

**COMMUNITY OUTREACH WORK GROUP  
STATE PLANNING GRANT  
Conference Call**

Friday, June 10, 2005  
1:30 pm – 3 pm

**AGENDA**

- |      |  |                    |
|------|--|--------------------|
| I.   | Introductions/Welcome/Review Agenda                    | Denise Daly<br>All |
| II.  | Brief Update of Work Done To-Date/Status of Model      | Denise Daly        |
| III. | Selection of Team Lead for Each Health Planning Region | Denise Daly<br>All |
| IV.  | Review of General Agenda for Town-Hall Meetings        | Denise Daly        |
| V.   | Logistics of Survey/Development of Survey Questions    | All                |
| VI.  | Next Steps   | All                |

Please see attached materials from previous meetings and background information.

**SAVE THE DATE**

\*\*\*Next Meeting: June 20, 2005 Time and Location: TBA\*\*\*

**ROLE OF THE COMMUNITY OUTREACH WORK GROUP**

The Community Outreach Work Group will:

- ✓ Help the Model Development Group realize concerns communities may have as potential models are reviewed
- ✓ Solicit input from the employed uninsured regarding one or two potential programs to provide affordable health insurance to working, uninsured Virginians
- ✓ Work with George Mason University Center for Health Policy, Research and Ethics team to pilot options proposed by the SPG Model Development Work Group
- ✓ Comment on Model Development Work Group White Papers
- ✓ Review and provide feedback on SPG website
- ✓ Contribute to the development of the draft business plan for covering working, uninsured Virginians

## SPG Town-Hall Meeting Tips

### When considering a time and place to host the SPG COWG Town-Hall Meetings:

- ✓ Hold town-hall meetings and conduct survey of VPCA & VAC membership by July.
- ✓ Be sure to include the target population of **working uninsured**; think about how to include rural areas of your region
- ✓ Consider the role technology can play in the meetings. Think about utilizing a polycom/video conference system to get more people involved, particularly in rural areas. These could be set up through the local health departments or colleges for free.
- ✓ Encourage the use of a public feedback mechanism on SPG website or letters to VDH.
- ✓ Use your peers. We have provided you with a list of COWG members in your region, you may wish to identify a team in your region to share responsibilities.
- ✓ Think about places where there is ample parking, and/or is on a bus line.
- ✓ Consider hosting a meeting in Spanish or hiring an interpreter.
- ✓ Possibly hold more than one meeting per region
- ✓ Select a location that is easily accessible and comfortable for participants. Possible locations could include: health centers, health departments, community centers, YMCA, local non-profits or corporations, county/city park & recreation centers, libraries, schools, colleges, etc.
- ✓ Leeanne ([scioltolm@vcu.edu](mailto:scioltolm@vcu.edu); 804.827.3224) will be able to provide administrative support for planning the town hall meetings. She will be able to assist with:
  - Fliers to advertise meetings - we'll probably develop one that can be customized for each meeting.
  - Help coordinate meeting logistics - one in each region (e.g., securing location, getting microphones, chair set up) draft a checklist of tasks to complete for each regional meeting, to ensure meetings are similar
  - Ensure each town hall meeting group has copies of common questions to ask
  - Press releases for model review meetings
  - Announcement on [www.insuremorevirginians.org](http://www.insuremorevirginians.org) about town hall meetings
  - Anything else? Just ask and she will try!

## Virginia State Planning Grant Community Focus Group Questions

Consumer focus groups to learn more about community representatives and individuals views about health insurance coverage and Education/outreach can help individuals in understanding the value of health insurance coverage (in general and for a prototype insurance product/option). **The priority is to understand issues affecting the working uninsured in Virginia.**

### **I. COMMUNITY VIEWS ABOUT THE PROBLEM OF UNINSURANCE**

- What do you see are the greatest problems associated with the lack of availability of health insurance for working individuals in your community?
- What do you see are the greatest challenges in providing health insurance to working uninsured individuals within your community?
- What factors account for why people do not possess health insurance? (Why people lack health insurance)
- How are people who lack health insurance getting their health needs met? (How medical needs are being met)
- What are the perceptions, experiences, and expectations of people working with or utilizing public health insurance programs such as FAMIS and Medicaid? (Perceptions of public health insurance)
- ### **II. COMMUNITY VIEWS ABOUT EMPLOYER AND PUBLIC COVERAGE**
- What factors account for why some businesses provide health insurance to their employees while others do not? (Why businesses offer health insurance and their struggles to maintain it; Reasons why small businesses don't offer health insurance)
- What types of mechanisms or incentives would help small businesses in their ability to offer health insurance to employees? (Mechanism that would help small businesses)
- By what means could health insurance be made available to all Virginia residents (Funding mechanism/affordability)

## Virginia State Planning Grant Community Focus Group Questions

### **III. WILLINGNESS TO PARTICIPATE AND ESSENTIAL ELEMENTS OF A BASIC HEALTH PLAN (TWO SECTIONS (A) VIEWS ABOUT INSURANCE PLANS IN GENERAL; (B) ABOUT A PROTOTYPE INSURANCE PRODUCT**

#### **A. VIEWS ABOUT INSURANCE PLANS IN GENERAL**

Would you be willing to participate in a state sponsored health insurance program?

How much would you be willing to spend on a monthly premium cost for **INDIVIDUAL** health insurance from any source (employer or State sponsored)?

How much would you be willing to spend on a monthly premium cost for **FAMILY** health insurance from any source (employer or State sponsored)?

Rank the following items that you consider to be most important in design of a model for individual health insurance.

(1= most important 6= least important)

Limits on premium increases

Coverage of pre existing conditions

Limited Prescription drug benefits

Limits on benefits and coverage

Choice of provider

Costs of co-payments and deductibles

## Virginia State Planning Grant Community Focus Group Questions

### B. VIEWS ABOUT A PROTOTYPE OPTION FOR EMPLOYED UNINSURED

What are your thoughts on the proposed features of the products outlined below? **DRAFT 5/6/2004**

	Product A	Basic Hospitalization Product
Annual deductible	\$500-\$1500	\$1000-\$2000
Annual Out of Pocket Maximum	\$4000-\$6000	\$4000-\$6000
Inpatient Services	30-40% coinsurance AD	30-40% coinsurance AD limited to 30days per calendar year
Outpatient Surgery	30-40% coinsurance AD	30-40% coinsurance AD limited to 30days per calendar year
Physician Office Visits	Visits 1-4 \$30-\$45 copay w/deductible waived Visits 5+ 30-40%AD	Up to 3 visits only \$20-\$40 w/deductible waived or 50% of 1 <sup>st</sup> \$1000
Diagnostic Lab and X-ray	30-40% coinsurance AD	Not covered
Preventative Care for Adults	Visits 1-4 \$30-\$45 copay w/deductible waived Visits 5+ 30-40%AD Includes colorectal cancer screenings, annual pap smears, annual mammograms, PSA screenings; 30-40% AD	Mandated services only
Preventative Care for Children	Available as rider Or 100% coverage imbedded	Available as rider Or 100% coverage imbedded
Emergency Room Visits	30-40% coinsurance AD	30-40% coinsurance AD
Maternity	\$3000-\$4000 copay	\$3000-\$4000 copay
Prescription Drugs	Not covered or generic only	Not covered
Annual Maximum	\$25,000-\$50,000	N/A
Riders	Dental Rider	
Out of Network Deductible	2x in network deductible	2x in network deductible
Out of Network Out of pocket	2x in network out of pocket	2x in network deductible
Out of Network Coinsurance	40-50% AD	40-50% AD

## Virginia State Planning Grant Community Focus Group Questions

### **IV. VIEWS ON MARKETING AND PROMOTION INSURANCE OPTIONS**

What would be effective ways to raise awareness about the availability of new health insurance products that are designed to close the health insurance gap (Raising awareness/marketing).

What sources of information are you most likely to pay attention to when it comes to getting information about health insurance options?

## **Mandated Benefits**

<http://www.scc.virginia.gov/division/boi/webpages/boimandated.htm>

It is important to note that Virginia's insurance laws require that most health insurance plans, including Managed Care Health Insurance Plans (MCHIPs): 1) provide certain benefits, known as mandated benefits, in each and every individual or group contract they offer in Virginia; and 2) offer and make available to you, as an individual policyholder, or your employer, if you have group coverage, the option to purchase certain benefits known as mandated offers of coverage. Mandates apply only to Virginia-issued contracts or policies.

- §38.2-3408 Reimbursement for services provided by certain practitioners other than physicians
- §38.2-3409 Coverage for dependent children
- §38.2-3410 Terms "physician" and "doctor" to include dentist
- §38.2-3411 Coverage of newborn children
- §38.2-3411.2 Coverage of adopted children required
- §38.2-3411.3 Coverage for Childhood Immunizations
- §38.2-3411.4 Coverage for infant hearing screening and related diagnostics
- §38.2-3412.1 Coverage for mental health and substance abuse services
- §38.2-3412.1:01 Coverage for biologically based mental illness
- §38.2-3414.1 Coverage for postpartum services
- §38.2-3415 Exclusion or reduction of benefits for certain causes prohibited
- §38.2-3416 Insurer required to offer conversion policy or group coverage
- §38.2-3418 Coverage for victims of rape and incest
- §38.2-3418.1 Coverage for mammograms
- §38.2-3418.1:2 Coverage for pap smears
- §38.2-3418.2 Coverage of procedures involving bones and joints
- §38.2-3418.3 Coverage for hemophilia and congenital bleeding disorders
- §38.2-3418.4 Coverage for reconstructive breast surgery
- §38.2-3418.5 Coverage for early intervention services
- §38.2-3418.6 Minimal hospital stays mastectomy, certain lymph node dissection patients
- §38.2-3418.7 Coverage for PSA (prostate-specific antigen) testing
- §38.2-3418.7:1 Coverage for Colorectal Cancer Screenings
- §38.2-3418.8 Coverage for clinical trials for treatment studies on cancer
- §38.2-3418.9 Minimum hospital stays for hysterectomy
- §38.2-3418.10 Coverage for diabetes
- §38.2-3418.11 Coverage for hospice care
- §38.2-3418.12 Coverage for Hospitalization and Anesthesia for dental procedures
- §38.2-3418.14 Coverage for Lymphedema

**Mandated Offers of Coverage**

- §38.2-3407.5:1 Coverage for Prescription Contraceptives
- §38.2-3411.1 Coverage for child health supervision services
- §38.2-3414 Optional coverage for obstetrical services
- §38.2-3417 Deductible and coinsurance options required
- §38.2-3418.1:1 Coverage for bone marrow transplants
- §38.2-3418.13 Coverage for Morbid Obesity

You may contact The Office of the Managed Care Ombudsman for detailed information about these mandates or you may refer to Title 38.2 of the Code of Virginia.