

Appendix F



THE STATE OF WYOMING

DAVE FREUDENTHAL
GOVERNOR

P.O. BOX 2760
CASPER, WY 82602

Department of Employment
RESEARCH AND PLANNING SECTION

(307) 235-3200

6/28/04

Mail Merge Contact Information

Dear Mail Merge Contact Person,

The Wyoming Department of Employment, Research and Planning, under contract with the Wyoming Health Care Commission (<http://www.wyominghealthcarecommission.org/>), is researching employers' opinions about health insurance. More specifically, we are seeking employers' opinions about the cost and provision of employer-sponsored health insurance.

We ask that you direct the enclosed survey to a human resources person(s) or another individual(s) knowledgeable about your firm's health insurance policies who can speak authoritatively for the firm. Please mail the survey back to Research and Planning in the enclosed self-addressed stamped envelope by July 14th, 2004. **It is important that we get feedback from you regardless of whether or not your firm provides health insurance to employees.**

According to the Wyoming Employment Security Law 27-3-603, all data collected must be held in strictest confidence, with results published only in summary statistical reports. The information you provide to us will be held in confidence to the extent permitted by law.

Sincerely,

Tom Gallagher, Manager Research and Planning

Employer Opinion Survey



Research & Planning
 Wyoming Department of Employment
 P.O. Box 2760
 Casper, WY 82602
 (307) 473-3819
<http://doe.state.wy.us/LMI/>

Please return this form by July 14th, 2004.
Mail: use the enclosed self-addressed stamped envelope.
FAX: 307-473-3834

All data collected must, by Wyoming Employment Security Law 27-3-603, be held in the strictest confidence, with results published only as summary statistics. The information you provide to us will be held confidential to the extent permitted by law.

Respondent Information (Please print.)

1. Your name	2. Your title
3. Your firm's full name <i>(If you own more than one firm, please list only the largest.)</i>	4. Your firm's physical address <i>(If you own more than one firm, please list only the largest.)</i>
5. Which category most accurately describes your position in the company? <i>(Please circle one.)</i> A. Employer-Owner B. Human Resources Manager C. Other Manager D. Sole Proprietor E. Other <i>(Please specify.)</i> _____	6. Your firm's mailing address <i>(If you own more than one firm, please indicate the largest. List "same" if same as the physical address.)</i>

Number and Type of Employees

7. As of today, what is your best estimate of how many workers your firm (listed in number 3) currently employs in Wyoming? _____
8. As of today, what is your best estimate of how many employees (listed in number 7) are considered full time? _____
9. As of today, what is your best estimate of how many employees (listed in number 7) are considered part time? _____
10. As of today, what is your best estimate of how many employees (listed in number 7) are considered seasonal or temporary employees? _____

Insurance Information

	Full-Time Employees		Part-Time Employees	
11. Does your firm offer medical insurance to at least some employees?	Yes	No	Yes	No
12. Does your firm have any employees who are not offered medical insurance?	Yes	No	Yes	No
13. Does your firm offer medical insurance for employees' spouses or dependents?	Yes	No	Yes	No
14. For the majority of employees, what percentage of the medical premium does your firm pay? <i>(If your firm does not offer medical insurance, please write "NA".)</i>	_____ Percent		_____ Percent	

Please Continue

Barriers to Providing Health Benefits		
15. Are there barriers other than cost that factor into your decision whether to offer health insurance to your employees (<i>e.g., high employee turnover or seasonality</i>)?	Yes	No
16. If the answer to question number 15 is yes, please list those barriers your company experiences. A. B. C. D.		
Cost Containment		
17. If your company currently offers health insurance to any employees, has or will your company need to begin cost containment, such as reducing the level of benefits or premium contribution, to continue providing health insurance? (<i>If your firm does not currently offer health insurance, please write in "NA" and go to question number 19.</i>)	Yes	No
18. If the answer to question number 17 is yes, please list what your company is planning to do to contain costs. A. B. C. D.		
Willingness to Contribute (<i>Please complete this section, even if your firm presently has no employees without health insurance.</i>)		
19. Is your firm willing to contribute additional funds above your current monthly payroll for your uncovered employees?	Yes	No
Additional comments:		
20. Is your firm willing to contribute additional funds above your current monthly payroll for your uncovered employees if you could reduce administrative costs? (<i>For example, processing premium payments? If no, skip to question number 26.</i>)	Yes	No
Additional comments:		
21. Would your firm use a secure electronic system to contribute to an individual health benefits account for each or some of your uncovered employees?	Yes	No
Additional comments:		
22. Is your firm willing to contribute to an individual health benefits account for each or some of your uncovered seasonal or temporary employees?	Yes	No
Additional comments:		
23. Is your firm willing to utilize an electronic system housed in the Wyoming Department of Employment to manage individual health benefits accounts?	Yes	No
Additional comments:		

Please Continue

Willingness to Contribute continued		
24. Is your firm willing to contribute to a state health benefits pool where your contributions would be commingled with other contributions to benefit both your uncovered employee(s) and other pool members?	Yes	No
Additional comments:		
25. Is your firm willing to pay a comparable percentage of payroll (<i>e.g., 1%</i>) to uncovered employees as you do for covered employees?	Yes	No
Additional comments:		
Awareness and Understanding of Recent Developments		
26. Are you aware of the new Health Savings Accounts (HSAs) that were enacted into law in 2004?	Yes	No
27. Do you have any detailed knowledge of Health Savings Accounts?	Yes	No
28. Have you heard of the utilization of debit cards for the purposes of administering claims against benefit reimbursement accounts such as Flexible Spending Accounts (FSAs) or Health Reimbursement Accounts (HRAs)?	Yes	No
29. Have you heard of utilizing the Internet for accessing personal health records and healthcare claims information?	Yes	No
Open-Ended Questions		
30. Do you believe that there is a health insurance or health coverage problem? <i>Please explain.</i>		
31. If you believe there is a health insurance or health coverage problem, what suggestions would you make to fix the problem? <i>Please explain.</i>		
32. Other comments:		
33. Would you like to receive a copy of the statistical report compiled from all of the questionnaire results?	Yes	No

Thank you!

