

# Focus Groups Findings

## The 2004 Florida Health Insurance Study

**March 2005**



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## **Focus Group Findings**

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## Preface

In 1998, the Florida Legislature created the Florida Health Insurance Study (FHIS) to provide reliable estimates of the percentage and number of Floridians without health insurance—statewide, for various parts of the state, and for key demographic groups (Hispanics, Blacks, children, and low-income people). The telephone survey conducted in 1999 was one of the largest statewide studies in the nation, and a series of reports provided valuable data to inform decisions by Florida lawmakers, health planners, and business leaders. Findings are available at <http://ahca.myflorida.com/Medicaid/Research/index.shtml>

Thanks to the State Planning Grant (SPG) program of the Health Resources and Services Administration (HRSA), funding became available in 2004 to update the 1999 FHIS. The purpose of the planning grants is to assist states to develop plans for providing access to affordable health insurance coverage to all their citizens, an effort that will be informed by reliable estimates from the FHIS 2004 telephone survey in Florida. Florida's Agency for Health Care Administration (AHCA) again provided leadership at the state level, and a team from the University of Florida also conducted the 2004 survey.

In addition to the new telephone survey, the FHIS 2004 included data collection by means of focus groups and key informant interviews. Findings from the focus groups are provided in this report.

The award of Florida's planning grant was timely, coming in 2003 as a Governor's Task Force on Access to Health Insurance and the House Select Committee on Affordable Health Care for Floridians were formed to address the issue of health insurance.

More information on various 2004 FHIS research activities can be found at <http://ahca.myflorida.com/Medicaid/Research/Projects/fhis2004/index.shtml>

## Executive Summary

Focus groups were included as part of the 2004 FHIS in order to provide texture and context about the way in which individuals and businesses view, use, and make decisions regarding health insurance coverage. The focus groups also discussed the desirability and practicality of several coverage options, including Health Flex, High Risk-pool, KidCare, and Local Initiatives.

Focus groups were conducted with the following groups:

- Representatives of the insurance industry
- Employers who offer coverage to employees
- Employers who don't offer coverage to employees
- Uninsured Floridians:
  - Miami area (Hispanic and Haitian)
  - Glades area (African American and Anglo)
  - Tampa Bay
  - Panhandle
  - Jacksonville

The two major **barriers to health insurance coverage** identified by group participants were the high cost of premiums and pre-existing health conditions.

The desirability of **comprehensive health insurance** coverage was stressed by both insurers, who found those products sold best, and also uninsured individuals, who needed access to care for a wide range of services. Prescription drugs were of particular concern to the uninsured, since many noted that they could obtain access to a provider through a free clinic or health department, and sometimes had inpatient care written off by a hospital, but could find no source of drugs that were needed on a daily basis.

Participants offered some insightful and constructive comments on the **Health Flex** program.

- Many participants across all groups saw limited-benefits plans such as Health Flex as being one step better than no coverage.
- There was concern about the trade-off of covered services and premiums, and whether the coverage would be worth the cost.
- There was also debate about the qualifications for coverage: Some insurers and employers thought such coverage would be unaffordable for those at 200% Federal Poverty Level (FPL) or less; they suggested it might be attractive for those between 200—300% FPL.
- Uninsured people thought that six months was a long time to require people to be without coverage, since seasonal workers would probably be covered again by six months (what they really need is a product to provide coverage during gaps in employment).
- Perhaps there should be different limits in different parts of the state.

The **High Risk-pool** was viewed positively as a way to offer coverage for those who could not otherwise obtain it. Employers and insurers saw a positive aspect in that those sickest individuals would be removed from risk-pools for other employees. Participants from all sectors had doubts as to whether those individuals could afford the cost of coverage.

The state's **KidCare program** is viewed overall positively. There was some concern from uninsured individuals about covered services and the cost of premiums and consequences of missed payments. Some employers reported that some low-paid workers used KidCare for their children.

**Purchasing pools** were viewed positively by employers and insurers as a mechanism for making employer-based coverage more widely available.

## Introduction

As the 2004 FHIS research activities were planned, it became clear that there was a need for additional research to complement the large household telephone survey that is the core research activity.

As powerful and reliable as survey data can be, there are some issues that surveys cannot address effectively. Surveys are constrained by the limitations of the same questionnaire design that allows such clear apples-to-apples comparisons between the answers of survey respondents; there are very limited opportunities for following up on interesting comments, exploring other possibilities, or allowing viewpoints outside the defined scope of inquiry.

In addition, research has demonstrated that surveys are a poor venue for considering reactions to hypothetical situations, such as the proposed policy options that may be part of recommendations for expansion of health insurance coverage.

Therefore, a series of focus groups was conceived and implemented in order to understand other aspects of the social and economic climate in Florida regarding health insurance coverage. By allowing participants to share their stories and opinions in a less structured, participant-directed format, these groups provided detailed and subtle exposition of the health insurance issue, from the unique perspective of various constituencies.

The goals of the focus groups were as follows:

- To better understand the consequences of living without health insurance.
- To identify barriers to health insurance coverage for individuals and employers.
- To learn the features and compromises that individuals and employers find acceptable and/or desirable in health insurance plans.
- To gather opinions and input on proposed policy options.

Basic design decisions for groups identified, location of the sessions, recruitment of subjects, retention, and reporting of the data followed current best practices for such research.<sup>1</sup> Moderation and transcription for the focus groups were handled by the Survey Research Center (SRC) at the University of Florida (UF) Bureau for Economic and Business Research (BEBR). Health Management Associates (HMA) developed the moderator's guides. A team at the UF Department of Health Services Research, Management and Policy (HSRMP) coordinated site locations and recruitment strategy.

In understanding these findings, it should be noted that focus groups are a qualitative research tool. The findings cannot be statistically projected to the larger population. The attitudes and experiences expressed in this report may or may not be representative of other individuals from the various demographic groups represented by participants.

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<sup>1</sup> Richard A. Krueger and Mary Anne Casey (2000) *Focus Groups: A Practical Guide for Applied Research, 3<sup>rd</sup> Edition*. Thousand Oaks, CA: Sage.

## **Methodology**

The Florida Health Insurance Study conducted focus groups between July 1 and September 30, 2004 at locations around the state. Four types of focus groups were organized and comprised of the following: uninsured Floridians (seven groups), representatives of the health insurance industry (one group), employers not offering health insurance (one group), and employers offering health insurance (one group).

Most participants were recruited by telephone with a follow-up letter detailing the group location, topic, and sponsorship. A reminder phone call was made the day before the group. Group members were given \$20 in cash as a token of appreciation for their participation. A light meal was provided for each of the groups, appropriate to the time of day and local traditions. Sessions were audiotaped and transcribed, and translated into English if necessary.

A sufficient number of participants were recruited for each focus group in order to create a manageable group size where there could be a free flow of ideas concerning the issues surrounding health insurance coverage. Since focus group research suggests that actual attendance at focus groups frequently falls short of the number initially recruited, the goal was to solicit participation from a larger number of people than were actually desired for attendance, such that the resulting group would be an appropriate size to allow for open sharing of experiences, opinions, and concerns. These goals were achieved in most of the focus groups. However, an impending hurricane adversely affected attendance at the Miami employers group, and the breakdown of a vehicle in which four participants for a Palm Beach uninsured persons group were riding prevented their attendance. On the other hand, for some other groups, too many people attended, as people would tell their friends and neighbors about it.

Detailed information regarding each focus group is provided below.

### **Representatives of the Health Insurance Industry**

Jacksonville's office of Blue Cross and Blue Shield of Florida at 4800 Deerwood Campus Parkway, Jacksonville, Florida 32246, was the site of the focus group comprised of seven representatives of the Florida health insurance industry. This focus group was held on Wednesday, July 7, 2004, from 2:00—4:00 p.m. Recruiting was done primarily by Randy Kammer, Vice President of Regulatory Affairs and Public Policy for Blue Cross and Blue Shield of Florida, who served as site coordinator. Amanda Gore, Assistant to Ms. Kammer, or Sharon Dame, Project Coordinator from HSRMP, made personal contact with each participant to arrange for their participation and to provide further information about the group's purposes and goals. The group was moderated by Ildiko Bekker and Antonio Tovar of the SRC, utilizing a moderator's guide produced by HMA. A catered meal was provided for the participants during the session.

### **Employers Offering Health Insurance**

This group was originally scheduled to be held in Orlando in late August. It was cancelled twice due to hurricanes. It was held in Gainesville on Tuesday, September 21, from 11:30 a.m. to 1:30 p.m with 10 participants. Recruiting was done from a list of employers who had been identified as offering insurance in a recent survey by a local health planning council. Contact was made by Sharon Dame and

Teresa Davis of HSRMP. The group was moderated by Mark House of the SRC, utilizing a moderator's guide produced by HMA. A luncheon was served. The group was viewed from another room via webcam by the entire FHIS team, including representatives from the Agency, HMA, and HSRMP, and followup questions from the remote research team could be suggested via instant messaging.

### **Employers Not Offering Health Insurance**

The Employers Not Offering Health Insurance focus group was held in Miami, Florida, at a conference room in the Amerisuites-Miami Airport West Hotel, 3655 N.W. 82<sup>nd</sup> Avenue, Miami, Florida, 33166, on Thursday, August 12, 2004, from 3:30—5:30 p.m.

Each participant was recruited using lists of Miami-Dade businesses provided by the Health Council of South Florida. Initial recruiting was done by the SRC of University of Florida's BEBR. Follow-up phone contact and/or mailing or faxing informational materials was done by Sharon Dame, Project Coordinator from the University of Florida's HSRMP. There were three participants in attendance. The focus group was moderated by Ildiko Bekker and Antonio Tovar of the SRC, utilizing a moderator's guide produced by HMA. Each participant in the focus group was provided with a meal, during the session, as well as \$20 cash for their participation.

### **Uninsured Floridians**

The seven focus groups of uninsured Floridians were held at various locations around the state, including health departments, free clinics, hospital conference rooms, and local ethnic support group centers. These seven groups were composed of Jacksonville Uninsured Residents, Panhandle Uninsured Residents, Tampa Bay Uninsured Residents, South Florida Uninsured Hispanic Residents, South Florida Uninsured Haitian Residents, Uninsured African American Residents of Palm Beach County, and Uninsured Anglo (white non-Hispanic) Residents of Palm Beach County.

In order to find and recruit qualified (uninsured) participants, local organizations in the desired area were contacted. These included Health Councils, free clinics, County Health Departments, and ethnic coalitions. The individuals from these groups played a critical role in the success of the project by facilitating and recruiting group participants. At each location a site coordinator was enlisted to assist in finding a suitable location and coordinate the recruiting process. After a volunteer site coordinator was recruited, materials were sent describing the purpose of the study and the parameters of the focus group to help in the recruitment process. In some areas, a flyer with information tailored to the specific group being recruited was also provided by HSRMP.

## Summary of Focus Groups With Uninsured Individuals

Target Group	Location	Date	Number of Participants
Uninsured Jacksonville	Shands Jacksonville Jacksonville, FL	July 14, 2004	13
Uninsured Florida Panhandle	Bay Medical Center Panama City, FL	July 19, 2004	15
Uninsured Tampa Bay	Greenwood Community Health Resource Center Clearwater, FL	July 21, 2004	21
Uninsured Hispanic	Hispanic Coalition Miami, FL	July 29, 2004	11
Uninsured Haitian	Little Haiti Empowerment Center Miami, FL	July 30, 2004	19
Uninsured African-American	Palm Beach Health Dept. Belle Glade, FL	August 18, 2004	9
Uninsured Anglo (Non-Hispanic White)	Palm Beach Health Dept. Belle Glade, FL	August 18, 2004	3

## Findings

Key findings are provided in the following pages. They are presented in a tabular format that separates the various focus groups and keys findings to appropriate sections of the moderators' guide. By intention, the moderators' guide included questions and probes that were specifically tied to issues that reflected some of the expressed interests of the HRSA program supporting the study, so those questions are also noted where appropriate.

# **2004 Florida Health Insurance Study**

## **Section 1: Focus Group with Representatives of the Florida Insurance Industry**

<b>Insurers Focus Group</b>	
<b>Moderator's guide</b>	<b>Focus Group Responses</b>
What type of health insurance plan(s) do you offer?	Participants represented all lines of health insurance. They ranged from the largest carrier in the state offering all lines to companies that were primarily HMOs. They represented both commercial and government products.
What percentage of the health insurance plans you offer are purchased by individuals? By employers? Others? (Specify _____)	A small portion of plans are purchased by individuals with the exception of MediGap policies. Excluding MediGap policies, participants stated that individual plans account for anywhere from zero to 8.4% to 20% of their total health plan offerings. Several participants did not know the percentage or number of their offerings that were comprised of individual plans. However, almost all participants noted that group policies comprise the majority of purchased health plans.
What is your most popular health insurance plan for individuals?	A number of participants stated they sell mostly HMO products because of affordability, but one large company stated they sell as many PPO products as HMO products.
What is your most popular health insurance plan for employers? What do you believe are the features that make these plans popular?	HMO plans were cited as more popular due to affordability. Some participants stated that the comprehensive nature of coverage including prescription coverage and coverage of catastrophic events make their plans attractive. But other insurers noted that current law and regulation vastly restricts the type of coverage that could be offered—they were restrained from offering other potential products and features. Many insurers emphasized that selection of insurance plans is primarily price driven with HMO policies having a clear price advantage.
Do you plan to offer new health insurance options in the near future?  If so, what types of options will you offer and what led to the development of these new options?	Most participants stated they are considering higher cost-sharing to constrain the cost of the policies and remain competitive. A number of participants indicated they are exploring products to be offered including Health Savings Accounts (HSAs).
<b>Health Flex</b>	
Based on this short description, what do you think about the Health Flex program? Is this a good idea or not such a good idea?	Participants discussed Health Flex at length and were well informed concerning the program. Most participants agreed that the program is well intentioned. However, they stated that persons with incomes under 200% FPL (the limit for HealthFlex) should be able to get subsidized health care through Medicaid. They stated that people with incomes in the 200 to 250 or 300% FPL are a better market for the Health Flex program. Participants also stated that the new requirements regarding grievance procedures, although well intentioned, add to the complexity of this program.
What is the most important feature about	Most important positive feature is the option for benefit design and

<b>Insurers Focus Group</b>	
<b>Moderator's guide</b>	<b>Focus Group Responses</b>
this program?	freedom from mandated benefits. Most detrimental feature is the income eligibility limit at 200% FPL.
As an insurer, how do you think these plans will impact the health insurance marketplace?	Because of the unaffordability of insurance for people under 200% FPL, participants stated that these programs are doomed to failure and that children and adults under 200% of the FPL need subsidized coverage.
Overall, do you view these plans as having a positive, negative, or minimal impact on the health insurance market?	Participants stated they continue to watch the existing pilots but say Health Flex has not affected the market at all at this point. "No impact whatsoever."
<b>Risk-Pool</b>	
Based on this short description, what do you think about the possible new risk-pool? Is this a good idea or not such a good idea?	Not much discussion on value of having a risk-pool, but discussion quickly moved to how it would be funded and several remarked that they were studying it.
What is the most important feature about this program?	Several participants stated a risk-pool is not really an insurance product but subsidized health care and noted that in theory it could lower premiums in the insurance market, but that it needs to be subsidized.
As an insurer, how do you think the risk-pool will impact the health insurance marketplace?	Participants stated that if the pool worked as it was supposed to, premiums for the remainder of the market could be lowered, making health insurance more affordable.
Overall, do you view the risk-pool as having a positive, negative or minimal impact on the health insurance market?	Participants felt a risk-pool would be positive in two ways: It would provide subsidized coverage for people who cannot get coverage because of their health conditions and it would result in lower premiums in the remainder of the market.
<b>KidCare</b>	
As an insurer, how do you think these changes to KidCare will impact the health insurance marketplace?	Participants stated they do not view KidCare as health insurance but rather as a well intentioned and effective subsidized program providing needed coverage. Views were mixed concerning the effect on the insurance market ranging from a negative effect, minimal effect, or no effect.
Overall, do you view the changes to the KidCare Program as having a positive, negative, or minimal impact on the health insurance market?	Comments were uniformly negative regarding recent changes to the KidCare program. Participants stated the changes will have a negative, but minimal, impact in the short-term but, long-term children will go untreated and will cost the State more. There was also concern regarding Florida's failure to fully leverage federal funding: "We're missing the federal money. We're leaving money on the table."
<b>Local Initiatives</b>	
Based on this short description, what do you think about using local taxes to develop health care coverage programs	Participants stated they think local coverage programs are a good idea but that smaller communities cannot fund such programs. They stated: "They are successful because of location" and "It is all

<b>Insurers Focus Group</b>	
<b>Moderator's guide</b>	<b>Focus Group Responses</b>
to cover the uninsured? Was this a good idea or not such a good idea?	about funding.”
Were you aware of these programs before today's meeting?	Participants were aware of the larger programs, particularly the Hillsborough County program and JAX Care.
As an insurer, how do you think these programs impact the health insurance marketplace?	All participants agreed the impact of these programs is minimal.
Overall, do you view these plans as having a positive, negative, or minimal impact on the health insurance market?	Again, all participants agreed the impact of these programs is minimal.
<b>Pooled Purchasing</b>	
Based on this short description, what do you think about this program? Is this a good idea or not such a good idea?	Participants stated they had been here before (CHPAs) and don't see how pooled purchasing arrangements will be any better than the CHPAs.
As an insurer, how do you think these plans will impact the health insurance marketplace?	Most participants did not express an opinion. One participant stated these arrangements could drive prices up.
Overall, do you view these plans as having a positive, negative, or minimal impact on the health insurance market?	Concerns were expressed regarding potential underbidding for contracts and subsequent insolvency.
<b>Additional suggestions/discussion</b>	
What additional suggestions do you have as an insurer to improve access to health insurance for Floridians?	<p>Participants had many suggestions individually, but there was no consensus among the group concerning the following suggestions:</p> <ul style="list-style-type: none"> <li>-Use more evidence-based medicine.</li> <li>-Dirigo [Maine's universal coverage plan] is a good thing.</li> <li>-Medical malpractice costs could be reduced.</li> <li>-Use more medical technology in hospital systems.</li> <li>-Reduce fraud and abuse.</li> <li>-Mandate individual responsibility for coverage.</li> <li>-Address costs associated with pharmaceuticals advertised on TV.</li> <li>-Understand the cost drivers.</li> <li>-Florida has a lack of competition in the market due to over-regulation and overpricing.</li> <li>-Eliminate requirement that HMOs have to offer a comprehensive package.</li> </ul> <p>Participants raised issues several times throughout the meeting concerning Florida's funding constraints, Florida's limited tax base, and other factors and noted concerns regarding regulations, potential eligibility problems, and HIPAA compliance are factors</p>

<b>Insurers Focus Group</b>	
<b>Moderator's guide</b>	<b>Focus Group Responses</b>
	that limit their ability to offer additional plans, especially in the small group market where insurers are required to offer standard and basic plans.

# **2004 Florida Health Insurance Study**

## **Section 2: Focus Group with Employers Who Offer Health Insurance to Their Employees**

<b>Employers Who Offer Coverage</b>	
<b>Moderator's guide</b>	<b>Focus Group Comments</b>
What type of health insurance plan(s) do you offer?	<p>There were approximately 10 employers at the group. Their companies ranged in size from 5 employees to one with 300 employees. The majority of the companies were under 20 employees. All of the employers in the group offered health insurance plans, four through HMOs and one as an “HMO-type plan.” The others (a little more than half) described their offerings as a “hybrid” or a plan with more than one option. Hybrid was described as “not as restrictive as an HMO but has a larger group of doctors than a PPO.” Three other people said they offer some type of menu. One had a menu of three plan types (HMO, Blue Options, and a PPO), and two employers had a menu of two plan types (HMO &amp; PPO). One of the employers offered their employees over 65 years of age a supplemental policy that covered 75% of the cost of prescription drugs.</p> <p>A few described their plans in more detail. One noted their PPO is really catastrophic insurance; it has a \$4,000 deductible. One who offers a menu pays 75% of the individual's insurance, and the employee is obligated to pay any dependent coverage. One participant said that they got a separate policy for a 21-year-old female since putting her on the regular policy would “run the price way up.”</p>
Do you offer this to all employees or some employees only, such as full-time employees, only after six months of employment, etc.?	<p>Most of the respondents said the employees had to be full-time. But there was one employer who mentioned they have many part-time employees who are students. The students can obtain a catastrophic plan from the employer for \$55—\$65/month. One participant commented that he thought some of those type of policies have a \$10,000 or \$7,500 deductible.</p> <p>When asked about how long employees had to be with the company before they became eligible for health insurance, two of them said six months, three said three months, and one said one month.</p>
What percentage of eligible employees participate in this health insurance option(s)?	When asked about what percentage of employees are covered, two participants mentioned that it is a requirement of their policy that every full-time employee be covered. Another responded “it's close to 100%” because one of their employees had insurance through their spouse's employer. One participant responded to this question—“85% of those who are eligible.” The lowest participation rate was 50%—the business owner said it is offered to everyone, but the younger employees cannot afford the premium.
If some people do not participate, why do you	Cost was a major reason for why some employees don't

<b>Employers Who Offer Coverage</b>	
<b>Moderator's guide</b>	<b>Focus Group Comments</b>
think this is?	<p>participate. An employer who pays 100% of the employees' premiums mentioned some do not participate because if they have a family, the employee must pay \$469 for the dependents. Many of his employees cannot afford it: "It's not easy...especially if you are not a professional making over \$20—30 per hour."</p> <p>Two of them agreed that in sectors like construction, many employees would rather have the cash than the health care coverage benefit.</p> <p>One participant mentioned that a couple of their employees get insurance through their spouse's employer. If the spouse works for a large company, another participant added, they can often get better coverage for a lot less of a rate than a small business would offer.</p>
How long have you been offering health insurance?	<p>Of the six who responded to the question regarding how long insurance has been offered at their company, the answers ranged between approximately 10 years to nearly 34 years with an average of about 19 years. One participant mentioned their employees were like family to them and there was not a lot of turnover—"the average employee has been there over 10 years, probably 15." Another echoed this and mentioned when you offer good benefits and treat your employees properly, "you end up with a wonderful staff." This contrasted with another who said that many of his employees don't make it past the three-month period required for eligibility. It's a family owned business and only 2 or 3 people outside their family have insurance.</p>
Do you plan to continue to offer health insurance? If not, why is this?	<p>No one mentioned plans to discontinue the insurance but they discussed the challenges of continuing to offer it. "When it could potentially put you out of business because of the cost, you cannot afford to do it." This employer said that he has no plans to discontinue it, but if "too many people opted to take it, we would not be able to afford it." He'd rather have a job with no health insurance than no job at all.</p> <p>Although one business owner said he plans to continue to offer insurance because he feels a moral obligation, he is frustrated by the 100% enrollment requirement. He said that he feels the insurance company is dictating who he can and cannot hire. He also feels frustrated because he is spending a lot of time searching and negotiating for good rates when that time should be spent running the business.</p> <p>One participant said that it used to be that small businesses were credited with creating more jobs, "but that kind of job creation has</p>

<b>Employers Who Offer Coverage</b>	
<b>Moderator's guide</b>	<b>Focus Group Comments</b>
	<p>come to a halt...because no one wants to take on additional employees until they absolutely have to because of the health care costs.”</p> <p>Some employers discussed specific cost increases. For one participant, the increase this year was 8.5% but prior to that, increases were 20—30% for three to four years in a row. One employer had a 30% rate increase this year despite their very low utilization. The participants discussed cost and how they could get better rates so they could continue providing health insurance. One commented that after the company found out that maternity and prescription drug benefits accounted for almost 50% of the premium, they considered dropping the maternity benefit since they didn't have a lot of females on staff. One retailer said the chain stores rarely pay health insurance and thus can set lower prices. Another participant said the construction industry is similar where his competition doesn't offer insurance.</p>
<p>From an employer's perspective, please describe the ideal health insurance plan in terms of price, benefits, eligibility requirements, etc.</p>	<p>One employer thought health insurance premiums should be subsidized for someone “who is under a certain salary.” One thought that a “socialized plan” would be nice.</p> <p>The ideal policy would have a disincentive for overutilization so that “we pause before we automatically go to the doctor.” One participant commented that in her business experience, people who have zero co-pay on their policy have greater utilization than those with a large co-pay.</p> <p>The group then discussed the difficulty of knowing when it's really necessary to go to the doctor. But even though it's difficult, one participant believed “it's now insurance companies... telling us when to go to the doctor.” She did not like that interference, and several people agreed with her.</p> <p>One participant tried to understand and reconcile the financial features of the system, i.e., physicians have been losing revenue over the past five years, hospital revenue is decreasing, and yet insurance rates continue to rise. Participants responded by noting perhaps the premiums have to cover cost of fraud, and doctors' liability costs have been increasing. Other reasons noted were high utilization and high-cost procedures like heart transplants.</p>
<b>Health Flex</b>	
<p>Based on this short description, what do you think about the Health Flex program? Is this a good idea or not such a good idea?</p>	<p>One participant responded he thought all employers would look for something like Health Flex, “a reduced premium plan with limited benefits” for their entry level people. In one employer's</p>

<b>Employers Who Offer Coverage</b>	
<b>Moderator's guide</b>	<b>Focus Group Comments</b>
	<p>case, there would only be two bachelors who meet the income criteria, but this program may not be needed since “they can get fairly cheap insurance because they’re bachelors.”</p> <p>Others wanted to know how much it would be, what the co-pay would be, issues related to prior conditions, etc. One employer noted that even though he has employees who make under \$36,000, those are the ones who wouldn’t want health insurance anyway.</p> <p>Another noted that if an employee’s spouse worked, it would probably put them over \$36,000. “That annual income for a family is nothing.” One employer remarked that the families they see at their clinic would all meet the income criteria for the Health Flex category.</p>
What is the most important feature about this program?	The cost was one of the key features of the program. Participants asked if there was an estimate of cost because “that’s going to make a big difference on whether it’s effective or not.” The other point that was discussed was the criteria that a person had to be uninsured for the past six months. Some participants thought this could mean taking away coverage for current employees.
Does it matter if the State of Florida is overseeing this program or not? Do you consider that a plus or a minus?	<p>One participant was shocked at how badly some Medicaid HMOs were run, but he also noted that some are very well run. He’s been surprised at how some state programs are well managed. “I’ve seen it done well. I think it can be done.”</p> <p>There were some comments about the term “overseeing”—one participant took that to mean that the State will use a subcontractor, and she was agreeable to that. Another commented that the State would outsource it because the State won’t create any more bureaucracy. The current administration had been reducing the state workforce. He also thought that doctors aren’t quite clear about all the layers of bureaucracy and whether it’s taking a cut in their revenue.</p> <p>One participant recalled the negative aspects of when Medicare introduced HMOs, “which as far as I’m concerned, they’re just another layer of profit takers.” He complained that the HMOs enrolled people, but then dropped out of the program leaving the elderly in “disarray.”</p>

<b>Employers Who Offer Coverage</b>	
<b>Moderator's guide</b>	<b>Focus Group Comments</b>
As an employer, do you think your employees would purchase a lower cost, limited benefit package health plan like a Health Flex plan?	<p>One participant said their lower end (income) employees would. Many in the group agreed they would consider it, but they needed more details like the actual cost.</p> <p>But many in the group did not respond favorably when one of the participants pointed out if you are offering insurance to your employees now, you would have to take it away from them for six months in order to make the employees eligible. For that reason, several said they wouldn't like the idea. They felt it would be unfair. For example, a new employee who would not be offered insurance might be on this program and pay \$200 per month in six months for Health Flex. But an employee who's been there for 7 months is paying \$500/month. For those reasons, many in the group would want a grandfather clause to address that type of issue.</p> <p>One participant did not see this as an issue for him because he has mostly young men working for him—a group of workers who make under \$25,000. His firm pays 100 % of the premium so the workers would not be paying different amounts. “For low income employees, that would be quite beneficial.”</p>
As an employer, would you like to have the option to offer a lower cost, limited benefit package health plan like a Health Flex plan as an employee benefit?	The majority of the group thought that it wouldn't work for their particular situations because they already offer insurance and have other restrictions (100% participation requirement). They thought the program may have been designed to attract a certain type of company different than theirs, e.g., for an employer who did not currently offer insurance. One commented that the program may work fine for that type of company. Only one participant commented that it would work for some of his employees.
<b>Risk-Pool</b>	
Based on this short description, what do you think about the possible new risk-pool? Is this a good idea or not such a good idea?	<p>There was some confusion in the group over what role they as employers would have for this type of plan. If this risk-pool was for people with pre-existing conditions, a couple of the employers commented that they didn't think that any of their employees would be denied coverage due to pre-existing conditions. Thus, the risk-pool program wouldn't matter to them as employers. Following on that theme, a comment was made if this was just for individuals who could not get insurance, then it would be good to have some choice available even if it were much more expensive. Another commented that she knows that there are some who are uninsurable and their spouse works to obtain the insurance. She thinks the risk-pool is good because it offers an alternative, and it recognizes the need “which is very real.”</p>

<b>Employers Who Offer Coverage</b>	
<b>Moderator's guide</b>	<b>Focus Group Comments</b>
	<p>One participant responded that it's probably a good thing, but that realistically most people in a high risk-pool wouldn't be able to afford it.</p> <p>They discussed an example of the high cost of cancer treatments, and whether or not people who weren't insured for those high cost treatments actually obtained them. One employer knew a provider who would provide those services even for patients who could only afford a small amount, and the rest is written off. Or sometimes uninsured can obtain cancer treatments in clinical studies.</p> <p>One participant thought that the risk-pool was like a fund where if an insurance company defaults, then the patient is still covered (like federal deposit insurance). Another perspective included the idea that theoretically if the state had a high risk-pool that would take any high risk employees, then the employers would be left with a pool of less risk, and that may coincide with lower rates. One employer responded that he was nervous about potential for identifying employees as "high risk health insurance" and did not want to set himself up for discrimination.</p> <p>These comments led a participant to say that the money has to come from somewhere, and most likely it will be the employers, probably through a tax. Another agreed that it's just shifting cost from point A to point B. To which one responded, "We're all paying everything now," and some others agreed.</p> <p>One employer then discussed waiting periods and perhaps the risk-pool would be appropriate for those who could not get insurance or coverage for a certain condition during a waiting period.</p>
What is the most important feature about this program?	The key question for the group is to clarify the employer's role and what impact (either direct or indirect) it would have on their costs.
As an employer, do you have employees right now who you believe would qualify for this plan?	The general theme was that this would not apply to these employers, and no one specifically mentioned they had employees who would qualify for this.
KidCare	
As an employer, do you believe that children who have parents who could purchase employer-sponsored health insurance (regardless of whether the parent actually does participate) should be excluded from the KidCare program?	Not addressed.

<b>Employers Who Offer Coverage</b>	
<b>Moderator's guide</b>	<b>Focus Group Comments</b>
Do you know if any of your employees have children enrolled in KidCare?	Not addressed
<b>Local Initiatives</b>	
Based on this short description, what do you think about using local taxes to develop health care coverage programs to cover the uninsured? Is this a good idea or not such a good idea?	<p>One of the participants expressed concern about raising local taxes to pay for this initiative. He felt that in his industry, the local businesses that had sales tax are competing with those who sell their products over the web and don't charge any sales tax. He asked if this was "a viable way to have local businesses take an eight percent disadvantage" because they have to charge sales tax. One person responded by saying the state has stepped up efforts to address this type of tax fraud.</p> <p>Then someone questioned whether or not it actually had to be a sales tax, perhaps it could be a property tax or an elimination of the homestead exemption. Whatever type of tax it was, a few participants mentioned that it's got "to be equitable across the board." One employer noted that whatever type of revenue stream it is, that we as consumers and businesspeople "will end up paying for it, one way or another."</p> <p>There was one person who was not adverse to the idea of raising taxes for this initiative. The participant said that, in effect, everyone is paying for the uninsured because providers raise their rates to recoup for unpaid services and in turn the insurance companies raise their rates. This participant thought that at least a local sales tax would be a way to see the money go to something constructive in their area.</p>
Were you aware of these programs before today's meeting?	One person mentioned that "we've had a referendum." [to pass a local tax in support of health care coverage for low-income persons]
What impact do these (or would these) programs have on you as an employer?	The one major concern raised was the increase in taxes and how that would affect them both as consumers and businesses. They didn't want it to put them at a disadvantage with competitors; they wanted it equitable across the board.
<b>Pooled Purchasing</b>	
Based on this short description, what do you think about this program? Is this a good idea or not such a good idea?	<p>Several employers thought it would be a good idea and they were interested in it; a specific comment included "if the discount in numbers is really there and the quality of health care is still there."</p> <p>Some in the group complained about the lack of competition of insurance companies. One commented they thought BCBS had a monopoly, and others agreed that they don't have a lot of choice of health care providers in Florida. A couple of them thought this</p>

<b>Employers Who Offer Coverage</b>	
<b>Moderator's guide</b>	<b>Focus Group Comments</b>
	<p>initiative was good because they believed it would encourage competition.</p> <p>But in contrast, one disagreed and noted one consequence of the State intervening to get coverage for more people may be a wave of insurance companies leaving the state. Another participant who described a potential negative aspect of this plan would be that an employer could actually get penalized because there is higher and more expensive utilization.</p>
As an employer, what is the most important feature about this program?	<p>As noted above, the important feature of this program would be lowered costs without sacrificing quality of care.</p> <p>Additionally, one of the participants pointed out that the being part of purchasing pools doesn't lower the premium but it could get a better plan and a better menu for the employees.</p>
Does it matter if the State of Florida is overseeing this program or not? Do you consider that a plus or a minus?	<p>There were three negative comments about the State overseeing the program. One of these participants didn't have much confidence in anything useful "coming out of this legislature or this governor's office." Another person agreed, but appreciated the efforts to recognize the need. The other negative comment was that politicians are lacking in business experience and thus don't understand the effects their decisions have on companies.</p>
Do you think you will participate in this program? Why (or why not?)	<p>They didn't specifically address this question. They didn't really see themselves as using this type of program because they all currently offer some kind of insurance. An employer said perhaps they would consider it five years into the future, and another said it was a low priority now.</p> <p>The participants were asked if they thought this idea would be attractive to employers who did not currently offer insurance. One responded that he thought those employers who can't afford insurance now would not be able to afford this.</p>
<b>Suggestions Section</b>	
<p>One participant read the statistic: 65% of employers in Florida do not offer health insurance. She commented that they as employers need to get some type of incentive to increase the number of employers who offer health insurance because people like them are paying for it anyway.</p> <p>Another felt that as employers who offered insurance, they were at a disadvantage because the cost of doing business was higher for them.</p> <p>"a tax cut would be great."</p> <p>"What if they mandated all employers had to offer something?"</p> <p>"The costs need to be spread equitably so that our reward is not just a warm fuzzy feeling that we've done the right thing." Others agreed that the playing field has to be level.</p>	

# **2004 Florida Health Insurance Study**

## **Section 3: Focus Group with Employers Who Do Not Offer Health Insurance to Their Employees**

<b>Focus Group With Employers Who Do Not Offer</b>	
<b>Moderator's Guide</b>	<b>Focus Group Comments</b>
As an employer, have you ever offered health insurance coverage to your employees?	Two of the three participants have offered health insurance coverage to their employees in the past. The one participant who didn't has only recently started his small business.
If yes, when was this and why did you stop offering coverage?	The primary reason cited for ending health insurance coverage was rate increases reported to be up to 20—30% a year. One participant mentioned that their company experienced insurance scams for small group/individual insurance.
What is the primary reason you do not offer health insurance to your employees at present?	Price was the primary reason the participants no longer offer health insurance. A business owner noted that if you try to price your service to cover the cost of health insurance, then your service price is not competitive. Pre-existing [health] conditions were cited as another barrier to acquiring affordable insurance.
Are there any changes that could be made to the health insurance market that would result in you offering health insurance as an employee benefit?	Suggestions included the “profit motive should be taken out of health insurance” and the use of some kind of incentive, like a tax break.
From an employer's perspective, please describe the ideal health insurance plan in terms of price, benefits, eligibility requirements, etc.	Comments included a plan that is “free” or “low cost.” One participant suggested the price of health insurance should be based on a company's gross revenue—for example no more than 3—5% of gross revenue. This participant also suggested that benefits be similar to those provided by HMOs. Another participant said the ideal health insurance plan covers everything (dental, vision, preventive service, health education, physicals, immunizations, TB tests, flu shots). This person also commented that it should be low cost; for example, all kids could be covered through Healthy Kids for \$15. In addition, it should be controlled by the state.
<b>Health Flex</b>	
Based on this short description, what do you think about the Health Flex program? Is this a good idea or not such a good idea?	The participants focused on the income eligibility limit for the Health Flex program. A participant suggested that \$36,000 a year income limit is way too low and suggested the \$50—60K range. In addition, participants commented on the high cost of living in the Miami-Dade County area and noted the income limit might work in other areas of the state.
What is the most important feature about this program?	Not addressed
Does it matter if the State of Florida is	Two participants did not think it was a good idea for the State

<b>Focus Group With Employers Who Do Not Offer</b>	
<b>Moderator's Guide</b>	<b>Focus Group Comments</b>
overseeing this program or not? Do you consider that a plus or a minus?	of Florida to oversee the program. Comments included an aversion to more bureaucracy that leads to waste and mismanagement.
As an employer, do you think your employees would purchase a lower cost, limited benefit package health plan like a Health Flex plan?	Discussion focused on eligibility and price and concern was expressed regarding the portion the employer must pay for. There was some question about whether or not preconditions would be covered. Two of the participants believed their employees would participate and also believed most employees would qualify.
As an employer, would you like to have the option to offer a lower cost, limited benefit package health plan like a Health Flex plan as an employee benefit?	Participants agreed they would like to have the option to offer a limited benefit plan, with one participant noting it would depend on the price.
<b>Risk-Pool</b>	
Based on this short description, what do you think about the possible new risk-pool? Is this a good idea or not such a good idea?	In general, the purchasing pool was viewed as a good idea. One participant noted: "it's better than having no option at all."
What is the most important feature about this program?	Cost was cited as the primary concern.
As an employer, do you have employees right now who you believe would qualify for this plan?	One participant believed he has employees who would qualify.
<b>KidCare</b>	
As an employer, do you believe that children who have parents who could purchase employer-sponsored health insurance (regardless of whether the parent actually does participate) should be excluded from the KidCare program?	There were some general comments about the program including that it was an asset to one participant because employees really needed it. One participant believed that if a child qualifies coverage through Healthy Kids should be mandatory and funding should be moved from other [government] programs if necessary. Regarding the issue of parents having access to employer-sponsored insurance, the group discussed where you draw the line in regards to holding the parents responsible [for accessing ESI]. One commented that you "can't get the government into babysitting." Concern about children who wouldn't have coverage as a result of their parents having access to but not participating in employer-sponsored insurance was expressed.
Do you know if any of your employees have children enrolled in KidCare?	One participant said approximately 25% of employees have children enrolled in KidCare.
<b>Local Initiatives</b>	

<b>Focus Group With Employers Who Do Not Offer</b>	
<b>Moderator's Guide</b>	<b>Focus Group Comments</b>
Based on this short description, what do you think about using local taxes to develop health care coverage programs to cover the uninsured? Is this a good idea or not such a good idea?	Participants were aware of the local programs and noted some concerns including: they don't have enough points of service, there is a need for transportation, the program wasn't working efficiently and that it had to be run like a business. Concern was also expressed regarding the need for education about appropriate ER use.
Were you aware of these programs before today's meeting?	All three were aware of these programs.
What impact do these (or would these) programs have on you as an employer?	One participant noted that employees use the [local program's] clinics and health centers.
<b>Pooled Purchasing</b>	
Based on this short description, what do you think about this program? Is this a good idea or not such a good idea?	Participants believe this is a good idea. "Great!" "This is something that may fly."
As an employer, what is the most important feature about this program?	One participant noted: "Price is the key to the whole thing." Comments included concerns that if employers must contribute 50% of the cost of the premium, this would eliminate many small businesses.
	One participant stated that government involvement in this program is the only way to do it in order to deal with the risk.
Do you think you will participate in this program? Why (or why not?)	Two of the three said they would participate; the other participant said he wouldn't be eligible since he had more than 25 employees. The "larger" employer asked how they [the legislature] came up with the rule "25 or fewer" employees.
<b>Suggestions Section</b>	
Running a health bus to do health education. Instead of having income tax have a national sales tax to provide a health insurance plan for everyone.	

# **2004 Florida Health Insurance Study**

## **Section 4: Focus Groups with Uninsured Floridians**

### **NOTE:**

This section is a compilation of comments from the seven focus groups conducted with uninsured Floridians from around the state as described in pages 5-7 of this report.

## Uninsured Persons Focus Groups

Moderator's guide	Focus Group Responses
<p>What are the issues and problems you face as one of the millions of Americans who do not have health insurance coverage? How do you handle these issues?</p>	<p>Many of the participants volunteered that they were surviving on low incomes. Their comments suggested that they viewed health insurance coverage as a desirable luxury. Most had jobs, although many reported an unstable workplace situation, being frequently laid off from temporary work or having to settle for part-time hours when they wanted full-time work. Many of the participants were in poor health, suffering from chronic illnesses or the lingering effects of injuries.</p> <p>Participants reported being unable to obtain medical care when they needed it, and seeking care only when pain or other symptoms made treatment mandatory. Forgoing screenings and preventive care was a common strategy for limiting medical costs. For these people, health concerns are just one competing demand on their resources.</p> <p>In some cases, the lack of insurance becomes a perpetuating cycle: the person loses his/her job due to an injury or illness, and as a result loses the insurance that was a benefit of that job; without the health insurance he/she cannot become well enough to go back to work and get another job that will provide insurance.</p> <ul style="list-style-type: none"> <li>• <i>“You know you’re sick and you know it’s going to cost you out of your pocket, and it’s money you really don’t have, so that definitely presents a problem.” — Panama City Uninsured Group</i></li> <li>• <i>“I’m telling you the contrast. You have to go begging for this and for that. [With insurance] I don’t have to beg for anything...it’s just handed to me in the platter. And you know it’s a difference between begging and not begging. That’s what it boils down to.” — Jacksonville Uninsured Group</i></li> <li>• <i>“It’s hard because when you are working you try to get everything you possibly can get, but then if you stop working and get sick then you’re lost...you can’t afford \$300 a month when you got a rent...your rent is almost three, some, some people have a \$400 or \$500 a month in this area....but we works in a farming area too and all they want is the sweat of these people back down here they don’t give a ...crap about how these people live after the six months a year.” —Palm Beach African American Uninsured Group</i></li> <li>• <i>“I have to decide between eating or go for a check up for something; obviously I’m going to eat first because hunger is more important, no?” —Miami Hispanic Uninsured Group</i></li> </ul>

<b>Uninsured Persons Focus Groups</b>	
<b>Moderator's guide</b>	<b>Focus Group Responses</b>
Where do you go when you or a family member need health care?	<p>Participants reported using various strategies for addressing their urgent medical needs. These included county health departments, hospital emergency rooms, private doctors willing to work out a payment plan, free clinics staffed by volunteers, and WeCare programs. In many cases, participants reported the frustration of long waits and many turn-downs in order to be seen. They described a patchwork of care, seeing different providers at each encounter, with little continuity of care, probably no follow-up after the presenting medical crisis is resolved, and no “medical home.” Some complained at having to repeat their entire medical history every time they visit a provider.</p> <ul style="list-style-type: none"> <li>• <i>“Luckily my sister works at (hospital) and in case of any emergency I would go there, right? What else can I do?”—Miami Hispanic Uninsured Group</i></li> <li>• <i>“If I wanted to see the doctor, I would say something’s hurting. Just to go to the emergency room. And, I would have to pay a \$100 out of my pocket.”—Miami Haitian Uninsured Group</i></li> </ul>
How do you pay for the health care?	<p>All the participants in our groups reported negative feelings regarding the cost of medical bills, ranging from fear to dread to resentment that those well-off pay less for health care, due to discounts for insurance. Most struggled to pay the medical bills. They also reported receiving help from community programs, family members, hospitals, and other providers who had written off the uncompensated care.</p> <ul style="list-style-type: none"> <li>• <i>“You either have to go homeless or go hungry to pay a hospital bill or pay for some medicine.”—Tampa Bay Uninsured Group</i></li> <li>• <i>“I go to the doctor regularly, medications and all. I can’t pay for it, but my kids do.”—Miami Hispanic Uninsured Group</i></li> <li>• <i>They send you the bills and when you don’t pay, now it the district attorney office that send you letters, you know, which I’m scared.”—Miami Haitian Uninsured Group</i></li> <li>• <i>“Steal from Peter to pay Paul. That’s about it for me.”—Panama City Uninsured Group</i></li> </ul>
How do you pay for drugs, lab work, or other items a doctor might order?	<p>The high cost of prescription drugs was a recurring theme raised by participants in all the focus groups. Many observed that getting in to see a physician was relatively less expensive and easier than obtaining the medications that were prescribed, and they often didn’t fill the prescription. Some also reported that providers gave them samples and free medications.</p>

Uninsured Persons Focus Groups	
Moderator's guide	Focus Group Responses
<p><i>(continued)</i> How do you pay for drugs, lab work, or other items a doctor might order?</p>	<ul style="list-style-type: none"> <li>• <i>“If you went to see the doctor and he gave you medicine now you are stuck trying to get the medicine.”—Palm Beach African American Uninsured Group</i></li> <li>• <i>“I went to the doctor and it cost me fifteen dollars and I got medicine, not free. It cost something. There were two medicines that weren't covered that I had to pay for myself and they cost me one hundred dollars. And two or three others that my daughter-in-law got for me who works for an endocrinologist.”—Miami Hispanic Uninsured Group</i></li> <li>• <i>“Yes, we need help. We're poor. We're not a disgrace, we're just poor...I started to work when I was twelve...And I gave to United Way. When I needed their help, I was refused. They gave me a partial payment. A partial for a prescription. They pay for half if somebody else will pay for half.”—Panama City Uninsured Group</i></li> <li>• <i>“I've been buying contraband medications and healing myself.”—Miami Hispanic Uninsured Group</i></li> </ul>
<p>Do you obtain immunizations, mammograms, and other preventative health care?</p>	<p>Most group participants said that they do not get preventive screenings or check-ups due to the cost. Most saw medical care as a luxury they would also pay for in cases of dire need due to severe pain or other un-ignorable symptoms. However, routine screenings and immunizations for children was seen as a necessity, and participants in most groups volunteered that they felt care for children was readily available at an acceptable cost.</p> <ul style="list-style-type: none"> <li>• <i>“Well, I've been blessed. I haven't had to go [to the doctor] for 10 years now.”—Tampa Bay Uninsured Group</i></li> <li>• <i>“Unfortunately you can't just go to a clinic because the second you walk in they are already billing you for \$300 and then more bills come if they actually had to do any tests or anything. If you want preventative medicine, you have to go to a particular doctor because if you go to a hospital, or go in for an emergency or you don't...So, no. Preventatives...I think no one does that at the moment, you know.”—Miami Hispanic Uninsured Group</i></li> <li>• <i>The Health Department provides immunizations for children who need them.”—Tampa Bay Uninsured Group</i></li> </ul>
<p>Where do you obtain this preventative health care and do you pay for a portion or all of the</p>	<p>Although many participants did not get preventive health care, they mentioned the same safety net providers for urgent</p>

Uninsured Persons Focus Groups	
Moderator's guide	Focus Group Responses
<p>cost for this care? (continued)Where do you obtain this preventative health care and do you pay for a portion or all of the cost for this care?</p>	<p>care as a possible source of preventive care, with an emphasis on county health departments for children's check-ups and immunizations.</p> <ul style="list-style-type: none"> <li>• <i>"Those clinics are also inundated just like (name) said, emergency hospitals or emergency rooms. In addition, those clinics have lot of long waiting periods."</i>—Miami Haitian Uninsured Group</li> <li>• <i>"But you got to be in that line a mighty long time. Get in line about four o'clock in the morning. Clinic opens at nine."</i>—Jacksonville Uninsured Group</li> </ul>
<p>How has not having health insurance affected you?</p>	<p>Participants commented on a wide variety of effects from living without health insurance. They reported poorer health than when they were insured, including suffering from untreated chronic illnesses that could be better controlled if they had access to appropriate medical care. For some, their poor health prevented them from working. Other effects included frustration with the effort necessary to negotiate the safety-net providers when they needed care, a fear of financial ruin from unaffordable medical debts and a feeling of being devalued by the American system.</p> <ul style="list-style-type: none"> <li>• <i>"You can't afford to go to the doctor so the hospital or the emergency rooms be filled up with people because they can't afford to come to the doctor. I know by law they can't turn you away...but they don't give you the proper treatment that you need when you're there. Because you don't have insurance."</i>—Palm Beach African American Uninsured Group</li> <li>• <i>"In some cases....they'll make you sell your house. Right, because when my husband had...he was at [hospital] his mother put everything in her name, his vehicle and everything. Because we were worried they would take his truck. His, it was in his parents' name. And, they were paying on it. But, his name was on there too. So, they dropped his name and just put it into theirs. And, we didn't own a home yet. So, we didn't have to worry about it. But, I just don't think that that's fair. I mean, you work hard everyday for your things. And, just because your life is going, dwindling, dying, away, you should have to just, lose everything else?"</i>—Jacksonville Uninsured Group</li> <li>• <i>"I mean even Cuba takes care of their people better than the United States...everyone in Cuba has insurance, medical insurance."</i>—Palm Beach African American Uninsured Group</li> <li>• <i>"Because I don't have insurance. they refuse to see me."</i></li> </ul>

## Uninsured Persons Focus Groups

Moderator's guide	Focus Group Responses
<p><i>(continued)</i> How has not having health insurance affected you?</p>	<p><i>They wanted a \$1,000 up front to do my surgery. And I had to go to Tallahassee to a doctor that was willing to let me make payments to them. The ones in [local] County wouldn't.</i>—Panama City Uninsured Group</p> <ul style="list-style-type: none"> <li>• <i>“When a child get a cut...the parents say well we can't afford a doctor so they home trying to do the old remedy and then that child get an infection and then they got to...take them to the hospital and get the foot cut off. Because they can't save it. Because they don't have insurance...You know and similar things like that come up. A sinus infection, a simple thing. I seen a child die from a sinus infection...And the first thing they holla about neglect...and it's the parents' fault. No parents can't afford to take the child to the doctor. Doctors don't want to see you unless you have an insurance card.”—Palm Beach African American Uninsured Group</i></li> </ul>
<p>What are the health care services that are most important to you and your family?</p>	<p>When asked about important services, respondents talked first about care for their children, and the ability to have their children cared for in cases of illness or injury. They discussed the importance of being able to get in to see a physician when they needed urgent care. Others talked about the need for hospitalization coverage and access to specialists. Some mentioned dental coverage and vision care. All groups mentioned prescription drugs.</p> <ul style="list-style-type: none"> <li>• <i>“The most important thing to me right now would be medicine and convenience. Because if I go to the doctor I can't afford the medicine.”—Palm Beach African American Uninsured Group</i></li> <li>• <i>“Try to get the proper medication and the proper care when you need it. Without getting all the runaround that goes with it.”—Palm Beach Anglo Uninsured Group</i></li> </ul>
<p>How much could you afford to pay for health coverage?</p>	<p>When asked about the cost of an affordable health care plan, many participants declined to name a dollar figure, but were quick to point out the trade-offs between costs paid up front as premiums and expense at the time of an office visit or hospital stay. They asked exactly what services would be covered, attempting to weigh the cost-benefit ratio.</p> <ul style="list-style-type: none"> <li>• <i>“Then again, you can't really say too much about it because you don't know what kind of coverage you're going to get once you get there. Uh, what kind of co-pay you going to give. Are they going to accept you...”—Jacksonville Uninsured Group</i></li> </ul>

<b>Uninsured Persons Focus Groups</b>	
<b>Moderator's guide</b>	<b>Focus Group Responses</b>
<p><i>(continued)</i> How much could you afford to pay for health coverage?</p>	<ul style="list-style-type: none"> <li>• <i>“For one person, \$35 for the health insurance.”—Tampa Bay Uninsured Group</i></li> <li>• <i>“Say the insurance costs me \$30 a month, how cheap. But what good does it do? Nothing, nothing. Normally a visit costs \$100, we will give you \$10 off, you have to pay \$90....then the doctor...will charge \$110 so that they get \$100 from you, right?—Miami Hispanic Uninsured Group</i></li> <li>• <i>“What’s the use of paying all this money for all this insurance and you still got co-payments and if you ain’t got copayment you ain’t got your medication. You ain’t got all these things you need. You still paying for medical insurance and you still can’t afford it. They still won’t see you because it won’t cover this or it won’t cover that.”—Palm Beach African American Uninsured Group</i></li> <li>• <i>“I hope...that we could possibly get some kind of a insurance program...where each one pays according to their income. This would be ... based on income and everyone would pay so much. This would be important for people to go to the doctor.”—Panama City Uninsured Group</i></li> </ul>
<p>Do you have access to health insurance through your employer or through any other source, like a trade or membership association?</p>	<p>Some reported that their employer didn’t offer insurance. Many reported working part-time and thus not being eligible for programs offered by the employer; some worked multiple part-time jobs. Some participants reported that they were offered coverage through an employer, but found it unaffordable. Some reported losing employment-based coverage when they had to quit the job due to illness, injury or having a baby. Some talked about being dropped from their parents’ employment-based coverage when they stopped fulltime schooling.</p> <ul style="list-style-type: none"> <li>• <i>“It all depends on where you’re working at.”—Palm Beach African American Uninsured Group</i></li> <li>• <i>“I’m having problems affording medical insurance, cause I work in the nursing field.” —Tampa Bay Uninsured Group</i></li> <li>• <i>“I was laid off. And I had the company paid our COBRA benefits for six months...and then I had to pay them. And to pay for a family was going to be \$850 a month. I couldn’t afford to pay that on unemployment.”—Panama City Uninsured Group</i></li> <li>• <i>“I started working in a company where...there was a group insurance and I had that until it was done</i></li> </ul>

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<p><i>(continued)</i> Do you have access to health insurance through your employer or through any other source, like a trade or membership association?</p>	<p><i>because it wasn't convenient for the business. The group insurance expired. And at the moment I recently retired and I have Medicare. —Miami Hispanic Uninsured Group</i></p> <ul style="list-style-type: none"> <li>• <i>“Now I don't have insurance because it's not affordable. It's too expensive. My son has Medicaid.” —Miami Haitian Uninsured Group</i></li> </ul>
<p>What type of health insurance plan is available to you?</p>	<p>Most participants had not looked into health insurance plans beyond what was offered by their current employer. Some who had been laid off saw their termination as an end to all possibility of health insurance. Some had applied for Medicaid and been denied or mired in the paperwork. Since many of the participants had chronic illnesses or were trying to recover from injuries, pre-existing conditions were a barrier to obtaining coverage.</p> <ul style="list-style-type: none"> <li>• <i>“In this area also we only work six months. So for six months we will work and then once you get through working, everything stops. Your insurance and everything bam. It's through.”—Palm Beach African American Uninsured Group</i></li> <li>• <i>“With the preexisting conditions I have, I'm chronic hypertension, borderline renal failure, chronic diabetes mellitus type II, and I'm without insulin. So, when I tried to get insured they kept denying me. And, basically one person told me it would be best for you to get life insurance instead of health insurance. “—Jacksonville Uninsured Group</i></li> <li>• <i>“Now I took everything she asked for and now she comes to me like, uh, uh, physical address. I said what do you mean be physical? Where you stay. I gave her the address. Well, we need it on a light bill, or water bill or phone bill, or gas. I said well we have a P.O. box, so what do I do now?”—Palm Beach African American Uninsured Group</i></li> </ul>

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Is it available to you only, or to any of your family members as well?	<p>Many reported that employer-based coverage was available or affordable only for the employee. When it came to public coverage, some participants expressed frustration that each family member had to go through the process of qualifying separately.</p> <ul style="list-style-type: none"> <li>• <i>“No...only for me.”—Miami Hispanic Uninsured Group</i></li> <li>• <i>“See where I worked at you must have insurance...and they...force you to have it, but then if you want to add your family onto it....the price is ridiculous....so then you have to choose which child that you want to put on your insurance.”—Palm Beach African American Uninsured Group</i></li> </ul>
If yes, you could get health insurance through your employer or some other means, why do you not purchase this insurance?	<p>Cost was overwhelmingly the most common reason given for lack of coverage, mentioned spontaneously in every group. Some also reported that they did not feel they had not benefited from insurance coverage that they had in the past, and dropped it in order to save money. Some reported that pre-existing medical conditions limited their ability to obtain coverage.</p> <ul style="list-style-type: none"> <li>• <i>“A member from the [insurance] company came...and they discussed with the bosses there and the problem was that we had to pay \$130 quote, I think it was every month...”—Miami Hispanic Uninsured Group</i></li> </ul>
If you are employed, how does your employer communicate with you regarding the health insurance benefits being offered?	<p>None of the groups were very clear about this aspect. Since they are not insured, and many work for employers who do not offer insurance, this issue does not have much salience for them.</p> <ul style="list-style-type: none"> <li>• <i>“Say you work six months out of a year. Alright, when you are working....they take the money out your check every week for insurance. So I, I pushed the issue and asked why [they] couldn't pay...for six more months....when they have a plan that they could take. Every year they tell me, okay, we will see, uh, send you a paper....but it's the same.”—Palm Beach African American Uninsured Group</i></li> </ul>
If you are employed and your employer does not offer health insurance to you, is this because the employer does not provide this to anyone, or is it some other reason (like you work part-time and you have to work full-time to get health insurance?)	<p>Some participants reported that their employer did not offer health insurance to anyone. Others reported that the employer offered to some employees, but not them personally.</p> <ul style="list-style-type: none"> <li>• <i>“It's because of the casual status that we have on my job. There is no insurance because we were casual employees.”—Jacksonville Uninsured Group</i></li> <li>• <i>“Usually the work don't last long enough. Lot of</i></li> </ul>

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<p><i>(continued)</i> If you are employed and your employer does not offer health insurance to you, is this because the employer does not provide this to anyone, or is it some other reason (like you work part-time and you have to work full-time to get health insurance?)</p>	<p><i>places you got to be there six months before you can get enrolled, you know. And...work don't last that long.</i>—Palm Beach Anglo Uninsured Group</p> <ul style="list-style-type: none"> <li>• <i>“Big companies, they take their employees as part-timers and not full timers. So, taking their personnel as part time, they aren't responsible for providing insurance.”</i>—Miami Hispanic Uninsured Group</li> <li>• <i>“I work for the city of [local city] and I've been uninsured for four years. Which is also the time frame that I've worked for the city as temporary status. The reason I'm without insurance is because I had to make a life-altering decision with my daughter. Finding out that she was special needs hearing impaired. I left a job of seven years, with</i></li> </ul> <p><i>full-time full benefits in order to get the proper therapy that she needed...four times a week. I took the job at the city because of the flexibility and because it paid more. But it had no benefits included with it. So, I just decided that it would be best for her, to receive the services that she needed. Plus, she was Medicaid eligible because of special needs. So, she was covered.”</i>—Jacksonville Uninsured Group</p>
<p>If you are employed and your employer does not offer health insurance to you, do you think the State should require your employer to offer health insurance to all employees?</p>	<p>Most participants saw insurance benefits as one of the requirements for a desirable job. They were positive about a state-mandated requirement for employers to offer coverage.</p> <ul style="list-style-type: none"> <li>• <i>“Yes, that's very important.”</i>—Miami Hispanic Uninsured Group</li> <li>• <i>“It should be obligated. Just like it's mandated to pay taxes. The company should be encouraged to insure its employees, they should report how many employees are insured.”</i>—Miami Hispanic Uninsured Group</li> </ul>
Health Flex	
<p>Have you heard about Health Flex?</p>	<p>No participants had heard about Health Flex by name, although some were aware in general of state-initiated efforts to expand health coverage to more Floridians.</p>
<p>Based on this short description, what do you think about the Health Flex program? Is this a good idea or not such a good idea?</p>	<p>There were some positive reactions about doing something to offer health insurance to those currently without coverage. There was also some skepticism about the benefits of this</p>

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<p><i>(continued)</i> Based on this short description, what do you think about the Health Flex program? Is this a good idea or not such a good idea?</p>	<p>particular plan.</p> <ul style="list-style-type: none"> <li>• <i>“I think it’s a good plan” “Probably better than nothing.”—Panama City Uninsured Group</i></li> <li>• <i>“I think it’s a good plan but like she say, what is the deductible of it”—Miami Haitian Uninsured Group</i></li> <li>• <i>“Most of the plan that you probably introducing to us, they sound good because it’s health insurance and we do need it. But, it’s how much they’re willing to work with us as far as the deductible and the co-pay when you actually get to the clinic or the hospital. That’s ought to be the main issue. How much they’ll work with us on that.”—Miami Haitian Uninsured Group</i></li> </ul>
<p>What is the most important feature about this program?</p>	<p>The most positive response was that some health insurance was better than no health insurance. They also expressed understanding that this program was targeted to people with jobs, with an eligibility threshold higher than for Medicaid and other public programs.</p> <ul style="list-style-type: none"> <li>• <i>“It’s worth something, look into....they say up to 36 [thousand dollars], they didn’t say you had to make that amount. They said under that. So, it’s really something worth looking into.”—Jacksonville Uninsured Group</i></li> </ul> <p>Among the groups in Palm Beach County, there was significant concern about the requirement that workers be without coverage. Many of the workers in that area have agricultural seasonal paying jobs with health benefits for half the year. What they really need is an insurance product to cover them during the six months they are not employed and covered. They would never qualify for Health Flex, given the six month requirement.</p> <ul style="list-style-type: none"> <li>• <i>“But what we are saying is the six months part. That’s the only thing that will kill practically everybody in here. By the time we could qualify for it, it’s time for us to go back to work.”—Palm Beach African American Uninsured Group</i></li> </ul>
	<p>Participants understood the idea of a “limited benefits” plan, but unclear about how the benefits would be rationed. Many said that prescription drug benefits were essential to make any package attractive to them. Many said that they wanted comprehensive coverage.</p> <ul style="list-style-type: none"> <li>• <i>“I think that should include dental care, such as dental hygiene. You know, getting your teeth cleaned and checked. x-raved. that kind of thing cause your teeth</i></li> </ul>

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	<p><i>are important.</i>”—Panama City Uninsured Group</p> <ul style="list-style-type: none"> <li>• <i>“Everything.”</i>—Miami Hispanic Uninsured Group</li> <li>• <i>“I don’t know enough about it really. I mean...it could be a lot of if’s, and and’s, or’s, but’s, so forth.”</i>—Panama City Uninsured Group</li> </ul>
Does it matter if the State of Florida is overseeing this program or not? Do you consider that a plus or a minus?	<p>There was no consensus as to whether or not state sponsorship of the program made a difference.</p> <ul style="list-style-type: none"> <li>• <i>“I guess it’s good.” “I think this is great. It’s positive.” “It’s good”</i>—Haitian Uninsured Miami Group</li> <li>• <i>“They’ll mess it up”</i>—Jacksonville Uninsured Group</li> <li>• <i>“That’s a minus.” “Minus.” “Minus.” “Minus.” “Oh yeah, minus.” “All in favor, say ‘aye.’ (Everyone laughs).”</i>—Panama City Uninsured Group</li> </ul>
Risk-Pool	
Based on this short description, what do you think about the possible new risk-pool? Is this a good idea or not such a good idea?	<p>Many participants voiced an understanding of the need for this program, since either themselves or family members had pre-existing conditions that exacerbated the challenge of obtaining coverage. Many participants were skeptical about whether anyone would be able to afford this insurance. Some expressed that it was a good idea to make coverage available to those with no other source.</p> <ul style="list-style-type: none"> <li>• <i>“They’ll be in the same situation that they’re in. You wouldn’t know how much, it could be higher and it could be lower. So, he would still probably be paying the five hundred dollars that he’s paying for his medicine. Which means, it’ll equal out to you still have nothing.”</i>—Jacksonville Uninsured Group</li> <li>• <i>“I think it would be a good possibility for someone that exhausted all other alternatives. You know, and there’s no option for them. And it’s something that they can afford, then it would be a good thing.”</i>—Panama City Uninsured Group</li> </ul>
What is the most important feature about this program?	<p>Some participants observed that the key factor of this program is the ability of sick people who are currently uninsured to get some kind of coverage. However, some participants couldn’t imagine who could afford to buy this coverage. In their experience, people with such illnesses would qualify for Medicaid.</p> <ul style="list-style-type: none"> <li>• <i>“Because of the financial ramifications of the whole thing. Uh, obviously if someone had a condition that would prevent them from getting insurance, they obviously wouldn’t be able to work.”</i>—Tampa Bay</li> </ul>

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	<i>Uninsured Group</i>
Does it matter if the State of Florida is overseeing this program or not? Do you consider that a plus or a minus?	<p>There was lack of consensus as to whether it was a good thing that the state is overseeing the program.</p> <ul style="list-style-type: none"> <li>• <i>"It's good that they are taking it into consideration."</i>—Miami Haitian Uninsured Group</li> <li>• <i>"Like they doing a horrible job with Healthy Kids. But, but they would do this any better."</i>—Tampa Bay Uninsured Group</li> </ul>
<b>KidCare</b>	
Do you have any children enrolled in the KidCare program?	<p>Many of the participants had experience with the KidCare program. Overall, it was viewed very positively, as something that they wished was available for all family members. Some specifically liked the reassurance that their children would be covered regardless of the parents' employment situation.</p> <ul style="list-style-type: none"> <li>• <i>"I've had both my children on KidCare before.... At that time I was working, and they'll let you make up to a certain amount of income. But, I re-injured me back...last year and had to leave my job. And I didn't tell them I'd</i>  <i>changed my income....I couldn't make my payment.... And then next month, they just took my kids off of it. And, said they can't come back for six months. So they (group laugh) penalized my children's health because I could not afford the payment. And I just don't think that's fair either to the kids."</i>—Jacksonville Uninsured Group</li> <li>• <i>"It should depend on my insurance or their insurance because I might lose my job. If I already got him enrolled in KidCare, I could lose my job or my job go down, and I wouldn't have to worry about my child."</i>—Palm Beach African American Uninsured Group</li> <li>• <i>"My daughter was born with a birth defect that caused her to have two surgeries...and she has to have physical therapy. They will not pay for it. They, even though this is through the state, and it does look great, \$20 a month. But they only cover like, two visits occupational therapy. Come on."</i>—Jacksonville Uninsured Group</li> </ul>
Based on this short description, what do you think about the changes to the KidCare program? Was this a good idea or not such a good idea?	<p>Some participants expressed confusion and skepticism regarding proposed changes in the KidCare program.</p> <ul style="list-style-type: none"> <li>• <i>"If it's twice a year, and my son turns a certain age, not in the year that it falls. though. what am I supposed</i></li> </ul>

<b>Uninsured Persons Focus Groups</b>	
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<i>(continued)</i> Based on this short description, what do you think about the changes to the KidCare program? Was this a good idea or not such a good idea?	<p><i>to do? And then, on a first come first serve basis, you just lose out on that anyway.</i>—Jacksonville Uninsured Group</p> <ul style="list-style-type: none"> <li>• <i>[When asked if participant liked these changes] “No, not at all.”—Jacksonville Uninsured Group</i></li> </ul>
What is the most important feature about the KidCare program that should continue?	<p>Many participants expressed appreciation for the affordable cost and reassurance of having coverage for their children. Many parents expressed concern that their children's health care was more important than their own.</p> <ul style="list-style-type: none"> <li>• <i>“With KidCare...you still have a monthly bill that you have to pay, but it's not as much as you would have to pay if you were [getting insurance] through your job.”—Jacksonville Uninsured Group</i></li> </ul>
What is the most important feature about this program that should change?	<p>Some participants in various groups suggested that the plan ought to be available to all Florida parents regardless of family income. Some suggested that free health care for children ought to be available to all children.</p> <ul style="list-style-type: none"> <li>• <i>“I think it should be a first come, first serve basis.”—Tampa Bay Uninsured Group</i></li> <li>• <i>“If they put your name on a waiting list do you think you are going get wait on any faster than first come first serve. Or are you just going to be a name on a piece of paper.”—Palm Beach African American Uninsured Group</i></li> <li>• <i>“I applied once when I was working at my previous nursing home. And, they turned me down. They said you make too much money to be on the Florida KidCare program. Plus, you have insurance at your work, that's available to you. And, I explained to him the cost of that insurance and the fact that I couldn't afford the cost of that insurance. And he said, ‘Well, you make too much money. We just can't help you with it.’ So, they just totally shot me down, without giving me a chance.”—Tampa Bay Uninsured Group</i></li> </ul>
<b>Local Initiatives</b>	
Based on this short description, what do you think about using local taxes to develop health care coverage programs to cover the uninsured? Is this a good idea or not such a good idea?	<p>Initial reactions were positive by many participants and in several groups, participants volunteered that they would be willing to pay more taxes to make affordable health care more readily available to those in need.</p> <ul style="list-style-type: none"> <li>• <i>“I think it's a good thing. Because it gives it, the city, the opportunity to govern what's needed.”—Jacksonville Uninsured Group</i></li> </ul>

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Moderator's guide	Focus Group Responses
<p><i>(continued)</i> Based on this short description, what do you think about using local taxes to develop health care coverage programs to cover the uninsured? Is this a good idea or not such a good idea?</p>	<ul style="list-style-type: none"> <li>• <i>“It’s a good idea.” “I like it.” “I think it’s a bad idea....Because, you know, obviously some people are going to be sicker than others. Some conditions are going to be worse than others....How much of a burden would that put on that, whatever tax base that would be. I just think it would be a bad idea...unless they’re going to cap it at a certain amount.”—Tampa Bay Uninsured Group</i></li> <li>• <i>“I don’t care what they tax. They can go on up another two percent if they want to. If it’s going to help somebody.”—Jacksonville Uninsured Group</i></li> <li>• <i>“I mean they’re going to tax us on one thing or another. Why not put it back into the community for health care for people that can’t afford it?”—Panama City Uninsured Group</i></li> </ul>
<p>What is the most important feature of a local program that would make this an option you would use?</p>	<p>Many participants thought that readily available access to care in a comfortable setting was the most important attraction of this proposal.</p> <p>However, among the groups in the rural parts of Palm Beach County, there was skepticism over the meaning of “local,” and a suspicion that only the eastern part of the county would benefit. Additionally, they mentioned other places in the state that would face similar challenges in serving all county residents: Miami-Dade County south of Miami, and Martin.</p> <p>County outside of Stuart.</p> <ul style="list-style-type: none"> <li>• <i>“Once you cross 29<sup>th</sup> bend...you in a whole different world. Everything changed when you crossed that bridge...Now you go back across that bridge I bet you get way more benefits...and I am sitting on this side over here.”—Palm Beach African American Uninsured Group</i></li> <li>• <i>“It’s not going to reach this area here. Sure...it’s fine on paper. But when it comes to this area here, we don’t see it. They build city place and all these beautiful places in West Palm Beach. Over here all they are doing is tearing down. They are not building anything.”—Palm Beach African American Uninsured Group</i></li> <li>• <i>“Why are we going to pay taxes for something that’s not even going to benefit us? If you have to go to the doctor, you know where it going to be at. Palm Beach. You got to go way over there...” “A lot of people out here don’t have transportation.”—Palm Beach African</i></li> </ul>

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	<i>American Uninsured</i>
Have you ever used this type of option to receive health care services (or do you think you would use this option)?	<p>Many participants expressed that they would be likely to use such an option.</p> <ul style="list-style-type: none"> <li>• <i>“Well, I’ve been on something like this...in Ocala, Florida, through the health department...and the health department was wonderful. It was set up great. It was, even if you had income, children, no children, it didn’t matter. They went strictly by your income and how many people in your family. And, it was pay scale.”—Jacksonville Uninsured Group</i></li> </ul>
If so, what did you like or not like about the program(s)?	<p>Some expressed concerns about cross-county portability of care across county lines, especially when people live in a different county from which they work, or have extended family across county lines.</p> <ul style="list-style-type: none"> <li>• <i>“You actually talk about county...that sounds strange. Because, if I...live in Miami-Dade county and something happened to me at Broward, I have to be...I have to be shipped back to Dade county? I mean that’s what they’re doing. They’re just throwing you off (laugh) and telling that they’re going to see you.”—Miami Haitian Uninsured Group</i></li> </ul>
Additional suggestions/discussion	
	<ul style="list-style-type: none"> <li>• <i>“Why can’t Jacksonville kind of go to other smaller cities, to try to learn from the people. Because the smaller towns, they care about everybody. The bigger towns that care about, who has the most money. And</i>  <i>how are we going to get new homes built. But they don’t care about the men building the homes. Because they don’t make it mandatory for these construction companies to give these guys insurance.”—Jacksonville Uninsured Group</i></li> <li>• <i>“But these insurance companies is building all these big buildings, getting more richer. They got to be making money if they’re making all these buildings all over....They really got you all messed up as far as this uh, insurance deal. I think they need to lower these costs where everybody can really....afford the insurance.”—Jacksonville Uninsured Group</i></li> <li>• <i>“You know what insurance means? I know what insurance mean. Insurance mean it guarantee that you can get sick....You ain’t paying to be well. You paying to be sick.”—Jacksonville Uninsured Group</i></li> </ul>

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	<ul style="list-style-type: none"> <li>• <i>“Let’s say you’re in good health and you haven’t had to use the medical insurance in years. Does that mean you still have to pay that amount?”</i></li> <li>• <i>“See, that’s what got me about the [plan]. I never had to use it.”—Panama City Uninsured Group.</i></li> <li>• <i>“Before the grace of God, it could be us and believe me child, I am one paycheck away from disaster. And people need to be treated with the respect they deserve regardless of whether they have insurance or a dime in their pocket or more money than God.”—Panama City Uninsured</i></li> <li>• <i>“Well when you have the economy like it is when the big companies that used to offer health care and insurance are all closed. The manufacturing jobs, like I had at the phone company. They’re closing offices right and left, those are the places where people could get group insurance and they no longer exist for many people. And they’re not coming back.”—Panama City Uninsured Group</i></li> <li>• <i>“Most of us work. We gonna do some kind of work. We do nothing but work. We’ve been working all our life. That’s all we know how to do.” Palm Beach African American Uninsured</i></li> <li>• <i>“Well, they ain’t going to find too many people that don’t have no health problems these days so they’re going to have to pick up someone.”—Tampa Bay Uninsured Group</i></li> </ul>

## Discussion and Conclusions

One concept viewed favorably by all types of focus groups was the idea of a high risk pool, directed only to people who cannot gain access to health care coverage because of a pre-existing condition. The previously established High Risk Pool in Florida has been closed to new members since 1992. The questions of concern to the state are redesigning a Florida Health Insurance Plan to subsidize coverage for defined members, how to fund such a plan, and evaluation of the impact on rates in the small group market. The focus groups all saw potential positive aspects for coverage of a limited group of uninsured individuals, and hoped there could be a positive effect on more affordable rates. Employers were especially positive about the possibility of taking those hard-to-insure individuals out of their small groups, making insurance for other employees more affordable. Insurers, who had opposed funding of this program by means of a health insurance premium tax, saw potential difficulty in obtaining a broad-based funding source for a subsidized program.

The state's KidCare program was viewed positively by all focus groups. Florida had made some changes to the program that were uniformly not popular nor supported by the groups, especially insurers. Employers who offered insurance to employees recognized the importance of KidCare as an alternative for covering additional family members when they offer only to the employee. Employers not offering insurance indicated the importance of the program to their employee's children. Uninsured individuals liked all aspects of the program, including the benefit package, the subsidy, and the operational aspects of the program. They saw it as essential, and hoped that it could be expanded—both for additional children and as a model for coverage of other uninsured adults.

The State has had a long history of work with purchasing pools. This was well understood by insurers, and less so by other groups. Insurers expressed skepticism and concerns about how a new program would operate. Employers who offered insurance expressed concern that quality not be sacrificed with the lower cost gained by the pooled purchasing. They pointed to limited competition among insurance companies as a concern. Uninsured individuals could see the logic behind pooled purchasing and were hopeful that this could make coverage more affordable.

The focus groups of uninsured individuals included many stories. Some individuals reported losing his/her health insurance when he or she got sick and could no longer work at a job that provided the coverage. Others stories were about how people sought access to care from safety-net providers and local government programs. These included rural health centers, federally qualified health centers, "We Care" (local volunteer charity programs) and public hospital systems. These stories included people who successfully found access, found partial access, or went without service or had services substantially delayed. Access was generally better in urban areas for the larger public hospital systems, but not for all needed services. In every group of uninsured individuals, some people reported that they could find access to primary care when it was urgently needed, but had a much harder time seeing a specialist or obtaining prescription drugs, especially on an ongoing basis for a chronic condition. In considering proposed initiatives to strengthen the safety net, these issues should be considered—access to primary care is not enough to meet the health care needs of many uninsured people.

The cost of insurance and health care was a recurring theme raised in every group of uninsured individuals. Many of them came from complex family structures with competing demands on household resources. Some also spoke to the “hassle factor,” that they were unsure where to seek information about affordable health insurance—they pointed to the KidCare program as not just a source of affordable health insurance, but also an easy-to-fill-out form, that they felt they knew what they were buying.

Employers raised questions about taxes and financing of local government programs. Insurers and uninsured individuals were concerned about the lack of availability in some communities. As a way to improve coverage, there was more of a concern to have a more consistent statewide approach, without harming the current programs and safety-net providers.

The focus groups were closed with a segment of open suggestions among participants. This elicited many and wide-ranging ideas. While many certainly have merit, a closer examination is required to determine if there is a basis for consensus on alternative approaches.

*I. Introduction*

- *Project team...who we are and what we do. Introduce colleagues present.*
- *Subject for our discussion...Issues concerning employer-sponsored insurance; interest in a range of options, features that would improve options, features that would make options less attractive.*
- *Guidelines for focus group research...All participate; no wrong answers; all opinions are valuable; audio recording; confidentiality.*
- *Participant introductions...name, type and size of business, primary interest in meeting, etc.*

*II. Health Insurance*

Florida ranked sixth in the nation in terms of percent of Floridians without health insurance coverage in 2001. Among employed, uninsured Floridians, 65% had employers who did not offer health insurance in 1999.

- What type of health insurance plan(s) do you offer?
  
- Do you offer this to all employees or some employees only, such as full-time employees, only after six months of employment, etc.? To whom do you offer this insurance? What are the requirements for eligibility?
  
- What percentage of eligible employees participate in this health insurance option(s)?
  
- If some people do not participate, why do you think this is?

- How long have you been offering health insurance?
  
- Do you plan to continue to offer health insurance?
  - If not, why is this?
  - If so, why is this?
  - What factors will influence the decision? What factor is most important?
  
- From an employer's perspective, please describe the ideal health insurance plan in terms of price, benefits, eligibility requirements, etc.

### *III. Options*

1) *Health Flex is a program approved by the Florida Legislature designed to be a low cost alternative for individuals and families who do not currently have health insurance. It allows health plans, local governments, and other organizations to offer health coverage plans to Floridians who:*

- *Are 64 years of age or younger;*
  - *Have family incomes up to around \$36,000 (depending on the number of people in the family);*
  - *Have not been covered by a private health insurance plan in the past 6 months; and*
  - *Are not eligible for coverage under another program such as Medicaid or Healthy Kids.*
- Health Flex plans may have limited benefits in order to keep the price affordable.*

- Based on this short description, what do you think about the Health Flex program? Is this a good idea or not such a good idea?
  
- What is the most important feature about this program?

- Does it matter if the State of Florida is overseeing this program or not? Do you consider that a plus or a minus? How do you feel about the State of Florida overseeing this program?
  
- As an employer, do you think your employees who do not have health insurance available to them or who do not choose to participate in your health insurance plan would purchase a lower cost, limited benefit package health plan like a Health Flex plan?
  
- As an employer, would you like to have the option to offer a lower cost, limited benefit package health plan like a Health Flex plan as an employee benefit?

2) *Risk Pool: The Florida Legislature passed a law this session to study the feasibility and cost to reopen Florida's high-risk health insurance pool. The risk pool provides a way for a person who cannot get health insurance because of a medical condition to purchase insurance through the pool. The cost for this insurance is not generally lower than would be available if the person did not have a medical condition, and in some cases could be higher. However, the pool provides a way for someone to purchase health insurance who otherwise would have no other way to get this insurance.*

- Based on this short description, what do you think about this program? Is this a good idea or not such a good idea?
  
- What is the most important feature about this program?
  
- As an employer, do you have employees right now who you believe would qualify for this plan? How many of your employees do you believe would qualify for this plan?

3) *KidCare: The Florida Legislature has made changes to the Florida KidCare program this year. These changes include an open enrollment period (proposed as twice yearly) with children enrolled on a first come, first served basis (rather than maintenance of a waiting list and enrollment from this list), and not permitting enrollment of children whose parents have access to employer-sponsored insurance (unless the cost of the child's insurance is more than 5% of the family income).*

- As an employer, do you believe that children who have parents who could purchase employer-sponsored health insurance (regardless of whether the parent actually does participate) should be excluded from the KidCare program?
- Do you know if any of your employees have children enrolled in KidCare?

4) *Local initiatives: The Governor's Task Force on Access to Affordable Health Insurance recommended that changes be made to State law that would allow counties of any size to implement a tax and use the proceeds from this tax to develop local health care coverage programs. Examples of these programs include JAX Care, The Hillsborough Health Plan, and Jackson Memorial Trust. These programs provide basic health care services to local residents with incomes below a certain level and some programs require a small payment from the participant. The Legislature did not (during this 2004 session) authorize additional counties to use local taxes for this purpose.*

- Based on this short description, what do you think about using local taxes to develop health care coverage programs to cover the uninsured? Is this a good idea or not such a good idea?
- Were you aware of these programs before today's meeting?
- What impact do these (or would these) programs have on you as an employer?

5) *Employer arrangements: The Florida Legislature passed a new law this session that allows small businesses to pool their purchasing power in order to provide health insurance to their employees. HB 1629, 2004 Affordable Health Care for Floridians Act:*

- Creates the Small Employers Access Program and provides for pooled purchasing arrangements to provide health insurance for employers with 25 or fewer employees.*
  - Authorizes OIR to competitively bid for an insurer for geographic regions similar to those used by the Healthy Kids Corporation.*
  - Provides for standard benefit packages and alternative benefit packages.*
  - Alternative benefit packages may be proposed by the insurer subject to approval by the Office of Insurance Regulation.*
- 
- Based on this short description, what do you think about this program? Is this a good idea or not such a good idea?
  
  - As an employer, what is the most important feature about this program?
  
  - Does it matter if the State of Florida is overseeing this program or not? Do you consider that a plus or a minus? How do you feel about the State of Florida overseeing this program?
  
  - Do you think you will participate in this program?
    - Why (or why not?)

#### *IV. Suggestions*

*What additional suggestions do you have as an employer to improve access to health insurance for Floridians?*

*V. Conclusion*

- *Final questions.*
- *Concluding remarks...Thank you for your time and wonderful feedback...see me to get the payment for your time this evening before you leave...etc.*

*End.*