

ATTACHMENT K.3
RECRUITING LETTER AND CONSENT FORM FOR QUARTERLY
INTERVIEW PARTICIPANTS

QUARTERLY MONITORING CALLS: PARTICIPANT INFORMED CONSENT
**Study Title: Children’s Health Insurance Program Reauthorization
Act Evaluation of Express Lane Eligibility**
Principal Investigators: Jennifer Edwards, Dr.PH.
Sponsor’s Name: U.S. Department of Health and Human Services

Introduction/Purpose

You are invited to participate in the Department of Health and Human Services (DHHS) evaluation of the Children’s Health Insurance Program’s (CHIP) and Medicaid Express Lane Eligibility (ELE) process. This study is funded by the U.S. Department of Health and Human Services (HHS). HHS has contracted with Mathematica Policy Research, the Urban Institute, and the Health Management Association to conduct the evaluation. Results from this evaluation are intended to inform policymakers how ELE, as well alternate approaches to simplifying enrollment and/or retention in CHIP and Medicaid (called non-ELE approaches), is working for children and families.

Procedure

You are being asked to participate in quarterly monitoring calls, which will allow the study team to obtain the following:

- Plans for developing new activities and policies that will improve identification and enrollment of children in Medicaid, CHIP, and other publicly subsidized health insurance programs,
- Updates on progress of implementation efforts currently under way, including the identification of administrative or policy barriers, efforts to overcome them, and states’ perceived outcomes,
- Any newly available findings related to measuring the impact of identification and enrollment activities that are in operational phase, and
- Findings will be organized by state and by theme using an in-house database developed for this purpose. We will work with the full evaluation team to identify key themes and be consistent across interviews and case study components in describing state activities related to these topics. In this way, we hope to maximize the connections among all the evaluation components.

You will be one of 30 selected participants, identified through a search of state Medicaid and CHIP agency websites as a key state Medicaid or CHIP policy and operational staff person. Initially, the first call is likely to be lengthy (up to one hour), but we anticipate that subsequent calls will be much shorter (on average, about 15 minutes), particularly because state policies and processes usually change more slowly than every three months.

The study team will email you a short list of questions based on the approved protocol to the key informants before each call. We will tailor follow-up questions to each state’s policy context and will design them to learn about progress toward planning, implementing, and operating

activities that identify and enroll eligible children, as well as efforts to measure administrative efficiencies and impacts on Medicaid and CHIP enrollment trends.

The study team will submit a quarterly report summarizing the latest developments in each of the 30 states. We also will use the quarterly reports to inform the interpretation of the enrollment data from SEDS, to provide more context for all of the case study reports, and as part of the final syntheses produced.

Benefits

Participating in this study may not benefit you personally. While you will not benefit directly from this study, your comments will help inform other policymakers about your state's policies that may make it easier (or harder) for families to enroll their children in CHIP and Medicaid and keep them enrolled in those programs.

Risks

There is no known risk to you participating in this study.

Privacy

To protect your privacy, all of the information that you provide us will be kept private to the extent permitted by law as we develop our notes and evaluation reports. Your state will be identified, but you will not be personally identified in any report or publication of this study without your prior permission. Similarly, none of your remarks will be quoted in our reports without your permission. The interview notes/summaries will be locked in a file folder in a locked project office. Records can be opened only by court order or produced in response to a subpoena or a request for production of documents. We will keep any records that we produce private to the extent we are required to do so by law. The records will be destroyed after the completion of the project by deleting them from the password protected project folder on the evaluation team's research network. All documents created from the interview will be shredded after the end of the project.

We typically do not quote anything a key informant tells us during an interview in our reports, nor do we identify who says what. If the situation arises where we would like to quote something that you tell us, we will ask your permission before doing so. And if you would rather us not quote you, that is fine. We will respect your wishes. Similarly, while we typically do not directly attribute statements or opinions to individual key informants, we do like to include in an appendix, a listing of the people we speak with, and their affiliations. We would like to do so with you, but if you'd rather not be listed, just say so. We will respect your anonymity.

Participation is Voluntary

Your participation in this interview is entirely voluntary. You have the right to withdraw your consent or stop your participation at any time without penalty. You also have the right to refuse to answer any survey questions. Your participation will remain completely anonymous. The researchers involved in the study will protect the confidentiality of your responses, even if you

make negative statements, or otherwise complain about the CHIP program or the government agencies overseeing.

Questions

If you have any questions about this interview, including any questions that concern your rights as a participant on the project, you can contact Sheila Hoag at (609) 275-2252. Mathematica uses Public/Private Ventures (P/PV) in Philadelphia, PA, as their Institutional Review Board. You also may call Melissia Billarrial of P/PV at (800) 755-4778 (x4482) if you have questions about your rights as a participant in this study. This Review Board oversees the protection of human research participants. You will receive a copy of this consent form for your records.

Agreement Statement

Do you agree to participate in the Department of Health and Human Services Evaluation of Express Lane Eligibility?

Yes ____ No ____

Do you agree to having your name listed as a key informant who was interviewed for this study in the appendix of the report we will develop?

Yes ____ No ____

Date of Consent: _____

Signature of Participant: _____ *(E-signature will be accepted as this document can be sent via email).*

Participant Name (Printed): _____

To return this form:

You may return this form by email (printing a hard copy, scanning, and emailing back to Jennifer Edwards at JEdwards@healthmanagement.com) or send it by fax at (866) 328-6201.