Medicare Consumer Testing

A report on Findings from 2017 Focus Groups

Year: 2017

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Executive Summary

This report documents the findings and statistical results of a qualitative study commissioned by the State of Minnesota Department of Human Services (MDHS). The results presented in this report will be used to assess and evaluate the benefits and costs of an Enhanced Home Care Program (EHCP) that could be offered to residents of the State of Minnesota who receive Medicare Supplemental insurance.

Six focus groups were conducted throughout the state of Minnesota in September and October 2017 at the following locations: (1) Mower County Senior Center in Austin, (2) Fergus Falls Senior Center in Fergus Falls, (3) Maple Grove Community and Senior Center in Maple Grove, (4) North Saint Paul Metropolitan Area on Aging office in North Saint Paul, (5) Minnetonka Senior Center in Minnetonka, and (6) Whitney Senior Center in Saint Cloud. Between eight and thirteen people attended each focus group. Topics included Medicare Supplemental coverage, in-home health care experiences and expectations, pricing for the EHCP, and interest in having a benefit added to existing Medicare Supplemental plans. The research was conducted on behalf of the State of Minnesota by the Office of Measurement Services (OMS), at the University of Minnesota.

The EHCP product concept is designed around the idea that unskilled home care services are beneficial for the recipient and the recipient’s family when recovering from a medical event, and these services can reduce overall costs by decreasing the likelihood of needing institutional care. All participants were currently receiving Medicare Supplemental coverage. Among participants who were asked what type of Medicare Supplemental plan they had, half reported receiving their coverage through a Medicare Cost plan and several did not know whether they had a Cost, Advantage, or Medigap plan.

Before being introduced to the EHCP, a large portion of the participants shared their personal experiences about needing nursing care, therapies, or other medical care at home after they went on Medicare Supplemental Coverage. When discussing things that would be beneficial to have when recovering at home, many of the most frequently mentioned services were ones that are covered under the EHCP. The most cited services included activities of daily living, assistance for the family including respite care for the caregiver, and help in transitioning the family member from hospital to home.

Overall, the EHCP idea was well-received initially by participants in all groups. Participants seemed to be enthusiastic about the services it provided as well as how it would help them recover at home. The primary concerns after being first introduced to the EHCP were centered on the idea that both the daily ($100) and lifetime ($50,000) benefit limits were too small. Additionally, a significant number of participants disliked the idea of the program being mandatory with the majority of these participants disliking the “automatically enrolled” language in particular. Despite these concerns, participants in all groups gave the concept relatively high letter grades and numerical scores.

Key themes emerged relating to positive perceptions about the product and the impact of pricing on letter grades and numerical scores.
**EHCP and Provided Services Well Received**

One major theme that emerged was participant’s feeling that the EHCP filled an existing gap or need in coverage. Participants also reported that these gaps or needs could often be addressed through services provided in the home.

Responses to services listed in handout one illustrate these findings well. Participants were asked in handout one to proactively circle portions of the handout they liked, put a line through portions they disliked and put a question mark by portions they were confused by. The bullet point list of services in handout one was very well received by participants. Over one third liked all of the bullet points and four of the seven bullet points received likes by at least 50% of participants. Participants disliking any of the services did not rise to a significant level suggesting that these services are well written and very well received by the target audience.

**Impact of pricing on perception of EHCP**

In the majority of sites both letter grades and numerical scores dropped after participants were provided information on the price of the premium and the individual services. This suggests that pricing had a strong impact with the participants at these sites.

Most participants provided feedback for their grades and scores regarding the pricing information. The most common concerns were related to cost with equal numbers concerned about the current cost as were concerned about the future cost. Some also expressed skepticism about whether the cost would truly be what was listed in the handout.

Despite the cost concerns expressed by participants the $20 per month premium was the most liked item in handout two, suggesting that the premium price did not play a large role in the decrease in grades and scores. However, the handout’s pricing information for each service appears to have contributed to the decreased grades and scores. Participants had previously expressed significant concerns about whether the daily $100 benefit would be enough to cover the services provided by EHCP. When they saw how much these services actually cost in handout two, their initial concerns were reinforced. Participants seemed more aware that their $100 daily limit would not get them everything they might need. This raised several questions and concerns about what would happen to them if they needed to exceed the daily $100 limit.

Overall, participant’s liked the concept and recognized how beneficial it would be. It was likely that the individual service prices combined with concerns over the benefit amounts and fine print are what led participants to lower their scores. Additional research is needed to determine how these factors were impacted by participant demographics such as age, race, gender, socioeconomic status, and geographic location.
Methodology

Population

Locations for the focus groups were chosen based on their mix of urban, suburban, and rural attendees, venue availability, and screening questions related to gender, age range, income, employment in advertising, market research, insurance or other sectors, and behavior in a social setting.

A total of sixty four people attended the six focus groups.

Discussion Guide

The Medicare Discussion Guide (Appendix A), Discussion Guide handouts (Appendix B), Implied Consent form (Appendix C), and Sample Recruitment Text (Appendix D) were created by consultants retained by the State of Minnesota Department of Human Services (DHS) in consultation with DHS staff and the Office of Measurement Services (OMS). The discussion guide was pretested by staff within the OMS and staff within DHS and questions and topics were revised accordingly. Additional revisions were made following the first and second focus groups to account for observations made by the project team.

Data Collection

The discussion guide was facilitated by staff at OMS. All six focus groups were held at locations throughout the state of Minnesota and were either located at Area Associations on Aging or Senior Centers. The locations were identified by the DHS, a member of the project team. OMS was provided with a contact at each location and worked with them to create a recruitment script. Each contact used the recruitment scripts identified in Appendix D and some used a press release containing the information in Appendix D. The contact posted the information in Appendix D on flyers and in some cases through e-mails in an effort to get potential participants to call OMS and ascertain their eligibility for participation. In some cases staff at the Area Association on Aging ascertained eligibility themselves. In some cases OMS was provided phone numbers by the contacts and OMS made calls to the potential participants. Most participants were screened for eligibility based off of phone calls to OMS or in screening done by the Area Association on Aging staff in preparation for the focus groups.

All participants in the six focus groups were provided a $40 gift card and a meal. All signed an implied consent agreement to participate. Each focus group lasted approximately ninety minutes and attendees from the DHS and/or Senior Linkage Line were available to answer questions and provide follow-up at the end of each focus group. Slight changes were made to the discussion guide used by the moderator and the handouts used by the participants between focus groups based on input from the project team after each focus group. Each focus group was audiotaped and videotaped. A note-taker was also present to capture participant behavior and observations.

Data Analysis

The authors each analyzed the data separately. Each of them identified level one themes after reviewing transcripts from the focus groups, detailed notes taken in each focus group by a note-taker, and handouts filled out by participants. Where necessary, each consulted video from each focus group. Each author then reviewed level one themes to identify which themes were similar in creating level two themes and associated quantities. Authors then met to determine agreement and disagreement on themes. Each
author then went back to the transcripts, notes, handouts, and video where needed to review the validity of quantities in their themes and to continue drawing cognitive associations in their themes. Additional meetings were held to determine level three themes and to resolve disagreements around quantities where necessary.
Overall Results by Question Type

1) Thoughts about Supplemental Plans

All focus group participants had Medicare Supplemental coverage but it was unknown what type of plan they were using to receive their Supplemental coverage. The beginning of the discussion guide sought to identify the specific plans held by participants. For the first focus group, in Austin MN, each participant shared the type of plan they had. The majority of these participants received their coverage from Blue Cross Blue Shield (6/10), followed by UCare (2/10), AETNA (1/10), and United Healthcare (1/10). The detailed responses to this question were not particularly relevant to the rest of the discussion and ended up exceeding the time allocated for this item. Consequently, this question was modified for the remaining five focus groups to ask by a show of hands whether participants had a Medicare Advantage, Medicare Cost, or Medigap plan.

Half (27/54) of participants in the remaining five groups stated that they had some type of Medicare Cost plan. Almost 13% (7/54) of participants in these groups reported having a Medicare Advantage plan. Only one participant reported having a Medigap plan. Approximately one third (18/54) of participants were unsure about the plan they had or did not answer the question.

The follow-up question “How or why did you choose that plan” was asked in the Austin group only and not in the other five groups. Ninety percent of participants (9/10) cited cost when talking about why they chose their plan, with just over 66% (6/9) of those participants specifically referencing prescription drug costs. The next most common reason why participants chose their Supplemental plan was because it was what was offered to them from their employer (3/10).

Typical comments regarding cost in Austin included the following:

- “I’m just overwhelmed.”
- “I’m a diabetic and my drugs are, I think, out of sight. I have two of them and they’re each $130 out of pocket.”
- “Blue Cross Blue Shield. I’m a retired Hormel person and that was what was offered, so it was an easy choice”
2) Experiences and Expectations when Receiving Care or Services at Home

Participants were asked the following questions: (1) Has anyone needed nursing care, therapies, or other medical care at home AFTER you went on Medicare Supplemental and (2) If yes, what type of care and services did you receive. Overall, just over 40% (26/64) of participants shared experiences, with approximately 70% (18/26) of those participants referencing family or friends who received care, and 30% (8/26) sharing personal homecare experiences. Among the 26 participants who shared these experiences, the following types of services were referenced:

- Just under 50% (12/26) of participants mentioned receiving assistance for activities of daily living. Just over 50% (7/12) mentioned assistance around the home such as meal prep, laundry, cleaning, getting dressed, grocery shopping, paying bills, and assistance getting into bed. Twenty five percent (3/12) mentioned assistance related to their hygiene and just under 17% (2/12) mentioned the phrase PCA services.
- Just over 42% (11/26) stated that more help was needed in transitioning from hospital to home and that an advocate should be provided, someone to aid in planning, or someone provided to aid in the coordination of care.
- Twenty seven percent (7/26) received physical therapy at home.
- Just over 23% (6/26) received in home nursing care.
- Just over 11% (3/26) mentioned receiving hospice care, but it was unclear if this occurred in the home.
- Almost 8% (2/26) mentioned adult day care services.
- Almost 8% (2/26) mentioned occupational therapy.

After discussing the types of care and services participants had received at home, four follow-up questions were posed to the group: (1) If no experience, what have you heard to be the case, (2) What other needs did you have while recovering at home that were not provided/paid for in your Medicare plan, (3) What impact did these have on you and your loved one, and (4) Can you think of ways your recovery might have been easier than it was? Regardless of the question that was asked, participants in general tended to cite things that would be beneficial when recovering at home. The following themes emerged when looking at responses to all of these questions as a whole:

- Just over 17% (11/64) of participants mentioned needing some sort of assistance for the family. Just under 73% (8/11) of these participants mentioned respite for the caregiver. Twenty seven percent (3/11) mentioned training and education for the family.
- Just over 9% (6/64) mentioned needing help with some version of medication management or that this would be helpful.
- Meal prep and/or delivery was mentioned by approximately 8% (5/64) of participants.
• Housekeeping was mentioned by just over 6% (4/64) of participants.
• Just under 8% (5/64) mentioned the need for generations to better understand each other or forge a good relationship as an aid to having better trained staff available for caregiving in the home.
• Being provided assistive equipment was mentioned by just over 6% (4/64) of participants.
• Receiving finance-related assistance was cited by just over 6% (4/64) of participants.
• Transportation was cited by just under 5% (3/64) of participants.
• Receiving assistance with care related to hygiene and cleanliness was mentioned by just over 6% (4/64) of participants.
• Receiving help with activities of daily living was mentioned by just over 3% (2/64) of participants.
• Just over 6% (4/64) mentioned receiving help with groceries.

Typical comments included the following:

• “I helped neighbors. They were trying to manage at home. Interesting challenge because they didn’t have a medical background so they were not prepared for assistive devices and things like that that they really needed.”
• “People have to really understand that when you go home you have to have things in place and it doesn’t happen overnight.”
• “They (PCA’s) helped me go to bed and they helped me with bathing. I did very well.”
• “Medication management. That’s really important because if those meds aren’t working right or if they’re working against each other you’ve got more complications.”
• “An advocate for the family is helpful as well as for the person who’s able to voice their concerns but doesn’t understand the system.”
• “They had people there at the hospital that were advocates for the patient and I found that to be extremely helpful.”
• “It really makes a difference to have the same person come and see you.”
• “They didn’t pay for anything because she didn’t fit the criteria.”
• “My friend provides personal care. I’m always amazed at the stories she tells because it’s such a wide range but they are all services that these people need that they are unable to perform by themselves and family can’t be with them 24 hours a day if they’re living independently.”
3) Likes, Dislikes and Confusing portions of Handout 1 on the EHCP

Participants were provided a handout (Handout #1 in Appendix B, Page 38) to read concerning the concept of the EHCP. All participants at all groups were given time to evaluate the handout by circling what they liked, putting a line through what they disliked, and putting a question mark by what they found confusing. Participants were asked to discuss specific paragraphs as broken down by the moderator but they often deviated into other paragraphs during the discussion. This made analysis difficult in reading the transcripts. The themes are provided here based on analysis of the transcripts and the entire handout rather than each individual paragraph.

Transcripts alone were at times difficult to use for quantifying themes as we could not necessarily distinguish whether one person was simply following up on a concept they already expressed an opinion about or not. We made best efforts to eliminate duplicate responses when possible. We erred on the side of not including a follow-up comment if it covered the same topic and we could reasonably conclude that it was from the same person expressing the original opinion. However, within these numbers there likely still exists some level of duplication.

In many instances, participants did not follow our instructions in regards to the handout. When this occurred, best efforts were made to determine if their markups were items they liked, disliked, or found confusing. Responses were excluded if we could not definitively ascertain the nature of a participant’s annotation.

The analysis below reflects mutual discussion regarding response numbers and also best efforts to quantify those responses. One interesting overall theme is that participants spent a great deal of time asking questions about the concept instead of focusing on the handout in front of them and also often provided lengthy discussion about irrelevant topics not related to the topic in front of them but on which they had a fair amount of knowledge.

The main features that participants liked about handout #1 included the following along with the percentage of agreement and number of participants:

- Participants liking all of the bullet points referenced in paragraph three: 34.3% (22/64).
  - Just over 64% (41/64) of participant’s circled or mentioned bullet point one concerning homemaker and chore services.
  - Just over 64% (41/64) of participant’s circled or mentioned bullet point two concerning training and education so that family caregivers are better able to help care for you if and when they elect to do so.
  - Just over 43% (28/64) of participants circled or mentioned bullet point three in paragraph two concerning home-delivered meals.
  - Just over 57% (37/64) of participants circled or mentioned bullet point four in paragraph two concerning adult day care services.
• Just over 53% (34/64) of participants circled or mentioned bullet point five in paragraph two concerning care coordination, help arranging transportation and personal care services.

• Just over 42% (27/64) of participants circled or mentioned bullet point six in paragraph two concerning personal emergency response systems (PERS).

• Just over 45% (29/64) of participants circled bullet point seven in paragraph two concerning personal care assistant services.

• Just over 23% (15/64) circled portions of the sentence related to recover from a medical event, surgery or hospital stay.

• Just over 20% (13/64) liked the automatic enrollment aspect of the program.

• Just over 17% (11/64) liked the phrase “proper nutrition.”

• Just over 17% (11/64) liked the word “medications.”

• Just under 16% (10/64) liked the benefit amounts in the handout.

• Just under 16% (10/64) liked the phrase “avoid rehospitalization.”

• Approximately 11% (7/64) liked some aspect of the phrase “doctor certifies medical need.”

• Just under 8% (5/64) liked that the coverage stays with you even if you change plans.

• Just under 8% (5/64) liked the phrase “everyday supports.”

Typical comments included the following:

• “I think it would be good. Like you say, I don’t have personal experience and I think it would have been very, very helpful to have these kind of services if I’m in this situation.”

• “I liked all of the bullet points.”

• “I like the automatic enrollment.”

• “Some people don’t have family to help or trained family. This is good for them.”

• “These are absolutely necessary.”

• “This would fill gaps that aren’t covered by Medicare or Medicaid or Supplemental insurance.”

• “Having all of these services would allow someone to go home safely and be more cost effective.”

• “There’s a lot of stuff here that would be very helpful I think.”

• “This would give me such a sense of security”

• “To me, the ultimate is being able to stay at home, to have the support there.”

• “I like the medical event words. I’m assuming that means you don’t necessarily have to have been in the hospital.”
The main features that participants disliked about handout #1 included the following along with the percentage of agreement and number of participants:

- Just over 40% (26/64) did not like the benefit sizes, with fifteen specifically citing dislikes of the daily $100 daily benefit and thirteen disliking the lifetime $50,000 benefit. Some of these participants disliked both benefit options.
- Just over 31% (20/64) disliked one of the services from the bulleted list in paragraph two. Among these participants, the most disliked service was “training and education so that family caregivers are better able to help care for you if and when they elect to do so (6/20). This was followed by “homemaker and chore services” (4/20), “home-delivered meals” (4/20), “adult day care services” (4/20), and “care coordination” (2/20).
- Approximately 21% (14/64) disliked the idea of the program being mandatory, with 79% (11/14) of these participants disliking the “automatically enrolled” language and 28% (4/14) disliking the language about it being part of all Medicare Supplemental plans.
- Just over 15% (10/64) cited cost or affordability as being an issue.
- Just over 6% (4/64), disliked the language “your physician deem appropriate”.
- Just under 5% (3/64) wanted a more specific list of services that were included in the program, including checking blood sugar, wrapping bandages, administering a shot.
- Just over 3% (2/64) cited concerns about not being able to access these services due to employee shortages.

Typical comments included the following:

- “The cost of some of these supplements is a turnoff because I don’t think I could afford it.”
- “I crossed out automatically enrolled. I wouldn’t want that. I would want a choice.”
- “I took a look at the 50K. If somebody is sick for a long period of time. You figure $100 a day for one year for kidney problems, that’s already used up most of the $50K.”
- “I wonder how many hours would $100 really pay for.”
- “There’s such a dearth of people willing to do some of these kinds of services because the pay is so low to get really good people.”
- “Who is helping with transition from hospital to home?”
- “What about services in rural areas?”
- “How will the quality of meals be evaluated?”

The main features that participants found confusing about handout #1 included the following along with the percentage of agreement and number of participants:
• Just over 31% (20/64) found some aspect of the language about recovery from a medical event or hospital stay confusing.
• Just under 16% (10/64) had questions about whether this would be mandatory.
• Just over 12% (8/64) had questions about benefit limits.
• Just under 13% (8/64) had questions about Medicare.
• Just under 11% (7/64) had questions regarding some aspect of meal delivery.
• Just under 11% (7/64) had questions or found confusing some aspect of the language as determined/as approved by physician.
• Just over 9% (6/64) had questions about PERS.
• Just under 5% (3/64) had questions about whether the coverage stays with you if you switch plans.
• Just under 5% (3/64) had questions regarding each of the following aspects: how this works with my other insurance, PCA references, and concerns and challenges regarding rural services.
• Just under 5% (3/64) cited some version of the handout or parts of it being too vague.
• Just over 3% (2/64) had questions regarding communication coordination.

Typical comments included the following:

• “The whole thing is too vague.”
• “I already have long term care insurance.”
• “Is it mandatory or optional?”
• “What do you mean by medical event? That needs clarity.”
• “It’s too ambiguous.”
• “My question was is this plan only available to beneficiaries who have traditional Medicare and Medigap policies.”
4) Follow-Up Questions to Handout on the EHCP

After reading through handout one, participants were asked three follow-up questions: (1) Does this sound like something that would be good for someone like yourself? (2) If not, why?, (3) and What kind of person might this work well for? Participants were also instructed to provide a letter grade and numerical score to the concept.

Overall, responses to the first two questions were very minimal. The discussion was a bit more substantive when asking participants about the kind of people for which this product would work well for. The following themes emerged among participants who responded to this question.

- Overall perception that the product is designed for those with no family or friends near enough or healthy enough to care for them: 7.8% (5/64).
- People without Long Term Care Insurance: 3.1% (2/64).
- People on fixed or limited incomes: 3.1% (2/64).
- People who don’t qualify for other assistance programs: 3.1% (2/64).

Typical comments included the following:

- “I see people here at the senior center when I volunteer. People come in and the gentleman is using a walker and his wife is in a wheelchair. How can they take care of each other...This is the kind of service they would need.”
- “The person with no family.”
- “People who don’t have family or anybody around.”
- “It would be beneficial if somebody has a limited income. I think it is something that’s really absolutely necessary.”

The remaining portion of this section asked participants “What letter grade did you give it and why?”, “After talking about it, does anyone want to change their grade?”, and “On a scale of 1 to 10, how likely would you be to look into this?” When analyzing these questions we used responses from the back of the handout specifically to avoid the possibility of attributing the same response on the back of a handout to someone labeled as “participant” in the transcript. The handout is also especially useful since participants at all focus groups were given a significant amount of time to fill out the handouts and provide deep insights whereas time was limited during the discussion itself and not everyone was always able to share their reasoning with the group.

Letter Grades

To better quantify the letter grades assigned by participants, all letter grades were converted to numerical scores using a standard scale for converting letter grades to grade point averages (figure 2). One participant simply wrote “great” instead of assigning a letter grade to the concept. However, they still
provided a detailed explanation. Consequently, their response was excluded from the grade quantification but included in theme analysis for this question. Other participants were also excluded if they left the question blank or were in attendance to provide technical expertise and filled out the handout by mistake.

In Austin, four participants gave the concept an A, five gave it a B, and two gave it a C after viewing the handout. The mean score for Austin was 3.07 which is equivalent to a B. In Fergus Falls, two participants gave the concept an A, five gave it a B, and one gave it a C. The mean score in Fergus Falls was 3.16 which is in between a B and B+. In Maple Grove, five participants gave the concept an A, five gave it a B, and three gave it a C. The mean score in Maple Grove was 3.15 which is in between a B and B+. In Minnetonka, six participants gave the concept an A, two gave it a B, and two gave it a C. The mean score in Minnetonka was 3.33 which is equivalent to a B+. In North Saint Paul, two participants gave the concept an A, four gave it a B, and three gave it a C. The mean score for North Saint Paul was 2.59 which falls between a C+ and B-. In Saint Cloud, five participants gave the concept an A, seven gave it a B, and one gave it a C. The mean score for Saint Cloud was 3.14 which in between a B and B+.

Across all groups, just over 37% (24/64) of participants gave the concept an A, 45% (29/64) gave it a B, and 19% (12/64) gave it a C. No participants gave the concept a D or F. The mean score across all groups was 3.14 which would be equivalent to a grade between a B and B+. Mean scores for each group can be found in figure 3.

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<tr>
<th>Figure 2: Letter to GPA scale</th>
<th>Figure 3: Mean Handout #1 Grades</th>
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<tr>
<td><strong>Letter Grade</strong></td>
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When quantifying themes for this question, comments written in the handout were excluded if they were illegible or if the point they were making was unclear. Overall themes regarding why people gave the concept a particular letter grade are as follows:

- Just under 44% (28/64) cited concerns about the product when giving an explanation for their letter grade. The most frequently cited concern was in regards to the expected cost of the product which was referenced by 25% (7/28) of these individuals. Other concerns that received more than one response were concerns about the $100 daily benefit not being enough (4/28) and concern over expected shortages for these services (2/28).
• Just under 41% (26/64) stated that the product was a good concept and/or filled a need.
• Almost 30% (19/64) stated that they wanted more details about the concept or had questions about the concept.
• Just under 13% (8/64) cited how the concept helped encourage people to receive home care instead of going into assisted living or a nursing home.
• Almost 8% (5/64) expressed positive comments relating to the cost of the product, centered on the idea that it would reduce costs.
• Just under 5% (3/64) stated that they had no current need for the product but they could see needing the product down the road.
• Just under 5% (3/64) also stated that the product would be good for people living alone.

Typical comments when explaining the reasoning behind grades included the following:

• “It’s an interesting concept.”
• “I think it’s a good idea.”
• “I like where it’s going but there’s too many unanswered questions.”
• “I’m not sure I could afford this.”
• “Keeps people in their homes or home of a caretaker.”
• “The services that would be provided under this program are urgently needed in many cases.”
• “Overall potential cost is a concern, both for me and the program as a whole.”
• “Very good concept. Needs to have gaps and details marked out.”

**Numeric Scores**

After discussing the handout and the grades as a group, participants were asked to provide a numerical score of 1 to 10 based on how likely they would be to look into the concept if offered to them, with a score of 1 being VERY LIKELY and a score of 10 being NOT AT ALL LIKELY. Scores were based off of the question “how likely would you be to look into the concept if offered to you? Participants were excluded if they left the question blank or were in attendance to provide technical expertise and filled out the handout by mistake.

In Austin the mean score was 3.27. The focus group in Fergus Falls gave the concept the best scores with a mean score of 2.63. In Maple Grove the mean score was 3.75. In Minnetonka the mean score was 3.00. North Saint Paul gave the concept the worst scores with a mean of 5.50. In Saint Cloud the mean score was 2.92. Across all groups the mean score after handout one was 3.52. Mean scores broken down by group can be found in figure 4 below.
When quantifying themes for this question, comments written in the handout were excluded if they were illegible or if the point they were making was unclear. Overall themes regarding why people gave the concept a particular score are as follows:

- Just over 54% (35/64) of participants provided positive comments when explaining the reasoning for their score. The most cited themes among these comments were that the concept addressed a need/gap in coverage (8/35), people would benefit from it (4/35), it’s a good idea (3/35), it helps people stay at home (3/35), and it should reduce costs (3/35).
- Twenty five percent (16/64) of participants cited questions they had about the concept or stated that they wanted more information.
- Almost 22% (14/64) of participants expressed concerns about the concept when explaining their score. The most common concerns were related to cost (6/14), the benefit amounts being too small (3/14), and the fear that this program would complicate things (2/14).
- Just over 6% (4/64) noted that they already had LTC coverage and were therefore not interested in the concept.
- Just over 4% (3/64) stated they did not need the EHCP.
- Three percent (2/64), stated that their score was dependent on how available their family would be when they needed these services.

Typical comments included the following:

- “Initial response is OK. What are the problems? How will this affect costs? In rural areas how will recipients be handled?”
- “I would say ‘1’ but we have a lot of savings to cover such needs.”
- “Recovery time is ambiguous. It is hard for a doctor to make all these determinations and all doctors would not make the same decisions.”
- “There’s lots of need out there for these services.”
- “I need more information.”
• “This is complicated.”
• “I’m concerned about the costs going up.”
• “I am very likely to be interested. However, I need to see how this would work in practice before deciding that I wanted to purchase.”
• “I would need someone to personally explain to me how it would be an improvement over the coverage I already have.”
• “Without knowing the COST and all the variables that drive cost and care, I am NOT inclined to be a purchaser of this concept.”
5) EHCP Program Monthly Premiums Likes, Dislikes and Confusing Portions

Participants were provided a handout (Handout #2 in Appendix B, Page 40) to read concerning the pricing of the EHCP. All participants at all groups were given time to evaluate the handout by circling what they liked, putting a line through what they disliked, and putting a question mark by what they found confusing. While the discussion guide did not call for a group discussion of these findings, participants occasionally shared verbally what they liked, disliked, and found confusing in the handout. Those responses were combined with the participant’s annotations on the handout when quantifying themes. Since the verbal responses were minimal there are no typical comments to report for this section.

The main features that participants liked about handout #2 included the following along with the percentage of agreement and number of participants:

- Almost half (30/64) of participants liked various aspects of the handout related to pricing. Of these participants, the majority liked the $20 per month price (16/30), followed by the price for service coordination (3/30), the “additional monthly premium” language (3/30), and the Personal Emergency Response System price (2/30).
- Thirty nine percent (25/64) of participants liked at least one of the services listed in the table. The most liked service was PCA (6/25), followed by homemaker (5/25), home-delivered meals (4/25), family training (3/25), adult day care (3/25), service coordinator (2/25), and chore services (2/25).
- Just over 6% (4/64) specifically liked the comprehensive benefit option.
- Almost 5% (3/64) liked the language “medically necessary and ordered by a physician.”
- Almost 5% (3/64) liked the language “added on to your regular Medicare Supplemental coverage.”
- Just over 3% (2/64) liked the language “the cost depends upon the type of Enhanced Home care Program.”
- Just over 3% (2/64) liked the language “Medicare approves to be provided in your home.”

The main features that participants disliked about handout #2 included the following along with the percentage of agreement and number of participants:

- Just over 20% (13/64) of participants disliked various aspects of the handout related to pricing. Of these participants, the family training price was the most disliked (3/13), followed by the price for home-delivered meals (2/13), the price for adult day care (2/13), and the price for the comprehensive benefit option (2/13).
• Almost 11% (7/64) of participants disliked at least one of the services listed in the table. The only services that received more than one dislike were home-delivered meals (2/7) and adult day care (2/7).

The main features that participants found confusing about handout #2 included the following along with the percentage of agreement and number of participants:

• Just over 20% (13/64) of participants found at least one of the services listed in the table to be confusing. The services that these participants considered most confusing were service coordination (8/13) and family training (3/13).
• Just over 9% (6/64) of participants had questions relating to the pricing information. Among these participants, wanting to know what happens if they exceeded the $100 daily benefit limit was the most cited question (3/6).
• Almost 5% (3/64) wanted to know if they could choose between the two benefit options.
• Almost 5% (3/64) had questions about the quality of workers who would be providing the services.
6) **Follow-Up Questions to Handout 2 on the EHCP Pricing**

Participants were asked three follow-up questions after reviewing handout two: (1) “Which of these options appeals to you the most”, (2) “What grade did you give the concept after reading this additional information and why”, (3) “On a scale of 1-10 how likely would you be to look into it, and why?”

For participants in the first two focus groups, in Austin and Fergus Falls, handout #2 listed two options, a comprehensive plan at $20 per month and a coverage plan without personal care assistant services at $8 a month. They were then asked in the handout, “Which of these options appeals to you the most and why?” In these groups, the comprehensive $20 option was preferred (6/18) over the cheaper $8 option (4/18). Approximately 44% (8/18) either did not answer the question or did not specify which plan they preferred in their answer. When asked why they preferred the plan they chose, two themes emerged. The largest theme, which accounted for 16% (3/18) were positive comments relating to cost. Additionally, 16% (3/15) of participants stated that they would like the option to switch between the two options as needed. For the remaining four focus groups participants were only asked to provide feedback on the $20 a month comprehensive plan through their grades and scores.

Typical comments included the following:

- “I like the option of two choices.”
- “Needs to be an option/choice. People need to be able to meet their monthly budget.”
- “The unknown future cost is concerning. Having options and opportunity to move up or down [between plans].”

The remaining portion of this section asked participants “What letter grade did you give it and why?”, “After talking about it, does anyone want to change their grade?”, and “On a scale of 1 to 10, how likely would you be to want this program included in your current Medicare/Supplemental coverage?” A score of 1=VERY LIKELY while 10=NOT AT ALL LIKELY”. When analyzing these questions we used responses from the back of the handout specifically to avoid the possibility of attributing the same response on the back of a handout to someone labeled as “participant” in the transcript. The handout is also especially useful since participants at all focus groups were given a significant amount of time to fill out the handouts and provide deep insights whereas time was limited during the discussion itself and not everyone was always able to share their reasoning with the group.

**Letter Grades**

To better quantify the letter grades assigned by participants, all letter grades were converted to numerical scores using a standard scale for converting letter grades to grade point averages (figure 2). Participants were excluded if they left the question blank or were in attendance to provide technical expertise and filled out the handout by mistake.
In Austin, four participants gave the concept an A, five gave it a B, and one gave it a C after viewing the handout. The mean score for Austin was 3.27, which is approximately equivalent to a B+. This represents a 6.5% improvement when compared to their handout one grades.

In Fergus Falls, one participant gave the concept an A, four gave it a B, and three gave it a C. The mean score in Fergus Falls was 2.71, which is equivalent to a B-. This represents a 14.2% decline when compared to their handout one grades.

In Maple Grove, two participants gave the concept an A, four gave it a B, four gave it a C, two gave it a D, and one gave it an F. The mean score in Maple Grove was 2.3, which is equivalent to a C+. This represents a 26.7% decline when compared to their handout one grades.

In Minnetonka, five participants gave the concept an A, three gave it a B, and two gave it a C. The mean score in Minnetonka was 3.27, which is approximately equivalent to a B+. This represents a 1.8% decline when compared to their handout one grades.

In North Saint Paul, two participants gave the concept an A, three gave it a B, three gave it a C, and one gave it a D. The mean score for North Saint Paul was 2.59, which falls between a C+ and B-. This represents a 0.8% improvement when compared to their handout one grades.

In Saint Cloud, no participants gave the concept an A, eight gave it a B, and four gave it a C. The mean score for Saint Cloud was 2.67, which is approximately equivalent to a B-. This represents a 16.8% decline when compared to their handout one grades.

Across all groups, almost 22% (14/64) of participants gave the concept an A, 44% (28/64) gave it a B, 27% (17/64) gave it a C, 5% (3/64) gave it a D, and one participant gave the concept an F. The mean score across all groups was 2.78, which would be approximately equivalent to a B-. This represents an 11.2% decline when compared to their handout one grades. Mean grades broken down by group along with the quantities who increased and decreased their grade, and mean percent change can be found in figure 4 below.

<table>
<thead>
<tr>
<th>Group</th>
<th>Handout #1 (Mean Grade)*</th>
<th>Handout #2 (Mean Grade)*</th>
<th>Number who increased grade between handouts</th>
<th>Number who decreased grade between handouts</th>
<th>Mean percent change between handouts*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin</td>
<td>3.07</td>
<td>3.27</td>
<td>4/11 (36.4%)</td>
<td>3/11 (27.3%)</td>
<td>6.51% Increase</td>
</tr>
<tr>
<td>Fergus Falls</td>
<td>3.16</td>
<td>2.71</td>
<td>1/8 (12.5%)</td>
<td>6/8 (75%)</td>
<td>14.24% Decrease</td>
</tr>
<tr>
<td>Maple Grove</td>
<td>3.15</td>
<td>2.31</td>
<td>2/13 (15.4%)</td>
<td>9/13 (69.2%)</td>
<td>26.67% Decrease</td>
</tr>
<tr>
<td>Minnetonka</td>
<td>3.33</td>
<td>3.27</td>
<td>3/10 (30%)</td>
<td>3/10 (30%)</td>
<td>1.80% Decrease</td>
</tr>
<tr>
<td>North Saint Paul</td>
<td>2.59</td>
<td>2.61</td>
<td>1/10 (10%)</td>
<td>1/10 (10%)</td>
<td>0.77% Increase</td>
</tr>
<tr>
<td>Saint Cloud</td>
<td>3.28</td>
<td>2.73</td>
<td>2/11 (18.2%)</td>
<td>7/11 (63.6%)</td>
<td>16.77% Decrease</td>
</tr>
<tr>
<td>All Groups</td>
<td>3.14</td>
<td>2.79</td>
<td>13/63 (20.6%)</td>
<td>29/63 (46%)</td>
<td>11.15% Decrease</td>
</tr>
</tbody>
</table>

*4.00 is the highest possible score
When quantifying themes for this question, comments written in the handout were excluded if they were illegible or if the point they were making was unclear. Overall themes regarding why people gave the concept a particular letter grade are as follows:

- Just over 45% (29/64) of participants provided positive comments when explaining the reasoning for their grade. The most cited themes among these comments was that the cost seemed reasonable and/or a good deal (13/29), it addresses needs and gaps in coverage (4/29), it offers good services (3/29), helps keep you at home (2/29), and is a good idea (2/29).

- Just over 28% (18/64) of participants expressed concerns about the concept when explaining their grade. The most common concerns were related to cost (13/18), with five participants concerned about the current cost, five concerned about what the cost could be in the future, and three expressing skepticism about whether the cost would truly be what was listed in the handout. Additionally, the benefit amounts being too small was another concern which was cited by 11% (2/18) of these participants.

- Just over 23% (15/64) of participants cited questions they had about the concept or stated that they wanted more information.

Typical comments included the following:

- “Good deal, but cost could be more later on.”
- “The cost implications are unknown down the road.”
- “It keeps person at home longer.”
- “Who would decide who the provider would be and if it [the service] is needed?”
- “The cost is reasonable. I personal would pay for this option. It would fill gap before long term care insurance kicks in.”
- “I feel the $20 premium is reasonable.”
- “Rates are insufficient, especially for rural areas of the state.”
- “It would satisfy a need. It’s a start.”
- “Too much costs!!! It will not work. People will take advantage of this. Too vague. Not descriptive enough.”

**Numeric Scores**

After discussing the handout and the grades as a group, participants were asked to provide a numerical score from 1-10. Scores in Austin and Fergus Falls were based off of the question “how interested would you be in seeing one of these options added to all Minnesota Medicare Supplemental Plans?” Scores in the remaining four focus groups were based off of the question “how interested would you be in seeing this option added to all Minnesota Medicare Supplemental Plans?” A score of 1 meant VERY INTERESTED
and a score of 10 meant NOT AT ALL INTERESTED. Participants were excluded if they left the question blank or were in attendance to provide technical expertise and filled out the handout by mistake.

In Austin, the mean score was 3.44, representing a 5.2% decline compared to handout one scores. The focus group in Fergus Falls gave the concept the best scores, with a mean score of 2.50. This represented a 4.9% improvement compared to handout one scores. In Maple Grove, the mean score was 4.85, representing a 29.3% decline compared to handout one scores. In Minnetonka, the mean score was 3.30, representing a 10% decline compared to handout out scores. North Saint Paul gave the concept the worst scores, with a mean of 5.60, representing a 1.8% decline compared to their handout one scores. In Saint Cloud, the mean score was 3.36, which was a 15.1% decline compared to their handout one scores. Across all groups the mean score after handout two was 3.93, which was an 11.7% decrease compared to the mean score after handout one. Mean scores broken down by group can be found in figure 4 below.

Mean scores broken down by group along with the quantities who increased and decreased their score, and mean percent change can be found in figure 5 below.

<table>
<thead>
<tr>
<th>Group</th>
<th>Handout #1 (Mean Score)</th>
<th>Handout #2 (Mean Score)</th>
<th>Number who improved score between handouts</th>
<th>Number who worsened score between handouts</th>
<th>Mean percent change between handouts*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin</td>
<td>3.27</td>
<td>3.44</td>
<td>3/9 (33.3%)</td>
<td>2/11 (18.2%)</td>
<td>5.20% decrease</td>
</tr>
<tr>
<td>Fergus Falls</td>
<td>2.63</td>
<td>2.50</td>
<td>2/8 (25%)</td>
<td>3/8 (37.5%)</td>
<td>4.94% increase</td>
</tr>
<tr>
<td>Maple Grove</td>
<td>3.75</td>
<td>4.85</td>
<td>2/13 (15.4%)</td>
<td>5/13 (38.5%)</td>
<td>29.33% decrease</td>
</tr>
<tr>
<td>Minnetonka</td>
<td>3.00</td>
<td>3.30</td>
<td>2/10 (20%)</td>
<td>4/10 (40%)</td>
<td>10% decrease</td>
</tr>
<tr>
<td>North Saint Paul</td>
<td>5.50</td>
<td>5.60</td>
<td>3/10 (30%)</td>
<td>3/10 (30%)</td>
<td>1.82% decrease</td>
</tr>
<tr>
<td>St. Cloud</td>
<td>2.92</td>
<td>3.36</td>
<td>1/11 (9.1%)</td>
<td>3/11 (27.3%)</td>
<td>15.07% decrease</td>
</tr>
<tr>
<td>All Groups</td>
<td>3.52</td>
<td>3.93</td>
<td>13/61 (21.3%)</td>
<td>20/61 (32.8%)</td>
<td>11.65% decrease</td>
</tr>
</tbody>
</table>

Overall themes regarding why people gave the concept a particular score are as follows:

- Almost 44% (28/64) of participants provided positive comments when explaining the reasoning for their score. The most cited themes among these comments was that the price seemed good and affordable (8/28), it’s a good idea (4/28), I’m interested (3/28), it addresses a need (3/28), and it’s better than nothing (2/28).

- Almost 38% (24/64) of participants expressed concerns about the concept when explaining their score. The most common concerns were related to cost (11/24), with seven of these participants concerned about the future cost, two concerned about the current cost, and two expressing skepticism about whether the cost would truly be what was listed in the handout. Additional themes relating to concerns included that the product needs some work/refining (4/24), the benefit amount is not enough (2/24), concerns about implementation (2/24), and that they don’t want it to be mandatory (2/24).
• Just over 15% (10/64) of participants cited questions they had about the concept or stated that they wanted more information.
• Almost 5% (3/64) wanted some pilot tests or studies done before they would consider the product.
• Three percent (2/64) of participants wanted the product to cover everyone in Minnesota who is on Medicare, instead of only those receiving Medicare Supplemental coverage.

Typical comments included the following:

• “If it is offered as a supplement I would be interested in purchasing it.”
• “It is a good deal.”
• “Concept must be refined and better defined before adding it to Supplemental plans.”
• “For $20 a month, a good option, especially for people who do not have LTC insurance and those who fall between the cracks in terms of eligibility for other state/city programs.”
• “Cost shouldn’t be a problem. Lots of other concerns to be worked out.”
• “Not economically feasible at $20/month.”
I) Interest in having this product as a part of your current plan and concerns

Participants in some but not all groups were asked two follow-up questions: “How interested would you be to have this as part of your current plan?” and “What concerns, if any, do you have?” Analysis for this section and all remaining sections was based on the transcripts, notes and videos only, and does not include analysis of the handouts as these questions were not directly asked in the handouts.

Themes for these questions were as follows:

- Just under 11% (7/64) cited concerns related to current and/or future costs.
- Just over 9% (6/64) cited concerns related to the provision of services in rural areas.

Some individuals cited concerns with specific services or specific issues but nothing that rose beyond one individual instance.

Typical comments were as follows:

- “The cost, again, would be a problem for me.”
- “I’m already covered, so it’s a duplication of cost.”
- “I think it depends on what area of the state you live in also. If you live in the cities, the services are available...If you live in western Stearns County, Belgrade, Brooten, there ain’t nobody to do this.”
8) Changing how and where participants get Medicare Supplemental coverage and how that influences their feelings about this program

Participants were asked “As you think about the future, do you think you might change how and where you get your Medicare Supplemental coverage?” and “If so, how does that influence how you feel about this program?” Most groups were running behind on time when they got to this question. Consequently, this resulted in these questions either not being asked, or being discussed very briefly. There were only a handful of comments to this question across all groups and they tended to be off topic. No comments rose to the level of a theme.
9) Participant feedback regarding choice of Supplemental plans versus requirement(s)

Participants were asked “Would you like it better if you could choose between a Medicare Supplemental plan that included this feature or one that didn’t” and “Would it be better if all plans are required to offer this?”

Themes for these questions were as follows:

- Just over 20% (13/64) preferred to have the Medicare Supplemental plan be optional.
- Just under 19% (12/64) preferred if all plans were required to offer this or have it be considered mandatory.
- Just under 5% (3/64) agreed that all plans should offer this but you should be able to choose if you want it.

Typical comments were as follows:

- “It gives you a choice and if you want the personal care assistance for the higher premium, at least you have that option.”
- “I like having choice.”
- “Insurance people need numbers. I’d go for the mandatory, and people like me, tough. It’ll be so much lower if everybody is enrolled.”
- “I interpret that to mean it’s an option, but all plans would have to offer the option.”
- “Optional would be better for me.”
- “I don’t like anything mandatory.”
10) Participant Feedback Regarding the Impact of Current Premium Cost on EHCP Interest

Participants were asked “How does how much you are paying for your current coverage influence your feelings about having this benefit added?” Most groups were running behind on time when they got to this question. Consequently, this resulted in these question only being directly asked in the Fergus Falls group. In this group two people stated that cost of current coverage would influence their feelings about having this benefit added. This represented just under 29% (2/7) of those in attendance at his group and just over 3% (2/64) of those in attendance at all focus groups.
Appendix A: 2017 Medicare Discussion Guide

DISCUSSION GUIDE DRAFT

Enhanced Home Care Benefit for Medicare Supplemental Plans

Draft 4.0 on 10/4/17

SECTION I: Session and participant introductions (10 minutes)

Introduce Moderator

[MARK WILL USE HIS OWN INTRODUCTION along these lines.]

- Thank you for joining me this afternoon/evening. I appreciate your giving us your time and your thoughts.
- My name is [INSERT]. I’m here to facilitate our discussion this afternoon/evening.
  - I’m an independent professional moderator, not employed by the organizations that are sponsoring this research.
  - I’m not selling anything and have no vested interest in the results of our conversation.

Purpose of Session

- We’ll be talking about the types of health care and support that people might need as they get older.
- Specifically, we want your thoughts about a new idea that would provide some additional support to you in your home if you needed help while recovering from an illness, injury or hospital stay. [Reminder throughout session: we are not talking about long term care. We are talking about a “grey area” that falls in between what Medicare and Supplemental plans pay for (hospital and doctor care) and the long term care that someone needs if they become permanently disabled or have a condition such as alzheimer’s. We are talking about services to help you RECOVER faster and better from a medical event.]
- [If needed, reminder to “turn off” thoughts about political landscape today, debates about health care reform, etc.]
- The concepts we will be talking about are truly new ideas – they don’t yet exist – but we want people like yourselves to help us think about how these new ideas should be designed to have the most appeal for consumers. So there are really no wrong answers – just want to hear what you think.
- Address issue – [If relevant because participants know each other: try not to be influenced by fact that you might know each other.] Please be respectful of privacy and don’t repeat anything someone shares in the group about their views or life situation outside of this room. “What happens in Vegas....stays in Vegas.”
We’ll get more specific in a minute, but first I’d like to share with you the very easy “ground rules” for our time together and also take a few minutes just to get acquainted.

**Disclosure and Ground Rules**

- I am interested in all of your ideas, comments and suggestions
  - There are no right or wrong answers to the questions
  - All comments – both positive and negative – are valuable.
  - Differences of opinion are expected and welcomed.
  - The objective is not to build consensus but rather to hear all voices.

- I’d like to hear from everyone.
  - It’s important that you all get equal “airtime.”
  - No one should monopolize the conversation; no member’s opinion is more or less valuable than another’s.
  - Respect each other by giving all members an opportunity to give their viewpoint.

- [Explain “speakerphone” on table: My colleagues are listening in on the conference line; they are here to listen and learn from you. And also they will help me out if you ask a question I can’t answer but which they can address. In case any technical points emerge which need to be resolved. Or in case I forget to ask about something important.]

- Before coming into the room you signed a release for your participation in this discussion.
  - We will be audiotaping the session since this allow us to review the session and better understand your feedback. They help me make sure I remember everyone’s comments.
  - Your comments are confidential and used for research purposes only; I will not use any names in the report I submit to my colleagues.
  - We may share these tapes and transcripts with other colleagues who were not able to join us this evening.

- I want our tape to pick up all of your comments
  - Please refrain from having side conversations
  - Please speak up

- Our discussion will last about 90 minutes and will cover several topics
  - I’d like this to be a group discussion, so you needn’t wait for me to call on you.
  - Please ask me to clarify any questions you do not understand or terminology that is unfamiliar to you.
  - I also may interrupt from time to time to clarify something or to move things along. This isn’t meant to be rude but I need to be mindful of getting the most out of the time we have together.
o I’ll guide you when it may be necessary for us to move quickly in some areas.
  o If you need to use the restrooms [indicate where located] at any time, please feel free to do so but please try to only leave the room one at a time so we can keep the conversation going.

**Introduction of Participants**

- I’d like you each to introduce yourself by first name; tell us something about your work and/or your hobbies and your family.
- I’ll start. *You already know my name is [INSERT] and what I do for work – I talk to people like yourselves so that my clients can learn more about people’s preferences on a wide variety of topics. [I have XYZ family].*

**SECTION II: Medicare Supplemental Coverage (15 minutes)**

So one thing you all have in common is that your health insurance is provided by Medicare. Also, you all have what is commonly referred to as “Medicare Supplemental Coverage.” There are lots of different ways you can choose to obtain Supplemental Coverage, and even different ways to get your Medicare benefits.

Before we start, I want you to know that having different plans or providers for how you receive Medicare/Medicare Supplemental Coverage is not the focus our discussion today. What we are going to talk about is relevant to ALL types of supplement plans. While we will talk briefly about your supplement plans we aren’t going to get into any of the details of your current coverage or how one plan differs from another.

[Acknowledge that it may be difficult to avoid wanting to compare experiences or be interested in what someone else shares about their plan. Mention that you can provide contact information for someone from Minnesota LinkAge program who can help give information or advice about Medicare plan choices after the session if anyone is interested.]

Let’s take a minute and do a quick show of hands to find out what type of Medicare Supplemental coverage you have. If you don’t know or aren’t sure – no problem.

**How many of you are in a Medicare Advantage Plan such as [insert prominent name or two here]? HMO PPO**

**How many of you are in a Medicare Cost Plan such as X and Y?**

**And then finally, how many of you bought a Medigap plan on your own such as Z?**
SECTION III: IN-HOME HEALTH CARE EXPERIENCES

I want to talk briefly about any experiences you may have with receiving temporary care in your home, following an accident, illness, surgery or other hospitalization. Has anyone needed nursing care, therapies or other medical care at home AFTER you went on Medicare/Medicare Supplemental coverage?

If yes, please share whatever you are comfortable talking about from that experience. I’d specifically like to know what type of care and services you received in your home as part of your Medicare coverage.

[If no direct experience, ask what they heard or expect to be the case. Trying to get at whether or not people understand that Medicare in-home care is limited to skilled, recuperative care for individuals who are largely home-bound. What we really want to get at however is whether people are aware of all the kinds of personal care supportive services and other needs they might have that impact their recovery and help them avoid needing re-hospitalization but that aren’t currently a part of what Medicare/Supplemental plans currently cover.]

And now, what about other needs you may have had while you were recovering at home that weren’t included in what your Medicare/health plan provided or paid for? Tell me about that and what impact that may have had on you and your loved ones.

[Probe for help with transportation, emergency response, family caregiver support, medication management, everyday activities of personal care, meals and household upkeep, etc. Ask about how much people had to rely on family help or other support and what impact that had? How easy or hard was that?]

Can you think of ways that your at-home recovery might have been easier for you than it was?

[Again probing for awareness of the impact of not having these enhanced in-home supportive services on recovery, family stress, and other aspects of their needs.]

SECTION IV: ENHANCED HOME CARE PROGRAM CONCEPT – PART I (30 minutes)

Okay. Now we get to the fun part. We talked about having your feedback on a new idea to try to help improve and expand the services and supports that your Medicare/Supplemental Plan would provide if you needed recovery care at home.

We’re going to spend the rest of our time talking about a totally new idea which we are calling “ENHANCED HOME CARE PROGRAM.” This program doesn’t exist yet but we want your help
reviewing our ideas about it and understanding how well you think it might or might not meet peoples’ needs.

**HANDOUT #1 – ENHANCED HOME CARE PROGRAM**

Please read through this concept and mark it up to capture your reactions. *We want to know how you feel about the idea and not about how it is described, except of course if something is confusing, we want to hear about it. Specifically:*  

- Put a circle around any words, phrases or pictures that you especially like/find appealing  
- Put a line through any words or phrases that you don’t like or feel negative about  
- And finally put a question mark by anything that you feel is confusing or misleading  
- When you are done reading, please write down the grade that you’d give this concept – thinking about how it would meet your needs – give it an “A+” if you think it is fabulous or an “F” if you hate it. Or anything in between. Also, please jot down why you feel the concept earned the grade you assigned to it. Just fill out the top half. We will get to the bottom half a little bit later.  
- We’ll talk about all your responses after everyone is done.

[Allow participants to read and mark up concept.]

Now let’s go over this together.

[Refer to DEFINITIONS if needed or use your own words to describe. No Need for Moderator to read each paragraph out loud, but walk through by paragraph and for each collect feedback after each section or what people liked, disliked, found confusing.]

Additional probes – go around and ask participants:

**Ask after each paragraph**

- What did you like best about it? What did you circle and why?  
- What did you dislike most? Why?  
- Was anything confusing about it? Did you have any trouble understanding it?

**Ask after reading entire handout**

- Does this sound like something that would be good for someone like yourself? If not, why not? If not for you, then what kind of person might this work well for? Who do you think this concept is designed for?  
- What grade did you give it? Why? After we’ve talked about it, anyone want to change their grade?  
- Now please turn over the handout and take a moment on the back to write down your “score” based on the things we just discussed. On a scale of 1 through 10, how likely would you be to want this program included in your current Medicare/Supplemental coverage?
Remind as needed that this is talking about supports you might need while you are recovering from a medical event/hospitalization. It is about helping you have a safe, speedy and appropriate recovery and easing the stress on your family during that time. If someone mentions state-provided help for this, remind them we are talking about people that wouldn’t qualify for state assistance. And that we are talking about care needs that typically resolve within 3 months or less. You may fully recover or recover to the best possible level expected for your condition.

HANDOUT #2 – CONCEPT PRICING

So now we’re going to read over some additional information about what this program would cost, and I want you to mark this page up as you did before:

- Put a circle around any words, phrases or pictures that you especially like/find appealing
- Put a line through any words or phrases that you don’t like or feel negative about
- And finally put a question mark by anything that you feel is confusing or misleading
- When you are done reading, please write down the grade that you’d give this concept – thinking about how it would meet your needs – give it an “A+” if you think it is fabulous or an “F” if you hate it. Or anything in between. Also, please jot down why you feel the concept earned the grade you assigned to it. Just fill out the top half. We will get to the bottom half a little bit later.

[Allow participants to read and mark up concept.]

Now let’s discuss this together.

- If relevant, ask about interest in a “stripped down” plan that would only cost $8/month but would not have a most expensive of the services – the PCAS.....

- What grade did you give the concept after reading this additional information and why?

[Repeat discussion and exploration per above]

- Now please turn over the handout and take a moment on the back to write down your score, based on the things we just discussed. On a scale of 1 through 10, how interested are you in having this type of program added to your Medicare/Supplemental coverage?
SECTION V: Interest/Action (10 minutes)
So let’s just talk a little bit more about your interest in having one of these Benefit Types added to your Medicare/Supplemental plan.

- How interested would you be to have this as a part of your current plan?
- What concerns, if any, do you have?
- As you think about the future, do you think you might change how and where you get your Medicare Supplemental coverage? If so, how does that influence how you feel about this program?
- Would you like it better if you could choose between a Medicare/Supplemental plan that included this feature (for the additional cost) or one that didn’t? Or is it better if all plans are required to offer this?
- How does how much you are paying for your current coverage influence your feelings about having this benefit added?

SECTION VI: Wrap Up and Conclusion (5 minutes)
“I’m going to step out for a moment and check in with my colleagues and make sure there aren’t any final questions they want me to ask that we didn’t get to. And then we’ll wrap up quickly, I’ll thank you for your participation and you can be on your way.”

Ask ‘behind the glass’ observers for any additional questions, clarifications

- **Close:** Thank all for their contributions. Let them know where and how to get their incentive, parking validation, etc. Reminder to take all belongings. Reminder to LEAVE all the papers/workbooks if they hadn’t been collected along the way. Put them inside your name tent card and leave them at your place.
DEFINITIONS [for moderator use only]

**Adult day service** is an individualized program of activities designed to meet your health and social needs if you require supervised care outside of your residence during the day. It includes assistance with personal care, supervision and support. These services are provided in support of specific outcomes as outlined in your plan of care.

**Care coordination** is a service that assists you to identify the care needs you have and the services and providers that can best help you meet them. It includes development of a care plan and ongoing monitoring to assess that your needs are being met. A care coordinator is typically a nurse or social worker.

**Chore services** include trash removal, washing floors, windows and walls, re-arranging or securing household items in order to prevent injuries or falls and general indoor and outdoor home maintenance (e.g., lawn care and snow removal). These services can be provided when neither you nor anyone else living in the household is capable of providing the services or to help the primary caregiver better meet other needed supports to you.

**Home-delivered meals** is an appropriate, nutritionally-balanced meal delivered to your home that is provided to you if you have a health condition and need help in order to prepare meals that meet your dietary needs. You can receive up to one home-delivered meal each day.

**Homemaker services** include light housekeeping tasks and laundry services. They may also include arranging for transportation, meal preparation and shopping for food and supplies. You might need help with these tasks if your primary caregiver (the person normally responsible for your care and supervision) is not available. Homemaker assistance can also include help with personal care such as bathing, dressing, using the toilet or getting around.

**Personal Care Assistant Services (PCAS)** provide help with day-to-day activities when you need help from another person because of a physical, emotional or mental disability, a chronic illness or an injury. This help is provided when it is medically necessary and ordered by a physician when you need help with health-related tasks or need supervision or support. PCAS are usually provided by a nurse or social worker. (see handout)

**Personal Emergency Response System (PERS).** This is an alert or alarm system that helps you signal the occurrence of a medical or personal emergency so that the PERS provider can send appropriate aid to you. It can be a voice or button activated device in your home or that you wear as a necklace or bracelet. These are typically used to get help to you if you are experiencing any kind of medical emergency or you if you have fallen. You might have heard of Lifeline or Medic Alert - two companies that provide this type of in-home service.
Training and Education of Family Caregivers helps family caregivers understand how to safely and appropriately provide the care you might need such as helping you safely navigate your home environment (i.e., get out of bed and into a chair, get to the bathroom and back), manage the timing and amount of the medications you normally take, identify and understand how to handle any problems that they might observe in your health.
HANDOUT #1 – ENHANCED HOME CARE

Enhanced Home Care Program

The Enhanced Home Care Program is designed to expand the supports you have at home to help you meet your needs when you are recovering from a medical event, surgery or hospital stay. When you are recovering from a surgery or other type of medical or hospital event, and then continue to need care at home to help you recover, Medicare and Supplemental coverage typically pay for skilled care such as care from a nurse, respiratory or physical therapist and prescriptions (under some plans). But supportive services such as homemaker services or home-delivered meals and others are not covered under Medicare or its Supplemental plan.

The State of Minnesota is considering expanding the type of services included in all Medicare Supplemental plans to better meet the care needs of people recovering from a hospital stay or medical event at home. Specifically, when you are receiving Medicare-approved services for care at home (as determined by your physician to be medically needed), the Enhanced Home Care Program would help pay for additional support at home not currently covered by Medicare or Supplemental Coverage. The Enhanced Home Care Program would help pay for the services such as:

- Homemaker and chore services;
- Training and education so that family caregivers are better able to help care for you if and when they elect to do so;
- Home-delivered meals;
- Adult day care services
- Care coordination, help arranging transportation and personal care services; and
- Personal emergency response systems (PERS)

The Enhanced Home Care Program would pay up to $100 per day for these services, up to a lifetime limit of $50,000 which you can use as you and your physician deem appropriate. All Minnesota consumers who have a Medicare Supplemental plan would be automatically enrolled in the Enhanced Home Care Program. If you change plans or providers before your lifetime coverage has been exhausted, arrangements would be made for you to continue to access any remaining benefits.

As long as your doctor certifies your medical need for care at home, you can use the services of the Enhanced Home Care Program, along with any other Medicare-covered care you might also receive.

The aim of providing these additional services is to help you get the proper nutrition, medications, and other everyday supports that are important to your safe and appropriate recovery. Having this additional services can also help reduce the burden on family caregivers and help you avoid the need for hospitalization or re-hospitalization.
What grade would you give this concept? __________

Why?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

On a scale of 1 to 10, how likely would you be to want this program included in your current Medicare/Supplemental coverage? A score of 1 = VERY LIKELY while 10 = NOT AT ALL LIKELY: ________________

Why?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Your first name: _________________
HANDOUT #2 – PRICING

What does the Enhanced Home Care Program cost?

There would be an additional monthly premium added on to your regular Medicare Supplemental coverage for the Enhanced Home Care Program. The cost depends upon the type of Enhanced Home Care Program.

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Explanation</th>
<th>Monthly Premium You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Comprehensive</td>
<td>This includes all of the services described previously including Personal Care Assistant Services</td>
<td>$20 per month</td>
</tr>
<tr>
<td>#2 Coverage without Personal Care Assistant Services</td>
<td>This includes all the services described previously but DOES NOT provide Personal Care Assistant Services</td>
<td>$8 per month</td>
</tr>
</tbody>
</table>

What are Personal Care Assistant (PCA) Services? These are services when you need help with day-to-day activities to allow you to be more independent at home. A personal care assistant is an individual trained to help you with basic daily routines. A PCA may be able to help you if you have a physical, emotional or mental disability, a chronic illness or an injury. To be eligible for the personal care assistance program, you must require services that are medically necessary and ordered by a physician. You must need help to complete activities of daily living, have health-related tasks or need observation and redirection of behavior for the following types of services:

- Activities of daily living (e.g., eating, toileting, dressing, bathing, transferring, mobility and positioning);
- Complex health-related functions;
- Instrumental activities of daily living (such as meal preparation, managing finances, shopping for essential items, performing essential household chores); and
- Observation and redirection of behavior (includes monitoring of behavior)

If you paid on your own, what would each of the services typically cost?

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>AVERAGE COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Emergency Response System (PERS)</td>
<td>Set up and initial cost = $204 Monthly use fee = $30</td>
</tr>
<tr>
<td>Homemaker services</td>
<td>$18/hour</td>
</tr>
<tr>
<td>Chore services</td>
<td>$16/hour</td>
</tr>
<tr>
<td>Family training</td>
<td>$46/hour</td>
</tr>
<tr>
<td>Home-delivered meals</td>
<td>$7/meal</td>
</tr>
<tr>
<td>Adult day care</td>
<td>$15/hour</td>
</tr>
<tr>
<td>Service coordination</td>
<td>$95/hour</td>
</tr>
<tr>
<td>Personal Care Assistant</td>
<td>$20/hour</td>
</tr>
</tbody>
</table>
What grade would you give this concept? ____________

Why?
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

On a scale of 1 to 10, how interested would you be in seeing one of these options added to all MN Medicare Supplemental Plans?

A score of 1 = VERY INTERESTED while 10 = NOT AT ALL INTERESTED:
______________

Which option appeals to you most (#1, #2 or neither?): ________________

Why?
___________________________________________________________________
___________________________________________________________________

Your first name: ________________
Appendix C: Informed Consent Handout

What it means to participate in the Minnesota “Own Your Future” Focus Group Study

You are being invited to take part in a research study. Please read this document carefully. Please feel free to ask as many questions as you like before deciding whether to participate.

Purpose of the Study
The purpose of the study is to learn more about consumer preferences for how to pay for and obtain health and supportive care as they age. The Minnesota Department of Human Services is exploring consumer feedback on two new product ideas to help meet the needs of aging Minnesotans. This is a research study only. No products or services are being sold.

Procedures
If you decide to take part in this study, you will be asked to participate in a focus group discussion with approximately 6-10 individuals similar to yourself. The procedure involves a focus group which will last approximately 90-120 minutes. You will be asked your opinions about issues related to your concerns about receiving health and long-term care services in the future.

Explanation of Risks & Protecting Your Privacy
There is little or no risk to participating in this study. We will keep private any information we collect about you in this study. The focus group may be viewed by others participating in this project and will be videotaped and audiotaped. All information collected in this study is confidential and your last name will not be identified at any time. The information you provide will be grouped with information provided by others for reporting and presentation. When the study is completed, we will destroy any private information we have about you.
Access of Research Team to Your Existing Health and Other Private Information
In order to qualify for this research, you will be asked to provide some basic information such as age, marital status, income, education and similar information. This information is used only to qualify you for the research and determine which focus group is most appropriate for your participation. Researchers will not publicly share any information that could be used to identify you.

Costs and Payment
There is no cost to you for participating in this study. You will paid a small monetary incentive and receive a catered box lunch. A snack and beverage will also be provided.

Voluntary Participation & Disclosure of Health and Private Information
You do not have to take part in this study or agree to release private information. Your decision to participate in the study and release private information is completely voluntary. Your decision not to participate, to withdraw, or to not release records will not affect your health care treatment or benefits in any way.

By agreeing to participate and by signing this form, you are not giving up or waiving any of your legal rights. However, you are agreeing to allow researchers to obtain information about you for the reasons described above. If you change your mind about participating, you can withdraw from the study at any time by telling the Focus Group Facilitator, Mark Miazga, Office of Measurement Programs, University of Minnesota (612-624-0675), or director of Own Your Future, LaRhae Knatterud, MN Department of Human Services (651-431-2606).
Agreement to Participate in the Minnesota “Own Your Future” Focus Group Study

& Authorization to Obtain and Share My Private Information

I have read this Agreement and the Study Description or have had it explained to me and I understand its contents. I have been given the chance to ask questions about the study and all of my questions have been answered to my satisfaction. I understand that if I have other questions about this study or concerns about my privacy, I can contact focus group facilitator Mark Miazga or director of Own Your Future LaRhae Knatterud. If I do not consent to give protected information to the research team or if I withdraw my consent, I understand I may not be able to participate in the study.

I understand that State and Federal privacy laws protect my health records and other protected information about me. My private information can be released only if I give my written permission or if the law allows it. If I refuse to sign or cancel this release, services or benefits I currently receive will not be affected in any way. I understand that I may cancel this consent with written notice at any time, but that that notice when provided will not affect information the agency has already requested and or released.

Study Duration & Authorization (Consent to Release Information) Expiration Date

This study is expected to end by December 31, 2017. The authorization to release my private information ends no more than two years after the end of the study, as policies and recommendations in the study are implemented.

Effect of Signing This Form

By signing below:

- I authorize the research team under direction of the Minnesota Department of Human Services to use my information to determine my eligibility for participation in the research study and to include my opinions in the study summary.

- I agree to participate in this study. I agree to participate in the focus group session coordinated by the research team.
- I acknowledge that I have received a Notice of Privacy Practices and that its purpose and contents have been explained to me.

<table>
<thead>
<tr>
<th>Participant Signature</th>
<th>Date</th>
<th>Participant Printed Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Person Authorized to Sign (if necessary)</th>
<th>Date</th>
<th>Relationship of Person Authorized to Sign</th>
</tr>
</thead>
</table>
Appendix D: Sample Recruitment Text for Focus Groups

TO: Medicare Beneficiaries residing in _____________ County
FROM: _______________ Council on Aging
RE: Invitation to participate in a unique focus group (Free lunch! And $40 gift card)

Your local area agency on aging is pleased to be assisting the Minnesota Department of Human Services (DHS) in a new and exciting research project. We are working with researchers from the University of Minnesota to better understand the needs and desires of individuals on Medicare who have enrolled in a Supplemental plan. The State of MN is planning to develop new products and services that can ease some of the concerns people have about their health and long-term care costs in retirement. The first step in developing new products for consumers is to get their input. We would like to hear from you!

Throughout Minnesota, we are asking for volunteers who are willing to participate in a 90-minute, informal, focus group discussion with 10-12 other consumers. We want you to share your thoughts about your Medicare Supplemental plan and what you would think about adding a benefit to the plan at an additional premium cost. (You are not being asked to buy anything and you will not be contacted by a salesperson!) Your thoughts and opinions are important to the research and your comments will remain confidential. The discussion will be guided by a focus group moderator who is an independent researcher from the University of Minnesota.

The focus group in your area will be held:

**Date, Time, Location**

A catered box lunch will be provided and you will receive a gift card as our” Thank you” for your participation

The study sponsors would like to talk with you about participating if you…

1-are age 65 or older
2-on Medicare
3-enrolled in a Supplemental health plan
4-have a total household income of between __________________________a year
   and ____________________________ a year

If you are interested, please contact us by phone at 612-626-0006 or Email Adam Lenczuk at lencz009@umn.edu

Thank you for thoughtfully considering participation in this significant project!
Sample Scripting for Recruiting Focus Group Participation

Invitation to Participate in an Exciting Research Project

TO: _________________ Employees
FR: ____________________
RE: Invitation to participate in a unique focus group

We have been asked to help the State of Minnesota’s Department of Human Services (DHS) identify employees willing to participate in a 90-minute focus group discussion. They want to talk with consumers to understand how you feel about health care, financial and retirement planning to meet your needs as you age. They are not trying to sell anything and you will not be contacted by a salesperson due to your participation. Your thoughts and opinions are very important to the research and we can assure you that anything you say will remain confidential.

A focus group is an informal discussion with 10 to 12 consumers with some similarities, such as age and work status, but who likely have different opinions and concerns. The discussion will be guided by a focus group moderator who is an independent researcher from the University of Minnesota.

A FREE catered box lunch will be served and you will receive a $40 gift card for your participation.

The group will consist of _________________ employees and will be held on:

________________________________________________________________

If you are age 40 to age 55 and currently employed at least 30 hours per week, we’d like to talk with you further about participating. (Sorry, if you are outside of this targeted age group!)

Also, you will be videotaped and/or recorded so the researchers can record your comments and feedback.

There are only a few questions we need to ask in order to ensure that you qualify for one of the focus groups. Please contact the University of MN by phone (612-626-0006) or email (Miazg003@umn.edu) if you are interested and we can quickly determine if you will qualify.

Thank you for your interest and we look forward to hearing from you!
There are only a few questions we need to ask in order to ensure that you qualify for the focus group. Please contact the University of MN by phone (612-626-0006) if you are interested and they can quickly determine if you will qualify. If you have specific questions about the focus group, you can email Mark at: Miazg003@umn.edu or call him at 612-624-0675.

Thank you for your interest and we look forward to hearing from you!