



New Hampshire Medicaid Care Management Focus Groups Summary Report Year Two, Spring 2015

A report detailing the results of focus groups and qualitative interviews held with individuals receiving Medicaid benefits in the State of New Hampshire to explore their experience with the Medicaid Care Management Program.

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EXECUTIVE SUMMARY

Introduction

In support of the New Hampshire Department of Health and Human Service (DHHS) Medicaid Care Management Program, Horn Research was subcontracted by HSAG, the State's external quality review organization, to gather qualitative data from Medicaid beneficiaries regarding their experience with the Medicaid Care Management Program over a three year period. For the second half of Year Two of the contract, Horn Research conducted two focus groups and telephone interviews with targeted Medicaid beneficiaries during April 2015. Horn Research, in conjunction with the DHHS and HSAG, identified five Key Points of Inquiry to explore during this period's data collection efforts: *Access to and Quality of Care Prior to Enrollment with Managed Care Organization (MCO)*, *Access to and Quality of Care since Enrollment with MCO*, *Impact of Enrollment*, *Experience with MCO*, and *Improvements to MCO and Medicaid*.

Methodology

The population targeted included individuals in the New Hampshire Health Protection Program (NHHPP), the Affordable Care Act's Medicaid expansion program in New Hampshire. The DHHS provided Horn Research a blinded list of all NHHPP beneficiaries in the Nashua and Manchester geographic areas with mapped identification numbers. From this list, Horn Research selected a random sample of beneficiaries to include in the sample. Multiple recruitment efforts, including letters, emails, and telephone calls, were employed to encourage participation in a focus group or a telephone interview. A total of 18 individuals participated in the project.

Results

The information provided in this report should be used to identify salient issues relevant to the population, provide contextual information for the larger assessment process, and identify avenues for further research, but should not be assumed to be *statistically* representative of the whole population.

Access to and Quality of Care Prior to Enrollment with MCO

Participants were asked to describe their health insurance coverage, their access to health care and quality of health care prior to enrolling in the NHHPP and their MCO. The majority of participants reported a lack of insurance coverage prior to enrollment and very limited access to health care as a result. Most participants chose to refrain from accessing health care or utilize emergency rooms and charitable care. Several participants said they had acquired debt due to the lack of insurance coverage.

Access to and Quality of Care since Enrolling in MCO

Participants were asked to describe their health insurance coverage, their access to health care and quality of health care since enrolling with the Medicaid Care Management Program and their MCO. Participants generally agreed that there was a significant improvement in their access to care which has resulted in more consistent care for their chronic illnesses and health care needs. Participants also shared that they were able, for the most part, to keep their primary care physicians and were satisfied with the quality of care they were receiving.

Impact of Enrollment

Participants were asked to describe any changes in their quality of life or health since enrolling with their MCO. About half of the participants said their health had improved. In particular, participants noted having access to needed medications and monitoring for chronic health conditions such as high blood pressure and asthma was improving their health. Several participants noted that their quality of life had improved simply by having the peace of mind insurance coverage brought them. Some participants said they had not used the coverage yet, but felt more comfortable knowing it was there in case of emergency.

Experience with MCO

Participants were asked to describe their experience with the MCO including what they liked most, what challenges they faced in working with their MCO, and whether they understand their plan. All participants described positive experiences with their MCOs and reported very few problems. Participants said the customer service at their MCO was helpful and readily available, and that the provider network was diverse. Overall, participants said they had not experienced any difficulties with their MCO other than minor challenges with the initial enrollment paperwork and getting their MCOs to cover doctors' visits. These issues, however, have been resolved. Participants also shared they wished their MCO had expanded coverage for dental and vision care. Participants said they generally understand their plan and feel comfortable contacting their MCO's customer service if they have any questions.

Improvements to MCO and Medicaid

Participants were asked to indicate what types of information they would like to receive from their MCO and to suggest one improvement they would make to their MCO and to Medicaid overall. Generally, participants said they did not want to receive any additional information from their MCO. A few participants said they would like more information on their benefits and coverage, providers, and alternative resources for health care. About half of participants said they were satisfied with their experience with their MCO and Medicaid and did have any suggestions for improvements. The remainder of the participants offered the following recommendations.

Recommendations

Expansion of Health Benefits and Network Providers

The most frequently suggested improvement was the expansion of benefits available through their MCO. Participants advocated for increased access to dental care, prescriptions, vision care, and chiropractic care as well as increasing the number of mental health providers in the MCO network.

Improve Eligibility Information

Participants noted concerns about not knowing whether their enrollment will continue and the specifics of the eligibility guidelines. They were concerned that they would lose coverage and were unsure how they would pay for the federally mandated coverage. Participants would like more information on how to continue to receive coverage while also maintaining employment.

Improve Processes

While many participants reported a seamless experience with enrollment, some participants suggested that an improvement would be streamlining the process to eliminate some of the paperwork and providing more information concerning benefits prior to enrollment. One participant suggested

improving the communication between providers and MCOs/Medicaid to ensure prior authorization is promptly received for needed services.

Outreach to Providers

Two participants in this round of focus groups noted a difference in how providers responded to their MCO versus their previous insurance companies. They suggested continued outreach and communication with providers by the MCO to reduce the feeling of stigma experienced by participants.

INTRODUCTION

In support of the HSAG's external quality review of New Hampshire's Medicaid Care Management Program, Horn Research has been contracted to gather qualitative data from Medicaid beneficiaries regarding their experience with the Medicaid Care Management Program that commenced in December 2013. Horn Research conducted two focus groups with targeted beneficiaries on April 25, 2015. The population targeted included individuals in the New Hampshire Health Protection Program (NHHPP), the Affordable Care Act's Medicaid expansion program in New Hampshire. One focus group was conducted in Manchester, New Hampshire and one in Nashua, New Hampshire.

Table 1. Focus Group Locations and Dates

Location	Date/Time
Manchester	April 25, 10:00am-11:15am
Nashua	April 25, 2:00pm-3:15pm

Five Key Points of Inquiry were developed based on material provided by the Department of Health and Human Services (DHHS) to frame the information to be gathered from participants during this round of focus groups. The Key Points of Inquiry were as follows:

- 1. Access to and Quality of Care Prior to Enrollment with MCO**
Extent of participants' health insurance coverage, access to care and quality of care prior to enrollment with their MCO including where care was accessed, access to preventive care and prescription medications, consistency of care, and competency of care providers
- 2. Access to and Quality of Care since Enrolling in MCO**
Participants' experience with their access to health care and the quality of care they have received since enrolling with their MCO including access to preventive care and prescription medications, and the quality and competency of health care providers.
- 3. Impact of Enrollment**
Participants' perception of any changes in their health or quality of life since enrolling with their MCO
- 4. Experience with MCO**
Participants' experience with their MCO including both positive and challenging experience, level of understanding of their coverage and availability of support from their MCO
- 5. Improvements to MCO and Medicaid**
Participants' suggestions for improvements to their MCO and Medicaid and what information they would most like to receive from their MCO

METHODOLOGY

To complete the goals set forth by DHHS to qualitatively gather information from NHHPP beneficiaries regarding their experience with the Medicaid Care Management Program, Horn Research engaged a standard qualitative data gathering process as detailed below. A total of 18 individuals participated in either a focus group or a telephone interview.

Sample Size and Composition

For the first half of Year Two, two metro areas in New Hampshire, Manchester and Nashua, were selected for data collection through the implementation of one focus groups held in each city. Eight to ten participants were targeted for each of the two groups for a total of 16-20 participants. The group size is considered ideal for focus groups by being small enough to allow everyone the opportunity to express an opinion and large enough to provide diversity of opinion. The DHHS provided Horn Research a blinded list of all NHHPP beneficiaries in these geographic areas. From this list, Horn Research selected a random sample of 100 individuals in each city, 200 total. DHHS then provided contact information for the sample list for use in recruitment efforts. The sample size proved to be marginally sufficient to recruit the target number of participants. A relatively large portion of the sample (N=74) was excluded from recruitment efforts for the following reasons: 14 individuals were eliminated prior to sending letters because they were either too recently enrolled or had been dis-enrolled; 25 individuals were eliminated after the letters were sent because they were not associated with one of the MCOs; and 35 individuals were not contacted because their telephone numbers were either incorrect or unavailable.

Participant Recruitment

Multiple recruitment efforts were employed throughout the recruitment period. A letter (Appendix 1) explaining the project and asking for participation was sent on March 27, 2015. Starting on April 6, email follow-ups were sent to all individuals with email addresses, and telephone calls were placed to those who did not have an email address. Each individual was contacted a minimum of five times via email and/or telephone. By the end of the recruitment period, eight individuals had signed up for each of the groups. In addition, a list of individuals who were not able to attend a group, but were interested in participating in a telephone interview was developed during recruitment calls. Despite extensive follow-up reminders, turnout for both focus groups was much lower than expected with two in attendance in Manchester and none in Nashua. In order to ensure a wide variety of experiences and opinions, telephone interviews were offered to those who were not able to attend in addition to the list created during recruitment. Sixteen telephone interviews were completed between April 26 and May 4. A total of 18 people participated in either a focus groups or a telephone interview.

Participant Demographics

Table 1 shows the distribution of participants' MCO by location. Both of the MCOs, New Hampshire Healthy Families and Well Sense Health Plan, were represented by participants, but more participants were enrolled with Well Sense. Manchester participants were nearly evenly enrolled between MCOs, while Nashua participants were most often enrolled with Well Sense.

Table 1. Number of Participants by MCO and Location

MCO	Manchester	Nashua	Total
NH Healthy Families	4	3	7
Well Sense Health Plan	5	6	11
<i>Total</i>	9	9	18

Data Collection Process

The focus groups were led by an experienced facilitator with responses captured in real-time with a note-taker and electronically with two digital recorders. Telephone interviews responses were captured in real-time through note-taking only. Focus groups and interviews were directed by a Focus Group Guide (Appendix 2) developed to address the Key Points of Inquiry. The focus groups lasted approximately 1–1 ½ hours while telephone interviews lasted approximately 20-25 minutes. All participants received a summary of the purpose of the project prior to the interview, and at the beginning of the interview, the facilitators read a statement verifying the confidentiality of the information collected during the sessions. All participants received a \$20 gift card in appreciation for their participation in the project, and the focus group participants were eligible for up to \$5 for travel reimbursement.

Data Analysis and Validity

When all focus groups and telephone interviews were completed, the information was analyzed by identifying, coding, and categorizing primary patterns in the data. The consistent patterns found in the analysis of the data and the representative sample supports the validity of the information gathered, but should not be assumed to be *statistically* representative of the whole population. The information provided in this report should be used to identify salient issues relevant to the population, provide contextual information for the larger assessment process, and identify avenues for further research.

ACCESS TO AND QUALITY OF CARE PRIOR TO ENROLLMENT WITH MCO

Participants were asked to describe their health insurance coverage, their access to health care and quality of health care prior to enrolling in the NHHPP and their MCO. The majority of participants reported a lack of insurance coverage prior to enrollment and very limited access to health care as a result. Most participants chose to refrain from accessing health care or utilize emergency rooms and charitable care. Several participants said they had acquired debt due to the lack of insurance coverage. Participants reported that although their health care was limited, it was good quality.

Health Insurance Coverage

The majority of participants (N=10) said that they did not have health insurance prior to enrolling with their MCO and had not had coverage for quite some time. One participant said, *"I haven't had insurance my whole adult life except for in college."* Another noted, *"It's been 3 years since I had health insurance."* One participant remarked that he tried getting insurance through the state marketplace. The marketplace insurance was very expensive, and he was not able to pay for it. Other participants (N=4) said they had insurance through their employer, but when they had lost their job, they lost their health insurance as well. Most of these participants reported being uninsured for four to six months while one person had only been uninsured for a few weeks. A handful of participants (N=3) said they were covered by Medicaid prior to being enrolled with the MCO. Another participant said he had coverage because he was a refugee and had insurance for a year after first arriving. Then he was ineligible for a few months during which time he was uninsured.

Access to Care

In large part, the participants who said they had not had health insurance also said they did not have access to health care prior to enrolling with their MCO (N=7). One participant noted that he was fortunate that he did not need to go to the doctor. He said, *"I never really got sick or hurt until this past year. I never really needed it which was good."* Another noted, *"I couldn't afford it and I was afraid of the bill I would get."* Others without health insurance said they only accessed health care in case of an emergency. A participant shared, *"I wasn't in a position to get a lot of help for anything. The only thing I could do was go to the emergency room because they would take you either way. I paid out of pocket but didn't do that very often."* Another said, *"I did go to the emergency room a couple of times so now there's debt. For a long time I didn't have my inhaler."* Others also noted they paid out of pocket for care during the times they weren't insured. A participant said, *"During the gap, my regular doctor would send me a referral or gave me a prescription and I paid out of pocket. It was during that gap that I got pneumonia twice. I ended up having a lot of medical bills."* Two participants said they accessed charitable care while they were uninsured. One participant said, *"I went, but it was charitable care from Lamprey Health Care clinic. They were footing the bill so I could get my medications. My appointments were every three months and they would check my diabetes and check my blood pressure. They would also send me a minimal bill which I couldn't pay. But they never stopped me from going."* Another said, *"It was very limited. When I turned 19 I lost Healthy Kids and I was kind of stuck. I had to go to the charity care through the hospital for three separate visits. I also used Planned Parenthood. I didn't have consistent care for my chronic illnesses."* Participants who said they were covered by Medicaid prior to enrolling with their MCO said their access to care was good. One participant said, *"It seemed like any place took it fine."* The participant who said he had coverage through his employer said, *"It was decent health care, but it was quite expensive. The copays were very high."*

Quality of Care

As noted above, 7 of the 18 participants said they did not access health care at all during the time prior to being enrolled with their MCO and could not assess the quality of their care as a result. One participant shared, *"There wasn't anything I could do until I got insurance. I have several allergies, so I have to have an EpiPen and that was problematic."* Participants who paid for their care out of pocket (N=4) said that their care was good, but limited. One participant remarked, *"It was good, but obviously I couldn't afford most of the things I needed."* One of the participants who went to a free clinic said, *"When I did go to a free or low cost one, it was horrible. When I go to one that is covered, I can see the difference. The difference between the kind of provider you can go to when you are covered compared to when you don't have insurance is like night and day. It's unbelievable."* Another said he was not able to get the care he needed at the charitable clinic because the services weren't available. Participants who said they were covered by Medicaid prior to enrollment uniformly said the quality of care they received was good.

ACCESS TO AND QUALITY OF CARE SINCE ENROLLING WITH MCO

Participants were asked to describe their health insurance coverage, their access to health care, and the quality of health care since enrolling with the Medicaid Care Management Program and their MCO. Participants generally agreed that there was a significant improvement in their access to care which has resulted in more consistent care for their chronic illnesses and health care needs. Participants also shared that they were able, for the most part, to keep their primary care physicians and were satisfied with the quality of care they were receiving.

Access to Care

The vast majority of participants reported dramatic differences in their access to care since enrolling with their MCO. Participants said they have very good access to care for their health needs. A participant said *"I have been pretty surprised about how easy it has been overall. I'm actually experiencing some medical problems now. When I needed some MRIs and some EEGs, the providers said they had to get prior authorization and that there would be a wait, but they were approved right away. So far everything has been great. Not having to fight with the insurance company is really important."* Another said, *"I hurt my back a couple of months ago and I was able to go to physical therapy. All my medications are free. I think it's wonderful."* Another said, *"It is better now. I have more opportunities. I got a pair of prescription glasses that didn't cost me anything. I don't feel as guilty now going in there knowing I don't have \$10 or \$20 to give them."* Other participants said they now have consistent care for their chronic illnesses. One participant shared, *"Now that I have insurance I am able to go to all my appointments and stay on track with it. It has been 100% better. I can go to the specialists I need and my prescriptions are covered. It's been a big help since I'm not in work right now."* Another said, *"I can go to doctor now and I can get my medications. That is a blessing. They were expensive."* Participants also shared that they were happy that they were able to keep their primary care physicians. One participant said, *"We could stay with our current provider for medical care. The doctor we like was on their list."* A couple of participants said they had not accessed care yet because they did not need care. They indicated they had been assigned a primary care physician though and were satisfied with the process. One person who had been covered by Medicaid prior to enrollment indicated that her choices for doctors had changed somewhat. She said, *"The only difference I'm finding is that some of the doctors are unavailable*

now that I had to choose Well Sense.” A couple of participants said that they still did not have access to some needed care including vision care, dental care, and substance abuse treatment.

Quality of Care

Nearly universally participants said they are receiving high quality care through their MCO. One participant said, *“I do like my providers. My primary care doctor accepted the insurance so I got to stay with her. I feel like she is great. I see an OB and an endocrinologist too. They all work well together.”* Another participant shared, *“The providers are definitely qualified, and I’m actually kind of surprised. We were assigned to a doctor in a network that is generally considered to be very respectable here. That specific group of doctors is on the higher end which was really surprising.”* Several participants noted that they were able to stay with the providers they were already seeing which they appreciated. One participant said, *“Thankfully, I only had to switch one doctor.”* Other participants shared that they were receiving much more consistent care since enrolling. A participant said, *“I am now getting consistent care with managing my blood pressure medications.”* Others noted that they felt their providers communicated well with each other. A participant said, *“When my daughter was breeched, I had to leave the birth center. They communicated with my other physician which I appreciated.”* Only one participant shared a negative comment when asked about the quality of his health care providers. He said, *“My experience is that it has worsened. Not with the doctors, but because it is not as cheerfully accepted by the people working in the office as the BlueCross/BlueShield was. My only assumption is maybe there’s extra hassle behind the scenes. Maybe it’s not one of their preferred insurances.”*

IMPACT OF ENROLLMENT

Participants were asked to describe any changes in their quality of life or health since enrolling with their MCO. About half of the participants said their health had improved. In particular, participants noted having access to needed medications and monitoring for chronic health conditions such as high blood pressure and asthma was improving their health. One participant said, *“There have definitely been improvements because I am able to access the prescriptions I need.”* Another shared, *“My asthma is the main problem and now I’m keeping that in check.”* A participant said, *“I have high blood pressure and diabetes. Before I got on the insurance plan, I was paying \$8 each for five different prescriptions at Wal-Mart. Even at \$8 each I had to beg and borrow that money. Sometimes I couldn’t get them all. And now I live right around the corner from a Walgreens and I don’t have to travel seven miles on my bicycle to Wal-Mart.”* Other participants noted that they were able to get diagnostic tests to identify and improve some health issues they were experiencing. A participant shared, *“I was having trouble sleeping and concentrating. The doctor did a sleep study and I was diagnosed with obstructive sleep apnea. I was prescribed a sleep machine. I am now very comfortable and sleeping well. My life has improved on many aspects. I am very grateful for that.”* Another participant said she was able to get additional testing for an ongoing health issue that was worsening. She said, *“I suffer from chronic migraines, but in the past six to eight months they have become excruciating on a daily basis. So I’ve had some changes with medicines and am going back to the neurologist. She’s doing lots of testing to try to figure out what’s going on in my body to see if there is anything out of the ordinary that could be more concerning.”*

Several participants (N=5) noted that their quality of life had improved simply by having the peace of mind insurance coverage brought them. One participant remarked, *“The peace of mind – that’s done everything for me. It has totally changed my attitude. If something is wrong with me, I’m not afraid to go somewhere if I have to. It’s just great. You can’t really ask for anything more. NHHF has a great addition*

to my life.” Another noted, “It’s taken a big weight off my mind having health insurance especially as I’m getting older.” A participant agreed saying, “I feel very confident right now since I have Well Sense. It makes me feel more secure now that I have that coverage.” Five participants said they hadn’t used the coverage yet, but felt more comfortable knowing it was there in case of emergency. One participated shared, “Even though I’m not going, I know that I am covered if I need it.” Another said, “The nice part of it is I don’t have to rely on it much. It’s just that thing in case of a big emergency.”

EXPERIENCE WITH MCO

Participants were asked to describe their experience with the MCO including what they liked most, what challenges they had faced in working with their MCO, and whether they understand their plan. All participants described positive experiences with their MCOs and reported very few problems. Participants said the customer service at their MCO was helpful and readily available, and the provider network was diverse. Overall, participants said they had not experienced any difficulties with their MCO other than minor challenges with the initial enrollment paperwork and getting their MCOs to cover doctors’ visits. These issues, however, have been resolved. Participants also shared they wished their MCO had expanded coverage for dental and vision care. Participants said they generally understand their plan and feel comfortable contacting their MCO’s customer service if they have any questions.

Positive Experiences

Overall, participants agreed that their experience with their MCO had been positive. A participant said, “I looked at the brochure on what I can get and what I can’t and what I can get is just fine. It’s better than what I had. I didn’t even know I was eligible. I was told by a caseworker when I was recertifying for SNAP. She told me that I was eligible and gave me some paperwork. The next thing you know Medicaid was sending me letters, and it was just a couple of weeks to get my card.” One participant noted that the process had been fairly seamless for her. She said, “It’s been easy. Everything has been covered for my kids and myself. I understood the process. They sent me something in the mail, and I talked to my providers to see which insurance they accepted.” Another agreed, “It’s been good. I haven’t had any problems with them. There haven’t been any issues with doctors not accepting their insurance.” Participants appreciated the positive customer service experiences they had had with their MCO. A participant said, “There was a contact with a real human with real number that went to the person that processed my case. It’s a benefit over the big insurance companies where you call an 800 number and have to explain many times over.” Another agreed, “When I call to see what is covered, everyone is very helpful.” A couple of participants shared that they liked the diversity of providers in the network. Participants also noted that the coverage was simple and easy to use. One participant said she appreciated that there was less stigma attached to the MCO. She said, “The thing that I do like is having a plan so that when I go to the doctor’s they don’t ask for my Medicaid card. Having an actual plan makes you feel like you have more dignity when you’re going to the doctor.” Others noted they appreciated the extent of coverage available through their MCO. One participant said she was excited about the gym reimbursement while another said she was interested in some of the programs for Healthy Kids.

Challenges

The bulk of participants (N=12) said that they had not experienced any challenges in dealing with their MCO. Two participants noted having some difficulty getting visits covered, but said that they had resolved the issue after some effort. One participant described, *"I had an out-of-state visit I had to do with my child, but it was hard to get covered even though they said it was. It would have been nice if I didn't have to follow up, but customer service answered my questions."* A participant also shared that he felt some of the information was unclear and that there were communication problems between the doctor's office and the MCO. He said, *"In normal insurances they say 'here's your card.' With this, they give you the Medicaid card right away, but then send a Well Sense card and said to carry both. But when you present both to the receptionist, they don't understand."* A couple of participants said they had not gotten all of the paperwork they needed. One participant said, *"They sent me a card and saying I would be receiving another card which I never got. When I first went to Walgreens, they wanted to see that other card, but I said I never got it. I even called Medicaid and they said they would send it, but I still never got it. The woman accepted it anyway."* Another participant said he had trouble with the initial paperwork to get signed up. He said, *"The first thing was that I wasn't sure if I was accepted or not. I got four gigantic packets for each person in my family and each wanted different information than the other. I got through the process, but it was overwhelming. Every other insurance plan treats it as you and your family. This treats it as four distinct individuals."* Another participant said, *"I didn't realize my card was in my packet because there was so much in the packet I didn't even think. I haven't opened the envelopes."* Other participants said there were deficiencies in the benefits provided by the MCO that were problematic for them. One man said, *"The only thing I wish they had was dental. I'm still trying to figure that out. I have a lot of teeth problems. That's the only thing."* Another participant said, *"I think that it has room for improvement as far as what it's able to cover."*

Understanding of Plan

When asked if they felt they understand their plan, the vast majority of participants agreed that they do. All of the participants said that they can call their MCOs to get answers and help. One participant said, *"For the most part, I think I understand. I called recently to see what certain things are covered and I got my questions answered."* Another participant agreed saying, *"When I call to see what's covered everyone is very helpful and if I need to know what's available, they can help me."* Another noted, *"I can call for help and support. I feel that I can get to the person and get it figured out as good any big insurance company."* A participant also shared that he had been able to find anything he needed online. He said, *"Generally, they have a decent amount of online information. I don't think I've had to talk to anyone over the phone. It seems like anything I needed to look up was readily available online."* The participants did not indicate any concern about not understanding their plan. A participant shared, *"I don't really understand, and it doesn't really matter for me right now. I go to the doctor and they get paid. I always know where to go to get answers if I need them."* Another participant said, *"I would say I don't understand completely. I didn't read everything. I scanned through the book and saw what I was eligible for and not for. I have the 800 number and I have called."*

IMPROVEMENTS TO MCO AND MEDICAID

Participants were asked to indicate what types of information they would like to receive from their MCO and to suggest one improvement they would make to their MCO and to Medicaid overall. Generally, participants said they did not want to receive any additional information from their MCO. About half of participants said they were satisfied with their experience with their MCO and Medicaid and did have any suggestions for improvements. A few participants said they would like more information on their benefits and coverage, providers, and alternative resources for health care. Participants expressed a desire for their MCO to expand coverage in a few areas such as dental, prescriptions, vision, and chiropractic care. A few participants suggested streamlining the enrollment process and offer better information on benefits prior to enrollment. Participants also suggested more outreach to providers to expand the network and to improve providers' attitudes about the MCOs. Many participants did not understand that their coverage was part of the Medicaid Care Management Program. Of those that did, they most frequently suggested providing more information on eligibility criteria and how to maintain coverage.

Information Wanted from MCO

For the most part, participants did not want their MCO to send them any additional information. A handful of participants said they would like more information on their benefits and coverage. One participant said, *"I do think that if they had a more detailed breakdown of benefits, it would be a lot better. They do have some online, but it doesn't go much into detail. Usually there is a link for more detailed information, but not with them. It seems like it is very short."* Another participant suggested, *"I like when they send updates on the plan in those little booklets. I know NHHF has that one page thing that kind of gave what they offered in the plan, but a booklet is really helpful. One with an index with local providers and vision and even hospitals. I enjoy things like that. They're quick and easy and better than going online looking for things. I honestly keep those as a resource."* A participant also said that he wanted the information sent to be specific to him. He said, *"I would prefer that it would pertain to the health issues that I have. I would rather they didn't send me advertisements."* Another participant said she would like to have the MCO send her reminders when routine medical visits were due. She said, *"It's helpful that Medicaid sends out letters when my kids are due for dental exams. Reminders of when physicals or other health exams are due would be helpful."* A participant suggested that she would like more information on the doctors in the plan. She said, *"I was looking for something specific in providers. Everyone is looking for something different in their care. I look for a holistic provider but others want to look for someone with great bedside manner, some people want something different. That information would be helpful."* Another participant suggested the MCO provide information on alternative resources for services that are not covered under their plan such as dental or vision options.

Improvements to MCOs

Overall, participants said their experience with their MCO was positive, but a few had suggestions that would improve their experience. Several participants (N=6) suggested including dental coverage would be a welcome improvement. A participant said, *"I have three teeth in my mouth. It would be great to have a smile on my face. I'm 59 years old. It's been a long time."* A participant also suggested that the MCOs expand their prescription formulary. He said, *"I did notice that some of the prescriptions weren't covered, so my doctors had to improvise or choose other third-line medications. If they would expand their coverage of medications, that would be great."* A participant also requested chiropractic coverage be included in their plan. A few participants noted they wanted more information from their MCOs on benefits and coverage. A participant mentioned, *"I would have liked to be able to see up front what is*

and what is not covered by each MCO.” Another said they would like a simplified process. He said, “I would streamline the process of what I have I do to get into the plan. If they streamlined that with a web form or checklist – something other than the huge amount of mail I got. I was dealing with a lot of paperwork from leaving my employer and that didn’t help. Or instead of four packets, send one packet.” Another suggested the MCOs reach out to providers. He shared, “Reach out to providers and make it less like that red-headed step-child situation, where they act like this insurance is a hassle for them. They probably perceive more issues than there really are.” A participant also suggested that the MCOs should expand their provider networks. She said, “The only improvement would be to have more doctors on board, especially for the mental health piece.”

Improvements to Medicaid

A number of participants did not understand that their coverage through their MCO was part of the Medicaid Care Management Program. One participant said, “I don’t know. I’m not 100% sure of what Medicaid is.” Another said, “I don’t have Medicaid. My mother has it.” A couple of participants would like more transparent information on eligibility for the program and how to ensure continued coverage. One participant said, “My only question is, if I get a job and I get paid enough money to barely make ends meet, will I lose my Medicaid? Is there health care for people that are trying to climb out of being poor? There doesn’t seem to be a middle ground. I have not been able to take a job full-time because I will lose my medical benefit. Insurance costs would be half of what I would be making. Because you either get off the system by making six figures or you get off the system and have no medical which isn’t allowed. It keeps people from taking jobs. I’m not quite sure how much I can make. Right now I make very little, under the poverty level, but how much can I make and still get my Medicaid?” Another participant would also like more information on the process. He said, “I guess I would want to know is if I later transition to another job, is it as easy as switching before? Getting onto it, I had to prove I didn’t have employment and the same with my spouse. What if I get a job and it doesn’t work. How easy is it to jump back and forth? Is there a hassle? This is the first time I’ve used state’s plan. I would like to know if I ever need to jump off the plan what I need to do. I know when you have unemployment, the counselors tell you how to keep from getting bumped out of the system. I would like to know those criteria and rules if there’s anything like that so you don’t have to start all over again.” A participant also expressed her worry about not being sure whether she will lose her coverage. She said, “I’m self-employed and if my income changes per week or month, it makes me nervous that I’ll lose my coverage. I could have seven or eight different lines of income and I’m a little worried about losing my coverage if the documenting doesn’t work out.” One participant also said she would like the prior authorization process improved. She said, “The prior authorization procedures for tests and interventions can take a long time. If they could speed up this process, that would be very helpful. Sometimes I’ve noticed there is some kind of confusion between physicians and insurers. The physicians have to communicate more with Medicaid to make clear what is requiring prior authorization. Sometimes it is not clear and sometimes the insurance companies don’t end up paying for services because they didn’t get prior authorization and patients have to pay.” Participants also said they would like Medicaid to provide coverage for dental and vision care.

CONCLUSION & RECOMMENDATIONS

The focus groups and interviews held in April of 2015 provided valuable information into the NHHPP's experience in the State of New Hampshire's Medicaid Care Management Program. Due to the sample size, the information presented in this report should not be assumed to be statistically representative of the entire NHHPP population in the Medicaid Care Management Program in New Hampshire. The data generated during the focus groups and interviews can be used to identify issues and concerns that may warrant further exploration. Below is a summary of the salient points expressed by the focus group participants.

Access to and Quality of Care Prior to Enrollment

The majority of participants (N=15) did not have health insurance coverage prior to enrollment and most participants chose to refrain from accessing health care or utilize emergency rooms and charitable care. Several participants said they had acquired debt due to the lack of insurance coverage. Participants reported that although their health care was limited, it was good quality.

Access to and Quality of Care since Enrollment

Overall, participants expressed very positive experiences with their coverage through their MCO and a significant improvement in their access to care. Participants said they were able to access care when needed and several noted they were able to continue seeing their primary care doctor. Nearly all participants reported satisfaction with the quality of care they received.

Impact of Enrollment

Nearly half of participants said that because they were able to access health care they were able to better manage chronic health issues. A third of participants shared that they were relieved at having the peace of mind that in the event of an emergency they would not be burdened with high medical bills.

Experience with MCO

Compared with the populations participating in previous focus groups, the NHHPP population expressed more satisfaction and fewer problems with their MCO. All participants reported positive experiences with their MCO including the range of providers to choose from and the high quality customer service. The majority of participants said they had not experienced any difficulties with their MCO. Two participants noted having minor challenges with getting services covered which had been successfully resolved and four described some confusion with paperwork. Participants overall felt they understood their plan and knew where to call if they had questions.

Improvements to MCO and Medicaid

Participants were asked to identify what information they would like to receive from their MCO and suggest recommendations to improve their MCO and Medicaid. Generally, participants said they did not want to receive any additional information from their MCO. A few participants said they would like more information on their benefits and coverage, providers, and alternative resources for health care. About half of participants said they were satisfied with their experience and did have any recommendations for improvements. The remainder of the participants offered the following recommendations.

- *Expansion of Health Benefits and Network Providers:* The most frequently suggested improvement was the expansion of benefits available through their MCO. Participants advocated for increased access to dental care, prescriptions, vision care, and chiropractic care. One participant suggested increasing the number of mental health providers in the MCO network.
- *Improve Eligibility Information:* Three participants noted concerns about not knowing whether their enrollment will continue and the specifics of the eligibility guidelines. They were concerned that they would lose coverage and were unsure how they would pay for the federally mandated coverage. These participants would like more information on how to continue to receive coverage while also maintaining employment.
- *Improve Processes:* While many participants reported a seamless experience with enrollment, some participants suggested streamlining the process to eliminate some of the paperwork and providing more information on benefits prior to enrollment. One participant suggested improving the communication between providers and MCOs/Medicaid to ensure prior authorization is promptly received for needed services.
- *Outreach to Providers:* Two participants in this round of focus groups noted a difference in how providers responded to their MCO versus their previous insurance companies. They suggested continued outreach and communication with providers by the MCO to reduce the feeling of stigma experienced by participants.

APPENDIX 1. RECRUITMENT LETTER

Dear,

The New Hampshire Department of Health and Human Services is asking for your help with a project about New Hampshire Medicaid Care Management. The Department hired Horn Research to gather opinions from people like you to better understand the experience you are having meeting your and your family's health care needs.

We would like to invite you to a focus group where you can share your feelings and ideas about Medicaid Care Management. Because we are only asking a small number of people to take part, **your participation is very important**. You can help us understand what is working and what is not working, and receive a **\$20 gift card** as a thank you for your time.

We will be holding two sessions in your area on **Saturday, April 25, 2015**, which will be filled on a first come, first reserved basis:

10:00 am – 11:15 am
Southern New Hampshire University Academic Center, Room 110
Manchester, NH

2:00pm – 3:15 pm
Nashua Senior Activity Center
70 Temple St.
Nashua, NH

There will be free snacks and drinks and transportation reimbursement. All information you share will be kept completely private and will not affect your benefits or health care in any way; no one from Medicaid or the managed care programs will be there. Your name and personal information will never be made public in any way.

If you would like to sign up for the focus group, please call Horn Research toll-free at **(888) 316-1851** or email at Lisa@HornResearch.com to answer a few questions and register.

Thank you for sharing your experience and thoughts about New Hampshire Medicaid Care Management.

Sincerely,



Doris H. Lotz, MD, MPH
Medicaid Chief Medical Officer

APPENDIX 2. FOCUS GROUP/INTERVIEW GUIDE

Introduction

Thank you for your willingness to participate in this focus group. Your feedback is very important and will help the State of New Hampshire make some important decisions about Medicaid Care Management. We want to know about your experiences so the program can work better for you and others in the future. *I want to remind you that your participation will not affect the benefits and services you receive through Medicaid Care Management.*

1. I am interested in all of your ideas, comments, and suggestions.
2. I'd like to hear from everyone.
3. There are no right or wrong answers to the questions.
4. All comments—both positive and negative—are welcome. Please don't worry about offending me with anything you might say—it's important that I know your opinions and feelings.
5. Please feel free to agree or disagree with one another. We would like to have many points of view.
6. I'd like this to be a group discussion, so you do not need to wait for me to call on you.
7. This discussion is being audio-taped, to make sure we don't miss anything important in our notes. No one at Medicaid or the managed care programs will listen to this tape. Before coming into the room you signed a release giving us permission to audio-tape you during this discussion. All comments are confidential.
8. Please speak one at a time, so that the tape recorder can pick up everything.
9. Also on the release you signed, you agreed to respect the confidentiality of others in the group. This is very important. We will do our best to ensure that your identity remains confidential, but we need you to do your part in keeping everyone's name and what they said confidential.

Let's start with some introductions – let's go around the room and everyone can tell us your first name and your favorite thing to do.

Impact of Enrollment: Access to & Quality of Care

We want to start with a few questions about your health care prior to enrolling in your current MCO's plan and now.

1. First, **before enrolling** with your current managed care plan (Well Sense or New Hampshire Healthy Families), did you have health insurance at all? (Who with? How was that paid for?)
2. How would you describe your access to health care **before enrolling**? (probe: Did you have a primary care doctor? Or did you rely on other health care options such as the emergency room, free clinics or urgent care? Did you have access to preventive care such as wellness visits and immunizations? Did you have consistent care for any chronic illnesses? Were you able to access any medications you needed?)
3. How would you describe the quality of your health care **before enrolling** in your current MCO plan? (probe: Do you feel like your health care needs were understood and addressed? Do you feel like your health providers were qualified and competent? Did your health care providers work well together?)
4. And how would you describe your access to health care **now**? (probe: Are you able to see a doctor when you need to? Do you have access to preventive care such as wellness visits and immunizations? Did you have consistent care for any chronic illnesses? Are you able to access any medications you needed?)
5. How would you describe the quality of your health care **now**? (probe: Do you feel like your health care needs are understood and addressed? Do you feel like your health providers are qualified and competent? Do your health care providers work well together?)
6. Have there been any changes (either improvements or worsening) in your health or quality of life since enrolling with your MCO? Can you describe these changes?

Experience with MCO

Next we have some questions about your experiences with your MCO.

1. How would you describe your overall experience with your MCO so far?
2. Do you like your MCO? What do you like best? (probe: Can you tell me about a good experience you've had?)

3. What are the most challenging experiences you've had with your MCO? (probe: Have you had any problems so far?)
4. Do you feel like you understand your plan? If you have a question, do you have someone you can call/contact for support? Who do you call if you need help? If you did call, how easy has it been to get to answers or resolutions to issues or questions?

Improvements

1. What kinds of support and information would you most like to receive from your MCO? (probe: details on coverage/benefits, information on physician quality, health education materials)
2. If your Managed Care organization were going to make one improvement, what would you recommend? If Medicaid was going to make one improvement, what would it be?