

# Louisiana Health Access Program Qualitative Report

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Office of Public Health STD/HIV Program  
Louisiana Health Access Program

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## Executive Summary

The Louisiana Health Access Program (LA HAP) is a statewide supplemental health insurance program that provides access to medications and health insurance for people living with HIV (PLWH). LA HAP is comprised of two components: the Louisiana Drug Assistance Program (L-DAP), which covers medication costs for uninsured individuals and medication co-pays, coinsurance, and deductible costs for insured individuals; and the Health Insurance Program (HIP), which covers health insurance premiums, co-pays, coinsurance, and deductible costs for insured individuals.

The Louisiana Office of Public Health, STD/HIV Program (OPH SHP) contracted with The Policy & Research Group (PRG) to conduct an analysis of the perspectives of participants enrolled in LA HAP in New Orleans, Baton Rouge, and Lafayette. PRG analysts conducted 3 focus groups and 6 interviews with a total of 23 clients of LA HAP. OPH SHP planned to invite clients who had been continuously insured through LA HAP for a period of over one year, as well as clients who had recently become insured through LA HAP; however, due to recruitment challenges and limited resources, we were unable to collect data from newly insured clients.

In addition to qualitative data collected through focus group and interview discussions, PRG analysts administered a brief, ten-item pre-discussion questionnaire to participants that included questions about common insurance terms and concepts. The purpose of the questionnaire was to directly measure client understanding of different insurance terms and to facilitate a discussion about where clients access health insurance information.

PRG initially developed six research questions that compared experiences between continuously insured clients and clients that had recently become insured within six months of data collection. However, due to challenges in scheduling newly insured clients, we were unable to make those comparisons. As a result, the primary research questions were revised to focus on the health and health-related behaviors of clients who were insured by LA HAP.

### Key Findings:

- Respondents demonstrated a high level of understanding the importance of managing their HIV and other medical diagnoses, saying that they attended HIV-related care appointments regularly and took HIV medications as prescribed. Most also said that they meet with a general practitioner or specialist when needed. Some clients reported traveling to different cities to meet with their preferred provider. Respondents appear to be consistently and effectively using their health insurance benefits and LA HAP to pay for medical care and medications, either on their own or with the help of a case manager or family member.
- Clients appear to be well informed about common insurance and health care terms, but less knowledgeable when it comes to calculating out-of-pocket costs for services received. Many were unclear about the specific costs that LA HAP covers, which posed a challenge for clients who reported seeking care from providers who were less knowledgeable about LA HAP. Many suggested that OPH should provide clients with one-page information sheets to share with their providers or conduct targeted outreach to providers and their staff.
- Respondents said that they obtain health-related information from a variety of sources and media, including the Internet, case managers, and calls to their insurance providers. Though the majority of clients reported regular internet use, none mentioned using the LA HAP website.

- All participants reported having insurance coverage for many years. Several respondents speculated that HIV-positive individuals might not seek insurance coverage or medical care due to reasons of personal denial, fear, and social stigma.
- Nearly all respondents provided positive accounts of their experiences with their insurance provider and with LA HAP representatives, though some did indicate frustrations with unclear communication, long wait times, and a burdensome recertification process. Persistent barriers to accessing health care that were described include limited provider networks, understaffing at clinics, and prescription refill restrictions.
- Most clients felt that OPH could expand their reach to current and potential clients by diversifying outreach strategies and providing more information on web-based platforms, as well as targeting health care providers who are less knowledgeable about the program. Others recommended streamlining the recertification process for program participants to be less burdensome.
- Nearly all agreed that financial support from health insurance providers and LA HAP are critical in meeting their HIV-related and general health care needs and intend to continue enrollment in both in the future, if possible.

## Introduction

The Louisiana Health Access Program (LA HAP) is a statewide supplemental health insurance program that utilizes *Health Resources and Services Administration* funding to provide access to medications and health insurance for people living with HIV (PLWH). LA HAP is comprised of two components: the Louisiana Drug Assistance Program (L-DAP), which covers medication costs for uninsured individuals and medication co-pays, coinsurance, and deductible costs for insured individuals; and the Health Insurance Program (HIP), which covers health insurance premiums, co-pays, coinsurance, and deductible costs for insured individuals. Residents of Louisiana are eligible for LA HAP insurance coverage if they are HIV-positive, have a household income at or below 400% of the federal poverty level, and are not receiving or eligible to receive full *Medicaid* benefits. LA HAP is operated by the Louisiana Office of Public Health, STD/HIV Program (OPH SHP).

OPH SHP contracted with The Policy & Research Group (PRG) to conduct an analysis of the perspectives of participants enrolled in LA HAP in New Orleans, Baton Rouge, and Lafayette. This report provides OPH SHP with information about the relationship between health insurance status and the health and health-related behaviors of persons living with HIV in rural and urban regions in Louisiana, as well as suggestions for how OPH SHP can disseminate important health insurance-related information to PLWH in Louisiana.

PRG analysts conducted focus groups and interviews with clients of both HIP and L-DAP. Data described in this report are client perceptions of their experiences obtaining insurance and how that insurance status impacts their health-related practices and use of medical care. PRG aimed to explore the relationship between insurance status and the self-reported health-related behaviors of LA HAP clients.

Research indicates that persons with insurance are more likely to seek regular, preventive care, such as vaccinations, colorectal cancer screening, and breast cancer screening, and report greater knowledge of preventive care, such as screening options.<sup>1</sup> Research is mixed, however, regarding the impacts of insurance status on health-promoting behaviors such as diet, exercise, and seat belt use.<sup>2</sup> Additionally, persons living with HIV who have insurance are less likely to report risky sexual behavior than persons without insurance.<sup>3</sup>

Other research suggests that insured individuals residing in urban and rural settings tend to exhibit different health-related behaviors. Residents of rural locations are more likely to report having a primary source of care when compared with their urban counterparts, but report fewer visits to their providers during the year.<sup>4</sup> Additionally, insured rural residents are less likely to report delays in needed care, but more often have fewer covered benefits and higher out-of-pocket costs.<sup>5</sup>

The purpose of this report was to investigate prespecified research questions that explored the relationship between insurance status and health and health-related behaviors among rural and urban clients of LA

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<sup>1</sup> Matthews, B. A., Anderson, R. C., & Nattinger, A. B. (2005). Colorectal cancer screening behavior and health insurance status. *Cancer Causes & Control*, 16(6), 735–742. Courbage, C., & de Coulon, A. (2004). Prevention and private health insurance in the U.K. *Geneva Papers on Risk and Insurance: Issues and Practice*, 29(4), 719–727. Jerant, A., Fiscella, K., Tancredi, D., & Franks, P. (2013). Health insurance is associated with preventive care but not personal health behaviors. *Journal of the American Board of Family Medicine*, 26(6), 759–767.

<sup>2</sup> Jerant et al. (2013). Kelly, I. R., & Markowitz, S. (2009). Incentives in obesity and health insurance. *Inquiry: A Journal of Medical Care Organization, Provision and Financing*, 46(4), 418–432.

<sup>3</sup> Brunsberg, S. A., Rosser, B. R., & Smolenski, D. (2012). HIV sexual risk behavior and health insurance coverage in men who have sex with men. *Sexuality Research and Social Policy*, 9(2), 125–131.

<sup>4</sup> Larson, S. L., & Fleishman, J. A. (2003). Rural-Urban Differences in usual source of care and ambulatory service use: Analyses of national data using urban influence codes. *Medical Care*, 41(7), 65–74. Hartley, D., Quam, L., & Lurie, N. (1994). Urban and rural differences in health insurance and access to care. *The Journal of Rural Health*, 10(2), 98–108.

<sup>5</sup> Hartley et al (1994).

HAP. Low response rates from recent newly insured clients prevented us from developing an appreciation for this relationship; therefore, this report provides a summary of responses from LA HAP clients from New Orleans, Baton Rouge, and Lafayette, who had been continuously insured for a period of at least one year.

## Methods

### Data Collection

A PRG research analyst worked with OPH SHP leadership to determine central themes of interest prior to conducting any focus groups or interviews with LA HAP clients. Initially, the aim was to explore the relationship between insurance coverage and health and health-related behaviors by conducting separate focus groups with clients who had been continuously insured for a period of one year or more and clients who had become newly insured within the past six months. For reasons described below, this proved impracticable and we were only able to speak to clients who had been continuously insured for a period of one year or more. A PRG research analyst and senior research analyst developed a focus group protocol that would answer the research questions. The questions sought to explore the relationship between insurance coverage and health and health-related behaviors, structural barriers that clients have experienced with accessing medical services, and the likelihood that they will continue coverage in the future. Additionally, PRG included questions that addressed clients' feedback about how OPH SHP could disseminate important insurance-related information to PLWH in Louisiana. The full focus group protocol can be found in Appendix A.

PRG proposed six focus group discussions, two in New Orleans, Baton Rouge, and Lafayette each, with clients of LA HAP who had been continuously insured for at least one year and clients who were newly insured within the six months prior to data collection. The OPH SHP health insurance program coordinator collaborated with the *New Orleans Regional AIDS Planning Council (NORAPC)*, the *Baton Rouge Division of Human Development and Services (DHDS)*, and *Acadiana CARES* in Lafayette to develop a list of potential focus group participants at each of the three sites. Clients were invited to participate in a focus group discussion at one of the three sites and were offered a \$20 Walgreens gift card incentive.

OPH SHP planned to invite clients who had been continuously insured through LA HAP for a period of over one year, as well as clients who had recently become insured through LA HAP; however, the health insurance program coordinator reported that most clients who were identified in the newly insured group were limited-English proficient. Because of limited resources, OPH and PRG decided against conducting a separate focus group for newly insured clients. OPH leadership and PRG analysts believe that the challenges these clients experienced would be qualitatively different than those experienced by English speakers. While this is a question worth investigating, we decided that it was a larger substantive question that should be addressed separately. Future qualitative research efforts could focus on nonnative English-speaking clients of LA HAP to gain a better understanding of gaps in services that could be filled with targeted resources. As a result, almost all of the clients who participated in a discussion for this report had been continuously insured for a period of at least one year before data collection took place. A small number of clients reported that they had recently changed insurance providers within the last year.

PRG conducted two interviews at DHDS in Baton Rouge, four interviews and one focus group at *Acadiana CARES* in Lafayette, and two focus groups at NORAPC in New Orleans, with a total of 23 LA HAP clients. All focus group discussions and interviews were conducted in person in May 2017 using the focus group protocol developed by PRG. Prior to each discussion, participants gave verbal consent and were assured of confidentiality. All discussions were audio-recorded and transcribed. Each focus group

discussion lasted approximately 45 to 60 minutes, while each interview lasted approximately 20 to 30 minutes.

In addition to qualitative data collected through focus group and interview discussions, PRG analysts administered a brief, ten-item pre-discussion questionnaire to participants that included questions about common insurance terms and concepts. The purpose of the questionnaire was to directly measure client understanding of different insurance terms and to facilitate a discussion about where clients access health insurance information. A copy of the pre-discussion questionnaire can be found in Appendix B.

## **Analytic Methods**

PRG's analysis was guided by six primary research questions. PRG initially developed six research questions that compared experiences between continuously insured clients and clients that had recently become insured within six months of data collection. However, due to the challenges in scheduling newly insured clients described above, we were unable to make those comparisons. As a result, the primary research questions were revised to remove any relationship between insurance status and health or health-related behaviors:

1. Among selected PLWH in New Orleans, Baton Rouge, and Lafayette, what are the health-related behaviors (e.g., care visits, medication adherence, preventive care) of LA HAP insured participants?
  - a. What are the HIV and non-HIV health-related behaviors of LA HAP insured participants?
  - b. What effect, if any, does changing insurance providers have on health-related behaviors?
2. How knowledgeable are selected PLWH in New Orleans, Baton Rouge, and Lafayette about insurance benefits and how to use them?
  - a. How confident are participants in using their insurance benefits and asking questions about their insurance coverage?
3. What are participants' reasons for being insured?
4. What structural barriers have selected PLWH in New Orleans, Baton Rouge, and Lafayette encountered while attempting to access and utilize medical care? How do these barriers impact utilization of health care?
5. What suggestions do participants have for OPH to provide information to PLWH regarding obtaining and using insurance coverage?
  - a. What suggestions do participants have for OPH to provide information regarding any changes to current programs related to insurance coverage?
6. What are participants' perceptions of their likelihood of maintaining their current insurance coverage?

All interviews and focus groups were recorded and transcripts of the six interviews and three focus group discussions were produced for analysis.<sup>6</sup> Analysts read each transcript to identify patterns in respondents' answers to the six original research questions, as well as emergent themes, or "implicit and explicit sets of ideas within the data."<sup>7</sup> Transcript data were initially coded by relevance to each research question. Analysts then identified themes and findings that emerged in the areas addressed by the research questions. That is, they coded the points of repetition and agreement or disagreement in respondents' answers. Below, we present our findings regarding clients' health-related behaviors and access to medical services. Findings are organized based on the research questions.

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<sup>6</sup> All clients provided verbal consent to audio recording before the interview or focus group discussion began.

<sup>7</sup> Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. Los Angeles, CA: Sage Publications.

In the Findings section, direct quotations are used to substantiate our interpretations and express the ideas in the words of the individuals who were interviewed. We also aim to present these ideas in context in terms of the level of agreement, disagreement, or emphasis that surrounds the articulation of these ideas. We do not identify respondents by name, and we do not share any information that might identify a respondent.

Interviews and focus group discussions are a means of qualitative exploration; they are not intended to and usually do not reliably provide generalizable findings regarding an entire population, nor do they provide evidence of the causal impacts of a program. Instead, the opinions that form the basis of our analysis provide insight into how the select group of clients with whom we met perceive the relationship between insurance and their health and health-related behaviors. It's important to note that the individual opinions contained in this report represent a convenience sample of clients who responded to the invitation to participate, and therefore are likely different from the individuals who were invited, but who did not respond. The findings in this report should therefore be considered with these limitations in mind.

## **Findings**

### **Overview of Findings**

All interviewees and focus group participants articulated a need for regularly scheduled medical care appointments and insurance coverage, demonstrating a high level of understanding the importance of managing their HIV and other medical diagnoses. All of them said that they attended HIV-related care appointments regularly and took HIV medications as prescribed. Most also said that they meet with a general practitioner multiple times a year and some have frequent appointments with specialists. A few participants reported that they travel to a different city from which they live to receive care from their preferred physician, either because they had not found a physician they liked within their region, or because they wanted to maintain providers after a move. Respondents appear to be consistently and effectively using their health insurance benefits and LA HAP to pay for medical care and medications, either on their own or with the help of a case manager or family member. Most reported having the same insurance provider for a long period of time, though the one participant who had recently changed providers did not indicate any issues with maintaining his care during that process.

Clients appear to be well informed about common insurance and health care terms, but less knowledgeable when it comes to calculating costs for services received. The majority of the clients who completed the questionnaire correctly responded to questions related to insurance and health care concepts, such as provider network, monthly premiums, deductibles, and insurance claim appeals. Few respondents, however, could correctly calculate hypothetical health care costs based on an insurance plan and many were unclear about the specific costs that LA HAP covers. This often posed a challenge for clients who sought care from health care providers who were less knowledgeable about LA HAP, indicating that it would be helpful to have a one-page document to bring to appointments that explains the basics of LA HAP to help them articulate information about the program to their provider. Targeted outreach to providers would also alleviate this knowledge gap.

Respondents said that they obtain health-related information from a variety of sources and media. Some prefer to independently research health and health insurance information on the Internet. Others speak with insurance representatives, case managers, and doctors to better understand their medical care and coverage. All but two participants reported regular Internet and web-based communication use, though none shared any experience utilizing the LA HAP website, specifically. Increasing awareness of and the amount of information shared on the LA HAP website and expanding communication strategies through social media platforms could potentially alleviate the burden placed on staff to answer common questions via phone and in person.

All participants reported having insurance coverage for many years. When asked why someone might not have insurance coverage, only a few indicated their own reasons for being insured, citing HIV diagnoses as the initial motivation for obtaining that coverage. When prompted with this question, respondents more often cited reasons why someone else might not have insurance. Several speculated that HIV-positive individuals might not seek insurance coverage or medical care due to reasons of personal denial, fear, and social stigma.

Nearly all respondents provided positive accounts of their experiences with their insurance provider and with LA HAP representatives and appear to receive respectful, informed medical care on a regular basis. This was not everyone's experience, however. Some said that although insurance providers and LA HAP are meeting their needs, they believed that the quality of their medical care had been diminished by unclear communication, wait times, and a burdensome recertification process. Persistent barriers to accessing health care that were described include limited provider networks, understaffing at clinics, and prescription refill restrictions.

Participants provided some suggestions for OPH to better communicate with PLWH about utilizing insurance coverage and changes to insurance-related programming. Most felt that OPH could expand their reach by diversifying outreach strategies and providing more information on web-based platforms and by organizing community outreach events. Others said that the relationship between LA HAP clients and OPH could be improved by reducing the burden for recertification for program participants, particularly those with fixed incomes. Most agreed that OPH could expand outreach to health care providers to inform them about how the program works.

Nearly all agreed that financial support from health insurance providers and LA HAP are critical in meeting their HIV-related and general health care needs and intend to continue enrollment in both in the future, if possible. Some participants shared concerns about how the recent transition in presidential administrations would impact their access to medical care, indicating an area where LA HAP could increase messaging toward currently covered clients.

## **Health-Related Behaviors**

### Accessing Health-Related Information

Respondents said that they believed that they had many resources to access health and health insurance information. Nearly all report a level of comfort with the Internet, from which they can learn about health conditions and health insurance options that may be available to them. One reported regularly using *MyOchsner* to “check my test scores, see how things came out and all that. Communicate with my doctors.” Another said that he uses the Internet as a first line of research stating, “I do all my research on my laptop if I have any questions. [Case manager name redacted]’s the next in line, but I like to try to do it alone first.”

Several focus group participants agreed that case managers function as liaisons for them between insurance companies and health care providers, and that case managers are essential to them in troubleshooting complex health issues. One said, “My caseworker. When I started she informed me about a lot of things. That’s usually how I ... got information about my medical stuff or health insurance. It’s usually from her.”

Roughly one half of discussants said insurance companies are accessible by phone and that calls have been helpful to better understand coverage and to better navigate billing issues. Several indicated that they feel comfortable calling their insurance providers, such as Blue Cross Blue Shield and Humana, to get needed information. One said that despite the burden of long phone wait times, once she connects with an insurance provider representative, “They explain a lot more than they have to, they’ll go through everything and all the benefits of how to do it.” Another said that phone calls to his insurance company

have proven more helpful than meeting with his employer's human resources representative because "They explained everything that they needed to explain. They were clear and everything. No problems."

Participants' experience with insurance companies was not uniformly positive, however. Others found the process of getting through to their insurance providers challenging. One explained, "It's like it's hard to get through to OPM. Very difficult. You're kind of lucky sometimes. Most of the time when they answer the phone, they're closed."

A few respondents said that flyers and bulletins that they receive in the mail from their insurance providers include helpful information. Others said that they obtained health information through their peer networks, as explained by one person:

Just getting information here or people that you know in this network, such as your peers and stuff, that share information to you, like him and I have another friend [name redacted], – he'll let me know, 'They got this going on. They got that going on,' and so I get involved. I think the more you get involved, the better, you know.

### HIV Health-Related Behaviors

All respondents said that they meet with a doctor for HIV-related medical care at least twice a year for regular lab work. For those with co-occurring medical conditions, visits can be more frequent. While some respondents described challenges with long wait times and difficulties being seen in a timely manner, most reported little difficulty in contacting their providers to schedule appointments, whether they do so independently or with the assistance of a case manager.

The majority of people with whom we spoke indicated that they receive HIV-related medical care at an HIV-specific community health clinic or a private doctor's office. One client said that he sees a primary care doctor that is not an HIV specialist, but who is well versed in HIV care management. Others reported that they travel to a different city to receive their ongoing HIV-related medical care either because they have not found a provider that they like in their region, or because they have moved and want to continue to receive care under a particular provider. These individuals, however, generally expressed satisfaction with and appreciation for the convenience of local clinics for immediate care needs. One respondent from Lafayette reported,

I go to a clinic and then I also have a physician, like a private doctor. I go to him and I come here actually. Because he's in Baton Rouge. I used to live there. It's a little inconvenient but there's times when I just still want him as my doctor because he's really good. But [*Acadiana CARES*] is convenient too when I need it like right away.

Another respondent from Lafayette sees an HIV specialist in New Orleans for his biannual visits and reports that the distance is manageable because he can often get prescription refills over the phone.

Nearly all respondents said that medication adherence was relatively easy, even if their medication regimen includes many different prescriptions. One said, "I don't find it to be a challenge at all because I know this is something that I need to sustain my life, so it's not a battle – I don't battle myself. I know it has to be done." Respondents described several strategies to take medications as prescribed, including daily pill boxes, phone alerts, and mobile applications that track medication schedules. Many respondents said that they were able to incorporate medication schedules into existing routines, noting, "I have a system. I take a lot of medicine for a lot of different things other than HIV. I take the seven pills in the morning and I take three at night. That's the way I set it up." Another said, "I keep my medicine on the side of the bed so that's the first thing I see in the morning." Two respondents said that they rely on family members to help with reminders.

One frequently identified barrier to medication adherence was acquiring prescription refills in a timely, predictable manner. One respondent explained that he takes a variety of medications and that each prescription is on a different refill schedule: “Sometimes, a medication will need doctor authorization ... I need to call the pharmacy, and they have to get authorized. That can be a problem because auto refill doesn’t synchronize our medicines.” Insurance restrictions can also make it difficult for individuals to establish a convenient mailing or pickup schedule with pharmacies. Another said that he lives far away from his preferred pharmacy, so picking up multiple prescriptions can be time-consuming.

#### Non-HIV Health-Related Behaviors

Some respondents said that the doctors they meet with for HIV-specific medical care are helpful to them in providing medical advice and referrals beyond the scope of HIV. One interviewee said that his HIV-related care appointments offer an opportunity for his doctor to recommend general preventive care actions, such as colonoscopies.

Most respondents said that they meet regularly with a general practitioner or specialist in addition to their HIV-related medical appointments. A few reported that they only seek medical treatment from a primary care practitioner or specialist if they become ill, but indicated that their biannual visits to their HIV provider met their needs otherwise. One respondent noted that they no longer schedule appointments with a general practitioner because “My primary care doctor knows that I just go to my HIV and my psychiatrist doctors on a regular basis.” Some respondents with co-occurring medical diagnoses said that they require regular, specialized care. One has a standing monthly appointment “because I’m on kidney dialysis.” Another said, “I see a kidney doctor, and I also see a foot doctor. And now they’re trying to get together to get me a heart doctor ... So, I see like three doctors – three to four doctors a week.”

Multiple clients said that they recently had a need for emergency medical care. In these instances, some chose to go to the emergency room, whereas others expressed a preference for urgent care due to perceived decreased wait time and expense. One said, “If you go to urgent care your insurance will cover it, because the bill is not going to be that much. All it is going to do is whatever problem you had, they’re going to give you the medicine and tell you how to take it, and that’s it. It’s better than going to the hospital.” Some were unsure which emergency costs were covered by their insurance plans and said that confirmation from doctors and direct referrals helped to alleviate the stress of uncertainty.

Several discussants said they employed health-promoting strategies beyond direct medical care. Many said that they engage in healthy eating and regular exercise. Most described a combination of sources for stress relief and health. For example, one said, “I do volunteer work and meditate.” Others pointed to the importance of social supports in maintaining a stable, healthy lifestyle, such as “good family surroundings,” “somebody to talk to,” or “friends and family members that work in the capacity of a support group.”

#### Insurance and Health-Related Behaviors

All respondents reported currently having health insurance. Some said that prior to obtaining insurance coverage, they accessed free services through University Medical Center (UMC) or the Louisiana State University (LSU) health care system. One said that he “just stayed away from the doctor’s office” until acquiring insurance. Though a few respondents described instances in which coverage and out-of-pocket costs were affected by a change in insurance provider, they did not perceive a change in provider to impact their access to health care or other health-seeking behaviors. Many did, however, underline the importance of having long-term relationships with health care providers that they trust, and that these longstanding relationships can be reliant on consistent, continued insurance coverage. Specifically, clients said that effective medication management was dependent on consistent care – especially when medication regimen changes were required. One respondent said that familiarity with his care provider is

important because “I think that the confidentiality is the main thing for me ... I know that what I say to them is what I say to them. It’s not going to go anywhere else ... They remember your name.”

### Knowledge of Health Insurance and Benefits

Almost everyone we spoke with completed a questionnaire prior to the interview or focus group. The questionnaire contained 10 closed-ended questions about different insurance and health care-related concepts and asked participants to report how long they had been covered by their current insurance provider. Responses to the questionnaire are presented in Table 1. On average, participants report that they have been insured by their current provider for 7 years; however, responses ranged from a period of less than 12 months to 27 years. Approximately three quarters could correctly define “provider network” and knew that insurance premiums had to be paid each month. Slightly fewer could define what a health insurance deductible was (62%) and knew that they could appeal to get their insurance provider to pay for services that their doctor recommended (60%). Fewer than one half of respondents could correctly define “health insurance formulary” (47%) or “annual out-of-pocket limit” (43%). Respondents were least knowledgeable on how to calculate out-of-network (40%) or out-of-pocket (16%) costs.

**Table 1.** Client Responses to Pre-Discussion Questionnaire

Questionnaire Item	Number Responding	Percent Responding Correctly
Provider network definition	20	75.0%
Have to pay premiums each month	18	72.2%
Health insurance deductible definition	21	61.9%
True or false: Can appeal to get insurance to pay for services	20	60.0%
Health insurance premium definition	20	55.0%
True or false: Hospital providers always in-network	21	52.4%
Health insurance formulary definition	19	47.4%
Annual out-of-pocket limit definition	21	42.9%
Out-of-network lab cost calculation	20	40.0%
Out-of-pocket hospital cost calculation	19	15.8%

### Knowledge and Use of Insurance Benefits

Most of the individuals we spoke with said that their health-related costs were fully covered by their existing insurance plan, in conjunction with LA HAP. Respondents reported a high level of satisfaction with LA HAP and understood that LA HAP provides financial assistance for health care costs; however, some were not totally clear which specific costs are covered by LA HAP and enrolled in LA HAP with the assistance of a family member, case manager, or health care provider. In the focus groups, those respondents who had a better understanding of the services that LA HAP provides were able to explain the program to others.

Some shared a misunderstanding and perceived LA HAP to be a health insurance provider, or “my secondary insurance because I have HIV.” Two respondents were unclear on which expenses are covered by insurance and which are covered by LA HAP, but appeared satisfied knowing that they do not have to pay out-of-pocket for medical expenses. One said, “When I go to Ochsner, some things are paid, some are not. But then, LA HAP picks it up. They must pick it up, ‘cause I never get a bill,” and another said, “I just send my information to the people I need to send my information to and they pay for it as long as I have my proof of insurance and everything and explanation of benefits and stuff like that, they’ll pay for it.” One was unclear about whether LA HAP was a separate entity from his Ryan White case management

agency, saying, “I got to send that form in with the bill and they’ll pay it. No, that’s through HAART [HIV/AIDS Alliance for Region Two], I think. I don’t know if they’re the same thing, HAART and LA HAP.” Though respondents appear to be accessing insurance benefits, some still find the process of utilizing benefits confusing and require the knowledge and support of case managers, nurses, or doctors to effectively do so.

#### Communication With Insurance Providers

Roughly one third of respondents reported that they have had difficulty communicating with insurance providers to obtain information. One discussant said, “I called yesterday. They hung up on me, disconnected on me three times before I finally talked to a guy.” Another said that calling his insurance provider was “Sometimes good, sometimes not too good...you know, they got so many calls coming in, I guess...But I manage to get by.” One respondent described his frustration in working with his insurance provider to file a claim:

They said make copies of everything and we’ll send you a claim form. Well, there’s been two months now that, you know, well, since December – January, still never heard nothing about it. I called yesterday. They hung up on me, disconnected on me three times before I finally talked to a guy. You know, that’s not good.

Some said that they have found websites and mobile applications to be more efficient access points for health insurance information. One uses an application specific to his insurance provider to reference his medical history and find health care providers. “It’s very easy,” he said, “because I have a login. You just click the app. It brings it up, it tells you everything you’ve ever done. I think it might even have your lab work in now.” Others mentioned the ease of Healthcare.gov in signing up for insurance. They said “it’s easy” and “it was great, because I didn’t have no insurance.”

Others were satisfied with how they communicate with their insurance provider. Three respondents highlighted the value of personal care nurses that are offered through their provider. One said, “She calls me once a month and then I have her extension ... If I have a problem, I call her. If I need to find out whether or not I’m covered for this or that, I know that I can call her, but she can call me. And, trust me, I call her, and she faithfully call me once a month.” Another opted for home visits where a nurse “comes out every week, every Friday” to assess the effectiveness of medications and answer questions.

#### Communication With LA HAP

Respondents said that they appreciated LA HAP services and personnel. They said that LA HAP does “everything that’s needed to be done,” that LA HAP staff are “very professional, very pleasant,” and that the program is “extraordinary.” One said that LA HAP has been very helpful to him in accessing medications and paying for HIV-related care, saying that LA HAP “makes it so much easier ... I’m just really thankful.”

While most were satisfied with their experiences with LA HAP, a couple respondents shared frustrations with slow response times. Some said that communication with LA HAP had been difficult during the recertification process, because forms were lost in the mail, they could not get applications through easily via fax, or they “tried to call LA HAP a few times and I mean I sat on the phone for a while waiting. That’s probably the worst part of it.” Similarly, another said, “The few times I’ve had to talk to a live person they were helpful, friendly. There’s just the waiting. It’s like almost an hour just to talk to somebody.”

## **Reasons for Being Insured**

Respondents agreed that health insurance was essential for their HIV-related and general medical needs. Some reported that they had enrolled in health insurance soon after their HIV diagnosis to assist them in paying for HIV-related care. This was not always the case. Others indicated that any financial concerns around paying for medication and medical care could be outweighed by other considerations, such as a fear of perceived social stigma associated with an HIV diagnosis. One said that, initially, he did not have health insurance because he did not want anyone to know about his HIV diagnosis: “Early on, when I just discovered, I paid for my own medicines until I couldn’t afford anymore and then that’s when I had to say hey, swallow your pride, you know, go for it.” When asked why an HIV-positive individual might not be insured, most respondents pointed to social stigma and said that people might be “afraid of people finding out, and being judged” or “scared to come out in public about their health issues.” One respondent suggested cost might be a barrier to obtaining health insurance for some: “They don’t have a job that offers insurance, because if you’re part time, most jobs, they will not offer, or if they do, it’s a little more expensive.” Others said that a lack of knowledge and awareness could contribute to an individual opting out of insurance.

## **Structural Barriers to Medical Care**

Many of the people we spoke with said that they were satisfied with their current care providers and reported that they find it easy to schedule appointments, meet with doctors, and access medications. Some have experienced temporary issues with medical bills, prescription refills, and enrollment that were addressed with the support of case managers and doctors.

Respondents did, however, identify a few persistent barriers to effectual medical care. These were: provider networks, understaffing at clinics, and prescription refill restrictions. When asked about LA HAP-related barriers, respondents pointed to doctors and nurses lacking knowledge of the program and recent administrative issues that delayed recertification for clients.

### Limited Provider Network

Some of the people we spoke with experienced limitations with their insurance coverage that require them to travel far to refill prescriptions, meet with doctors, and receive emergency care at low cost. One respondent who lives in a more rural area said that, “If I had an emergency, I’d have to go to Lafayette. And I’m about 30 minutes away. I mean, I could go to this little hospital, but I’d have to end up paying a bunch of money. So, it would depend on how emergency the emergency is.” Another respondent had to drive over an hour from her home for all pregnancy-related health care appointments due to a lack of in-network obstetricians. A respondent who picks up prescription refills “almost every day, or every other day” said that he has to drive roughly 20 miles round-trip to a pharmacist that accepts LA HAP.

### Understaffed Clinics

Some discussants expressed frustration with wait times at clinics due to understaffing. One said that the clinic she receives services at needs “more physicians, more nurses – it exponentially has got to be multiplied” to keep up with the growing number of patients. Others described wait times and disorganization at some of the high-traffic clinics. One respondent explained, “I’d have an 11:00 appointment; they wouldn’t see me until after 1:00 sometimes,” whereas another reported the reason he changed care providers from a large-scale provider to a smaller clinic was because “the scheduling is all off and everything. The doctors are not really personable with you.” Two respondents said that rescheduling appointments after a cancellation can be difficult, as doctors are often not available again for multiple months.

### Prescription Refill Process

A few respondents said that they had experienced delays in receiving prescription medications, either because of insurance or communication issues between physicians and insurance providers. When discussing a mail-order refill program, one said, “Some days they cut it close on refills. Because it gets shipped. Because of insurance, they won’t fill it until a certain date and sometimes that certain date with two-day delivery is past, I’m out of it.” Another said that he has difficulty remembering to get reauthorization from doctors for all prescriptions, because the timing of each is unique. A third said that he has had to call his insurance company several times to remind them to call his doctor and send his prescription medication.

### Lack of Familiarity With LA HAP

Many said that they had experienced delays in access to health care services and medication because their healthcare providers were not familiar with LA HAP. One focus group participant who lives near Lafayette explained that he had a hard time finding a pharmacy that would accept LA HAP, saying, “I have four pharmacies in my hometown, neither one of ‘em had ever heard of LA HAP nor did they care to participate, so I had to go to Scott [LA], which is no big deal.” Others in this group agreed, listing pharmacies in the area that did not accept LA HAP; one concluded, “If more pharmacists participated, I think it would be better.”

Some said that they had been obligated to explain their insurance coverage and supplemental services to a doctor or other health care provider and that this could be difficult and confusing. One explained the challenges he experienced when he first enrolled in LA HAP: “At first I would bring the LA HAP letter. I started to bring that to the doctors’ offices ... it makes it a lot easier when they know what’s going on.” Another said, “I’ve found that when I go to specialists, some of the doctors’ offices are really good. I show them the card. They bill directly, no problem. But then I get other doctors who say, ‘We don’t know anything about that. You’re going to have to pay it.’”

### Difficulty With LA HAP Recertification

Several of the people we spoke with said that they had experienced a lapse in LA HAP coverage during a period when the LA HAP office experienced a staffing shortage. They said that their coverage expired because paperwork was not being processed at the usual pace. One said that he “had the lapse, even though I had applied 30 days prior, and whatever happened. Then, I started realizing oh, I’m getting doctor bills and I’ve got appointments coming up that I don’t want to miss. And I need prescription refills.” Others said that the lapse caused them to “run out of refills” and receive bills from their doctor.

## **Respondent Suggestions for OPH**

### Messaging Related to Insurance for PLWH

Respondents agreed that there is a gap in knowledge among PLWH and some health care providers about LA HAP and the benefits of having health insurance coverage. Respondents had several suggestions to increase awareness among PLWH of opportunities to enroll in insurance and changes to insurance plans for those currently enrolled. Some suggested more printed media, such as “flyers on buses,” “posters,” and “pamphlets in doctor’s offices.” Others said that radio commercials and public service announcements might help.

Many of the people we spoke with felt that more information should be made available on the Internet, one suggesting a “LA HAP app,” and another that “They need to put it on Facebook. They need to put it on YouTube. Need to put it on Twitter. They need to put it on Instagram. They need to reach out, and the social media today is overwhelming with releasing information to the public.” Similarly, another respondent suggested “a website that’s better. Maybe you could do stuff online. Make it all electronic.”

Several suggested in-person outreach methods, noting that “seminars, where people can come in and have somebody to basically give them the full assessment of what the insurance is, and how does it work,” “seminars to make them aware of the services that are available,” and outreach at churches might be effective.

#### Streamline LA HAP Administrative Procedures

Several respondents felt that the LA HAP application process could be simplified and streamlined to benefit both current and potential clients. Some said that after approval they do not receive a coverage card for months: “At one point, you were getting your card, next month it was expired. You know, it’s supposed to be for six months. You get it, you’d only use it for one month and it was expired. You’d have to go through the whole process over again.” Respondents note that the coverage card is an important document because many health care providers are not familiar with LA HAP.

Many of the people we spoke with felt that the recertification process, although manageable, could be simplified. Several said that application questions were “redundant.” There was consensus that filling out identical applications every six months was unnecessarily onerous, particularly for those with fixed incomes. One respondent suggested transitioning to an online application, where client information is stored and easily resubmitted. Another suggested annual recertification, rather than the existing six-month cycle.

#### Increase Knowledge of LA HAP Among Medical Professionals

As discussed above, several respondents have encountered health care providers who are not familiar with LA HAP and offered suggestions for increasing awareness among doctors, nurses, and pharmacists. One respondent thought it would be helpful for physicians that provide HIV-related medical care to explain LA HAP and “co-pay assistance” to other physicians upon referral. Others suggested “a press release to ... as many doctors as possible” or a pamphlet with “an easy description for patients/clients to give to their providers.” Currently, respondents rely on providers being motivated enough to call LA HAP for information beyond what the client can communicate.

#### **Maintaining Coverage**

The recent change in presidential administrations has left many of the people we spoke with uncertain about the stability of their existing health insurance coverage. Respondents said that losing insurance “scares me right now,” “would add more stress to life in general. Just making sure I have enough to pay for meds ... its really expensive. Especially the HIV medicine. It would be so difficult,” and would likely lead to “less and less [care] visits.”

Respondents appear to be aware of health care services available to uninsured individuals, but are not eager to accept a transition away from their current providers. One said that “with insurance, you’re more flexible to go where you want to go ... When you don’t, you have to go to certain places like the LSU clinic, because that’s one of the only places that will help you out without insurance. So, it would be a headache if I didn’t have any insurance.” Another explained that he would miss the consistency of and control in choosing providers that he gets with insurance, saying, “With my health, I have specialists for everything. You know, when I was at UMC, you saw who they wanted you to see, whether you wanted to or not.”

## Appendix A

### LA Health Access Program (LA HAP) Focus Group Protocol GENERAL FORMAT

**There are six primary research questions of interest, intended to gauge the perspective of selected PLWH in New Orleans, Baton Rouge, and Lafayette:**

1. *Among selected PLWH in New Orleans, Baton Rouge, and [other site], how do health-related behaviors differ between continuously insured persons versus newly insured persons?*
  - a. *How do HIV health-related behaviors differ between newly versus continuously insured participants?*
  - b. *How do non-HIV health-related behaviors differ between newly versus continuously insured participants?*
  - c. *What changes, if any, do newly insured participants report in their health-related behaviors since becoming insured?*
2. *How knowledgeable are selected PLWH in New Orleans, Baton Rouge, and [other site] about insurance benefits and how to use them?*
  - a. *How confident are continuously insured participants in using their insurance benefits and asking questions about their insurance coverage?*
  - b. *How confident are newly insured participants in using their insurance benefits and asking questions about their insurance coverage?*
  - c. *How does this differ for continuously insured and newly insured persons?*
3. *What are participants' reasons for being insured?*
  - a. *For participants who have been continuously insured, what are their reasons for obtaining and maintaining health insurance?*
  - b. *For participants who are newly insured or who have recently made changes to their insurance coverage, what are their reasons for and experiences with obtaining health insurance?*
  - c. *What reasons do newly insured participants say may have prevented them from obtaining health insurance prior to becoming insured?*
4. *What structural barriers have selected PLWH in New Orleans, Baton Rouge, and [other site] encountered while attempting to access and utilize medical care? How do these barriers impact utilization of healthcare?*
  - a. *How – if at all – do these barriers differ for continuously insured and newly insured persons?*
5. *What suggestions do participants have for OPH to provide information to PLWH regarding obtaining and using insurance coverage? What suggestions do participants have for OPH to provide information regarding any changes to current programs related to insurance coverage?*
  - a. *How – if at all – do information needs differ for continuously insured and newly insured persons?*
6. *What are participants' perceptions of their likelihood of maintaining their current insurance coverage?*
  - a. *How do newly insured PLWH perceive their likelihood of remaining insured?*
  - b. *How do continuously insured PLWH perceive their likelihood of remaining insured?*
  - c. *How are participants' perceptions of likelihood of maintaining insurance coverage related to their health-related behaviors?*

**The protocol is organized around these research questions – focus group questions, probes, and follow-up questions are designed to directly and indirectly elicit answers to these questions.**

**The main questions are indicated by solid bullets below. Follow-up questions meant to elicit particular details are listed below the main questions; you do not have to ask these questions if respondents address these details in their original answer. However, you may want to ask these follow-up questions or use probes (i.e. “how?” or “why?”) if they do not. Please remember that your task is to facilitate a discussion that provides rich, developed answers to our overall research questions.**

**Please remember that question phrasing is suggested. This is a discussion. The interviewer should phrase questions in a way that s/he is comfortable speaking.**

**Once you feel a question is adequately answered, you can move on to the next question.**

### **INTRODUCTORY SCRIPT**

Thank you very much for joining us today. We really appreciate you taking the time to be here, and we look forward to hearing from you.

My name is \_\_\_\_\_, this is \_\_\_\_\_, and we work with The Policy & Research Group, or PRG, in New Orleans. LA HAP has asked us to talk with you today about your thoughts on some healthcare-related topics in your community. We are interested in learning about how you take care of your health, such as what makes it easier or more difficult to keep yourself healthy. We’re also interested in your experiences accessing medical care, your experiences obtaining and using health insurance, and any suggestions you might have for how OPH can better serve individuals with and without healthcare insurance. Your opinions, experiences, and ideas will help inform the LA Health Access Program, and we will use your feedback to understand how they might better meet the healthcare needs of individuals living with HIV throughout Louisiana.

I will lead our discussion today, which will last about 60 to 90 minutes. You are welcome to the food and drinks we have provided. We won’t take a formal break, but you are welcome to take a restroom break when needed or help yourself to more refreshments.

Your confidentiality is very important to us. We are audio-recording today’s discussion, but we will not share the recording with anyone outside of PRG, and your name will not be used in any reports on today’s discussion. We will give a report to the LA Health Access Program about what we hear from the discussions we have here and around the state, but neither your name nor any identifying information will appear in the document.

Before we get started, I want to mention a few guidelines for our discussion today:

- We very much want to hear from everyone. Please don’t be afraid to share your opinions or experiences, even if they are different from others in the group. We’d really like for this to be a space where everyone can be open and honest. Please respect what others in the group have to say.
- Since we are recording this discussion, and since we want to make sure we hear what everyone has to say, only one person at a time should speak.
- My job today is to get everyone to talk about the topic at hand. I may sometimes ask for a particular person’s thoughts if we aren’t hearing much from them, but I also may have to interrupt the conversation to move us along so we cover all that we need to cover. However, you don’t have to answer any question you feel uncomfortable answering, and if you have something really important to say and I try to move us along, please let me know that as well.

- \_\_\_\_\_ will be taking notes as we talk in case the recorders miss something important. If you need to leave early, please see her before you go.

Again, it's very important to us to maintain your confidentiality. So, before we begin, could we go around the group and provide verbal consent that all names and details of what is said here today will remain confidential? If you agree with this, just say, "I agree."

At the end of our discussion, we'll distribute the \$20 gift card. Does anyone have any questions before we get started?

Again, thank you so much for your time. Now \_\_\_\_\_ is going to turn on our recorder. Please remember to take turns speaking. Let's get started.

## QUESTIONS

### Warm-up/Introductions: Health-Related Behaviors

1. To start with, I'd like to talk about some of the things that you do to keep yourself healthy or to relieve stress. Can anyone give examples of how you fit staying healthy into your daily routine? What about stress relief? *Probes: How do you choose what to eat to stay healthy? How do you fit exercise into your daily routine?*
  - a. How easy or difficult is it for you to fit staying healthy into your daily routine? What could make it easier?
2. What about taking medication – what is your regular routine for making sure that you stay on schedule with your medication?
  - a. How easy or difficult is it for you to stay on schedule taking your medication?
  - b. What could make it easier for you to take your medication on schedule?
3. [For newly insured persons] How has your routine related to staying healthy changed since you became insured, if at all?

### HIV-Related Medical Care

Now we'd like to talk about your experiences accessing medical care – where you normally go, how often, and what is easy or difficult about it. First, we'll talk about medical care related to HIV.

4. How often do you normally go to a doctor or clinic for HIV-related medical care? (weekly, monthly, once/year?)
5. What kind of healthcare provider do you visit? (HIV clinic, private hospital, etc)
  - a. Can you describe the clinic where you normally receive care? What are the providers and staff like?
  - b. Do you have a regular provider for HIV care, or do you see different providers?
  - c. Have you recently changed providers for HIV care? If so, why did you change providers?
6. What are some of the reasons for these visits? (Are they regular preventive care check-ups? Are they to adjust medication?) Are they to address a new medical problem or because something changed?
  - a. Do you normally make regular visits, or do you usually make an appointment because of a specific problem or needing a prescription?

7. How easy or difficult is it for you to schedule these visits? (To find a time that works for you, to see the provider you want to see, etc.)
  - a. Is there someone who helps you to schedule these appointments?
  - b. What are some of the reasons that this has been easy/difficult? (Probes: scheduling, transportation/distance, cost, finding a provider, work hours, clinic hours, childcare)
  - c. Can you describe any specific concerns or problems that you've had making appointments for care related to HIV?
  
8. We already discussed remembering to take medication. How easy or difficult is it for you to obtain HIV-related prescriptions that you need?
  - a. What are some of the reasons that this has been [easy/difficult]? (Cost, transportation and/or distance from pharmacy, forgetting to get prescription filled, not recertifying on time)
  - b. If there was a time when you weren't able to get your prescription, what were some of the reasons why?
  - c. What are some ways that it could be easier for you to get HIV prescriptions that you need?
  
9. [For newly insured persons] How has your medical care related to HIV changed since you became insured, if at all? (ease of making appointments, finding providers, obtaining medication, etc.)

### **Non-HIV Related Medical Care**

Now let's talk about medical care and doctor's visits not related to HIV.

10. For non-HIV related medical care – regular check-ups, or for when you get sick – do you go to the same provider as you do for HIV-related care?
  - a. Do you have a family doctor or primary care physician that you see regularly for check-ups and regular preventive care (screening, etc.)?
  
11. How often do you normally go to a doctor or clinic for care not related to HIV? (every few months, once/year?)
  
12. What are some of the reasons for these visits? (Are they regular preventive care check-ups? Are they to adjust medication? Are they for when you get sick?)
  - a. Do you normally schedule regular check-up appointments, or do you usually make an appointment because of a specific problem or needing a prescription?
  
13. How easy or difficult is it for you to schedule these visits? (To find a time that works for you, to see the provider you want to see, etc.) [Refer to responses to HIV-related question if appropriate.]
  - a. What are some of the reasons that this has been easy/difficult? (Probes: scheduling, transportation/distance, cost)
  - b. Can you describe any specific concerns or problems related to making appointments?
  
14. [For newly insured persons] How has your medical care that is not related to HIV changed since you became insured, if at all? (ease of making appointments, finding providers, obtaining medication, etc.)

## Medical Care for Emergencies/Illness

15. For emergencies, where do you normally go for medical care?
16. How easy or difficult is it for you to see a doctor if you have an emergency?
  - a. What are some reasons that it is [easy/difficult]? (Probes: scheduling, transportation/distance, cost)
17. [For newly insured persons] How has your medical care for emergencies changed since you became insured, if at all?

## Internet/Technology Use

Now I'd like to ask about health insurance and using the Internet and technology.

18. How do you usually access the Internet? (*phone, own computer, borrow computer*) Where? (*your house, someone else's house, library*)
  - a. Does anyone not use the Internet, or not have regular access to the Internet?
19. How do you normally access information related to health insurance?
  - a. How many of you used the Internet to sign up for health insurance? Could you raise your hand if you did?
  - b. How comfortable are you using the Internet for signing up for health insurance?

## Health Insurance Knowledge

Now we're going to talk about the questionnaire you completed at the beginning of this meeting.

20. What are some of the terms or questions that you felt the most comfortable with or sure about?
21. What about questions that were more difficult or that you are unsure about?

Now, thinking about your own experiences using or signing up for your current insurance plan:

22. If you have questions about insurance coverage, such as what services are covered by your insurance plan, whom do you ask? (family member, case worker, insurance company, internet)
  - a. If you have contacted your insurance company with questions about your insurance plan or what benefits are covered, what was your experience like? Were your questions answered?
  - b. If you have used Healthcare.gov to obtain or try to obtain insurance, what have your experiences been? Can you describe any assistance you've receiving using Healthcare.gov?
  - c. If you have a plan from the Marketplace, how did you decide which one was best for you?
23. Now we're going to talk about LA HAP.
  - a. What services have you received through LA HAP?
  - b. What have your experiences been with this program?
  - c. Have you ever had problems paying for your care?
  - d. What are the best or most helpful parts of LA HAP?
  - e. What could be done better or differently?

## **Obtaining Insurance (different questions for insured/uninsured clients)**

We're also interested in your experiences and knowledge related to obtaining insurance.

For clients who are continuously insured:

24. What kind of insurance coverage do you have now?
  - a. How long have you had your current health insurance plan?

*For persons who recently changed their health insurance, if any:*

25. Can you describe your most recent experience obtaining insurance?
  - a. What kind of insurance program were you signing up for?
  - b. Was anyone helping you with this process? (Case manager, etc.)
  - c. Where did you find information about signing up for health insurance?
  - d. What are the reasons that you recently changed your insurance?
  - e. When you became insured or changed insurance providers, did this impact or change how you were able to see your doctor? If so, how?
    - i. Did it change which doctor or provider you were able to see?

For clients who are newly insured:

26. What kind of insurance coverage do you have now?
27. What are some of the reasons that you recently obtained health insurance?
  - a. What are some of the reasons that, before this year, you did not have insurance?
28. Can you describe your most recent experience obtaining insurance?
  - a. What kind of insurance program were you signing up for?
  - b. Was anyone helping you with this process? (Case manager, etc.)
  - c. Where did you find information about signing up for health insurance?
  - d. What went smoothly? What was difficult or confusing?
    - i. What could have made this process easier?
  - e. When you became insured or changed insurance providers, did this impact or change how you were able to see your doctor? If so, how?
    - i. Did it change which doctor or provider you were able to see?

*All participants:*

29. Can you describe your experiences using your current health insurance plan? Have your healthcare providers been able to work with your current insurance plan?
  - a. What have your experiences been getting your medications covered by insurance?
30. What are some reasons that someone who is living with HIV might not have health insurance?

## **Maintaining Coverage**

Now we'd like to talk about keeping or maintaining your current health insurance plan.

31. If you no longer had access to your current health insurance plan, what kind of insurance would you apply for, if any?
  - a. If you no longer had access to your current health insurance plan, how would this change your use of healthcare services? (where you obtain HIV-related care, primary care, emergency care, medications)

## Suggestions

The last topic I would like to discuss with you all is how LA HAP could better assist individuals living with HIV in learning about insurance options and obtaining insurance coverage.

32. We discussed some problems some of you have had obtaining or signing up for health insurance [mention specific examples]. What are some ways that LA HAP could make this process easier? (provide additional information, have more staff available)
  - a. What type of resource would be most helpful? (fliers, website, seminar)
33. We also talked about some problems some of you have had using health insurance to obtain and pay for healthcare. What are some ways that LA HAP could make this process easier? (provide additional information, have more staff available)
  - a. What type of resource would be most helpful? (fliers, website, seminar)
34. Have you used or encountered any messaging or resources that have been especially helpful, either in signing up for or using your insurance benefits? If so, which ones? What made them useful?
35. Do you have any other suggestions for ways in which LA HAP could better help individuals living with HIV in your community about accessing insurance and healthcare?

Thank you! We appreciate your time and hearing about your experiences. As a last reminder, everything that we discussed here today is confidential – your name will not be attached to anything we've discussed here today.

## Appendix B

### LA HAP Focus Group: Pre-Discussion Questionnaire

**Directions:** We'll be talking about insurance coverage today. First, please tell us about your current insurance coverage:

1. Please list your home ZIP code: \_\_\_\_\_
2. What kind of insurance do you have? (Medicare, employer-based insurance, marketplace insurance) \_\_\_\_\_  
Briefly describe your insurance plan as well as you can:  
\_\_\_\_\_
3. Who is your insurance provider? \_\_\_\_\_
4. How long have you had insurance through this provider? \_\_\_\_\_

The next questions ask about how much you know about some insurance-related terms and concepts. Choose the best answer for each question.

1. **Which of the following is the best definition of the term “health insurance premium”?**
  - (A) The best health insurance you can buy
  - (B) How much health insurance companies charge each month for coverage
  - (C) A bonus you get at the end of the year if you stay covered
  - (D) Don't know
2. **Do you have to pay your health insurance premium every month, whether or not you go to the doctor, or do you only have to pay your premium during months when you use health care services?**
  - (A) Pay every month, whether or not you use services
  - (B) Only pay in months when you actually use health care services
  - (C) Don't know
3. **What is a “health insurance deductible”?**
  - (A) Money taken from your paycheck to pay for your policy
  - (B) Health expenses you can subtract from your income on your tax return
  - (C) How much you have to pay for health care costs each year before your insurance will begin to pay
  - (D) Don't know

4. **How much of the following cost would you have to pay yourself, before insurance begins to help? Example: you get sick and are in the hospital for 2 days, and your total bill for the visit is \$2,000. Your insurance deductible is \$1,000, and you have a \$200-per-day copay for hospital stays. How much of the \$2,000 bill will you have to pay yourself?**

- A \$0
- B \$400
- C \$1000
- D \$1400
- E \$2000
- F Don't know

5. **What is an “annual out-of-pocket limit”?**

- A The maximum amount of money you will have to pay for healthcare bills for covered care received in network for the year
- B The most your insurance policy will pay for covered services in a year
- C The most you will have to pay for insurance premiums in a year
- D Don't know

6. **What is a “health insurance formulary”?**

- A The form you send your insurance company when you need to have a medical bill paid
- B The approval you must get from your insurance company before surgery will be covered
- C The list of prescription drugs your health insurance plan will cover
- D Don't know

7. **What is a “provider network”?**

- A The hospitals and doctors who have agreements with your insurance company to provide services
- B The computer system doctors and hospitals use to submit bills to insurance companies
- C A website to find information about the best doctors
- D Don't know

8. **True or false: If you visit a hospital that is in your health plan’s provider network, you can be sure that the doctors that you see while you’re in the hospital will all be in-network also.**

- A True
- B False
- C Don't know

**9. Example: your health plan covers lab tests fully if you go to an in-network lab, but only pays 50% if you go out of network. You forget to check and get your blood test at a lab that is out of network. The lab bills you \$100 for the blood test. How much do you have to pay for that lab test?**

- (A) \$0
- (B) \$50
- (C) \$100
- (D) Don't know

**10. True or false: If your doctor says that you need a service that you think your health insurance plan covers, but your insurance refuses to pay, you can appeal and possibly get the insurance company to pay the claim.**

- (A) True
- (B) False
- (C) Don't know