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Task 9: Formal Stakeholder Study

Vermont Office of Health Access Planning for Vermont's Health Benefits Exchange

Task 9 Uninsured Vermont Residents Focus Group Report

April 2011

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Key Findings and Discussion

Attitudes and Behaviors towards Health Insurance

Many uninsured may not completely understand their current options for state sponsored insurance. They may think they don't qualify because they did not qualify in the past and are reluctant to waste time applying again.

Many of the uninsured think that health insurance is a poor value. Even the cost of subsidized insurance seems high relative to the amount they might use it. Paying for actual use seems to be the less expensive option.

For many, income was insufficient to pay even for subsidized insurance; it was enough only for basic necessities like food, rent, mortgage and vehicle expenses.

The uninsured say that they minimize their use of health care, visiting a doctor only when a condition did not go away on its own or could not be self treated.

When doctor's visits were necessary, they paid cash to get a discount. If more complex treatment was required, such as a hospital visit, they would seek a payment plan. Sometimes this was a minimal amount, just enough to keep the debt collectors from calling.

Only some of the uninsured used free or sliding scale clinics. Most preferred to see their "regular" doctor.

Some of the uninsured thought that they took better care of themselves than those who had insurance and relied on the health care system instead of taking responsibility for their own care.

Knowledge and Awareness of the Health Care Act

Most of the uninsured had heard little about the Affordable Care Act aside from the fact that Vermont residents will be forced to have health insurance, will be fined if they do not purchase health insurance, as well as the politically charged debate surrounding it.

Most thought that the Act was unlikely to make health care more affordable for them.

The requirement that all must purchase insurance was thought to be onerous. They could not afford insurance now, so how could mandating its purchase be helpful to them?

Desired Information

Respondents were most interested in the cost and coverage of whatever "affordable coverage" will be made available to them.

Plans

Most participants did not like the different levels of plans; bronze, silver, gold and platinum. Some thought they sounded too corporate. Others questioned why all were not eligible for the same plan. It appeared that the wealthy would be able to purchase the better "platinum" plan while the poor would only be able to afford the "bronze" plan.

Some participants, particularly those new to health insurance, confused the levels of cost sharing with the levels of covered benefits, not understanding that everyone would get the same coverage.

The Exchange

For most, the Exchange did not seem to provide anything new. Insurance could now be bought from commercial companies or it could be received from state agencies. How the Exchange provided something different than these two options was not clear.

Many were skeptical that the Exchange would be free from health insurance bias and control. Most were skeptical that the subsidies and credits offered by the Exchange would make health insurance affordable for them. They assumed that they would not qualify for whatever was available, or the amount available would not be sufficient.

While respondents liked the idea of submitting one application for all plans, some wondered if this meant that they would apply to many plans but might be rejected for their top choice.

The Navigator

Most liked the idea of an organization helping them "navigate" their health care options.

They wanted the navigator be very well informed; a real expert, and they wanted unbiased information. For this reason they did not want insurance companies or their agents serving as navigators and they were concerned about the navigators' relationship with insurance providers.

Many participants wondered who would pay the costs of navigators. They were skeptical if insurance companies paid the navigators, but they did not want to pay more for their insurance to pay the navigator.

Participants could not name non-profit organizations that might serve as navigators and had mixed feelings about creating a new and costly "industry" to serve this role.

Accessing Plan Information

Almost all thought that the Internet would serve a critical role in providing information. Many would look first to a website for information so that they could become familiar with options and then they would either place a call or visit a representative in person. Some wanted face to face communication.

Quite a few wanted to be able to see ratings, comments and complaints about plans or insurance companies in an online forum.

Preference for Single Payer Insurance

After reviewing aspects of the Affordable Care Act, many thought that it did not really make important changes. They had negative reactions to a system that continues to be built on the current insurance model and wanted to see a single payer system.

Methodology

Four focus groups were conducted with uninsured Vermont residents.

- One focus group was conducted at 6:00 pm on Tuesday, March 22nd, 2011 at the Rutland Regional Medical Center in Rutland, VT. There were 8 participants in attendance.
- One focus group was conducted at 5:30 pm on Wednesday, March 23rd, 2011 at the Fanny Allen Campus of Fletcher Allen Health Care in Colchester, VT. There were 6 participants in attendance.
- One focus group was conducted at 7:30 pm on Wednesday, March 23rd, 2011 at the Fanny Allen Campus of Fletcher Allen Health Care in Colchester, VT. There were 9 participants in attendance.
- One focus group was conducted at 6:00 pm on Thursday, March 24th, 2011 at the Northeastern Vermont Regional Hospital in St. Johnsbury, VT. There were 9 participants in attendance.

A total of 32 individuals participated in the four groups.

Market Decisions used an in-house database of uninsured Vermont residents from which participants were recruited from. Market Decisions also posted flyers about the research in Vermont clinics that cater to the uninsured, posted ads on Craig's List, and also purchased sample of Vermont households with incomes of \$40,000 or below.

Findings of a focus group are representative of those who participate in the groups, not necessarily of all potential respondents. Group participants can be characterized as:

- Currently without health insurance.
- Not employed by an advertising agency or market research firm (no other members of the household were employed by such firms either).
- Between the ages of 18-64.
- Have not participated in a focus group discussion within the past 6 months.

Other Characteristics of Group Participants Included the Following:

- Range of income levels.
- Range of the number of adults and children living in the household.
- Range of Federal Poverty Levels (Up to 133%, 134%-400%, >400%).
- Range of time without health insurance coverage (Less than a year or more than a year).
- Very comfortable, somewhat comfortable or comfortable expressing their thoughts and opinions openly in a group setting.

The discussion guide and screener were developed by Market Decisions in consultation with the client.

All groups were moderated by Curtis Mildner, a Riva Institute trained moderator.

Limits of Qualitative Research

Focus groups are considered qualitative research. They identify issues and types of responses, but they do not result in statistically meaningful allocations of responses by percentages, as would quantitative research. Focus groups can tell us how consumers may act, think or feel but they cannot tell us how many consumers think or feel a certain way.

Since focus groups allow for probing, in depth discussion and the use of special tools and techniques, they are much better than quantitative research in getting beyond the easy to get at surface or top of mind responses. This beneath the surface information is much more likely to reveal the underlying attitudes, preferences, and beliefs that ultimately drive thinking and behavior.

Care should always be taken in interpreting or acting on individual participant comments. A single comment may not represent anything more than one individual instance – unless it can be shown to be indicative of a general theme or a pattern of beliefs, perceptions or behaviors.

Quantitative research should always be considered as a next step to qualitative research. Such research adds power to the findings of focus groups by more fully describing who the respondents are that think or act in a certain way, how many there are as well as where they can be found.

Detailed Findings

Notes:

The following descriptive words are used consistently in the report to describe the size of groups that expressed ideas.

- “Most” is more than a majority
- “Many” is up to a majority
- “Some” is less than a majority but still a significant group

Since every respondent did not express a view on every issue, these are only rough guides to the strength of positions. These findings reflect the comments of participants in the groups.

Notes style comments from participants and every topic are presented here. While these are mostly verbatim transcriptions, pauses, incomplete sentences and redundancies were left out. Some comments were clarified to include what the participants were referring to and incomplete comments were made into sentences. By providing comments, readers can see the breadth of discussion and verify or dispute the overall summary of the discussions.

Notes style comments from participants are presented in italics, by gender and group.

- *Gender/Rutland = (Group 1, in Rutland, Tuesday, March 22nd, 2011 @ 6:00pm)*
- *Gender/Burlington1 = (Group 2, in Colchester, Wednesday, March 23rd, 2011 @ 5:30pm)*
- *Gender/Burlington2 = (Group 3, in Colchester, Wednesday, March 23rd, 2011 @ 7:30pm)*
- *Gender/St. Johnsbury = (Group 4, in St. Johnsbury, Thursday, March 24th, 2011 @ 6:00pm)*

Stories of the Uninsured

Uninsured participants in the groups represented a range of ages and situations. As is evident from the stories of the uninsured – there is no typical uninsured.

- Young adults just out of high school working low paying jobs that do not provide insurance.

*Mostly the companies that I work for don't carry it - general contractors, construction - a lot of the outfits don't provide health insurance for the employees just because the costs and whatnot. So I've been without insurance for years.
Male/Rutland*

- Young adults out of college looking for career work or recently laid off and no longer covered on parent's plans.

I was insured until almost a year ago and I graduated college and couldn't get back on my parents' plan. My dad had military retirement insurance called TriCare and with the Obama situation, 26 year olds or lower were supposed to be allowed to continue on their parents' insurance and apparently this wasn't the case with this provider so I just haven't had it ever since then. Male/Rutland

I was a student and under my mom's health insurance. She could never keep a job so I never really had solid health insurance and then I got a job and ended up being fired and don't have health insurance anymore. Female/Burlington1

I haven't had health insurance since I got out of college, I'd say since 2005. I was covered by my parents then and I don't have health insurance because I can't afford it. Male/Burlington1

I graduated from college and had been on my parents' health insurance plan but it ended because I was done with school. So then I got my full time job and I got my health insurance and then I got laid off of that and I didn't have health insurance after that and the new job I have doesn't offer health insurance. Female/Burlington1

I've never personally had health insurance. Until I was 24, I was covered under my father's policy as long as I was at the University. You know, I kind of took it for granted. I'd just run over to the hospital and the bill would get sent to your dad. Male/Burlington2

- Young parents with young children unmotivated to sign up children for Dr. Dynasaur.
- Young parents who themselves are uninsured but with children on Dr. Dynasaur.

But my kids are insured, through Dr. Dynasaur. Female/St. Johnsbury

- Young adults who aged out of Dr. Dynasaur.

I was on Dr. Dynasaur growing up but recently they stopped paying my bills because they said that I was too old and I need to start paying for myself now. So that's my predicament and living at my mom's house. VHAP won't cover me because they go off your parents' income and not yours. Female/St. Johnsbury

- Household incomes above the eligibility limit for Dr. Dynasaur but cannot afford to purchase coverage for their children.

I had state insurance and according to them, there's too much income coming into the household so therefore we don't have insurance now. Female/Rutland

When I was 14 years old I was forced to go live with my dad because my mom couldn't afford for me to be there anymore. I moved up with him and he makes way too much money to be given benefits and insurance for us by the state. And at the same time, he can't afford to pay the bills and buy us food AND have us insured because it's a lot of money for one person. Male/Rutland

I looked into the Catamount and the Dr. Dynasaur for the kids but we make too much to get help but not enough to actually buy it ourselves because it was going to be \$1200 or \$1300 a month. Female/Burlington1

My son does not have insurance because I can't put him on my husband's plan because he's not my husband's son, his father (the son's biological father) refuses to put him on his plan because he doesn't want to pay it, and the state of Vermont will not give me Dr. Dynasaur for him because of my husband's income. Female/St. Johnsbury

- Recently married and insurance was unaffordable.

I haven't been really insured since college. There's been a lot on our plates; I just recently got married and we just haven't found anything that we can really afford right now. Male/St. Johnsbury

- Adults who lost their jobs or their spouses lost their jobs.

A year ago, my husband was laid off from Killington, he works 8 months a year, he was full time year round until 2007 when they did their major layoff, and we lost his insurance. Female/Rutland

My husband got laid off and he was under the COBRA that we were able to get for free and that ran out. He was able to find a new job but the health insurance was too expensive. It was either health insurance or the mortgage, so we decided to pay for the mortgage. It's just very expensive. Female/Burlington1

I just lost my job on Valentine's Day and my insurance ended on March 14th. So I'm in the process right now of trying to get state insurance and have had some back and forth with them on that. Female/Burlington1

- Adults that had been laid off many years ago and had learned to live without insurance.
- Catamount premiums are too high for many, including some adults who were once covered by Catamount Health but decided to go without because of rising costs.

I had health insurance through Catamount Health Plan and over the summer I realized I hadn't received a bill for a few months so I called them up and they informed me that they had cancelled me because they hadn't received a payment. So they told me I had to re-apply, and then when I re-applied, all of a sudden my premium had gone up from \$60 a month to \$230 a month and I was not going to pay that much for health insurance I'd use maybe once every two to three years. Female/Burlington2

- Adults who drop on and off of VHAP because of changes in their income.

I have been uninsured for 2 years. I had the VHAP and I changed jobs and my income is a little bit higher and I no longer qualify. Female/St. Johnsbury

I had VHAP and I was able to maintain that for a while but they did something and made some changes and consolidated and the premiums got to be so outrageous that I couldn't afford to make payments and pay rent. Male/St. Johnsbury

- Parents in second marriages with children from both unable to meet eligibility for state insurance.

I just got recently married and I had VHAP, but VHAP dropped me from insurance because they felt that my income combined with my husband's was too much. They didn't take into account that my husband has three children and he pays out over \$3000 in child support alone. Female/St. Johnsbury

- Marine Corps veteran without insurance for decades.

I haven't had health insurance for about 30 years. When I got out of the Marine Corps at 22... the reason is I'm pretty healthy, just never really needed it, and I didn't see any reason to pay health insurance that goes to the insurance company for no reason. Male/Burlington1

- A small business owner in a competitive industry that could not support health insurance costs.
- Adults whose employers don't offer insurance.

I moved out of my house when I was younger so I never really was able to have it. And employers don't really give it out too much anymore, there are a few who do, but from what I've experienced, it's not really happening. Male/Rutland

So far I've been a seasonal employee at Killington and they only provide insurance for full time year round staff. And I've worked for Killington for about 7 months of the year. Female/Rutland

I just have never had a job that provided insurance except for briefly being in the Screen Actor's Guild and making enough money per year to be covered under that. I currently hold about three or four different part time jobs. It's survival. Female/Burlington2

- People who have access to employer-based insurance but individual's share of premium (all or part) unaffordable, or coverage is inadequate (i.e., high deductible, only catastrophic covered).

Rutland Mental Health's insurance went to \$2,500 deductible, so it was almost like not having insurance. Female/Rutland

My husband is a teacher at a private school and so they provide insurance for him but we would have to pay out of his salary for my insurance and I have two kids and I'd rather have the money for other things so I guess it's a stupid gamble, but I don't think we'd make ends meet if I bought insurance. Female/St. Johnsbury

I probably haven't had insurance for about 10 years. I'm married and my husband had insurance through his work, they paid partial and he paid the rest. But he recently doesn't have insurance because they raised the premium so much that we know we could not make ends meet. Female/St. Johnsbury

My work offers insurance but talking with other people who have had it, you don't have a paycheck by the time you're done. Female/St. Johnsbury

- Adults who once had health insurance through local insurance agencies, but those companies left the state

I bought insurance 42 years ago through Nationwide, catastrophic insurance, had that for 20 some odd years, maybe 30, and then the state of Vermont enacted some laws and that made Nationwide withdraw from the state of Vermont. So I went to Golden Rule; I've had three different insurance companies and all three left the state. So basically in the last 10, 12 years, I've been uninsured. Male/St. Johnsbury

- Employed resident alien who found it cheaper to fly home to Russia each year for health care.

I have never had insurance in the United States, I'm from Russia originally. I just recently moved to Vermont. So the reason I don't have insurance is I just can't afford it and my job doesn't provide me with insurance. I've been here long enough that so every time I have to go to the doctor, I just go over to Russia every year and I go visit doctors over there because if you're a citizen, and if you do have a full job, they give you free insurance over there. Male/Burlington2

Adapting to Being Uninsured

For almost all of the uninsured, remaining uninsured was a practical, cost vs. value, decision. That is, the uninsured looked at the cost of insurance, even subsidized insurance, and decided that they would be better off paying for health care as they needed it. Insurance might cost \$500-600 a month or more and this was seen to be much more than the actual cost of the insurance they needed. Some who were generally healthy did not want to pay for insurance they thought they might not use.

Well, I'm pretty healthy. When I ski, I'll be honest with you, I teach skiing and riding and when I help out in that department, I'd be covered by Workman's Comp (if I got injured) and I'm very fortunate too that I have people that, if need be, I could borrow money from. Female/Rutland

Either I spend \$1,200 a month for something I may not really need and pay out of pocket for a couple things if we really have to and then save that money so we can use it for the mortgage and the other expenses that might pop up. You just don't know. But then again, in the same token, you just don't know what might happen. Female/Burlington1

I was from Ohio and I used to pay \$180 every six months and it was for catastrophic. And I was like, "Ok, I'm really young, I'm probably not going to get hurt or whatever" but then here the plans like that are \$180 a month for a catastrophic health insurance plan. Female/Burlington1

When I turned 24 I lost that insurance, I maintained employment but I never had a job that offered health insurance and maybe I made enough from time to time to afford it, but it comes one of those things where it's like, "Do I pay my student loans off that accrue interest every month or do I get health insurance and not use it for the next 8 years?" Male/Burlington2

I'll go see the professionals and pay what they charge and it's been way less than paying to insurance companies. Male/Burlington2

You can't afford not to have it, but you can't afford to have it. You've got to give up something. Female/St. Johnsbury

I would have insurance on myself if it was reasonable. But I've got a wife, we both don't have insurance, so let's start paying these insurance companies something like \$1,000 a month to insure us? I'm better off to take that money and put it into an investment. And when we need something medically, we take care of it, and that's the way we've operated for thirty years. Male/St. Johnsbury

Back when I was working at this brewery, I was offered insurance but the amount of money that I had to pay first before it would actually cover anything was just ridiculous. Male/St. Johnsbury

A few participants were aware of or looked into state programs they may be eligible for. Of those that did, the cost of the insurance was too much for them to afford.

Not recently I haven't. Male/Rutland

Yeah, I have. I checked into, boy I forget, Green Mountain something something something... it was a program they came out with. I checked into that and it ends up costing me about the same money as my employer so it's really not worth it for me. Through my employer it's about \$50 a week and then it went to \$60 and then it switched and now it's back to \$60. Male/Burlington1

I think it's \$60 every two weeks or every week. I started to look into it (Green Mountain Care) but I don't have a job at the moment so I don't really have any income. Female/Burlington1

I don't believe I looked into government, I just looked into Vermont... I think it's the Green Mountain Care. Female/Burlington1

There's something called Catamount Care I think. Catamount is in Vermont. If you lose your health insurance or don't have it, you can apply for it. Male/Burlington1

- (in response to the above comment): But it's like such a runaround. You have to be uninsured for such a period of time and there were a lot of little requirements that you had to be. It just became too much of a mess and a headache. Female/Burlington1

I have heard about Catamount and Green Mountain something or other. I just never did follow through with it because I can't afford it. The wages are so low in Vermont, it's really hard to just pay rent and have food to eat. Male/Burlington1

Yes, overqualified. Female/Burlington2

Probably four years ago we did get on Catamount. But about six months into it they audited us and they said we made too much money and they cancelled us right on the spot. We can't qualify for VHAP because on the books it looks like my husband makes too much money but we're trying to get Catamount. Female/Burlington2

Not yet, the plan was every time I finish the taxes to go and look at it (state programs), I just haven't yet, but this was the year and I haven't done my taxes yet either! Male/Burlington2

To be honest I haven't. I just know I'm not going to be able to afford even the lowest thing so I haven't bothered. Female/Burlington2

They say that I make too much money. I was eligible for some of them, not all of them. For a couple I have to be living here for at least five years to get one, it doesn't matter about my status (being from Russia), I just have to be here for five years. Male/Burlington2

I looked at the application but I haven't finished filling it out yet. Male/St. Johnsbury

When I was pregnant with my daughter, who's going to be seven next month, I had the VHAP coverage because they'll cover you when you're pregnant, but I haven't looked back into it. When I filled out the application, I just filled it out for my kids because I'm pretty sure I'd be over the income requirement. When I had to pay into it when I was pregnant, it was pretty expensive. Female/St. Johnsbury

We're over the income bracket and what they would ask for us to pay is outrageous; more than your rent, like three times your mortgage. It's unbelievable. It's a lot of money. Female/St. Johnsbury

Some perceived that employers who offered insurance paid lower wages in exchange; they would rather have the cash than the coverage.

*It seems to me that you have to take a big cut in pay in order to get some sort of health insurance too. Construction, you get \$14 or \$15 an hour and you can support yourself and your kid and your old lady on that money, but then you don't have health insurance. Or, you can go with \$8.75 or \$9.25 dollar an hour job and get minimal insurance where you're still paying \$300 or \$400 for your prescriptions. It's a Catch 22, it really is.
Male/Rutland*

A lot of employers will also give you less money per hour if they offer health care. They give you a lot less money per hour if they have health care. They'll give you a little more money per hour but then you have to pay for the health care. Male/Burlington1

Of course, driving the decision not to buy insurance was a choice between paying necessary living expenses such as rent and food and paying insurance to cover a health care need they might have. Some noted that insurance costs were similar in size to their rent or mortgage – simply an unrealistic and unaffordable amount.

I just got out of school and have college payments. I pay \$400 a month for VSAC and I'm pretty healthy but I would like to get my teeth cleaned and the basics, but I have to pay the VSAC. I look at it and say VSAC is more important than paying for health insurance. Female/Burlington1

I would like to have health insurance but the \$400 a month it was going to cost just when I'm not working... I have my mortgage every month and there are other bills that are priorities. Male/Burlington1

Car insurance, food, heating, all that comes first before health insurance and if I do have to go to the doctor, just suck it up and pay it off. But I wish I could get some good health insurance. Female/Burlington2

The premiums jumped really (high). I mean every time you get a raise, it goes right up and it reached a point where it jumped really high, it was more than what I was paying for rent. It got the point where I was going to be paying more of my income to insurance than I was to rent. Male/St. Johnsbury

Some uninsured did not like the idea of paying insurance companies who would take a profit before they paid hospitals and doctors. They preferred paying the doctors and hospitals directly.

Most of the uninsured kept their visits to a hospital or doctor to a minimum. This sometimes meant delaying visits until an injury or illness would not heal in its own. One participant delayed treatment for extreme poison ivy and another paid for an x-ray to determine that he had a broken wrist but then assessed the severity of his injury and decided not to seek treatment.

I broke my wrist snowboarding and got it x-rayed and it was broken and that cost me only about \$250. I chose not to go to the orthopedic doctor that they referred me to because I figured it would be another opinion and he would maybe cast it but it didn't look to be that bad and seems to be getting better. Male/Rutland

I mean, I had poison ivy one time for three months last year and eventually somebody told me to go to the medic clinic at the CVS pharmacy and for \$75 they give you an oral steroid. Male/Burlington2

I haven't been to a doctor in ten years. I don't miss them either. Male/St. Johnsbury

Visits to the emergency room were seen as costly and to be avoided. A few used the ER as their main point of primary care.

The emergency room has been my primary care for almost two years. Male/Rutland

Most did not go to the doctor for routine visits, such as physicals or other preventive care. Health and dental care for their children was more of a priority than for themselves.

I don't (do routine checkups). The most that I've gone to is Planned Parenthood for women's stuff, but that's it. Female/Burlington2

Others did go for care (some for physicals/preventive care, others when sick), and paid out of pocket.

When I go to the dentist once a year, I pay the one-time fee. Female/Rutland

I'll go and pay the \$80 out of pocket. Male/Burlington2

I take my son to the dentist. I pay out of my pocket. I have to end up paying the bill late or not at all, and if I'm not dying I don't go. Female/St. Johnsbury

Some of the uninsured said that they were forced to take better care of themselves.

I had it at one point, but I couldn't afford it. So if I get sick or anything, I just try to heal myself and I look up remedies and try to cure myself. Male/Burlington2

Many put off going to the dentist even though they understood the importance to their oral and overall health of having a healthy mouth.

Some thought that the insured abused the system by visiting a doctor when they didn't need to. Others thought that insurance rewarded those who didn't take care of themselves, such as smokers or the obese.

I believe there's a lot of people who just don't take care of their health, period, who are covered and there should be a limit for that also. Just a lot of people simply don't take care of their health and it has nothing to do with substance abuse or mental health, they just don't take care of their health. And they expect the doctor to solve all their problems and it's not going to happen. Male/Burlington1

- (in response to above comment): I agree. Somebody who's obese, doesn't exercise, doesn't eat right and they're 600-700 pounds. Female/Burlington1

Whatever their problem may be, the high percentage of health care is because of people who aren't healthy and a high percentage of that is because they don't take care of themselves. Male/Burlington1

I'm around my friends when they go, they also have kids, but it seems to me like if they have a sniffle, they're at the doctor and I don't go unless I'm dying. So it seems a little decadent and silly to me to go for every last little thing. Female/Burlington2

Group participants complained about the cost and the value of health care. One mentioned a \$1,500 visit for a sliced finger that was poorly bandaged and another mentioned \$1,000 for a shot. Many thought the cost of health care was absurdly high.

When health care was necessary, some sought discounts as much as 25%, for paying cash on the spot.

My doctor's office, it's its own little primary care center, they offer a 25% discount to cash patrons. So I get a little bit of a discount, you know? Female/Burlington2

Some went to the same doctors who knew their situation and charged accordingly. Others stated that those without insurance almost always received discounts. Others mentioned that some doctors and dentists would not see them without payment upfront.

And the hospital, because of my situation, they offer me a 20% discount off of my bill because of not having insurance, and that's for everybody, not just me. Anybody who doesn't have health insurance, they knock 20% off of the bill. Female/Burlington2

Where I live, some of the doctors won't see you. My son got hit in the nose with a plastic gun and they want the money before you walk in the door. What are you supposed to do? Female/St. Johnsbury

Others looked for payment plans to spread payments over many months with small amounts paid, \$5 or \$10 a month. Some admitted that these small payments were just enough to keep the debt collectors away.

Anything I've ever done or had to do, I usually just deal with it or go to the doctor's and give them a dollar a week or a month or whatever so they don't keep sending letters. Male/Rutland

Pretty much every medical expense you either just deal with it or pay it little by little, as much as you can. Male/Rutland

I just do the bill me type of deal and if you don't pay, obviously you're going to get collection notices and all that and my mother always told me, "Hey, just give them what you can give them and as long as you're giving them something...don't be afraid to call them and say, 'Look, I make this and I have this for overhead, so I can afford to give you \$5 a week, \$10 a week, whatever, they'll take it'" Male/Rutland

I had about \$1,000 worth of medical bills last year and finally they took me to collections and I paid them \$25 a month and \$10 a month until I got them all done. Male/Burlington2

I've had to come into the hospital before and couldn't pay the bill, and they send you the bill and if you can't pay it within 90 days, then they start threatening you with collection agencies. What are you going to do if you don't have the money? And sometimes just to keep your credit, I send them what they can. But sometimes if you send them \$5, \$10, \$20, they're going to be even happy with that. Female/St. Johnsbury

I had a payment plan with the hospital for \$10 a month and it took me a long time to pay the bill and when taxes came we were able to give them a little more, but they did accept it. But if I missed a month, they didn't like that, they wanted something coming in every month. Female/St. Johnsbury

A few participants sought out free, low-cost, and sliding scale-based health care, but most did not know where such care was available. Some young women noted that they could get routine exams at Planned Parenthood, though they had to walk past abortion protesters. Others knew the places that would charge on a sliding scale – they brought their pay stubs to document their income, sometimes waiting for care until a week where pay was minimal. Another adult mentioned the use of dental students for low cost teeth cleanings.

Personally, as a young woman, Planned Parenthood has been my savior because they do help me out and put me on a sliding scale and I am able to stay up on that and take care of myself. Annual exams are pretty important these days for young women and young men all over. Female/Burlington1

- *(in response to above comment): Except that you have to get harassed on your way in there. Everyone assumes that if you're going there, it's for one specific reason and not just for your general female health and then you get bombarded and people think you're getting an abortion. They stand across the street and hold rosaries and pictures of Jesus. Female/Burlington1*

The community health center in Burlington will do a sliding fee scale for anything: dental, vision. My boyfriend goes there. He got a general check up and there's a sliding fee scale for everything. Female/Burlington1

The only good thing about not making a lot of money at your job is being able to qualify for a sliding fee scale. I made the least amount of money that I've ever made in one month's time and I took my two consecutive pay stubs and said, "Now's the time to go to the doctor." Male/Burlington2

Thankfully I go to see someone who does a sliding scale which is pretty unheard of for acupuncture. Female/Burlington2

I go all the way up to (town) because they've got the clinic up there and they do a better job than any dentist's office and they're getting graded on it. It's a school; it's a dental school, so they take their time. You're not in there getting the rush, you're in there for a while and they take their time, they do a good job, and they're getting graded on it. Male/St. Johnsbury

Awareness and Knowledge of the Health Care Act

Almost all participants, except for the youngest, were somewhat aware of the Health Care Act.

A little bit, sure, my mother likes to talk a lot about those kind of politics and stuff. I prefer not to research it I guess. Male/Rutland

I've been hearing a lot about it, it's changed, it's what Obama has been talking about since he got into office but he's going on his second year now and I don't really know if there's been a resolution yet. Male/Rutland

I know that if you graduate from college and you don't have a job, you can be on your parents' health insurance, supposedly, until you're 26. I've heard talk of supposedly wanting to have everybody in the country insured. I'm not 100% sure of what policies they're trying to instill or if they've come up with a set plan yet. I know that there's a lot of confusion, obviously, not a lot of people know exactly what's happening and that's kind of unfortunate. Male/Rutland

Small companies will be forced to give all of their employees health benefits, which is good in some cases, but in some cases it's going to force a lot of small companies to go out of business because they're going to be paying so much money for health insurance that... the bottom line is they're going to end up closing doors. So if you look at the whole picture and if you look at other countries that have tried to do social health care, they have not succeeded. Female/Rutland

It's not going to come into effect for a while. It's going to start making a change. I think it's a great idea that everybody has to have it because I haven't had health care for 30 years because I don't want to give my money to the insurance companies. But now if everyone has health care and you're paying into this fund, it goes to the people who need it instead of the insurance companies. Male/Burlington1

It's a percent of your income is how it's going to work or something. I did figure it out when it came out, and this is also the thing where if you don't take it, you're going to be charged, correct? Male/Burlington1

I've heard people complain about it, but I've never sat down and looked through all the information. Female/Burlington1

I can tell you all the complaints of it! Well, my dad owns his own business and he's just mad because he can't really offer his employees insurance because it costs him too much and he can't even keep my sister and I on his because it costs too much. Female/Burlington1

It's not something I've paid a lot of attention to. I figure when it gets resolved and becomes a reality and I can sign up for it and be covered by it, then I'll pay attention to it. Male/Burlington1

I believe from what I've heard, I have not read the legislation, that you'll either go and get health insurance or you'll get assessed a fine if you don't. Male/Burlington2

I haven't heard many details other than you will have to get health insurance whether you want it or not. I don't think that's right. I think if health insurance is available and it's affordable, then people are going to want it, then they'll use it, but if you don't want it, then you shouldn't be forced. It should be available to everyone, but I don't think people should be forced to participate. Female/Burlington2

It's going to affect everybody because if you don't get insurance you're going to be fined. And the people down in Massachusetts don't like it because based on Mass's (program), they don't like it down there because people are losing their property, there's all kinds of fines. Male/St. Johnsbury

I've only heard that people are going to be required to have insurance and I guess my hope is that will mean there's going to be an affordable option for people who can't afford it. Female/St. Johnsbury

Some mainly remembered the political turmoil surrounding passage of the act, battles between Democrats and Republicans.

I do know that basically since the last election, most of it has been shot right down the tubes. I do know that the Republican Party doesn't seem to want to work with the Democrat Party and that Vermont is trying to come up with a single payer insurance. Female/Rutland

This whole thing about this health care debate that we're having or not having in Congress, I've never heard anything about health care, it's all about insurance. It's like going to have a discussion about car maintenance and all you're hearing about is car insurance. It's so political. Male/Burlington2

Only a handful thought that the act would help them in some way to afford insurance.

Many reacted negatively to making insurance purchase mandatory. There was a strong negative reaction to the assessment of fines for those who are uninsured. Forcing them to buy what they could not afford was no solution. This was not seen as helpful as they could not afford insurance now and they were skeptical that financial assistance would apply to them. Most, by experience, believed that they would not qualify for any support.

From what I've understood, you have to get it. I don't know how much it's going to cost, they didn't really go into details, but I think it's going to be expensive and if you don't chip into it, you have to pay a fine. And I think in the United States it should be our choice to get it or not. I don't think people should be told to. Female/Burlington1

With the new plan, they're going to charge you if you don't have health insurance. Male/Burlington1

So why wouldn't people just get their own individual health plan now if they're going to get charged for it anyways? They obviously can't afford it now so they're not going to be able to pay for it. Female/Burlington1

Maybe I don't understand it, but if you don't have the money to cover insurance, then why are we going to be fined for not having insurance because we can't afford it? So either way, you're losing money that you don't have. And wouldn't that make the insurance companies stronger because if you have to have it, then they can boost up the amount of money you have to give them. Male/St. Johnsbury

I'm a property owner so I know exactly how it's going to affect me. If we don't pay it, then they can put a lien on my property. Female/St. Johnsbury

They're going to take our kids away if we don't put food on the table but they're going to fine us if we don't get ourselves health insurance. Female/St. Johnsbury

A few knew of provisions that could be helpful, such as the extension of dependent coverage to age 26 or the end of insurance denial due to pre-existing conditions.

I heard that they can raise your rate if you do have a pre-existing condition. That's what I heard. Female/Burlington1

Desired Information on Affordable Health Insurance

Almost all respondents readily identified the two key things they wanted or know about low cost insurance:

1. What it would cost them

My number one is how much does it cost? So how much is "lower-cost?" Male/Burlington1

What is "low cost?" Is it low cost like Catamount, \$230 a month, which I can't afford? Or is it \$60 a month, which I'm totally willing to pay? Female/Burlington2

What is the rate per month in premium, so cost. What are they basing our monthly premium rate on? What are they charging us for a cost? How do they figure that? Female/St. Johnsbury

2. What was covered

What is actually covered? Like, am I going to have a yearly physical that's going to be covered by this? And blood work that's going to be covered before the deductible? Female/Rutland

How much coverage would I be receiving? A lot of stuff you're only covered for certain injuries and stuff. Like, you might break your leg and be covered, but if you fracture your skull, you might not be. Male/Rutland

Is it going to cover dental? Is it going to cover hospital visits? What will it cover? Female/Rutland

Are you covered for dental, hospital visits, preventative vs. emergency, what are the limitations, if you're on vacation is it going to cost you a whole lot if you go to a doctor in Florida or something? Male/Rutland

What does it cover? You know, prescriptions or female exams and that kind of thing. Female/Burlington1

What does it cover? What types of services does it cover? Anything I would even use? Female/Burlington2

After these two items, respondents wanted to know about:

1. Deductibles and co-pays

Is it worth it if you only think you might break a bone or something, you don't think you'll get "sick." But if your deductible ends up being \$500 then it's really not worth it to have the coverage because that's probably as much as it's going to cost anyway. Male/Rutland

Co pays. How much do I have to spend if I go to the doctor's? Am I paying \$50? \$10? Female/Burlington1

What the copays are, because that's part of the cost too. There's a monthly cost and then different things tend to be covered differently. Male/Burlington1

2. Who will it cover, such as family members

Can I get my husband on this? Can I get my family on this? And will it cover more than just me? Male/St. Johnsbury

3. Whether dental care was included

Dental and vision. My friend who's handicapped, she's been on Social Security and Medicare her whole life and she's on seizure medication and it's rotting out her teeth but they won't cover her teeth. Male/Burlington1

I would want dental. Male/Burlington

4. Whether vision care was included

I would like to go to the eye doctor and get glasses, which I don't think my past insurance covered anyway. Female/Burlington2

5. Whether pre-existing conditions would be covered

What about pre-existing clauses? Some insurance companies won't cover you if have an existing condition before. So why would I have insurance if I can't have coverage for the same problem? Female/Burlington1

6. Whether there are waiting periods for coverage

When does it go into effect? Is there a waiting period? Female/Burlington2

7. Choice of physicians or providers (closed or limited networks)

Based on what's covered, who gets to choose what doctors I see and the choice – is it my choice or is it the coverage's choice? Is it within the ramifications of the coverage, you know, can I go outside of that? Female/Rutland

What are the stipulations of which care provider I see? Who can I see, is there just a certain nesting of doctors and physicians? Male/Rutland

Are you going to tell me who I can see and can't see? I'm sorry, but I want to see who I want to see. Female/Burlington1

Can you choose your health care provider, or are you locked into an HMO? Can you go out of state, for instance? Out of network? Male/Burlington2

Would you have your choice of doctors and/or facilities, or would you have to take who they tell you to take. Male/St. Johnsbury

I've had my own certain doctor my whole life and there's those ones that you make bonds with. And females, we have our own stuff that we have to deal with and I don't want to have to go in and deal with some male doctor. Sorry, that's just preference. Female/St. Johnsbury

8. Will it cover routine exams?

9. Will it cover blood work, prescriptions? Which drugs will be covered?

Does it cover alternative or preventative medications? Female/Burlington2

10. How long will coverage last?

How long am I covered for? How long will it last? Male/Rutland

How long does it take until you have to renew it again? Like, if you have to renew it every month. Male/Rutland

11. Will costs be increasing? Is it possible to lock in a premium rate for a period of time?

What is the likelihood of my insurance rate increasing within the next year or two, because that would be pretty important to me. Male/Rutland

What are the odds that the rates are going to go up? If you could sign on for a guaranteed year and not have to renew it every month and worry about prices increasing, something like that, that would be pretty attractive. Male/Rutland

12. Will it be transportable in other states and outside the US?

Transportability. Are you covered everywhere you go in the world, because there are people that do want to do some traveling, and if they're in foreign lands, if they're paying here are they going to be covered there? Male/St. Johnsbury

13. How much will it pay in case of catastrophe?

14. If I lose my job, will I have trouble getting insurance?

If I lose a job that offers health insurance, are there stipulations on getting the new insurance? Female/Burlington2

15. Will it be employment/job related?

16. Will it go with me when I change jobs?

17. Will it be possible to change plans? When?

Summary of what respondents would want to know or see provided by a health insurance plan. If the item was mentioned more than once, the number of times it was mentioned appears in parentheses

Rutland Group (8 Participants)	Burlington – Group 1 (6 Participants)	Burlington – Group 2 (9 Participants)	St. Johnsbury (9 Participants)
Cost (6)	What is covered? (5)	Cost (9)	Cost (8)
What is covered? (6)	Cost (3)	What is covered? (5)	What is covered? (8)
What is the co pay? (3)	What is the deductible? (2)	What is the deductible? (2)	Choice of providers (can I see who I want?) (2)
What is the deductible? (2)	What is the co pay? (2)	Are pre-existing conditions covered?	Family coverage (spouse, kids)? (2)
Family coverage (spouse, kids)? (2)	Are pre-existing conditions covered?	Choice of providers (can I see who I want?)	Are pre-existing conditions covered?
How long am I covered for? (2)	Choice of providers (can I see who I want?)	How are eligibility and premiums determined?	At what point do you actually start insuring me?
Choice of providers (can I see who I want?) (2)	Dental	How is that possible now, but not before?	How much will it pay in case of a catastrophe?
What is the likelihood of my insurance rate increasing?	How/Why is it lower cost?	How often can I use it? Is it limited?	Transportability - only in US or does it cover one considering travelling to other countries?
Is dental covered?	Vision	Is it worth it?	What is the co pay?
	Who's getting my money?	What "status" (residency) do you have to have in order to get it?	What is the deductible?
	Will I still be covered if I miss a payment?	What if I lose my job that offers health insurance, are there stipulations on getting the insurance?	What is the rate or premium based on?
		What is the co pay?	
		When does it go into effect?	
		Who is providing this? Why weren't they doing this already?	
		Will it be employer-job related?	

Among those who had not any direct experience of being insured (includes adults who have never had insurance, young adults who had been covered by Dr. Dynasaur or had been on parents' plans, and adults who had been on state programs but had not paid deductibles or co-pays), there was little or no understanding of how insurance works when you have it.

Because I don't have insurance, this might be a silly question, but I was like, how often can I use it? Is it limited? Can I use it as many times as I need it, or is it cut off after at a certain time? Maybe that's silly. Female/Burlington2

The Exchange

The purpose of and need for the exchange was confusing. For some, this didn't sound much different that what existed. Insurance was available through insurance companies and the state and so everyone already had options to choose from.

But how is it different though? I'm not understanding how it's different from what the current insurances are now that offer plans. To me this health exchange is really nothing different than what's going on now. Is there a difference? Female/Burlington1

I can't really pull out the differences. That's why I'm confused. Female//Burlington1

Just because maybe this plan is different doesn't necessarily mean it's going to be better. Male/Burlington1

But that just seems like the same thing that we have now. Female/Burlington2

Many were confused by the meaning of the statement that “insurance companies would have to prove they met certain standards.” They did not interpret this to mean that consumers would be protected from companies that could not meet financial requirements. Only a few participants understood and liked this statement.

I didn't understand it, what it meant. Female/Rutland

If you look at “qualify” and “meet certain standards set by the state,” all states are not going to be equal because you're going to have some states offering one thing and that's going to cause certain people to move into certain states, or declare residency in certain states and be living in other states, and that's a nightmare for me. Female/Rutland

I thought the first one (first bullet point) was... people might see that and feel like people are going to be excluded automatically. Male/Rutland

Well personally I like the first one (first bullet point). The only reason I say that is because I feel like now through the way it is, insurance isn't really regulated. If the state doesn't have to regulate it, I don't disqualify and a lot of people don't like that. But I think they have to at least meet a minimum standard to be on this exchange, to be part of the program, because I feel like insurance agencies can really take advantage of people and they do a lot, and without anyone regulating that, they're going to obviously be able to do

*whatever they want, so I think it's a good thing for the state to get control of.
Male/Rutland*

That whole minimum standard thing scares the hell out of me because you've got billionaires and you've got broke people and if we're all set in one standard, categorized and generalized like that, that's a problem. Male/Rutland

I was confused by this... what standards? What kind of standards do they need to meet? That was really ambiguous. Female/Burlington1

Isn't that why we're here (at the focus group)? To develop the standards? Well, not develop the standards, but give insight? That's why it's ambiguous, because they don't know. Female/Burlington1

They're still going to be private companies, but the state is going to regulate and monitor them. And they're still going to be in competition supposedly. Male/St. Johnsbury

I do like that they have to meet certain standards, so hopefully it's going to keep the bad insurance companies out of the Exchange. On the other side, too much regulation keeps the performing insurance companies out. Female/St. Johnsbury

Many wondered "who the Exchange is" and "who owns it" and were skeptical that it would be free from health insurance bias and control.

What exactly is the health insurance exchange? Male/Burlington1

The big question is, who is the Exchange? Is it the government? Who owns the Exchange? It's obviously not a state insurance company or its not small businesses or your local businesses. It's one whole organization. Male/Burlington2

Some participants, a good majority in St. Johnsbury, did not connect the assertion that plans would "offer a minimum (basic) level of benefits" with the benefits described previously. They appeared to focus on the word 'minimum,' interpreting this as meaning the plan would only provide minimum benefits.

Why would you only want a minimum level of benefits? You were talking about emergency room, vision, dental, prescription drugs, mental health, all those things. So if it's a minimum basic level, which ones are they not covering? That goes back to the three things that are most important (earlier focus group exercise), and everybody said "what's covered." So if they do something that's a minimum level of care, then there's things that aren't covered. Male/Burlington1

Yeah, define minimum. Female/Burlington1

I don't like that it's a minimum, that they offer at least the minimum level of benefits. Female/St. Johnsbury

Oh is that the minimum? Oh, ok, I didn't realize that. Male/St. Johnsbury

Most were very skeptical about financial help, assuming, based on income, that they would fail to qualify for whatever assistance was available. They felt that subsidy criteria would need to be generous and that factors, in addition to income (e.g., expenses such as child support), should be factored into financial eligibility.

If you make \$1,201, you're screwed. Based on what you make, you can get credits and help, but it's based on what you make. If you go over that line, even just a dollar, you get nothing. There is no, "Ok, you make a little bit more so you get a little less help." It's yes or no. Male/Rutland

I don't think that should be based on your income because I'm above the amount that will give me a low fee at the sliding scale places, but based on the cost of living in Vermont, I still can't afford to get all these things, so it should be based on more than your income to figure out what you owe. Female/Burlington1

I think it should be based on more than just income, like how much you make in a year. It should take a look at the complete financial picture and based on income and expenses, and certain expenses would qualify and some wouldn't. Male/Burlington1

Let's just say that Dave and Ryan make the same amount of money, let's say \$50,000 a year. Ryan has child support, he's got a mortgage, he's got all these expenses. Dave owns his own house with no mortgage, no nothing. So is it fair for Ryan to pay the same amount as Dave when Ryan should really get more of the credits? Everybody's financial picture should be looked at. Female/Burlington1

But then again on another note, why should somebody who planned out their life... and this is not a slam to anyone who has children.... but why should somebody who had kids really early in life get all this extra money because they have more kids to pay for when somebody else who planned out when to have kids when they were ready isn't going to get as much help because they were doing things in a more realistic order? So it's hard. Female/Burlington1

Our family, we don't believe in debt so we're debt free, so when we fill out an application, it's how much you owe on this, this and this... well for us it's all zeros so we're automatically not eligible. Female/St. Johnsbury

Participants were also skeptical about the ability to apply for more than one plan with one application. They wondered if they could be denied once they applied, or what differences there would be in plans if they all covered the same items and had the same co-payments.

A few liked the idea of providing wellness or "staying healthy" credits to encourage people to take care of themselves, as currently offered by some insurance companies.

If you don't go to the doctor's, then you shouldn't have to pay as much. So I was thinking a stay healthy credit if you don't actually get sick and have to use the services. If you stay healthy you should get a credit. Female/Burlington2

One participant wanted the choice of plans to include companies outside of Vermont.

A few thought that people may be scared off by the complexity of the Exchange. Others simply felt the Exchange was confusing due to the lack of detail and explanation provided about the program.

*I think that this whole thing is just made to look good, but it's very vague. Like the income, "based on your income," but it doesn't say what that is. It doesn't say what "qualify" means, "basic level" isn't described. It sounds good but until people know what the actual levels are, what the definitions are, then you can't really judge it very well.
Male/Rutland*

It's too vague, there's not a lot of detail. Male/Burlington1

Benefits

Almost all found the benefits that will be part of basic plans to be complete. Many particularly liked the preventative care coverage.

What impresses me is the preventative care because there are a lot of insurances don't cover preventative care, and Medicare is one of them, I can tell you that right off. And what they mean by preventative care is your regular physicals. You would think that an insurance company would want to cover preventative care to keep you well so you wouldn't be as sick as often. Female/Burlington2

Many wanted to see dental care included, noting that oral health affected overall health. And some wanted to see vision care included. Many wondered why dental care, vision, hearing care, etc. were only covered for those under 21, noting that 21 year olds were not really children and expressed the desire that those benefits apply to adults as well. Others wanted those benefits to be included for children under the age of 18, as opposed to under age 21.

When I read "under 21," I think that should be changed to "under 18" because if you're old enough to vote, you're old enough to go out and get a job and work. Female/Rutland

*Why would that be limited to people under 21? Why limit it to people under 21 if it's part of some kind of benefit, why wouldn't adults get it too? I still want it for people under 21 but the thing that's missing is that why wouldn't somebody who's 22 or 55 get it?
Male/Burlington1*

*When you lose your teeth, it affects your health, really a lot. So it's very important but they (insurance companies/plans) don't seem to think it's important to cover teeth.
Male/Burlington1*

They don't cover it (dental). No insurance covers it unless you buy extra and the whole problem is there's a lot more evidence now that serious health problems are resulting from people not taking care of their teeth. Male/Burlington2

I thought it was interesting that they offer vision and dental to adults under 21 but they don't offer vision and dental for adults. So I don't like that. Female/Burlington2

I think dental should be covered because your teeth affect your health, so it should be. Female/St. Johnsbury

I don't like the services for children and young adults under age 21. I think it should be based for everyone, no matter your age, young, old. Old people need glasses and oral health care too. Female/St. Johnsbury

Some wanted to see alternative medicine and treatments included.

I think that that's something that health insurance doesn't do that they should do is work with alternative medicines. So for example, the doctor would rather write the prescription for the painkiller rather than have the insurance cover the visit to the chiropractor, which might make the painkiller not necessary, and I just think that if I were structuring a health care plan, I would structure alternative medicines above prescriptions. Female/St. Johnsbury

Some wanted in-home care, especially for the elderly included.

Some objected to the substance abuse coverage, thinking that there needed to be some limits on this, otherwise individuals might not be serious about addressing their substance abuse.

As a cousin of someone who's a drug addict, for substance abuse, fine, you go and get treated once, maybe twice, but no third time. Why should the state, if it is state funded, why should they cover that? Female/Burlington1

I definitely see the point about substance abuse shouldn't necessarily be covered over and over and the relapses and things like that. I think maybe part of an overall health plan is education to go with it. Male/Burlington1

Up to certain amount of substance abuse services. If someone is obviously not trying to get better, they still need the services, but maybe not covered under health insurance, maybe some other program. Female/Burlington2

I'm very up in the air about it. Basically I believe in personal responsibility, Personal responsibility is that I don't do drugs. I have a hard time when people want me to pay for their rehabilitation. A co pay keeps somebody from running down there needlessly if they have to pay some of the cost. Male/St. Johnsbury

Some thought that prescription coverage should be “within reason” meaning that some expensive and unnecessary drugs should not be included.

I don't necessarily agree that that should be a minimum benefit all the time because somebody that goes into the doctor or gets tested and they have high blood pressure or whatever, instead of the government or people paying for them to have prescription drugs, the doctor could just say, “Well, you need to lose 10 pounds,” but the easy handover is to give them prescription drugs and then they don't need to lose weight, so it shouldn't always be covered. Female/Burlington1

On the list it says that prescription drugs are covered and I think that should be within reason. I think that there are people that have prescriptions more because they want them than because they need them, and I think there are doctors that are willing to write prescriptions because people want them and that can be very expensive and I think maybe that's part of what drives up the cost of health care for everyone. Female/St. Johnsbury

Some thought that emergency room care should be covered only for true emergencies, and that co-pays should be required as a disincentive for inappropriate use.

People will go to the emergency room for a cold, or something minor. So if it's legitimate and you need to go to the emergency room, then yeah, it should be covered. But if it's little and you're just being a (expletive), then the system shouldn't have to pay for something little just because you're not being tough enough to get over something in a day or two. I mean, if it's a legitimate thing, then yes, emergency room should be covered, but within reason I think. Female/Burlington1

Emergency room visits, I think they should be covered to a point. I think they should be a real emergency in order for the emergency room fee to be covered. Because people go to the emergency room for a sniffle because they can't see their doctor when they want to get it, or they don't have a doctor. Female/Burlington2

My wife used to say that one of the biggest problems with the emergency room is that the Medicaid patients tend to use it as their personal physician because they don't have regular doctors a lot of the time and if there was a co pay that was decent enough, it would tend to discourage people from using the services causally, especially if you're on Medicaid and for \$25 or \$30, you have to think about it. You don't have to have astronomical co pays to encourage intelligent behavior. Male/Burlington2

Cost Sharing

Many participants did not like the four levels of plans; bronze, silver, gold and platinum. Some did not like the names and others did not like the implication. The names seemed very corporate and reminded participants of credit cards or cable TV plans and this suggested that the new health care act was designed and developed by or for insurance companies.

As far as the cost sharing, I didn't like any of the titles because when I see those bronze, silver, gold, platinum, I think of credit cards and credit cards for a lot of people are a nightmare and they're not responsible with credit cards, so I don't like that labeling of the plans per se. Female/Rutland

As far as the bronze, silver, gold and platinum health care plans, I have the platinum cable TV plan and I'm getting robbed blind, it (expletive) terribly, I hate it. And that's the first thing that comes to mind. So yeah, those names are terrible, you guys need to pick some different names, they're no good. Male/Rutland

It's like a credit card. Platinum! It should be: Are You Poor, Are You Semi-Poor... Female/St. Johnsbury

The different levels also were interpreted as being inequitable. Participants thought that the wealthy would be able to pay for a platinum plan while those without so much income would be forced to select the bronze plan.

Let's face it, you're going to pay a lot less probably for your bronze than your platinum, so, "Oh, I make \$100,000 a year, I can afford the platinum plan." Or, "I make less than \$50,000 a year, I can't afford the platinum, I'm going to get stuck with the bronze." So if anything happens, they're going to pay 30% less on their insurance than I am, God help us. Female/Rutland

It seems like all these plans... it's all tied into your income, your wages, how much money you make at your job. Why aren't there any for a person who doesn't have an income? Male/Burlington2

Why are there different plans to begin with? Why are there different levels? Which immediately equates to how much money you make. Why isn't it just one plan? Female/Burlington2

I just crossed off the bronze plan immediately. I thought, oh my gosh, anyone that's got to pay 40% made me wonder, what does that include for premiums and deductibles? What does that cover? Is it all income based? But I thought the bronze and silver plans were quite pricy where you pay 40% or 50%. Female/Burlington2

I don't like it at all. Because it seems like if you don't have a lot of money, you're going to take the bronze plan, and if you do have a lot of money, you're going to take the platinum plan, and so people who have less income are going to end up paying more if they do get sick, is what it looks like to me. Female/St. Johnsbury

Everybody is going to be required to get it. What is it based on? Your income. Ok, well they say I make a lot of money, but in reality, I don't make a lot of money. I've got to pay this, I've got to pay that, I've got to feed the kids and when you boil all my money down, what you're saying is I can somehow still afford the bronze plan, but you're telling me I've got to buy the premium plan, that's not fair. Female/St. Johnsbury

And somebody in our situations, if we're forced to get the insurance, would choose the bronze too because where does our extra money have to go to? Feeding the kids. If they're going to force me to get insurance versus putting food on the table, of course I'm going to go with the cheaper plan! It's not like I'm suddenly going to have a money tree out back to pick money off and pay the insurance company, it's still got to come out of somewhere. Female/St. Johnsbury

A few liked the ability to choose a plan based on what they think is best for them.

They would cost different amounts, correct? That's good. Some people want certain amounts of care. Some want a lot, some want a little. It's good to have the choices. Male/Rutland

Everybody wants them to pay 90% and you pay the least amount, but in the long run, how often do you use it? You guys are paying out of pocket and it's cheaper to pay out of pocket than have a plan like this, so it's hard because I don't want to pay, but I do want all this coverage. So how much are you going to give up in order to be covered? I think it's always good to have options, I think that's the best, but I don't want to pay a ton of money but you have to in order to get something. I would have to see the plan broken down and really have to think about it. Female/Burlington1

If there are options, it's nice to have options where one of them costs \$100 a month, the next one that pays more costs \$200 or \$300 or \$400 a month, so based on how much you pay in, that's how much coverage you get as a percentage when you need it. Male/Burlington1

I like it. If I'm healthy and say I don't go to the doctor very often, I would be taking the bronze plan because my premium will be very small and then the few times I go to the doctor, then I pay a larger amount. So someone healthy would take the bronze plan. Female/St. Johnsbury

For some, the bronze plan wasn't much better than paying as they go.

A few felt that the plans with the higher cost share would create a disincentive to go for care when it is needed.

Most participants also had questions about co-payments, how much they would have to pay for visits and treatment.

Only two participants asked about caps on the amounts paid, what they were or if there would be.

What's the cap? Tell me what the cap is. The cap could be \$3,000. Ok, I'm not going to pay that. I'm not going to pay up to \$3,000. They haven't detailed it enough. Female/St. Johnsbury

Participants noted that the bronze plan that paid 60% of costs was not much security in the event of a major \$100,000 health bill. Such a bill would be just as devastating whether they had to pay \$40,000 of it or all of it. Both amounts were out of reach. Similarly, although the platinum plan would pay 90% of costs, many participants still felt that paying 10% of a medical bill could be impossible.

(Participant is addressing another participant who got in a car crash and the bill was \$285,000): When you got wiped out in the car crash and it was \$285,000, if you had picked the platinum plan, you would still owe 10% of that and I guess that would be \$28,000. So that would wipe you out. So the platinum plan might sound good, but it might not, you know? A lot of people, as they age, they're in the hospital all the time and nursing homes and stuff and 10% will wipe anybody out. It sounds like a good deal, but it's not. It depends on the situation. Male/Burlington1

A number of participants, particularly young adults and those who had never been insured, did not understand the concept of cost sharing and mistakenly thought that the different plan levels provided different levels of coverage rather than different proportions of cost sharing.

I think that everybody should be able to have an equal plan and pay the same amount. Some people have more money than others, so they get better care than others do? I don't think that's right. Female/Rutland

I'm confused by it, really. Male/Burlington1

So you're paying a monthly or annual premium and based on the level of premium you pick, as a monthly expense, that determines the level of coverage you get. And some people may want to opt for the highest premium to know that everything is covered 90/10. And people who barely get sick may want the lowest premium because if something bad happens, still 60% is covered and that's the options. Pick which combination of coverage and premium works best for your particular situation. Male/Burlington1

You can apply for a plan or more than one plan. So what does it mean, you get to pick and choose like a cafeteria plan? You get to pick and choose what things you want covered? Like, you don't need the maternity care or you don't have small children so you don't need the child care. You get to take that off so it lowers your bill? Female/Burlington2

I don't understand this one. Female/St. Johnsbury

Oh, so I only have this much so I have to got with this plan. It shouldn't be like that, it should be that everyone should get the same treatment even if she makes more money than I do. When it comes to being healthy and your body, everyone should be treated the same. Female/St. Johnsbury

One found the statement “this is called cost sharing, and it includes things like deductibles and co-pays” to be confusing.

The benefits seem nice but the bottom part (of the cost-sharing write-up) seems confusing. It says that it includes things like deductibles and co-pays, but based on these plans, there wouldn't be any deductibles, it's all just you pay a percentage. There definitely needs to be more details as far as the plan goes. Male/Rutland

The Navigator

Most liked the idea of having navigators to help them choose plans, and felt that this role and service would be valuable to them.

Some wondered if plans were so easy to understand and compare through the Exchange, why assistance would be necessary.

It's a wonderful idea but I thought that one of the keys about the Exchange was that it's supposed to be easy to understand. So you go to this webpage and understand everything or whatever and get your application at the post office and say hey, this is easy? Male/Burlington2

- (in response to above comment): Yeah, and the previous page says it will be easy to compare... Male/Burlington2

All liked the idea that insurance companies could NOT be navigators. They thought that insurance companies would be biased towards their own plans. The concept of unbiased information and assistance was very important.

It stresses that these people, these organizations who are called Navigators are not insurance companies and I guess that fact alone would be a good thing for the people doing this to say they're not insurance companies, they're not just trying to rob you. Male/Rutland

The part that gave me confidence, that said insurance companies are not the navigators. So for me, I looked at the navigator as being somebody who knows the system inside and out and if I come to them and say, "This is what I need, this is what I do, these are the things that I would like, can you help me find the best plan that would fit me," and because they're not swayed by insurance companies, that would make me feel confident that they would be honest and want to help me. Female/Burlington1

An independent third party, their interest is not what's best for the insurance company, they're looking to help you find the plan that is going to make the most sense for you, whatever the different options are, because they know it inside out, backwards and forwards. Male/Burlington1

That's a good thing, because they won't trying to be selling you anything. Female/Burlington2

I have comment on something I really like about it –that the insurance companies will not be navigators. That's great. These people will say, "This is what's best for you," they're not going to be trying to sell you something. That's fantastic. Instead of having a hidden agenda here. Male/St. Johnsbury

While participants liked the idea of impartial unbiased advice, some were skeptical if this would be so. They wondered who was qualified to give this advice and whether the giver would be responsible for the advice they gave, in the event they gave poor advice.

Are the navigators responsible if they make the wrong decisions? Male/Burlington1

- (in response to the above comment): Well, inevitably they're not the ones who are making the decisions. They're giving you the unbiased information on what would be good based on the information you've given them, so they can't be responsible. Female/Burlington1

I like unbiased. But are they going to be unbiased though because I think lots of times it doesn't end up being that way. You go in and you're looking for health insurance and you're trying to pick the right plan for you but ultimately they're selling you insurance so I just don't feel that they'll always be giving me the best advice. They're still getting paid, they're selling a service. Male/Burlington1

It sounds good, if they're really a neutral party that can help people navigate the system and figure out how to get subsidies. Female/Burlington2

Unbiased. How do you ensure they're unbiased? Female/Burlington2

Some didn't want to be assisted with enrollment, thinking that enrollment should be voluntary not mandatory.

Some wondered who navigators would be and whether they would be primarily former insurance company employees. Preventing bias was a concern of some. Some were concerned about kick-backs for referrals or that navigators would be "bought off."

My first thing is, "Yup, and how long before these navigators are bought out by the insurance companies or getting kick backs from somebody?" It's going to be corrupted, that's what I'm concerned about. Female/Rutland

Sooner or later, even if it's not at the beginning, the insurance company is going to have some control over that I assume. All of a sudden the insurance company is making a non profit donation or something. Male/Burlington1

Anybody who applies for the job of a navigator, the employer is going to ask him if he has experience. And if they worked for an insurance company, they'll probably get the job. So the people who are former insurance company employees. Male/Burlington1

It sounds good. I'm just curious, are these going to be state employees? Female/Burlington2

Are they paid a little more by one company to tell you a little extra something special about this one company? Female/Burlington2

Are the insurance companies paying the navigators? Are there back door deals going on? Male/Burlington2

Are the navigators available over the phone, are they online, or do you write to them? Is that who they're talking about? Male/Burlington2

It's to make sure that those navigators won't promote certain companies, that corruption won't set in and get bonuses and incentives and lobbyists and stuff like that, so how do you keep those people clean? Female/St. Johnsbury

A few expressed concern that navigators would push them in a particular direction or choose a plan for them.

You can get navigators in there that might try to lead certain people in a certain direction that might not be really good for them. For example, if somebody does not have the mental ability to decide for themselves what's best for them, they might have a navigator who's pushing them in a direction that might not be good for them. Female/Rutland

Do they have a set script, or is each navigator possibly going to tell you something different? Male/Burlington2

Some participants saw navigators as the creation of a "new industry" with profits to be made, and the addition of an additional layer of cost.

It almost seems like it would spawn another industry that people would try to jump in on and figure out a way they can be reimbursed for it. Every time something like this happens, you get another industry. As soon as you add a layer of complexity, you have to add a layer of analysts and coders and decoders. Male/Burlington2

I think that it sounds like a really expensive waste of time. I think it sounds like a bunch of people sitting in offices to answer something that is supposedly is already on the website and at another office. And then it says that there will be organizations called navigators. So are these private companies or is this one state office of the navigator? It just sounds expensive and confusing to me. Female/St. Johnsbury

A number of people wondered who would pay for the navigators. To serve this role well could be expensive. Would it be paid by tax dollars, by a premium on the insurance they paid, or by the insurance companies?

Who's paying the navigators? Who do they work for? Female/Burlington1

If somebody wants to find somebody to help me out with my daily decisions, that's fine, but I don't want to pay for it. Where does this person come from? Female/Burlington1

I didn't really think about paying for them, I just thought the idea of it is great. Female/Burlington1

I just think if the state does something, our taxes will go up. Female/Burlington1

Who pays the navigators? Male/Burlington2

But you're paying the insurance companies and now you're paying the navigators on top of that. Female/Burlington2

My question is who's paying for it? Who's going to pay for this? It's going to be us. Female/St. Johnsbury

I think the idea is great in an ideal world, but then when people start thinking about how much it will cost... Male/St. Johnsbury

When asked what organization might serve as navigators, participants were largely silent. While there was some preference for non-profit organizations, none came to mind. Some thought private companies would be best suited as navigators. A government agency such as the one that provides information on VHAP and Catamount was suggested, but there was concern about adding to the bureaucracy.

A non-profit. Female/Burlington2

I'm having a hard time thinking who would be available for that. Male/Burlington2

I think there's something nice about having folks that live in Vermont help answer questions. So state workers or where you know you're getting someone who is local. Female/Burlington2

The State Insurance Commission. Male/St. Johnsbury

I work for the state and I work for a private company, and I think private companies are a lot more efficient than the state and can do the same amount of work, faster and cheaper. So if we're ending up paying for it, I'd rather a private company does it because it's going to be cheaper for me. Female/St. Johnsbury

Well if it's really a private company, they would have to bill for services or else they'd basically be a state company. I mean, they'd be a branch of the state if the state always paid them for their services, then they wouldn't have any incentive to be any more efficient than if the state just paid their own employee for their services. Female/St. Johnsbury

In Rutland, personal physicians were thought to be the most credible, though participants admitted that doctors might not have time for such a role.

The doctors that I go to, I trust them. Why not? Female/Rutland

I think I'd want to go to my doctor and ask him, "Hey, you know my situation, you know what's up, I trust you." Female/Rutland

As far as the doctors being the navigators, I really am kinda iffy about that idea because doctors are doctors and you're going to have to pay really good money. I don't think they're going to volunteer their time to educate the public on things like this. Male/Rutland

One participant envisioned navigators as call center representatives; taking incoming calls, providing callers with information or a website to visit, or sending out information if requested.

I'm kind of envisioning this navigator as a call center type person. That's where I kind of stray away from the doctors. I envision this as you call them up, say this is my situation and then they'll give you information or mail you something. I'm sure they'd have a website as well. Male/Rutland

Insurance brokers as navigators had minimal appeal. Most would not want to go to a broker for health insurance information.

*Not for health insurance. I'd do my own research. I just feel like they'd get a commission
Female/Burlington1*

Many liked the idea that the navigator could steer you to the right person or organization if you had a problem with your insurance, though some thought this was no different than referrals available now. A few others felt that the navigators should be the ones to help if people have problems with their health insurance plan, instead of sending them off somewhere else for help.

I don't feel like they should have to tell you where to go if you have problems with it, I feel like they should just be... that you could do it there, you don't have to go anywhere else. I feel like they should be set up where you can just switch it over there; it seems a lot less complicated. I mean, why should you talk to these people about all this stuff and they can't help you with your plan? Male/Rutland

If you have a problem, you want to know who to get a hold of to ask them questions. Any problems, you want to know who to get a hold of. Female/St. Johnsbury

Accessing Plan Information

When asked where they would go first for information, almost all preferred to start on the internet.

Personally, I'd probably just go to the internet and compare a bunch of different sources and read a bunch of stuff about that because I feel that getting just one opinion is a stupid idea. Male/Rutland

I think that would be a very good idea. If you're unsure on who to go to or who to speak with, the web always has at least one thing about everything. So you could definitely go there and check it out. Female/Rutland

I'd personally be more prone to use the web than the phone. Male/Rutland

I generally do most my research on the web. Male/Burlington1

I would go online because I always like to do my own research. Male/Burlington2

I think I would go online. That's assuming it's a functional website. I would definitely use that. Female/St. Johnsbury

After an initial search and once participants had a basic understanding of the offerings, some would want to speak to someone over the phone or in person.

I would look at website and if that didn't have what I was looking for, I think that it's always good for complicated issues, like this, to be able to talk to somebody who really knows. So if you have questions, you can ask them what's going on. Male/Rutland

I usually do all my research on the web for everything and then I call. Because I want to talk to somebody but I don't want them to be giving me the first insight on what I'm calling for. I want to have already done the research and then I call to talk to them. Female/Burlington1

After I do the research I usually talk to somebody. Female/Burlington1

I would probably go to the website and I'd probably get quickly confused so then I'd want to talk to somebody over the phone or meet with somebody and if it was for everybody, I'd want it (information) at all public libraries. Female/Burlington2

I think I'd probably go online, at least initially. I might call somebody after I'd looked through everything, if I had more questions and stuff. Going online I think is usually, for most people, the simplest and easiest way to get started anyways. Male/Burlington2

I think I would probably go online and check it out and then I would call and have the navigator come and talk to me. I want to do it face to face. Female/St. Johnsbury

I would probably start out with pamphlets and compare it on the computer and then I'd probably want to meet somebody because I would want to have that security of knowing that what I just saw and read is really what they're going to provide. Female/St. Johnsbury

Once I've decided what insurance that I need, then I'm willing to sit down with them and really discuss it and maybe put the John Henry on the document. Male/St. Johnsbury

Some wanted to look the person helping them right in the eyes, while others thought that a phone call was sufficient. Older participants tended to favor making a phone call or meeting the person face to face as opposed to turning to the web. A few noted that they're just not comfortable with computers and technology.

I'd go through the phone because I hate the web. But that's a generational thing, I'm not into computers. I don't understand it. Female/Rutland

If you want to talk to someone, I'd actually want to sit down and talk to someone versus a phone. I'd much rather do that because a conversation is so much more than just voices talking towards each other. You get a better understanding of something generally when you're sitting down and talking with them because you can express it a lot better. Male/Rutland

I would call, but I'd rather be face to face, like this (focus group) where I can say, "Ahh, wait a minute, I'm not quite sure what that means." I like to hear what other people say because that gets me thinking and the more I think about stuff, the more its like, "Ok, gosh, I never thought about it that way." I like another point of view. So I like sitting down with somebody, several somebody's, and not be there all by myself. Female/Rutland

Isn't that what the navigator is? Somebody you talk to face to face? I think it would be more helpful (to meet face to face) because your questions flow more and you're looking at documents that maybe they have shown you so you're looking at something, reading it, you're discussing it, talking about it, and that's a better way for me to get information that way. I mean, I can get it over the phone, but to physically be able to meet with somebody, you get the answers to your questions. Male/Burlington1

It really is nice to speak with somebody face to face and not only that, with health care especially, there's a lot of personal information that you're going to give too. And it's not always bad to give it over the internet but it seems like talking to somebody would be good for me personally. Male/Burlington1

I would rather see the personal representatives first. And I think they should offer public seminars to tell you what you're going to get and have people there with pamphlets to sit down and explain it to you because this is monumental and it shouldn't be taken lightly. Female/St. Johnsbury

I just cannot do a search (on the internet). I just cannot find what I'm looking for, not matter what; it could be a frosting recipe. Female/St. Johnsbury

Some participants solely preferred the web because they feel that it's difficult to reach a person when they call up companies for assistance. Most found themselves caught in an endless automated phone system and grew increasingly frustrated when they couldn't speak to an actual human. Others stated that in past instances, if they were able to speak to a person, they had difficulty understanding and communicating with the representative.

That's because I don't get a person. My reason for not liking that is because I don't ever get to talk to a person. Male/Rutland

Sometime with the phone, there's communication issues. You're trying to understand the person and they're trying to understand you. Male/Rutland

I don't mind talking to a person, but when you get into that in-depth "Well, let me go and transfer you to this person. Well, let me check with my supervisor and get back to you." Male/Rutland

If I know that I can get someone relatively quickly, I'd make a phone call first and then secondly I'd go online. Female/Burlington2

A few would begin with a person to person contact or by contacting friends or family members.

I'd probably go to my grandmother and talk to her. Female/Rutland

My mother has worked the nursing field for years, so I'd probably go to her. She's friends with a lot of local doctors. Male/Rutland

I would ask friends first. Then the internet. Male/Burlington1

A few said they would go and speak to people in the insurance field.

My grandfather and uncle owned an insurance agency so I always went through them. So I guess that's who I would go to (someone who sells health insurance). Male/Rutland

Agencies. Male/Rutland

I would probably ask somebody I know in the insurance business. Female/Burlington2

Many not only thought they would primarily rely on the internet to get basic information and to compare plans, but they would also rely on the internet for feedback and comments by users. The product rating systems on websites such as Amazon were mentioned.

I think what you were saying about the internet is really good. Just the blogs that people have, the consumer Yahoo help or whatever. There's just so many peoples' opinions out there and I think that's the best source that's kind of unbiased. You know, people that have actually experienced things. Male/Rutland

The thing about watching the news or reading the paper is you get somebody's opinion versus when you go on the internet, you can either go right to the site and find the actual facts, or you can get reviews, you can get opinions from other people from both sides. There's a lot more information that's unbiased, if you will, off the internet. Male/Burlington1

I would go online, especially if they have a forum where people ask questions that they don't understand. You read the reviews, just like from people like yourself, because maybe there's somebody who can answer your question, people like yourself that have already found out about this stuff. It would be good if they had it on the same webpage, a forum page, so you don't have to go on a different website. Male/Burlington2

Are people going to be able to rate it, like if you go shopping on Amazon.com or something? Because honestly, that's about the only thing that I think would be useful because if you just see their rates and what they cover, then you don't know if they're actually going to cover it when it comes time to it or if you would have to fight. Because you hear stories about people not having good experiences with insurance; they're fighting to get the coverage that they were promised. Female/St. Johnsbury

Some suggested that understandable print information should be made widely available. Overall, participants are more than willing to read materials and any information that is presented to them regarding the Exchange and the details surrounding plans and navigators, whether it's from a website, direct mailings, or informational brochures – they just want information. Others simply wondered how the public was going to be educated.

Just wherever it's available. Is it in brochures that are mailed to you, is it at Town Hall, is there a webpage? There's just an infinite variety of media sources out there. Male/Burlington2

The only question I have is how are they going to educate anybody? Are they going to have a public sit down? Are they going to print it all out in a newspaper? TV? Magazines? How are they going to inform the public? Female/St. Johnsbury

As a tree harvester, I have to back the pamphlets. But I am a savvy business owner and I do a lot of searching on the internet for ways to save money so I like the paper copy; it's hard, nobody can change it once I got it in my hand. That's something that can happen on a computer, they can change rates overnight and you wouldn't be aware of it. So I like my hard copy for my file, I like to compare. Male/St. Johnsbury

Preference for Single Payer Insurance

A number of participants had negative reactions to a system that continues to be built on the current insurance model and saw the Exchange as the wrong solution.

At various points during the discussion, some participants wondered how different the system under the health care act would be than the current system and expressed an interest in a simpler and more equitable system, such as a single payer system.

For some, the difference was that they had to buy insurance that they could not afford. A few even thought that their property would be confiscated if they didn't buy insurance.

Almost all thought that they would not qualify for subsidies and tax credits. This was based on the experience of being just over the income limits set by other programs. This was especially a concern for those who were self employed and had income that appeared to be high, but was lower due to expenses. Others failed to qualify because of unusual family situations.

The discussion of levels of plans (bronze, silver, etc.) spurred comments on equity. Participants thought that wealthier citizens would get better coverage if they had a platinum plan— because they paid more in upfront premiums. They did not understand that all plans provided the same coverage.

Appendix 1. Moderator's Guide

Introduction

Hello everyone! Welcome, to Market Decisions, it's a pleasure to have you all here. My name is Curt Mildner and I will be the moderator for tonight's focus group discussion and we're going to be talking about insurance and being uninsured.

Let's talk a little bit about focus groups. Focus groups are simply group discussions about a product, a service, or a program. You probably have participated in other types of research, such as mail surveys and phone surveys, but clients like focus groups because they allow us to hear directly from people like you about their opinions, attitudes, and beliefs.

Focus groups work best when you do the talking. Our client really doesn't want to hear what I have to say. I'm here to pose questions, to keep us on track, and to make sure that we hear from everyone.

I find that in group discussions, when one person speaks others are reminded of things they want to say – to add to the train of thought or to express another point of view. That's great; your job is to speak your mind. And we do want to hear from you especially if your ideas are different.

We don't expect that you'll all agree with one another and we do not need to come to a consensus on any topic. There are no right or wrong answers, we want to hear all your thoughts and opinions.

This room has been set up especially for market research groups like this one.

I'd like you to notice the microphones. We'll be audio taping and videotaping this group.

We do this so that I can review your remarks before I write my report and so that I don't have to try to write everything down while we're speaking together. I need to be engaged in the conversation and it is hard to follow what people say if I'm writing down everything you say, so the videos are basically for note-taking purposes.

But please, do not worry; none of you will be on the 11 o'clock news or on candid camera as a result of participating in this group. These tapes will be used for research purposes only. Also, behind me is a mirror through which people can observe groups like this one. We do have some observers tonight, and they are here because they're interested in your ideas and opinions.

To allow conversation to flow more smoothly, I'm going to offer the following ground rules so that we can all be moving in the same direction.

- 1.) Please speak one at a time and in a voice as loud as mine.
- 2.) This session is being taped so that I can write an accurate report, not of who said what, but of what got said. None of your names will be used in this report.

- 3.) I need to hear from everyone during the course of tonight’s discussion, especially if you have a different point of view, but you do not have to answer every question that I ask.
- 4.) I may need to cut you off at some point to move onto a new topic because we do have a lot to cover tonight. I want to apologize in advance for this.
- 5.) You do not need to address all your comments to me to get them on the table. You can respond directly to what someone says, and I encourage you to respond to each other’s comments, but please avoid having side conversations with your neighbors.
- 6.) There are no wrong answers in market research, just different opinions. We are looking for different points of view. Say what is true for you, even if you are the only one who feels that way. Don’t let the group sway you and don’t sell out to a strong talker or to group opinion.
- 7.) We will be observing the no smoking rule tonight.

Warm-Up and Background

All of you have at least one thing in common – you do not currently have health insurance. You may have not had insurance for some time or you may have lost it. You may be looking for health insurance or you may have given up looking.

I’d like to begin by hearing your stories. So please start by saying your first name, the town you live and by telling your insurance story.

PROBE: What were the circumstances, what happened to keep you from getting insurance?

PROBE: Employer or government program. What government programs?

PROBE: What were the obstacles to getting insured?

PROBE: Unclear information, not eligible, cost?

PROBE: You lost insurance but haven’t tried to find new insurance? Why is that? Was it for lack of employer offering it? Cost? Knowledge of public programs?

PROBE: If you are not insured, what do you do about the cost of health care – forgo care, forgo other expenses?

Overall Perceived Benefits and Drawbacks

What have you heard about health care reform and how do you think it will affect you?

Access

Suppose that “lower cost” insurance was available and you were inquiring about it. What are three things you would want to know? Please list 1, 2 & 3 on the tablet in front of you.

The Exchange

HAND OUT EXPLANATION OF HEALTH EXCHANGE. Please read this, circle things you like, and put a “?” mark near anything you find confusing or would like more information on and cross out anything you do not like.

To start with, what are your general impressions about the health exchange? How does it sound?

What are the things you did not like about what you read? What did you circle?

Is there anything that you find confusing or need more information on? Do the various plan levels make sense?

Are there any barriers that you see to buying your health insurance through the exchange?

What didn't you like?

Plan Benefits

HAND OUT EXPLANATION OF PLAN BENEFITS. Please read this, circle things you like, and put a “?” mark near anything you find confusing or would like more information on and cross out anything you do not like.

To start with, what are your general impressions about the plans and benefits? How do they sound?

What are the things you did not like about what you read?

What did you circle?

Is there anything that you find confusing or need more information on?

What are your impressions of the various levels of plans (bronze, silver, gold, platinum)?

What plans do you about these levels, what do you dislike?

How many health insurance plans do you think you should be able to choose from (5, 10, 20, 30, more?)

Essential Benefits

All health insurance offered through the exchange must provide a minimum level of coverage. When you think of benefits or coverage you must have, what comes to mind?

Please write down the three most important benefits or coverage of a health insurance plan.

OK, what did you put down?

Outreach and Information

On the tablet in front of you, please write the five most important pieces of information you would need or want to choose a health insurance plan on the exchange.

OK, what did you write?

Now on this same tablet write the top three places you would want to be able to get this information.

OK, what did you write?

Could you select an insurance plan by doing your own research? PROBE What kind of personal assistance would you need to choose a plan?

Navigator

What organization would you look to provide unbiased information on the Health Exchange and health insurance options?

What about an existing government or non-profit agency?

PROBE: Can you name one? Why did you choose this one?

What about private insurance brokers?

HAND OUT EXPLANATION OF NAVIGATOR ROLE. Please read this, circle things you like, and put a “?” mark near anything you find confusing or would like more information on and cross out anything you do not like.

To start with, what are your general impressions about the Navigator role? How does it sound?

What are the things you did not like about what you read?

What did you circle?

Web Portal and Call Center

What about enrollment?

What about signing up for health insurance available on the Exchange using the Internet?
Would you do it? Why do you say that?

On the pad in front of you, put down at least three items you would like to see on the web. What did you write?

What about signing up for health insurance available on the Exchange by calling into a 1-800 number? Would you do it? Why do you say that?

What would be your preferred way to enroll in a health plan?

Would you have any concerns about enrolling in one of the state health insurance programs (Medicaid, VHAP) if you were eligible for these programs?

After Enrollment

Describe potential strategies for consumer support after enrollment – they could be handled directly through the Exchange or through the individual insurers.

How would you expect to resolve problems or issues with insurance that occur after you have signed up such as a failure to cover expected expenses?

Would you want to:

E-mail,

Call In or

Personally visit? Please show your hands. COUNT HANDS. Why do you say that?

Who would you prefer to contact, representatives of the company that provides the insurance OR representatives of the insurance exchange. Why do you say that?

CLOSE

Appendix 2. Sample Screener (Rutland)

RUTLAND Screener Uninsured Resident Groups

Name: _____
Address: _____ _____
Phone #: _____
Email: _____ <i>(Get email address only if person requests letter to be sent via email)</i>
Date/Recruiter: _____

Time of Group:

- 6:00 – 8:00 pm – Tuesday, March 22nd, 2011**

Hello, this is _____ from Market Decisions, a professional research firm in Portland, Maine. Please be assured that I am not trying to sell you anything. We are conducting a paid discussion group with residents in the greater Rutland area concerning Health Insurance and the Uninsured. We are conducting this research on behalf of the Department of Vermont Health Access to help guide state policies to provide health insurance coverage to Vermont residents.

If you agree to participate in this group, you will receive \$50 in cash for attending an informal, 2 hour discussion with approximately 10 other people from your area. This is strictly research and you will not be asked to purchase anything. Is this something you would like to hear more about?

IF YES: For this group we are looking to speak with adults in Vermont between the ages of 18 and 64 that currently **DO NOT** have health insurance coverage. Is there any adult in the household that is currently uninsured?

Yes, Speaking	<input type="checkbox"/>	CONTINUE
Yes, Other Person	<input type="checkbox"/>	Ask to Speak With This Person, Repeat Intro
No, I/Someone in HH is Insured	<input type="checkbox"/>	THANK & TERMINATE

IF YES: Before I can confirm your place, I need to ask you a few questions to be sure we are inviting a balanced group of people.

(RECORD GENDER – BY OBSERVATION ONLY)

MALE	<input type="checkbox"/>	RECRUIT 5 PER GROUP
FEMALE	<input type="checkbox"/>	RECRUIT 5 PER GROUP

1) Are you or is anyone in your household currently employed by any of the following?
(READ LIST, PAUSE AFTER EACH ONE)

An advertising agency	YES	NO	DK	REF
A market research firm	YES	NO	DK	REF

IF NO TO ALL, CONTINUE

2) Which of the following includes your age? READ LIST.

Under 18	<input type="checkbox"/>	THANK & TERMINATE
18 - 24	<input type="checkbox"/>	RECRUIT A MIX
25 - 34	<input type="checkbox"/>	
35 - 44	<input type="checkbox"/>	
45 - 54	<input type="checkbox"/>	
55 - 64	<input type="checkbox"/>	
65+	<input type="checkbox"/>	THANK & TERMINATE
Don't Know	<input type="checkbox"/>	
REF	<input type="checkbox"/>	

3) How many people currently live in this household? Please include all adults and all children under age 18.

RECORD # _____

4) Please stop me when I read the income category that includes your annual HOUSEHOLD income before taxes. Please include income from all sources and for all people living there. READ LIST.

PROMPT: Your best guess is fine.

Under \$15,000	<input type="checkbox"/>	SEE TABLE BELOW AND RECRUIT A MIX
\$15,000 up to \$20,000	<input type="checkbox"/>	
\$20,000 up to \$25,000	<input type="checkbox"/>	
\$25,000 up to \$30,000	<input type="checkbox"/>	
\$30,000 up to \$35,000	<input type="checkbox"/>	
\$35,000 up to \$40,000	<input type="checkbox"/>	
\$40,000 up to \$50,000	<input type="checkbox"/>	
\$50,000 up to \$60,000	<input type="checkbox"/>	
\$60,000 up to \$80,000	<input type="checkbox"/>	
\$80,000 up to \$100,000	<input type="checkbox"/>	
Over \$100,000	<input type="checkbox"/>	THANK + TERMINATE
Don't Know	<input type="checkbox"/>	
REF	<input type="checkbox"/>	

INTS: BASED ON THEIR HOUSEHOLD SIZE AND INCOME NOTE INCOME CATEGORY:

HH Size	Income			
	UP TO 133%	134% - 400%		> 400%
	LESS THAN	BETWEEN		GREATER THAN
1	\$14,484	\$14,593	\$43,560	\$43,560
2	\$19,564	\$19,711	\$58,840	\$58,840
3	\$24,645	\$24,830	\$74,120	\$74,120
4	\$29,726	\$29,949	\$89,400	\$89,400
5	\$34,806	\$35,068	\$104,680	\$104,680
6	\$39,887	\$40,187	\$119,960	\$119,960
7	\$44,967	\$45,305	\$135,240	\$135,240
8	\$50,048	\$50,424	\$150,520	\$150,520

RECORD CATEGORY:

UP TO 133%	<input type="checkbox"/>	RECRUIT A MIX
134% - 400%	<input type="checkbox"/>	
> 400%	<input type="checkbox"/>	
Don't Know	<input type="checkbox"/>	THANK & TERMINATE
REF	<input type="checkbox"/>	

5) For how long have you been without health insurance coverage?

Less than 12 months	<input type="checkbox"/>	RECRUIT A MIX
A year or more	<input type="checkbox"/>	
Don't Know	<input type="checkbox"/>	THANK & TERMINATE
REF	<input type="checkbox"/>	

6) Have you participated in a focus group discussion within the past 6 months?

NO	<input type="checkbox"/>	THANK & TERMINATE
YES	<input type="checkbox"/>	
DK/REF	<input type="checkbox"/>	

7) And finally, since participants in focus groups are asked to express their thoughts and opinions freely in an informal group setting, we'd like to know how comfortable you are with such an exercise. Would you say you are...? READ LIST.

Very comfortable	<input type="checkbox"/>	CONTINUE TO INVITATION
Fairly comfortable	<input type="checkbox"/>	
Comfortable	<input type="checkbox"/>	
Not very comfortable	<input type="checkbox"/>	THANK & TERMINATE
Not at all comfortable	<input type="checkbox"/>	

INVITATION

[IF MEET QUALIFICATIONS, CONTINUE]

We would like to invite you to participate in a paid focus group discussion with about ten other people from the greater Rutland area concerning health insurance coverage and the uninsured. A professional moderator will lead the discussion and there is no sales effort involved. No preparation is required – we just want to hear your opinions. There are no “right” or “wrong” answers.

**** IF THEY WANT TO KNOW WHO IS SPONSORING THE FOCUS GROUPS:**

These Groups are sponsored by the Department of Vermont Health Access and are being conducted to help guide state policies to provide health insurance coverage to Vermont residents.

The group will last for 2 hours, from 6:00 – 8:00 pm, on Tuesday, March 22nd, 2011. The discussion will take place at Rutland Regional Medical Center, which is located at 160 Allen Street in Rutland. The group will be held in Conference Room B.

You will receive **\$50 in cash** at the end of the session and your name will not be used in any way. The discussion will be audio and videotaped – but this is just for research purposes and will only be used by the research team. The information you provide will be held in confidence. Only members of the research team, directly associated with this study, will have access to the information and your identity will never be revealed. Sandwiches and other refreshments will also be served.

Will you be able to take part in this research discussion?

- NO – Not available
- NO – Not interested
- YES – **READ BELOW**

I would like to stress the importance of your participation in this study and your commitment and willingness to take part in this research. As these are small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort. If for any reason you are unable to attend, please give us a call. This will enable us to find a replacement. You can contact Jen MacBride at 1-800-293-1538 extension 100.

Please arrive 10 minutes early so that we can sign you in and so you can enjoy some food. And if you wear glasses, please bring them if you need them for reading or for viewing distances. So we can send you a confirmation letter and a map to the Rutland Regional Medical Center, may I please get your name and address? **RECORD ON FRONT PAGE**

We look forward to you participation. Again my name is _____. Thank you for your time, Good night.

Appendix 3. Group Hand Outs

The Health Insurance Exchange

By law, all 50 states must create a **Health Insurance Exchange**. The Exchange will work like a store where people and small businesses can go to shop for health insurance.

This is how the Exchange will work:

- Health insurance plans will have to "qualify" (meet certain standards set by the state) in order to be on the Exchange.
- All of the plans will have to offer at least a minimum (basic) level of benefits.
- Based on your income, you'll be able to get credits and subsidies (financial help) through the Exchange to help you pay for your insurance and out-of-pocket expenses.
- You'll be able to get information about health insurance plans and subsidies by phone, in writing, on the Internet, and in person.
- Information about the plans will be easy to compare.
- You can apply for any plan or more than one plan on the Exchange with one application. You can apply in person, by mail, or on the Internet.

Benefits and Coverage

Benefits

In order to be part of the Exchange, health insurance plans must offer these benefits:

1. Overnight stays in the hospital.
2. Emergency room visits.
3. Services at hospitals and clinics that do not require an overnight stay (outpatient services).
4. Services from physicians and other health care providers.
5. Lab services and tests.
6. Maternity care.
7. Preventive care, including vaccines.
8. Well-baby care.
9. Services for children and young adults under 21, including oral health, vision, hearing, equipment, and supplies.
10. Mental health and substance abuse services.
11. Rehabilitation services and devices.
12. Prescription drugs.
13. Medical equipment and supplies.

Cost Sharing

You may have to pay for some of your health care costs. This is called cost sharing, and it includes things like deductibles and co-pays. There will be limits on how much people pay out of their own pockets.

In the Exchange, there will be four different levels of coverage to choose from. The levels are based on how much of the cost of care the plan pays and how much you pay.

- Bronze Plan – The plan pays 60% and you pay 40%.
- Silver Plan – The plan pays 70% and you pay 30%.
- Gold Plan – The plan pays 80% and you pay 20%.
- Platinum Plan – The plan pays 90% and you pay 10%.

Navigators

There will be organizations called **Navigators** to help people buy insurance through the Exchange. Insurance companies will not be Navigators.

Navigators will:

1. Educate the public about the Exchange.
2. Provide information about health insurance plans that you can get through the Exchange.
3. Provide information about the cost of health insurance and subsidies (financial help) for paying for insurance.
4. Help you enroll in a health insurance plan.
5. Tell you where you can go for help if you have problems with your health insurance plan.

Appendix 4. Participant Profile Sheets

These sheets summarize the demographic characteristics of those who participated in the focus groups.

VT UNINSURED FG - RUTLAND								
Tuesday, March 22nd, 2011 @ 6:00 pm								
#	Name	Gender	Town	Age	# of People in Household	Income	FPL	Length without Insurance
1	J	Female	Castleton	25-34	4	Under \$15,000	Up to 133%	Less than 12 months
2	C	Female	Rutland	45-54	1	\$20,000 up to \$25,000	134% - 400%	A year or more
3	S	Female	Fair Haven	55-64	2	\$40,000 up to \$50,000	134% - 400%	A year or more
4	S	Male	Rutland	18-24	4	\$25,000 up to \$30,000	Up to 133%	A year or more
5	T	Male	Belmont	18-24	3	\$60,000 up to \$80,000	134% - 400%	Less than 12 months
6	S	Male	Cuttingsville	18-24	3	\$50,000 up to \$60,000	134% - 400%	A year or more
7	M	Male	Fair Haven	25-34	3	\$25,000 up to \$30,000	134% - 400%	A year or more
8	P	Male	Rutland	25-34	4	\$15,000 up to \$20,000	Up to 133%	Less than 12 months

VT UNINSURED FG - BURLINGTON								
Wednesday, March 23rd, 2011 @ 5:30 pm								
#	Name	Gender	Town	Age	# of People in Household	Income	FPL	Length without Insurance
1	c	Female	Essex	18-24	2	\$50,000 up to \$60,000	> 400%	Less than 12 months
2	J	Female	Burlington	25-34	2	\$40,000 up to \$50,000	134% - 400%	Less than 12 months
3	W	Female	Lincoln	35-44	4	\$60,000 up to \$80,000	134% - 400%	A year or more
4	W	Male	Waterville	25-34	2	\$50,000 up to \$60,000	134% - 400%	A year or more
5	D	Male	Burlington	45-54	1	\$15,000 up to \$20,000	134% - 400%	A year or more
6	C	Male	Essex Junction	55-64	1	\$35,000 up to \$40,000	134% - 400%	Less than 12 months

VT UNINSURED FG - BURLINGTON								
Wednesday, March 23rd, 2011 @ 7:30 pm								
#	Name	Gender	Town	Age	# of People in Household	Income	FPL	Length without Insurance
1	A.	Female	Richmond	35-44	5	\$60,000 up to \$80,000	134% - 400%	A year or more
2	C.	Female	Essex Junction	35-44	2	\$20,000 up to \$25,000	134% - 400%	Less than 12 months
3	C.	Female	Burlington	35-44	1	\$20,000 up to \$25,000	134% - 400%	Less than 12 months
4	K.	Female	Richmond	45-54	2	\$30,000 up to \$35,000	134% - 400%	A year or more
5	M.	Male	Burlington	18-24	4	\$40,000 up to \$50,000	134% - 400%	A year or more
6	J	Male	Burlington	25-34	4	\$15,000 up to \$20,000	Up to 133%	A year or more
7	J	Male	Burlington	25-34	2	\$20,000 up to \$25,000	134% - 400%	A year or more
8	G	Male	Wolcott	55-64	2	\$50,000 up to \$60,000	134% - 400%	A year or more
9	B	Male	Underhill	55-64	1	\$20,000 up to \$25,000	134% - 400%	A year or more

VT UNINSURED FG - ST. JOHNSBURY								
Thursday, March 24th, 2011 @ 6:00 pm								
#	Name	Gender	Town	Age	# of People in Household	Income	FPL	Length without Insurance
1	C	Female	St. Johnsbury	18-24	3	Under \$15,000	Up to 133%	A year or more
2	R	Female	East Burke	25-34	4	\$35,000 up to \$40,000	134% - 400%	A year or more
3	R	Female	Lydonville	35-44	4	\$60,000 up to \$80,000	134% - 400%	Less than 12 months
4	L	Female	Waterford	35-44	5	\$80,000 up to \$100,000	134% - 400%	A year or more
5	S	Female	St. Johnsbury	45-54	2	\$60,000 up to \$80,000	> 400%	A year or more
6	D	Female	Concord	55-64	7	\$25,000 up to \$30,000	Up to 133%	A year or more
7	I	Male	Lunenburg	25-34	2	\$35,000 up to \$40,000	134% - 400%	A year or more
8	D	Male	St. Johnsbury	45-54	1	\$35,000 up to \$40,000	134% - 400%	A year or more
9	K	Male	Hardwick	55-64	2	\$80,000 up to \$100,000	> 400%	A year or more