FL Health Choices?	Question	The Marketplace offers choices for small businesses that are normally reserved for large groups, and a single point for plan comparison and purchase. Employers can browse offerings, but will still need to have an agent of record.
	How is FHC going to Market this program?	Question	The primary source of new business will be small businesses who are brought to the Marketplace by an agent.
	How do I get appointed?	Question	The Marketplace does not appoint agents, but agents can register as Pathfinders on-line by going to www.floridahealthchoices.com and selecting "Create a Profile."
	Can employers get quotes without an agent?	Question	Employers can browse initial rates without an agent, but to receive quotes they must have an agent of record.

Exhibit E

Master Feedback List

Florida's Insurance Marketplace Agent Open House
September 10-September 21, 2012

How will Employers without agents get agents?	Question	The Agent-Finder tool is in development. Employers will be able to select a registered agent/pathfinder.
Where did original funding come from?	Question	The State of Florida provided a one-time appropriation to fund development of the Marketplace.
What companies are on board?	Question	Vendors participating in the Marketplace are under non-disclosure agreements until official announcements are made.
How is it being marketed?	Question	The primary source of new business will be small businesses who are brought to the Marketplace by an agent.
Billing and collecting all done through Marketplace?	Question	Yes.
Will that slow down our commission?	Question	Enrollment files are submitted daily. Premium payments will be submitted to vendors weekly. The Marketplace does not foresee a significant impact on usual commission payment procedures. All aspects of the Marketplace will be monitored and evaluated during the pilot.
How do agents get paid?	Question	When a group is enrolled, the responsible agent is identified and their ID is submitted to the vendor for reimbursement. Agent commissions will be paid by vendors through regular channels and will not be managed by the Marketplace.
Can we write business outside the marketplace?	Question	Yes.
Will this affect business outside the marketplace?	Question	Unknown at this time. Participation in the Marketplace is voluntary.
Do you have agents on your staff?	Question	The in-house agent is non-commissioned and serves in an advisory capacity.
How does the marketplace get funded to administer?	Question	The State of Florida provided a one-time appropriation to fund development of the Marketplace. It will become self-sufficient through a 2.5% surcharge on products and services sold.
The first page asks for a tax ID # after the agency name. Is this the group's tax ID or the Agency?	Question	It is the group's tax ID #. Due to possible confusion, this section on the site is being relabeled for clarity.
Do the Employers have to choose one carrier or can they offer plans from multiple carriers?	Question	Employers can browse plans and receive quotes from as many vendors as they wish. They must select one, and can offer up to four plans to employees from that vendor.
Can employers get quotes without an agent?	Question	Employers can browse without an agent, but they must have an agent of record in the Marketplace.
Waive coverage option be available?	Question	A waive coverage option is in development.
Est monthly premium will there be discount opportunities for healthy groups in underwriting - looking into this option	Question	It depends on the plan options that are offered by vendors.
What vendors do we have so far	Question	Vendors participating in the Marketplace are under non-disclosure agreements until official announcements are made.

Exhibit E

Master Feedback List

Florida's Insurance Marketplace Agent Open House
September 10-September 21, 2012

Advertising? Can employee go on without using Agent.	Question	Employers and employees can browse without an agent, but the employer will have an agent of record.
Agents can't say they are with the Marketplace per agreement.	Question	The Marketplace is exploring co-branding.
Difference between 4-9 and 10-50 quoting?	Question	Groups of 4-9 are quoted using table rates. Groups of 10-50 are quoted using composite rates.
Can you please tell me where I can go to register to be an Agent/Pathfinder?	Question	Following the Agent Open House, this process has been streamlined. Go to www.floridahealthchoices.com . Select "create a profile" on the home page to start the registration process.
The literature online states that employees will have 60 days prior to the effective date to enroll or make changes. However, in the FL small group market, carriers do not have to have the renewals to the client until 45 days prior. This means some clients do not see their renewals until 45 days out, and sometimes need time to make a decision. So if the employer makes the decision 30 days out, how does that 60 day window work for employees?	Question	Renewal processes are being vetted and may be adapted as needed.
The guide states that the Marketplace is for employers with 4 to 50 employees participating . In FL, groups are small group if there are 4-50 eligible . Anything with over 50 eligible is underwritten and rated as large group (which is also not guaranteed issue). So this could lead to underwriting and rating discrepancies in and outside of the Exchange. Can you confirm that the Marketplace is indeed 4 to 50 employees participating?	Question	The Marketplace small group pilot is for groups with 4 to 50 eligible employees, with at least 4 participating employees. The Marketplace is not an exchange as defined in the Affordable Care Act.
Some of our clients use the services of a PEO. This means there is a co-employment arrangement that while the employees belong to their employer, the PEO keeps them under the PEO tax ID number and submits the payroll taxes to the government under the PEO tax ID. Will the Marketplace allow these employer groups to carve out their medical plans and enroll through the Marketplace? (they are allowed in the open market)	Question	PEOs are not supported in the Marketplace during the small group pilot. This is a potential item for future development.
How will renewal rate increases be different than the open market? Or would groups be rated the same at renewal inside the Marketplace as they would be outside the Marketplace	Question	Groups will be rated the same at renewal within the Marketplace as they would be outside it.
If an agent registers and enrolls groups, and then changes employment from Agency 1 to Agency 2, would Agency 1 still retain the groups and commissions paid for groups he enrolled while employed at Agency 1? This is very important	Question	Commissions are identified by the agent's license number and the agent indicates his or her associated Agency when creating a new group.
As the employer information is entered into the system, who would be responsible to complete employer questionnaire? Does it have to be owner or can it be any officer at the company? Currently, underwriting allows for any office of the company.	Question	A qualified officer of the company may complete.
How will COBRA administration work – will COBRA enrollees enroll on the Exchange through Employer or will it be done directly with carrier? Would the COBRA enrollees still show up on the Employer's invoice from the Marketplace? It sounds like premium collection will be done by Exchange and can be paid by credit card or check	Question	The Marketplace will not administer COBRA. Depending on the employer's preference, terminated employees may send COBRA premium payments to the employer, directly to the vendor, or to a different administrator, in order to continue group coverage. The Marketplace is not an exchange as defined in the Affordable Care Act.
Service line – what questions will be referred to brokers? (claims, intense plan questions, etc)	Question	Plan advice and benefit questions will be handled by agents. Site-specific technical questions will be handled by the call center.
Will brokers be able to call service line on behalf of clients, or will signed permission be needed?	Question	Agents will be able to call and ask questions about their own client groups but will not be able to access information about another agent's block of business.
What happens if rates change after final enrollment (binder check has already been submitted) – and the employer decides to decline the coverage based on the change in rates, can they withdraw at that point and receive the check back?	Question	If the group declines coverage before final enrollment is complete a refund can be prepared.

Exhibit E

Master Feedback List

Florida's Insurance Marketplace Agent Open House
September 10-September 21, 2012

Can employers contribute different amounts per class of employees? What if owner's insurance is covered at 100% but all other employees pay 50%?	Question	Employers must contribute at least 50% of the lowest price plan from among those they selected, but can potentially contribute more. Employers must treat all employees equally in this regard.
The system locking to the first broker quoting.	Question	Multiple agents can request quotes on behalf of one employer. The system will not lock to one.
Can you send me the link and call in information for the next webinar	Question	There are no additional webinars scheduled at this time.
When is the next training?	Question	There are no additional webinars scheduled at this time. However, agents can contact the Corporation or email agentservices@floridahealthchoices.com with questions. The agent training course is available on-line at www.myfloridachoice.org/resources under the Materials Tab.
Also, wondering why 2-3 employee businesses were excluded, when they're included as part of the small group market under Florida Statute 627.6699	Question	We are currently reviewing this policy. Following an assessment of the small group pilot, eligible employers can be expanded to include smaller and/or larger groups.
How is the marketplace being advertised?	Question	Initially, new business will come primarily from agents who bring clients to the Marketplace.
In the 4-50 life employer marketplace, it is not uncommon for 3 to 4 brokers quoting the same group (even though the rates are the same). Sometimes each broker will recommend a different strategy/different plans. My question was "does the system lock down to one broker when the quoting process is started.	Question	Multiple agents can request quotes on behalf of one employer. The system will not lock to one. The employer can change their agent at any time.
Any job openings at FHC?	Question	Not at this time.
When we run quotes outside the Exchange right now - we are given Standard Risk Rates generally from insurers. In the Underwriting process, they will come back and either discount the rates, honor the standard risk rates, or raise them from 1 - 15% generally speaking. Will this be the same?	Question	The underwriting process will follow regular Vendor practices. The Marketplace is not an exchange as defined in the Affordable Care Act.
I am a Florida attorney and want to consult and counsel business owners regarding their health care decisions. I do not sell health care insurance, or any other insurance products, and currently do not have a license to do so. I would like to consult/counsel with business owners about their choices and use the site to gather information beneficial to these owners. I do not intend to be paid a commission by a health plan provider based on a decision to buy a specific health insurance plan	Suggestion	Anyone may browse plans and see initial rates without being an agent.
Would like links to vendor directory for access ease	Suggestion	In Development
Out of pocket - needs to be clear what applies toward this. Not all plans/vendors work the same way. (some deductibles apply, others do not, same with copays. Some vendors only coinsurance applies.)	Suggestion	Noted for Glossary future development.
Suggest filter for co ins and HSA Plans -	Suggestion	Future Development
Agents need to be able to extract data for presentation to clients - agents need to be able to incorporate quotes/illustrations into customized proposal format	Suggestion	The Marketplace is primarily a web-based portal. Some future print function is in development.
Employer contribution needs to be broaden - employers get creative with contribution set up (example: 50% of this plan / 80% of that plan / 20% for dependents on that plan, but maybe 30% on another	Suggestion	Potential future development
w/ like additional filters for HSA / also more info to route regarding HSA banking topics	Suggestion	Potential future development
Would like to be able to tab all the way through, with less mouse reach. Example, at the spouse checkbox be able to check the box with the space bar or "x" without reaching for the mouse	Suggestion	Future Development
Would like employers to be able to definition of items (exp: if they hover over deductible, the definition of what the deductible is comes up)	Suggestion	There will be a Glossary of terms on the site.
Premium breakdown information needs to be extracted to presentation	Suggestion	Some print functionality is in development.

Exhibit E

Master Feedback List

Florida's Insurance Marketplace Agent Open House

September 10-September 21, 2012

	Want the ability to compare more than 4 plans. When comparing different vendors, it would be nice to be able to select multiple plans from multiple vendors for easy comparison.	Suggestion	Future Development. Consumer research performed by UX 2014 suggests that 4 plans is the optimum number for comparison.
	Numerous comments about requiring SIC code for group information. Agents don't feel it is necessary in FL	Suggestion	The SIC code is included for future functionality purposes.
	Please refer any and all unassigned clients to us for assistance	Suggestion	The Agent-Finder tool is in development.
	A note on the SIC code - if your system was designed to work in other states, maybe that is the reason it was added - in FL you do not need it to my understanding, although some carriers ask for it since they need it for underwriting or industry exclusion in other states. maybe you can add option of generic # or 0000 if quoting in FL -most employer do not know their SIC code	Suggestion	The SIC code is included for future functionality purposes.
	Spouse and dependents are listed separately, which may cause confusion with regard to the dependent count, because a spouse is usually considered a dependent.	Suggestion	Some vendors make a distinction between dependents. Rating is broken out by spouse and dependents. It makes processing a little easier.
	You're trying to reinvent the wheel	Suggestion	In building the Marketplace, Florida Health Choices is implementing Florida law.
	Agreement says we can't state we are working with marketplace. That is a barrier	Suggestion	Co-branding is being considered.
	Must have ability to print and do paper apps	Suggestion	Future Development
	Similar to florida health access and CHPA. Both failed bc driven by vendors. You have to work with agents	Suggestion	The Corporation is committed to engaging with agents to identify barriers to and solutions for agent participation in the Marketplace.
	This is very similar to CHPA	Suggestion	There are some key differences.
	Sorting by criteria	Suggestion	Future Development
	Ability to print	Suggestion	Future Development
	SIC codes not required for rating but required for Mktplace...not a factor for rates	Suggestion	The SIC code is included for future functionality.
	Want to see all documents outside of market place	Suggestion	The Marketplace is a web-based portal. Some print functionality will be added in the future.
	Currently, some carriers in FL give composite rates for 10 or more eligible employees, some give composite rates for 10 or more participating . This is something else that might create a discrepancy as the rating inside the Marketplace is all consistent	Suggestion	Noted. In the Marketplace, groups of 4-9 eligible employees are quoted using table rates. Groups of 10-50 eligible employees are quoted using composite rates.
	I generally create one quote per group per carrier, and usually quote a minimum of three carriers	Suggestion	This comment was provided in response to a question posed by the webinar moderator.
	I might generate more than one quote if a census changes, or if it turns out that the employer's goals and needs are different than what I quoted originally (say, the premiums turned out to high, and the client requested lower rates - or the benefits weren't rich enough, etc.	Suggestion	This comment was provided in response to a question posed by the webinar moderator.
	Having the ability to sort results within an employer (by cost for employee, by carrier, by deductible, by plan design, by HSA, etc.) would be very helpful	Suggestion	Future Development
	As this site is developed, I want to make sure the employer can change agents during the quoting process if necessary, and also wonder if they can through the site once they are established and enrolled. In addition, it would be a good idea to make sure the replaced broker and new broker are emailed confirming the change made by the employer	Suggestion	Future Development
	NEED TO BE ABLE TO SORT BY PREMIUM COST, EMPLOYEE COST, HSA COMPATIBILITY, DEDUCTIBLE, CARRIER	Suggestion	Future Development
	Some agents will see this as a threat	Suggestion	Participation in the Marketplace is voluntary.
	When "forgot password" is selected, received a notice saying a refresher was sent, when technically it should say something along the lines of "this account is not registered" if you haven't registered	Technical	
	Not able to register - froze on him - did receive link but once he clicked on it froze	Technical	
	Did not get email to confirm - was unable to log in -just kept rounding around doing the same "must register" you are already registered. During the webx, I was unable to do anything except run a quote as guest	Technical	
	Did not get email from portal after registering	Technical	
	I found the register email in my junk file. Then clicked on the link supplied. It took me to Create a Profile page, where I entered my email address and the password I had created, but nothing happened when I clicked the yellow box to Login.	Technical	
	Unable to compare plans side by side after choosing 4 plans.	Technical	
	SIC look up feature did not work - screen came up but could not use it dim	Technical	

Exhibit E

Master Feedback List

Florida's Insurance Marketplace Agent Open House
September 10-September 21, 2012

Another user able to put in industry type for SIC look up but went back to page and all other fields went blank	Technical	
On plan details page back arrowed and wiped out all dates	Technical	
Trouble completing feedback form.	Technical	
I'm not able to login with the information I just setup when clicking on this link.	Technical	
Went to the website to create a profile, received the verification email with the link to finish the profile but when I follow the link it takes me to the logon screen, fills in my email address and password but will not log me on. I click on the yellow 'Log In' button and nothing happens. What should I do to get logged in?	Technical	
Please call me as your site is not recognizing my correct Agent Number and the Insurance Department told me to write you	Technical	
Trouble Loggin In	Technical	
Trouble Loggin In	Technical	
Trouble Loggin In	Technical	
Trouble Loggin In	Technical	
Trouble Loggin In	Technical	
Trouble Loggin In	Technical	
Trouble Loggin In	Technical	
Trouble Loggin In	Technical	
Can't log in from email link	Technical	
I am having difficulty logging in	Technical	
Trouble Loggin In	Technical	
Agent license number not verifying	Technical	
Please verify that I have succesfully registered.	Technical	