

**Healthy Indiana Plan (HIP) 2.0 Evaluation:
CORE Focus Group Moderator's Guide**

Introduction and Overview of Purpose

Hello and welcome to our focus group. I'd like to begin by thanking each of you for taking time out of your day to be here. We appreciate it.

My name is _____, and my partner here is _____. We are from the Urban Institute and have been hired by the U.S. Department of Health and Human Services to conduct this focus group to talk with you about your experiences enrolling in and obtaining health care through HIP 2.0 (the Medicaid Healthy Indiana Plan 2.0).

Each of you has been invited here because you are enrolled in HIP 2.0 (HIP Plus or HIP Basic). Over the next 90 minutes or so, we want to talk with you about your experiences as an enrollee in this program. We are having several other focus groups like this one in Indiana. We are interested in learning about a broad range of your experiences, including how you heard about HIP 2.0, how you enrolled in the program, what you think of the monthly contributions and cost sharing that HIP 2.0 asks you to pay as part of your coverage, and how well you have been able to access health care services under HIP 2.0. This will allow us to better understand how well (or not) this program works for enrollees. Also, it will allow us to help policymakers and providers improve their programs for health care consumers like you. So let's get started.

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Ground Rules

Have any of you ever been in a "focus group" before? Just so you know, a "focus group" is an informal small group discussion, moderated by a facilitator (me) who will guide the discussion through a series of questions, focused on a particular issue (in this case—health insurance coverage). I'd like us to just imagine that we're sitting around a kitchen table, relaxed and casually chatting with some new friends. Sound good?

Before we go any further, let me go over a few "ground rules" for today's discussion.

1. First, there are no "right" or "wrong" answers here today. Please feel free to share your views, even if they are different from what others have said. Please also know that we don't work for HIP 2.0 or the State of Indiana, so please tell us your thoughts and opinions, whether they are positive or negative.
2. Second, your participation here is entirely voluntary. None of you should feel compelled to be here; you are free to leave at any time.

3. Third, your comments will be kept private to the extent permitted by law. When we summarize the findings of the group, all responses will be “anonymous,” meaning nobody’s name will appear, and nothing you say will be attributed to you, so please be as open as possible in sharing your thoughts with us. The study team will keep your responses private to the extent permitted by law, and this protection will extend to any negative statements or complaints you make about the HIP 2.0 program or the government agencies that oversee the program. If you agree to participate in this study, you must also agree to not share other focus group participants’ names or remarks with others outside of this group.
4. Fourth, I would really like to encourage everyone to participate. You do not have to answer every question, though, nor do you need to raise your hand to speak. If, however, some of you are shy or don’t get a chance to speak, I may call on you to give you a turn, because I’d like to know what everyone here thinks.
5. Fifth, it is important that only one person speak at a time. We want to be respectful of everyone and give everyone their chance to speak. Also, we would like to record today’s discussion, so taking turns is important here too—if two people talk at once, we won’t be able to understand the tape.
6. Now, about the recording. We’re recording the session because we don’t want to miss anything. Even though we’ll be taking notes as fast as we can, I’m certain we won’t be able to write everything down! So, the taping is simply a back-up, a tool to ensure that we get all of your comments. Don’t worry, no one would listen to these tapes besides the research team and they will be deleted once we finish our study; your comments will be kept private to the extent permitted by law. Is it alright with everyone for us to record the focus group?
7. Sixth, I have a lot that I want to talk about with you today. So I may be forced, from time to time, to interrupt the discussion and move us along to another topic. But, don’t let me cut you off! If there’s something important you want to say, let me know before we change the subject.
8. Finally, just a word about cell phones and restrooms. Please either turn off your cell phone or put it in “vibrate/silent” mode. If you need to use the restroom, please do so at any time; you do not need to ask permission. The restrooms are located _____.

We will be on a first name basis today, and we’ve placed name cards on the table in front of you to help us remember each other’s names.

Any questions? Okay, let’s begin.

I. Background Questions

1. Let’s start by going around the table and introducing ourselves. I’d like each of you to tell us your first name. Then, to break the ice, why don’t you share with all of us a little bit about yourself. You can share anything you like – if you have family or children, what you do for a living, what your hobbies are...anything you like.
2. Before we get into our specific questions about HIP 2.0, tell me: for how many of you is this program (HIP 2.0) the first health insurance coverage you’ve ever had? How many of you have had health coverage through your employer before? And how many of you have been on Medicaid before? How many of you have purchased private coverage before?

II. Marketing and Outreach

3. Let me begin by asking you all: How did you first hear about HIP 2.0? Did you, for example,
 - See an ad on TV or hear an ad on radio? Hear about it from friends? Learn of the program from a doctor or provider at a clinic, or from a social services agency?
4. What did you think about the program when you first heard about it?
 - Did it seem like a good opportunity to obtain health insurance for you and your family?
 - Did it seem clear and did it make sense? Or did it sound complicated?
 - What, if anything, seemed confusing to you?
5. Did any of you hear any details about the program before you signed up? If so, what kinds of things did you hear?
 - Did you hear that it was hard, or easy, to sign up?
 - Did you hear that you had to contribute to the cost of coverage, through monthly contributions or payments or other cost sharing?
 - Did you hear that it provided good access to doctors and clinics, or that it was hard to get care in the program? Did you hear that the program has doctors that speak your language?
6. Was there anything about applying for HIP 2.0 that worried you?

III. Eligibility Determination, Enrollment, and Renewal

7. Let me continue by asking you about eligibility and enrollment under HIP 2.0. For starter's, how did you enroll in HIP 2.0?
 - Did you apply online? Did you fill out an application and mail it in? Did you visit a county eligibility office? Did you apply at a doctor's office or a hospital or at a community based organization?
8. What was it like to enroll in HIP 2.0?
 - Was it easy and/or convenient? Or was it difficult? Why? How?
 - What was the application form like? Was it long? Short?
 - Did you have to gather and submit documentation of income or assets?
9. Did you receive any help in completing enrollment in HIP 2.0?
 - Who helped you? In what ways did they help you?
 - If an eligibility worker/outreach worker helped you, did you find she or he was helpful? If yes, why? If no, why not?

- Did the eligibility assister speak your preferred language?
10. How did you find out that you succeeded in getting HIP 2.0 coverage?
- Did you find out immediately, at the provider's office, or the community-based organization, or online when you applied? Or did you have to wait to find out?
11. Did you pick a health plan and provider as part of the HIP 2.0 enrollment process?
- How did that go? Was it easy or hard/confusing?
 - Were you able to pick a plan that had your regular doctor (or clinic) in its network?
12. How long have you been enrolled in HIP 2.0?
13. For those of you who have been in HIP 2.0 for over a year(?), have you ever had to renew your coverage?
14. What was it like to renew your coverage?
- Did you have to do anything (or was it automatic)?
 - What did you have to do? Send in a renewal application? By mail? Online? Or did you have to show up somewhere in person?
 - Did you find this process easy or difficult? Why? How? Did anyone help you?

IV. Monthly Contributions and Cost Sharing

15. I'd like to now ask you several questions about the money that you might need to contribute toward the cost of coverage under HIP 2.0. Thinking back to when you enrolled in the program, what did you learn about the monthly payments (or contributions) that are part of the program?
- Did making a monthly contribution seem fair to you?
 - During enrollment, did they tell you about copayments that you might pay when you received certain services? Did they seem fair or unfair to you?
16. How many of you pay monthly contributions under HIP 2.0?
- How much do you pay each month?
17. Now that you've been enrolled in HIP 2.0 for a while, what do you think about the monthly contributions you're paying?
- Have they been affordable?
 - Or have you ever struggled to afford the monthly contribution?
18. How do you pay your monthly contributions? What are your options?
- Do you mail in a check? Or pay online? Or pay cash through an agency or provider?

19. To your knowledge, has anyone ever helped you pay your contribution, like an employer or provider of some community organization?
- Have you ever been told that there might be help like that available to pay the monthly contribution?
20. Have any of you ever been late paying your monthly contribution?
- What happened when you were late?
 - Did you lose coverage under HIP 2.0 and get “locked out” of the program for not paying your monthly contribution? How long were you locked out?
 - How did that feel? And what did you do for health care while you were locked out?
 - Were any of you transitioned to HIP Basic? How did that transition work?
21. Let’s now talk about copayments, which are the amounts you might be asked to pay when you are receiving services. How many of you have had to pay copayments?
22. How much have your copayments been? Did the amount of copay vary depending on which services you were receiving?
- Have you been keeping track of how much your copays have added up to overall?
 - Have you heard about any limit to the amount you could spend on copays and out-of-pocket health care costs? If so, what is it?
23. How affordable have copayments been for you?
- Have any of you ever not gone to a doctor (or other provider) because you felt the copays were too expensive? What did you do instead to address your illness?
24. Have you ever gone to a provider who didn’t require you to pay the copayment? How often has that happened? Do you know why they did not charge you a copayment?
25. Have any of you ever gone to the emergency room for your care under HIP 2.0? Did you have to pay any kind of copayment when you went there? And if so, why? How affordable was that?
- Has anyone not gone to the emergency room when you thought you needed to? Why didn’t you go?
26. What determines whether or how much you need to pay if you go to the emergency room under HIP 2.0?
- Has anyone told you about what counts as an “emergency” and what does not? If you needed to make a decision about whether or not something was an emergency, what would you do?
 - Had anyone ever told you about the need to receive permission (aka, “prior approval”) before going to the emergency room? Did any of you attempt to get such prior approval? And how did that go?

27. Have you heard of POWER accounts? Tell me what those are for, and how they work.

- Can you tell me how are your monthly contributions related to your POWER accounts?
- What happens after you use up all of the money in your POWER account? How about if there is money left over at the end of the year? Has anyone had an experience with this, and if yes can you tell me about it?
- Does anyone know how much money is currently in your POWER account? If yes, approximately how much?
- What happens to the money in your POWER account if you disenroll?
- Have you heard anything about how receiving preventive services can affect the monthly contributions you need to make to your POWER account in the future? If so, what did you hear?
- Have you ever been asked or required to use your POWER account to pay for preventive services, such as flu shot, annual checkups (including well-woman exams), family planning services, prenatal care, blood pressure checks, and cholesterol screenings?
 - If yes, who asked you to use your POWER account to pay for these services?
 - And did this request affect your access to preventive care in any way? (For example, did you forego or delay obtaining preventive services because of the cost?)
- Has having a POWER account affected the decisions you make about your health and in using health care services?

V. Access to Care and Benefits

28. Let's now talk about what it's like to get services under HIP 2.0. First, let me ask: Have you been able to find doctors who would see you when you needed care? Or has that been challenging in any way?

29. About how many times this past year would you say that you have gone to a doctor?

- Is that more, or less, or about the same as the year before you enrolled in HIP 2.0?
- Is there something about being enrolled in HIP 2.0 that made you go to the doctor more (or less) than you did the year before you enrolled?

30. Have you received preventive care (like health check-ups, well-woman exams, or immunizations) more frequently now, with HIP 2.0, than you did in the past? If yes, can you tell me why? How does that feel?

31. Have you been able to receive specialty care, dental care, or vision care now that you have HIP 2.0 coverage? How has that gone? Has it been easy to obtain, or challenging in any way?

32. Have any of you moved between HIP Plus and HIP Basic, since you've been enrolled?

- Why did you move from one to the other?

33. Are there any differences in what's covered, and what's not covered, between HIP Plus and HIP Basic? Tell me about those differences.
34. Do you like one program better than the other? Why? Why not?
35. Does HIP 2.0 cover transportation in any way? How does that work? Does it cost you money to use that service?
- Have any of you ever had trouble getting care that you needed because you don't have a car or access to another form of transportation? What was that like?
36. Overall, how satisfied are you with the quality of care you've received under HIP 2.0?
- How satisfied are you with the accessibility of that care? In other words, has it been easier (or more difficult, or about the same) to get the care you need compared to before you were enrolled in HIP 2.0? How come?
37. In the past, some of you may have had no health insurance. Others may have had health coverage through their employers. And others may have had traditional Medicaid. Thinking back to before you enrolled in HIP 2.0, overall, would you say your access to and satisfaction with health care is better now than it was before? Worse? Or about the same? Tell me some of the reasons why.

VII. Overall Impacts on Daily Life

38. We've spent the last hour or so talking about health coverage under HIP 2.0. In closing, I'd like to ask you: What difference does having health insurance under HIP 2.0 make in your life? How do you feel, knowing you have health insurance under HIP 2.0?
- Listen for:
 - » Peace of mind/sense of security?
 - » Easier access to care? (e.g., More providers available? Easier to see a provider?)
 - » Better quality of care?
 - » Lower cost?
 - » Being able to contribute to my health care
 - » Have more control over what I pay for health care
 - » Like being encouraged and rewarded for taking care of myself
 - » Like having vision and dental coverage

VIII. Lessons Learned

39. From what you've described for me today, as someone enrolled in HIP 2.0, it sounds like, generally, you have found the program to be:

[SUMMARIZE MAIN FINDINGS]

- Is this a fair and accurate description? Have I missed anything?
40. Given this, would you recommend HIP 2.0 to a friend or family member? Why or why not?
41. Given this, how many of you would be interested in renewing your coverage when the time comes? How many would not?

42. Are there any things that you think the program could do to improve it, or make it easier to find doctors, and other providers?

- Is there anything that the program could do to make the application/renewal process easier to complete?
- Is there anything that the program could do to make coverage more affordable?
- Is there anything that the program could do to make it easier, or less complicated, to participate in?

43. For those of you who are not interested in keeping your HIP 2.0 coverage, what would be the most important improvement that the programs could make that might make you change your mind?

44. Have I missed anything, or are there any additional comments anyone would like to offer before we break?

Thank you all for your helpful participation today.