

An Evaluation of Health Insurance and Health Insurance Options in West Virginia: A Qualitative Study of Employers, Uninsured Consumers and Insurance Agents



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Introduction

In 2000, the Health Resources and Services Administration implemented their State Planning Grants program. This program provides one year grants to States to develop strategies that will assist in providing their uninsured citizens access to affordable health insurance coverage. In 2002, the State of West Virginia applied for, and received a HRSA State Planning Grant.

Given the need to develop a strategic plan for covering the uninsured in West Virginia, an important first step required the WV State Planning Grant staff to gather information on this segment of the State's population. The first wave of data collection consisted of a survey administered to roughly 16,000 households throughout the State. This survey, the WV Healthcare Survey, provided good data on West Virginians and their relation to health care insurance. In March 2003, a second survey was conducted that focused on understanding the health insurance circumstances of West Virginia's private sector employers and the differences between those that offer health insurance and those that do not. The WV Employer Survey, like the household survey, provided the State Planning Grant staff with information valuable to addressing gaps in insurance coverage.

The third wave of data collection departed from the previous two efforts in its focus on qualitative, rather than quantitative, data. Together, the WVU Institute for Health Policy Research, working in conjunction with the Lewin Group and Lake, Snell, Perry and Associates, developed and conducted twelve focus groups throughout the State of West Virginia. These focus groups involved small business owners, uninsured consumers and insurance brokers and agents. The funding that supported this research was provided for by a grant from the Health Resources and Services Administration, US Department of Health and Human Services.

Executive Summary

The WV State Planning Grant focus groups were conducted in order to better understand the concerns and issues of consumers, employers and insurance brokers and agents, both in general and as they pertain to health insurance specifically. The focus group report presents information that is specific to individual participant groups, as well as a comparison of those groups on factors such as what benefits participants find important in a health plan and their preferences in regard to the financing structures of health plans.

The following represents the major findings pertaining to health insurance and uninsured consumers, small employers and insurance brokers and agents:

Uninsured Consumers

- Uninsured consumers tended to be most concerned about the general economy, personal finances, employment and healthcare.
- Consumers cited several reasons for being uninsured, including the cost of insurance, job loss or lay-offs and divorce.
- By and large, uninsured consumers spoke favorably of public programs. The complaints that were expressed regarding CHIP and Medicaid primarily pertained to eligibility requirements that many felt were unreasonable.

Employers

- Employers mentioned taxes, workers' compensation premiums, the high cost of health and liability insurance and profitability, as well as finding and keeping good employees as their primary concerns.
- In addition to offering insurance, employers offered vacation and sick days and pay raises in order to attract and retain employees.
- Generally, most employers were opposed to the State getting involved in fixing the problem of uninsurance. Some employers, however, do not object to the State taking action, so much as they object to the State running any program(s) developed to address the issue.

Brokers and Agents

- Brokers and agents cited the need to attract and retain workers and the fact that employers and their families need insurance as the primary reasons small businesses offer insurance.
- Brokers and agents cite cost as the most significant factor affecting a small business' ability to offer insurance.

- Brokers and agents tended to favor the State not becoming involved in resolving the uninsurance problem in West Virginia.

Background and Methodology

Overview of Focus Groups

In March of 2003 twelve focus groups were conducted for the WV HRSA State Planning Grant. These focus groups were conducted in six cities throughout the State, including Beckley, Charleston, Logan, Elkins, Flatwoods and Fairmont. Altogether, 105 individuals from 12 counties in West Virginia participated. Of the four uninsured consumer focus groups, there were a total of 39 participants. Of the six employer focus groups, a total of 48 persons participated. 18 persons total participated in the two focus groups conducted with insurance brokers and agents.

Objectives of Focus Groups

The purpose behind conducting focus groups with groups of uninsured consumers was to assess their concerns generally, as well as their reasons for being currently uninsured. It was also hoped that the participation of uninsured consumers would provide valuable insights into their opinion of public programs. The objective of the employer groups was to assess the general concerns of employers and to ascertain what employers do to attract and keep good employees. Additionally, the employer focus groups were to provide insights into how the decision to offer benefits is made, as well as employers' opinions regarding the role of the State in addressing uninsurance.

During HRSA State Planning Grant conferences in Washington, D.C., planning grantees who had received funding during 2001 were asked to share what they might have done differently, given the opportunity to revisit or revise the actions taken during the course of their respective grants. Several planning grantees who had received awards in 2001 cited the significance of obtaining buy-in from the insurance industry and thus stressed the need to include insurance brokers and agents. Besides conducting focus groups with employers and uninsured consumers, the staff of the Health Care Authority and WVU Institute for Health Policy Research took the advice of other State Planning Grantees and conducted focus groups with insurance brokers and agents. The purpose of these focus groups, in addition to giving insurance industry representatives a stake in the process, was to gather agents and brokers thoughts on why small businesses offer insurance and how they feel employers decide to offer benefits. Like employers, the focus groups conducted with agents and brokers were also

intended to assess their opinions regarding the role of the State in addressing uninsurance.

Objectives Common to All Groups

In addition to the group-specific objectives, there were also objectives common to all groups. Specifically, the focus groups were meant to assess what benefits participants felt were the most important in a health plan, what financing structures (i.e., what combination of premium, co-payment and deductibles) participants favor and what, if any, recommendations participants had for the Health Advisory Council.

Methodology

Lake, Snell, Perry and Associates conducted the focus groups for the West Virginia Health Care Authority in March 2003. Focus groups are structured but open-ended discussions that allow for thorough exploration of a particular audience’s thoughts and opinions. Whereas in a survey, participants must resolve their ambivalence, answering questions with a “yes” or a “no”, in a focus group, they can give free rein to their ambivalence, fully expressing why their real answer is “maybe.”

Composition of the Focus Groups

Lake, Snell, Perry and Associates conducted the focus groups between March 17 and March 25, 2003. The full schedule is shown in the table below:

Date	Location	Participants	Time
March 17	Charleston	Uninsured Consumers	6 p.m.
	Charleston	Small Employers	8 p.m.
March 18	Logan	Uninsured Consumers	6 p.m.
	Logan	Small Employers	8 p.m.
March 19	Beckley	Brokers and Agents	6 p.m.
	Beckley	Small Employers	8 p.m.
March 20	Elkins	Uninsured Consumers	6 p.m.
	Elkins	Small Employers	8 p.m.
March 24	Flatwoods	Uninsured Consumers	6 p.m.
	Flatwoods	Small Employers	8 p.m.
March 25	Fairmont	Small Employers	6 p.m.
	Fairmont	Brokers and Agents	8 p.m.

Together, Institute staff and representatives from Lake, Snell, Perry and Associates developed three screeners that would be used to recruit participants from each of the three groups. These documents can be found in Appendix A of this report.

Participants were screened, or recruited, on a variety of criteria:

Uninsured Consumers: between 18 and 64 years old, household income of less than \$40,000 per year, and a mix of race, age, gender, marital status, employment status, and industries.

Employers: between 3 and 50 employees, at least 25% of their employees earn \$8.50 per hour or less, and a mix of industries.

Agents and brokers: at least 25% of their business in health insurance, at least one year as an agent, and a mix of captive and independent agents, carriers, and agencies.

Each group was led by Eugene LeCouteur, an experienced and professionally trained moderator.

Discussion Topics

Broadly, the goals of the research were to:

- Explore employers', uninsured consumers', brokers' and agents' perceptions, opinions, beliefs and attitudes about healthcare and health insurance,
- Explore the importance of various health plan attributes and
- Evaluate hypothetical health plans with various benefit levels, premiums and co-payments

At various points throughout the focus groups, participants were instructed to commit to paper their thoughts and impressions on a given topic. These exercises allowed participants to express their initial reactions to a subject without their thoughts being affected, or edited, by the reactions of others (as participants were instructed not to talk during these exercises). The exercises also created an additional written record of the discussion. To review the three discussion guides that were developed by the Institute staff and representatives from Lake, Snell, Perry and Associates, consult Appendix B.

Statement of Focus Group Limitations

In opinion research, focus groups are used as a tool to develop insight and direction rather than quantitatively precise or absolute measures. Because of the limited number of respondents and the restrictions of recruiting, this research must be considered in a qualitative frame of reference. The reader may find that some of the information seems inconsistent in character on your first reading of this report. These inconsistencies should be considered as valid data from the participant's point of view. That is, the participant may be misinformed or simply wrong in his or her knowledge or judgment and we should interpret this as useful information about their level of understanding.

Uninsured Consumers

General Concerns of Uninsured Consumers

At the onset of each focus group, the moderator questioned participants about their general concerns. The four areas of primary concern to uninsured consumers included the general economy, personal finances, employment and healthcare. Of the financial concerns mentioned, consumers expressed worry regarding future income/retirement, the potential occurrence of health catastrophes/illnesses and payment of hospital bills.

“I don’t have health insurance...I went to the emergency room and by the time they got through it was like \$2300. Boom, you’ve got to pay \$2300. I own my own home and they will put a lien against your property until they get your money.”

“If you are the breadwinner and if you are the one that gets sick, then not only do you have to pay the doctor bill, but your family is going without income you would be providing also.”

“I don’t have any health insurance. My husband and I and my three year old don’t have health insurance so that’s an issue for us. We own our own business, too, so finances are always an issue. I have a son that is going to be going to college and shall I go on?”

Concerns regarding employment, mentioned within all four uninsured consumer discussions, centered upon the State’s lack of stable, well-paying jobs, especially those offering health benefits.

“The lack of work in this town, in this State really. Everybody is forced to move elsewhere and if you don’t have a good job you cannot afford healthcare.”

“A big issue, too, is stable employment. There is employment from time to time, but it may not last long or something for one reason or another, so it is not stable.”

This concern seemed especially acute amongst those ages 50 and up, who feel themselves to be at a severe disadvantage when competing for jobs due to their age.

“If you are over 50, you are too old to get a job and too young to get Social Security or Medicare. You are up the creek without a paddle, as they say. You don’t have anything and you have no way to get insurance.”

“I am 52 years old and it is almost impossible for people my age to get a job. I worked 18 years in the coal mines and in other jobs after I got laid off from that. It takes 20 years underground to get a pension and I had 18 years. That affects your whole income and everything. I don’t have insurance at all. I am just running up hospital bills. It is almost impossible to keep up with medical expenses and stuff.”

Health insurance was also cited as an important concern by many. Uninsured consumers, aside from expressing a desire to obtain insurance coverage, often expressed the fact that they were more capable of budgeting for a monthly premium than for unexpected expenses.

“That is my greatest concern, health insurance. It’s a big deal.”

“We all in this room would love to have health insurance.”

“If I had insurance that would give you a bill that you could budget knowing I’ve got to pay this insurance so much every month. But when you come up – oh, I’ve got \$200 in doctors visits this month, I didn’t count on that so therefore we’re going to have to cut back on eating this week or something.”

Reasons for Being Uninsured and How They Cope Without Health Insurance

Cost was the most frequently cited reason for not having insurance, including instances where the participants’ employers offered coverage. Among the other reasons given for being uninsured, consumers mentioned having lost coverage due to lay-offs or changing of jobs and divorce. Additionally, several consumers complained about the tendency for employers who offer full-time employees health benefits, but hire primarily part-time workers.

“When I worked at [Company] they did offer [health insurance], but you had to work 40 hours a week. I even tried to get on full-time...they kept hiring more and more people.”

“A lot of places will only hire part-time.”

Consumers had a variety of mechanisms for coping with their lack of health insurance. Some try to treat themselves with over-the-counter medications, going to the hospital only when self-medication fails or the pain becomes unbearable. Others seek treatment from the onset, knowing that their physician will give them a reduced rate because they are uninsured or that they will have to make payment arrangements for the care that they receive.

“You just suffer it out as long as you can until you absolutely have to go to the hospital. You suffer it out.”

“I just sleep, take Tylenol, try and get rid of it. Sometimes I do have to go to the hospital because it will not go away.”

“The doctor has been pretty good. He knows we don’t have insurance. He just cuts us a break, but it is still like an \$85 visit and we get it for \$65.”

“I have a doctor, we make payments to him. We pay him monthly.”

Opinions Regarding Public Insurance Programs

Medicaid

The relatively few complaints that surfaced in regard to Medicaid centered on high spend-down amounts required in some cases to become eligible, eligibility requirements that prevent people who have worked hard and played by the rules from receiving assistance in times of need (ineligible due to personal property) and one individual’s difficulty in finding a physician who would accept Medicaid.

CHIP

The positive feedback received from participants recognized the CHIP program as serving an important purpose. Additionally, uninsured adults whose children are currently, or have been enrolled are pleased with the benefits covered under CHIP.

The complaints that surfaced in regard to CHIP stemmed from parents who are frustrated by having to be afraid that an increase in income, even if

small, could make their children ineligible for CHIP. This is especially true for small business owners.

“I have to keep my income down to a certain level so that they can have health insurance. So I don’t live like everybody else, so they can have health insurance. Once I go over that threshold of whatever, \$25,000 or \$30,000 then I lose the CHIPS program. It’s a good program for kids because it pays it all. There are no deductibles. It’s a system that seems to promote poverty. It almost seems like the State promotes something like that.”

Employers

General Concerns of Employers

When asked what their general concerns were, employers mentioned taxes, the high cost of health insurance, Workers' Compensation premiums, the high cost of liability insurance, making payroll and meeting other business expenses, profitability, as well as finding and keeping good employees.

“Workers’ Compensation. My rates are already high. It takes a big chunk of money out of our budget every year and with what’s going on with the State, I am very concerned about what is going to happen. They are talking about taking premiums up to double. That is my biggest concern right now.”

“It’s like to get on comp to get some sort of assistance. That seems to be a lot of their goals. I ran into that a lot around here. So and so gets a check. I need to get a check. That kind of keeps me about half terrified, the type of business we’re in with a lot of machinery and motors and things. A lot of opportunities for people to get hurt and then the leniency with this workers’ comp system. It’s kind of scary.

“You are taxed to death in this State.”

“The only way to beat [taxes] is to close down.”

“I have 20 vehicles on the road and the liability, the total package went from \$12,000 to \$15,000 and this years its \$23,000. Health insurance went from \$200 to \$300 to \$400 to \$500 a month per employee.”

What Employers Do to Attract and Keep Good Employees

Asked what they do to attract and keep good employees, employers mentioned that they offer health insurance, offer other benefits, such as vacation and sick days, give pay raises and accommodate employees with children.

“If you offer vacation and health care, a better minimum wage it gives you an advantage.”

“If they have children, always be available. We understand that those children have to be taken care of.”

Of the employers who do not offer health insurance, however, many pointed out the great difficulty they have with employee turnover.

“Labor—finding labor...and keeping them when you do find them.”

“We have a lot of turnover. My production people don't turnover much, but my counter people turnover quite a bit.”

How the Decision to Offer Benefits is Made

Asked how they made the decision for or against offering their employees coverage, employers overwhelmingly cited cost as the primary deciding factor. For those employers not currently offering coverage, many did not want to begin offering insurance only to drop it months later when their premiums rise to the point they can no longer afford them. Even for employers that currently offer coverage, many are increasing employee contributions or contemplating whether they will be able to continue offering coverage.

“I would love to be able to offer some kind of healthcare benefits, but it is cost prohibitive.”

“You are always looking for a way to cut the cost without taking too much away.”

“I can't survive and keep on paying what I did last year. I just can't do it.”

“We still pay 100 percent of our employees' health insurance premiums. We paid \$62,000 last year in health insurance premiums. It comes right off the top and it is getting unbearable.”

Opinions Regarding the Role of the State in Addressing Uninsurance

The majority of employers tended to favor the State not getting involved in fixing the problem of uninsurance. Often—but not always, the Workers' Compensation program was cited as an example of what can go wrong when the State becomes involved.

“They cannot afford what they are doing now how can we pile more on them?”

“The State they cannot pay their bills now. Look what a mess everything is in. How can they take us poor little people on top of everything else they have. We don't have a chance.”

Here, however, it is important to recognize that employers differentiate between the State doing something about the problem and the State running any program(s) that might be developed. Some employers, while they favor action, do not necessarily favor State-run solutions.

“Should the State of West Virginia do something? Yes. But they shouldn't be the insurance carrier. They totally screwed up Workman's Comp.”

“I know there's been talk in recent years of changing the rules and regulations so we can take our little baskets and be part of a bigger entity, but nothing has really gone through any legislature. If they could do that than that would be wonderful, but to have them run an insurance program...”

Several employers, however, did seem interested in the State playing an active role in addressing the issue, mentioning their interest in being able to buy into PEIA.

“Bring everybody into PEIA.”

“Let people that can't afford it -- all of us should be able to get that insurance. We're all State workers. We're working for the State of West Virginia to live here in this great State.”

Brokers and Agents

Brokers' and Agents' Opinions Regarding Why Small Businesses Offer Insurance

Agents and brokers were asked to share their thoughts on why small businesses offer their employees health insurance. The reason most cited by brokers and agents was to attract and retain workers.

“So they can attract and retain employees. They still have to compete with the larger employers otherwise those quality people go to the other companies.”

Brokers and agents also expressed the belief that employees offer insurance because the employees want benefits. Yet, several insurance industry representatives also felt that some business owners provide insurance so that they themselves may have coverage.

“I believe what’s happening is that the folks who are getting their insurance are getting it because the key employee and the owner’s family are getting insurance. The rest of the employees are just reaping the benefits of that.”

“Because the owner doesn’t want to go without insurance himself.”

Brokers' and Agents' Opinions on How the Decision to Offer Benefits is Made

Agents cited cost as the primary factor affecting whether or not employers offer their employees health benefits.

“The biggest factor is cost.”

“That is the only reason.”

Brokers' and Agents' Opinions Regarding the Role of the State in Addressing Uninsurance

Agents and Brokers were divided as to whether or not the State should take an active role in reducing the uninsured population

Of those agents and brokers that supported the State taking an active role, they recommended the State pursue tax credits to employers and medical savings accounts.

“We have lotteries in every State. In West Virginia, you don’t really know where the lottery money is going to per se. I am not saying it’s going into someone’s pocket, but it’s possible. It is being used for some good things, but I think there is money that can be set aside through lotteries or whatever to give small businesses, maybe the 25 and under, some sort of tax break or some sort of a reimbursement for a group health plan. For individuals, they could basically do the same thing.”

Of those agents and brokers opposed to government intervention, they cited Workers’ Compensation and other programs as evidence that the State is already pushed to its limit. They are concerned that raising taxes is the only way the State could find funding for new programs or initiatives.

“On one side of the fence down there in Charleston they’re trying to tell you we need to lower the cost of health insurance and then the other side is voting on mandated benefits that are required to be in a policy. Then the insurance company decides to put them in and when they put them in that increases the cost.”

“The workers’ comp issue comes out of our pockets as an employer. So you have that issue. So that raises another problem of having to try to come up with more money to pay health benefits.”

“Yes, I agree. I don’t think the State of West Virginia is in the position to get into anymore insurance business. I mean, yes, we could expand the CHIPS program to cover some low income workers but who’s going to be footing the bill for that?”

“I think the idea of the State or any other governmental entity getting involved in any more insurance business is probably out the window. They should not get involved in trying to run it and trying to manage it.”

Comparison of the Three Populations

Ranking of Health Plan Benefits

All focus group participants were presented with a list of ten benefits and asked to rank them in the order of their importance. The ten items included: doctor visits, specialists, prescription drugs, maternity services, hospitalization, after hours urgent care, vision benefits, dental care, mental health/outpatient substance abuse and durable medical equipment.

EMPLOYEE GROUPS

Important in a health plan	Consumers Group 1 (n=9): 1.Hospitalization 2.Prescription Drugs 3.Doctors Visits 4.Specialists	Consumers Group 2 (n=8): 1.Hospitalization 2.Prescription Drugs 3.Doctors Visits 4.Specialists	Consumers Group 3 (n=11): 1.Hospitalization 2.Prescription Drugs 3.Doctors Visits 4.Specialists	Consumers Group 4 (n=11): 1.Hospitalization 2.Prescription Drugs 3.Doctors Visits 4.Specialists
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BROKER AND AGENT GROUPS

Important in A health plan	Brokers & Agents Group 1 (n=9): 1.Hospitalization 2. Doctors Visits 3.Prescription Drugs 4.Specialists	Brokers & Agents Group 2 (n=8): 1.Hospitalization 2. Specialists 3.Prescription Drugs 4.Urgent Care
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EMPLOYER GROUPS

Important in a health plan	Employers Group 1 (n=9): 1.Hospitalization 2.Doctors Visits 3.Prescription Drugs 4.Specialists	Employers Group 2 (n=10): 1.Hospitalization 2.Doctors Visits 3.Prescription Drugs 4.Specialists	Employers Group 3 (n=10): 1.Hospitalization 2.Specialists 3.Urgent Care 4.Durable Medical	Employers Group 4 (n=4): 1.Hospitalization 2.Specialists 3.Doctors Visits 4.Prescription Drugs
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EMPLOYER GROUPS continued

Important in A health plan	Employers Group 5 (n=8): 1.Hospitalization 2.Specialists 3.Prescription Drugs 4.Urgent Care	Employers Group 6 (n=8): 1.Hospitalization 2.Specialists 3.Urgent Care 4.Prescription Drugs
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Most striking, hospitalization was chosen by every group as the single most important feature of a health plan. By and large, citizens, business owners and insurance agents/brokers expressed the same opinions and concerns about hospitalization—that it is the most expensive treatment and people legitimately fear that one illness could wipe out their lifesavings.

“It is expensive and I have no medical insurance or hospitalization or nothing, but if I did just have the basic—like when you have a car if you just got liability—it is security. It makes you feel like you’ve got something. If I just have hospitalization, I would be happy.”—Uninsured Consumer

“If hospitalization is not in there it’s like telling someone who has a life insurance plan that its not going to pay when you die.”—Insurance Broker

“A week in the hospital can set you back for life.”—Uninsured Consumer

While the three groups did not unanimously agree on the ranking of any other health plan features, a consensus did emerge as to the importance of three additional features. Specifically, the three groups identified regular doctor’s visits, the ability to visit a specialist and coverage of prescription drugs as the most important features of a health plan.

Preferred Financing Structure of Health Plans

Evaluation of Plans A and B

<u>Plan A</u>	<u>Plan B</u>
Monthly Beneficiary Premium: \$50 Annual Deductible: \$400 Co-pay per hospitalization: \$150 Co-pay per doctor's visit: \$30 Co-pay per prescription: \$15	Monthly Beneficiary Premium: \$100 Annual Deductible: \$0 Co-pay per hospitalization: \$25 Co-pay per doctor's visit: \$10 Co-pay per prescription: \$10

EMPLOYEE GROUPS

Health Plan A or B	Consumers Group 1	Consumers Group 2	Consumers Group 3	Consumers Group 4
	Plan A=0 Plan B=9	Plan A=0 Plan B=8	Plan A=2 Plan B=9	Plan A=2 Plan B=8 Don't Know= 1

BROKER AND AGENT GROUPS

Health Plan A or B	Brokers & Agents Group 1	Brokers & Agents Group 2
	Plan A=0 Plan B=8 Don't Know=2	Plan A=5 Plan B=3

EMPLOYER GROUPS

Health Plan A or B	Employers Group 1	Employers Group 2	Employers Group 3	Employers Group 4
	Plan A=4 Plan B=5	Plan A=0 Plan B=10	Plan A=7 Plan B=3	Plan A=3 Plan B=1

Health Plan A or B	Employers Group 5	Employers Group 6
	Plan A=4 Plan B=4	Plan A=7 Plan B=1

Evaluation of Plans A and B for All Groups

Group	Plan A	Plan B	Don't Know
Uninsured Consumers	4	34	1
Employers	25	24	-
Brokers & Agents	5	11	2

Uninsured consumers felt it very important to have low or zero deductibles, even if it meant paying a substantially higher monthly premium. They also favored lower co-payments. Of the participating employers, half favored Plan A, half favored Plan B. Those favoring Plan A felt that it was the more affordable plan—they argued that the saving on premiums over a year more than covers the deductible. They also felt Plan A's higher co-payments would discourage people from abusing benefits. Those favoring Plan B felt that the co-payments were more in line with what their employees could afford. They also stated a willingness to pay the higher premium in order to secure the lower co-payments.

Of the agents and brokers, slightly more favored Plan B over Plan A. Like several employers, agents and brokers that favored Plan A argued that the deductible and higher co-payments would deter abuse. Meanwhile, those favoring Plan B felt that employees could budget for an extra \$50 towards the premium a month, but they might have trouble paying premiums, meeting a deductible and having co-payments on top of it all. In one of the two groups, agents and brokers unanimously agreed that Plan B was the better of the two policies and given a preference, they stated they would prefer to sell Plan B to their customers.

Evaluation of Plans C and D

<u>Plan C</u>	<u>Plan D</u>
Monthly Beneficiary Premium: \$50 Annual Deductible: \$400 Co-pay per hospitalization: \$150 Co-pay per doctor's visit: \$30 Co-pay per prescription: \$15	Monthly Beneficiary Premium: \$100 Annual Deductible: \$0 Co-pay per hospitalization: \$25 Co-pay per doctor's visit: \$10 Co-pay per prescription: \$10

EMPLOYEE GROUPS

Health Plan C or D	Consumers Group 1	Consumers Group 2	Consumers Group 3	Consumers Group 4
	Plan C=1 Plan D=8	Plan C=0 Plan D=8	Plan C=1 Plan D=10	Plan C=0 Plan D=9 Don't Know=2

BROKER AND AGENT GROUPS

Health Plan C or D	Brokers & Agents Group 1	Brokers & Agents Group 2
	Plan C=0 Plan D=7 Don't Know=3	Plan C=8 Plan D=0

EMPLOYER GROUPS

Health Plan C or D	Employers Group 1	Employers Group 2	Employers Group 3	Employers Group 4
	Plan C=3 Plan D=6	Plan C=5 Plan D=4 Don't Know=1	Plan C=6 Plan D=4	Plan C=1 Plan D=2 Don't Know=1

Health Plan C or D	Employers Group 5	Employers Group 6
	Plan C=5 Plan D=3	Plan C=6 Plan D=2

Evaluation of Plans C and D for All Groups

Group	Plan C	Plan D	Don't Know
Uninsured Consumers	2	35	2
Employers	26	21	2
Brokers & Agents	8	7	3

When asked to choose between Plan C and Plan D, all but 2 consumers favored Plan D. Again, like in the first comparison, uninsured consumers felt it was very important to have a low deductible, even if it meant paying a substantially higher monthly premium. They also favored the lower co-payments associated with Plan D. However, employers—like in the previous comparison—were almost equally divided between Plan C and Plan D. Those favoring Plan C, again, preferred the lower monthly premium and argued that higher co-payments would deter abuse. Those favoring Plan D felt that Plan C’s co-payments were too high. These employers favor lower co-payments because they say they want their employees to remain healthy, therefore they want them to go to the doctor when sick.

In comparing Plan C and D, slightly more agents and brokers favored Plan C over Plan D. As with Plan A, those favoring Plan C argued that the deductible and higher co-payments would deter abuse. Those agents and brokers favoring Plan D believed that this plan was better for anyone really planning on taking advantage of their health benefits, with the lower co-payments making up for the higher monthly premium. Once more, agents and brokers in one of the groups unanimously agreed that Plan D was the better of the two policies.

Recommendations

At the conclusion of each focus group, participants were asked, “if you could provide those who commissioned these focus groups one recommendation or piece of advice, what would it be?” By and large, all uninsured consumer groups stressed the importance of affordability.

“Make it as affordable as possible. It would be better to have something than nothing at all. Thanks.”

“Keep it flexible, not everyone has the same needs. What is important to one person’s healthcare may not even cross another’s mind to being important. Affordable.”

“It needs to be affordable, yet take into consideration different age groups and their needs.”

Employers, like consumers, also stressed the significance of affordability, but also acknowledged the connection between the benefits offered and cost. Additionally, employers—when issuing recommendations—reiterated their concerns regarding potential abuse of benefits.

“Most small business owners would take pride in offering their employees insurance but are afraid that with business cost, taxes, increased premiums, etc. we may not be able to afford it.”

“Make a plan that covers most of the basics of healthcare; bells and whistles are not a priority. I would like a plan that is affordable.”

“Keep rates much more reasonable for small business with low wage workers and have a cap on premiums.”

“Keep a co-pay so the system won’t get abused.”

While some brokers and agents recommended against government intervention, the recommendations of others centered on affordability, profitability and marketability.

“Keep government out of it.”

“A choice of 2 to 3 plans to fit into all incomes also make it profitable for agents to sell.”

“Affordable premiums, adequate coverage.”

“Most important factors: 1 benefits with reasonable cost, 2 equitable marketing plan—the best plan will not sell without a way of getting it to the public, 3 reasonable medical limits.”

MCCA analysis

In addition to the standard hand-coding of focus group transcripts, the Institute research staff used a piece of software to augment the analysis. This software, the Minnesota Contextual Content Analysis package (or MCCA), was developed by Don McTavish (a retired sociologist formerly with the University of Minnesota, Twin Cities) and Ken Litowski, a linguist.

The MCCA software analyzes texts for four context dimensions. Each of the context dimensions is a function of the emphasis in the text across a large number of idea categories. The four contexts are best characterized as follows:

Traditional: a normative perspective on the social situation predominates and the situation is defined in terms of standards, rules and codes which guide social behavior.

Practical: a pragmatic perspective of the social situation predominates and behavior is directed toward the rational achievement of goals.

Emotional: an affective perspective predominates and the situation is defined in terms of expressions of emotion (both positive and negative) and maximizing individual involvement, personal concern and comfort.

Analytic: An intellectual perspective predominates and the situation is defined in objective terms.

(Source: McTavish, D.G. and E.B. Pirro, (1990) "Contextual Content Analysis", *Quality & Quantity*, **24**: 245-265, 1990.)

Table 1: MCCA Analysis Results

Group	Traditional	Practical	Emotional	Analytic
Brokers & Agents				
Group 1	-1.68	21.76	3.24	-23.32
Group 2	0.71	24.29	-3.24	-21.76
Employers				
Group 1	-5.11	13.73	11.27	-19.89
Group 2	-3.41	9.55	15.45	-21.59
Group 3	-3.07	7.74	17.26	-21.93
Group 4	-0.69	9.34	15.66	-24.31
Group 5	-5.39	10.76	14.24	-19.61
Group 6	-2.94	8.43	16.57	-22.06
Consumers				
Group 1	0.10	-6.88	24.90	-18.12
Group 2	-2.60	-2.44	25.00	-19.96
Group 3	-2.95	-5.44	25.00	-16.61
Group 4	-1.79	-2.22	25.00	-21.00

As one can see from looking at Table 1, save for the brokers and agents in group 2, all groups—brokers, employers and employees—addressed the subject matter in an emotional manner. However, while all groups tended to approach the issue from an emotional perspective, the magnitude differed by group. Consumers were clearly the most emotional (with an average context score of 24.97), employers tended to be moderately emotional (with an average context score of 15.08) and the brokers and agents in group 1 were only slightly emotional (3.24).

The broker groups tended to exhibit the highest degree of practicality regarding the issue of health insurance, followed by the employer groups to a lesser degree. The results suggest that the consumer groups do not approach the subject of health insurance from a practical perspective, as evidenced by the negative context scores in Table 1.

None of the groups achieved positive context scores for the traditional and analytic categories (save for the agents and brokers in group 2 on the former). This would appear to indicate that for the groups in question, the issue of health insurance and how to expand insurance coverage prompts them to adopt an emotional or practical response, rather than normative or objective perspectives.

Appendix A

SCREENING QUESTIONNAIRE West Virginia State Planning Grant Uninsured Consumers

Hello. This is (CALLER'S NAME). I'm calling from McMillion Research. May I speak with the person in the home who is responsible for making decisions about healthcare?

[WHEN LISTED PERSON ON THE PHONE:]

Hello. This is (CALLER'S NAME). I'm calling from McMillion Research. I am calling to invite you to participate in a group discussion about health care. Let me assure you that we are not selling anything. This is an independent research project to learn about how you feel about health care. We are asking 10 people like you to attend, and we are paying \$60 to qualified persons who agree to participate. We are not selling anything and all information will be kept strictly confidential. Because we want to make sure we have a good mix of people in the group I need to ask you a few questions.

CIRCLE ALL RESPONSES

[DO NOT ASK. RECORD GENDER. RECRUIT A MIX.]

Female 1
Male 2

What is your age? **[READ CATEGORIES. RECRUIT A MIX.]**

Under 18	TERMINATE	1
18 to 25	CONTINUE	2
25 to 34	CONTINUE	3
35 to 44	CONTINUE	4
45 to 54	CONTINUE	5
55 to 64	CONTINUE	6
65 or older	TERMINATE	7
(Refused) [DON'T READ]	TERMINATE	8

Would you please tell me your race? **[DO NOT READ CATEGORIES.]**

- White **CONTINUE** 1
- Black/African-American **CONTINUE** 2
- Asian/Oriental/Chinese **CONTINUE** 3
- Hispanic/Latino (Puerto Rican,
Mexican-American, etc.) **CONTINUE** 4
- (Other) **CONTINUE** 5
- (Don't know/refused) **TERMINATE** 6

Right now, are you personally covered by health insurance?

- Yes **TERMINATE** 1
- No **CONTINUE** 2
- Don't know/refused **TERMINATE** 3

In general, how would you describe your health: excellent, good, fair, or poor?

[RECRUIT A MIX]

- Excellent 1
- Good 2
- Fair 3
- Poor 4
- (Don't know/Refused) 5

Are you currently married, single, separated or divorced, or widowed?

[RECRUIT A MIX]

- Married **CONTINUE** 1
- Single **CONTINUE** 2
- Separated/divorced **CONTINUE** 3
- Widowed **CONTINUE** 4
- Live with domestic partner **CONTINUE** 5
- (Don't know/refused) **TERMINATE** 6

How many children 18 or younger do you have living in your home?

[RECORD EXACT NUMBER.]

(Don't know/refused) **TERMINATE**

Right now, are any of these children covered by health insurance? **[IF YES ASK]** is that ...

- Medicaid 1 **CONTINUE**
- CHIP/Child Health Insurance Program 2 **CONTINUE**
- Private insurance 3 **CONTINUE**
- Other insurance [SPECIFY] _____ 4 **CONTINUE**
- Don't know/refused 5 **TERMINATE**

All together, how many people including yourself live in your household? That is family members or other people who share responsibility with you for the cost of running the household. **[MAKE SURE PARTICIPANT UNDERSTANDS IN CASE THERE ARE MULTIPLE FAMILIES LIVING IN THE SAME HOME]**

- Was your household income from all sources, before taxes for 2002 ...
- Less than \$10,000 1 } **[RECRUIT 5-6]**
 - \$10,000 to \$19,999 2
 - \$20,000 to \$29,999 3 **[RECRUIT 5-6]**
 - \$30,000 to \$39,999 4 **[RECRUIT 3-4]**
 - \$40,000 or more 5 **[TERMINATE]**

In what industry or field are you employed?

[DO NOT READ LIST. RECRUIT A MIX.]

- Chemical industry 1
- Coal mining and mining support services 2
- Construction 3
- Education 4
- Farming/agriculture 5
- Government **[TERMINATE]** 6
- Healthcare **[NO MORE THAN 2 PER GROUP]** 7
- Natural gas 8
- Public utilities 9
- Retail/sales 10
- Security 11
- Technical 12
- Technology 13
- Telecommunications 14
- Timber 15
- Tourism/recreation 16

Trucking/transportation 17
 Homemaker 18
 Unemployed [NO MORE THAN 5 PER GROUP] 19
 Retired [NO MORE THAN 2 PER GROUP] 20
 Other [SPECIFY] _____ 97
 (Don't know) [TERMINATE] 99

[IF MARRIED ASK:]

In what industry or field us your spouse employed?

[DO NOT READ LIST]

Chemical industry 1
 Coal mining and mining support services 2
 Construction 3
 Education 4
 Farming/agriculture 5
 Government [TERMINATE] 6
 Healthcare [NO MORE THAN 2 PER GROUP] 7
 Natural gas 8
 Public utilities 9
 Retail/sales 10
 Security 11
 Technical 12
 Technology 13
 Telecommunications 14
 Timber 15
 Tourism/recreation 16
 Trucking/transportation 17
 Homemaker 18
 Unemployed [NO MORE THAN 5 PER GROUP] 19
 Retired [NO MORE THAN 2 PER GROUP] 20
 Other [SPECIFY] _____ 97
 (Don't know) [TERMINATE] 99

[IF QUALIFIED READ:]

I would like to invite you to participate in one of our group discussions. The group will be held on [INSERT DATE] at [INSERT TIME]. You will be paid \$60 for your participation in the group and we will provide refreshments.

You must arrive no later than **[GIVE TIME 15 MINUTES BEFORE THE GROUP STARTS AS ARRIVAL TIME]**.

You will receive a confirmation letter with directions to the group. Please bring some sort of photo identification card such as a driver's license. We will **not** be recording the information we just need to verify your identity. We will be reading some things so be sure to bring glasses if you need them.

The groups will last about two hours. Please arrive no later than **[GIVE TIME 15 MINUTES BEFORE THE GROUP STARTS AS ARRIVAL TIME]**.

NAME
STREET
CITY/TOWN
ZIP
DAY PHONE
EVENING PHONE
DATE
RECRUITER

[PLEASE READ TO RESPONDENTS WHO ARE SUCCESSFULLY RECRUITED:]

If you arrive at the facility on time, there is a chance that you will receive an additional incentive payment. The hostess will put the name of whoever is at the facility on time in a hat, and whomever she picks will get the second incentive. This does NOT mean the earliest person gets the extra money, just that everyone who is there by the time you were asked to be there has an equal chance to win the additional money.

SCREENING QUESTIONNAIRE
West Virginia State Planning Grant
Employers

Hello. This is (**CALLER'S NAME**). I'm calling from McMillion Research. May I speak with the person in charge of decisions about health insurance for your business?

[WHEN LISTED PERSON ON THE PHONE:]

Hello. This is (**CALLER'S NAME**). I'm calling from McMillion Research. We are conducting a research study with employers in West Virginia to explore barriers to health care coverage for low income working families. We are asking 10 employers from your area to attend, and we are paying \$125 for those agreeing to participate. All information will be held strictly confidential. This is not a sales call or an attempt to sell you anything. To see if you qualify for one of our groups, I first have some questions about your company . . .

CIRCLE ALL RESPONSES

[DO NOT ASK. RECORD GENDER. RECRUIT A MIX.]

Female 1
Male 2

What is the name of your company? **[RECORD VERBATIM]**

What industry is your company in?

[DO NOT READ LIST. RECRUIT A MIX.]

Chemical industry 1
Coal mining and mining support services 2
Construction 3
Education 4
Farming/agriculture 5
Government **[TERMINATE]** 6
Healthcare **[TERMINATE]** 7
Insurance **[TERMINATE]** 8
Natural gas 9

Public utilities 10
 Retail/sales/convenience stores/gas stations 11
 Security 12
 Technical 13
 Technology 14
 Telecommunications 15
 Timber 16
 Tourism/recreation 17
 Trucking/transportation 18
 Other [SPECIFY] _____ 97
 (Don't know) [TERMINATE] 99

How many employees work full time at your company? [**RECRUIT A MIX**]

1 to 2 **TERMINATE** 1
 3 to 9 **CONTINUE** 2
 10 to 24 **CONTINUE** 3
 25 to 50 **CONTINUE** 4
 51 or more **TERMINATE** 5
 (Refused) [**DON'T READ**] **TERMINATE** 6

How many employees work part time at your company? [**RECORD VERBATIM**]

About what percentage of your workers earns \$8.50 per hour or less?

Less than 25% **TERMINATE** 1
 25%-50% 2
 50% or More 3

Does your company offer health insurance to its employees? [**RECRUIT A MIX**]

Yes **CONTINUE WITH Q7** 1
 No **SKIP TO Q8** 2
 Don't know **ASK TO SPEAK TO PERSON WHO KNOWS** 3
[IF OFFER HEALTH INSURANCE (Q6=Yes) ASK:]

What type of coverage does your company offer?
[READ CATEGORIES. RECRUIT A MIX]

Employee only	1	
Employee and Family	2	
Other [SPECIFY] _____		3

[RESUME ASKING ALL:]

About what percentage of your employees has health insurance?
[RECRUIT A MIX]

None	1
1%-10%	2
10%-25%	3
25%-50%	4
50% or More	5
Don't know	6

[IF QUALIFIED READ:]

I would like to invite you to participate in one of our group discussions. The group will be held on [INSERT DATE] at [INSERT TIME]. You will be paid **\$125** for your participation in the group and we will provide refreshments.

You must arrive no later than [GIVE TIME 15 MINUTES BEFORE THE GROUP STARTS AS ARRIVAL TIME].

You will receive a confirmation letter with directions to the group. Please bring some sort of photo identification card such as a driver's license. We will **not** be recording the information we just need to verify your identity. We will be reading some things so be sure to bring glasses if you need them.

The groups will last about two hours. Please arrive no later than [GIVE TIME 15 MINUTES BEFORE THE GROUP STARTS AS ARRIVAL TIME].

NAME _____

TITLE _____

COMPANY NAME _____
STREET

CITY/TOWN

ZIP

DAY PHONE

EVENING PHONE

DATE

RECRUITER

**[READ TO RESPONDENTS WHO ARE SUCCESSFULLY
RECRUITED:]**

If you arrive at the facility on time, there is a chance that you will receive an additional incentive payment. The hostess will put the name of whoever is at the facility on time in a hat, and whomever she picks will get the second incentive. This does NOT mean the earliest person gets the extra money, just that everyone who is there by the time you were asked to be there has an equal chance to win the additional money.

SCREENING QUESTIONNAIRE
West Virginia State Planning Grant
Agents and Brokers

Hello. This is (CALLER'S NAME). I'm calling from McMillion Research. May I speak an agent or broker who sells (business/personal) health insurance?

[WHEN LISTED PERSON ON THE PHONE:]

Hello. This is (CALLER'S NAME). I'm calling from McMillion Research. We are conducting a research study with agents and brokers in West Virginia to explore barriers to health care coverage for low-income working families. We are asking 8 agents and brokers from your area to attend, and we are paying \$150 for those agreeing to participate. All information will be held strictly confidential. This is not a sales call or an attempt to sell you anything. To see if you qualify for one of our groups, I first have some questions.

CIRCLE ALL RESPONSES

[DO NOT ASK. RECORD GENDER.]

Female 1
Male 2

Are you a captive agent or an independent agent? **[RECRUIT A MIX]**

Captive 1 **[ASK Q 2]**
Independent 2 **[SKIP TO Q 3]**

[IF CAPTIVE ASK:]

What insurance carrier do you work for? **[RECRUIT A MIX]**

[NO MORE THAN ONE PER CARRIER]

[ASK ALL]

What is the name of your agency? **[RECORD VERBATIM]**

[NO MORE THAN ONE PER AGENCY]

How many years have you been selling insurance? **[RECRUIT A MIX]**

[LESS THAN 1 YEAR TERMINATE]

About what percentage of your business is in each of the following areas?

Property & casualty _____ %
Health _____ % **[AT LEAST 25%]**
Life _____ %
Other (**SPECIFY**) _____ %

About what percentage of your health insurance business is for ...?
**[RECRUIT A MIX OF THOSE PREDOMINANTLY INDIVIDUAL
OR PREDOMINANTLY BUSINESS]**

Individuals _____ %
Businesses _____ %

About what percentage of your business clients are small employers? That is employers with less than 50 employees?

Small employers _____ %

What counties and cities do you sell insurance in? **[RECORD
VERBATIM]**

In what industries or trades are your business clients? **[RECORD
VERBATIM]**

[IF QUALIFIED READ:]

I would like to invite you to participate in one of our group discussions. The group will be held on **[INSERT DATE]** at **[INSERT TIME]**. You will be paid **\$150** for your participation in the group and we will provide refreshments.

You must arrive no later than **[GIVE TIME 15 MINUTES BEFORE THE GROUP STARTS AS ARRIVAL TIME]**.

You will receive a confirmation letter with directions to the group. Please bring some sort of photo identification card such as a driver's license. We will **not** be recording the information we just need to verify your identity. We will be reading some things so be sure to bring glasses if you need them.

The groups will last about two hours. Please arrive no later than **[GIVE TIME 15 MINUTES BEFORE THE GROUP STARTS AS ARRIVAL TIME]**.

NAME _____

TITLE _____

COMPANY NAME _____

STREET

CITY/TOWN

ZIP

DAY PHONE

EVENING PHONE

DATE

RECRUITER

[READ TO RESPONDENTS WHO ARE SUCCESSFULLY RECRUITED:]

If you arrive at the facility on time, there is a chance that you will receive an additional incentive payment. The hostess will put the name of whoever is at the facility on time in a hat, and whomever she picks will get the second incentive. This does NOT mean the earliest person gets the extra money, just that everyone who is there by the time you were asked to be there has an equal chance to win the additional money.

Appendix B

WEST VIRGINIA STATE PLANNING GRANT DISCUSSION GUIDE Uninsured Consumers

CURRENT LENGTH: 120 minutes

TARGET LENGTH: 120 minutes

STANDARD INTRODUCTIONS (10 Minutes)

I am an independent researcher and moderator. I am conducting this research for the State of West Virginia, but I do not work for the State. Our goal of this research is to better understand what West Virginians think about health care. Your responses tonight will be kept anonymous and your name will not be reported in any document that we provide about this study or be given to any other organizations or any government agency. Any time we cite something from the discussion it will be labeled as either man or woman from West Virginia.

Focus group intro, taping, confidentiality

There are no wrong answers; your opinion is what matters.

The moderator is just here as an independent researcher to moderate the discussion.

We are audiotaping, but only to make an accurate transcript. We'll never use your name in any way. If we quote you, we will just say, "a man/woman from [city]"

My colleague(s) are in the back room to take notes. They may send in a note occasionally, but that doesn't mean we're doing anything wrong.

Ground rules

We want to hear from everyone – I may call on quiet people, or cut people off so we can move on.

Feel free to take a bathroom break if you need it, but only one person at a time.

Participant introductions

INTRO QUESTION: First name, where you live, and who lives in your household? [**Note to moderator: if necessary reiterate confidentiality**]

PERSONAL EXPERIENCE

(10 MINUTES)

What are your biggest concerns – what do you worry about most for you and your family?

How about health care – do you have any concerns?

How is your health these days?

Have you been to the Dr. in the last 12 months?

How about the health of your family?

Have you or has anyone in your family needed to see a Dr and not gone? Why? (could not afford it, no health insurance)

What do you do when you are sick or get hurt?

Do you seek medical care?

Where do you usually go for care, to a doctor's office or a clinic, hospital emergency room? (Probe to clarify types of providers cited.)

Do you have a regular doctor?

How do you feel about the care you receive?

If you could change one thing about the medical care you receive to make it better, what would it be?

HEALTH INSURANCE (30 min)

Are you familiar with the term “health insurance” (health care coverage)? What does health insurance mean to you? **DISCUSS.**

How important is it to have health insurance?

In your family where does health insurance fall in the list of things you want or need to have? That is how does it compare to other items, e.g. housing, car, entertainment, food?

Would you cut back on any of these to be able to afford health insurance?

There are many reasons why some people do not have health insurance. How about for you – what are some of the reasons that you lack health insurance? **DISCUSS.**

Listen and probe for:

Costs too much

Employer does not offer

Not important – I am healthy

Spouse has insurance

Can get all the medical care I need without insurance

Don't know how to get it

Too much trouble/too complicated

Have any of you ever had health insurance?

IF YES: How long has it been since you were covered? What, if anything, did you not like about your health insurance? (Listen for high premiums, high co-payments, limited provider participation or small network, critical services not covered, administrative complexity issues)

Why did your health insurance coverage stop?

IF NO: Have you ever looked into getting insurance? What happened when you did?

Does your employer offer insurance?

If so, are you eligible for it?

(IF YES) Why have you not enrolled?

(IF NO) Why aren't you eligible?

Were you ever in the situation of choosing between a pay raise and health insurance coverage?

[IF YES] What did you decide to do? Why?

Does anyone in your immediate family have health care coverage?

Who? What kind of coverage (private, through work, Medicaid, CHIP, CHAMPUS, other)

Have you ever had to choose between a job that offered health insurance and a job that didn't offer health insurance?

[IF YES] Which did you choose? Why?

In general, who in your family would make decisions about enrolling in health insurance?

[AT EASEL] When deciding whether to get health insurance or what kind to get, what are some things you might consider? **DISCUSS.** (Listen for cost, specific benefits, other expenses, likelihood of getting sick, private vs. state...)

What features would you want as part of a health insurance plan?
(Listen for prescription coverage, hospitalization, vision, maternity, dental, low copays, Dr. visits, provider choice, stay with your own Dr....)

Which of these would you need and which would be nice to have but not necessary.

What do you think of State health care programs like Medicaid, Medicare or CHIP (Child Health Insurance Program)?

Do you trust the State to help you get health care?

Is it embarrassing or disgraceful to be enrolled in a State program?

Here are some reasons other people have given us for how they choose a certain health plan for themselves – are any of these important reasons why you might choose one health care plan over another...

Cost

A lot of doctors participate in the plan – you have a lot to choose from
A lot of hospitals and pharmacies participate in the plan

Your doctor participates in the plan

The health plan has a good reputation – you recognize the name

A recommendation from your doctor or nurse

A recommendation from a social worker or eligibility worker

The plan is local and community-based, and so you feel that it will pay attention to your concerns

Now let's talk a little about "managed care." What does managed care mean to you? What have you heard about what it's like to be enrolled in a managed care plan? **PROBE.** Good/bad things.

HMO

PPO (Preferred Provider Organization)

Primary Care Case Management

Health Plan Attributes (50 min)

HANDOUT AND READ. Now we are going to talk about specific features about health insurance plans. For each of these I would like you to rate them on a scale of 0 to 5 where 0 is something that is not important to have as part of an insurance plan and 5 is something that is very important to have in an insurance plane.

Dr. visits whether you are sick or for check-ups.

How important is this?

One way to make this program more affordable is to have a list of doctors from which you can choose one to be your primary physician. How do you feel about this?

Is it very important to be able to pick any doctor regardless of whether or not they are affiliated with the program?

Access to specialty physicians for chronic illnesses (e.g., diabetes, asthma, high blood pressure, other long-term conditions)?

How important is this?

One way to make this program more affordable is to require that you get a referral from you primary physician before you go to a specialist. How do you feel about this?

Is it very important to be able to go to a specialist whenever you think you need to?

Prescription drugs.

How important is this?

One way to make this program more affordable is to have a lower co-payment for generic drugs and a higher co-payment for brand name drugs, to encourage people to get generic equivalents. How do you feel about this?

Hospitalization.

How important is this?

One way to make this program more affordable is to have a list of hospitals that you can use. How do you feel about this?

Is it very important to be able to pick any hospital regardless of whether or not they are affiliated with the plan?

After-hours urgent care. (Doctors' or nurse services for serious illnesses or minor accidents that need attention after normal office hours)

How important is this?

One way to make this program more affordable is to have a list of hospitals and urgent care centers that you can use if you call ahead and get authorization. How do you feel about this?

Maternity services – prenatal care, delivery, and post natal care for mother and baby

How important is this?

One way to make this program more affordable is to have a list of doctors from which you can choose one to be your primary physician. How do you feel about this?

Is it very important to be able to pick any doctor regardless of whether or not they are affiliated with the program?

Vision benefits – eye exams and glasses

How important is this?

One way to keep the cost down is to limit you to one pair of new glasses every two years. How do you feel about this?

Dental care?

How important is this?

One way to make this program more affordable is to limit dental care to annual cleanings, fillings, and extractions, and to not cover reconstructive services like crowns and bridges. How do you feel about this?

Outpatient substance abuse and mental health treatment. That is, you could see someone to help you deal with an alcohol or drug problem or if you were depressed, etc.

How important is this?

Durable medical equipment, such as wheelchairs, blood glucose monitors, oxygen equipment, etc.?

How important is this?

Are there any other care or services that you want or need?

WRITE. Now look at this list of health insurance plan features and rank them in the order of the most important to the least important to have. The most important feature is 1 the next most important is 2 and so forth to 9 which is the least important.

HAND COUNT OF RANKINGS AND DISCUSS.

Why did you rank this attribute first, last, etc.?

Which of these do you have to have to make it worthwhile to have an insurance plan?

(HANDOUT AND READ) Now we are going to talk about the types of costs associated with health insurance. The cost of health insurance to the enrollee is covered through different types of payments. Decreasing the payment required in one category means that the cost in other categories must go up, assuming no change in the benefit package. There are three types of costs.

The first is the monthly premium. This is an amount that would have to be paid each month to stay enrolled in the plan. You would pay it regardless of whether you use health care services that month or not.

The second type of cost is a deductible. This is an amount you must pay when you receive services each year before the health plan pays anything. For example, at the start of each year, you may have to pay your own health care bills until you have paid out \$250. After this point, the health plan

would pay part or all of your additional bills. Some plans don't have any deductibles, but you have to pay more in premiums or co-payments.

The last type of cost is a co-payment. Co-payments are payments you must make each time you get a particular service. For example, you might have to pay \$10 each time you visit your doctor, or \$100 each time you are hospitalized.

I'm going to show you two different types of plans, and ask you to tell me which one you prefer.

<u>Plan A</u>	<u>Plan B</u>
Monthly Beneficiary premium: \$50	Monthly Beneficiary premium: \$100
Annual deductible: \$400	Annual deductible: \$0
Copay per hospitalization: \$150	Copay per hospitalization: \$25
Copay per doctor's visit: \$30	Copay per doctor's visit: \$10
Copay per prescription: \$15	Copay per prescription: \$10

As you can see, Plan A requires a smaller monthly premium than Plan B every month, but you have to pay a big deductible before your coverage kicks in. You also have to pay more in co-payments. What is more important to you: small monthly premiums, or smaller co-payments?

Here is another example. In Plan C, we have greatly reduced the monthly premium, but the annual deductible and all of the co-payments for physician, specialist, and prescription drug costs are much higher. This plan would protect you from catastrophic costs if you were to get seriously ill, but would pay very little for a healthy person. In Plan D, the premium is higher, but the cost of physician and prescription drug services, for example, is much lower. Which of these two plans is more attractive to you? Why?

<u>Plan C</u> Beneficiary premium: \$25 Annual deductible: \$500 Copay per hospitalization: \$200 Copay per doctor's visit: \$50 Copay per prescription: \$25	<u>Plan D</u> Beneficiary premium: \$75 Annual deductible: \$250 Copay per hospitalization: \$100 Copay per doctor's visit: \$15 Copay per prescription: \$10
--	--

MESSENGERS (5 min.)

Where do you turn for advice or information about health insurance for yourself?

Who would you most trust to explain to you about this Health Plan?

You didn't mention the following. Would these be good sources of information for you?

Family and friends

Employer

Insurance agent

Your doctor or nurse

Your child's doctor or nurse

An informational booklet put out by the health plan

State eligibility worker or State social worker

Community organizations that serve low to moderate-income families

Health clinic

Advertisements about the health plan on the radio, TV, or in newspapers

Other sources?

MESSAGES—TEST 2 MESSAGES PER GROUP (10 min)

HANDOUT. On the next pages of your handout are some statements about this new Health Plan. We are going to read each of them together and then at the end of the statement, I want you to **RATE** each on the scale from zero to five as to how convincing each one is as a reason to apply for this health insurance, where zero means the statement is not convincing at all and 5

means the statement is very convincing. Circle anything that stands out to you and cross out anything you don't like.

HAND COUNT.

With this Health Plan, you choose your own doctor from a network of hundreds of doctors here in West Virginia, including many who work in our community. Instead of waiting in line at the clinic or the emergency room, you will have a private doctor who knows you and your health concerns.

We all work hard to provide for our children and to give our families safety and opportunity. But accidents happen. If you don't have health insurance for yourself, just one major illness or unexpected accident can wipe out your life savings. Health insurance can give you peace of mind and protect your family's future.

For a few dollars a day you could have health insurance that covers many of your health care needs, like doctor's visits with a doctor of your choice, and prescription drugs, with no more long waits at a clinic. For all that and insurance against unexpected large medical costs, this plan is a great value.

[AFTER READING THE MESSAGE ASK]

Now, I would like to go around the table and hear the ratings that you gave this message.

What did you like about the message?

Which parts of the message did you find most compelling? Why?

What are some of the words that you circled? Why?

What was new about this message for you?

Do you believe this message – do you think it is true?

Would this message make you want to sign up for this health insurance?

Do you have any questions after reading this? What else do you want to know?

What parts of the message did you like least? Why?

What are some of the words that you crossed out? Why?

What didn't make sense to you?

Did this message remind you of anything you have seen before? Explain. What does it make you think of?

WRAP-UP (5 min)

WRITE. If you could give only one piece of advice to those working on this Health Plan as they develop a health insurance plan for people like you, please write what that one piece of advice would be?

If you wanted to say something to a friend to convince them to enroll in this Health Plan, what would you say?

**WEST VIRGINIA STATE PLANNING GRANT
DISCUSSION GUIDE
Employers**

CURRENT LENGTH: 120 minutes

TARGET LENGTH: 120 minutes

STANDARD INTRODUCTIONS (10 min.)

I am an independent researcher and moderator. I am conducting this research for the State of West Virginia, but I do not work for the State. Our goal of this research is to better understand what West Virginians think about health care. Your responses tonight will be kept anonymous and your name will not be reported in any document that we provide about this study or be given to any other organizations or any government agency. Any time we cite something from the discussion it will be labeled as employer from West Virginia.

Focus group intro, taping, confidentiality

There are no wrong answers; your opinion is what matters.

The moderator is just here as an independent researcher to moderate the discussion.

We are audiotaping, but only to make an accurate transcript. We'll never use your name in any way. If we quote you, we will just say, "a man/woman from [city]"

My colleague(s) are in the back room to take notes. They may send in a note occasionally, but that doesn't mean we're doing anything wrong.

Ground rules

We want to hear from everyone – I may call on quiet people, or cut people off so we can move on.

Feel free to take a bathroom break if you need it, but only one person at a time.

Participant introductions

Participant Introductions: First name, what type of company you are with, and number of employees. [**Note to moderator: if necessary reiterate confidentiality**]

What Employers Are Doing (10 min.)

[**AT FLIP CHART**] To get us started, what are some pressing issues or challenges that your business is facing at this time?

Cash flow, sluggish economy, growing the business, finding quality employees, keeping good employees,

How have you handled these issues?

What do you do to attract and keep good employees?

Is it harder or easier to do this than a year ago?

What do you think you will have to do differently in the future?

Quickly list all the kinds of benefits employers can offer workers these days.

(*Listen for:* Healthcare insurance, paid vacation, Paid sick leave, paid personal days, Short-term/temporary disability, Maternity leave, Paternity leave, unpaid leave.)

How much of a factor are the following in your decisions about benefits:
[**DISCUSS EACH ONE**]

Cost

Offering benefits is the right thing to do for workers

Offering benefits is important in order to attract new employees

Offering benefits is important in terms of keeping your good workers long-term

Your competitors are offering these benefits, so you need to offer them too

Your workers are demand these benefits

Anything else?

What might be a reason for offering even more benefits in the future than you do now?

Barriers to Offering Healthcare Insurance [15 min.]

[FLIP CHART] What are some of the reasons that employers do not offer health insurance benefits to their workers?

Did any of your businesses offer health insurance in the past?

What drove your decision to stop offering healthcare benefits?

(Listen for: cost, lack of interest, turnover, ...)

How did dropping health insurance change your business or did it?

(Listen for: reduced my costs, no change, was able to offer higher pay to employees, ...)

To what degree are these factors barriers to employers offering healthcare benefits: **[DISCUSS EACH ONE]**

Concern that workers will overuse or abuse the health benefits and drive up the cost of the plan until you can't afford it.

Fear that there will be a loss of productivity because workers will miss more days from work.

Concern that offering healthcare benefits is too costly to the company's bottom-line.

How does your own needs influence your company's decisions to offer health insurance benefits?

Do you think most businesses like yours would offer healthcare insurance if it were affordable?

Yes,

Want to attract and keep good employees,

Want to do the right thing,

Workers want it

No,

I can get the employees I need without it,

Seasonal employees don't need it,

I pay them well enough they can afford it on their own

Most employees are enrolled in a program like Medicaid

They can get what they need at the clinic

Most employees would rather have the money

Employees [15 min.]

What do your employees do to pay for their health care?

Get by the best they can

Have CHIP or Medicaid for the kids

Buy a personal policy

Use the clinic and the ER

Insurance through their spouse

It is none of my business

Don't know

Do you help employees find health insurance?

Direct them to social services

Bring in an insurance agent or broker

Give them information (booklets etc.) on plans

Do you think there are things that the State of West Virginia should be doing to help your employees get health care coverage?

It should create a plan for these people

Help employers offer insurance

It already does by providing clinics and hospital care

Medicaid and CHIP already help a lot of them

Do you trust the State to help you get health care?

The government should stay out of it

Should either the State government be doing something or doing more?

If so what?

If not, why not?

Have you found that your workers are pushing you to offer health insurance benefits? Explain.

Which employees in particular (**PROBE**: men/women, younger/older, junior/senior, parents, etc.)

Health Plan Attributes (45 min.)

HANDOUT AND READ. Now we are going to talk about specific features for health insurance plans. For each of these I would like you to rate them on a scale of 0 to 5 where 0 is something that is not important to have as part of an insurance plan and 5 is something that is very important to have in an insurance plane.

Dr. visits for illness sick or for check-ups.

How important is this to your employees?

One way to make this program more affordable is to have a list of doctors from which you can choose one to be your primary physician. What do you think of this?

Is it very important to be able to pick any doctor regardless of whether or not they are affiliated with the program?

Access to specialty physicians for chronic illnesses (e.g., diabetes, asthma, high blood pressure, other long-term conditions)?

How important is this to your employees?

One way to make this program more affordable is to require that employees get a referral from you primary physician before they go to a specialist.

What do you think of this?

Is it very important for your employees to be able to go to a specialist whenever they think they need to?

Prescription drugs.

How important is this to your employees?

One way to make this program more affordable is to have a lower co-payment for generic drugs and a higher co-payment for brand name drugs, to encourage people to get generic equivalents. What do you think of this?

Hospitalization.

How important is this to your employees?

One way to make this program more affordable is to have a list of hospitals that they can use. What do you think of this?

Is it very important for them to be able to pick any hospital regardless of whether or not it is affiliated with the plan?

After-hours urgent care. (Doctors' or nurse services for serious illnesses or minor accidents that need attention after normal office hours)

How important is this to your employees?

One way to make this program more affordable is to have a list of hospitals and urgent care centers that they can use if they call ahead and get authorization. What do you think of this?

Maternity services – prenatal care, delivery, and post natal care for mother and baby

How important is this to your employees?

One way to make this program more affordable is to have a list of doctors from which they can choose for maternity care. What do you think of this?

Is it very important to be able to pick any doctor regardless of whether or not they are affiliated with the program?

Vision benefits – eye exams and glasses

How important is this to your employees?

One way to keep the cost down is to limit them to one pair of new glasses every two years. What do you think of this?

Dental care?

How important is this to your employees?

One way to make this program more affordable is to limit dental care to annual cleanings, fillings, and extractions, and to not cover reconstructive services like crowns and bridges. What do you think of this?

Outpatient substance abuse and mental health treatment. That is, they could see someone to help them deal with an alcohol or drug problem or if they were depressed, etc.

How important is this to your employees?

Durable medical equipment, such as wheelchairs, blood glucose monitors, oxygen equipment, etc.?

How important is this to your employees?

Are there any other care or services that they want or need?

WRITE. Now look at this list of health insurance plan features and rank them in the order of the most important to the least important to have. The most important feature is 1 the next most important is 2 and so forth to 10 which is the least important.

HAND COUNT OF RANKINGS AND DISCUSS.

Why did you rank this attribute first, last, etc.?

Which of these features does a plan need to have to make it worthwhile for your employees to have an insurance plan?

(HANDOUT AND READ) Now we are going to talk about the types of costs associated with health insurance. The cost of health insurance to the enrollee is covered through different types of payments. Decreasing the payment required in one category means that the cost in other categories must go up, assuming no change in the benefit package. There are three types of costs.

The first is the monthly premium. This is an amount that would have to be paid each month to stay enrolled in the plan. They would pay it regardless of whether they use health care services that month or not.

The second type of cost is a deductible. This is an amount they must pay when they receive services each year before the health plan pays anything. For example, at the start of each year, they may have to pay their own health care bills until you have paid out \$250. After this point, the health plan would pay part or all of their additional bills. Some plans don't have any deductibles, but they have to pay more in premiums or co-payments.

The last type of cost is a co-payment. Co-payments are payments they must make each time they get a particular service. For example, they might have to pay \$10 each time you visit your doctor, or \$100 each time you are hospitalized.

I'm going to show you two different types of plans, and ask you to tell me which one you think your employees would prefer.

As you can see, Plan A requires a smaller monthly premium than Plan B every month, but they have to pay a big deductible before their coverage kicks in. You also have to pay more in co-payments. What is more important to your employees: small monthly premiums, or smaller co-payments?

<u>Plan A</u>	<u>Plan B</u>
Monthly Beneficiary premium: \$50	Monthly Beneficiary premium: \$100
Annual deductible: \$400	Annual deductible: \$0
Copay per hospitalization: \$150	Copay per hospitalization: \$25
Copay per doctor's visit: \$30	Copay per doctor's visit: \$10
Copay per prescription: \$15	Copay per prescription: \$10

Here is another example. In Plan, the monthly premiums have been greatly reduced, but the annual deductible and all of the co-payments for physician, specialist, and prescription drug costs are much higher. This plan would protect them from catastrophic costs if you were to get seriously ill, but would pay very little for a healthy person. In Plan D, the premium is higher, but the cost of physician and prescription drug services, for example, is much lower. Which of these two plans would be more attractive to your employees? Why?

<u>Plan C</u>	<u>Plan D</u>
Beneficiary premium: \$25	Beneficiary premium: \$75
Annual deductible: \$500	Annual deductible: \$250
Copay per hospitalization: \$200	Copay per hospitalization: \$100
Copay per doctor's visit: \$50	Copay per doctor's visit: \$15
Copay per prescription: \$25	Copay per prescription: \$10

MESSENGERS (5 min.)

Where do you turn for advice or information about health insurance for your business?

Who would you most trust to explain to you about this Health Plan?

You didn't mention the following. Would these be good sources of information for you?

Business groups (Rotary Club, Better Business Bureau, Chamber of Commerce)

Insurance agent

Your doctor

An informational booklet put out by the health plan

State agency (which one)

Advertisements about the health plan on the radio, TV, or in newspapers

The internet (what websites)

Other sources?

HOW WOULD YOU SELL THIS PRODUCT (15 min)

[HANDOUT] Now what I would like you to do is to split into two groups. Each group is to come up with a way to sell this product to the other group. One group will be selling this to other employers and the other will be selling it to low income workers. Take five minutes to come with your pitch and then we will come back together. Pick one person to be your scribe and someone to be the spokesperson.

OK, let's hear your pitch.

What did you think of the pitch you just heard?

Was it convincing?

Would you have any questions?

Anything you would have added to the pitch?

Now let's hear the other pitch.

What did you think of the pitch you just heard?

Was it convincing?

Would you have any questions?

Anything you would have added to the pitch?

WRAP-UP (5 min)

WRITE. Finally, if you could give only one piece of advice to those working on this Health Plan as they develop a health insurance plan for businesses like yours, please write what that one piece of advice would be?

Thank you for coming and giving me such great input on an important issue.

**WEST VIRGINIA STATE PLANNING GRANT
DISCUSSION GUIDE
Agents and Brokers**

CURRENT LENGTH: 120 minutes

TARGET LENGTH: 120 minutes

STANDARD INTRODUCTIONS (10 min.)

Thank you for coming tonight to this focus group. I am conducting this research for the State of West Virginia, but I do not work for the State. Our goal of this research is to better understand what West Virginians think about health care. I am an independent researcher and moderator and I don't work for any State agency. Your responses tonight will be kept anonymous and your name will not be reported in any document that we provide about this study or be given to any other organizations or any government agency. Any time we cite something from the discussion it will be labeled as agent from West Virginia.

Focus group intro, taping, confidentiality

There are no wrong answers; your opinion is what matters.

The moderator is just here as an independent researcher to moderate the discussion.

We are audio taping, but only to make an accurate transcript. We'll never use your name in any way. If we quote you, we will just say, "a man/woman from [city]"

My colleague(s) are in the back room to take notes. They may send in a note occasionally, but that doesn't mean we're doing anything wrong.

Ground rules

We want to hear from everyone – I may call on quiet people, or cut people off so we can move on.

Feel free to take a bathroom break if you need it, but only one person at a time.

Participant introductions: First name, your agency, how long you have been in insurance sales and health insurance in particular. [**Note to moderator: if necessary reiterate confidentiality**]

Context (10 min.)

[**FLIP CHART**] Quickly list all the kinds of benefits employers offer their workers these days.

(Listen for: Healthcare insurance, Paid vacation, Paid sick leave, Paid personal days, Short-term/temporary disability, Maternity leave, Paternity leave, Unpaid leave, retirement, life insurance, long term care insurance.)

What might be their reasons for offering even more benefits in the future than they do now?

In your experience why do many small employers, those with less than 50 employees, offer health care coverage to their employees?

How much of a factor are the following in your clients' decisions to offer health care coverage to their employees: [**DISCUSS EACH ONE**]

Offering benefits is the right thing to do for workers

Offering benefits is important in order to attract new employees

Offering benefits is important in terms of keeping good workers long-term

Competitors are offering these benefits

Workers demand these benefits

Owner wants/needs it for him/herself and family

Anything else?

Barriers to Employers Offering Healthcare Insurance [15 min.]

[**FLIP CHART**] What are some of the reasons that employers do not offer health insurance benefits to their workers?

What has driven clients of yours to stop offering health insurance?

(Listen for: cost, lack of interest, turnover, ...)

To what degree are these factors barriers to employers offering healthcare benefits: [**DISCUSS EACH ONE**]

Concern that workers will overuse or abuse the health benefits and drive up the cost of the plan until you can't afford it.

Concern that offering healthcare benefits is too costly to the company's bottom-line.

Concern that administrative hassles will cost them staff time.

Don't want to hear complaints from employees about the quality of the insurance.

Fear that there will be a loss of productivity because workers will miss more days from work.

Do the employer's own needs influence their decision to offer health insurance benefits or is it about what employees want or need?

Do you think most businesses would offer healthcare insurance if it was affordable?

Yes,

Want to attract and keep good employees,

Want to do the right thing,

Workers want it

No,

They can get the employees they need without it,

Seasonal employees don't need it,

They pay them well enough employees can afford it on their own

Most employees are enrolled in a program like Medicaid

Employees can get what they need at the clinic

Most employees would rather have the money

Employers with part timers don't want to offer health insurance, they

employ part timers to avoid offering benefits

Want it for managers but not for hourly workers.

Workers [15 min.]

In your experience what do low-wage workers, that is those making \$8.50/hour or less (\$7,340/ year), who do not get health insurance through their work do for Health Insurance in West Virginia?

[NOTE MINIMUM WAGE IS \$5.50/HOUR AND \$11,440/YEAR]

Get by the best they can

Buy a personal policy

Have West Virginia CHIP or Medicaid for the kids

Use the clinic and the ER

Some mix of the above (e.g. insurance for self, CHIP for kids, ...)

Don't know

Have you worked with low-wage workers either individually or at their place of employment to educate them about health insurance?

Have you tried to help them get coverage they can afford?

Direct them to social services

Give them information (booklets etc.) on plans they can afford

If you had more policy options for low income individuals would you sell it to them or to their company?

What has their response been to your efforts?

Interested or not

Unable to afford

Don't see need when free services are available

Don't understand

Anything else?

Have you found that workers are pushing their employers to offer health insurance? Explain.

Which employees in particular (**PROBE**: men/women, younger/older, junior/senior, parents, etc.)

Do you think there are things that the State of West Virginia should be doing to help workers get health insurance and employers offer health care coverage?

It should create a low-cost plan for them

It already does by providing clinics and hospital care

Medicaid and CHIP already help a lot of them

Do you trust the State to help?

The State government should stay out of it

Would you be interested in a public/private partnership that enabled you to offer a health insurance policy for low income individuals?

What if you were going to make your standard commission on this product?

Health Plan Attributes (45 min)

HANDOUT AND READ. Now we are going to talk about specific features of health insurance plans. For each of these I would like you to rate them on a scale of 0 to 5 where 0 is something that is not important to have as part of an insurance plan and 5 is something that is very important to have in an insurance plan.

Dr. visits whether they are sick or for check-ups.

How important is this in a plan?

One way to make this program more affordable is to have a list of doctors from which clients can choose one to be their primary physician. How do you feel about this? Does this make it easier or harder to sell the plan?

Is it very important for clients to be able to pick any doctor regardless of whether or not the doctor is affiliated with the program?

Access to specialty physicians for chronic illnesses (e.g., diabetes, asthma, high blood pressure, other long-term conditions)?

How important is this in a plan?

One way to make this program more affordable is to require that clients get a referral from their primary physician before they go to a specialist. How do you feel about this? Does this make it easier or harder to sell the plan?

Is it very important for clients to be able to go to a specialist whenever they think they need to?

Prescription drugs.

How important is this in a plan?

One way to make this program more affordable is to have a lower co-payment for generic drugs and a higher co-payment for brand name drugs, to encourage people to get generic equivalents. How do you feel about this?

Does this make it easier or harder to sell the plan?

Hospitalization.

How important is this in a plan?

One way to make this program more affordable is to have a list of hospitals that clients can use. How do you feel about this? Does this make it easier or harder to sell the plan?

Is it very important for clients to be able to pick any hospital regardless of whether or not they are affiliated with the plan?

After-hours urgent care. (Doctors' or nurse services for serious illnesses or minor accidents that need attention after normal office hours)

How important is this in a plan?

One way to make this program more affordable is to have a list of hospitals and urgent care centers that clients can use if they call ahead and get authorization. How do you feel about this? Does this make it easier or harder to sell the plan?

Maternity services – prenatal care, delivery, and post natal care for mother and baby

How important is this in a plan?

One way to make this program more affordable is to have a list of doctors from which you can choose for maternity care. How do you feel about this? Does this make it easier or harder to sell the plan?

Is it very important for clients to be able to pick any doctor regardless of whether or not they are affiliated with the program?

Vision benefits – eye exams and glasses

How important is this in a plan?

One way to keep the cost down is to limit clients to one pair of new glasses every two years. How do you feel about this? Does this make it easier or harder to sell the plan?

Dental care?

How important is this in a plan?

One way to make this program more affordable is to limit dental care to annual cleanings, fillings, and extractions, and to not cover reconstructive services like crowns and bridges. How do you feel about this? Does this make it easier or harder to sell the plan?

Outpatient substance abuse and mental health treatment. That is, you could see someone to help you deal with an alcohol or drug problem or if you were depressed, etc.

How important is this in a plan?

Does having this make it easier to sell the plan?

Durable medical equipment, such as wheelchairs, blood glucose monitors, oxygen equipment, etc.?

How important is this in a plan?

Does having this make it easier to sell the plan?

Are there any other care or services that you want or need?

WRITE. Now look at this list of health insurance plan features and rank them in the order of the most important to the least important to have in a plan. The most important feature is 1 the next most important is 2 and so forth to 10 which is the least important.

HAND COUNT OF RANKINGS AND DISCUSS.

Why did you rank this attribute first, last, etc.?

Which of these do you have to have to make it worthwhile to have an insurance plan?

(HANDOUT AND READ) I'm going to show you two different types of plans, and ask you to tell me which one you would prefer to sell to low income individuals.

If you were showing these to a customer how would you describe the two plans?

Which plan is more attractive to you to sell to low income individuals?

What is more important to you when trying to sell a product to lower income persons: small monthly premiums, or smaller co-payments?

<u>Plan A</u>	<u>Plan B</u>
Monthly Beneficiary premium: \$50	Monthly Beneficiary premium: \$100
Annual deductible: \$400	Annual deductible: \$0
Copay per hospitalization: \$150	Copay per hospitalization: \$25
Copay per doctor's visit: \$30	Copay per doctor's visit: \$10
Copay per prescription: \$15	Copay per prescription: \$10

Here is another example. If you were showing these to a customer how would you describe the two plans?

Which of these two plans would be more attractive to you to sell to low income individuals? Why?

<u>Plan C</u> Beneficiary premium: \$25 Annual deductible: \$500 Copay per hospitalization: \$200 Copay per doctor's visit: \$50 Copay per prescription: \$25	<u>Plan D</u> Beneficiary premium: \$75 Annual deductible: \$250 Copay per hospitalization:\$100 Copay per doctor's visit: \$15 Copay per prescription: \$10
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Of all four plans what would be more attractive to you to sell to low income individuals? Why?

MESSENGERS (5 min.)

How should the State communicate to employers and employees about this program?

Who would employers look to for an explanation of this Health Plan?

Would any of these be good sources of information for employers?

Business groups (Rotary Club, Better Business Bureau, Chamber of Commerce)

Insurance agent

Your doctor

An informational booklet put out by the health plan

State agency (which one)

Advertisements about the health plan on the radio, TV, or in newspapers

The internet (what websites)

Other sources?

Who do employees go to for an explanation of this Health Plan?

Would any of these be good sources of information for employees?

Family and friends

Employer

Insurance agent

Your doctor or nurse

Your child's doctor or nurse

An informational booklet put out by the health plan

State eligibility worker or State social worker

Community organizations that serve low to moderate-income families

Health clinic

Advertisements about the health plan on the radio, TV, or in newspapers

Other sources?

HOW WOULD YOU SELL THIS PRODUCT (15 min)

[HANDOUT] Now what I would like you to do is to split into two groups. Each group is to come up with a way to sell this product to the other group. One group will be selling this to employers and the other will be selling it to low income workers. Take five minutes to come with your pitch and then we will come back together. Pick one person to be your scribe and someone to be the spokesperson.

OK, let's hear your pitch.

What did you think of the pitch you just heard?

Was it convincing?

Would you have any questions?

Anything you would have added to the pitch?

Now let's hear the other pitch.

What did you think of the pitch you just heard?

Was it convincing?

Would you have any questions?

Anything you would have added to the pitch?

WRAP-UP (5 min)

WRITE. Finally, if you could give only one piece of advice to those developing a health insurance plan for low income workers and their employers what would that be? Please write that down?