

Basic Health Program Learning Collaborative

State Participants

2015 Individual Discussion Guide

(45 minutes)

INTRODUCTION

Hello, I'm [NAME] from Mathematica Policy Research. Thank you for taking the time to talk with me. As part of the MAC LC project, Mathematica is assessing the LC experience. Through this assessment we will provide feedback that may be used to help CMS learn about the features of effective LCs and to improve the LC experience for states in the future. We're collecting feedback from participants from the states, as well as from LC facilitators and the CMS subject matter experts associated with each LC. We're interested in talking with you about your experiences as a participant with the Basic Health Program LC.

This interview will cover the full duration of the LC, since it launched in May 2013. We will not share interview notes with the LC facilitation teams, or other CMS staff, and we will not use direct quotes in any reports or briefing documents that result from the assessment activities. If it is okay with you, we'd like to record this interview for the purpose of completing our notes only. Do you have any objection to our taping of the discussion?

The discussion will last up to 45 minutes. We have a series of questions we would like to ask you, so to make sure we don't take up too much of your time, we may re-direct the conversation at some points.

Do you have any questions before we begin?

A. Respondent Background and Role in the Basic Health Program LC

Let's do quick introductions.

- 1) Please tell us your name, organization, job title, and how long you have been with the organization.
- 2) When did you become involved in the Basic Health Program LC?

B. Goals and Objectives

Now, let's talk about your goals and objectives for participating in the Basic Health Program LC.

- 1) Thinking back to when you first decided to participate in the LC, what did you hope to gain from participating?
 - a) For example, were you interested in the LC primarily to provide input in the development of the proposed BHP regulation, seek assistance in exploring the BHP option, or hear about other states' approaches to policy and implementation?
- 2) How were the goals and objectives of the LC communicated to you? How well did they align with your own motivation for participating?
 - a) Do you think the goals and objectives of the LC shifted over time? How did that affect the value of the LC experience for your state?

C. State Experience of LC Activities

Now we have a few questions about your engagement and experience with the LC.

- 1) How would you describe your state's level of participation in the webinars, discussions and meetings convened by the Basic Health Program LC?
 - a) From May to November of 2013 there were eight LC webinars and meetings; and in summer 2014 there were another two. About what proportion of these ten Basic Health Program LC webinars and meetings has your state attended (e.g. a third, half, three-quarters)?
 - i) [*If attendance is less than three-quarters*] What prevented you from attending the other webinars (i.e., scheduling, content was not perceived as valuable, etc)?
 - b) Have you, or someone else from your state, presented material about your state's policies or decisions at an LC meeting?
 - i) If not, have you wanted to present material or felt that you had insights to share? What prevented you from sharing your insights?
 - c) In winter 2014 and winter 2015 the BHP facilitators held discussions with states to check in on states' thinking around the BHP. Did your state participate?
 - i) How helpful have these calls been?

- d) Have you asked questions during discussions?
 - i) How helpful were the responses you received?
 - ii) If you have not asked questions, what prevented you from asking questions?
 - e) Have you ever contacted another state, CMS, or the LC facilitators to follow up after an LC session? How helpful was that interaction?
- 2) How would you describe your experience with developing the proposed Basic Health Program regulation?
- a) How did you participate in the development of the regulations? What did or did not work about the process of obtaining state feedback?
- 3) Once the Basic Health Program regulation was released, how helpful was the LC in assisting your thought process on the feasibility of implementing a BHP? What worked well or did not work well?
- 4) Have you used any documents disseminated by the LC or any of the webinar slide decks that have been made available?
- a) How have you used the materials?
 - b) How appropriate was the level of detail for material shared in the Basic Health Program LC? Did it strike the right balance between being too basic and getting too detailed?
- 5) What could be done to enhance your level of engagement in the LC?
- a) Do you feel that you had sufficient notice and explanation about upcoming LC sessions so that appropriate staff from your state could be available to attend?
 - i) Thinking about specific webinars, were you able to identify who should attend from the state, given the information provided in advance about the topics covered?
[Interviewer note: Examples include webinars on eligibility and enrollment, retrospective health risk adjustment, preliminary thinking on funding methodology]
 - b) Do you feel like you had sufficient opportunity to suggest topics that should be covered in LC sessions or in written products?
- 6) How would you describe the interaction between LC states and CMS subject matter experts? Was it sufficient and productive?
- a) What supports/hinders this interaction?
- 7) How would you describe the interaction between LC states? What worked or did not work to promote a peer-to-peer learning environment?
- a) Would you be interested in engaging with other states through an online forum or document sharing tool? What aspects of such a forum or tool would make your active

participation more likely (for example, a forum facilitator, e-mailed updates when a participant posts something)?

D. Benefits for States

- 1) In what ways did you benefit from participation in the LC? How well did the LC meet your goals and objectives? Please give specific examples.
- 2) What specific role can LCs play, in contrast to other kinds of technical assistance offered to states? How best can LCs compliment and not duplicate the assistance provided by state-led organizations, think tanks or other non-profits, such as the National Association of Medicaid Directors or the Robert Wood Johnson Foundation?
- 3) Can you think of any ways the LC model could be modified so that your state reaps additional benefits?
- 4) Looking back at the LC overall, what features or aspects worked well and would be important to incorporate in future LCs?

E. Suggested Improvements

Now, let's wrap up.

- 1) Other than what you've already mentioned, are there any ideas you would like to share with me for improving the effectiveness of future LCs?
- 2) Thank you for taking the time to talk with us today. Is there anything else you would like to add before we end the discussion?

PRA Disclosure Statement

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