

## Attachment A: Focus Group Eligibility Screener

### OVERVIEW

- Recruit for a focus-group size of eight to nine individuals (over-recruit as necessary)
- Each focus group will last two hours
- Participants will get \$100
- Recruiting requirements and targets for each nine-person focus group are in table below
  - Group 1: individuals who have purchased a stand-alone dental plan
  - Group 2: individuals who have purchased a dental plan embedded within a health plan

Eligibility criteria	Target
<i>Required</i> <ol style="list-style-type: none"><li>1. Has purchased a dental plan through the Marketplace</li><li>2. Has received dental care within the past 12 months</li></ol>	<i>Required of all participants</i>
Gender	3–5 female participants 3–5 male participants
Age (Note: Participants must be between ages 18 and 64)	1–2 participants from age group 18–29 5–7 participants from age group 30–54 1–2 participants from age group 55–64
Geographic location (Note: Specific cities, towns, and zip codes will be determined)	2+ participants from urban areas 2+ participants from suburban areas 2+ participants from a rural areas
Race/ethnicity	2 participants reporting Asian / Pacific Islander 2 participants reporting Black / African American 2–5 participants reporting White 0+ participants reporting Other, American Indian, or Alaskan Native 3+ participants identifying as Hispanic or Latino
Spanish speakers	2–4 participants Spanish speaking
Education level	2+ No high school diploma or GED 2+ High school diploma or GED 2+ Some post high school (Technical / vocational school, Associate's Degree, or Some college, no degree) 1+ Bachelor's Degree 0+ Graduate degree (Master's or Doctorate)

## Screening Script

### ANSWERING MACHINE SCRIPT:

Hello, my name is **[RECRUITER FIRST AND LAST NAME]**. I'm calling on behalf of the American Institutes for Research, a nonprofit research organization. We would like to invite you to participate in a group interview to share your views on the **[NAME OF HEALTH INSURANCE MARKETPLACE]** and dental health insurance as part of a research study. Please call **[PHONE NUMBER]** at your convenience, to find out if you are eligible to participate.

### INTRO WHEN PERSON ANSWERS THE PHONE:

Hello, may I please speak with **[FIRST AND LAST NAME]**? My name is **[RECRUITER FIRST AND LAST NAME]**, and I'm calling today about a research project sponsored by the Centers for Medicare & Medicaid Services, a federal government agency that coordinates with States to set up Health Insurance Marketplaces, expand Medicaid, and regulate private health insurance plans.

### IF RESPONDENT NOT AVAILABLE EITHER:

- DETERMINE A GOOD TIME TO CALL BACK OR
- LEAVE MESSAGE ON ANSWERING MACHINE

### IF RESPONDENT IS AVAILABLE, IDENTIFY REASON FOR CALLING.

I'm calling today about a research project that we are doing about people's experiences with **[NAME OF HEALTH INSURANCE MARKETPLACE]** and dental health insurance. The new Health Insurance Marketplaces, called **[NAME OF HEALTH INSURANCE MARKETPLACE]** in your state, are set up by the Affordable Care Act to help people buy health insurance and dental insurance.

If you are interested in helping with this project, and you meet the requirements for participation, we will invite you to come to **[LOCATION]** for a group interview. It would take two hours of your time, and you will receive \$100 as a thank you gift for participating.

May I ask you a few questions to see if you are eligible to participate in this group interview?

## **IF NEEDED, EXPLAIN FURTHER**

We need to include people with specific characteristics and experiences and who have different backgrounds. So I will ask you some questions to see if you fit the profile of participants that the American Institutes for Research is looking for in the group interviews.

**IF YES, CONTINUE TO QUESTION 1. IF NO, THANK & END (END SCRIPT A).**

---

## **SCREENING FOR ELIGIBILITY**

---

Before we begin, I'd like to let you know that all information you provide will be confidential. You may ask me to skip any questions that you do not wish to answer and you can stop at any time. None of the information that you provide to us will be used for any purpose outside of this study.

1. What is your approximate age?

	Younger than 18
	Between 18 and 29
	Between 30 and 54
	Between 55 and 64
	Older than 64

**IF YOUNGER THAN 18 OR OLDER THAN 64, END SCRIPT B**

**IF BETWEEN 18 AND 64, CONTINUE**

2. When was your last dental appointment?

	Within the last six months
	Within the last year
	More than one year
	Don't know

**IF WITHIN THE LAST SIX MONTHS OR WITHIN LAST YEAR, CONTINUE**

**IF MORE THAN ONE YEAR OR DON'T KNOW, USE END SCRIPT B**

3. Have you purchased any insurance through **[NAME IN STATE]** in the last year?

*[Prompt if needed: This is the Marketplace set up by the Affordable Care Act (also known as Obamacare) to help people buy health insurance.]*

YES  NO

**IF YES, CONTINUE**

**IF NO, USE END SCRIPT B**

4. Have you purchased dental insurance through **[NAME IN STATE]** in the past year? This can be a stand-alone dental plan or dental coverage as part of your overall health insurance.

[Prompt if needed: a stand-alone dental plan is a plan that only covers dental care, rather than a medical plan that also includes dental care.]

YES  NO

**IF YES, CONTINUE**

**IF NO, USE END SCRIPT B**

5. Did you purchase this dental insurance for yourself, someone else, or both yourself and someone else?

	Myself
	Someone else
	Both

**IF MYSELF OR BOTH, CONTINUE.**

**IF SOMEONE ELSE, USE END SCRIPT B**

6. Thinking about the dental insurance you purchased for yourself, was this insurance a stand-alone dental plan or dental coverage as part of your overall health insurance?

	Stand-alone
	Embedded
	Don't know

**IF STAND-ALONE, QUALIFIES FOR GROUP 1. CONTINUE TO DEMOGRAPHICS.**

**IF EMBEDDED, QUALIFIES FOR GROUP 2. CONTINUE TO DEMOGRAPHICS.**

**IF DON'T KNOW, USE END SCRIPT B**

---

**DEMOGRAPHICS**

---

7. What is your gender?

	Male
	Female

8. What is the highest grade or level of school you have completed?

	Less than high school graduate
	High school diploma
	GED
	Technical or vocational school or certificate program
	Associate's Degree (2 year college graduate)
	Some college (1 – 3 years of college, no degree)
	Bachelor's Degree
	Graduate degree (Master's or Doctorate)

9. How would you describe your race? (check all that apply)

	American Indian or Alaskan Native
	Asian or Pacific Islander
	Black or African American
	White
	Another race (Specify other race: _____)

10. Are you of Spanish, Hispanic, or Latino background?

YES  NO

11. What language do you speak most often at home?

	English
	Spanish
	Other
	Specify Other: _____

12. What city or town do you live in?

*Note—Specific information on the locations will be included in the screener guide.*

13. Did you ever have dental insurance *before* your recent purchase?

YES  NO

## **INVITATION IF INDIVIDUAL MEETS RECRUITING CRITERIA:**

Thank you for answering all of my questions. You are eligible to participate in the group interview.

We are having a group interview on \_\_\_\_\_ at \_\_\_\_\_. The group interview will take two hours and you will be given \$100 as a thank you for participating.

Would you be able to come to the group interview on **[DATE AND TIME]**?

### **IF NO:**

Is it okay if I call you if other days and times become available? **[GO TO END SCRIPT A]**

### **IF YES: CONFIRM APPOINTMENT AND RESPONDENT'S INFORMATION**

So, let me confirm that you are agreeing to participate in a group interview about your experiences with the health care system and dental health insurance on **[DATE AND TIME]**.

Now, let me just verify the spelling of your name and your address, so we can send you a confirmation letter with directions. We will not use this information for any purpose outside of this study.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Also, please let me confirm that I have all your correct phone numbers so that we may call and confirm with you.

Home phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

If you have any questions or find that you can't attend, please call us right away at **[PHONE NUMBER]** so that we can find a replacement. Thank you for your time and for agreeing to help.

### **END SCRIPT A (GENERIC THANK AND END):**

I appreciate your taking the time to speak with me and I hope you have a good day.

### **END SCRIPT B (FOR PEOPLE WHO DO NOT MEET SELECTION CRITERIA):**

Thank you very much for answering my questions. As I said earlier, we're trying to recruit people with different backgrounds and experiences related to our study. Unfortunately, you do

not meet our selection criteria OR we already have enough people in our study with backgrounds that are similar to yours. I appreciate your taking the time to speak with me and I hope you have a good day.

## **Attachment B: Informed Consent Form for Focus Group Participants**

### **Health Insurance Marketplaces: Consumer Experience Survey**

### **Marketplace Dental Survey Consumer Group Interview Consent Form**

#### **What is this project about?**

The purpose of this project is to develop a Marketplace Dental Survey to collect information about consumer experiences with their dental plans and their dental care.

#### **Who is doing this project?**

The Centers for Medicare & Medicaid Services (CMS) is funding this project. The American Institutes for Research (AIR) will carry out this project. The group interviews are one part of the project, and they will be led by AIR.

#### **What is the purpose of the group interviews?**

By talking to consumers we can learn what their needs are, what matters to them most, and how they make decisions about whether or not to enroll in a dental plan through the Marketplace. All of this information will help develop a Marketplace Dental Survey.

#### **Do I have to participate in this project?**

No. It is your choice whether or not to participate. Also, you have the right to stop participating at any time, and you do not have to answer any questions that you don't want to. If you choose not to participate or stop participating, there are no penalties.

#### **What is involved in the group interviews?**

The group interview will last 2 hours. You will receive \$100 to thank you for your time and participation.

#### **Are there any risks?**

There are no known risks to participating that are any different from what you might experience in your everyday life: for example, the time spent in the group interviews or any travel costs. However, in group interviews, there is a mild risk due to loss of privacy.

#### **Are there any benefits?**

Although there is no direct benefit to you, your participation in this group interview will benefit society, by helping us develop a Marketplace Dental Survey that will provide consumers, dental care providers, and dental health plans with information about the quality of dental services.

#### **Will you be recording the group interview today?**

Yes. With your permission, we will audio record the group interview. We may reproduce what you say in reports and publications. When we share or reproduce information, however, we will

be careful to never include your name or identifying information (like your address). The recordings will be destroyed at the end of the project.

**How will you protect my privacy?**

We will not use your name in connection with anything you say.

**What if I want more information?**

- If you want more information about this project, please contact the Project Director at AIR, Elizabeth Mokyr Horner, M.P.P., Ph.D., ehorner@air.org, (650) 843-8220.
- If you have questions about your rights as a participant, contact the chair of AIR's Institutional Review Board, at IRB@air.org or toll-free at 1-800-634-0797 or c/o AIR, Attn: AIR IRB, 1000 Thomas Jefferson Street, NW, Washington, DC 20007.

**Please sign below if you agree to participate**

Signing your name below means that you are giving your “informed consent” to participate today. This means that you have read and understood the information on this form, you have had a chance to ask questions, you are willing to participate based on the information we have provided, and you will allow us to audio record the group interview in which you are participating. **As discussed above, we will never identify you by name when your comments are used.**

Your signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

## Attachment C: Focus Group Protocol

### Dental Plan Consumer Focus Group Guide

#### *Information for Focus Group Moderator*

##### **Materials Check-list**

- ✓ Audio recording equipment
- ✓ Pens for participants
- ✓ Markers, note pads, easel
- ✓ Gold stars and stickers
- ✓ Name placards with first name of participant (and last initial, where necessary)
- ✓ Incentives
- ✓ Consent forms
- ✓ Focus Group Guide (*Note: Fill in appropriate text where possible*)

##### **Timing Outline (5 minutes to spare)**

Time in minutes for each section	Topic	Elapsed time at end of section
5	Introduction (welcome, review informed consent form, background, ground rules, and answer questions)	5
10	Warm-up (brief introductions)	15
30	Experiences with Dental Insurance	45
25	Health Insurance Exchanges for Dental Insurance	70
20	Experiences with Dental Care	90
20	Survey Operations and Reporting	110
5	Closing	115

## **Introduction (5 minutes)**

*[As participants arrive, hand out two copies of the informed consent form.]*

### **Welcome**

Hello. My name is **[NAME1]** and I'm the moderator for today's discussion. Thank you all very much for talking with us today.

I'm here with **[NAME2]**, who will be handing out materials and taking notes. We both work for a company called the American Institutes for Research, or AIR, which is an independent non-profit research organization.

My research team at AIR is in the process of developing a survey that will assess people's experiences with dentists and other dental care providers, with dental insurance, and the **[NAME IN STATE]**.

We're going to use this information to develop a survey that will help dental and health care providers, insurance companies, and other organizations improve the service they give to dental plan consumers.

Marketplaces LIKE THE **[NAME IN STATE]** were set up by the Affordable Care Act to help people buy health insurance and dental insurance.

You were all recruited to participate in this group interview because you have purchased...

**Stand-alone Dental Plan:** ... a dental insurance plan through **[NAME IN STATE]**.

**Embedded Dental Plan:** ... a health insurance plan that includes dental coverage through **[NAME IN STATE]**.

We are hoping to get a sense of what is most important to you when you're choosing and using dental insurance, and when you're receiving dental care. Today we will be talking about your experiences with dental care and dental insurance.

- It is okay if you do not have experience with some or all of these topics. I will still have some questions that will allow you to contribute to our discussion.
- We are audio recording this discussion so that we can share what you say with other people who are working on this project. To protect your privacy, names won't be connected to what you say.

Here are some of my goals for this discussion:

- We want to hear from everyone here. This works best if I speak very little while you all do the talking.

- However, I may interrupt from time to time to keep the discussion moving. We have a lot to cover and I want to make sure we get through everything in the time that we have.
- You don't need to raise your hand, or wait for me to call on you, before you speak. Let's just make sure only one person speaks at a time to make it easier for us to understand each other and for our note taker.
- Also, because we're recording, please try to speak in a voice at least as loud as the one I'm using now so that we can hear everyone on the recording.
- I want your honest opinions and reactions. There are no right-or-wrong answers. Feel free to disagree or express an opinion that is different than others'.
- We'll be here for two hours and we're not going to take any formal breaks. But feel free to step out if you need to use the restroom. It is located **[LOCATION]**.
- Now, it was in the consent forms, but I just want to remind everyone that your participation is totally voluntary. If there is anything that you do not want to talk about then you do not have to. Please feel free to say, "pass" or simply not participate in that part of the discussion. In addition, please do not share specific information about any medical issues that you have had. I'm interested in what you *think* about the care you've received, not the specifics of that care.
- Last little reminder, please turn off cell phones or set them to vibrate.
- Any questions before we get started?

## ***Warm-up (10 minutes)***

*To get started, let's go around and introduce ourselves. Please tell us your name, and one thing that made you smile this week. I'll start. My name is [NAME] and [e.g., my dog chasing birds in the park made my day]. [Allow participants to introduce themselves]*

Thank you. It is nice to meet all of you.

## ***Experiences with Dental Insurance (30 minutes)***

I'd like to begin by getting a sense of what experience you have had in the past with dental insurance. All of you should currently have dental insurance, but some of you may not have ever had dental insurance before.

1. I'd like to start by asking questions from those of you who have never had dental insurance before.
  - What are some of the reasons why you did not have dental insurance in the past?

- Had you tried to get dental insurance in the past? If so, what types of challenges did you face while trying to get insurance?

2. For those of you who have had dental insurance in the past—have you recently had a period where you did not have dental coverage of any kind?
  - If so, when and for how long?
3. People sometimes get dental insurance from work, through their parents or spouses, or they may have purchased a dental plan. For those of you who have had dental insurance before, where did you get your last insurance from?
4. All of you here have now purchased dental insurance at least once. There are several things that I would like you to tell me about your process of choosing a dental plan.
  - First, where did you get information about the dental plans?
    - i. Did anyone help you? If so, who?
    - ii. What did you want to know about your dental plan options?
5. Can you tell me what went well during your search?
  - What didn't go well during your search?
  - What are some things that made it easy?
  - What are some things that made it hard?
6. We want to talk about how satisfied or unsatisfied you are with your current dental insurance.
  - What do you like about it?
  - What don't you like about it?
  - Are there things you would like to change about your plan? If yes, what?
7. Have you ever had difficulty obtaining dental care using this insurance? This could be because a procedure you needed or wanted was not covered, a dentist you wanted to work with did not accept your insurance, or for some other reason. If so, tell me about it.
8. Have you ever had any difficulty figuring out what is or is not covered with your dental plan?
  - If so, how did you figure out what was covered?
  - Did this delay or prevent you from getting treatment?

9. Have you ever had difficulty with forms or paperwork required by your dental plan? If so, what did you do?

- Did you get someone to help? If so, who helped you?
- If so, how did they help you?

10. Compared to the dental insurance you have now, was your previous dental insurance better or worse? Why?

Think about the last time you had any contact with a dental insurance company. For example, you could have been applying for dental insurance. Or you could have called the insurance company to see if a particular service was covered. Maybe you were paying your premium or submitting a claim.

11. What was the last contact you had with a dental insurance company related to? Please do not share any personal information about your health or medical issues. I'm just interested in hearing about your experiences dealing with dental insurance companies.

- What are some things you liked about that experience?
- What are some things you did not like about that experience?

*[Probe further if time using next two bullets]*

- Have you had other positive experiences with dental insurance companies? If so, tell me about those experiences. What made those experiences positive?
- Have you had other negative experiences with dental insurance companies? If so, tell me about those experiences. What made those experiences negative?

12. So, in your experience, what types of things are associated with good dental insurance?

*[Probe as necessary. Write responses on flip chart under "good dental insurance company" column]*

13. And what types of things are associated with bad dental insurance?

*[Probe as necessary. Write responses on flip chart under "bad dental insurance company" column]*

Let's rank these things. Think about which three things on this list are most important to you. Here are two stickers and one gold star. Put the gold star next to the item on the list that is most important to you. Put the stickers next to the other two items that made your top three. Take a few moments to review the list. Once you've decided on your top three, go up and place your stickers beside them.

14. What makes **[CONCEPT WITH MOST STICKERS]** the most important?

*[Repeat this question for the concept with the second and third most stickers, as time allows]*

15. *[If different from the regular stickers]* What makes the concept with the most gold stars the most important?

*[Repeat this question for the concept with the second and third most gold stars if different from the regular stickers, as time allows]*

16. Some of these concepts *[do not have any/ have very few]* stickers, such as **[CONCEPT WITH FEWEST STICKERS]**. Why is this less important to you when you think about dental insurance?

*[Repeat this question for 1 or 2 other concepts with few or no stickers, as time allows]*

## **Health Insurance Marketplace (25 minutes)**

Now, we are going to talk about the **[NAME IN STATE]**.

17. How was your experience using **[NAME IN STATE]** to purchase

**Stand-alone Dental Plan:** dental insurance?

**Embedded Dental Plan:** ... a health insurance plan that included dental insurance?

- What did you like about it?
- What didn't you like about it?
- If you used the **[NAME IN STATE]** to purchase other insurance, such as health insurance, how did your experience compare?

18. Do you plan to purchase dental insurance through **[NAME IN STATE]** in the future?  
Why or why not?

19. Did you get any assistance or help from someone from **[NAME IN STATE]** in choosing your dental plan? This may have happened by-phone, in-person, or through a website. If so, tell me a little about your experience.

- How did you get this assistance?
- Was this assistance helpful?
- What worked particularly well?
- What might have been more helpful?

## ***Experiences with Care (20 minutes)***

Now I'd like us to talk about your experiences with dental care. By experiences with dental care I mean things like:

- Appointments with dental staff for any reason, such as cleanings, check-ups, or dental procedures like root canals;
- Things that happen before you even step foot into an office, such as making an appointment; and
- Experiences with support staff, such as receptionists, registration, dental assistants, etc.

Again, we don't need to talk the specifics of your past or present dental conditions. For example, you do not have to say, I received a root canal. Just consider your experiences from that set of appointments.

20. I'm going to start by asking you a few questions about your last dental care visit.

- Who provided your dental care at your last appointment? Was it a dentist, a dental hygienist, or someone else?

*[If someone else, prompt description.]*

21. Now, I'm going to ask you to tell me a little about your experiences with dental care in general. As a reminder, please do not share specific information about any medical issues that you have. I'm interested in what you think about the care you've received.

- Could you tell me about the worst dental care experience you've ever had. What made this experience so negative?
- Let's also talk about some positive dental care experiences as well. Tell me about the best dental care experience you've ever had. What made this experience so positive?

22. So, in general, how do you know if you're getting good dental care?

*[Probe based on discussion of previous experiences as necessary. Write responses on flip chart under "good care" column]*

23. And how do you know if you're getting bad dental care?

*[Probe based on discussion of previous experiences as necessary. Write responses on flip chart under "bad care" column]*

Let's rank the items on this list. Take a few moments and think about which feature of dental care is the most important to you. Write it down. Now let's go around and have everyone say which item they chose.

*[Have each person state their first choice. Place a star next to the items as participants say their choices.]*

24. What makes **[CONCEPT WITH MOST STICKERS]** an important aspect of dental care?

*[Repeat this question for the concept with the second most stars]*

25. Some of these concepts *[do not have/ have very few]* stars, such as **[CONCEPT WITH FEWEST STICKERS]**. Why is this less important to you when you think about dental care?

*[Repeat this question for 1 other concept with few or no stars]*

### ***Survey Operations and Reporting (20 minutes)***

Finally, I'd like to talk with you about how you feel about sharing information about your experiences, or learning about other people's experiences.

26. Would you be willing to fill out a survey that contains questions about your dental care and insurance experiences?

- Why or why not?
- How much time would you be willing to spend filling out this survey?
- Some surveys are administered after each visit, once a year, or every few years. How often would you be willing to respond to this survey?

27. Some surveys are done in person, at the dental office. Or, they can come in the mail or by email. Think about which you might prefer.

- Please raise your hand if you would prefer a paper survey at the dental office.
- Please raise your hand if you would prefer a survey that came by mail to an emailed survey.
- Please raise your hand if you have access to email.
- Please raise your hand if you would prefer a survey that was emailed to you.

*[If many people do not raise their hands, ask for more information]*

28. If you could find out whether or not people were satisfied with a particular dentist, would that help you to choose a dentist in the future?

29. If you could find out whether or not people were satisfied with a particular dental plan, would that help you to choose dental insurance in the future?

30. How would you want this information made available to you? Some examples include a paper document, or a website, or a quality rating next to each plan when you enroll.

### ***Closing (5 minutes)***

31. Would anyone like to share any other thoughts on dental care, dental insurance, or the Health Insurance Marketplaces?

Thank you very much for participating in this discussion today. ***[LOGISTICS OF OBTAINING THE \$100.]*** Your opinions are very important to us as we try to improve health care and health coverage. We appreciate your time.