

**Learning about the SHOP Marketplace:**

(Essay Response)

**Enrollment:**

**On average, how long did it take you to complete the SHOP Marketplace enrollment application for your client(s) online at HeathCare.gov?**

Less than 1 hour / 1-2 hours / 2-3 hours / More than 3 hours

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

**How satisfied are you with the instructions in the SHOP Marketplace enrollment application?**

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

**of your clients, like adding or removing an employee or dependent from coverage, or making updates to a phone number or address?**

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied / NA

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied / NA

- Small Business Health Care Tax Credit
- Employee Choice (ability to offer more than one plan to employees)
- Request from Client
- Availability of SHOP Agent Broker Portal
- Other (specify): (text response)

**Optional - Briefly provide any additional feedback regarding improvements to the online SHOP Marketplace.**

(Essay Response)

**SHOP Call Center:**

**Have you contacted the SHOP Call Center for help with the SHOP Marketplace? Yes/No**

**[Ask if Yes] How satisfied were you with your experience with the SHOP Call Center?**

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

**SHOP Agent/Broker Portal**

**How would you rate your overall experience with the SHOP Marketplace Agent/Broker Portal? The Agent/Broker Portal is what you use online to help with SHOP Marketplace enrollment and account maintenance functions.**

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

**Briefly give any improvements you suggest we can make to the SHOP Agent/ Broker Portal?**

(Essay Response)

**SHOP payments:**

**Briefly give any improvements you suggest we make to the SHOP Marketplace premium payment process, if applicable.**

(Essay Response)

**Customer demographics (optional):**

**How long have you been a health insurance agent or broker?**

**How many active small business clients do you currently**

**Resources/recommendations:**

**What SHOP Marketplace resources or additional support do you recommend to help you better serve your SHOP Marketplace clients?**

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

**How likely are you to recommend the SHOP Marketplace to another agent or broker?**

(Scale of 1 to 5)

1 – Extremely unlikely -> 2 – Somewhat unlikely -> 3 – Neutral -> 4 – Somewhat likely -> 5 – Extremely likely

**How likely are you to recommend the SHOP Marketplace to your small business clients?**

(Scale of 1 to 5)

1 – Extremely unlikely -> 2 – Somewhat unlikely -> 3 – Neutral -> 4 – Somewhat likely -> 5 – Extremely likely

(Essay Response)

**Can we contact you if we have questions about any of your responses?**

**Yes/No Name:**

**Phone**

**number: Email**

**address:**