Iowa

Health Benefit Exchange Regional Meeting and Focus Group Summary

June 2011

Contents

The Iowa Department of Public Health, Iowa Insurance Division, Iowa Department of Human Services, and Iowa Department of Revenue wish to sincerely thank the participants for sharing their time, thoughts, and concerns through the Health Benefit Exchange regional meetings and focus groups. This valuable input will assist greatly with the formation of a Health Benefit Exchange for Iowa.

Schedule for Regional Meetings and Focus Groups:

December 13: Des Moines

December 14: Iowa City

December 20: Waterloo

December 21: Sioux City

January 4: Ottumwa

March 22: Iowa Caregiver's Association, West Des Moines (Focus Group only)

March 24: Wright County, Clarinda (Focus Group only)

March (throughout month): Focus Groups with Iowa's Multicultural Population

Overview

The Patient Protection and Affordable Care Act (PPACA) is a federal statute that was signed into law on March 23, 2010. Health Benefit Exchanges (HBE) are a key component of the new law. HBE's are entities that will be in states to create a more organized and competitive market for health insurance by offering a choice of health plans, establishing common rules regarding the offering and pricing of insurance, and providing information to help consumers better understand the options available to them. On September 30, IDPH received a $1 million, one-year, planning grant from the Center of Consumer Information and Insurance Oversight (CCIIO) to start planning for the establishment of a HBE. The PPACA requires that states have exchanges operational by January 1, 2014, or the federal government will operate an exchange for the state. The Iowa Department of Public Health (IDPH) is collaborating with the Iowa Insurance Division (IID), Iowa Department of Human Services (DHS) and the Iowa Department of Revenue (IDR) as part of a HBE Interagency Workgroup to begin the initial planning of the HBE.

Iowa is dedicated to ensuring considerable stakeholder and consumer involvement throughout the planning of the HBE. Therefore, a series of regional meetings and focus groups took place across Iowa to gain consumer buy-in and ensure a transparent planning process.

Regional Meetings- Five regional meetings were held throughout Iowa to engage community stakeholders such as local boards of health, human service agencies, insurers, healthcare providers and consumer advocacy groups in an open conversation about their ideas and expectations of a HBE. Iowa's HBE Interagency Workgroup went to great lengths to ensure that all perspectives from stakeholders were captured, making it as transparent as possible. The regional meetings were also used as an opportunity to educate the stakeholders about the HBE planning process.

Focus Groups- Eight focus groups were held throughout Iowa to solicit ideas and expectations from what consumers and local businesses want out of a HBE. They were also used to educate the public about HBEs. The focus groups included a directed conversation with established questions that were meant to collect perceptions, attitudes and ideas on items such as what should be included in the benefits packages, how should information be delivered and what tools should be available to access services. Initially, the data collected from the first five focus groups was going to be used in this final report. However, it was recognized that the demographics of the participants did not accurately reflect

Iowa's general population. Therefore, three additional focus groups took place in the month of March to ensure that a true representation of Iowa's population was included in the final results. One of these focus groups took place in Des Moines with a group from the Iowa Caregivers Association due to their high uninsured rates. Another focus group took place in Wright County to ensure the rural voice was heard. The third focus group targeted the multicultural population in Iowa. The HBE Interagency Workgroup partnered with the HOLA Center (a community resource center for the Hispanic population) in Des Moines to create a translated survey, which explained in simple terms what the HBE is and asked the same questions asked during face-to-face focus groups.

Turn out for the regional meetings and focus groups surpassed expectations. Over 200 participants battled some of Iowa's most challenging weather of the winter and postponed December holiday shopping to attend the regional meetings and focus groups.

The information gathered from the regional meetings and focus groups is the result of honest, detailed, and thoughtful conversations that took place at each one of the meetings. Data in this form will be most helpful when building the Exchange, as it is able to supply a legitimate description of the concerns and excitement Iowans feel about its implementation in 2014. In its entirety, this document serves as a snapshot of how the stakeholders and consumers are feeling as the planning and discussions begin.

Handouts & Presentations

- Video presentations from the regional meetings can be viewed here: http://ph-flash.public-health.uiowa.edu/vod/healthbenefex/index.php.
- Educational whitepapers, created by Iowa's HBE Interagency Workgroup, were distributed to the attendees and can be viewed at the following links:
    - HBE Overview
    - HBE Consumer Overview
    - Key Decisions and Activities Table
    - Difference Between Exchanges
    - Medicaid Expansion Under the ACA
- Iowa's Health Benefit Exchange website is located here: http://www.idph.state.ia.us/hcr_committees/health_benefit_exchange.asp

Regional Meeting Notes

The regional meetings began in Des Moines on December 13, 2010. There were five total meetings with 185 Iowans in attendance. Chris Atchison, from the University of Iowa's College of Public Health, served as the moderator for each of the meetings, delivering opening comments, introducing speakers, and facilitating each question and answer period. Joel Ario, the U.S. Department of Health and Human Services Director of Insurance Exchanges, provided an introduction and timeline for the HBE nationally, as well as in Iowa. Tom Newton, former Director of the Iowa Department of Public Health, Susan Voss, Iowa's Insurance Commissioner, and Jennifer Vermeer, Iowa's Medicaid Director of the Iowa Department of Human Services each presented an overview of the planning phase for Iowa's Exchange.

The objectives of the partnership between the Federal Government and the states where HBE's are concerned were discussed. Characteristics of a HBE were described as the following:

1. An Exchange is an organized marketplace where the confusion surrounding insurance plans, coverage, and qualifications can be minimized and communication can be improved.
2. An Exchange contains multiple choices for consumers. Comparison shopping tools enable individuals and groups to choose coverage that is best suited to their needs.
3. An Exchange attracts a large pool of consumers. There will be more competition for insurance companies, making plans more affordable. Consumers will influence the price and quality of the plans.

Upon completion of the introduction, citizens attending the regional meetings were encouraged to ask questions and express concerns. The following is a brief synopsis of the issues that were raised. They have been divided into eight categories:

1. Governance
2. Navigators & Insurance Brokers
3. Coverage and Services
4. Accessibility and Outreach
5. Administration
6. Workforce
7. Affordability

Governance

Summary: Those in attendance at the regional meetings were concerned with how the HBE would be governed. It was clear "how" decisions about and within the HBE are made is of great importance to Iowans. The issues raised within these discussions indicate a need for further investigation and careful thought by policymakers regarding how governance of the HBE will have an effect upon its target audience, the carriers who participate, and its sustainability.

Comments:

- The HBE should be, "adequate, affordable, available, and administratively simple."
- The governance of the HBE and where it is located can affect the ability of the exchange to assist those without health insurance. The planning group should consider an independent agency to govern the HBE. State departments might not have the expertise needed and might not be impartial.
- The HBE needs to protect against adverse selection- there shouldn't be incentive for brokers to sell outside of the HBE. The small group and individual market should be merged within the HBE to avoid adverse selection.
- Health care should drive the exchange, not paper.
- There should be a strong, independent governing board that is impartial. There should be representation and expertise from rural consumers.
- There should not be anybody with an invested financial interest serving on the governing board.

Navigators and Insurance Brokers:

Summary: Attendees had ideas and voiced concern about who would fill the navigator role that is responsible in helping consumers steer the HBE.

Comments:

- Insurance brokers play a key role in assisting families, individuals, and businesses with health insurance decisions.
- What is the role of the agent or broker in navigation?
- How will a website educate the public?
- Will the agent be eliminated?

- Navigators should be utilized for hard to reach a wide variety of populations, including people with disabilities including sensory, cognitive, and physical disabilities. Navigators should be agencies who have experience with this population.

Coverage and Services:

Summary: Iowans who attended the regional meetings gave input regarding benefits that should be considered for inclusion when determining the levels of health benefit packages that will be incorporated in the HBE.

Comments:

- What will we do to address single child coverage within the HBE?
- When we implement the HBE, care coordination should be a covered service for adults as well as children.
- The patients in Community Health Centers are patients that will be affected by the HBE. How will you make the partnership within these facilities?
- Will the "Vaccines For Children" program be deleted if everyone has health insurance? How will these types of programs be adjusted with universal coverage?
- With funding cuts, some prevention services have been cut. We need to look at building infrastructure in public health to cover those services. Public health fills the gaps in service for individuals who are not served by providers or insurance plans.
- Dental, Pharmacy and Telepsychiatry; these should be covered services within the HBE and should have equal reimbursement within public and private health plans.
- The HBE can be an agent for reducing the cost of chronic disease. We want to be sure the plans within the HBE are comprehensive and utilize preventive service and interventions.
- The health plans within the HBE should cover preventive services such as tobacco cessation, weight loss programs, and screenings. Many people are underinsured with high deductibles and limited reimbursement. Many can't get insurance because of pre-existing conditions. The HBE should include mental health and stress management benefits.

Accessibility and Outreach:

Summary: Attendees were concerned about how accessible the HBE will be for all Iowans. There were many suggestions for outreach and accessibility with the understanding that Iowans have a

diverse level of understanding, abilities and comfort concerning technology and health insurance. Public education and simplicity were common themes for the HBE.

Comments:

- If it is hard to enroll or complicated, then Iowans will not enroll. Health insurance is unbelievably complicated. Be sure to provide information and also provide assistance.
- Health literacy is not the same for the entire target audience. We will need different strategies to reach different people. Outreach to individuals and families to make them aware are important through various venues and health providers. Informing and educating people will reduce fear and increase access. Specialized outreach will need to occur for multicultural groups as well as other populations in order to reduce stigma and fear.
- Access to computers is limited. Many people will need face-to-face interaction to enroll. Navigators will need to be there to help people work through the process via telephone as well.
- Education is the key, but unless policies exist, community changes needed to make the HBE successful will not take place.
- We need more accessibility. We should always be aware of the patient and be careful not to get lost in the details.

Administration:

Summary: Attendees of the regional meetings voiced concerns regarding the complexity of implementing a HBE and the security of information shared within the HBE. Attendees were strongly in favor of transparency within the Exchange.

Comments:

- We don't have much time to do a very complicated job.
- Privacy is a big issue with the exchange of personal health and finance information. The Department of Human Services has validation to do that kind of information sharing, but there are many protocols in place to eliminate some of these concerns. Privacy can be the biggest barrier to making decisions. HIV, mental health, and substance abuse, for example, raise these concerns.
- Will Iowa consider partnering with other states for the IT component?
- Quality assurance, policy restrictions, claims payment and denials, guidelines for professionals, transparency, and accountability are key components.

- There should be public reports or regional meetings to gather public input as the HBE is implemented. Flexibility should be built into the HBE to allow for corrections and improvements.

Workforce:

Summary: A concern shared by attendees, particularly in rural regions, was ensuring the availability of healthcare providers in their communities that will participate with the insurance plans offered through the HBE.

Comments:

- In 2014, we have predicted a large increase in Medicaid recipients. This will require recruiting and retaining providers of all types with special attention to areas with a shortage of health professionals. We should also ensure an adequate public health workforce.
- Health plans offered within the HBE should be reinforced by a health care workforce readily available to Iowans.
- Currently, providers are reimbursed at a rate lower than their expenses. Providers are concerned that the payment structure will not change.
- Rural providers and providers in larger, urban areas should have equal representation and reimbursement that considers the costs associated with delivering services in each setting.
- How will we address coverage for employers who have employees from multiple states?

Affordability:

Summary: The central theme of these conversations was affordability. Iowans want to be sure that everyone has access to insurance, but that the coverage is affordable and premiums will not represent a barrier to access.

Comments:

- How does the system accommodate full-time employees versus part-time employees?
- The HBE should benefit Iowans who don't have health insurance.
- What about individuals who choose not to have insurance even with a mandate. Public health services currently serve these individuals and families. We should continue to be prepared for those who do not have health insurance.
- Iowa doesn't have a lot of insurance carriers: Will the HBE bring in more carriers?

- Through this process, I have noticed very little addressed on how it will be more affordable through a HBE.
- There will be access to health insurance, but not affordability for some employers such as non-profit agencies. Be sure to consider how employers will afford to offer coverage for their employees.
- Facilitation should be available for small groups to join together in pools to increase affordability
- Eligibility guidelines: income versus asset eligibility: currently there is an asset limitation for eligibility on many public programs, will this continue?
- Quality and cost to the consumers are important to consider since their purchases will drive the market
- Will there be options for agencies that are self- or partially self-insured?

Focus Group Notes

Time was given at the beginning of each focus group on educating the participants about HBEs. A high-level overview of what HBEs are and a timeline for implementation were part of the information. They were given the HBE Consumer Overview handout to read through as well.

The following is a condensed compilation of the information communicated by Iowans during eight focus group sessions. Each of the sessions utilized the same questions posed in the same basic order. Demographic surveys were completed by each of the participants and collected at the end of each session.

Demographics:

There were 46 participants who participated in the focus groups and returned demographic forms. Of those, 40 were female. Over 75% were between the ages of 46 and 56+ years. The family size of the participants ranged from 1 to 6, with the majority reporting families of 2 (33%) or 4 (20%) people. Most were Caucasian (41 respondents) with college degrees (22), with 35.6% reporting Grade 12, GED or Less or Some College education. The source of insurance for 30 of the respondents was their employer and most respondents were employed by someone other than themselves. There were 3 retirees, 1 homemaker, and 1 disabled individual in attendance. It was indicated by 28 of the participants that the size of their employer was over 100 employees; 12 reported their employer size

was from 0 to 50 employees. Household incomes of greater than $75,000 were reported by 40% of the participants, with 53.3% reporting household incomes between $25,000 and $75,000. There were 12 respondents who did not report their zip code. Of those reporting their zip codes, 20 were located in Central Iowa, 4 in Southeast Iowa, 5 in Northeast Iowa, and 4 in Northwest Iowa.

1. Gender

	Response Percent	Response Count
Male	13.0%	6
Female	**87.0%**	**40**

2. Age

	Response Percent	Response Count
18-30 Years	4.3%	2
31-45 Years	19.6%	9
46-55 Years	32.6%	15
56+ years	**43.5%**	**20**

3. Family Size

	Response Percent	Response Count
1	11.1%	5
2	**33.3%**	**15**
3	17.8%	8
4	20.0%	9
5	13.3%	6
6	4.4%	2
7	0.0%	0
8	0.0%	0
more than 8	0.0%	0

4. Race/Ethnicity

	Response Percent	Response Count
Hispanic	4.7%	2
Caucasion	**95.3%**	**41**

5. Highest Grade of School Completed

	Response Percent	Response Count
Grade 12, GED or Less	6.7%	3
Some College	28.9%	13
College Degree	**48.9%**	**22**
Post Graduate Degree or Courses	15.6%	7

6. Employment Status

	Response Percent	Response Count
Self-Employed	4.4%	2
Employed By Other	**86.7%**	**39**
Unemployed	0.0%	0
Homemaker	2.2%	1
Retired	6.7%	3
Disabled	2.2%	1

7. Source of Insurance

	Response Percent	Response Count
Employer	**65.2%**	**30**
Spouse's Employer	10.9%	5
Private Policy	4.3%	2
Federal Program	13.0%	6
Out of Pocket/Other	6.5%	3

8. Household Income

	Response Percent	Response Count
Less than $25,000	6.7%	3
$25,000 - $50,000	31.1%	14
$50,001 - $75,000	22.2%	10
Greater than $75,000	**40.0%**	**18**

9. Employer Size		Response Percent	Response Count
0 to 50 employees		27.9%	12
50 to 100 employees		7.0%	3
over 100 employees		**65.1%**	**28**

Summary of Responses to the Focus Group Questions:

Below is a list of questions given to the focus group participants followed by a bulleted list of the responses. The responses have been clarified for review purposes, but have not been altered from their original meaning. It will be essential to consider these responses while planning for the implementation of Iowa's HBE. In some cases, further investigation may be required in order to more completely explore the perceptions of Iowans and integrate their vision for the project.

Question 1: What do you want an exchange to be able to do?

- Account for the financial diversity of those involved in the HBE and protect people from falling through the cracks.
- Provide a guide to assist people with the process.
- Contain screening criteria for the companies that are allowed to be a part of the exchange in order to assure quality.
- With the levels, it starts to look like a commodity. I would hope the levels would be standardized because it is so confusing.
- Conduct effective outreach to a variety of populations in Iowa.
- Contain consumer tools that are effective.
- Provide subsidies to incentivize employers to support coverage through the HBE.
- Ensure fairness and quality.
- Provide answers in the simplest way possible.
- Create easy access and lower cost.
- Reduce premiums for those who are self-employed.

- Be sure that the health insurance coverage is accessible. Thoughtful consideration of this will eliminate the probability that Iowans will purchase insurance that is not practical or useful. (Inexpensive plans don't necessarily provide adequate coverage).
- Provide a variety of access venues and consider Iowans with disabilities that limit their use of technology.
- Reduce grey areas with regard to benefits: they should be clear and concise.
- Provide a secure, trustworthy source for applying for and purchasing insurance.
- Offer plans that include an adequate amount of providers in all areas of Iowa and be sure networks reach rural as well as urban communities.
- Address affordability of insurance plans by assessing their profit margins.
- Involve a wide range of insurance companies.
- Provide information regarding waivers.
- Provide clear education to consumers.
- Address the stigma that goes with having public insurance.
- Offer insurance options for those who do not have it.
- Offer plans without carve outs for things like mental health, substance abuse, vision, dental, and preventive care.
- Drive lower costs.
- Translate for other languages.
- Offer information in simple language to overcome health literacy barriers.

Question 2: What services should be included in the HBE?

- Basic physicals should be covered.
- Preventive care should be covered, not just care for diseases. (for example, diabetes is a chronic disease and could be prevented with yearly physicals).
- Dental and vision services.
- Access to mental health and substance abuse services is essential for Iowa, and should be covered in the HBE.
- Coverage for prevention and care coordination are huge quality indicators that have to be part of the system.
- Hospice should be covered.

- Dental care should be covered.
- Transportation reimbursement

Question 3: How would you like to be able to access the insurance exchange?

- Hospitals could send laptops to patient rooms and they could sign up through the internet
- Phones, internet, face-to-face.
- A wide range of people employed by the HBE should be able to assist consumers as they attempt to access its services.
- The venues should include flexible hours with personal or phone assistance available at all times.
- Well-trained volunteers could assist in the process.
- Follow-up, feedback, and quality improvement should be included.
- There should be a way to address barriers as we come across them via feedback through consumers.
- Include a glossary of terms and helps.
- Multiple languages, audio formats, and other mechanisms to remove barriers should be included.
- The website should be interactive and appropriate for all learning styles.
- Regulations should be placed on advertising and advocacy techniques.
- Communication through a physician's office may be helpful.
- SHIP has volunteers who hold forums for people on Medicaid to explain the language and plans, which is very effective.
- Simplicity is the key.
- Multi-media approaches to include Facebook, radio, door-to-door, mailings, website, phone number with a live person (with no accent especially for the elderly).
- There should be some sort of physical presence in counties.
- Live chat; tutorial, print screens that actually print everything you view or print from a version.
- Outreach model currently in place for ***hawk-i*** is effective.
- Through the internet or a printable copy, 1-800 number, I am still a paper girl with something in front of me to look at.
- Community centers, churches, schools: these may be helpful for outreach.
- Actively seek the populations you are trying to reach because they will most likely not seek assistance on their own.

- There should be multiple strategies for multiple audiences.
- Public Health workforce.
- Social Workers.

Question 4: What would you like navigators to do and how would they best serve you?

- People may need people to come to their home to help them sign up.
- The person needs to be trustworthy and has the credentials to help with no interest in the products, such as Aging Resources or home care aides.
- The navigator should be easily identified and familiar to the individual.
- Food banks should have the information.
- There should be access to an interpreter.
- Need to have a way to reach diverse populations.
- Insurance agents are like car salesmen; they are biased, this person should not be biased.
- Low-income housing agencies.
- There should be a way to chat with a navigator through a chat box if online.
  - They will need to be qualified to walk people through item-by-item, to answer specific questions.
  - Where they access them is going to be very important- some people may have never used the system for public assistance and there could be stigma attached to it.
  - They are going to collect information about who has insurance and who doesn't.
  - Partnerships for Growth/ Chambers of Commerce/ Development Corporations.
  - Community health improvement coalitions.
- There could be navigators on the system as well as a live person, live chat is an option.
- Navigators should be able to relate to real people in real situations.
- Navigators could be care coordinators because individuals may not know what services they will need and therefore not know what coverage to purchase.

Question 5: Is there somebody in the community that you already trust that could be used as a navigator?

- Centers for Independent Living.
- 211 would be an excellent resource.
- Hospitals should employ navigators.

- SCHIP is a great model, CPC's, Pubic Health, mental health centers, someone who already knows the current system and knows the local community members, homeless shelters, non-profit agencies.
- Volunteers to visit those in need.
- Someone who does not have a vested interest in the process, not selling you anything, just answers your questions.
- Public health could be the navigator.
- If navigators are not paid or supported, then the position will fail.
- There should be someone to educate medical providers and their staff about the HBE in the early stages of planning.
- Churches, schools, familiar places, community centers, libraries.
- WIC, Maternal and Child Health programs.
- Social workers, Care Managers, local human service agencies.
- Colleges.
- Meals on Wheels.
- Senior Citizens' Center where other services are offered (like taxes).
- Each community will navigate differently, therefore allow the communities to develop a plan to reach their own population.
- Each community has different trusted sources and there should be multiple entities and access points.
- If there will be penalties for not signing up, then there should be a point person at a clinic or hospital to explain this information.

Question 6: Would you like to shop for health insurance and buy it in the same location?

- Less stops are better.
- I don't want to go into the Department of Human Services to get Medicaid.
- I feel it would be most cost effective to link to the entity directly from the exchange.
- Apple-to-apple comparison without "fine" print differences would assist in shopping and purchasing in the same place.
- The information should come from an unbiased person. With the purchasing information, people can then buy it on their own when they are ready.

- I would want to be able to buy it right there; simplicity.
- A “shopping cart” model like Travelocity, Verizon, Amazon.
- Screened and enrolled on the same site.
- We should be more robust to represent the large number of insurance industry employers in our state.
- There needs to be something other than web-based only.
- Local access is very important. Create a uniform insurance card in Iowa to take away stigma.
- A single point of access, it all depends on the quality of who is implementing that program and how much customer service is related to that business. One-stop should be a good stop.
- Avoid multiple websites for this. Direct people to a shopping cart aisle or a “wish list” or information only. The more places you force people to go, the lower your response rate and increase the frustration level.
- The option of calling after you have researched is good. I want an exchange navigator, one who helps specifically with my information and who knows the site well and can verify my information.

Question 7: Do you think enrollment in public programs through the exchange would be beneficial?

- It would almost have to be possible, in order to save the consumer money.
- Having public and private insurance on the same site would be good.
- If you didn’t realize you were eligible, this would be a great venue to learn that information. There are many people that aren’t aware of the programs they are eligible for. This could also reduce the stigma of public programs.
- Other programs besides health care programs (food stamps etc.) could be linked as well.
- This would be very beneficial. It would cost the state less money and it would streamline the process.
- If I’m going to apply, I want the system to know what insurance I qualify for and then allow me to enroll in the appropriate plan (public or private).

Question 8: If you were identified as being eligible for a public program, would you enroll?

- Yes, especially with closing of the Department of Human Services offices.
- If Medicaid benefits were equal to the benefits of private insurance, then yes.

- Seamless insurance would be a relief.
- You would run the risk of separating classes by the options available to them.
- All plans should be in the same location to reduce stigma.
- Makes sense that they would be simple and all in one place and the site would navigate you to where you need to go.

Question 9: Would you be more likely to use the exchange if there were a tax credit associated?

- Yes, business would do this for the tax credits.
- Tax subsidies and credits: It would be an incentive to people to purchase insurance. Less out of pocket expenditures increase the likelihood that consumers will stick with a plan over time.
- The tax credit has to make it worth it and offset the costs.
- It will be just like car insurance; lots will not have it.
- There is a cost even with a tax credit.
- Will people even know the benefit associated with a tax credit?
- I think this is more incentive than just a reduced price up front.

Question 10: Who do you think would most likely use the exchange?

- Those over 50.
- Between child bearing and Medicare.
- Those wanting to have dual coverage in a family.
- Un-married, single parents, baby boomers, widows/widowers.
- Lots of people with minimum wage jobs cannot afford insurance even though they work full time.
- The underinsured.
- High risk groups including those with chronic diseases.
  - People that are falling through the gaps now and have pre-existing conditions because there would be a bigger pool to help them.
  - Small businesses.
  - Educated people.
  - Those who graduate and need their own insurance.
  - Healthy unemployed who are not eligible for assistance but cannot afford to purchase their own.

- The people who cannot afford other products offered by their employers.
- Those that “fall between the cracks”; the working poor with families.
- Young people do not understand health insurance; it may look good on the screen; health literacy level should be a concern: education should be a part of the exchange.
- Info all the way through buying insurance: comprehensive: ability to compare apples to oranges.
- An exchange should not be a high pressure sales situation.
- One stop shop; no loop holes, all up front, transparent.
- Will there be an individual who would not be able to buy insurance?
- What about Veterans? Would they be in a Federal exchange or state-to-state? Sometimes this can be a barrier: have to go to a facility that treats vets. Will they lose their VA benefits if there is a state exchange?
- Those who don’t have coverage now or those who have a hard time finding coverage.
- Small non-profits.
- City/ county employees, school employees, this would create a large pool.
- Those with chronic illnesses.
- Self-employed people, farmers, those who are taking the cheapest plan just to have something: if they participated, they might get preventive care they otherwise would not.
- Insurance is very expensive. Cost must be passed on to the employee; if those people could get a better product for less money in a bigger group, they may use the exchange.
- Comparing “your travel packages”: a difference between available and easily accessible.
- If they could make all insurance companies display their benefits exactly the same, it would make it easier to compare apples-to-apples.
- Employers who are looking for cost control through the exchange would use it to get the most for their money.

Question 11: Would you have any trust issues with using the exchange?

- Paper would be better than electronic.
- Older people will be hesitant.
- The info should be requested ahead of time. You should know what is necessary in order to complete the application. A list should be made available. The time-out on the computer should be set to a length to wait for people to fill it out. Copies should be acceptable.

- Navigators should be “bonded.”
- All ads, etc. should be through the HBE in order to keep it trustworthy.
  - I would need it to be explained to me quite well before I would leave my agent.
  - Some will not trust putting information online. In-person creates more trust.
  - I don’t want them to know my personal information.
  - Those that are not computer literate will be ok with it and trust because this is already happening for other services. They are used to giving information out.
- People are fearful of putting that information online.
- IT has become a natural part of busy lives.
- It will depend on the navigators: who they are and the quality of the first contact.
- If it looks like a reputable site; the credibility of the exchange itself.
- Make sure it has a privacy lock on it.
- People would trust putting information into the exchange if they have the help of a navigator.
- It would strengthen and enhance the credibility if you had just one exchange.
- More trust with one stop, than with multiple stops.
- HBE websites, advertisements, and other material should have a “Seal of Approval” similar to the Good Housekeeping seal so they know it is the real thing.

Question 12: When the exchange is implemented and functional in 2014, how do you think it would be best to spread the word and educate the public?

- Newspaper.
- Television.
- Informational meetings through the hospital.
- Brochures.
- Ads like the TV changes.
- Start as soon as possible.
- Consult your local outreach workers for assistance.
- Utilize lessons learned from other models like *hawk-I* and the Census.
- Outreach should be conducted on the community level as well as the state level.
- Public forums, television specials, advertisements on the computer, Facebook.

- The under 35 population is where we need to focus the outreach/education. Use social media, movie theaters, television shows that younger people would watch, application on the iPhone.
- 5th grade level, short and simple, clear.
- Stakeholder recruitment.
- Exchange means: a place to find insurance and insurance information.
- 211 should be brought in right away.
- When the money is funneled it should be tight, to eliminate scams like out of state companies trying to make a dollar.
- Chambers of Commerce.
- Senior Centers.
- The Exchange message should be part of a bigger health and wellness message.
- It is enough to follow the Hawk-I model? I think you need multiple tiers and multiple approaches to marketing this product, as described above (hard to reach populations, etc.).
- Public health is the default option for outreach.
- Different venues for different populations.
- Healthcare providers.
- Facilitated outreach to particular groups.
- Use a gimmick like the AFLAC duck- It's entertaining and memorable.
- NASCAR: catchy, attention-getting.
- Consistent message, no mixed messages, same spokesperson.
- Utilize official sites which are monitored to avoid scams.
- Create a HBE Certificate or HBE "Seal of Approval."

Question 13: Are there any other key issues that have not been addressed that should be a part of this discussion?

- Who will advise policymakers on these key decisions? Careful consideration should be taken regarding who is on the board. It should be an open and transparent process.
- Using measurable data to create parameters for premium incentives.
- Hospitals are nervous about the HBE in Iowa.
- Will 133% poverty level also apply to the waivers?

- If the number of individuals who qualify for Title XIX increases, will the county be reimbursed at the same rate as this increase, so we can provide services?
- Care and cost cannot be separated. Providers cannot stay in business if they are not appropriately reimbursed for their cost.
- Will public health's role be education and coordination? This should be covered under the HBE.
- Public health is cost-effective and a natural hub for preventive care.
- Why don't we have public health as a HBE provider for the services we currently provide (Vaccines for Children, Maternal and Child Health, Family Planning, Screenings, Direct Care, communicable disease, homecare programs)? We do not want to lose direct services especially in small rural areas (for example, keeping people out of nursing homes).
- I feel that once you are enrolled that you would have to stay in the program for a while; risk aversion; Medicare Part D has one year, you can change your plan in certain months.
- I would like to see the insurance companies be locked in to their plans and rates for a certain amount of time, at least a year.
- Iowa's Medicare reimbursement rate is very low- will the exchange perpetuate this problem?
- Lack of reimbursement puts providers in an awkward position.
- Is there some way to control a cap on profit margins? Private companies providing levels of service to make a profit.
- Every company should have to be on the exchange if there is one in Iowa. Consumers should also be advised to participate.
- Pharmaceutical companies should be encouraged to participate. There should be a generic mandate and a limit on medicines that are brand name.
- There should be the ability to choose a pool.
- Home and community-based model: personal-assisted services should be a priority.
- The benefits package should be a priority.
- Home-bound requirement should not be a part of the exchange.
- Coverage for medication dispensing machines, and durable medical equipment coverage.
- Prevention coverage, screenings, public health care coordination, case management.
- The governing body: Consumer representation at the table; the board should not be appointed; it should be a board that is well-rounded, gender balanced, political party balanced, etc.; it should be unpaid.

- The provider should be within 50 miles of its population.
- Will there be limitations on where you could get care: out-of-state; as a preference/second opinion; most insurance should be able to cross borders: snow birds, college students, portability of coverage across states.
- Maternity care: emergent and presumptive care should not go away.
- Waiver programs have been really helpful.
- No waiting period for coverage: should be immediate: the minute your application is approved.
- Medications and counseling should be allowed in plans.
- Maybe sell the other insurances the same way (ex. auto insurance, life insurance)
- Coverage should be available both inside and outside service area such as a pathology that gets sent outside for review (rural to urban providers).
- School nurses can sign children up for Medicaid Presumptive Eligibility and they should be in the loop

Multicultural Population Survey Results

As mentioned in the "Overview" section, additional focus groups took place to ensure that a true representation of Iowa's population was included in the final results. One of these focus groups targeted Iowa's multicultural population. The HBE Interagency Workgroup partnered with the HOLA Center (a community resource center for the Hispanic population) in Des Moines to create a translated survey, which explained in simple terms what the HBE is and asked the same questions asked during face-to-face focus groups. Sixteen individuals responded to the survey.

Demographics:

The respondents were mostly female (81.3%). Family size for 78.6% of the respondents was 3 to 6 individuals. An education level of High School diploma/ GED or less was indicated by 10 of the respondents, 3 noted Some college, and 1 a College degree. Most were Employed by Other (7), 2 were self-employed, 2 were unemployed, and 5 were homemakers. Ten respondents indicated their household income was $25,000 or less, with 3 between $25,000 and $50,000 and 1 over $75,000. The majority were uninsured (5), others were insured through their spouse's employer (4), and 2 respondents were insured through their employer. All of the respondents were Hispanic or Latino, living in Central Iowa.

1. How important is health insurance to you and your family?

	Response Percent	Response Count
Very Important	**93.8%**	**15**
Important	6.3%	1
Neutral	0.0%	0
Not Important	0.0%	0
Doesn't matter at all	0.0%	0

2. If you are not currently covered by health insurance, what is the main reason you do not have coverage?

	Response Percent	Response Count
Cost	**84.6%**	**11**
Not offered at work	0.0%	0
Not enough information	15.4%	2
It's a complicated process	0.0%	0
It's not necessary/ I don't want health insurance	0.0%	0

3. What would make having health insurance more attractive? Check all that apply.

	Response Percent	Response Count
Tax Credits	25.0%	4
Simple Information	31.3%	5
Simple Process/ Assistance from someone I trust	31.3%	5
Lower Cost	**75.0%**	**12**
More plan choices and covered services	62.5%	10

4. What do you feel would be the best way to purchase health insurance?

	Response Percent	Response Count
Website/Computer	18.8%	3
Written documents/ Paper	6.3%	1
In person with someone who is trained	**87.5%**	**14**
On the phone with someone who is trained	6.3%	1

5. Do you want to shop for insurance and purchase it in the same place:

	Response Percent	Response Count
Yes	**62.5%**	**10**
No	12.5%	2
Not Sure	25.0%	4

6. What is the best way for you to learn about insurance plans and the Exchange?

	Response Percent	Response Count
Word of mouth: friends/family/ neighbors	6.7%	1
TV or Radio Commercials	13.3%	2
Church/ Religious Community	6.7%	1
School	20.0%	3
A professional	**73.3%**	**11**
Internet/ Email	6.7%	1
Government Agency	26.7%	4

7. If you found that you or your children qualified for public insurance programs, would you sign up for them using the Exchange?

	Response Percent	Response Count
Yes	**86.7%**	**13**
No	6.7%	1
Not Sure	6.7%	1

8. What benefits would make you more likely to use an Exchange to purchase insurance? Check all that apply.

	Response Percent	Response Count
Tax Credits	37.5%	6
Simple Information	37.5%	6
Simple Process/ Assistance from someone I trust	43.8%	7
Lower Cost	**87.5%**	**14**
More plan choices and covered services	68.8%	11

9. What services should be covered by the exchange? Check all that apply.

	Response Percent	Response Count
Vision	93.3%	14
Dental	**100.0%**	**15**
Health	**100.0%**	**15**
Major Medical Only	33.3%	5
Mental Health/ Substance Abuse	60.0%	9

10. How much trust would you place in a Health Benefit Exchange as you understand it?

	Response Percent	Response Count
Complete Trust	**40.0%**	**6**
Some Trust	**40.0%**	**6**
No Opinion	20.0%	3
Not Much Trust	0.0%	0
No Trust At All	0.0%	0

11. A Health Insurance Navigator is someone who would supply information about insurance plans and the Exchange to people who may have questions. Essentially, they would help people shop for, and buy, insurance. Who do you think the navigator should be?

	Response Percent	Response Count
Someone I know in my community who is neutral	6.7%	1
Someone from the government	20.0%	3
A healthcare practitioner (a doctor, a dentist, a nurse, etc.)	33.3%	5
An insurance provider	**46.7%**	**7**

12. What do you want the Exchange to be able to do? (What information do you need to choose health insurance?) Check all that apply:

	Response Percent	Response Count
Explain health insurance benefits.	62.5%	10
Compare multiple health plans in a simplified manner.	31.3%	5
Help me purchase health insurance	31.3%	5
Help me understand the types of health insurance I qualify for	**68.8%**	**11**
Provide information about health plans including their cost and limitations.	62.5%	10

CONCLUSION:

Iowa's stakeholders and consumers have voiced a wide variety of comments, suggestions, and insights during the regional meetings and focus groups. The remarks laid out in this report are vital for the planning of a HBE tailored to fit the needs of Iowa's population. The engagement and interest of Iowans in this planning phase is greatly appreciated.