**Proposed List of Questions for Testing – MEPS-IC**

**5-22-12**

**Group 1 – Employers offering a self-insured health plan in 2012**

1. **SELF-INSURED PLANS**

*Questions a, b and c will be placed after 6a and 6b on the 10(s), plan form, and be labeled 6c, 6d, and 6e.*

**For plans that have been identified as self-insured plans with stop-loss coverage, ask…**

**A) What is the specific stop-loss coverage amount per employee, that is, the individual attachment point?**

**$\_\_\_\_\_\_\_\_\_\_\_\_(individual attachment point)**

**OR**

 **No individual attachment point**

**Would you be able to answer if given the following categories -- ?**

**a) $15,000 or less**

 **b) More than $15,000 up to $30,000**

 **c) More than $30,000, up to $60,000**

 **d) More than $60,000, up to $90,000**

 **e) More than $90,000**

**B) Does this plan have aggregate stop-loss coverage based on all claims? Yes/No/Don’t Know**

**If yes, what is the aggregate stop-loss coverage attachment point (as a percent of expected claims)?**

**\_\_\_\_\_\_\_\_\_\_\_\_% (aggregate attachment point)**

**For plans that have been identified as self-insured, ask …**

**C) Approximately, what percent of the total annual costs for this self-insured plan cover …**

**Medical claims (not covered by stop-loss coverage)** \_\_\_\_\_%

**Stop-loss coverage premiums** \_\_\_\_\_%

**Fees paid to the third party administrator (TPA) or**

 **administrative services only (ASO), excluding**

 **commissions** \_\_\_\_\_%

**Commissions paid** \_\_\_\_\_%

 **Other**  \_\_\_\_\_%

 **Total** **\_100\_%**

**Group 2 – Employers who offered health insurance in 2012.**

1. **WELLNESS PROGRAM**

**For all plans (fully-insured and self-insured), ask…**

*Question a would be an additional checkbox in existing question 12a on the 10(s), plan form.*

*Question b would be additional checkboxes in existing question 12b on the 10(s), plan form.*

*Question c would be additional checkboxes in existing question 25 on the 10(s), plan form.*

**A) Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?**

**Age**

 ** Gender**

 ** Wage or salary levels**

 ** Smoker/non-smoker status**

 ** Other**

 **OR**

 ** Premiums did not vary**

**B) Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?**

 **Hours worked**

 ** Union status**

 ** Wage or salary level**

 ** Occupation**

 ** Length of employment**

 ** Participation in a smoking cessation program**

 ** Participation in a fitness and/or weight loss program**

 ** Other**

 **OR**

 ** Employee contribution did not vary**

**C) Which of the services listed were covered by this plan?**

 **Yes No Don’t know**

**Chiropractic care** 

**Rehabilitative care** 

**Habilitative care** 

**Pediatric dental and vision care** 

**Routine vision care** 

**Routine dental care** 

**Mental health care** 

**Substance abuse treatment** 

1. **ACTUARIAL VALUE OF PLAN**

*Question a would be placed in the “plan characteristics” section of the 10(s), plan form, as question 26, the last question on the form.*

**For all plans (fully-insured and self-insured) , ask…**

**a) Do you know the Actuarial Value of this plan? Yes/No/Don’t Know**

**If yes, what is the Actuarial Value? \_\_\_\_\_\_%**

1. **GRANDFATHERED PLANS**

*Question a would be placed in the “general plan information” section of the 10(s), plan form, between existing questions 4 and 5.*

**For all plans (fully-insured and self-insured) , ask…**

1. **Is this a grandfathered health plan as defined by the Affordable Care Act?**

**Yes/No/Don’t Know**

1. **UNMARRIED DOMESTIC PARTNERS**

*Questions a and b would be placed between existing questions 3 and 4, in section E, on the MEPS 10, main form.*

**For all employers, ask….**

**a) Did your organization offer health insurance coverage to unmarried domestic partners of the same sex? Yes/No/ Don’t Know**

**b) Did your organization offer health insurance coverage to unmarried domestic partners of the opposite sex? Yes/No/ Don’t Know**

**Group 3 – Small employers, both those offering and not offering health insurance to employees in 2012.**

1. **QUESTIONS FOR SMALL EMPLOYERS**

*Questions a, b and c would be placed after existing question 5 in section E of the MEPS 10, main form.*

**For small-employers – both those offering and not offering health insurance in 2013, ask….**

**a) How likely is it that your organization will obtain health insurance through a Health Insurance Exchange for small businesses that will be available in 2014? Highly likely/Very likely/Somewhat likely/Not very likely/Not likely at all**

**For small-employers (reporting less than 50 employees) NOT offering health insurance in 2013, ask….**

**b) Did your organization consider the Small Business Health Care Tax Credit (available to qualified employers with less than 50 employees) before deciding not to offer health insurance? Yes / No / Don’t Know**

**c) What is the reason that you still did not offer health insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you be able to answer if given the following categories -- ?**

 **Too costly**

 **Too difficult or time consuming**

 **Not eligible for tax credit**

 **Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )**