

# 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	<u>100 %</u>

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

**2. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habilitative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric dental and vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. 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? \_\_\_\_\_%

### 4. 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...

a) Is this a grandfathered health plan as defined by the Affordable Care Act?  
Yes/No/Don't Know

## 5. 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.

## 6. 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: \_\_\_\_\_ )