

**Montana Health and Economic Livelihood Partnership (HELP) Evaluation:
2016 INTERVIEW GUIDE**

[INTERVIEWEE TYPE – STATE OFFICIAL, THIRD PARTY ADMINISTRATOR, CONSUMER ADVOCATE, PROVIDER ORG, OR TRIBAL OR INDIAN HEALTH SERVICES REPRESENTATIVES]

I. Introduction

We are researchers from the Urban Institute evaluating Montana’s HELP demonstration. This evaluation is federally funded by the Centers for Medicare & Medicaid Services (CMS) in conjunction with your state’s Section 1115 demonstrations authorizing the HELP program. 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 stakeholders and consumers in Montana involved with or affected by the implementation of HELP. This will include a series of focus group discussions with HELP enrollees.

We are interested in your thoughts and insights on HELP.

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 HELP 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. What is your position and what are your responsibilities with this organization? How long have you worked in your current position and at the organization?
2. How have you been involved with HELP?
3. [For the HELP third-party administrator (TPA) and providers] How, if at all, has HELP affected your day to day work?
4. [For State officials] Were you involved in the Section 1115 demonstration application for HELP? If so, how?

III. Questions about HELP implementation overall

Implementation, accomplishments and challenges

5. From your perspective, what are the major goals of the HELP demonstration?
6. What major factors shaped the design of HELP (e.g. trends in population health or cost of care in Montana, specific state officials or other stakeholder groups, what other states were doing, etc.)?
 - a. If program elements were drawn from other state programs, what were they? Were any adjustments made when applying them to HELP?
 - b. What stakeholders were involved in the HELP design process?
7. What do you consider to be the most important elements of the HELP design?
8. What types of new infrastructure needed to be developed to implement HELP (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? If so, why and how were they adjusted?
 - c. Who were the major implementation partners?
9. What have been the major accomplishments so far under HELP?
 - a. What aspects of the program seem to have worked well so far?
10. Have there been any challenges with implementing or administering HELP?
 - a. If so, have changes been made to how the demonstration is designed or has been implemented or administered to address these challenges?
 - b. Is there anything in the process of implementing or administering HELP that did not go as you had expected? If so, why do you think this happened?
11. What has been the general reaction to HELP from:
 - a. Providers?

- b. Consumers?
- c. Other stakeholders (e.g., other payers, employers, Tribal or Indian Health Services)?

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

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

Raising public awareness/public education

12. What public education efforts were made to support the launch of HELP and raise awareness of this new option for coverage?
 - a. Were there media campaigns? If yes, what were the major messages and themes?
 - b. [For the HELP TPA, provider organizations, consumer advocates, Tribal or Indian Health Services] Was your organization involved in any education and outreach efforts around HELP? 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 HELP?
 - c. Are there opportunities for additional public education efforts around certain aspects of HELP or targeting specific populations? —e.g., missing content, missing strategies, missing populations?
14. Did the state Medicaid agency partner with other public or private organizations to get the word out about new coverage options available under HELP?
 - a. If so, who were the main partnering groups?
 - b. Has the state maintained these partnerships as HELP has matured?

Eligibility and enrollment

My next questions are about eligibility and enrollment.

15. Can you describe the eligibility determination and enrollment systems that were designed for HELP?
 - a. What is the process of enrollment and eligibility determination for consumers?
 - b. What has been the primary method by which consumers have signed up?
 - c. How has it been similar or different from the process for enrolling traditional Medicaid applicants?
 - d. How is it different from the process for enrolling in the ACA Marketplace?
 - e. What is the role of the state Medicaid agency vis a vis the HELP TPA, Blue Cross/Blue Shield? Any other entities involved and, if so, what is their role (e.g. an enrollment broker)?
 - f. In your view, how well has enrollment and eligibility have been working?
16. 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?
17. How does Presumptive Eligibility work under HELP?

- a. How have hospitals and FQHCs been coordinating with the HELP TPA and the state Medicaid agency?
 - b. How well has that been working?
18. How does the 12-month continuous eligibility work for new HELP enrollees?
19. How are enrollees educated about what to expect from their new coverage under HELP? What specifically are they educated about?
- a. Who provides the education—state, advocates, HELP TPA, other?
 - b. In your view, how well has enrollee education worked? How do you measure that?
20. How common has it been and what have been the major reasons for consumers to:
- a. Switch between being enrolled in Standard Medicaid or in the HELP TPA plan?
 - b. Switch between whether or not they are required to pay premiums (e.g., due to change in eligibility or income?)
 - c. Disenroll (e.g., due to preference, change in eligibility or not paying contribution)?

Cost-sharing

My next questions are about cost-sharing in the HELP program.

21. [For State officials and HELP TPA] Please describe the role of the state and the TPA in collecting premiums.
- a. From your perspective, how well has coordination between the state and the HELP TPA been working?
 - b. Since HELP was implemented, have there been any changes in how premiums and copayments collected and tracked?
22. [For State officials, HELP TPA, and consumer advocates] How are consumers educated about their monthly premium and copayment requirements?
- a. Who is primarily responsible for educating consumers and the ongoing communication around cost sharing requirements? (e.g. the state or the HELP TPA)
 - b. How are cost-sharing requirements explained to consumers with different levels of income? Who explains?
 - c. How have consumers responded to discussions of monthly premiums and HELP cost sharing? Does it seem consumer understand how cost-sharing works? (For example, do consumers know that if they earn income between 51-100 percent of poverty, they are required to pay premiums but cannot be dis-enrolled if they cannot pay?)
 - d. How are consumers informed that copays don't apply to preventive services? Do they appear to understand this feature?
23. [For State officials, HELP TPA, and consumer advocates] How are consumer monthly premium amounts collected? How about copays?
- a. What options do consumers have to pay these premiums and copayments for care?
 - a. To what extent are premiums and co-pays paid by third-party contributors? Who are these third-party contributors?
 - b. In general, have consumers been making their monthly premiums and copays when required?

- c. [For State and HELP TPA] How are consumer contributions tracked to ensure that the 5 percent aggregate cap for maximum allowable cost sharing is maintained and also that premium credits are applied to copayments incurred for TPA enrollees required to pay premiums?
 - d. [For providers], have you been able to collect co-payments owed for services rendered to demonstration enrollees?
24. [For state officials, HELP TPA , and consumer advocates] For HELP enrollees affected by waiver disenrollment policies, do consumers understand the consequences of nonpayment of premiums, including, possible loss of coverage and the debt collection process required before re-enrollment can happen?
- a. What is the process that occurs when a premium has not been paid?
 - b. What is the role of the state vs the TPA in administering the disenrollment, debt collection, and re-enrollment?
 - c. How are enrollees informed they are to be dis-enrolled and who informs them?
 - d. Do enrollees receive notice that they can re-enroll? If so, how?
 - e. How often are these things happening?
25. [For state officials, TPA, providers and consumer advocates] Have you seen or heard of any information that suggests the monthly premiums and co-pays are affecting consumers' health care behavior? If so, what?
26. [For state officials, TPA, providers and consumer advocates] What have been some of the successes and challenges of implementing and administering HELP cost sharing requirements?

Access to Non-Emergency Care

The next few questions are related to access to non-emergency care.

27. [For state officials, TPA, providers, consumer advocates, and Tribal or Indian Health Services] Have you heard of any other challenges related to HELP 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 Use

My next questions are about emergency room use.

28. [For state officials, TPA, providers and consumer advocates] Are enrollees educated about what constitutes a visit to the emergency room and the co-payment for non-emergency visits to the emergency room?
29. [For state officials, TPA, providers and consumer advocates] How well do consumers appear to understand what constitutes an emergency? How can you tell?

30. [For state officials, TPA, providers, consumer advocates, and Tribal and Indian Health Services] Has there been any increase in non-emergent use of emergency rooms since the demonstration was implemented? If so, why do you believe this has occurred?

Administrative costs of HELP

My last questions are about the administrative costs associated with HELP.

31. What are the major administrative activities associated with HELP?
32. How, if at all, has HELP affected your organization's administrative costs? What is the basis for knowing how HELP has affected your organization's administrative costs?
- If there have been changes, are there any particular aspects of HELP that are driving the change in your organization's administrative costs?
33. Have administrative costs driven by HELP changed over time? If so, how and why?
34. [For providers] Has HELP had any effect on your revenue?
- Has it affected the amount of uncompensated care you provide?

V. Closing questions

Thank you for answering my questions regarding the early implementation of HELP. I have just a few more questions in closing.

35. Overall, how successful would you say HELP has been in meeting its goals so far?
- Do you have any thoughts on what might be changed, if anything, to help the program better meet its goals?
36. Do you believe that HELP is affecting the way consumers engage in their health care? If yes, how so? If no, why not?
37. Has the demonstration affected different populations (e.g., by health status, income, area of state) differently?
38. Based on your experience with HELP so far, do you hope to see any components of HELP that will continue beyond the demonstration?
- If yes, which ones, and why?
 - If no, why not?
 - Would you recommend any components of HELP for other states? Why or why not?
39. Are there changes (e.g., major changes in the health care market) that have occurred in Montana during the implementation of HELP that we should consider when interpreting our evaluation findings?
40. Is there anything else you would like me to know about your experience with implementing and administering HELP that we have not yet discussed?