

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-TBD**. The time required to complete this information collection is estimated to average **60 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Teresa DeCaro, [teresa.decaro@cms.hhs.gov](mailto:teresa.decaro@cms.hhs.gov).**

## Healthy Indiana Plan (HIP) 2.0 New Enrollee Survey Testing Debriefing Script

### Survey Background

Part of the federal evaluation of the Healthy Indiana Plan (HIP) 2.0 Demonstration will be based on information collected using three beneficiary survey instruments. The three target populations for the instruments include: (1) current HIP 2.0 beneficiaries; (2) newly enrolled HIP 2.0 beneficiaries; and (3) HIP 2.0 disenrollees and beneficiaries who have been “locked out.” All instruments contain survey questions from existing beneficiary questionnaires, survey questions adapted from existing beneficiary questionnaires, and newly developed survey questions. The newly developed survey questions are especially important for testing, and focus on specific policies of interest to CMS. The beneficiary feedback captured by these instruments will help inform CMS decision making on health care policies.

The newly enrolled HIP 2.0 beneficiaries include the same two subpopulations (HIP Basic and HIP Plus). However, the newly enrolled HIP 2.0 beneficiaries will encompass HIP 2.0 beneficiaries who have enrolled in HIP 2.0 in 2016. The new enrollees will represent beneficiaries not previously in HIP 2.0 in 2015.

**This survey testing script serves as a guide for the interviewer debriefing on the HIP 2.0 New Enrollee Beneficiary Survey.**

### Pretest Introduction [\[Interviewer reads\]](#)

On behalf of the Centers for Medicare & Medicaid Services and Social and Scientific Systems, Inc., thank you for agreeing to participate in this study of the Healthy Indiana Plan 2.0 (HIP 2.0). Your comments and opinions are very important to us.

The purpose of this interview is not to collect data, but to test a questionnaire. The questionnaire we are testing will be provided to Hoosiers as a paper questionnaire and an online (Web) questionnaire. Some of the questions we will review today may be difficult to understand, hard to answer, or can be understood in different ways. I am more interested in what you were thinking when you answered these questions than your actual answers. I would like to know your experience with deciding how to answer certain questions. We expect that some of questions will not be perfect, and that is what you will be helping us identify today. Do you have any questions about what I just told you?

After you complete the questionnaire, I will go through it with you and sometimes ask what you think about a question or what a particular word means to you. We will not go through every question. Please feel free to give me any other comments you might have at the end of the interview.

Your comments will be kept private. Please answer the questions as freely as you can. You may refuse to answer any question that you do not wish to answer. This interview should take no more than 45 minutes of your time.

Do you have any questions?

OK, let's begin. Please feel free to use your questionnaire to help you answer my questions.

## General Interviewer Probes

**[Interviewer Instructions: The following questions are probes that interviewers should utilize during the interview to help facilitate a meaningful conversation with respondents.]**

- Could you please tell me more about that?
- Was that hard or easy to answer?
- How did you decide on that answer?
- How confident are you in your answer?
- Were any of the answer options unclear or confusing?
- I noticed that you hesitated – please tell me what you were thinking.
- Were there any questions that were asked that you did not seem to belong in this questionnaire?

## Overarching/General Beneficiary Survey Interview Questions

**INTERVIEWER:** How easy or difficult was it for you to understand the purpose of the survey?

**INTERVIEWER:** Based on your experience with the survey, how likely would you be to complete the actual paper mail in survey if you were selected to participate? Why/Why not?

**INTERVIEWER:** Did you think you were able to answer most of these questions?

**PROBE:** *Thinking about the length of time you were enrolled in HIP, did you think that was enough time to understand all of these questions?*

## **Survey Section: Healthy Indiana Plan (HIP) 2.0**

### **Question #: 2**

**INTERVIEWER:** What does the term “enroll” mean to you? How did you interpret it?

**PROBE:** *What did they think of when thinking about the enrollment process?*

**PROBE:** *What components did they include within their understanding/perception of enrollment?*

**PROBE:** *Did they think of the application, how long it took for them to hear what they were eligible for, processing of the application etc.?*

### **Question #: 3**

**INTERVIEWER:** What does the term “benefits package” mean to you?

**INTERVIEWER:** Are there any additional answer options you think we should include for this question?

### **Question #: 6**

**INTERVIEWER:** Who did you think of as “customer service representative” when answering this question?

*PROBE: HIP? Managed care plans – MDwise, MHS, Anthem?*

**Question #: 9**

**INTERVIEWER:** What did you think about when thinking about “forms?”

**Question #: 10**

**INTERVIEWER:** What length of time did you think about when answering this question?

**Question #: 11**

**INTERVIEWER:** If you were told you were eligible for only HIP Plus, how would answer this question?

*PROBE: Was there only one benefits package listed (when they were told their eligibility)?*

**Question #: 12**

**INTERVIEWER:** Are there any answer options you think that were not covered in this list? Were there any answer options that were not relevant for this question?

**Question #: 14**

**INTERVIEWER:** Are there any answer options you think that were not covered in this list? Were there any answer options that were not relevant for this question?

**Question #: 16**

**INTERVIEWER:** What does “getting your HIP coverage quickly” mean to you?

*PROBE: What did they think about when answering this question?*

**Question #: 19**

**INTERVIEWER:** Which HIP benefits package/health plan does this question refer to?

**INTERVIEWER:** How easy or hard was it to know which HIP benefits package/health plan was being asked about?

**INTERVIEWER:** If you pay HIP Basic copays which answer would you choose? If you do not pay anything at your health care visits which answer would you select?

**Survey Section: Demographics**

**Question #: 26**

**INTERVIEWER:** Are there any answer options you think should be included for this question?

**Question #: 31**

**INTERVIEWER:** Was this question easy or hard to answer? Why?