RUTGERS

Center for State Health Policy

A Unit of the Institute for Health, Health Care Policy and Aging Research

Stakeholder Views about the Design of Health Insurance Exchanges for New Jersey:

Volume III: Appendices

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Appendix A: Organizations Invited to Participate in the Exchange Planning Forums

PROVIDERS

American Academy of Pediatrics, New Jersey Chapter *
American College of Physicians, New Jersey Chapter *
American Congress of Obstetricians & Gynecologists, New Jersey Chapter
American Physical Therapy Association of NJ *
Camden Area Health Education Center (AHEC) *
Hospital Alliance of New Jersey *
Jersey Association of Medical Equipment Services *
Medical Society of New Jersey *
National Association of Social Workers-New Jersey *
National Council on Alcoholism and Drug Dependence -NJ (NCADD-NJ)
New Jersey Association of Ambulatory Surgery Centers
New Jersey Chapter, American College of Cardiology
New Jersey Occupational Therapy Association *
New Jersey Orthopaedic Society
New Jersey Pharmacists Association *
New Jersey Psychiatric Association *
New Jersey Speech-Language-Hearing Association *
New Jersey State Society of Anesthesiologists
NJ Academy of Family Physicians *
NJ Addiction Treatment for the Opioid Dependence (NJATOD) *
NJ American College of Nurse Midwives *
NJ Association of Health Officers *
NJ Association of Mental Health & Addiction Agencies, Inc. *
NJ Association of Nurse Anesthetists *
NJ Association of Osteopathic Physicians and Surgeons *
NJ Council of Teaching Hospitals
NJ Dental Association *
NJ Hospital Association *
NJ Physicians
NJ Primary Care Association
NJ Psychological Association *

NJ Society of Optometric Physicians *
NJ State Nurses Association
NJ State Society of Physician Assistants
Quest Diagnostics *
Radiological Society of New Jersey
Shore Memorial Hospital
The Prosthetic and Orthotic Society of NJ

CONSUMERS
AARP New Jersey *
Advocates for Children of New Jersey *
Alliance for Advancing Nonprofit Health Care
Alliance for Disabled in Action *
Alliance for the Betterment of Citizens with Disabilities
Alzheimer's Association, Greater New Jersey Chapter
American Cancer Society- Action Network *
American Diabetes Association-New Jersey
Anti Poverty Network
Autism New Jersey *
Brain Injury Association of New Jersey *
Camden Churches Organized for People
Cancer Hope Network
Cerebral Palsy of New Jersey
Christian Science Committee on Publication for New Jersey *
Coalition of Mental Health Consumer Organizations
Community Catalyst
Community Options, Inc.
Consumers Union
Diabetes Foundation, Inc.
Disability Rights NJ *
Family Voices NJ-Statewide Parent Advocacy Network of NJ *
Hearing Loss Association of New Jersey
Hemophilia Association of New Jersey *
Hispanic Directors Association of New Jersey
Leadership New Jersey
League of Women Voters of New Jersey
Legal Services of New Jersey *
Lutheran Office of Governmental Ministry in New Jersey

March of Dimes, New Jersey Chapter *
Mental Health Association in NJ *
National Alliance for the Mentally Ill- NJ
National Kidney Foundation, Inc. *
National Multiple Sclerosis Society New Jersey Metro Chapter
National Patient Advocate Foundation *
New Jersey Appleseed Public Interest Law Center *
New Jersey Catholic Conference *
New Jersey Citizen Action *
New Jersey Health Care Quality Institute *
New Jersey Policy Perspective *
New Jersey Public Interest Research Group *
New Jersey State Conference of the NAACP
NJ Psychiatric Rehabilitation Association
NJ Public Health Institute *
Planned Parenthood of Central New Jersey *
Resolve: The National Infertility Association
South Jersey NOW-Alice Paul Chapter
The Arc of New Jersey
The Hyacinth Foundation
The Spina Bifida Resource Network
Women's Fund of New Jersey
Women's Heart Foundation *

EMPLOYER & BUSINESS GROUPS

AFT Healthcare, AFL-CIO
American Federation of State, County, and Municipal Employees, AFL-CIO
American Federation of Teachers New Jersey, AFL-CIO
Chamber of Commerce, Southern New Jersey *
Commerce and Industry Association of NJ
Communication Workers of America, District 1
ELAP Services
Employers Association of New Jersey *
Fuel Merchants Association of New Jersey *
Garden State Pharmacy Owners *
Gateway Regional Chamber of Commerce
HealthCare Institute of New Jersey *
National Association for the Self Employed *

National Federation of Independent Business
New Jersey Association of Counties
New Jersey Association of Realtors
New Jersey Education Association *
New Jersey Restaurant Association
New Jersey School Boards Association
New Jersey State League of Municipalities
NJ Association of Women Business Owners
NJ Business and Industry Association *
NJ Chamber of Commerce *
NJ Retail Merchants Association
North Jersey Regional Chamber of Commerce
Northeast Business Group on Health *
Planned Parenthood of Greater Northern New Jersey
Wakefern Food Corporation *

INSURERS

Aetna *
AmeriGroup *
AmeriHealth New Jersey *
Association Master Trust *
CIGNA *
CVS Caremark
Delta Dental Plan of New Jersey *
Express Scripts
Guardian Dental Insurance *
Health Care Payors Coalition of New Jersey
Healthfirst NJ
Horizon Blue Cross Blue Shield of New Jersey *
MagnaCare *
Medco Health *
Megna Law Firm *
MetLife Dental Insurance *
New Jersey Association of Health Plans *
New Jersey Carpenters Fund *
QualCare, Inc. *
United Association of New Jersey: Plumbers Local 24, Welfare Plan
United HealthCare of New Jersey *

BROKERS

Altigro Resource Group *
AmeriHealth Insurance Co.
Athos Benefit Consulting *
BenefitMall *
Clover Insurance Associates
Coastal Financial Group *
Creative Agency Group
Emerson Reid & Co. *
Executive Benefits Group *
First Rehabilitation Life Insurance Company
Hardenbergh Insurance *
John J. Slattery Associates *
Keown Insurance Group
Medical Benefit Service
NJ Association of Health Underwriters *
Policy Studies, Inc. *
Savoy Associates *
Singer Nelson Charlmers *
The Johnston Insurance Group
The Peter's Financial Group, Inc. *
The VanPalmer Group, LLC

Notes:

1) Organizations that were represented at the forums are indicated in bold with an asterisk *

2) A roster of forum participants can be found in Appendix B. In some cases, participants were affiliated with organizations not listed on this roster. The recruitment strategy included outreach to statewide trade associations and organizations (listed above) and having leadership from those organizations identify appropriate association members/representatives to attend the forums.

Appendix B: Stakeholder Forum Participants

Larry Altman
Vice President, Office of Health Care Reform
Horizon Blue Cross Blue Shield of New Jersey

Doreen Anthony
Director, Human Resources
C3i, Inc/Employers Association of New Jersey

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Northeast Business Group on Health

Marilyn Askin
Chief Legislative Advocate
AARP New Jersey

Diana Autin
Executive Co-Director
Family Voices NJ-Statewide Parent Advocacy Network of NJ

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MetLife Dental Insurance

Wilson H. Beebe, Jr.
Executive Director
NJ State Funeral Directors Association

Michael Beene
Executive Director of Legislative Affairs
National Association for the Self Employed

Joseph Berardo
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MagnaCare

Frank Blee
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Hemophilia Association of New Jersey

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Chamber of Commerce, Southern New Jersey

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Attorney
Legal Services of New Jersey

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Coastal Financial Group

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Brain Injury Association of New Jersey

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New Jersey Policy Perspective

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Garden State Pharmacy Owners
NJ Association of Osteopathic Physicians & Surgeons

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New Jersey Catholic Conference

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New Jersey Policy Perspective

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Brain Injury Association of New Jersey

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Camden Area Health Education Center (AHEC)

Notes:
1) Titles and affiliations were as of the date the participant attended the forum.
2) The recruitment strategy for the forums included reaching out to statewide trade associations and organizations (Appendix A above) and having leadership from those organizations identify appropriate association members/representatives to attend the forums.

Appendix C: Exchange Planning Forum Discussion Guide

[Administer informed consent.]

We would like to start with some basic questions about how health insurance exchanges should be organized, governed and financed in New Jersey.

Exchange Organizational Structure, Governance, & Financing

1. There are several options for the establishment of an Exchange. Which option do you think best serves the needs of New Jersey?
    a. Should New Jersey establish its own Health Insurance Exchange(s)?
    b. Should it seek to join a regional (multi-state) Exchange(s)? or
    c. Should it leave the Exchange function to the federal government?

2. The ACA establishes "American Health Benefit Exchanges" for individuals/families and a "Small Business Health Options Programs" or "SHOP" exchanges for small businesses. These can be established as separate entities or as a single exchange. Should NJ establish both types of exchanges? If so, should they be separate or combined into a single entity?

3. There are alternative models for organizing exchanges in New Jersey. Should it/they be operated within government (e.g., as part of the Department of Banking and Insurance), established as a separate public authority, incorporated as a non-profit organization accountable, or set up as some other kind of entity?

4. How should the Exchange(s) be governed? Should it have a separate board of directors? If so, what groups should be represented on its board of directors?

5. How should the operations of the Exchange(s) be financed once federal start-up funds are no longer available? For example, should a surcharge be added to coverage sold through the Exchange(s), should there be a tax or fee added to all coverage sold in the state, or should there be some other funding mechanism (if other, please specify)?

The next few questions are about which populations should be permitted or required to purchase coverage through the exchange(s).

Scope of the Exchange(s) and Health Insurance Markets

6. Should New Jersey Exchange(s) offer health insurance plans to populations beyond those that required by the ACA to purchase through the Exchange(s), that is, should plans be offered to groups/populations not eligible for Medicaid or federal tax credits or cost-sharing assistance?

7. If so, which non-required groups should be included (e.g., non-subsidized non-group plans, small group plans or large group plans)?

8. Federal law requires the Exchanges to verify that applicants are legally resident in the US, how should access to private insurance for unauthorized aliens be handled in NJ?

9. In 2014 and 2015, the small group or SHOP Exchange must be open to businesses with 50 or fewer workers and starting in 2016 it must be open to businesses up to 100 workers. Should the NJ Exchange be open to businesses up to 100 prior to 2016 or should the state wait to open it to business between 50 and 100 workers until it is required to do so?

10. Should there be a single risk pool for individuals/families and small businesses or should New Jersey retain separately rated markets?

Now we have a few questions are about the functions of New Jersey exchange(s).

<u>Exchange Functions</u>

11. Should New Jersey Exchange(s) serve mainly as clearinghouses for health plans or should it be an active purchaser or negotiator of plans?

12. How should the Navigator requirements of the PPACA be implemented? What kinds of entities should be engaged to operate Navigator functions (e.g., consumer groups, brokers, business organizations…)? What should their functions be? How should Navigator activities be coordinated with Exchange functions? With broker functions?

13. How should the Exchange(s) handle the selection and compensation of brokers?

14. Should New Jersey create a broker certification program for sale of plans through its Exchange(s)?

15. In addition to the Exchange functions required in federal rules such as eligibility determination, there are several other functions that they may assume, do you believe the Exchange(s) should…
    - Establish marketing standards
    - Conduct plan billing procedures

16. To what extent should Health Information Technology, such as Electronic Health Records (EHR), be integrated within the Health Insurance Exchange(s)? For example, should EHR information be used to support consumers' choices of health insurance plans in the Exchange(s)?

17. What strategies should be pursued to maximize enrollment in health insurance coverage in New Jersey? What role(s) should the Exchange(s) play in maximizing enrollment?

The last set of questions asks about benefit design within the exchange(s) and health insurance market issues.

Exchange Benefits Design

18. Within the guidelines of the PPACA, to what extent should New Jersey allow or encourage variation in products within the Exchange(s)? Should New Jersey encourage plan variation as is currently done in the Small Employer Health Benefit Program, or should it move more toward a limited number of standardized plans?

19. To what extent should Exchange plans promote adherence to preventive services regimens and advance broad public health goals (e.g., obesity prevention or smoking cessation)? How should it promote prevention/public health objectives?

20. How should state mandated benefits that go beyond PPACA requirements be handled for federally subsidized plans in the Exchange(s)? In particular, how should the subsidized portion of such state benefit mandates be financed?

21. Should dental coverage in the Exchange(s) be integrated with health benefit plans or offered as separate plans?

22. How should private insurance plans, including self-funded employer plans, that are not considered "creditable coverage" in the PPACA be handled, including coordinating with Exchange products?

Health Insurance Transitions

23. As individuals' incomes fluctuate, how should transitions between Medicaid and Exchange plans be made as "seamless" as possible?

24. Likewise, how should transitions to Medicare for those becoming eligible be made most effectively?

25. Should New Jersey create a "Basic Health Plan", as allowed by the PPACA for persons between 133% and 200% of the federal poverty level? If so, should the Basic Health Plan use NJ FamilyCare networks?

Cost and Quality of Care

26. What roles should the Exchange(s) play in cost containment?

27. How should the Exchange(s) measure, report, and improve quality of care?

28. What roles, if any, should the Exchange(s) play in advancing more cost-effective and higher quality models of health care financing and delivery, such as Patient Centered Medical Homes and Accountable Care Organizations?

29. Should the Exchange(s) adopt the National Association of Insurance Commissioners rules for applying Minimum Loss Ratio (MLR) requirements?

Risk Selection Issues

30. Should New Jersey require that the same plans be offered inside and outside the Exchange(s)?

31. What mechanisms should New Jersey develop for dealing with the potential for biased risk selection among and between Exchange and non-Exchange plans?

Closing

32. What are the top two or three most important priorities for your organization or constituency (e.g., membership) for the design of Health Insurance Exchanges for New Jersey under the Patient Protection and Affordable Care Act (PPACA)?

Other than the issues we have discussed, are there other concerns or priorities that you would like to raise as New Jersey designs its strategy for Health Insurance Exchange(s) for the state?

Appendix D: NJ Health Insurance Exchange Planning Survey

Part 1: INTRODUCTION

This survey is being conducted by the Rutgers University Center for State Health Policy (CSHP) and funded by the New Jersey Department of Banking & Insurance under a grant from the US Department of Health & Human Services. New Jersey has the option of implementing a state-based health insurance exchange under the federal Patient Protection and Affordable Care Act (ACA). The purpose of this research is to provide information to state officials on the views of New Jersey stakeholders about the design of a New Jersey health insurance exchange.

Your responses to this survey will be anonymous and no personal identifying information will be recorded. You may choose not to participate, and you may withdraw at any time. In addition, you may choose not to answer any questions with which you are not comfortable. The questionnaire should take about 10-15 minutes to complete.

A summary of the results will be provided to the State of New Jersey's Working Group on the Affordable Care Act (ACA) and will be made available to the public. The Working Group -- charged with planning New Jersey's responses to the ACA -- consists of senior officials from New Jersey's Office of the Governor and Departments of Banking & Insurance, Human Services, Health & Senior Services, and Treasury, and the Individual and Small Employer Health Benefits Program Boards.

There are no foreseeable risks or benefits to you for participation in this study, although the information gathered is intended to help the State of New Jersey design an effective health insurance exchange.

If you have any questions about the study, you may contact Dr. Susan Brownlee, project director, at 848-932-4666 or sbrownlee@ifh.rutgers.edu. If you have any questions about your rights as a research subject, you may contact the Institutional Review Board for the Protection of Human Subjects, Office of Research and Sponsored Programs, Rutgers University, 3 Rutgers Plaza, New Brunswick, NJ 08901-8559, 848-932-0150 ext 2104 or humansubjects@grants.rutgers.edu.

[Continue/End]

This survey requires knowledge of federal guidelines for structuring state health insurance exchanges. In brief, the federal Patient Protection and Affordable Care Act (ACA) allows states to create health insurance exchanges to facilitate the enrollment of individuals, families, and/or businesses in health insurance coverage. The federal government will create exchanges for states that elect not to create their own. States have latitude under the ACA in designing exchanges, should they choose to do so. **If you wish to review information provided by the federal government and private organizations about the choices states face in designing exchanges, click here <insert hyperlink> before proceeding with the survey**. Thank you for your interest in participating. In order to obtain broad perspectives on the design of health insurance exchange(s) for New Jersey, each person may respond only once to this survey. Respondents must also be at least 18 years of age and either live in NJ or operate a business or work at a job in NJ. Please certify your eligibility for participation below.

1. I certify that I am at least 18 years of age. [I Certify or I Do Not Certify-end survey]

2. I certify that I have not previously responded to this survey. [I Certify or I Do Not Certify-end survey]

3. I certify that I live in New Jersey, own or operate a business in New Jersey, or work for a New Jersey employer (including employees who may live or work out-of-state but whose employers are based in NJ). [I Certify or I Do Not Certify-end survey]

4. Do you live in New Jersey? Y/N

5. All survey responses are anonymous and will be aggregated in summary reports with other responses to assure anonymity. You have skipped a question intended to classify your survey responses along with others in similar circumstances. While you may skip the classification questions, your responses will be classified under "refused to respond to classification questions". As a result, readers of the report summarizing survey findings will have difficulty interpreting your responses. [Return to answer classification question/Skip respondent classification questions]

6. Please indicate the New Jersey region in which you live (main residence):
    a. Southeast NJ (Counties of Cape May, Cumberland, Salem, and Atlantic)
    b. Southwest NJ (Counties of Gloucester, Camden, and Burlington)
    c. East Central NJ (Counties of Ocean, Monmouth, and Middlesex)
    d. Northwest Central NJ (Counties of Mercer, Somerset, Morris, Hunterdon, Warren, and Sussex
    e. Northeast NJ (Counties of Passaic, Bergen, Union, Essex, and Hudson)

7. Do you either own or operate a business in New Jersey OR work for a New Jersey employer (including federal or out-of-state employers with any locations in NJ)? Y/N

8. All survey responses are anonymous and will be aggregated in summary reports with other responses to assure anonymity. You have skipped a question intended to classify your survey responses along with others in similar circumstances. While you may skip the classification questions, your responses will be classified under "refused to respond to classification questions". As a result, readers of the report summarizing survey findings will have difficulty interpreting your responses. [Return to answer classification question/Skip respondent classification questions]

9. Do you own or operate a business or work at a job outside of New Jersey (including working as an independent contractor? Y/N

10. Where does your business operate or where do you work [Select all that apply]
    a. Southeast NJ (Counties of Cape May, Cumberland, Salem, and Atlantic)
    b. Southwest NJ (Counties of Gloucester, Camden, and Burlington)

c. East Central NJ (Counties of Ocean, Monmouth, and Middlesex)
d. Northwest Central NJ (Counties of Mercer, Somerset, Morris, Hunterdon, Warren, and Sussex
e. Northeast NJ (Counties of Passaic, Bergen, Union, Essex, and Hudson)
f. Outside of New Jersey

11. What best describes your role at your business or your main place of work? [Select ONE only]
    a. Proprietor/owner, CEO, COO, CFO or similar senior executive
    b. Human resources professional
    c. Other officer or senior manager (e.g., vice president, departmental director)
    d. Other employee

12. Please indicate the type of business or organization in which you work or that you own or operate: [Select ONE only]
    a. Private business (including self-employed, business owner or operator, or employee)
    b. Non-profit organization
    c. Public sector (including federal, state, and local government, public schools and public higher education institutions, and public safety employees)

13. Which category below best describes your New Jersey business? [select one]
    a. Sole proprietorship
    b. Small business/organization (2 to 50 employees)
    c. Mid-sized business/organization (51 to 100 employees)
    d. Large business/organization (>100 employees)

14. Does your business or organization currently offer health insurance benefits? Y/N

15. Are you a member of or employed by a labor union or part of a collective bargaining unit?
    a. Member of a labor union or part of a collective bargaining unit
    b. Employee of a labor union
    c. Both
    d. Neither

16. Does your union operate a health benefit/welfare fund? Y/N/Not sure

17. What is currently your main source of health insurance? Select ONE only: [uninsured /public program such as Medicare, Medicaid, or NJ FamilyCare / private coverage through an employer or union (including military and public employee benefits) / Private coverage purchased directly from a health insurance company / Not sure]

Part 2: SURVEY PARTICIPANT ROLES IN NJ HEALTH CARE

The next few questions will be used to classify survey responses, providing context for answers to questions about the design of health insurance exchange(s) in New Jersey.

18. Which category below BEST describes your role in **health care** in New Jersey? [Select ONE only]
    a. **Direct patient care** professional or other health care delivery worker

b. Executive, administrator or other non-patient-care staff member or worker in a **health care delivery organization** (e.g., hospital, physician office, clinic, nursing home, etc.)
c. Executive, administrator or other staff member in a **health insurance company**
d. Health insurance **agent or broker**
e. Executive or other role in a **health care industry/manufacturer** (e.g., pharmaceuticals, medical devices, R&D)
f. Advocacy, professional, or trade organization focusing **mainly on health care issues**
g. Other advocacy, professional, or trade organization focusing on health care issues along with other concerns/issues
h. Health care consultant, analyst, or researcher in the public or private sectors, including academic or funding organization representative
i. None of the above, but I am interested in health care in New Jersey
j. Other role focusing **mainly** on health care in New Jersey (Specify: _____)

19. All survey responses are anonymous and will be aggregated in summary reports with other responses to assure anonymity. You have skipped a question intended to classify your survey responses along with others with similar roles in New Jersey health care. While you may skip the role questions, your responses will be classified under "refused to respond to role questions". As a result, readers of the report summarizing survey findings will have difficulty interpreting your responses. [Return to answer role question/Skip respondent role question]

20. (If 16=A) What is your role in patient care? [select one only]
    a. Primary care physician (general internal medicine, family medicine, general pediatrics, OB/GYN)
    b. Specialty care physician
    c. Advance practice nurse (nurse practitioner, clinical nurse specialist) or physician assistant
    d. Other registered nurse
    e. Other mental health professional (e.g., clinical psychologist or social worker)
    f. Other licensed health care professional (e.g., dentist, LPN, physical or occupational therapy)
    g. Other health care worker

21. (If 16=B) In which health care setting(s) do you work? [select all that apply]
    a. Hospital
    b. Community health center or other non-hospital clinic
    c. Private physician(s) office
    d. Long-term care setting (nursing home, home health)
    e. Other health care setting

22. (If 16=F-health related advocacy/trade group) Which category below BEST describes the groups you or your organization represent(s)? [Select one only]
    a. **Patient care** professionals or workers
    b. **Insurance industry** (including insurers, brokers/agents, etc.)
    c. Health care **service organizations** (e.g., hospitals, health centers, etc.)

d. Health care **purchasers** (employers, labor unions, etc.)
e. **Patients or consumers** of health care
f. Other (specify: _____)

23. (If 16=G-non-health related advocacy/trade group) Which category below BEST describes the groups you or your organization represent(s)? [Check one]
    a. The business community
    b. Consumers, retirees, low-income groups, etc.
    c. Other (specify: _____)

Part 3: OPINIONS ABOUT THE DESIGN OF HEALTH INSURANCE EXCHANGE(S) FOR NJ

The following questions ask your opinions about the design of health insurance exchange(s) in New Jersey.

24. The ACA permits states to develop their own health insurance exchange(s). If states elect not to develop exchange(s) for its residents, the federal government will do so. **Should NJ establish its own exchange(s) or leave it to the federal government to create the exchange(s) for NJ state residents?** [select one only]
    a. NJ should create its own exchange(s)
    b. Leave creation of the exchange(s) for NJ to the federal government
    c. Not Sure

Most of the remaining questions are about decisions NJ would have to make should it decide to develop its own exchange(s).

25. Should NJ create a single exchange for individuals, families, and small employers or should it create two separate exchanges, one for individuals and families, and one for business purchasers? [select one only]
    a. Single exchange for individuals, families, and small businesses
    b. Separate exchanges, one for individuals and families and one for small businesses
    c. Not Sure

26. Which <u>one</u> best describes your view of how NJ exchange(s) should be <u>governed</u>: [select one only]
    a. Governed by a Board of Directors with fixed terms, appointed by NJ elected officials
    b. Governed by an existing agency within the NJ Executive branch
    c. Not sure
    d. Other (please specify: ___)

27. Which <u>one</u> best describes the way New Jersey exchange(s) should be <u>operated</u>? [select one only]
    a. As a state-chartered non-profit entity outside of state government

b. Within an existing NJ agency within the executive branch of state government
c. As a public authority outside of an existing state agency
d. Not Sure
e. Other (please specify: ____)

28. If the NJ exchange(s) were governed by an independent Board of Directors, what groups should be represented on the Board? [Mark Y, N, Not Sure for each]
    - Consumer or patient representatives
    - Business representatives
    - Health insurance company representatives
    - Health insurance broker/agent representatives
    - Health care provider representatives
    - Commissioners of relevant state departments (e.g., Banking & Insurance, Human Services)
    - Other (please specify: ___)

29. Persons receiving federal health insurance tax credits or cost-sharing subsidies will be required to purchase coverage within an exchange. However, exchanges may also permit non-subsidized populations to purchase coverage through the exchange. **Should New Jersey permit individuals and families to purchase coverage within its exchange(s) even when they are not eligible for government subsidies?** [Y/N/NOT SURE]

30. The ACA requires that exchanges make available a choice of health plans that meet minimum coverage standards (qualifying health plans) for purchasers receiving federal subsidies. Carriers also still must meet state requirements for authority to sell in the state, and states may determine the number of carriers and the number of options that carriers may offer through exchange(s). **Which of the following statements best describes how you believe qualifying health plans should be selected for offer through the NJ exchange(s)? [select one only]**
    a. Allow all qualified health plans to be offered. The exchange(s) would be a clearinghouse with the aim of fostering plan choice and competition to maximize value for consumers.
    b. Select plans to be offered through competitive bidding and/or regulations with insurance carriers. The exchange(s) would be an ACTIVE PURCHASER with the aim of maximizing the value of plans available to consumers.
    c. Not Sure
    d. Other (please specify): _____

31. If NJ establishes an exchange for small businesses (i.e., a Small Business Health Options Program or SHOP exchange), then businesses would help enroll their employees in qualified health plans offered in an exchange. The ACA defines a small business as having fewer than 100 workers, though prior to 2016 states may define a small business as having less than 50 workers. In

addition to small businesses under 50 workers, should small businesses with 50 to 100 workers be permitted to purchase coverage in the NJ exchange before 2016? [Y/N/NOT SURE]

32. After 2016, states may also allow employees of large businesses to purchase coverage in the exchange. Should large businesses with over 100 workers be permitted to purchase coverage in the NJ exchange after 2016? [Y/N/NOT SURE]

33. The ACA allows states to use various strategies to prevent health insurance plans from "cream skimming" (i.e., disproportionately attracting healthier enrollees) which would make coverage in the exchange(s) more expensive than coverage outside the exchange(s). Which, if any, of the following strategies should NJ pursue to prevent plans outside the exchange(s) from enrolling disproportionately healthy persons? [Select Y/N/Not Sure for each]
    - Limit the sale of all non-group (for individuals and families) and small-group (for small businesses) plans exclusively to the exchange
    - Require all non-group and small-group plans sold outside the exchange to have identical benefit designs and follow the same reporting and conduct regulations as plans within the exchange
    - Require insurers operating outside the exchange to offer certain plans (e.g., "silver" and "gold" level plans) that the ACA requires insurers to sell within the exchange, but allow more flexibility in the design of other kinds of plans sold outside the exchange as well
    - Require insurers selling non-group and small-group plans outside the exchange to offer plans inside the exchange as well
    - Require that broker commissions paid by insurers be the same for plans within and outside the exchange
    - Other measures to prevent health-related selection that may increase premiums within the exchange (please specify: _____)

34. Currently, premiums in New Jersey's non-group and small-group markets are established separately (i.e., separate risk pools). The ACA permits states to merge the non-group and small-group markets into a single risk pool for premium rating purposes. For premium rating purposes, should NJ combine the non-group and small-group risk pools? [Y/N/Not Sure]

35. How should dental benefits be offered within the NJ exchange(s)? [Select one only]
    - Only as separate dental-only plans
    - Only as part of comprehensive plans
    - Allow plans to decide whether to offer dental benefits as part of comprehensive plans or separate dental-only plans
    - Not Sure

36. The ACA permits states to create a "Basic Health Plan" for many individuals above the income eligibility for Medicaid (133% of the federal poverty level) but below twice the federal poverty level (200%). Under this provision, states would receive 95% of the federal subsidy amount to enroll eligible persons in a state-operated health plan like Medicaid. A key purpose of the Basic

Health Plan is to promote continuity of coverage for persons losing eligibility for Medicaid. Should New Jersey implement a Basic Health Plan or not? [Y/N/Not Sure]

37. Should NJ consider anything else in implementing health insurance exchange(s)?

Part 3: DEMOGRAPHICS

The last few questions will help describe the characteristics of survey respondents and may be used in the analysis of survey responses.

38. What is your gender? [male/female]

39. What is your age group? [19-29/30-49/50-64/65+]

40. Are you of Spanish, Hispanic, or Latino origin or descent? [Y/N]

41. What is your race?
    a. Black/African-American
    b. White
    c. American Indian/Native American/Aleutian or Eskimo
    d. Asian/Pacific Islander
    e. Other, specify: _____

42. What is your highest level of education?
    a. 11th grade or less
    b. 12th grade, GED, or high school diploma
    c. Some voc/tech/business
    d. Voc/tech/business certificate or diploma
    e. Some college, no degree
    f. Associate's degree
    g. Bachelor's degree
    h. Some graduate/professional school/no degree
    i. Graduate/professional degree (MA, MS, PhD, EdD, MD, DDS, JJ, LLB, etc.)

Thank you very much for your time and thoughts in completing this survey. When you click the "Done" button, you will be directed to the Center's website at www.cshp.rutgers.edu which provides detailed information about the Center, our activities, and links to our publications.

Appendix E: Health Insurance Exchange Planning Survey Detailed Tables

Table 1: State or Federal Exchange

Q24. The ACA permits states to develop their own health insurance exchange(s). If states elect not to develop exchange(s) for its residents, the federal government will do so. **Should NJ establish its own exchange(s) or leave it to the federal government to create the exchange(s) for NJ state residents?** [select one only]

Stakeholder Group	NJ should create its own exchange(s)	Leave creation of the exchange(s) for NJ to the federal government	Not Sure
Patient Care Professionals and Staff	66.7%	7.3%	26.0%
Physicians	69.0%	7.1%	23.8%
Other Patient Care	65.4%	7.4%	27.2%
Health Care Delivery Organizations	70.5%	8.4%	21.1%
Hospitals	77.6%	4.1%	18.4%
Other Care Delivery Organizations	63.0%	13.0%	23.9%
Other Health Care Industries	62.5%	12.5%	25.0%
Consumer Advocacy	86.4%	4.5%	9.1%
Health Care Only	85.0%	10.0%	5.0%
Health Care and Other Issues	87.5%	0.0%	12.5%
Health Insurance Companies	95.0%	5.0%	0.0%
Health Insurance Agents and Brokers	87.5%	5.1%	7.4%
Businesses (Non-Health Care)	50.6%	19.5%	29.9%
Small Businesses (1-50 workers)	45.8%	18.8%	35.4%
Large Businesses (51+ workers)	58.6%	20.7%	20.7%
Business Trade Groups	70.0%	20.0%	10.0%
Labor Unions	100.0%	0.0%	0.0%
Academics, Consulting, Foundations	90.0%	5.0%	5.0%
Other, Unclassified	65.8%	7.9%	26.3%

*Excludes 2 participants with missing data.

Table 2: Single or Separate Exchanges for Individuals and Small Businesses

Q25. Should NJ create a single exchange for individuals, families, and small employers or should it create two separate exchanges, one for individuals and families, and one for business purchasers? [select one only]

Stakeholder Group	Single exchange for individuals, families, and small businesses	Separate exchanges, one for individuals and families and one for small businesses	Not Sure
Patient Care Professionals and Staff	42.7%	29.8%	27.4%
Physicians	54.8%	19.0%	26.2%
Other Patient Care	36.6%	35.4%	28.0%
Health Care Delivery Organizations	51.1%	26.6%	22.3%
Hospitals	56.3%	22.9%	20.8%
Other Care Delivery Organizations	45.7%	30.4%	23.9%
Other Health Care Industries	37.5%	37.5%	25.0%
Consumer Advocacy	56.8%	27.3%	15.9%
Health Care Only	75.0%	20.0%	5.0%
Health Care and Other Issues	41.7%	33.3%	25.0%
Health Insurance Companies	20.0%	80.0%	0.0%
Health Insurance Agents and Brokers	20.5%	68.8%	10.8%
Businesses (Non-Health Care)	40.0%	36.0%	24.0%
Small Businesses (1-50 workers)	32.6%	41.3%	26.1%
Large Businesses (51+ workers)	51.7%	27.6%	20.7%
Business Trade Groups	40.0%	50.0%	10.0%
Labor Unions	40.0%	60.0%	0.0%
Academics, Consulting, Foundations	30.0%	35.0%	35.0%
Other, Unclassified	37.8%	43.2%	18.9%

*Excludes 5 participants with missing data.

Table 3: Exchange Governance

Q26. Which one best describes your view of how NJ exchange(s) should be governed: [select one only]

Stakeholder Group	Governed by a Board of Directors with fixed terms, appointed by NJ elected officials	Governed by an existing agency within the NJ Executive branch	Not Sure	% Other (listed on next page)
Patient Care Professionals and Staff	34.1%	13.0%	35.8%	17.1%
Physicians	34.1%	4.9%	34.1%	26.9%
Other Patient Care	34.1%	17.1%	36.6%	12.2%
Health Care Delivery Organizations	36.2%	18.1%	35.1%	10.6%
Hospitals	43.8%	18.8%	25.0%	12.4%
Other Care Delivery Organizations	28.3%	17.4%	45.7%	8.6%
Other Health Care Industries	62.5%	0.0%	25.0%	12.5%
Consumer Advocacy	52.3%	18.2%	13.6%	15.9%
Health Care Only	55.0%	15.0%	10.0%	20.0%
Health Care and Other Issues	50.0%	20.8%	16.7%	12.5%
Health Insurance Companies	55.0%	25.0%	5.0%	15.0%
Health Insurance Agents and Brokers	30.3%	26.3%	28.0%	15.4%
Businesses (Non-Health Care)	33.8%	28.4%	18.9%	18.9%
Small Businesses (1-50 workers)	24.4%	31.1%	17.8%	26.7%
Large Businesses (51+ workers)	48.3%	24.1%	20.7%	6.9%
Business Trade Groups	60.0%	10.0%	20.0%	10.0%
Labor Unions	0.0%	20.0%	80.0%	0.0%
Academics, Consulting, Foundations	65.0%	10.0%	15.0%	10.0%
Other, Unclassified	22.2%	22.2%	47.2%	8.4%

*Excludes 9 participants with missing data.

Table 3 (continued)

"Other, specify" Responses for Q26 by Stakeholder Group (number of mentions)

Patient Care Professionals and Staff
- Completely separated or insulated from state government or politics (10)
- Governed by a wide range of stakeholder types (3)
- Governance should include insurance providers (1)
- Governance should include healthcare providers (3)
- Governance should include consumers (1)
- NJ should not have insurance exchanges (1)
- Privatized (1)
- Other (1)

Health Care Delivery Organizations
- Completely separated or insulated from state government or politics (8)
- Governed by a wide range of stakeholder types (1)
- Board reporting to or appointed by Governor (1)

Other Health Care Industries
- Governed by a wide range of stakeholder types (1)

Consumer Advocacy
- Completely separated or insulated from state government or politics (2)
- Governed by a wide range of stakeholder types (1)
- Governance should exclude those with conflicts of interest (2)
- Board reporting to or appointed by Governor (2)

Health Insurance Companies
- Completely separated or insulated from state government or politics (1)
- Governed by a wide range of stakeholder types (2)

Health Insurance Agents and Brokers
- Completely separated or insulated from state government or politics (5)
- Governed by a wide range of stakeholder types (7)
- Governance should include insurance providers (3)
- Governance should include insurance brokers (5)
- Governance should include healthcare providers (1)
- Governance should include business (1)
- NJ should not have insurance exchanges (2)
- Privatized (1)
- Other (2)

Businesses (Non-Health Care)
- Completely separated or insulated from state government or politics (7)
- Governance should include healthcare providers (1)
- Governance should exclude those with conflicts of interest (1)

Table 3 (continued)

NJ should not have insurance exchanges (1)
Privatized (3)
Other (1)

Business Trade Groups
Governance should include business (1)

Labor Unions
(none)

Academics, Consulting, Foundations
Completely separated or insulated from state government or politics (2)

Other, Unclassified
Completely separated or insulated from state government or politics (2)
Governance should include healthcare providers (1)

Table 4: Operational Home of the Exchange

Q27. Which one best describes the way New Jersey exchange(s) should be operated? [select one only]

Stakeholder Group	As a state-chartered non-profit entity outside of state government	Within an existing NJ agency within the executive branch of state government	As a public authority outside of an existing state agency	Not Sure	% Other (listed on next page)
Patient Care Professionals and Staff	50.4%	15.7%	13.2%	16.5%	4.2%
Physicians	51.2%	14.6%	12.2%	17.1%	4.9%
Other Patient Care	50.0%	16.3%	13.8%	16.3%	3.6%
Health Care Delivery Organizations	57.0%	10.8%	17.2%	15.1%	0.0%
Hospitals	54.2%	8.3%	20.8%	16.7%	0.0%
Other Care Delivery Organizations	60.0%	13.3%	13.3%	13.3%	0.0%
Other Health Care Industries	50.0%	0.0%	25.0%	25.0%	0.0%
Consumer Advocacy	31.8%	20.5%	38.6%	6.8%	2.3%
Health Care Only	30.0%	25.0%	40.0%	0.0%	5.0%
Health Care and Other Issues	33.3%	16.7%	37.5%	12.5%	0.0%
Health Insurance Companies	52.6%	21.1%	15.8%	5.3%	5.2%
Health Insurance Agents and Brokers	35.1%	25.7%	12.3%	22.2%	4.7%
Businesses (Non-Health Care)	44.4%	16.7%	19.4%	13.9%	5.6%
Small Businesses (1-50 workers)	39.5%	23.3%	14.0%	14.0%	9.2%
Large Businesses (51+ workers)	51.7%	6.9%	27.6%	13.8%	0.0%
Business Trade Groups	40.0%	10.0%	30.0%	20.0%	0.0%
Labor Unions	40.0%	20.0%	0.0%	40.0%	0.0%
Academics, Consulting, Foundations	25.0%	5.0%	45.0%	20.0%	5.0%
Other, Unclassified	40.0%	17.1%	17.1%	25.7%	0.0%

*Excludes 20 participants with missing data.

Table 4 (continued)

"Other, specify" Responses for Q26 by Stakeholder Group (number of mentions)

Patient Care Professionals and Staff
- NJ should not have Insurance Exchanges (2)
- As a non-profit or quasi-public (2)
- Other (1)

Health Care Delivery Organizations
- (none)

Other Health Care Industries
- (none)

Consumer Advocacy
- As a non-profit or quasi-public (1)

Health Insurance Companies
- Other (1)

Health Insurance Agents and Brokers
- NJ should not have Insurance Exchanges (2)
- As a for-profit (3)
- Other (3)

Businesses (Non-Health Care)
- NJ should not have Insurance Exchanges (2)
- As a for-profit (2)

Business Trade Groups
- (none)

Labor Unions
- (none)

Academics, Consulting, Foundations
- Other (1)

Other, Unclassified
- (none)

Table 5a: Consumer or Patient Representatives on Exchange Board

Q28. If the NJ exchange(s) were governed by an independent Board of Directors, what groups should be represented on the Board? [Mark Y, N, Not Sure for each]

	Consumer or patient representatives		
Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	92.7%	2.4%	4.8%
Physicians	92.9%	2.4%	4.8%
Other Patient Care	92.7%	2.4%	4.9%
Health Care Delivery Organizations	93.7%	1.1%	5.3%
Hospitals	91.8%	2.0%	6.1%
Other Care Delivery Organizations	95.7%	0.0%	4.3%
Other Health Care Industries	87.5%	0.0%	12.5%
Consumer Advocacy	100.0%	0.0%	0.0%
Health Care Only	100.0%	0.0%	0.0%
Health Care and Other Issues	100.0%	0.0%	0.0%
Health Insurance Companies	90.0%	0.0%	10.0%
Health Insurance Agents and Brokers	85.9%	5.1%	9.0%
Businesses (Non-Health Care)	89.6%	3.9%	6.5%
Small Businesses (1-50 workers)	83.3%	6.3%	10.4%
Large Businesses (51+ workers)	100.0%	0.0%	0.0%
Business Trade Groups	80.0%	10.0%	10.0%
Labor Unions	100.0%	0.0%	0.0%
Academics, Consulting, Foundations	85.0%	0.0%	15.0%
Other, Unclassified	84.2%	0.0%	15.8%

Table 5b: Business Representatives on Exchange Board

(Q28 continued)

	Business representatives		
Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	87.1%	2.4%	10.5%
Physicians	85.7%	4.8%	9.5%
Other Patient Care	87.8%	1.2%	11.0%
Health Care Delivery Organizations	91.6%	1.1%	7.4%
Hospitals	91.8%	2.0%	6.1%
Other Care Delivery Organizations	91.3%	0.0%	8.7%
Other Health Care Industries	87.5%	0.0%	12.5%
Consumer Advocacy	88.6%	6.8%	4.5%
Health Care Only	85.0%	5.0%	10.0%
Health Care and Other Issues	91.7%	8.3%	0.0%
Health Insurance Companies	95.0%	0.0%	5.0%
Health Insurance Agents and Brokers	85.3%	4.0%	10.7%
Businesses (Non-Health Care)	89.6%	2.6%	7.8%
Small Businesses (1-50 workers)	83.3%	4.2%	12.5%
Large Businesses (51+ workers)	100.0%	0.0%	0.0%
Business Trade Groups	90.0%	0.0%	10.0%
Labor Unions	80.0%	20.0%	0.0%
Academics, Consulting, Foundations	80.0%	5.0%	15.0%
Other, Unclassified	65.8%	7.9%	26.3%

Table 5c: Health Insurance Company Representatives on Exchange Board
(Q28 continued)

	Health insurance company representatives		
Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	50.8%	33.9%	15.3%
Physicians	45.2%	40.5%	14.3%
Other Patient Care	53.7%	30.5%	15.9%
Health Care Delivery Organizations	64.2%	23.2%	12.6%
Hospitals	61.2%	26.5%	12.2%
Other Care Delivery Organizations	67.4%	19.6%	13.0%
Other Health Care Industries	75.0%	0.0%	25.0%
Consumer Advocacy	54.5%	31.8%	13.6%
Health Care Only	45.0%	35.0%	20.0%
Health Care and Other Issues	62.5%	29.2%	8.3%
Health Insurance Companies	90.0%	5.0%	5.0%
Health Insurance Agents and Brokers	88.1%	4.5%	7.3%
Businesses (Non-Health Care)	64.9%	20.8%	14.3%
Small Businesses (1-50 workers)	58.3%	18.8%	22.9%
Large Businesses (51+ workers)	75.9%	24.1%	0.0%
Business Trade Groups	60.0%	20.0%	20.0%
Labor Unions	80.0%	20.0%	0.0%
Academics, Consulting, Foundations	65.0%	15.0%	20.0%
Other, Unclassified	36.8%	18.4%	44.7%

Table 5d: Health Insurance Broker/Agent Representatives on Exchange Board
(Q28 continued)

	Health insurance broker/agent representatives		
Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	31.5%	48.4%	20.2%
Physicians	28.6%	50.0%	21.4%
Other Patient Care	32.9%	47.6%	19.5%
Health Care Delivery Organizations	35.8%	41.1%	23.2%
Hospitals	32.7%	40.8%	26.5%
Other Care Delivery Organizations	39.1%	41.3%	19.6%
Other Health Care Industries	50.0%	37.5%	12.5%
Consumer Advocacy	22.7%	45.5%	31.8%
Health Care Only	20.0%	55.0%	25.0%
Health Care and Other Issues	25.0%	37.5%	37.5%
Health Insurance Companies	70.0%	20.0%	10.0%
Health Insurance Agents and Brokers	92.7%	0.6%	6.8%
Businesses (Non-Health Care)	54.5%	31.2%	14.3%
Small Businesses (1-50 workers)	56.3%	29.2%	14.6%
Large Businesses (51+ workers)	51.7%	34.5%	13.8%
Business Trade Groups	50.0%	30.0%	20.0%
Labor Unions	0.0%	60.0%	40.0%
Academics, Consulting, Foundations	40.0%	45.0%	15.0%
Other, Unclassified	26.3%	23.7%	50.0%

Table 5e: Health Care Provider Representatives on Exchange Board

(Q28 continued)

	Health care provider representatives		
Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	91.9%	3.2%	4.8%
Physicians	85.7%	7.1%	7.1%
Other Patient Care	95.1%	1.2%	3.7%
Health Care Delivery Organizations	93.7%	2.1%	4.2%
Hospitals	93.9%	2.0%	4.1%
Other Care Delivery Organizations	93.5%	2.2%	4.3%
Other Health Care Industries	75.0%	0.0%	25.0%
Consumer Advocacy	75.0%	13.6%	11.4%
Health Care Only	75.0%	15.0%	10.0%
Health Care and Other Issues	75.0%	12.5%	12.5%
Health Insurance Companies	85.0%	5.0%	10.0%
Health Insurance Agents and Brokers	84.7%	5.6%	9.6%
Businesses (Non-Health Care)	75.3%	9.1%	15.6%
Small Businesses (1-50 workers)	70.8%	8.3%	20.8%
Large Businesses (51+ workers)	82.8%	10.3%	6.9%
Business Trade Groups	80.0%	10.0%	10.0%
Labor Unions	100.0%	0.0%	0.0%
Academics, Consulting, Foundations	80.0%	0.0%	20.0%
Other, Unclassified	73.7%	2.6%	23.7%

Table 5f: Commissioners of Relevant State Departments on Exchange Board
(Q28 continued)

	Commissioners of relevant state departments (e.g., Banking & Insurance, Human Services)		
Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	58.9%	17.7%	23.4%
Physicians	61.9%	16.7%	21.4%
Other Patient Care	57.3%	18.3%	24.4%
Health Care Delivery Organizations	81.1%	10.5%	8.4%
Hospitals	77.6%	12.2%	10.2%
Other Care Delivery Organizations	84.8%	8.7%	6.5%
Other Health Care Industries	75.0%	12.5%	12.5%
Consumer Advocacy	75.0%	25.0%	0.0%
Health Care Only	75.0%	25.0%	0.0%
Health Care and Other Issues	75.0%	25.0%	0.0%
Health Insurance Companies	90.0%	0.0%	10.0%
Health Insurance Agents and Brokers	71.2%	11.9%	16.9%
Businesses (Non-Health Care)	57.1%	26.0%	16.9%
Small Businesses (1-50 workers)	50.0%	29.2%	20.8%
Large Businesses (51+ workers)	69.0%	20.7%	10.3%
Business Trade Groups	60.0%	10.0%	30.0%
Labor Unions	80.0%	20.0%	0.0%
Academics, Consulting, Foundations	65.0%	15.0%	20.0%
Other, Unclassified	60.5%	7.9%	31.6%

Tables 5a, b, c, d, e, f (continued)

"Other, specify" Responses for Q28 by Stakeholder Group (number of mentions)

Patient Care Professionals and Staff
(none)

Health Care Delivery Organizations
State officials (including advisory or non-voting roles) (1)

Other Health Care Industries
Other healthcare industries representatives (2)

Consumer Advocacy
State officials (including advisory or non-voting roles) (3)
Union health funds representatives (1)

Health Insurance Companies
(none)

Health Insurance Agents and Brokers
State officials (including advisory or non-voting roles) (2)

Businesses (Non-Health Care)
Other healthcare industries representatives (1)
Small business representatives (1)

Business Trade Groups
(none)

Labor Unions
(none)

Academics, Consulting, Foundations
Other experts (2)

Other, Unclassified
(none)

Table 6: Permitting Non-Subsidy Eligible Individuals and Families to Purchase Coverage within Exchange

Q29. Persons receiving federal health insurance tax credits or cost-sharing subsidies will be required to purchase coverage within an exchange. However, exchanges may also permit non-subsidized populations to purchase coverage through the exchange.

Should New Jersey permit individuals and families to purchase coverage within its exchange(s) even when they are not eligible for government subsidies?

Stakeholder Group	Yes	No	Not Sure
Patient Care Professionals and Staff	88.3%	3.3%	8.3%
Physicians	82.9%	7.3%	9.8%
Other Patient Care	91.1%	1.3%	7.6%
Health Care Delivery Organizations	87.2%	6.4%	6.4%
Hospitals	89.6%	6.3%	4.2%
Other Care Delivery Organizations	84.8%	6.5%	8.7%
Other Health Care Industries	87.5%	0.0%	12.5%
Consumer Advocacy	93.0%	2.3%	4.7%
Health Care Only	94.7%	0.0%	5.3%
Health Care and Other Issues	91.7%	4.2%	4.2%
Health Insurance Companies	73.7%	26.3%	0.0%
Health Insurance Agents and Brokers	47.1%	41.8%	11.2%
Businesses (Non-Health Care)	78.9%	12.7%	8.5%
Small Businesses (1-50 workers)	76.2%	14.3%	9.5%
Large Businesses (51+ workers)	82.8%	10.3%	6.9%
Business Trade Groups	66.7%	11.1%	22.2%
Labor Unions	80.0%	20.0%	0.0%
Academics, Consulting, Foundations	100.0%	0.0%	0.0%
Other, Unclassified	78.8%	3.0%	18.2%

*Excludes 28 participants with missing data.

Table 7: Which Small Businesses Permitted to Purchase Coverage

Q31. If NJ establishes an exchange for small businesses (i.e., a Small Business Health Options Program or SHOP exchange), then businesses would help enroll their employees in qualified health plans offered in an exchange. The ACA defines a small business as having fewer than 100 workers, though prior to 2016 states may define a small business as having less than 50 workers.

In addition to small businesses under 50 workers, should small businesses with 50 to 100 workers be permitted to purchase coverage in the NJ exchange before 2016?

Stakeholder Group	Yes	No	Not Sure
Patient Care Professionals and Staff	80.7%	5.0%	14.3%
Physicians	75.6%	7.3%	17.1%
Other Patient Care	83.3%	3.8%	12.8%
Health Care Delivery Organizations	81.3%	4.4%	14.3%
Hospitals	83.0%	4.3%	12.8%
Other Care Delivery Organizations	79.5%	4.5%	15.9%
Other Health Care Industries	75.0%	0.0%	25.0%
Consumer Advocacy	88.4%	2.3%	9.3%
Health Care Only	94.7%	0.0%	5.3%
Health Care and Other Issues	83.3%	4.2%	12.5%
Health Insurance Companies	22.2%	77.8%	0.0%
Health Insurance Agents and Brokers	28.6%	61.9%	9.5%
Businesses (Non-Health Care)	82.4%	14.7%	2.9%
Small Businesses (1-50 workers)	78.6%	19.0%	2.4%
Large Businesses (51+ workers)	88.5%	7.7%	3.8%
Business Trade Groups	88.9%	11.1%	0.0%
Labor Unions	80.0%	20.0%	0.0%
Academics, Consulting, Foundations	77.8%	5.6%	16.7%
Other, Unclassified	78.1%	6.3%	15.6%

*Excludes 39 participants with missing data.

Table 8: Permitting Large Businesses to Purchase Coverage in Exchange

Q32. After 2016, states may also allow employees of large businesses to purchase coverage in the exchange.

Should large businesses with over 100 workers be permitted to purchase coverage in the NJ exchange after 2016?

Stakeholder Group	Yes	No	Not Sure
Patient Care Professionals and Staff	70.6%	8.4%	21.0%
Physicians	63.4%	12.2%	24.4%
Other Patient Care	74.4%	6.4%	19.2%
Health Care Delivery Organizations	72.5%	14.3%	13.2%
Hospitals	72.3%	12.8%	14.9%
Other Care Delivery Organizations	72.7%	15.9%	11.4%
Other Health Care Industries	37.5%	0.0%	62.5%
Consumer Advocacy	62.8%	9.3%	27.9%
Health Care Only	68.4%	10.5%	21.1%
Health Care and Other Issues	58.3%	8.3%	33.3%
Health Insurance Companies	38.9%	50.0%	11.1%
Health Insurance Agents and Brokers	20.2%	70.2%	9.5%
Businesses (Non-Health Care)	75.0%	19.1%	5.9%
Small Businesses (1-50 workers)	66.7%	26.2%	7.1%
Large Businesses (51+ workers)	88.5%	7.7%	3.8%
Business Trade Groups	66.7%	0.0%	33.3%
Labor Unions	60.0%	20.0%	20.0%
Academics, Consulting, Foundations	72.2%	16.7%	11.1%
Other, Unclassified	56.3%	6.3%	37.5%

*Excludes 39 participants with missing data.

Table 9a: Avoid "Cream Skimming" by Eliminating Markets Outside the Exchange

Q33. The ACA allows states to use various strategies to prevent health insurance plans from "cream skimming" (i.e., disproportionately attracting healthier enrollees) which would make coverage in the exchange(s) more expensive than coverage outside the exchange(s).

Which, if any, of the following strategies should NJ pursue to prevent plans outside the exchange(s) from enrolling disproportionately healthy persons? [Select Yes, No, or Not Sure for each]

Limit the sale of all non-group (for individuals and families) and small-group (for small businesses) plans exclusively to the exchange

Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	21.8%	34.7%	43.5%
Physicians	26.2%	33.3%	40.5%
Other Patient Care	19.5%	35.4%	45.1%
Health Care Delivery Organizations	24.2%	34.7%	41.1%
Hospitals	24.5%	32.7%	42.9%
Other Care Delivery Organizations	23.9%	37.0%	39.1%
Other Health Care Industries	12.5%	50.0%	37.5%
Consumer Advocacy	27.3%	18.2%	54.5%
Health Care Only	30.0%	10.0%	60.0%
Health Care and Other Issues	25.0%	25.0%	50.0%
Health Insurance Companies	5.0%	80.0%	15.0%
Health Insurance Agents and Brokers	16.9%	62.7%	20.3%
Businesses (Non-Health Care)	22.1%	41.6%	36.4%
Small Businesses (1-50 workers)	18.8%	43.8%	37.5%
Large Businesses (51+ workers)	27.6%	37.9%	34.5%
Business Trade Groups	20.0%	30.0%	50.0%
Labor Unions	20.0%	20.0%	60.0%
Academics, Consulting, Foundations	35.0%	30.0%	35.0%
Other, Unclassified	23.7%	18.4%	57.9%

Table 9b: Avoid "Cream Skimming" by Requiring Same Plans in and out of Exchange
(Q33 continued)

	Require all non-group and small-group plans sold outside the exchange to have identical benefit designs and follow the same reporting and conduct regulations as plans within the exchange		
Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	57.3%	12.1%	30.6%
Physicians	54.8%	14.3%	31.0%
Other Patient Care	58.5%	11.0%	30.5%
Health Care Delivery Organizations	55.8%	17.9%	26.3%
Hospitals	53.1%	18.4%	28.6%
Other Care Delivery Organizations	58.7%	17.4%	23.9%
Other Health Care Industries	12.5%	50.0%	37.5%
Consumer Advocacy	63.6%	4.5%	31.8%
Health Care Only	65.0%	5.0%	30.0%
Health Care and Other Issues	62.5%	4.2%	33.3%
Health Insurance Companies	25.0%	60.0%	15.0%
Health Insurance Agents and Brokers	40.1%	39.0%	20.9%
Businesses (Non-Health Care)	39.0%	28.6%	32.5%
Small Businesses (1-50 workers)	37.5%	31.3%	31.3%
Large Businesses (51+ workers)	41.4%	24.1%	34.5%
Business Trade Groups	20.0%	40.0%	40.0%
Labor Unions	60.0%	20.0%	20.0%
Academics, Consulting, Foundations	60.0%	20.0%	20.0%
Other, Unclassified	39.5%	7.9%	52.6%

Table 9c: Avoid "Cream Skimming" by Requiring Some Plans in Common in and out of Exchange
(Q33 continued)

Require insurers operating outside the exchange to offer certain plans (e.g., "silver" and "gold" level plans) that the ACA requires insurers to sell within the exchange, but allow more flexibility in the design of other kinds of plans sold outside the exchange as well

Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	42.7%	20.2%	37.1%
Physicians	42.9%	19.0%	38.1%
Other Patient Care	42.7%	20.7%	36.6%
Health Care Delivery Organizations	57.9%	9.5%	32.6%
Hospitals	51.0%	8.2%	40.8%
Other Care Delivery Organizations	65.2%	10.9%	23.9%
Other Health Care Industries	75.0%	0.0%	25.0%
Consumer Advocacy	50.0%	18.2%	31.8%
Health Care Only	60.0%	20.0%	20.0%
Health Care and Other Issues	41.7%	16.7%	41.7%
Health Insurance Companies	60.0%	25.0%	15.0%
Health Insurance Agents and Brokers	63.8%	14.7%	21.5%
Businesses (Non-Health Care)	40.3%	22.1%	37.7%
Small Businesses (1-50 workers)	39.6%	22.9%	37.5%
Large Businesses (51+ workers)	41.4%	20.7%	37.9%
Business Trade Groups	30.0%	20.0%	50.0%
Labor Unions	40.0%	0.0%	60.0%
Academics, Consulting, Foundations	60.0%	0.0%	40.0%
Other, Unclassified	34.2%	10.5%	55.3%

Table 9d: Avoid "Cream Skimming" by Requiring Carriers to Participate in Exchange
(Q33 continued)

	Require insurers selling non-group and small-group plans outside the exchange to offer plans inside the exchange as well		
Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	51.6%	10.5%	37.9%
Physicians	50.0%	14.3%	35.7%
Other Patient Care	52.4%	8.5%	39.0%
Health Care Delivery Organizations	57.9%	11.6%	30.5%
Hospitals	53.1%	14.3%	32.7%
Other Care Delivery Organizations	63.0%	8.7%	28.3%
Other Health Care Industries	50.0%	25.0%	25.0%
Consumer Advocacy	59.1%	6.8%	34.1%
Health Care Only	65.0%	10.0%	25.0%
Health Care and Other Issues	54.2%	4.2%	41.7%
Health Insurance Companies	40.0%	45.0%	15.0%
Health Insurance Agents and Brokers	56.5%	22.6%	20.9%
Businesses (Non-Health Care)	53.2%	18.2%	28.6%
Small Businesses (1-50 workers)	50.0%	20.8%	29.2%
Large Businesses (51+ workers)	58.6%	13.8%	27.6%
Business Trade Groups	30.0%	10.0%	60.0%
Labor Unions	40.0%	20.0%	40.0%
Academics, Consulting, Foundations	50.0%	10.0%	40.0%
Other, Unclassified	50.0%	2.6%	47.4%

Table 9e: Avoid "Cream Skimming" by Requiring Same Broker Commissions in and out of Exchange
(Q33 continued)

	Require that broker commissions paid by insurers be the same for plans within and outside the exchange		
Stakeholder Group	Yes	No	Not Sure or No Response
Patient Care Professionals and Staff	52.4%	12.1%	35.5%
Physicians	59.5%	11.9%	28.6%
Other Patient Care	48.8%	12.2%	39.0%
Health Care Delivery Organizations	68.4%	6.3%	25.3%
Hospitals	59.2%	8.2%	32.7%
Other Care Delivery Organizations	78.3%	4.3%	17.4%
Other Health Care Industries	75.0%	0.0%	25.0%
Consumer Advocacy	61.4%	9.1%	29.5%
Health Care Only	65.0%	5.0%	30.0%
Health Care and Other Issues	58.3%	12.5%	29.2%
Health Insurance Companies	25.0%	50.0%	25.0%
Health Insurance Agents and Brokers	72.9%	10.7%	16.4%
Businesses (Non-Health Care)	59.7%	14.3%	26.0%
Small Businesses (1-50 workers)	60.4%	14.6%	25.0%
Large Businesses (51+ workers)	58.6%	13.8%	27.6%
Business Trade Groups	50.0%	10.0%	40.0%
Labor Unions	60.0%	0.0%	40.0%
Academics, Consulting, Foundations	60.0%	10.0%	30.0%
Other, Unclassified	52.6%	0.0%	47.4%

Tables 9a, b, c, d, e (continued)

"Other, specify" Responses for Q33 by Stakeholder Group (number of mentions)

Patient Care Professionals and Staff
- Reduce or equalize broker commissions (1)
- Single payer system (1)
- Allow health rating (1)
- Prohibit medical underwriting (1)
- Same rules for all (1)
- Encourage market competition (1)
- Other (1)

Health Care Delivery Organizations
- Make reduced benefit plans available (1)

Other Health Care Industries
- Other (1)

Consumer Advocacy
- Single payer system (1)
- Prohibit medical underwriting (1)
- Same rules for all (1)
- Other (1)

Health Insurance Companies
- Other (2)

Health Insurance Agents and Brokers
- Reduce or equalize broker commissions (1)
- Make reduced benefit plans available (1)
- Same rules for all (2)
- Eliminate exchanges (2)
- Other (4)

Businesses (Non-Health Care)
- Prohibit medical underwriting (1)
- Encourage market competition (4)
- Other (2)

Business Trade Groups
- (none)

Labor Unions
- (none)

Academics, Consulting, Foundations
- (none)

Other, Unclassified (none)

Table 10: Combining Non-Group and Small-Group Risk Pools

Q34. Currently, premiums in New Jersey's non-group and small-group markets are established separately (i.e., separate risk pools). The ACA permits states to merge the non-group and small-group markets into a single risk pool for premium rating purposes.

For premium rating purposes, should NJ combine the non-group and small-group risk pools?

Stakeholder Group	Yes	No	Not Sure
Patient Care Professionals and Staff	67.8%	14.4%	17.8%
Physicians	62.5%	12.5%	25.0%
Other Patient Care	70.5%	15.4%	14.1%
Health Care Delivery Organizations	69.7%	12.4%	18.0%
Hospitals	73.3%	13.3%	13.3%
Other Care Delivery Organizations	65.9%	11.4%	22.7%
Other Health Care Industries	50.0%	25.0%	25.0%
Consumer Advocacy	75.0%	5.6%	19.4%
Health Care Only	75.0%	6.3%	18.8%
Health Care and Other Issues	75.0%	5.0%	20.0%
Health Insurance Companies	22.2%	72.2%	5.6%
Health Insurance Agents and Brokers	26.1%	58.4%	15.5%
Businesses (Non-Health Care)	66.2%	20.0%	13.8%
Small Businesses (1-50 workers)	56.1%	29.3%	14.6%
Large Businesses (51+ workers)	83.3%	4.2%	12.5%
Business Trade Groups	57.1%	14.3%	28.6%
Labor Unions	75.0%	0.0%	25.0%
Academics, Consulting, Foundations	58.8%	23.5%	17.6%
Other, Unclassified	58.6%	10.3%	31.0%

*Excludes 66 participants with missing data.

Table 11: How Qualifying Health Plans Should be Selected for Offer

Q30. The ACA requires that exchanges make available a choice of health plans that meet minimum coverage standards (qualifying health plans) for purchasers receiving federal subsidies. Carriers also still must meet state requirements for authority to sell in the state, and states may determine the number of carriers and the number of options that carriers may offer through exchange(s). **Which of the following statements best describes how you believe qualifying health plans should be selected for offer through the NJ exchange(s)? [select one only]**

Stakeholder Group	Allow all qualified health plans to be offered. The exchange(s) would be a clearinghouse with the aim of fostering plan choice and competition to maximize value for consumers.	Select plans to be offered through competitive bidding and/or regulations with insurance carriers. The exchange(s) would be an ACTIVE PURCHASER with the aim of maximizing the value of plans available to consumers.	Not Sure	% Other (listed on next page)
Patient Care Professionals and Staff	66.1%	22.9%	7.6%	3.4%
Physicians	61.0%	29.3%	4.9%	4.8%
Other Patient Care	68.8%	19.5%	9.1%	2.6%
Health Care Delivery Organizations	44.4%	43.3%	12.2%	0.0%
Hospitals	44.7%	42.6%	12.8%	0.0%
Other Care Delivery Organizations	44.2%	44.2%	11.6%	0.0%
Other Health Care Industries	37.5%	37.5%	25.0%	0.0%
Consumer Advocacy	43.2%	47.7%	4.5%	4.6%
Health Care Only	45.0%	45.0%	5.0%	5.0%
Health Care and Other Issues	41.7%	50.0%	4.2%	4.1%
Health Insurance Companies	78.9%	10.5%	5.3%	5.3%
Health Insurance Agents and Brokers	63.7%	25.0%	8.9%	2.4%
Businesses (Non-Health Care)	55.1%	37.7%	4.3%	2.9%
Small Businesses (1-50 workers)	64.3%	26.2%	4.8%	4.7%
Large Businesses (51+ workers)	40.7%	55.6%	3.7%	0.0%
Business Trade Groups	22.2%	66.7%	11.1%	0.0%
Labor Unions	20.0%	60.0%	20.0%	0.0%
Academics, Consulting, Foundations	27.8%	61.1%	11.1%	0.0%
Other, Unclassified	65.6%	12.5%	21.9%	0.0%

*Excludes 38 participants with missing data.

Table 11 (continued)

"Other, specify" Responses for Q30 by Stakeholder Group (number of mentions)

Patient Care Professionals and Staff
- Single payer plan (3)
- Other (1)

Health Care Delivery Organizations
- (none)

Other Health Care Industries
- (none)

Consumer Advocacy
- Single payer plan (1)
- Other (1)

Health Insurance Companies
- Other (1)

Health Insurance Agents and Brokers
- NJ should not have Insurance Exchanges (2)
- Other (2)

Businesses (Non-Health Care)
- Other (2)

Business Trade Groups
- (none)

Labor Unions
- (none)

Academics, Consulting, Foundations
- (none)

Other, Unclassified
- (none)

Table 12: How Dental Benefits Should be Offered

Q35. **How should dental benefits be offered within the NJ exchange(s)?**

Stakeholder Group	Only as separate dental-only plans	Only as part of comprehensive plans	Allow plans to decide whether to offer dental benefits as part of comprehensive plans or separate dental-only plans	Not Sure
Patient Care Professionals and Staff	20.5%	14.5%	59.8%	5.1%
Physicians	17.5%	12.5%	62.5%	7.5%
Other Patient Care	22.1%	15.6%	58.4%	3.9%
Health Care Delivery Organizations	21.6%	14.8%	53.4%	10.2%
Hospitals	26.7%	15.6%	48.9%	8.9%
Other Care Delivery Organizations	16.3%	14.0%	58.1%	11.6%
Other Health Care Industries	12.5%	0.0%	75.0%	12.5%
Consumer Advocacy	30.6%	22.2%	30.6%	16.7%
Health Care Only	31.3%	25.0%	25.0%	18.8%
Health Care and Other Issues	30.0%	20.0%	35.0%	15.0%
Health Insurance Companies	22.2%	0.0%	72.2%	5.6%
Health Insurance Agents and Brokers	34.2%	3.1%	57.8%	5.0%
Businesses (Non-Health Care)	32.3%	10.8%	52.3%	4.6%
Small Businesses (1-50 workers)	35.0%	12.5%	47.5%	5.0%
Large Businesses (51+ workers)	28.0%	8.0%	60.0%	4.0%
Business Trade Groups	42.9%	14.3%	28.6%	14.3%
Labor Unions	50.0%	0.0%	0.0%	50.0%
Academics, Consulting, Foundations	17.6%	5.9%	58.8%	17.6%
Other, Unclassified	10.3%	20.7%	65.5%	3.4%

*Excludes 68 participants with missing data.

Table 13: Basic Health Plan Implementation

Q36. The ACA permits states to create a "Basic Health Plan" for many individuals above the income eligibility for Medicaid (133% of the federal poverty level) but below twice the federal poverty level (200%). Under this provision, states would receive 95% of the federal subsidy amount to enroll eligible persons in a state-operated health plan like Medicaid. A key purpose of the Basic Health Plan is to promote continuity of coverage for persons losing eligibility for Medicaid.

Should New Jersey implement a Basic Health Plan or not?

Stakeholder Group	Yes	No	Not Sure
Patient Care Professionals and Staff	74.4%	16.2%	9.4%
Physicians	70.0%	20.0%	10.0%
Other Patient Care	76.6%	14.3%	9.1%
Health Care Delivery Organizations	88.5%	4.6%	6.9%
Hospitals	86.7%	4.4%	8.9%
Other Care Delivery Organizations	90.5%	4.8%	4.8%
Other Health Care Industries	62.5%	25.0%	12.5%
Consumer Advocacy	89.2%	5.4%	5.4%
Health Care Only	100.0%	0.0%	0.0%
Health Care and Other Issues	81.0%	9.5%	9.5%
Health Insurance Companies	55.6%	0.0%	44.4%
Health Insurance Agents and Brokers	65.8%	17.4%	16.8%
Businesses (Non-Health Care)	68.2%	13.6%	18.2%
Small Businesses (1-50 workers)	61.0%	19.5%	19.5%
Large Businesses (51+ workers)	80.0%	4.0%	16.0%
Business Trade Groups	85.7%	0.0%	14.3%
Labor Unions	100.0%	0.0%	0.0%
Academics, Consulting, Foundations	94.1%	0.0%	5.9%
Other, Unclassified	82.8%	0.0%	17.2%

*Excludes 67 participants with missing data.

Table 14: Topics Mentioned in Open Ended Question about Exchange Design

Q37. Should NJ consider anything else in implementing health insurance exchange(s)?

Patient Care Professionals and Staff

1. Expand government role (universal coverage, single payer, public option) (6)
2. Encourage plan competition and plan choice
   - Promote health savings accounts/consumer directed care/catastrophic plans (3)
   - Transparency of plan information (premiums, quality, etc.) (1)
   - Make exchange open to all qualified health plans/maximize plan choice (1)
   - Other (4)
3. Make Exchange easy to use and effective
   - Keep exchange simple, easy to navigate, flexible, culturally/linguistically appropriate (1)
   - Limit range of plan options, keep range of choices simple (1)
4. Promote enrollment in exchange, conduct outreach and public education
   - Use community based organizations and businesses to help enrollment/navigation (1)
   - Other (2)
5. Cover specific services or professionals
   - Promote prevention/wellness (3)
   - Cover specific services (eye exams; dental services, prescription drugs; occupational, physical, and speech therapy; audiology and hearing aids; habilitation/rehab; spiritual prayer care; substance use disorders; behavioral health (8)
   - Fair or adequate provider payment (general) (1)
   - Parity in payment and/or network access among providers of different types (e.g., optometrists and ophthalmologists) (10)
   - Cover out-of-network providers/Any willing provider (7)
   - Fund graduate medical education (1)
6. Address barriers to care/enhance access to care
   - For vulnerable populations (low literacy, people with disabilities, minorities) (3)
   - Reduce/eliminate cost sharing (2)
   - Assure network adequacy (e.g., enough specialists), available hours & timely access (1)
7. Exchange governance
   - Isolate from politics, minimize influence of elected officials (2)
8. Exchange financing
   - Make broad-based (1)
   - Do not fund exchange with state tax revenue or increase taxes (1)
   - Other (1)
9. Broker roles (0)
10. Other exchange design or market regulation issues
    - Do not implement an exchange (1)
    - Implement a regional exchange (1)
    - Use open enrollment period (1)

Table 14 (continued)

Experience rate premiums, allow pre-existing condition waiting periods, or use medical underwriting (1)
High minimum loss ratio/minimize insurer overhead or profits (1)
No pre-existing condition exclusions (3)
Same rules for all plans (1)
Other (1)

11. Contain rising costs
    Reduce unnecessary utilization such as testing (1)
    Allow or promote health saving accounts, high deductible, or limited benefit plans (1)
12. Other or un-interpretable (2)

Health Care Delivery Organizations

1. Expand government role (universal coverage, single payer, public option) (0)
2. Encourage plan competition and plan choice
    Cafeteria style options (1)
    Other (4)
3. Make Exchange easy to use and effective (0)
4. Promote enrollment in exchange, conduct outreach and public education
    Other (1)
5. Cover specific services or professionals
    Promote prevention/wellness (1)
    Cover specific services (eye exams; dental services, prescription drugs; occupational, physical, and speech therapy; audiology and hearing aids; habilitation/rehab; spiritual prayer care; substance use disorders; behavioral health (7)
    Fair or adequate provider payment (general) (2)
    Cover out-of-network providers/Any willing provider (2)
6. Address barriers to care/enhance access to care
    Assure network adequacy (e.g., enough specialists), available hours & timely access (3)
7. Exchange governance (0)
8. Exchange financing
    Dedicated/assured funding source, not subject to legislative approval/manipulation (1)
9. Broker roles (0)
10. Other exchange design or market regulation issues
    High minimum loss ratio/minimize insurer overhead or profits (1)
11. Contain rising costs
    Eliminate or limit out-of-network benefits or utilization (1)
    Anti fraud/abuse enforcement (1)
12. Other or un-interpretable (1)

Table 14 (continued)

Other Health Care Industries

1. Expand government role (universal coverage, single payer, public option) (0)
2. Encourage plan competition and plan choice (0)
3. Make Exchange easy to use and effective
   Keep exchange simple, easy to navigate, flexible, culturally/linguistically appropriate (1)
4. Promote enrollment in exchange, conduct outreach and public education (0)
5. Cover specific services or professionals
   Cover specific services (eye exams; dental services, prescription drugs; occupational, physical, and speech therapy; audiology and hearing aids; habilitation/rehab; spiritual prayer care; substance use disorders; behavioral health (1)
6. Address barriers to care/enhance access to care (0)
7. Exchange governance
   Isolate from politics, minimize influence of elected officials (1)
8. Exchange financing (0)
9. Broker roles (0)
10. Other exchange design or market regulation issues
    Hold plans accountable, audit (1)
    Do not over-regulate or duplicate regulation (1)
11. Contain rising costs
    Eliminate or ease benefit mandates (1)
    Other (1)
12. Other or un-interpretable (0)

Consumer Advocacy Groups

1. Expand government role (universal coverage, single payer, public option) (3)
2. Encourage plan competition and plan choice
   Transparency of plan information (premiums, quality, etc.) (1)
3. Make Exchange easy to use and effective
   Keep exchange simple, easy to navigate, flexible, culturally/linguistically appropriate (8)
   Integrate Medicaid with Exchange/ensure effective transitions between Medicaid and Exchange (4)
4. Promote enrollment in exchange, conduct outreach and public education
   Use community based organizations and businesses to help enrollment/navigation (1)
   Culturally and linguistically appropriate outreach efforts and navigation (2)
   Other (3)

Table 14 (continued)

5. Cover specific services or professionals
    Cover specific services (eye exams; dental services, prescription drugs; occupational, physical, and speech therapy; audiology and hearing aids; habilitation/rehab; spiritual prayer care; substance use disorders; behavioral health (4)
6. Address barriers to care/enhance access to care
    Reduce/eliminate cost sharing (1)
    Promote use of Federally Qualified Health Centers (1)
7. Exchange governance
    Keep transparent (1)
    Isolate from politics, minimize influence of elected officials (1)
8. Exchange financing
    Dedicated/assured funding source, not subject to legislative approval/manipulation (1)
9. Broker roles (0)
10. Other exchange design or market regulation issues
    Keep individual and small-group markets separate or study before merging (1)
    No pre-existing condition exclusions (1)
    Same rules for all plans (1)
11. Contain rising costs
    Eliminate or limit out-of-network benefits or utilization (1)
    Reduce unnecessary utilization such as testing (1)
12. Other or un-interpretable (4)

Health Insurance Companies

1. Expand government role (universal coverage, single payer, public option) (0)
2. Encourage plan competition and plan choice
    Transparency of plan information (premiums, quality, etc.) (1)
    Make exchange open to all qualified health plans/maximize plan choice (1)
    Other (1)
3. Make Exchange easy to use and effective
    Keep exchange simple, easy to navigate, flexible, culturally/linguistically appropriate (1)
4. Promote enrollment in exchange, conduct outreach and public education (0)
5. Cover specific services or professionals
    Cover specific services (eye exams; dental services, prescription drugs; occupational, physical, and speech therapy; audiology and hearing aids; habilitation/rehab; spiritual prayer care; substance use disorders; behavioral health (1)
6. Address barriers to care/enhance access to care (0)
7. Exchange governance
    Keep transparent (1)

Table 14 (continued)

Isolate from politics, minimize influence of elected officials (1)
Should include insurer representation (2)

8. Exchange financing
   Make broad-based (1)
   Dedicated/assured funding source, not subject to legislative approval/manipulation (1)
9. Broker roles
   Certify brokers to sell in the Exchange (1)
10. Other exchange design or market regulation issues
    Use open enrollment period (1)
    High minimum loss ratio/minimize insurer overhead or profits (1)
    Keep individual and small-group markets separate or study before merging (3)
    Keep dental as stand-alone plans (1)
    Build on 1992 reforms (2)
    Same rules for all plans (1)
11. Contain rising costs
    Limit or eliminate broker fees or eliminate brokers (1)
12. Other or un-interpretable (0)

Health Insurance Agents and Brokers

1. Expand government role (universal coverage, single payer, public option) (1)
2. Encourage plan competition and plan choice
   Cafeteria style options (2)
   Make exchange open to all qualified health plans/maximize plan choice (1)
   Other (6)
3. Make Exchange easy to use and effective
   Keep exchange simple, easy to navigate, flexible, culturally/linguistically appropriate (4)
   Limit range of plan options, keep range of choices simple (2)
4. Promote enrollment in exchange, conduct outreach and public education
   Other (1)
5. Cover specific services or professionals
   Promote prevention/wellness (3)
   Cover specific services (eye exams; dental services, prescription drugs; occupational, physical, and speech therapy; audiology and hearing aids; habilitation/rehab; spiritual prayer care; substance use disorders; behavioral health (1)
   Cover out-of-network providers/Any willing provider (1)
6. Address barriers to care/enhance access to care
   Assure network adequacy (e.g., enough specialists), available hours & timely access (1)
   Promote use of Federally Qualified Health Centers (1)

Table 14 (continued)

7. Exchange governance
    - Keep transparent (1)
    - Isolate from politics, minimize influence of elected officials (7)
8. Exchange financing (0)
9. Broker roles
    - License Navigators or limit their roles (9)
    - Use brokers as Navigators (11)
    - Broker commissions paid outside minimum loss ratio (5)
    - Certify brokers to sell in the Exchange (10)
    - Other (9)
10. Other exchange design or market regulation issues
    - Do not implement an exchange (6)
    - Experience rate premiums, allow pre-existing condition waiting periods, or use medical underwriting (2)
    - Hold plans accountable, audit (2)
    - No pre-existing condition exclusions (1)
    - Build on 1992 reforms (1)
    - Same rules for all plans (4)
    - Do not over-regulate or duplicate regulation (2)
    - Avoid risk selection against the exchange (2)
    - Other (1)
11. Contain rising costs
    - Eliminate or ease benefit mandates (5)
    - Eliminate or limit out-of-network benefits or utilization (1)
    - Reduce unnecessary utilization such as testing (1)
    - Limit or eliminate broker fees or eliminate brokers (1)
    - Mail-order drugs (1)
    - Tort reform (1)
    - Allow or promote health saving accounts, high deductible, or limited benefit plans (2)
    - Anti fraud/abuse enforcement (2)
    - Other (8)
12. Other or un-interpretable (14)

Business Executives (non-health care related)

1. Expand government role (universal coverage, single payer, public option) (0)
2. Encourage plan competition and plan choice
    - Make exchange open to all qualified health plans/maximize plan choice (3)

Table 14 (continued)

Other (2)

3. Make Exchange easy to use and effective
   Keep exchange simple, easy to navigate, flexible, culturally/linguistically appropriate (4)
   Other (1)
4. Promote enrollment in exchange, conduct outreach and public education
   Other (2)
5. Cover specific services or professionals
   Cover specific services (eye exams; dental services, prescription drugs; occupational, physical, and speech therapy; audiology and hearing aids; habilitation/rehab; spiritual prayer care; substance use disorders; behavioral health (1)
6. Address barriers to care/enhance access to care (0)
7. Exchange governance
   Keep transparent (1)
   Isolate from politics, minimize influence of elected officials (2)
   Other (1)
8. Exchange financing (0)
9. Broker roles
   License Navigators or limit their roles (1)
   Certify brokers to sell in the Exchange (1)
   Other (1)
10. Other exchange design or market regulation issues
    Do not implement an exchange (2)
    High minimum loss ratio/minimize insurer overhead or profits (1)
    Build on 1992 reforms (1)
    Do not over-regulate or duplicate regulation (1)
11. Contain rising costs
    Eliminate or ease benefit mandates (2)
    Reduce unnecessary utilization such as testing (1)
    Allow or promote health saving accounts, high deductible, or limited benefit plans (3)
    Other (4)
12. Other or un-interpretable (9)

Business Trade Groups

1. Expand government role (universal coverage, single payer, public option) (0)
2. Encourage plan competition and plan choice
   Make exchange open to all qualified health plans/maximize plan choice (1)
3. Make Exchange easy to use and effective (0)
4. Promote enrollment in exchange, conduct outreach and public education

Table 14 (continued)

Other (2)
5. Cover specific services or professionals (0)
6. Address barriers to care/enhance access to care (0)
7. Exchange governance
   Other (1)
8. Exchange financing (0)
9. Broker roles (0)
10. Other exchange design or market regulation issues (0)
11. Contain rising costs (0)
12. Other or un-interpretable (0)

Labor Unions

1. Expand government role (universal coverage, single payer, public option) (0)
2. Encourage plan competition and plan choice (0)
3. Make Exchange easy to use and effective (0)
4. Promote enrollment in exchange, conduct outreach and public education (0)
5. Cover specific services or professionals (0)
6. Address barriers to care/enhance access to care (0)
7. Exchange governance (0)
8. Exchange financing (0)
9. Broker roles (0)
10. Other exchange design or market regulation issues (0)
11. Contain rising costs (0)
12. Other or un-interpretable (1)

Academics, Consultants, Foundations

1. Expand government role (universal coverage, single payer, public option) (0)
2. Encourage plan competition and plan choice
   Transparency of plan information (premiums, quality, etc.) (1)
3. Make Exchange easy to use and effective
   Keep exchange simple, easy to navigate, flexible, culturally/linguistically appropriate (1)
   Other (1)
4. Promote enrollment in exchange, conduct outreach and public education
   Other (2)
5. Cover specific services or professionals
   Promote prevention/wellness (1)

Table 14 (continued)

Cover specific services (eye exams; dental services, prescription drugs; occupational, physical, and speech therapy; audiology and hearing aids; habilitation/rehab; spiritual prayer care; substance use disorders; behavioral health (1)

Parity in payment and/or network access among providers of different types (e.g., optometrists and ophthalmologists) (1)

6. Address barriers to care/enhance access to care

   Assure network adequacy (e.g., enough specialists), available hours & timely access (2)

   Coordinated care/ Medical homes, etc. (2)
7. Exchange governance (0)
8. Exchange financing (0)
9. Broker roles

   Other (1)
10. Other exchange design or market regulation issues

    High minimum loss ratio/minimize insurer overhead or profits (1)
11. Contain rising costs

    Eliminate or ease benefit mandates (1)

    Limit or eliminate broker fees or eliminate brokers (1)

    Tort reform (1)
12. Other or un-interpretable (4)

Other, Unclassified

1. Expand government role (universal coverage, single payer, public option) (2)
2. Encourage plan competition and plan choice (0)
3. Make Exchange easy to use and effective

   Other (1)
4. Promote enrollment in exchange, conduct outreach and public education

   Other (1)
5. Cover specific services or professionals

   Promote prevention/wellness (1)

   Cover specific services (eye exams; dental services, prescription drugs; occupational, physical, and speech therapy; audiology and hearing aids; habilitation/rehab; spiritual prayer care; substance use disorders; behavioral health (1)
6. Address barriers to care/enhance access to care (0)
7. Exchange governance (0)
8. Exchange financing (0)
9. Broker roles (0)
10. Other exchange design or market regulation issues

    High minimum loss ratio/minimize insurer overhead or profits (1)

Table 14 (continued)

- No pre-existing condition exclusions (2)
- Community rate premiums (1)

11. Contain rising costs
    - Limit premiums (1)
    - Other (1)
12. Other or un-interpretable (2)

Table 15: Demographics of the Sample (N=618)

	Frequency	Percent
Gender		
Male	318	51.5
Female	228	36.9
Unknown	72	11.7
Age		
19-29	20	3.2
30-49	179	29.0
50-64	288	46.6
65+	59	9.5
Unknown	72	11.7
Race-Ethnicity		
White Non-Hispanic	482	78.0
Black Non-Hispanic	13	2.1
Hispanic	18	2.9
American Indian, Native American, Aleutian, or Eskimo	2	0.3
Asian or Pacific Islander	12	1.9
Other	6	1.0
Unknown	85	13.8
Education		
12th grade, GED, or high school diploma	3	0.5
Some voc/tech/business	2	0.3
Voc/tech/business certificate or diploma	5	0.8
Some college, no degree	45	7.3
Associate's degree	15	2.4
Bachelor's degree	147	23.8
Some graduate/professional school/no degree	39	6.3
Graduate/professional degree	291	47.1
Unknown	71	11.5

Table 16: Other Characteristics of the Sample

	Frequency	Percent
Member of a labor union or part of a collective bargaining unit	43	7.0
Live or work in New Jersey		
Lives in NJ	25	4.0
Works in NJ	57	9.2
Lives and works in NJ	535	86.6
Unknown	1	0.2
NJ region of residence (counties listed)		
Southeast NJ (Cape May, Cumberland, Salem, and Atlantic)	35	5.7
Southwest NJ (Gloucester, Camden, and Burlington)	76	12.3
East Central NJ (Ocean, Monmouth, and Middlesex)	137	22.2
Northwest Central NJ (Mercer, Somerset, Morris, Hunterdon, Warren, and Sussex)	160	25.9
Northeast NJ (Passaic, Bergen, Union, Essex, and Hudson)	151	24.4
Missing	59	9.5
Region of employment (counties listed)*		
Southeast NJ (Cape May, Cumberland, Salem, and Atlantic)	76	12.3
Southwest NJ (Gloucester, Camden, and Burlington)	122	19.7
East Central NJ (Ocean, Monmouth, and Middlesex)	189	30.6
Northwest Central NJ (Mercer, Somerset, Morris, Hunterdon, Warren, and Sussex)	210	34.0
Northeast NJ (Passaic, Bergen, Union, Essex, and Hudson)	209	33.8
Outside of NJ	46	7.4
Employment status (in or out of NJ)		
Employed	597	96.6
Not employed	21	3.4
Employment role		
Proprietor/owner, CEO, COO, CFO or similar senior executive	266	43.0
Human resources professional	37	6.0
Other officer or senior manager (e.g., vice president, departmental director)	144	23.3
Other employee	141	22.8
Missing	30	4.9
Employment sector		
Private business (including self-employed, business owner or operator, or employee)	372	60.2
Non-profit organization	164	26.5
Public sector (including federal, state, and local government, public schools and public higher institutions, and public safety employees)	54	8.7

Table 16 (continued)

	Frequency	Percent
Missing	28	4.5
Current Insurance status		
Uninsured	6	1.0
Public program such as Medicare, Medicaid, or NJ FamilyCare	27	4.4
Private coverage through an employer or union (including military and public employee benefits)	441	71.4
Private coverage purchased directly from a health insurance company	140	22.7
Missing	4	0.7

* Percents do not total to 100% as some are employed in multiple counties.

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