Mississippi Healthcare Exchange

A Health Insurance Solution
By Mississippians
For Mississippians

Summary of Stage 1 and Stage 2 Research
FAST FACTS

- Premier Market Research, Analytics and Strategy Consulting Firm
- Headquartered in Salt Lake City, Utah
- 165 employees: 40 Market Strategists, Statisticians, Moderators, and Analysts and 125 Interviewers / Data-Inputters / Mystery Shoppers
- State-of-the-art focus group facilities
- Staff with decades of senior-level experience in many industries
- Large panels of industry experts and consumers for primary research
- HCHAPS (CAHPS), AHRQ, QRCA, MRA, PRC, and AAPOR certified
- Extensive, successful track record of research in healthcare and public policy
Research Disciplines

Qualitative and Quantitative Approaches to Address Business Challenges

SURVEY INTERVIEWING
- Online Survey
- Telephone Survey
- Live Intercepts
- Stakeholder Interviews

COMPETITIVE SCANNING
- Secondary Research
- Market Sizing
- Penetration/Growth Rates
- PR/Gov. Impact Analysis
- Economic Impact Studies

PRODUCT POSITIONING
- Pricing/Elasticity
- Brand Perception/Awareness
- Positioning/Messaging
- CSAT/Service Quality

FOCUS GROUP RESEARCH
- General Practice (On-site and Online formats)
- Simulation and Usability Studies
- Mock Jury and Legal
- Retail Consumer and Merchandising
- Political Opinion Research

STATISTICAL ANALYSIS
- Correlation Analysis
- Conjoint Analysis
- Cluster Analysis
- Factor Analysis
- Linear Regression Analysis
- LOGIT/PROBIT Analysis
- Segmentation Modeling
- Modeling Analyses
**Blended Data Collection**

Through blended data-collection we ensure a truly random sampling that ensures accuracy of results. Additionally, we maintain a large research database – and it is constantly growing.

<table>
<thead>
<tr>
<th>METHOD</th>
<th>PRO</th>
<th>CON</th>
</tr>
</thead>
</table>
| Online | • Easy access to respondents  
       | • Large-scale data collection  
       | • Skews younger  
       | • Loose out on hearing “intensity” in voice of customer |
| Telephone | • Ability to probe  
        | • Fast turn-around  
        | • Good response rate  
        | • Difficult to reach certain population segments  
        | • Interviewer bias |
| Mail | • Large respondent base  
       | • No interviewer bias  
       | • Low response rates decreases accuracy  
       | • Can’t gain further insights |
| In-person | • High response quality  
         | • Longer, more complex interviews  
         | • Most expensive  
         | • Longer data collection period |

**Accurate and Representative Data Collection**
Current Research Outline
Mississippi Health Benefits Exchange
Research Timeline for the Mississippi Exchange

Stage 1

Three Research Phases

• Stakeholder Interviews (Discover Issues)
• Survey State Residents (Confirm Issues)
• Town Hall Meetings (Assess Community Concerns)

Stage 2

Three Research Phases

• Program Integration (Define Integration Points)
• Stakeholder Consultation (Address Issues - EAB/CIG/TAG)
• Health Insurance Market Reforms (Collect Data on Policies)
Research Objectives

• Discover stakeholder awareness/attitudes and identify value proposition and priorities for each constituency
• Assess how stakeholders want to use the Exchange
• Examine what has and has not worked well for stakeholders
• Determine stakeholder profiles and define needs
• Define health insurance barriers that would create problems for Exchange implementation and success:
  ✓ Employers dropping health insurance
  ✓ Individuals dropping coverage or not signing up for health insurance
  ✓ Complexity of integrating private health insurance providers
Methodology

Interview Mississippi stakeholders about the perceptions and issues related to healthcare and Exchange implementation.

80+ Interviews Conducted in State of Mississippi with:

- Experts in the healthcare industry
- Legislators outside Mississippi who helped to design and implement state healthcare exchanges
- Mississippi legislators who are involved in legislative initiatives for healthcare within the state
- Members of the Mississippi Insurance Department
- HR and benefits managers in Mississippi
- Insurance carriers providing health care plans within the state

*Interview transcripts were created and strategic insights gathered from the interview process, to guide subsequent research phases.*
Phase 1 Interviews

**Findings**

- **Confusion** - There is considerable confusion about the PPACA and Healthcare Exchanges.
- **Local Solution** - There is a strong preference for an Exchange designed for Mississippians by Mississippians.
- **Simplicity** - There should be an emphasis on simplicity.
- **Outreach** - There must be an effective outreach-education program to inform residents throughout MS.
- **Support** - The Exchange needs to offer meaningful, ongoing support to assist all participants to become informed, navigate the process, and resolve problems.
Research Objectives

- Perform deeper analysis of Phase 1 findings within a cross-section of Mississippi residents and business owners;
- Ascertain the level of awareness of the federal mandate, Exchange concepts, and core health insurance issues within the community;
- Identify issues that impact businesses, individuals, and insurance providers within the current system;
- Learn about how health insurance programs are communicated via current information channels and how these avenues can be leveraged by the Exchange.
Online survey of 1,000 respondents consisting of:
• Small business owners with 2-100 employees (full-time/part-time)
• Individuals living throughout the state

Versions of survey also created for:
• Insurance brokers
• Healthcare providers
• Consumer advocacy groups

Additional Data Intake:
• 400 calls to chambers of commerce, policy analysts, community leaders, insurance agents
• 5,000 direct emails to residents (results tabulated)
• 6,000 calls to businesses within the State of Mississippi
1. **Lack of Information** - The majority of respondents were unable to accurately define the purpose of a health insurance exchange.

2. **Interest to Learn More** – Most respondents were interested in learning more about health insurance exchanges.

3. **Opposition** – Survey response reflected general opposition to the federal Patient Protection Affordable Care Act (PPACA).

4. **State-run Solution** – The data highlight a strong preference for a state-run health benefits solution.

5. **Concerns About Costs** – Employers and individuals both expressed deep concerns over health insurance costs.

6. **Priority on Quality** – Employers and employees highlighted the importance of health insurance benefits when making employment decisions.

7. **Simplicity** – Respondents emphasized the need for simplicity.

8. **Direct Assistance** – Participants signaled a desire for personal interaction when getting help with questions and resolving problems.

9. **Outreach and Education** – Survey data reflected a desire for a strong outreach and information program to educate the public on the Exchange:
   - Small businesses prefer most to use a broker to stay informed.
   - Individuals mostly prefer to find information on a website.
Awareness of the basic purpose of a health benefits exchange was low, reflecting a lack of understanding of basic concepts in the PPACA legislation.

[Question 14: Briefly describe your understanding of a health insurance exchange?]  
[Question 26: How interested are you in learning more about Mississippi’s health insurance exchange?]  
Small Business N=399, Individuals N=662
How do Mississippians feel about the PPACA? The majority of respondents oppose the Affordable Care Act.

[Question 2: To what degree do you support the PPACA?*]
Small Business N=399, Individuals N = 662

- **Oppose**: 71% Small Business, 42% Individuals
- **Undecided**: 14% Small Business, 31% Individuals
- **Support**: 15% Small Business, 27% Individuals

* [Question 2: ...on a scale of 1-5, 1-2 being opposed, 3 being undecided, and 4-5 being supportive]*
The PPACA requires that a health benefit exchange be in place by 2014. If the state does not create an exchange, Mississippi will be automatically enrolled and required to pay for using the Federal Health Benefit Exchange. Survey respondents signaled a strong preference for a solution developed by Mississippi for Mississippians.

**[Question 17: By whom would you prefer the health insurance exchange be operated?]**

*Small Business N=399, Individuals N = 662*

- **State of Mississippi:**
  - Small Business: 77%
  - Individuals: 53%

- **Federal Agency:**
  - Small Business: 5%
  - Individuals: 19%

- **Undecided:**
  - Small Business: 18%
  - Individuals: 29%
When asked which were the two most important factors regarding health insurance plans, both employers and employees mentioned the monthly costs associated with health insurance and the importance of good coverage (i.e. services offered within plan).

[Question 23: When comparing health insurance plans, what are the top two characteristics you consider?]

Small Business N=399, Individuals N = 662

Monthly Cost: 75% for Small Business, 59% for Individuals
Services Offered: 43% for Small Business, 47% for Individuals
While employers identify Health Insurance as an important component of hiring and retention programs, employees place a higher emphasis on health insurance benefits than do most small business owners.

How to Attract and Retain Employees

Most Important Factors When Choosing An Employer

- **Small Business**
  - Salary/Wages: 88%
  - Reputation: 87%
  - Culture: 72%
  - Health Benefits: 70%
  - Other benefits: 68%
  - Clients: 60%
  - Location: 57%

- **Individuals**
  - Salary/Wages: 91%
  - Health Benefits: 82%
  - Other benefits: 81%
  - Reputation: 78%
  - Location: 76%
  - Culture: 64%
  - Clients: 59%

---

*Small Business Question 1: How important are the following for your organization when attracting and retaining quality employees? N = 399*

*Individuals Question 1: How important are the following in your decision to work an employer? N = 662*
There is still some debate about how many insurance plans should be available via the Exchange.

[Question 18: How many health insurance plans do you think should be offered through a state-run health benefits Exchange?]

Small Business N=399, Individuals N = 662

- 3 Plans or Fewer: Small Business 43%, Individuals 27%
- 4-8 Plans: Small Business 36%, Individuals 42%
- 9-12 Plans: Small Business 5%, Individuals 8%
- All Plans Currently Available: Small Business 13%, Individuals 17%
Survey respondents voiced a strong preference for direct, interactive channels when they need answers to questions and support to resolve issues.

[Question 22: In which of the following ways would you most prefer to receive education and information about the health insurance exchange?]

Small Business N=399, Individuals N = 662

- **In-person Insurance broker**: Small Business 24%, Individuals 17%
- **In-person health exchange expert**: Small Business 12%, Individuals 10%
- **Health exchange website**: Small Business 38%, Individuals 44%
- **Paper enrollment**: Small Business 12%, Individuals 15%
- **Email/chat with exchange expert**: Small Business 6%, Individuals 6%
- **Telephone**: Small Business 5%, Individuals 6%
- **Other**: Small Business 3%, Individuals 2%
Survey response showed a difference in enrollment preferences, with small business owners most preferring interaction with a broker and individuals most preferring interaction with the Exchange via a web site.

[Question 20: How would you most prefer to enroll annually in a health insurance plan?]  
Small Business N=399, Individuals N = 662

- **Website enrollment process**
  - Small Business: 28%
  - Individuals: 44%
- **Insurance agent or broker**
  - Small Business: 37%
  - Individuals: 17%
- **Paper enrollment**
  - Small Business: 7%
  - Individuals: 15%
- **Health exchange expert**
  - Small Business: 16%
  - Individuals: 10%
- **Telephone**
  - Small Business: 4%
  - Individuals: 6%
- **E-mail/chat with a health exchange expert**
  - Small Business: 6%
  - Individuals: 6%
- **Other**
  - Small Business: 3%
  - Individuals: 2%
When considering potential outcomes of a Mississippi health insurance exchange, small business owners and individuals rated issues surrounding the cost and quality of health insurance at most important.

[from Question 15: How would you assign the relative value of potential outcomes that could result from the implementation of a Mississippi health insurance exchange?]
(100 points per respondents assigned across designated categories)

Small Business N=399, Individuals N = 662
Town Halls (June 20-24, 2011) in attendance were:

- Mississippi Health Advocacy Program
- Center for MS Health Policy
- Children’s Defense Fund
- Clinton Chamber of Commerce
- Fisher Brown Bottrell
- MS American Academy of Pediatrics
- Office of U.S. Senator Wicker
- Olive Branch Chamber of Commerce
- Pioneer Health Services
- Tupelo Holy Apostolic Temple Church

- United Healthcare
- University of Mississippi Health Center
- Cleveland Bolivar County Greater Chamber of Commerce
- Hattiesburg Clinic
- Jackson Public Schools
- Plaza Pharmacy
- Self-employed Small Business Owners
- BlueCross Blueshield of Mississippi
- Tupelo Mfg. Co.

Results of Town Hall meetings were recorded and tabulated to derive findings in Phase 3.
1. Mississippians want to know the practical impact of the PPACA legislation.

2. PPACA (“Obamacare”) was often mentioned with frustration, apprehension, and a general tone of resistance.

3. Participants wanted a state-run Exchange (by Mississippians for Mississippians) and not a federally-run Exchange.

4. Members signaled a strong desire for simplicity (easy to understand and direct help when there is a need for information or help solving a problem).

5. Small business owners want to run their enterprise and not get stuck administering health insurance plans.

“We want to know that this is really for Mississippians, that it is in the hands of Mississippians.”
-Town Hall Participant
6. The enrollment and management process needs to be quick and efficient.
7. Businesses and private individuals require direct and meaningful assistance when learning about and navigating the Exchange and its programs.
8. There is a need for seamless integration between the Exchange and federal subsidy programs.
9. Education and outreach about the Exchange and key concepts needs to be provided across different channels and must reach throughout the state (even in remote areas).
10. Respondents expressed a specific interest in exploring Defined Contribution Plans as an option within the Exchange.
11. Mississippians want a voice in the development and implementation of the Health Benefits Exchange.
Stage 2

The next stage of development will leverage existing components of health care within the State of Mississippi. Business leaders, insurance providers, state legislators, state agencies, the federal government, and business leaders will all work together to integrate existing infrastructure with the newly created Health Benefits Exchange.

Research in this next stage of development will focus on the definition of integration points among stakeholders, so that the Exchange Advisory Board can develop and implement policies surrounding the Exchange.
Phase 1

Perform secondary research, interview specialists, and synthesize with Stage 1 research to create an integration plan with other plans and processes.

Phase 2

Assist the Exchange Advisory Board (EAB) to gather stakeholder input via CIGs and TAGs on specific topics relevant to the Exchange.

Phase 3

Use stakeholder interviews and focus groups to gather stakeholder input on health insurance reform policies.
Contact Info

Scott Hardy
Partner, Cicero Group
Tel. 801.456.6756
Email. shardy@cicerogroup.com

David Wright
Director, Cicero Group
Tel. 801.456.6768
Email. dwright@cicerogroup.com

Daniel Case
Research Associate, Cicero Group
Tel. 801.456.6730
Email. dcase@cicerogroup.com