# Table of Contents

Acknowledgements ......................................................................................................... 2  
Executive Summary ........................................................................................................ 4  
Introduction ..................................................................................................................... 6  
Findings............................................................................................................................... 8  
  Expectations .................................................................................................................... 8  
  Choice ............................................................................................................................... 11  
  Public Insurance and Programs ................................................................................. 12  
  Comfort ......................................................................................................................... 13  
  Appeal/Marketing ........................................................................................................... 15  
Summary ......................................................................................................................... 17  
Conclusions....................................................................................................................... 19  
  Discussion ....................................................................................................................... 19  
  Themes ............................................................................................................................ 20  
Methodology..................................................................................................................... 21  
  Recruitment plan ........................................................................................................... 21  
  Recruitment Materials ................................................................................................. 22  
  Focus Group Tools ...................................................................................................... 22  
  Participation ................................................................................................................... 23  
  Limitations ..................................................................................................................... 28  
Appendix A: Focus Group Tools ..................................................................................... 29  
  Focus Group Screening Guide ...................................................................................... 30  
  Focus Group Pre-Discussion Survey ............................................................................. 34  
  Colorado Health Insurance Exchange Handout ............................................................ 36  
  Focus Group Discussion Guide .................................................................................... 37  
Appendix B: Recruitment Materials ................................................................................ 41
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The Colorado Health Insurance Exchange (the Exchange) consumer focus groups were cultivated and conducted through the collaborative efforts of many agencies and individuals committed to ensuring that the design and function of the Exchange reflects consumer voices, both urban and rural. John Snow, Inc. (JSI), the contractor implementing the project, worked in close collaboration with the project Steering Committee, whose members are outlined below, to successfully reach out to a diverse community base through local community partners. The following organizations, and their staff, provided valuable contributions to the success of this project.

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Colorado Center on Law and Policy (CCLP)
Colorado Consumer Health Initiative (CCHI)
Colorado Public Interest Research Group (CoPIRG)

Steering Committee
Colorado Council of Churches
Colorado Coalition for the Medically Underserved and All Kids Covered
Colorado Progressive Coalition
Family Voices Colorado
Taking Neighborhood Health to Heart (TNHTH)
Lutheran Advocacy Ministry – Colorado and All Families Deserve a Chance Coalition

Local Community Partners
Denver
Clinica Campesina
Clinica Tepeyac
ClinicNet
Colorado Access
Colorado Community Health Network
Colorado Human Services Directors Association
Colorado Rural Health Center
Denver Health and Hospital Authority
Denver Public Libraries
Family Resource Center Association
League of Women Voters
Metro Organizations for People
Metro Community Provider Network
Mi Casa Resource Center
Servicios de la Raza
University Hospital
Grand Junction

Hilltop
Western Colorado Area Health Education Center
Club 20
Mesa State College
Mesa County Human Services
Mesa County Health Department
Mesa County United Way
Western Colorado AIDS Project
Homeward Bound
Grand Junction Housing Authority
Marillac Clinic
American Lutheran Church
Shepherd of the Valley
The Legal Center for People with Disabilities and Older People, Grand Junction

Pueblo

Health Access Pueblo
Pueblo StepUp
Southern Colorado Community Foundation
Southern Colorado Area Health Education Center
Pueblo Community Health Center
Action 22

Sterling

The Family Resource Center
Rural Solutions
High Plains Research Network
Cooperating Ministries of Logan County
Eastern Regional Workforce Center
Progressive 15
Northeastern Junior College
Logan County Social Services
Family Voices
Rural Communities Resource Center
Division of Vocational Rehabilitation

Greeley

Catholic Charities of Weld County
High Plains Library District
Salud Family Health Centers
Sunrise Community Health Center
United Way of Greeley
Executive Summary

State-based health insurance exchanges play a central role in the implementation of national health care reform through the Patient Protection and Affordable Care Act (PPACA), which requires each state to participate in or make progress towards a health benefit exchange by January 1, 2013. In Colorado, in May 2011, Senate Bill 11-200 officially established and set parameters for a Colorado health benefit exchange, the Colorado Health Insurance Exchange (the Exchange) that would provide an organized marketplace for customers to shop for health insurance based on price and quality. The Exchange is intended to be the mechanism for individuals without employer-provided insurance and with incomes from 133 up to 400 percent of the Federal Poverty Level (FPL) (between $14,500 and $43,500 for an individual and between $29,000 and $90,000 for a family of four) to access proposed tax credits and subsidies to assist with health insurance premium and out-of-pocket costs. The Exchange is expected to be fully operational and begin open enrollment by October 1, 2013.

As part of a five phased project revolving around consumers and the Exchange, the Colorado Center on Law and Policy (CCLP), the Colorado Consumer Health Initiative (CCHI), and the Colorado Public Interest Research Group (CoPIRG) contracted with John Snow, Inc. (JSI) to conduct a series of focus groups throughout the state in order to garner a better sense of Colorado consumer perceptions regarding the Exchange. Focus groups were conducted in Denver, Grand Junction, Pueblo, Greeley and Sterling and were held during the first two weeks of August 2011. Individuals with profiles suggesting they would be likely to participate in the Exchange and receive federal tax credits to help reduce the costs of their insurance premiums were targeted for participation, i.e., individuals between the ages of 19 and 64 with incomes between 133-400 percent FPL (between $14,500 to $43,500 for an individual and $29,000 to $90,000 for a family of four). A total of 70 Colorado consumers participated in the focus groups. Individuals were recruited to the project through a variety of methodologies, including paid and unpaid advertisements, fliers, e-mails, social media, posting information in community-based organizations and direct canvassing.

Focus group participants were asked a range of open-ended questions intended to solicit consumer input regarding the design and function of the Exchange. These questions focused on five overarching areas of interest regarding the Exchange: consumer expectations, choice of insurance plans, public insurance and public program options, comfort using the Exchange, and Exchange appeal/marketing. While a more in-depth analysis of the participants’ insight is included in the Findings section of this report, seven key themes reflecting participants’ advice regarding the design and function of the Exchange are presented below:

1) The Exchange should foremost be easy to use, allowing quick and understandable comparisons of similar aspects of different health insurance plans.

2) The concept of being able to choose among plan options tailored to specific affordability, family size and/or health care needs was particularly appealing to all focus group participants.
3) Tax credits and subsidies will play a significant role in an individual’s decision about whether or not to buy health insurance through the Exchange, particularly among the lower income individuals.

4) Messages about the availability and eligibility for public health insurance options would not deter an individual from accessing insurance through the Exchange.

5) Navigators that would assist individuals with purchasing insurance through the Exchange should ideally be both neutral and highly knowledgeable about plan choices and availability. They should be able to find specific plans suitable to an individual’s needs.

6) Effective, frequent, culturally appropriate and varied marketing techniques will play a key role in ensuring that individuals are aware of the Exchange and its capacities.

7) Establishing consumer trust in the Exchange, as reflected in attributes such as accountability, transparency, and responsiveness to consumer needs, will enhance utilization of the Exchange which will facilitate awareness through consumer word of mouth, which should in turn further enhance utilization.

Focus group participants were pleased with the opportunity to have a voice in the design and function of the Exchange and looked forward to being able to compare, contrast, and make an informed decision regarding health insurance.
Introduction

“Exchanges are intended to simplify and structure health insurance choices for individuals, families, and small businesses, while they will be the exclusive mechanism for people to apply their federal premium assistance tax credits toward the cost of insurance coverage.”¹

State-based health insurance exchanges play a central role in the implementation of the Patient Protection and Affordable Care Act (PPACA), which requires each state to participate in or make progress towards a health benefit exchange by January 1, 2013. If states fail to participate in one or are not sufficiently far along in the implementation of an exchange by January 1, 2014 as determined by the Secretary of the U.S. Department of Health and Human Services, the federal government will administer the exchange in that state.

In 2011, Colorado passed Senate Bill 11-200 establishing and setting parameters for Colorado’s Health Insurance Exchange. The Colorado law establishes a Colorado-specific, “nonprofit unincorporated public entity” “to increase access, affordability, and choice for individuals and small employers purchasing health insurance in Colorado.” The purpose and primary function of the Colorado Health Insurance Exchange (the Exchange) is to create a competitive marketplace for health insurance, allowing individuals and small businesses to compare and purchase reasonably-priced private health insurance. The Exchange must be easy to use and must seamlessly connect users to appropriate health coverage. Individuals without employer-provided insurance and with incomes from 133 up to 400 percent of the Federal Poverty Level (FPL) (between $14,500 and $43,500 for an individual and between $29,000 and $90,000 for a family of four) will have access to tax credits and sliding-scale subsidies to be used to support the purchase of health insurance within the Exchange. Individuals and families with incomes up to 133 percent of FPL will be eligible for Medicaid.

As part of a five phased project revolving around consumers and the Exchange, the Colorado Center on Law and Policy (CCLP), the Colorado Consumer Health Initiative (CCHI), and the Colorado Public Interest Research Group (CoPIRG), (the coalition) were funded (by the Affordable Care Act Implementation Fund created with support from The Atlantic Philanthropies, The California Endowment, The Nathan Cummings Foundation, Ford Foundation, The Jacob and Valeria Langeloth Foundation, and The Rockefeller Foundation, and with local support from the Caring for Colorado Foundation) to gather consumer perceptions, wants and needs for the design and implementation of the Exchange to ensure that it is a comprehensive marketplace that truly serves its goal of increasing access to affordable, high quality health insurance. In June 2011, CCLP implemented this first phase of the coalition’s project and contracted with John Snow, Inc. (JSI) to conduct a series of focus groups throughout the state in order to garner a better sense of Colorado consumer perceptions particularly regarding

the individual market portion of the Exchange. After the completion of this first phase, the coalition will proceed with the next four phases of the project, which include a series of community forums around the state to foster ongoing community engagement, disseminating the findings from the focus groups and the community forums and developing consumer driven recommendations based on the findings.

The following report provides a synopsis of the focus group results and offers key insights into Colorado consumers input regarding the design and function of the Exchange. The report includes three sections; 1) the findings from the focus groups; 2) the resulting conclusions; and 3) the methodology used to conduct the focus groups.
Findings

Prior to conducting the focus groups, JSI met with the coalition to determine the areas of interest that the coalition wanted to address. The coalition determined that there were five overarching areas of interest involving consumers and the Exchange that should be addressed in order to inform the development of the Exchange: consumer expectations regarding the Exchange; consumer preference regarding choice in relation to the Exchange; consumer opinions regarding options for public insurance and public programs being included in the Exchange; consumer comfort with accessing the Exchange and consumer opinion regarding Exchange appeal/marketing. The findings are outlined below.

Expectations
The majority of participants were pleased about the prospect of having a new way to buy health insurance in Colorado. Once the Exchange was described, participants often stated that they “hope it will happen” or that it “sounds neat.” While some participants were initially confused about the topic, once the concept of a health insurance exchange was fully described, focus group participants wanted to learn more about the Exchange and the specific details surrounding its design and function. Participants were particularly interested in being able to compare health plans on one website, without having to navigate multiple web pages to find similar information. A frequently used expression, which appeared in at least six focus groups, was “comparing apples to apples and oranges to oranges.” The ability to conduct “one-stop shopping” also appealed to the majority of participants. Essentially, participants wanted the ability to compare similar aspects of different health plans in one place – without being redirected.

Primary concerns surrounding the feasibility of purchasing insurance through the Exchange revolved around (a) cost and (b) pre-existing conditions. Cost was a universal concern for all focus group participants and appeared to be the first issue raised when considering new ways to find or buy health insurance. Participants stated they would consider the actual benefits a plan might contain only after they perceived that the cost of the plan would be within their budget. Participants associated cost with premiums, and out of pocket expenses like deductibles, co-payments and prescriptions and advocated for the use of clear and concise language to explain the costs associated with all aspects of a health care plan. Unexpected charges resulting from “fine print” were discussed and frustrations were frequently expressed arising from an insurance carrier’s ability to deny services or charge more because of minute details not fully understood by the consumer. In this same sense, participants wanted to understand exactly what they were buying and were just as interested in what benefits their purchase would not include as they were in what it would. Participants also often associated cost with the presence of a pre-existing condition and were

I’m a busy person. My time is fairly limited so in the evenings, when I sit down at the computer… its nice not to go down a hundred rabbit trails.
without exception relieved to hear that such clauses and exclusions would no longer be allowed in 2014.

From the participants’ perspective, the cost of health insurance competes with basic family needs and other financial priorities. For example, if the cost of health insurance forced a participant to choose between purchasing such insurance and providing basic necessities like food and shelter for their families, the basic necessities take precedence. In addition, it was of paramount importance to individuals with families or dependents to have information about how a particular insurance plan would or would not provide benefits for their family. In either instance, the decision to buy health insurance, or the decision to buy a particular kind of health insurance, revolved around an individual’s ability to meet their family’s needs.

Consumer trust in the Exchange was another issue raised across all focus groups. Participants felt the need to know that an unbiased third party would be responsible for monitoring the Exchange. Participants felt that this third party would need authority to hold insurance carriers participating in the Exchange accountable for both maintaining caps on cost and profit as well as ensuring the provision of benefits. In this sense, many participants expressed the need for an avenue through which they could address grievances to such a third party in the event they would need to report either fraud or denial of coverage while being “taken seriously.” Participant opinions as to who this third party should be varied from the government to a neutral third party. One participant was less concerned with who was responsible with monitoring the Exchange as she was with at least seeing the logo of the responsible party somewhere on the website so that she knew such a party existed.

Health issues are stressful enough… You throw in an insurance battle with that and it becomes overwhelming for families and they just shut down.

Along those same lines, focus group participants expected the Exchange to be as transparent as possible, using easily understood language and explaining benefits in a clear, concise and reliable fashion. Often recognizing that it would be impractical to avoid using any technical jargon, one participant recommended a glossary page where readers could find a list of commonly used technical terms. Another recommended a pop-up box to appear when a cursor was hovered over a particularly difficult word.
Participants agreed that the Exchange should (a) include clear and comparable information on costs, benefits, and provider networks, (b) contain costs through competition, and (c) be overseen by a neutral organization responsible for consumer protection. Foremost, however, participants agreed that the Exchange should be informative. Not only were participants interested in just the range of benefits a plan might have, but they were also interested in knowing which providers would accept that insurance, whether or not that plan was competitive (in terms of cost) with plans outside of the Exchange, and how carriers within the Exchange would be held accountable to their consumers. Many participants were also acutely aware that when shopping for something as complicated as health insurance, it is easy to be taken advantage of. It was widely felt that more information in consumers’ hands would mitigate those scenarios and that such information should be clear and difficult terms defined when necessary. They also felt that consumers should have the ability to call and speak with a neutral and knowledgeable third party to help answer questions. There was concern expressed for the digital divide—people without access to the internet or with low comfort levels with internet usage. But, even those who are comfortable with the internet wanted to be able connect with a person on the phone or in person to be able to ask questions or get additional information.

Participants also universally agreed that the Exchange should provide consumer reviews. This concept was often compared to Amazon.com, where users can compare reviews of popular books or other items. This was felt to be particularly important as consumers stated they would trust other consumers who had personal experience with a particular carrier.

Also noteworthy, many participants expressed that the Exchange should incentivize preventive care. One idea expressed in six of the focus groups included lowering prices for individuals who maintained routine yearly preventive doctor’s appointments. This was met with wide approval from participants in these groups; participants were knowledgeable of the concept that if an individual stays healthy through preventive health care, they not only lower the long term costs to themselves, but they help to reduce health care costs for the community as well. An interest in having alternative medicine options, such as chiropractic and acupuncture care, within the Exchange was also expressed in five of the focus groups.

Finally, participants felt that the Exchange would be successful if it was able to contain costs, provide easy comparisons, and increase the number of insured individuals. Participants expressed that a successful Exchange would be one that they could trust and that people actually utilized.
**Choice**

The term “choice” meant different things to different individuals. For some, choice pertained to affordability. For others, choice pertained to a range of benefits or being able to choose the provider they wanted to see. For others choice referred to a choice of insurance carriers. For one participant, however, choice meant being “empowered” – having a range of available options and being able to act on them.

While many participants wanted a range of benefits to choose from to suit their needs, for some access to specialty physicians was particularly important, others wanted the option to choose a health plan with minimum benefits and associated costs. In these cases, participants felt if they were healthy and did not use health care services often, then they should have the opportunity to enroll in a low cost, low benefits plan.

Although participants defined choice differently and often confused choice of benefits with choice of providers and choice of health insurance plans, regardless of their interpretation of choice and/or understanding of health insurance, almost all participants wanted the ability to have a highly individualized shopping experience and liked the idea of seeing options tailored to their personal situation. In this sense, participants wanted the ability to enter basic information, such as income, family size, and health conditions, and then see a unique set of three, five or ten options (depending on the participant) that fit that information. One participant recommended utilizing a formatting style in which one begins to see more and more tailored plans as one inputs more and more information. Regardless of the methodology, however, most participants wanted to see a limited number of options at any one time, many stating that seeing more than five at a time would be overwhelming. On the other hand, participants also wanted to know that while they were only seeing five options at a time, more options existed. Having the ability to click “next” and see a new set of options was very important.

The issue of privacy was also raised in terms of what kinds of information participants felt comfortable inputting before they were able to see tailored options. Many participants wanted the ability to input basic information without putting a lot of personal, identifying information into the system. Participants wanted to put in just enough information to see personalized selections and assess whether or not it would be a worthwhile shopping experience.

Also universally expressed, participants wanted the choice to switch health plans if necessary. Participants did not like the idea of having extended contractual arrangements and expressed a particular dissatisfaction with “enrollment periods” outside of which they would be unable to enroll in or switch plans.

The topic of choice carried some regionally specific themes. For individuals residing in Grand Junction, Denver, and Greeley, choice meant having options tailored to their community, which they felt was unique. In such cases, participants did not want to see...
information about networks in other parts of the state. For individuals in Sterling, however, choice meant seeing options outside of their own community where they might be able to find better care or a wider range of providers to choose from. Also noteworthy, participants wanted to know whether there would be plan options that could be used across state lines, for example, if they were traveling out of state to visit family.

Participants were also asked to consider what aspect of a health care plan they would compare first if they were to consider multiple health plans. With few exceptions, cost was the very first response. Participants were asked a similar question in the pre-focus group discussion survey and responses are provided below in Table 5.

Table 5: Priorities When Choosing a Health Insurance Plan (Total N=120)*

<table>
<thead>
<tr>
<th>What are the most important things you consider when purchasing or participating in a health insurance plan?</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1. Out-of-pocket cost (such as premiums, deductibles, or co-payments)</td>
<td>57</td>
<td>47.5</td>
</tr>
<tr>
<td>#2. What services the plan covers (such as medical visits or prescriptions)</td>
<td>28</td>
<td>23.3</td>
</tr>
</tbody>
</table>

*Because participants were asked to provide more than one response, the total N is greater than the sample population.

Finally, it was widely agreed that the availability of tax credits and subsidies to help reduce the cost of insurance would play a major role in an individual's decision of whether or not to buy insurance through the Exchange. Many participants, and especially those in the Denver lower income bracket focus group, felt that the tax credits would provide them with the opportunity to purchase insurance for themselves and their families, instead of being on the Colorado Indigent Care Program (CICP) or not having insurance. Other participants, who already had individual health insurance felt that if the cost of insurance plans were to be reduced through such subsidies, they would potentially be able to purchase enhanced coverage.

Public Insurance and Programs
In terms of seeing messages about access to or eligibility for public insurance such as Medicaid, participants stated that they would either feel neutral or would be more attracted to the Exchange. No participants stated that seeing messages about Medicaid or other forms of public insurance would make them less attracted to the Exchange. In general, participants felt that because the Exchange is designed to help people access health insurance, incorporating messages about Medicaid would be appropriate. This was especially true for individuals concerned about not being aware that either they or someone they know might be eligible for public insurance. Participants of the monolingual Spanish and Denver 133 to 250 percent FPL focus groups expressed that it would be a necessity to have information about public insurance programs as part of the Exchange, and that a better way of screening for these programs needed to be created.
Participant responses were mixed, however, when considering seeing messages about other types of public programs, such as Food Stamps or Colorado Works. Some participants, for example, expressed that they did not want those types of programs “thrust” upon them. Others felt as though it may begin to get overwhelming if too many links were provided to outside programs. One person in one of the Denver focus groups warned against trying to be too many things to too many people. While others felt that the more resources available the better, they often suggested having a link that the consumer could select versus displaying the information all at once on the Exchange website. These comments contained some regional, language and economic status variations. Participants in Greeley, for example, were more supportive of having this information included, as were monolingual Spanish speaking participants and participants from the lower-income (133-250% FPL) Denver focus group.

**Comfort**

Most participants expressed that they would feel comfortable going online to access health insurance information through the Exchange. However, only about half of the focus group participants indicated that they currently go online to access health information. This was also asked in the pre-focus group discussion survey. Please see Table 6 below.

<table>
<thead>
<tr>
<th>Do you currently use a computer to access health information online?</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>33</td>
<td>47.8</td>
</tr>
<tr>
<td>No</td>
<td>36</td>
<td>52.2</td>
</tr>
</tbody>
</table>

If participants answered yes, they were also asked to explain what kind of health information they accessed online. Responses are provided below for categories eliciting more than one response (this is not a comprehensive listing):

- Health insurance policy information
- Information on cheap premiums
- CHP+
- Everything from health advice to insurance rates
- Group insurance rates
- Reasonable premiums on pre-existing conditions
- Information on diseases, medications and provider networks
- Diet plans
- Symptoms
- Physicians
- WebMD

It was apparent, however, that multiple avenues would be necessary to access the Exchange for consumers who are unlikely to utilize a computer or would simply prefer to get information through other avenues, such as in person, over the phone, or by mail. In fact a few participants expressed an interest in receiving information in hard copy form.
Something to physically hold onto, such as a flier or brochure, was suggested and these participants were open to the idea of receiving information in the mail. Participants of the Spanish monolingual group unanimously agreed that they preferred talking to an individual in person and stated that they would like to receive recommendations from this person to help them “navigate the array of plans.”

In general, participants were most likely to go online first for information and would then like the option to call a toll-free number and speak to a live person if they need additional assistance. All participants felt the need to have the option of speaking with a live and trusted, highly knowledgeable individual, either over the phone or in person. Many specified the importance of having immediate access to a live person without excessive hold times or navigating phone trees. When asked who this person should be, participants provided an array of mixed and sometimes conflicting responses. Opinions varied most severely with respect to getting information straight from an insurance carrier. Some, for example, wanted the individual to be from the insurance company themselves so that they could get the information “from the horse’s mouth” because they were concerned that a third party would misinterpret information. Others stated that they would specifically not trust someone associated with an insurance company for fear that whomever they did speak to would be invested in selling them a particular plan. Some participants stated that they would trust any individual as long as they worked for the Exchange as opposed to a person representing an insurance carrier selling plans within the Exchange.

Regardless of such varied responses, two particular themes emerged in terms of who this potential “navigator” should be. Foremost, all participants felt that any potential navigator should be highly knowledgeable. Participants realized that they would potentially be making very significant decisions based on the information provided by such a navigator and as such expected accurate and pertinent information. Participants agreed that such navigators should be knowledgeable of all of the plans and options offered in the Exchange and should be able to guide an individual to a plan that best suits their needs. Second, the majority of participants agreed that this person should be neutral. Many participants, felt as though they would be less likely to trust a navigator if they were known to accept a commission. Participants wanted to know that whomever was helping answer their questions about the Exchange was vested in the consumer’s best interest. In order to trust such a navigator, the majority of focus group participants wanted to know that the navigator was either a neutral party or was working for the consumer as opposed to the insurance carrier. One individual in one of the Denver focus groups stressed the importance of the navigator being from Colorado, and individuals in the Greeley, Grand Junction and Sterling focus groups talked about the importance of having a local contact.

It also became clear throughout the discussion that focus group participants were likely to depend on their health care providers for reliable information. In every focus group, health care providers (or their business offices) were specifically pointed to in terms of being trusted sources for reliable information and were commonly cited as who they would trust as a potential “navigator.” As potential navigators, focus group
participants suggested that health care providers should at least be knowledgeable about new options available to their client base or should have readily accessible information to provide.

Having a physical office location to visit was appealing to some, but not all participants. These participants stated they were not computer literate and always appreciated having a physical person to speak to and ask questions of. These individuals indicated that they would trust information received through schools, libraries, clinics, hospitals and community-based organizations in particular with which they already had a trusting relationship. Some participants raised the idea of offering information through work, which was met with agreement from most participants. No participants stated that they would be uncomfortable seeing this information at work and many felt it was the responsibility of the employer to at least provide the opportunity for employees to educate themselves.

**Appeal/Marketing**

Participants were most attracted to four things unique to the Exchange: 1) tax credits available to help reduce but not eliminate the cost of health insurance, 2) ease of use and the opportunity to compare similar aspects of multiple insurance plans at once, 3) seeing health insurance plans tailored to an individual’s specific needs, and 4) the potential ability to screen oneself for public insurance. Participants were also attracted to two additional aspects of health reform in particular: 1) the ability to insure themselves even with a pre-existing condition, and 2) the fact that their health care premiums would not rise due to pre-existing conditions.

Participants suggested a range of methods to reach out to the community, from television to radio to fliers to local newspapers. While some outreach methods, such as billboards, were met with mixed responses, all participants felt as though messages needed to be clear, simple and uniform. Participants also unilaterally agreed that messages needed to be seen prominently and frequently. A few participants from different focus groups raised the example of the analog to digital TV switch, in which messages were seen on almost every station on a very consistent basis. Those participants thought the message of the TV conversion was consistent, frequent and widespread, and therefore effective. In the end, however, participants felt word of mouth would be an integral, and perhaps the most effective, marketing method. They also noted that in order to be effective, individuals need to be able to trust the Exchange so that they would feel comfortable telling their friends about it, which again points to the need to inform consumers as to whom will be responsible for overseeing the Exchange and protecting consumer interests.

Other advertising suggestions from participants included receiving information along with your paycheck, placing advertisements on buses, or placing information in public locations such as libraries, hospitals, and community based organizations. Additional suggestions were: hosting community forums; making available an informational DVD
that someone could watch at their convenience; or, hosting a “health insurance career fair.” This career fair was imagined as an event in which multiple insurance carriers would have booths at which they could talk to potential consumers and provide uniform fact sheets unique to specific plans. Participants suggested that the fact sheets could be standardized to ensure that information about cost and benefits are easily comparable across multiple providers. The concept of a “fact sheet” appealed to most participants, who agreed that even if they were likely to go online to access the Exchange, they would like something physical (such as a brochure or a handout) to hold on to and study when learning about the Exchange. For example, participants greatly appreciated the Colorado Health Insurance Exchange handout, included in Appendix A, as an easily referenced, very informational document.

Another suggestion from one participant was a routinely broadcast informational hour, in which a particular television station (most likely a public broadcasting station) could run a program designed to provide potential consumers with basic programmatic information. When asked what participants would like to learn in such an hour, responses included: how it will benefit me; how it will work and how I can access it; a description of the four coverage levels and how they differ from one another, and; a general overview of what will be covered (such as minimum benefits).

Individuals in two separate communities (Grand Junction and Pueblo) each independently referenced the bookmobile concept as a potential idea for spreading the word about the exchange and for bringing the exchange to local communities.

In terms of explanatory language used to define the Exchange, participants were generally, but not universally, aware of Travelocity.com and such a comparison made it very easy to explain the basic principles of the Exchange. In such cases where a participant was unaware of Travelocity.com or had never visited the site, a simple explanation of what the website was capable of was quickly understood and relatable. Also noteworthy, participants generally did not like the term “Exchange” and found the term “marketplace” much more appealing and less confusing.

Participants from the monolingual-Spanish speaking focus group felt as though client testimonies would be particularly effective. Trust being a recurring theme within this group, hearing from others how the Exchange helped them or how to access it was appealing. In addition, individuals in the Denver higher income- bracket focus group recommended having testimonials from individuals who suffered greatly from not having health insurance, to attract individuals to get insurance, and thus also promoting the Exchange.

Finally, the pre-focus group discussion survey included two additional questions pertinent to the appeal and marketing of the Exchange. First, individuals were asked to state how they found out about the focus groups. Results from this question are found in Table 7, below. As can be seen, the vast majority of participants learned about the focus groups through either a community-based organization or word of mouth from a friend or relative. This supports focus group findings that participants would be most accepting of information from organizations well known within the community and that
word of mouth will remain among the strongest marketing tools. Noteworthy, Denver focus group participants who made between 251 and 400 of the FPL were very educated about the Exchange and health care reform. The majority of these participants felt more compelled to participate in the focus group because of the topic rather than the incentives provided.

Table 7. Focus Group Recruitment Methodologies

<table>
<thead>
<tr>
<th>How did you hear about the focus groups?</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBO/agency</td>
<td>29</td>
<td>42.6</td>
</tr>
<tr>
<td>Friend/relative</td>
<td>19</td>
<td>27.9</td>
</tr>
<tr>
<td>Ad/flyer/e-mail</td>
<td>5</td>
<td>7.4</td>
</tr>
<tr>
<td>Craigslist</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Facebook</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Pueblo Chieftain</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Bus ad</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>E-mail</td>
<td>3</td>
<td>4.4</td>
</tr>
<tr>
<td>Canvassing</td>
<td>7</td>
<td>10.3</td>
</tr>
</tbody>
</table>

Second, participants were asked to vote for their preferred website name for the Exchange. GetCoveredCO.com received 61.7% of the votes (29 individuals) and ColoradoHealthBenefitsExchange.com received 38.3% of the votes (18 individuals).

Summary
At the close of the focus group, participants were again asked what they thought the Exchange should be able to do in terms of helping them find and buy affordable health care. Responses varied, but included some key themes based on the benefit of having had an informed hour and a half conversation. Below are some representative responses:

- The Exchange should be easy to use - as it becomes more and more complicated, individuals will begin to shy away.
- The Exchange should allow individuals to compare “apples to apples and oranges to oranges.”
- The Exchange should be able to pin point individual needs based on income, age, family size etc.
- The Exchange should be transparent.
- The Exchange should be secure and monitored. A neutral third party should be readily accessible in the event a consumer has a conflict.
- The Exchange should incorporate incentives for preventive care.

I want the Exchange to show me what I can afford and what I need… not what I can’t afford or what I don’t need. If I’m single, I don’t want to see family plans.
• Navigators assisting consumers with purchasing insurance through the Exchange should be knowledgeable, competent and neutral. They should be able to provide real time and reliable recommendations based on an individual’s personal situation.

• The Exchange should make prominent the message that inhibitive pre-existing condition exclusions will no longer be in effect.
Conclusions

**Discussion**

Once the basic concepts of a Health Insurance Exchange were explained, the majority of participants felt this would be a positive change for Colorado and the un- and under-insured community in particular. Participants expressed enthusiasm over the ability to compare similar aspects of different health insurance plans, the termination of pre-existing condition exclusions, and the possibility of seeing health plans tailored to their specific situation.

Fifty-three percent of focus group participants were uninsured at the time of the focus group. Common barriers to accessing health insurance for these participants surrounded either cost or a scarcity of available options. For these individuals, having easily accessible information combined with a tax subsidy to help pay for the cost of health insurance was met with both anticipation and relief. Often, these individuals expressed frustration stemming from the need to make difficult decisions about whether to buy health insurance for themselves or provide necessities for their family.

Perspectives from individuals insured at the time of the focus group were shaded with a frustration resulting from a number of grievances the Exchange may be uniquely positioned to address. Foremost of such grievances is the overwhelming complexity associated with accessing appropriate health care services. Some focus group participants thought that the Exchange presented a good opportunity to fix many types of problems with the health care system like complexity, scarcity of providers, and “hidden” costs of services. While the majority of participants were familiar with basic health care principles and terminology, such as ‘co-payment,’ ‘deductible,’ and ‘premium,’ they were also aware that the process of buying health insurance can be a complicated undertaking in which personal vulnerabilities are exposed and easily taken advantage of. Both the complexity associated with accessing health insurance and the “fine print” associated with benefit claims remain challenges that many focus group participants hope the Exchange will address.

All participants, regardless of insurance status, discussed the Exchange with anticipation, some saying that they hoped it would actually come about. The opportunity to compare, contrast, and make an informed decision was both a new and welcome concept.

Participants were pleased with the opportunity to have a voice in the design and function of the Exchange. The conclusions of their deliberations regarding the Exchange are outlined below.
Themes

1) The Exchange should foremost be easy to use, allowing quick and understandable comparisons of similar aspects of different health insurance plans.

2) The concept of being able to choose among highly individualized plan options tailored to specific affordability, family size and/or health care needs was particularly appealing to all focus group participants.

3) Tax credits and subsidies will play a significant role in an individual’s decision of whether or not to buy health insurance through the Exchange, particularly among the lower income individuals.

4) Messages about the availability and eligibility for public health insurance options would not detract an individual from accessing insurance through the Exchange.

5) Navigators that would assist individuals with purchasing insurance through the Exchange should ideally be both neutral and highly knowledgeable about plan choices and availability. They should be able to find specific plans suitable to an individual’s needs.

6) Effective, frequent, culturally appropriate and varied marketing techniques will play a key role in ensuring that individuals are aware of the Exchange and its capacities.

7) Establishing consumer trust in the Exchange will enhance utilization, which will facilitate awareness through consumer word of mouth, which should in turn further enhance utilization.
Methodology

Prior to conducting the focus groups, JSI worked with the coalition members to develop a recruitment plan, recruitment materials and robust focus group discussion guides. The recruitment plan, recruitment materials and focus groups tools are described below. In addition, participation in the focus groups is also discussed.

**Recruitment plan**

A total of eight focus groups were conducted throughout Colorado: three in Denver (one of which was for monolingual Spanish speakers), two in Grand Junction, one in Pueblo, one in Sterling and one in Greeley. These locations were selected in order to solicit a wide range of opinions with specific regional perspectives, both urban and rural. JSI conducted focus groups during the first two weeks of August and participants were recruited to the focus groups through the organizations listed in the Acknowledgements section of this report.

In order to ensure sufficient participation, JSI utilized a three-tiered approach to recruitment. Progression from one tier to the next depended on the relative success of recruiting sufficient participants at each location for every planned focus group. Tier 1 worked well for recruiting individuals to the monolingual Spanish speaking focus group in Denver. However, all tiers were required to recruit a sufficient number of participants to the rest of the focus groups in each location.

**Tier 1**
Recruitment was conducted via e-mail, fliers and word of mouth. E-mails were sent to all collaborating organizations with information about the focus groups, as well as attachments with talking points and corresponding fliers. Staff from collaborating organizations were asked to post the flier(s) at their agency as well as communicate with their constituencies. They were also asked to reach out to additional agencies well suited to generate community interest.

**Tier 2**
JSI canvassed key locations in each of the identified cities with fliers and smaller handouts (Appendix B). Canvassed locations included grocery stores, small businesses, community based organizations, both private and public clinics, hospitals and workforce centers.

**Tier 3**
JSI utilized both paid and unpaid advertisements in a variety of venues to promote the focus groups. Among the widest exposures, the Denver Post ran 50,000 online impressions of a brief promotional advertisement in each city. An ad also ran for three days in the hard copy version of the Grand Junction Sentinel and a Facebook ad ran from July 27th through August 5th targeting individuals above the age of 19 in each respective city. The Facebook advertisement had 404,084 total impressions and was linked to a Facebook page describing the focus groups. The ad was clicked on a total of 58 times throughout the course of the advertisement period and the Facebook page
itself was “liked” by 20 individuals. Information concerning the focus groups was also posted on 25 different organizations Facebook pages “liked” by the Colorado Health Insurance Exchange Focus Groups page.

In addition, the Pueblo Chieftain (a local newspaper targeting Pueblo County), and the radio station 104.7 (targeting Greeley) ran free Public Service Announcements about the focus groups. Free advertisements were also posted on Craigslist.com.

**Recruitment Materials**

Recruitment materials included a range of fliers (in both English and Spanish), handouts, paid advertisements in local newspapers and Facebook, and unpaid advertisements on Craigslist.com. Fliers and handouts contained limited information about each focus group and included a toll free phone number which all individuals were asked to call if they were interested in participating. Fliers were tailored to target individual communities in which focus groups were to be held as well as monolingual Spanish speaking individuals in the Denver area. Example fliers and handouts can be found in Appendix B.

Incentives for participation in the focus groups included food, soft drinks and 25 dollars for participants residing in Denver, Grand Junction and Pueblo. Focus group participants in Sterling and Greeley were offered 50 dollars, as recruitment in those communities proved more difficult. Participants were also offered an extra 5 dollars for every friend they recruited to participate in the focus groups.

**Focus Group Tools**

Focus group tools included (a) a participant screening guide, (b) a pre-focus group discussion survey, and (c) a focus group discussion guide. These tools were developed in conjunction with the project’s Steering Committee and can be found in Appendix A.

The participant screening guide was used to determine a caller’s eligibility for participation in the focus groups. Eligibility questions solicited basic information surrounding city of residence, age, health insurance status, and gross household income. Individuals who were not between the ages of 19 and 64, who had some form of public insurance such as Medicaid, or whose gross income fell outside of 133 to 400 percent of the FPL (between $14,500 and $43,500 for an individual and between $29,000 and $90,000 for a family of four) were told they were ineligible for participation in the focus groups. Participants in the income range 133-400 percent of poverty were targeted because eligible persons in that income range will be able to access tax credits and subsidies to make the cost of insurance in the Exchange more affordable.

If eligible, a caller was given the date, time and location of their respective focus group. All eligible participants were asked to complete the pre-focus group discussion survey prior to the actual focus group discussion. This survey asked additional questions regarding race and ethnicity, level of education, and income and health insurance status. This survey also asked basic questions regarding utilization of computers to access health information online, considerations made when purchasing health insurance and which name the participant preferred for the future Exchange website.
The focus group discussion guide was utilized by the focus group facilitator to ensure that the discussion remained focused on the key areas of interest to the Steering Committee. The focus group discussion guide addressed five overarching areas of interest to the coalition: consumer expectations regarding the Exchange; consumer preference regarding choice in relation to the Exchange; consumer opinions regarding options for public insurance and programs being included in the Exchange; consumer comfort with accessing the Exchange and consumer opinion regarding Exchange appeal/marketing.

Once the pre-focus group discussion survey and the focus group discussion guide were edited and approved by the Steering Committee, Taking Neighborhood Health to Heart (TNHTH) organized a Beta focus group in which the tools were formally tested for flow and clarity. The Beta focus group was observed by several members of the coalition in order to provide an opportunity for additional feedback. Six individuals participated in the Beta focus group, after which the tools were refined to ensure they were optimally designed for a productive and informative conversation. Some questions, for example, were either deleted or re-phrased and the focus group guide was edited to include more information about the Exchange itself before actual focus groups began. Such information was enhanced with a fact sheet prepared by CCLP, CCHI, and CoPIRG, which can be found in Appendix A. This particular tool proved very useful, as participants had basic information to reference throughout the conversation.

**Participation**

A combined total of 70 individuals participated in the eight focus groups. Participation per focus group can be found in Table 1, below. As can be seen in the table, the Denver focus groups and one of the Grand Junction focus groups were separated according to income. One Denver focus group and one Grand Junction group were held with individuals whose self–reported gross annual household income ranged between 133 and 250 percent FPL at the time they were screened for participation, and a second Denver focus group was held with individuals between 250 and 400 percent FPL. All other focus groups were conducted with individuals between 133 and 400 percent FPL.

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>% FPL</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denver</td>
<td>133-250</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>Denver</td>
<td>251-400</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>Denver, Spanish-speaking</td>
<td>133-400</td>
<td>5</td>
<td>7.1</td>
</tr>
<tr>
<td>Greeley</td>
<td>133-400</td>
<td>19</td>
<td>27.1</td>
</tr>
<tr>
<td>Sterling</td>
<td>133-400</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Pueblo</td>
<td>133-400</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Grand Junction</td>
<td>133-250</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Grand Junction</td>
<td>133-400</td>
<td>14</td>
<td>20.4</td>
</tr>
<tr>
<td>Interview*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterling</td>
<td>133-400</td>
<td>1</td>
<td>1.4</td>
</tr>
</tbody>
</table>

*One interview was conducted with an individual in Sterling who could not attend the focus group due to a scheduling conflict. The interview was conducted over the phone to solicit additional input from that particular community.
Participant demographics varied substantially, which provided a rich and diverse range of opinions. As can be seen from Graphs 1 and 2 below, the majority of participants were female (63%) and a large number of younger individuals between the ages of 19 and 34 participated alongside individuals in older age brackets.

**Graph 1: Focus Group Participation by Gender (Total N=70)**

![Focus Group Participation by Gender, n=70](image1)

**Graph 2: Focus Group Participation by Age (Total N=70)**

![Focus Group Participation by Age, n=70](image2)
While the majority of participants identified racially as White, see Graph 3 below, a substantial number of participants also identified as Hispanic or Latino/a, see Graph 4 below.

Graph 3: Focus Group Participation by Race (Total N=70)*

*Note: Five participants did not provide a response to this question

Graph 4: Focus Group Participation by Ethnicity (Total N=70)*

Note: Two participants did not provide a response to this question.
Table 2, below, provides additional background information solicited from the pre-focus group discussion survey. As can be seen, the majority of participants spoke English at home and had at least a High School degree or GED equivalent.

Table 2: Additional Focus Group Participant Demographics (Total N=70)

<table>
<thead>
<tr>
<th>What language do you speak at home?</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>53</td>
<td>75.7</td>
</tr>
<tr>
<td>English/Spanish</td>
<td>7</td>
<td>10.0</td>
</tr>
<tr>
<td>Spanish</td>
<td>7</td>
<td>10.0</td>
</tr>
<tr>
<td>Spanish/English</td>
<td>3</td>
<td>4.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In what city do you currently reside?</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atwood</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Ault</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Aurora</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Castle Rock</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Denver</td>
<td>17</td>
<td>24.3</td>
</tr>
<tr>
<td>Evans</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Fruita</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Ft. Collins</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Grand Junction</td>
<td>17</td>
<td>24.3</td>
</tr>
<tr>
<td>Greeley</td>
<td>12</td>
<td>17.1</td>
</tr>
<tr>
<td>Littleton</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Nunn</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Pueblo</td>
<td>7</td>
<td>10.0</td>
</tr>
<tr>
<td>Sterling</td>
<td>4</td>
<td>5.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>High School/GED</td>
<td>23</td>
<td>33.3</td>
</tr>
<tr>
<td>Two-year college degree</td>
<td>13</td>
<td>18.8</td>
</tr>
<tr>
<td>Four-Year college degree</td>
<td>18</td>
<td>26.1</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>6</td>
<td>8.7</td>
</tr>
<tr>
<td>Technical school degree</td>
<td>3</td>
<td>4.3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>5.8</td>
</tr>
</tbody>
</table>
Self-reported gross household income varied substantially, see Table 3 below. This table is based on pre-focus group survey data and some information differs from what was provided during the screening process. As there was no formal manner in which to verify income, participant self-reported income at the time of the screening process was used to determine eligibility. Please see the “Limitations” section of this report for further details.

Table 3: Gross 2010 Household Income as a Percent of the Federal Poverty Level (FPL), Self-Reported*

<table>
<thead>
<tr>
<th>County of Residence</th>
<th>Gross 2010 Household Income, Self-Reported (Total N=70)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below 100%</td>
</tr>
<tr>
<td>Logan</td>
<td>2</td>
</tr>
<tr>
<td>Aurora</td>
<td>1</td>
</tr>
<tr>
<td>Douglas</td>
<td>1</td>
</tr>
<tr>
<td>Denver</td>
<td>1</td>
</tr>
<tr>
<td>Weld</td>
<td>1</td>
</tr>
<tr>
<td>Mesa</td>
<td>3</td>
</tr>
<tr>
<td>Larimer</td>
<td></td>
</tr>
<tr>
<td>Arapahoe</td>
<td></td>
</tr>
<tr>
<td>Pueblo</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

*Some participant’s income varied annually. At the time of screening, participants were asked to provide their gross annual income for 2010, but were given the opportunity to provide additional information from 2011 to determine eligibility. Information in this table is based only on the pre-focus group surveys, in which participants were asked to provide their 2010 gross income. Therefore, some of the participants fell outside the screening parameters based on their 2010 gross income.

Finally, as can be seen in Table 4, below, the majority of participants (53 percent) lacked health insurance. While some individuals obtained health insurance through a spouse or individual plan, all participants were screened to ensure that (a) they did not have any forms of public health insurance, and (b) they were not insured through an employer with more than 100 employees.

Table 4: Participant Insurance Status

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not have insurance (either myself or through a spouse/partner)</td>
<td>36</td>
<td>52.9</td>
</tr>
<tr>
<td>Insurance through a spouse/partner</td>
<td>8</td>
<td>11.8</td>
</tr>
<tr>
<td>Individual health insurance plan</td>
<td>8</td>
<td>16.2</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>19.1</td>
</tr>
</tbody>
</table>
**Limitations**

This project utilizes qualitative responses to describe the opinions of individuals residing in specific communities throughout Colorado. Such opinions should not be understood to be representative of either the state of Colorado or the city in which those participants reside.

In addition, no verifying documentation was sought from any of the participants to determine eligibility for the focus groups. While all individuals were screened for income, residency and age to ensure that participants represented individuals potentially eligible for tax subsidies within the Exchange, no verifying documents were either sought or provided from any of the participants. Even though an individual may have provided verbal responses during the screening process which would indicate their eligibility in the focus groups, project staff had no manner in which to verify such responses. Responses provided during the screening process, therefore, differed in some instances from responses provided in the pre-focus group discussion survey.
Appendix A: Focus Group Tools

Focus Group Screening Guide
Focus Group Pre-Discussion Survey
Colorado Health Insurance Exchange Handout
Focus Group Discussion Guide
**Colorado Insurance Exchange Focus Group Screening Guide**

**FOR SCREENER:** If caller provides an answer which is *highlighted*, they are NOT ELIGIBLE for participation in these focus groups.

Only questions are to be read to callers – **do not read answers.** Answers are solely intended for screener to mark according to caller’s response.

**QUESTIONS**

1. **Where do you live?** *(for screener: If caller resides in the County but not the city, ascertain which part of the county they are from and indicate here: ____________________________________________________________________________)*
   - Denver (Denver County)
   - Pueblo (Pueblo County)
   - Sterling (Logan County)
   - Grand Junction (Mesa County)
   - Greeley (Weld County)
   - None of the above
   - Provide caller the location of nearest focus group. If unwilling/unable to travel to that group, eligibility criteria **NOT MET**.

2. **Are you a legal resident of the United States?**
   - Yes
   - No

3. **What is your gender?**
   - ______________

4. **What is your age?**
   - 0-18
   - 19 to 25
   - 26 to 44
   - 45 to 64
   - 65 or older

   **a. [19-25] Are you currently on your parents’ health insurance plan?**
     - Yes
     - No

CONTINUE TO QUESTION 5
5. [26-64] Do you currently have health insurance?

   □ Yes  
   □ No

   a. What kind of health insurance do you have?

       □ State sponsored program, such as Medicaid or CHP+  
       □ Other Public  
       □ Individual Policy  
       □ Employer-Sponsored

   i. Approximately, how many people work in your or your spouses’ company?

       □ More than 100  
       □ Less than 100

6. How many individuals reside in your household, including yourself?

   □ 1 - Just myself  
   □ 2  
   □ 3  
   □ 4  
   □ 5  
   □ 6  
   □ 7  
   □ 8

7. In 2010, what was your total household income? Please try to be as precise as possible.

       __________

FOR SCREENER: Ask caller to hold for one moment while you determine their eligibility for participation in focus group.
FOR SCREENER:
1. Determine where caller falls within 2010 FPL Guidelines.

<table>
<thead>
<tr>
<th>Persons in Family</th>
<th>100% FPL</th>
<th>133% FPL</th>
<th>250% FPL</th>
<th>400% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,830</td>
<td>$14,403.9</td>
<td>$27,075</td>
<td>$43,320</td>
</tr>
<tr>
<td>2</td>
<td>14,570</td>
<td>19,378.1</td>
<td>36,425</td>
<td>58,280</td>
</tr>
<tr>
<td>3</td>
<td>18,310</td>
<td>24,352.3</td>
<td>45,775</td>
<td>73,240</td>
</tr>
<tr>
<td>4</td>
<td>22,050</td>
<td>29,326.5</td>
<td>55,125</td>
<td>88,200</td>
</tr>
<tr>
<td>5</td>
<td>25,790</td>
<td>34,300.7</td>
<td>64,475</td>
<td>103,160</td>
</tr>
<tr>
<td>6</td>
<td>29,530</td>
<td>39,274.9</td>
<td>73,825</td>
<td>118,120</td>
</tr>
<tr>
<td>7</td>
<td>33,270</td>
<td>44,249.1</td>
<td>83,175</td>
<td>133,080</td>
</tr>
<tr>
<td>8</td>
<td>37,010</td>
<td>49,223.3</td>
<td>92,525</td>
<td>148,040</td>
</tr>
</tbody>
</table>

For families with more than 8 persons, add $3,740 for each additional person.

* 100% FPL is according to HHS (http://aspe.hhs.gov/poverty/10poverty.shtml). 133%, 250%, and 400% are calculated based on 100% denominations.

2. If caller’s income falls between those denominations highlighted in green, caller is eligible for one of the following focus groups:

<table>
<thead>
<tr>
<th>Residence</th>
<th>Focus Group #</th>
<th>Eligibility Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denver</td>
<td>1</td>
<td>133-250% FPL</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>250-400% FPL</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>133-400% FPL (Spanish Speakers)</td>
</tr>
<tr>
<td>Grand Junction</td>
<td>4</td>
<td>133-250% FPL</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>250-400% FPL</td>
</tr>
<tr>
<td>Pueblo</td>
<td>6</td>
<td>133-400% FPL</td>
</tr>
<tr>
<td>Greeley</td>
<td>7</td>
<td>133-400% FPL</td>
</tr>
<tr>
<td>Sterling</td>
<td>8</td>
<td>133-400% FPL</td>
</tr>
</tbody>
</table>

3. If caller’s income falls outside those denominations highlighted in green, caller is NOT eligible for these focus groups.
INSTRUCTIONS FOR SCREENERS:

If caller is eligible for a Focus Group:

1. Congratulate him/her for being eligible to participate in a focus group.
2. Tell him/her the time, date and location of their assigned focus group.
3. If caller is not available at that time, place his/her name on a waiting list in case the scheduled date changes or another FG is scheduled.
4. Tell him/her that $25 will be given for their participation in the focus group.
5. Ask whether or not transportation assistance will be needed.
   a. If yes, explain what will be provided.
6. Ask if he/she has any additional questions at this time.
7. Ask how they would like to be contacted (either by phone or email) one day prior to the focus group with a reminder and track on participant tracking sheet.
8. Tell him/her that he/she should feel free to pass along our contact information to anyone they know of who may be interested and eligible for the focus group.

If the caller is NOT eligible for participation in the study:

1. Thank the person for calling.
2. Explain why he/she is not eligible.
3. Ask if he/she has any additional questions at this time.
4. Tell him/her that if he/she should feel free to pass along our contact information to anyone they know of who may be interested and eligible for the focus group.
Focus Group Pre-Discussion Survey

1. How did you hear about these focus groups?
______________________________________________________________________

2. What is your gender?
____________________________________

3. What is your age?

☐ 19-25 years  ☐ 26-34 years  ☐ 35-44 years
☐ 45-54 years  ☐ 55-64 years

4. Do you consider yourself to be Hispanic or Latino/a?
☐ Yes  ☐ No

5. Which of the following best describes you? You may choose more than one

☐ White  ☐ African American/Black
☐ Native Hawaiian/Pacific Islander  ☐ American Indian/Alaska Native
☐ Asian/Asian American  ☐ Other __________________

6. What language do you speak at home?
____________________________________

7. In what city do you currently reside?
____________________________________

8. In 2010, what was your gross household income?
____________________________________

9. In 2010, how many individuals lived in your household?
____________________________________
10. What is the highest level of education you have completed?

☐ Less than high school  ☐ Graduate degree
☐ High school/GED  ☐ Technical school degree
☐ Two-year college degree  ☐ Other: ____________________
☐ Four-year college degree

11. What kind of health insurance do you currently have?

☐ I do not have insurance (either myself or through a spouse/partner)
☐ Insurance through a spouse/partner
☐ Individual health insurance plan
☐ Other (Please define):

______________________________________________________________________

12. Do you currently use a computer to access health information online?

☐ Yes  ☐ No

12.a. If you answered ‘Yes’ to question 12, what kind of health information do you look for online?

______________________________________________________________________

13. What are the two most important things you consider when purchasing or participating in a health insurance plan?

Please place a 1 and a 2 next to your choices in that order

_____ Out-of-pocket costs (such as premiums, deductibles, or co-payments)
_____ If the plan covers my spouse/children
_____ What services the plan covers (such as medical visits or prescriptions)
_____ What doctors I can go to
_____ I do not know
_____ Other (Please define):

______________________________________________________________________

______________________________________________________________________

PLEASE VOTE FOR YOUR FAVORITE WEBSITE NAME! (Circle the one you like most)

1. Coloradohealthbenefitsexchange.com
2. GetCoveredCO.com
Colorado’s Health Benefit Exchange Fact Sheet

Under the Patient Protection and Affordable Care Act (PPACA) each state will create a Health Benefits Exchange where individuals, families and small businesses can shop for health insurance at more affordable prices starting in 2014.

What is a Health Benefits Exchange?
Colorado’s Health Benefits Exchange will be a better-organized marketplace for customers to compare and shop for health insurance based on price and quality.
✓ Coloradans will be able to shop online, over the phone, or in person for health plans
✓ The Exchange will offer a choice of health plans and make it easier to understand and compare the price and benefits of plans
✓ Individuals and families shopping for insurance in the exchange may be able to get tax credits to lower the cost of purchasing insurance
✓ Health insurance plans offered in the Exchange will have to be “certified” – meeting minimum standards for things like benefits coverage, cost, and value

How will the Exchange help Coloradans?
The Health Benefits Exchange and certain parts of the PPACA that work to protect consumers, will help make health insurance easier to get at affordable prices. When it’s up and running it could cover:
✓ Nearly 300,000 individuals and families
✓ Up to 175,000 small business employees and their dependents

Who will be able to purchase insurance through the Exchange?
Most families and individuals who need insurance will be able get it through the Exchange beginning in 2014
✓ Individuals making up to $43,320 and $88,200 for a family of four will be eligible for tax credits and the amount you have to pay will depend on your income
✓ Low income children and adults might qualify for Colorado’s Medicaid program
✓ Some low income children will still be able to get CHP+ (Children’s Health Plan Plus)

For more information contact:
✓ Colorado Consumer Health Initiative at 303.839.1261 or www.cohealthinitiative.org
✓ Colorado Center on Law and Policy at 303.573.5669 or www.cclponline.org
✓ Colorado Public Interest Research Group at 303.573.7474 or www.copirg.org
**Colorado Insurance Exchange Focus Group Facilitator Guide:**

**Brief overview**
Hello and welcome. My name is _____________________ and I work for John Snow, Inc (JSI). We are a public health research and training organization that has been working with the Colorado Center on Law and Policy (CCLP), and their partners, the Colorado Consumer Health Initiative and the Colorado Public Interest Research Group. A representative from CCLP has joined us today to observe the focus group (Introduce Adela). We are here today to help bring consumer voices – your voices – to the table to talk about a new way to find and buy health insurance; what we call, “a competitive health insurance marketplace.” Think of it like Travelocity.com. Is everyone familiar with that website? Essentially, it’s a website that allows you to enter information about where you want to go and when. It will then provide you with a listing of available flights and airlines with different costs depending on if you want to sit coach, sit first class, have one layover, have two layovers, no layovers… Then, once you’ve found the flight, the airline and the cost that best works for you, you can select that flight and buy it right there on that same website.

This competitive health insurance marketplace will work in a very similar way. There will be one place where you can go to find and compare health insurance plans and enroll in the one that best meets your needs. Depending on your family income, you can even get assistance from the government to help pay for the insurance in the form of tax credits. This is a very important point. If you look for and buy a health insurance plan through this particular marketplace, the government will help reduce (but not eliminate) the cost of the plan depending on your family size and income. These subsidies will not be available outside the marketplace. Your thoughts and ideas about this ‘marketplace’ – or what we will be referring to as an Insurance Exchange – will be the focus of our discussion today. *Pass out handout and review key aspects.*

We are holding focus groups across Colorado including the Denver metropolitan area, Greeley, Pueblo, Sterling, and Grand Junction. We will be asking questions today about what you (potential customers in the future Exchange) need and want from the Exchange. Your answers will help design the Exchange so that it will be most beneficial to you.

**Confidentiality**
We do ask that everyone participate. Please know that everything you say here today is confidential. We will not be using your name or identifying you personally in any way in any of our research. We will summarize themes from the discussion and will share them with the Colorado Center on Law and Policy and their partners. We will not tie back any comments to individuals.

We would like to tape record the discussion today. It is hard for me to run the group and also remember everything that is said. Your names will not be used in the research findings. In our report, we may reference a comment you made, but your name will never be used. You will be identified only by a study number in any of our notes. Is everyone comfortable with this?

**Participant Questionnaire**
Thank you for taking the time to complete the brief anonymous survey. If you have not had the opportunity to fill that out, please let us know. You can complete one at the end of the focus group. The survey is intended to provide basic background information and we will use it only for descriptive purposes.
Incentives
We appreciate you taking time to join this discussion. Please help yourself to drinks and snacks at any time. And to thank you, we will also be giving everyone a 25 dollar gift certificate before you leave today.

Ground Rules
- Speak one at a time
- Always respect other people’s opinions
- Never shout
- There are no silly questions or answers
- Commit to the process by participating
- Mute or switch off phones and pagers

Start
Our talk should last about 90 minutes. There are no wrong answers to any of the questions. We are just looking for your opinions and feelings. Anything you have to say will be helpful. The questions are asked in a specific order, but please jump in if you think of something related to an earlier subject.

Please speak one at a time so that the tape recorder can clearly record what you say.

Do you have any questions?

Okay then, let’s get started...

Core topics and questions

Expectations
Please take a minute to think of your current health insurance situation. Think about how you find information about health insurance. Think about how you sign up for and buy health insurance. Think about what you pay for health insurance. If you don’t have insurance, then think about some of the reasons why you do not have health insurance like cost or just not having any options or not knowing where to go. Now take a moment and compare that situation with this new Health Insurance Exchange that I just described to you - a place where you can compare information about health plans, enroll in the best one for you, and get help paying for it based on your income.

1. So what do you think about the possibility of having a new way to buy health insurance in Colorado?

   Prompt: Does the word ‘Exchange’ make sense?

2. What do you think the Exchange should be able to do to help you find health care insurance that is right for you and that you can afford?

3. How would you like to be able to access the Exchange?

   Prompts: talk to an individual who would describe all the options; use the internet to study the options
4. What do you think would make the Exchange successful?

Prompt: How will we know the Exchange is working for Coloradans?

**Choice**

Next I want to talk about choice. We really want to understand how you value choice when it comes to the number and variety of health insurance options that would be available. So we are going to spend some time talking about what might be too much choice and what might be too little choice. Think for a moment about what it would be like to access this Exchange. Again, it will be a place where you can find, compare and buy health insurance.

5. What does choice mean to you?

6. Is it important to have a lot of choice?

Prompt: How valuable is choice?

7. What does choice mean to you in terms of having information tailored specifically to you?

8. If you think about how you might choose a health plan, what would be most important to you?

Prompts: Would you care more about cost? Or would you care more about the doctors you would be able to go to? Or would you care more about what benefits you would have/what services the insurance plan would pay for?

**Public Programming**

When this Exchange is created, the government will help reduce the cost of buying health insurance for some persons depending on their income. They will do this mainly through providing those persons with tax credits. Essentially, health insurance will be available at a discounted rate for persons under certain income levels. That said,

9. Now that you know that you will have access to a tax credit that will help pay for the cost of purchasing insurance through the Exchange, how much of a role do you think that will play in your decision to go to the Exchange?

10. Another role the Exchange could play would be to connect people who qualify to public programs like Medicaid. What do you think about this?

Prompts: Would you be more attracted or less attracted to the Exchange if you saw messages about public health insurance options (insurance offered through the government)?

11. What about having the Exchange connect people who qualify to other types of government programs, like food stamps? What would you think if the Exchange helped identify other types of assistance programs that you might qualify for?
Comfort
12. Where are you most comfortable going to get information about health care?

13. Who would you trust to help you use and understand the Exchange? an organization, a website, a hospital, an insurance broker or even a profession, like a family doctor.

Prompt: Where would you go for help buying health insurance (government office, broker, online chat, help line)?

14. Think of the organizations or persons you mentioned above as people helping you navigate through the system or ‘navigators’; navigators who would potentially help you find your way through the new Exchange. How do you think such navigators could best help you? What would you like them to do?

Prompt: What would be important to have in place so you would trust these navigators?

Appeal/Marketing
15. Consider all the things we have talked about that the Exchange could do. What would most attract you to shop for insurance at the Exchange?

Prompts: tax credits/financial help, the marketplace itself, other?

16. What do you think would be the best way to encourage people to use the Exchange?

17. In what ways do you think messages or information about the Exchange would best reach you?

Prompts: TV, work, radio, newspaper...

CLOSING
18. After having the benefit of this hour and a half conversation, I’d like to revisit one question. What do you think the Exchange should be able to do to help you find health care insurance that is right for you and that you can afford?

19. Does anyone have any other comments?

QUESTIONS PERTAINING TO SPECIFIC POPULATIONS
Spanish speaking populations
1. What considerations do you think must be made for non-native English speakers who want to use this Exchange?

Prompt: Are there cultural considerations you feel would need to be made?

Thank you very much for participating in this focus group. The information you have provided has been very helpful. Don’t forget to pick up your reimbursement before you leave. Thanks again!
Appendix B: Recruitment Materials
JOIN THE CONVERSATION!

We want YOUR opinion about new ways to find and buy health insurance in Colorado.

$25 for your opinion!

If you make $14,500 to $43,500 as an individual or $29,000 to $90,000 for a family of 4 per year, you may be eligible to participate!

The group discussions will be conducted from 6:00pm - 8:00pm in Denver on Tuesday, August 2nd and Thursday, August 4th!!

Call 1-877-892-0999 for more information.

Hurry, space is limited!
COMPARTE
TU EXPERIENCIA
para enriquecer el sistema de salud y la compra de seguro médico. A cambio, ¡puedes recibir $25 por sólo dos horas de tu tiempo!

Buscamos participantes que ganen entre $6.97 y $20.91 por hora o familias que ganen entre $29,000 y $90,000 por año. ¡Si eres uno de ellos, es posible que puedas participar en ésta charla!

El grupo se reunirá el 3 de Agosto del 2011.

Llama al (303) 262-4317 para recibir más información sobre las charlas.

¡Date prisa, el espacio es limitado!
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The group discussion will be conducted from 6:00pm-8:00pm in Greeley on Monday, August 8th, 2011!

Call 1-877-892-0999 for more information.

Hurry, space is limited!