

MODERATOR GUIDE FOR FOCUS GROUPS
EVALUATION OF SPECIAL NEEDS PLANS

A. INTRODUCTION (10 minutes)

1. Introduce Self and Other MPR Staff

- a. Give names and explain roles
- b. Describe MPR—an independent research company working under a contract from the Centers for Medicare & Medicaid Services (CMS). MPR was hired by CMS to conduct an evaluation of Medicare Advantage Special Needs Plans.
- c. Most of MPR’s work is for the federal government, evaluating programs. Areas we focus on include health care, education, welfare, and employment.

2. Purpose of Discussion

- a. As part of the evaluation, we are conducting 12-15 focus groups across the country with members of special needs plans. The main purpose of the focus groups is to get your perspective, as plan members, on the plan’s operations and effectiveness.
- b. The groups will help CMS understand how the plans are working and how they might be improved.
- c. We’ll be discussing how each of you came to participate in this plan. We’d like to know if you feel that the benefits of being in the plan were described clearly to you and how satisfied you are with those benefits.
- d. I’m here to learn about the program from you, so please do not assume that I know a lot about how the plan works.

3. Mechanisms of Discussion

a. Taping

- No note taking, I want to listen to discussion
- Tapes help with report
- No one outside of MPR will be given tapes. (No one at CMS or any organization outside MPR will have access to the tapes. MPR will prepare a summary report of the groups.
- Please speak up so that tapes can pick up what you’re saying

b. Confidentiality

- We want to assure you that the focus groups are confidential. We will never use names in reports or associate names with answers. Reports that are prepared about what we learn from focus groups will say things like, “most people felt...,” “about half the people disagreed with ...”), etc.
- Because discussions in a focus group are (we hope) open and free-flowing, we cannot predict the direction a particular discussion might take. Therefore, we ask that you don’t share any personal information that you might learn about other participants in the group with anyone outside of the group.

c. Talk one at a time. Tapes can’t pick up everything if everyone talks at once.

d. Time restrictions—moderator must move discussion along, because lots of topics to cover; I apologize in advance if I have to shorten some discussions.

e. Offer opinion even if different than others. There are no right or wrong answers. However, please respect each other’s opinions.

f. Offer refreshments, point out restrooms.

[START TAPES]

B. PARTICIPANT INTRODUCTIONS AND AWARENESS OF PLAN MEMBERSHIP
(15 minutes)

1. Now that I’ve told you who we are, please tell us who you are. Please say....
 - Your first name
 - How long you’ve been participating in this special needs plan
 - How you came to participate in the plan
2. How many people learned they were enrolled in the plan some time after they were first enrolled? (SHOW OF HANDS)
3. How did you find out you were enrolled in a special needs plan?
4. How about you (POINT OUT NON-RESPONDERS)—how did you learn you were enrolled?
5. How many of you were enrolled in a Medicare Advantage plan such as [fill in names of local plans] before you enrolled in this plan?

C. DECISION TO PARTICIPATE (20 minutes)

Now I'd like to talk about your decision to sign up for/enroll in the special needs plan.

1. Did someone assist you in your decision to join the SNP? If so, who was that?
2. What types of marketing materials did you receive from the plan and what role did the materials play in your decision to enroll?
3. If you were automatically enrolled in this plan from your previous plan, how satisfied are you with your enrollment? Do you feel that you have been adequately informed about how to disenroll from the plan if you wanted to?
4. Why did you choose to enroll (or, if you were automatically enrolled, why did you choose not to disenroll)? [*Prompts: special services offered, recommended by a trusted physician; recommended by a family member or friend; plan's affiliation with enrollee's medical group or hospital; location; superior drug benefit; meet specific need, for example, heart failure, diabetes, frailty, or medical complexity*]
5. Are there steps the plan could have taken to make the decision to enroll or the enrollment process easier?

D. AWARENESS AND USE OF PLAN BENEFITS (20 minutes)

DISTRIBUTE A SHEET DESCRIBING BENEFITS SPECIFIC TO EACH PLAN HERE.

1. Are you aware of the plan's special services and benefits?
2. Are you aware that [FILL SPECIAL SERVICE OFFERED BY THE PLAN] is available to you through the SNP?

NOTE: THESE BENEFITS WILL VARY AND WILL BE TAILORED PER PLAN.....

- Home health-related services: custodial care, homemaker services, respite care
- Routine foot care
- Transportation
- Alternative Medicine Program
- Congestive Heart Program
- Health Education/Wellness
- Membership in health club/fitness classes
- Nursing hotline
- Newsletter
- Nutritional training
- Smoking cessation
- Immunizations, routine physical, screenings/lab tests
- Dental visits
- Eye exams/eye wear

- Hearing exams/hearing aid fitting
3. Which of these special services have you used? Did a social worker, nurse practitioner, or nurse help you access these services? Did a social worker, nurse practitioner, or nurse provide you with extra help?
 4. Have you tried to use any of these services but were unable to do so? Has the plan provided you with extra help for your medical concerns? What happened?
 5. Does someone from the plan, like a nurse or social worker, contact you on a regular basis to check on your health or specific disease/condition or to see if you need help with getting services?
 6. What types of plan services do you use most? What services do you value most? Do you think the plan has improved your health care?

Now I want to ask a few questions about care management:

7. Do you know who your care manager is and how to contact him or her if you have a problem?
8. Did someone from your plan evaluate your health care problems?
9. Did someone tell you what kind of services were available to help you with your health conditions or concerns? Did someone help arrange these services for you?

E. SATISFACTION WITH PLAN BENEFITS (20 minutes)

1. Are you satisfied with the care you receive from this plan?
2. How does your care compare with that received before joining the SNP? (For example, are you getting more preventive care such as vaccinations, mammograms, or cholesterol screening?
PROBE: Are (services/care coordination/your understanding of your condition/etc.) better than, the same as, or worse than before you joined the SNP?
 - Do you think services are more responsive to your specific condition or disease?
 - Does the plan and its providers do a better job of coordinating care among your different doctors and helping you manage the medications you take?
 - Do you think the plan does a better job explaining your health conditions and telling you how to manage them?
 - Does the plan encourage your loved ones to be involved in meeting your care needs?
 - How does your overall experience with this plan differ from other Medicare plans you've participated in or when you received original Medicare benefits?

3. Is it easier to get support services like transportation or personal care?
4. Is it easier to get specialty health services like dental care or home-based wound care?
5. Are there services this SNP could provide that it is not currently providing, that you believe would improve care?
6. Do you expect to remain enrolled in the SNP plan? (SHOW OF HANDS)
7. Has anyone contemplated disenrolling from the plan? (SHOW OF HANDS) Why?

F. WRAP-UP (5 minutes)

- Solicit questions from the group
- finish PIFs if needed
- distribute payments