

**INDIANA HIP 2.0 EVALUATION:  
2016 INTERVIEW GUIDE**

[INTERVIEWEE TYPE – STATE OFFICIAL, MCO, CONSUMER ADVOCATE, EMPLOYER OR PROVIDER ORG]

***I. Introduction***

We are researchers from the Urban Institute evaluating Indiana’s HIP 2.0 demonstration. This evaluation is federally funded by the Centers for Medicare & Medicaid Services (CMS) in conjunction with your state’s Section 1115 waivers authorizing the HIP 2.0 demonstration. We are working with another research organization, Social & Scientific Systems, on the evaluation.

This is the first of two rounds of interviews we will be conducting. We will be speaking with various people in Indiana involved with or affected by the implementation of HIP 2.0. This will include a series of focus group discussions with HIP 2.0 enrollees.

We are interested in your thoughts and insights on HIP 2.0.

Our interview will take [90 minutes]. Your participation is voluntary and you may choose to skip any specific questions in the interview you do not want to answer. Although there are no direct benefits to you for participation, your insights will help inform state and federal policy decisions around programs with elements similar to HIP 2.0 in the future.

Your responses will be kept private to the extent permitted by law. We would like to record our discussion in case we miss something in our notes and want to go back and listen. The recording will be destroyed at the end of the project.

**PRA Disclosure Statement**

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Do you have any questions before we start? May I begin recording?

*Unless categories of interviewees are specified, questions will be asked of all interviewee types if relevant to their position.*

## ***II. About the respondent***

My first questions are for background purposes.

1. Confirm interviewee's position at organization. How long have you worked in your current position and at the organization?
2. How have you been involved with HIP 2.0?
3. [For MCOs and providers] How, if at all, has HIP 2.0 affected your day to day work?
4. [For state officials] Were you involved in HIP 1.0 or the Section 1115 waiver application for HIP 2.0? If so, how?

## ***III. Questions about HIP 2.0 implementation overall***

### **Implementation, accomplishments and challenges**

5. From your perspective, what are the major goals of the HIP 2.0 demonstration?
6. What major factors shaped the design of HIP 2.0 (e.g. trends in population health or cost of care in Indiana, specific state officials or other stakeholder groups, experience with HIP 1.0, etc.)?
  - a. What pieces have stayed from HIP 1.0 and what has been added or changed?
  - b. What stakeholders were involved in the HIP 2.0 design process?
7. What do you consider to be the most important elements of the HIP 2.0 design?
8. What types of new infrastructure needed to be developed to implement HIP 2.0 (e.g., new systems, organizational arrangements, staff positions, contracts, partnerships)?
  - a. What aspects of the demonstration were the most work intensive to implement?
  - b. Were any aspects of the design adjusted during implementation?
  - c. Who were the major implementation partners?
9. What have been the major accomplishments so far under HIP 2.0?
  - a. What aspects of the program seem to have worked well so far?
10. Have there been any challenges with implementing or administering HIP 2.0?
  - a. If so, have you made any changes to how the demonstration has been implemented or administered to address these challenges?
  - b. Is there anything in the process of implementing or administering HIP 2.0 that did not go as you had expected? If so, why do you think this happened?
  - c. [For State officials] Can you tell me about the quality improvement initiative that we understand that the state started in the project's 4th quarter (sometime between 11/2015 and 1/2016) for HIP 2.0 around customer services and why it was started?
  - d. [For State officials] I also understand there have been some enhancements made to the employer portal to enroll in the program. What were these enhancements and why were they made?

11. What has been the general reaction to HIP 2.0 from:
  - a. Health plans?
  - b. Providers?
  - c. Consumers?
  - d. Employers?
  - e. Other stakeholders?

**IV. Questions about specific components of HIP 2.0**  
**(to be asked as relevant to the interviewee's role in implementation)**

My next questions are about specific components of HIP 2.0, starting with public education and outreach around HIP 2.0.

**Raising public awareness/public education**

12. What public education efforts were made to support the launch of HIP 2.0 and raise awareness of new options for coverage?
  - a. Were there media campaigns? If yes, what were the major messages and themes?
  - b. How were consumers educated on the difference between HIP Basic, Plus and Link?
  - c. [For MCOs, provider organizations, consumer advocates and employers] Was your organization involved in any education and outreach efforts around HIP 2.0? If yes, can you talk about how your organization was involved in these efforts?
13. In your view, how effective were these public education efforts? How can you tell?
  - a. How effective were they in getting the target population to enroll?
  - b. How effective were they in preparing consumers for what to expect under HIP 2.0?
  - c. Are there opportunities for additional public education efforts around certain aspects of HIP 2.0 or targeting specific populations? —e.g., missing content, missing strategies, missing populations?
14. Did the state Medicaid agency partner with organizations to get the word out about new coverage options available under HIP 2.0?
  - a. If so, who were the main partnering groups?
  - b. Has the state maintained these partnerships as HIP 2.0 has matured?
15. [For State officials and employers] How did the state Medicaid agency get the word out to employers to register their health plans in order to participate in HIP Link?
  - a. How effective were these education and outreach efforts to employers? How can you tell? Why do you think so few employers have registered?
  - b. Once an employer registers, is the employer or the state primarily responsible for getting the word out to their employees?

**Eligibility and enrollment**

My next questions are about eligibility and enrollment.

16. Can you describe the eligibility determination and enrollment systems that were designed for HIP 2.0?
  - a. What is the process of eligibility determination and enrollment of consumers?
  - b. What has been the primary way consumers have signed up?

- c. How has it been similar or different from the process for enrolling traditional Medicaid applicants?
  - d. What is the role of the state Medicaid agency and the MCOs? Who else is involved and what is their role (e.g. an enrollment broker)?
  - e. In your view, how well has it been working?
17. How are applicants informed during the enrollment process of their possible coverage options in HIP 2.0 under HIP Plus, HIP Basic, and HIP Link?
- a. Do applicants appear to understand the various coverage options? How can you tell?
18. What types of application assistance are available to consumers?
- a. Are assistors available in person, at provider and/or community-based sites? Are there call centers?
19. How common has use of the fast track payment been?
- a. Who has been making this payment- the individual consumer or other entities such as community based organizations?
20. How does Presumptive Eligibility work under HIP 2.0?
- a. How have hospitals and FQHCs been coordinating with the MCOs and the state Medicaid agency?
  - b. How well has that been working?
21. How are enrollees educated about what to expect from their MCO? What specifically are they educated about?
- a. Who provides the education—state, advocates, MCOs?
  - b. In your view, how well has enrollee education worked? How do you measure that?
22. How common has it been and what have been the major reasons for consumers to:
- a. Switch between HIP Plus and HIP Basic (e.g., due to preference, change in eligibility or not paying contribution?)
  - b. Disenroll (e.g., due to preference, change in eligibility or not paying contribution?)
23. [For state Officials and Employers] What is the process to register for HIP Link using the employer portal?
- a. How is employer eligibility determined?
  - b. [For Employers] How did you hear about it?
  - c. [For Employers] Was it relatively easy or difficult to register? What were the steps involved?
  - d. [For Employers] Did you use the call center available to assist employers with their application questions? If yes, what was that experience like?
24. [For State officials and employers] How are employers informed when one of their employees signs up for HIP Link with the state?
25. [For State officials, employers and consumer advocates] For HIP Link, how are employees reimbursed for the portion of their premium that the state helps cover? How well has been this been working?

**POWER accounts and cost-sharing**

My next questions are about POWER accounts and cost-sharing in the HIP 2.0 program.

26. [For State officials and MCOs] Please describe the role of the state and the MCOs in implementing and administering the POWER accounts.
  - a. From your perspective, how well has coordination between the state and the MCOs been working?
  - b. Since HIP 2.0 was implemented, have any changes in how POWER accounts are administrated been made?
  
27. [For State officials, MCOs, and consumer advocates] How are consumers educated about their POWER accounts?
  - a. Who is primarily responsible for educating consumers and the ongoing communication around how their POWER accounts work? (e.g. the state or the MCO?)
  - b. How are POWER account contributions explained to consumers with different levels of income? Who explains?
  - c. How have consumers responded to discussions of POWER account contributions and HIP 2.0 cost sharing? Does it seem they understand the system? (For example, do consumers know that, if they earn income below 100 percent of poverty, they can enroll in HIP basic without making a contribution but will be required to share costs in HIP 2.0 through co-payments?)
  
28. [For State officials, MCOs, and consumer advocates] How are consumer contributions to their POWER accounts collected? How about copays for HIP Basic enrollees?
  - a. What options do consumers have to pay these contributions and copayments for care?
  - b. In general, have consumers been making their POWER account contributions and copays when required?
  - c. [For MCOs] How are you tracking consumer contributions?
  
29. [For State officials] We understand that in the 4<sup>th</sup> quarter of the program, 31 employers made POWER account contributions for 32 HIP 2.0 members and 34 non-profits made contributions on behalf of 1,054 HIP 2.0 members. What types of employers and non-profit organizations are covering consumer contributions and copays for enrollees?
  
30. [For MCOs] How are you tracking when consumers reach their limit for out-of-pocket payments?
  - a. Do consumers report this information?
  - b. How are they educated about tracking their out of pocket costs, the limit for what they should spend and the process for reporting when they reach the limit?
  
31. [For State officials, MCOs, and consumer advocates] Do consumers understand the consequences of nonpayment of contributions, including possible change in benefits contributions are not made, possible loss of coverage and the 6-month lockout for re-enrollment?
  - a. What is the process that occurs when a contribution has not been paid?
  - b. What is the role of the state vs the MCO in administering the disenrollment, lock-out, and re-enrollment?
  - c. How often are they happening?
  - d. How is an enrollee informed when they are “locked out” and who informs them? How is the lock out enforced?

32. [For State officials, MCOs, providers and consumer advocates] Have you seen or heard of any information that suggests the POWER accounts are affecting consumers' health care behavior? If so, what?
33. [For State officials, MCOs, providers and consumer advocates] Do consumers understand how to use POWER accounts? How can you tell?
34. [For State officials, MCOs, providers and consumer advocates] How are HIP Plus enrollees informed that their use of recommended preventive services can decrease future POWER account contributions?
  - a. How well has this aspect of HIP 2.0 been working?
  - b. How is use of preventive services and the related contribution adjustments being tracked and implemented?
  - c. Do you have a sense of what percentage of these consumers are getting the recommended services to qualify for the contribution adjustment?
35. [For State officials, MCOs, providers and consumer advocates] What have been some of the successes and challenges of implementing and administering the POWER accounts?
  - a. Have there been any changes made to the design or administration of POWER accounts from HIP 1.0?
  - b. How well has the process been working for rolling over POWER account funds? What is the average amount that is rolled over?
  - c. How well has the process been working to refund unspent contributions and collect owed payments from disenrollees when required?

### **Non-Emergency Transportation and Access to Non-Emergency Care**

The next few questions are related to the non-emergency transportation, or NEMT waiver included as part of HIP 2.0, and access to non-emergency care.

36. [For State officials, MCOs, providers and consumer advocates] How were enrollees affected by the NEMT waiver informed that non-emergency transportation would not be covered?
  - a. Who was responsible for notifying them?
37. [For State officials, MCOs, providers and consumer advocates] What happens when someone affected by this waiver requests transportation assistance for a non-emergency?
  - a. Are enrollees told this service is not available or that they will receive a bill to pay for it out of pocket?
  - b. Has this process varied by health plan? If yes, how?
38. [For State officials, MCOs, providers and consumer advocates] Have you seen or heard of any information that suggests the NEMT waiver has affected consumers' health care behavior or access to care? If so, what?
  - a. [For providers] Have you noticed any change in the extent to which consumers are missing appointments due to lack of transportation?
39. [For State officials, MCOs, providers and consumer advocates] Have you heard of any other issues related to HIP 2.0 that enrollees may face when trying to access:
  - a. Primary care or preventive care?
  - b. Specialty care?

- c. Dental care?
- d. Vision care?
- e. Prescription drugs?

### **Emergency Room Co-Payments**

My next questions are about the emergency room co-payments.

- 40. [For State officials, MCOs, providers and consumer advocates] How are enrollees educated about what constitutes a visit to the emergency room and the graduated co-payments for non-emergency visits to the emergency room?
  - a. Have there been challenges with this messaging given the control group does not have graduated co-payments?
- 41. [For State officials, MCOs, providers and consumer advocates] How well do consumers appear to understand what constitutes an emergency? How can you tell?
  - a. [For MCOs] How often are consumers calling the 24 hour nurse hotline before going to the ER? Are you tracking whether consumers have called the hotline before using the ER and if yes, what are you finding?
  - b. How are consumers educated about the nurse hotline?
  - c. How well is the nurse hotline working? How can you tell?
- 42. [For MCOs and providers] What occurs when a HIP 2.0 enrollee goes to an ER for a non-emergency?
  - a. Have hospitals been informed to let them know there will be a co-pay up front?
  - b. Are hospitals able to tell whether or not the enrollee is in the control group?
- 43. [For MCOs] How are copays collected for enrollees with a non-emergency ER visit?
  - a. Have there been many of these co-pays collected? If yes, who is paying them (the enrollee or someone else?)
  - b. What role does the hospital and MCO each play in collecting the co-pays?
  - c. How well has this been working?
- 44. [For State officials, MCOs, providers and consumer advocates] Have you seen or heard of any evidence that the emergency room co-pays have affected consumer behavior around ER use? If so, what?

### **Administrative costs of HIP 2.0**

My last questions are about the administrative costs associated with HIP 2.0.

- 45. What are the major administrative activities associated with:
  - a. HIP Basic?
  - b. HIP Plus?
  - c. HIP Link?
- 46. How, if at all, has HIP 2.0 affected your organization's administrative costs? What is the basis for knowing how HIP 2.0 has affected your organization's administrative costs?
  - a. If there have been changes, are there any particular aspects of HIP 2.0 that are driving the change in your organization's administrative costs?
- 47. Have administrative costs driven by HIP 2.0 changed over time? If so, how and why?
- 48. [For providers] Has HIP 2.0 had any effect on your revenue?

- a. Has it affected the amount of uncompensated care you provide?

***V. Closing questions***

Thank you for answering my questions regarding specific areas of HIP 2.0. I have just a few more questions in closing.

- 49. Overall, how successful would you say HIP 2.0 has been in meeting its goals so far?
  - a. Do you have any thoughts on what might be changed, if anything, to help the program better meet its goals?
- 50. Do you believe that HIP 2.0 is affecting the way consumers engage in their health care? If yes, how so? If no, why not?
- 51. Has the demonstration affected different populations (e.g., by health status, income, area of state) differently?
- 52. Based on your experience with HIP 2.0 so far, do you hope to see any components of HIP 2.0 continue beyond the demonstration?
  - a. If yes, which ones, and why?
  - b. If no, why not?
  - c. Would you recommend any components of HIP 2.0 for other states? Why or why not?
- 53. Are there changes (e.g., major changes in the health care market) that have occurred in Indiana during the implementation of HIP 2.0 that we should consider when interpreting our evaluation findings?
  - a. [For providers] For example, has Indiana's change in Medicaid payment for physicians and physician extenders to 75% of the Medicare rate had an effect on physician participation in Medicaid and health care access for consumers? If yes, what?
- 54. Is there anything else you would like me to know about your experience with implementing and administering HIP 2.0 that we have not yet discussed?