



New Hampshire Medicaid Care Management Qualitative Study Summary Report Year Four, Fall 2016

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

*Lisa Horn, President
Horn Research LLC*

**November 7, 2016
State of New Hampshire
Department of Health and Human Services
Office of Medicaid Business and Policy
Concord, NH**

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ACKNOWLEDGEMENTS

Horn Research would like to express our deep gratitude to all of the individuals who took time to share their experiences with us. We also appreciate the ongoing opportunity to work with the State of New Hampshire's Department of Health and Human Services (DHHS) and Health Services Advisory Group, Inc. (HSAG) in examining this important change in New Hampshire's Medicaid program.

The preparation of this report was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

EXECUTIVE SUMMARY

Introduction

In support of an external quality review of New Hampshire's Medicaid Care Management Program, qualitative data has been gathered from Medicaid beneficiaries regarding their experience with the Medicaid Care Management Program. In the fourth year of information gathering, four Key Points of Inquiry were developed based on material provided by the New Hampshire Department of Health and Human Services (DHHS) to frame the information to be gathered from participants including: *Access to Care*, *Experience with Care Management*, *Elements of an Ideal MCO*, and *Suggestions for Improvement*.

Methodology

The population for the interviews was comprised of individuals who were enrolled with Medicaid Care Management from July, 2015 to August, 2016. Participants were not required to be continuously enrolled, but needed to be enrolled on the first of every month between July, 2015 and August, 2016. There were no geographic limits or utilization requirements for inclusion in the study. An equal number of adult beneficiaries and parents of child enrollees were targeted for participation. The qualitative interviews were conducted over the telephone between September 20, 2016 and October 4, 2016. A total of 28 individuals participated in the project.

Results

The information provided in this report can 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 because of the small sample size.

Access to Care

Having at least a year of enrollment, participants were asked to describe their access to care through their managed care organization (MCO) including the availability of primary care physicians (PCPs) and specialists and the referral process for specialists, medication, and other medical needs such as x-rays, physical therapy, and medical equipment. Participants were divided on whether they thought they had enough PCPs to choose from, but the majority indicated they either had enough or a lot of choices. More participants enrolled with New Hampshire Healthy Families (NHHF) than those enrolled with Well Sense said they did not have enough choices. Participants generally said the referral process for specialists was seamless. The key issue participants identified with regard to specialists was a lack of local providers. Participants suggested this shortage led to burdensome travel conditions and lengthy wait times for appointments. The majority of participants indicated they had either minor or no issues with prescription coverage. Participants also said they had easy access to x-rays and diagnostic tests and physical therapy through their MCO. A small number of participants said they faced challenges receiving access to needed medical equipment. The majority of participants could not identify any medical care they needed that had not been made available to them.

Experience with Care Management

Participants were asked to describe the role their MCO plays in their health care, evaluate the impact of enrollment on their role in their health care, assess the quality of care coordination they receive for chronic diseases, and identify helpful benefits they had received from their MCO. Participants generally described their MCO's role in their health care as helpful, but not very involved. Most participants indicated that they had not needed much support and mainly relied on their MCO to furnish basic information concerning providers and to pay their medical bills. A handful of participants said their MCO had provided needed case management support and proactive assistance. Nearly all participants said they believed help was available from their MCO, but the majority said they had not yet needed to access that help. Those who had accessed assistance from their MCO universally reported positive experiences with the process with the exception of one participant who noted long wait times on the telephone. The vast majority of participants said their own role in their health care had not changed. They said they have the same opportunities for input as they had prior to enrolling with their MCO. Of participants who said they or their child had a chronic health condition, half said their care was more consistent and comprehensive while the other half said their care was equally consistent and comprehensive as it was before enrolling. A third of participants had received any additional support such as housing or transportation assistance from their MCO. Most of these participants had received transportation support and were pleased with the help. Less than half of participants said they had received any additional benefits from their MCO such as car seats, bike helmets, or other incentives. The participants who received the benefits were generally appreciative and regarded the help as an important advantage to enrollment. Of those who had not received any benefits, the majority indicated that they did not have need for the benefits that were available.

Elements of an Ideal MCO

Participants were asked to describe the elements of their ideal MCO. The majority of suggestions centered on the coverage available to participants. Dental care coverage continues to be a priority with participants requesting adult care which includes check-ups, cleanings and fillings and a greater numbers of dentists who accept Medicaid. Participants said continued coverage of medications, well visits, and emergency room would be needed elements of their ideal MCO. Participants also would like to see expanded vision care including better options for prescription glasses. Participants said providers were a key element of an ideal MCO. They said having a sufficient number of local providers accepting their insurance and an expanded list of specialists providing care were very important to them. Participants also noted that convenient and open communication with their MCO was a vital aspect of their ideal MCO. Participants said they wanted to be able to contact a person knowledgeable about their situation and to be provided options and alternatives for services that were denied. A handful of participants said they wanted a consistent enrollment process and expanded eligibility for health insurance coverage through Medicaid. Participants indicated that higher income limits and ensured eligibility would be important aspects of their ideal MCO. A few participants mentioned that high quality care, transportation support, case management, a reduction in stigma, and low cost sharing were central elements of their model MCO.

Suggestions for Improvement

Participants were asked to describe the improvements they would make to their current health coverage and the types of additional benefits they would be most interested in receiving from their MCO. About a third of participants said they could not think of any improvements they would make to their current health care coverage. Mirroring their suggestions for their ideal MCO, the remaining participants said they would like enhanced dental coverage and more dental providers, improved communication with their MCO, better vision coverage, more expansive prescription coverage, better

mental health coverage and specialist care, and an improved billing and eligibility process. When asked what types of additional benefits they would like from their MCO, nearly half of participants said they would like access to a gym membership for their family. A handful of participants also said they would like nutritional counseling and sports shoes. A third of participants said they were not interested in any additional benefits.

Conclusion and Recommendations

The participants in this study have been enrolled in Medicaid Care Management for at least one year and thus may provide some insights into how extended experience impacts enrollees' perception of their MCO and health insurance coverage. Results show an improvement in enrollees' regard for their MCO and health coverage compared with previous rounds of interviews and focus groups. Participants reported fewer incidents of pre-authorization delays and denials than in previous years. Participants also described easy access to referrals for specialists and other needed medical care. Overall participants said their experience with their MCO was positive and helpful. As with previous studies, participants continued to note a desire for increased dental care options and vision care coverage as well as expanded eligibility for Medicaid.

Below is a summary of recommendations based on information provided by participants.

Improved Coverage

Participants suggested expanding the coverage they receive from their health plan for dental and vision care, prescriptions, and mental health care.

Clear Channels of Communication

Participants suggested that having convenient and open communication with their MCO would improve their experience. Participants recommended providing contact information of an individual familiar with their case and offering alternative options when services or medications are denied.

More Local Providers

Participants suggested increasing the number of local PCPs and specialists to decrease travel times and reduce appointment wait times.

More Healthy Family Benefits

Participants said they would like access to gym memberships and nutritional counseling to support healthier lifestyles for themselves and their families.

INTRODUCTION

In support of an external quality review of New Hampshire's Medicaid Care Management Program, qualitative data has been gathered from Medicaid beneficiaries regarding their experience with the Medicaid Care Management Program. In the fourth year of information gathering, the population for the interviews was comprised of individuals who were enrolled with Medicaid Care Management from July, 2015 to August, 2016. Participants were not required to be continuously enrolled, but needed to be enrolled on the first of every month between July, 2015 and August, 2016. There were no geographic limits or utilization requirements for inclusion in the study. An equal number of adult beneficiaries and parents of child enrollees were targeted for participation. The qualitative interviews were conducted over the telephone between September 20, 2016 and October 4, 2016.

Four Key Points of Inquiry were developed based on material provided by DHHS to frame the information to be gathered from participants. The Key Points of Inquiry were as follows:

1. Access to Care

- Participants' experience with their range of choices of providers, availability of specialists, medication, and other health needs, and the process for obtaining access to them

2. Experience with Care Management

- Participants' perception of both their and their MCO's role in managing their health care
- Participants' perception of the impact of enrollment on the care they receive for chronic illness
- Participants' perception of the impact of enrollment on how other aspects of their life has been managed including any additional benefits received from their MCO

3. Elements of an Ideal MCO

- Participants' suggestions for key elements to be included in their managed care program and elements to avoid

4. Suggestions for Ideal MCO

- Participants' suggestions for improvement to their current health coverage and additional benefits they would want from their MCO

METHODOLOGY

To complete the goals set forth by DHHS to qualitatively gather information from Medicaid 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 28 individuals participated in a telephone interview.

Sample Size and Composition

DHHS provided lists of adult and child beneficiaries who were enrolled in New Hampshire Medicaid Care Management on the first of every month between July 2015 and August 2016. An initial random sample of 274 children and 268 adults were drawn. However, the sample had a large portion of the individuals with incomplete contact information. An additional random sample of 560 children and 502 adults were drawn. From this total sample, 132 adults and 114 children had sufficient contact information to be included in the project.

Fourteen completed interviews from each sample group (adults and children) were targeted for a total of 28 participants. The sample size is considered appropriate for qualitative interviews for two separate homogenous groups. The general rule of thumb applied to determining sample size for qualitative interviews is the point at which you reach “saturation.” Saturation refers to when no new themes emerge from interviews. Data saturation typically occurs in a homogenous group within 12-15 interviews. The completed number of interviews adequately meets the data saturation expectation and was possible within the budget constraints of the project.

Participant Recruitment

A letter (Appendix 1) explaining the project and asking for participation was sent on September 14, 2016. Participants were offered a \$30 gift card to participate. The sample list continued to present a challenge with an extraordinary number of returned letters and disconnected telephone numbers. Despite the incomplete contact information on the sample list, a total of 28 interviews were completed between September 20 and October 4, 2016.

Participant Demographics

Table 1 shows the distribution of participants by MCO. Both NHHF and Well Sense Health Plan were represented by participants and in nearly equal proportions to the total sample.

Table 1. Number of Participants by MCO

MCO	Full Sample		Participants Interviewed	
	Number	Percent	Number	Percent
NHHF	97	39.4%	12	42.9%
Well Sense Health Plan	149	60.6%	16	57.1%
<i>Total</i>	<i>246</i>	<i>100.0%</i>	<i>28</i>	<i>100.0%</i>

As shown in Table 2, distribution of participants by eligibility group shows an acceptable representation compared to the full sample.

Table 2. Number of Participants by Eligibility Group

Eligibility Group	Interviews		Full Sample	
	Number	Percent	Number	Percent
Adults receiving Medicaid benefits	14	50.0%	132	53.7%
Parents of children receiving Medicaid benefits	14	50.0%	114	46.3%
<i>Total</i>	<i>28</i>	<i>100.0%</i>	<i>246</i>	<i>100.0%</i>

A benefit of the telephone interview methodology is that it includes participants from all regions in the State. Table 3 shows the distribution of participants by region. Population data of Medicaid beneficiaries by region is not readily available. However, comparison to the general population suggests that the distribution of participants is an acceptable geographic representation of the population.

Table 3. Number of Participants by Region

Region	Number	Percent
Merrimack Valley	8	28.6%
Lakes	7	25.0%
Dartmouth/Lake Sunapee	5	17.9%
Great North Woods/White Mountains	3	10.7%
Monadnock	3	10.7%
Seacoast	2	7.1%
<i>Total</i>	<i>28</i>	<i>100.00%</i>

Data Collection Process

The telephone interviews were led by an experienced facilitator with participant responses captured in real-time through verbatim note-taking. Interviews were directed by an Interview Guide (Appendix 2) developed to address the Key Points of Inquiry. The interviews lasted approximately 20-25 minutes. All participants received a summary of the purpose of the project at the beginning of the interview and the facilitator read a statement verifying the confidentiality of the information collected. All participants received a \$30 gift card in appreciation for their participation in the project.

Data Analysis and Validity

When all 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 CARE

Having at least a year of enrollment, participants were asked to describe their access to care through their MCO including the availability of PCPs and specialists and the referral process for specialists, medication, and other medical needs such as x-rays, physical therapy, and medical equipment. Participants were divided on whether they thought they had enough PCPs to choose from, but the majority indicated they either had enough or a lot of choices. More participants enrolled with NHHF than those enrolled with Well Sense said they did not have enough choices. Participants generally said the referral process for specialists was seamless. The key issue participants identified with regard to specialists was a lack of local providers. Participants suggested this shortage led to burdensome travel conditions and lengthy wait times for appointments. The majority of participants indicated they had either minor or no issues with prescription coverage. The majority of participants who said they experienced difficult delays or denials for medications were enrolled with NHHF. Participants also said they had easy access to x-rays and diagnostic tests and physical therapy through their MCO. A small number of participants said they faced challenges receiving access to needed medical equipment. The majority of participants could not identify any medical care they needed and that had not been made available to them.

Availability of PCPs

Participants were asked to describe the range of choices of PCPs they have available to them through their MCO. Over a third of respondents said they had enough doctors to select from, but some people did not like being constrained by the provider list. One participant said, *"They have enough doctors to choose one. The only thing I don't like is certain doctors aren't on it. It shouldn't be like that."* Another participant indicated she was not sure about the range of choices, but thought there were enough. She said, *"I guess there are enough choices. It's been a long time since we had to choose a PCP. Originally I didn't have a problem."* Six participants indicated that they thought their MCO provided a lot of PCP options. One participant shared, *"There are a lot of choices. I chose what was best for my kids. I'm down in Peterborough and I liked the different options they have for PCPs."* Another said, *"Any doctor I've wanted to see within the area, I've had no problem getting in to see with my card."* Six other participants said they did not have enough options for PCPs through their MCO. One participant noted, *"Definitely not enough choices. And the reason I say that is feeling like you're limited on where you can go. We're way back in the country in the middle of nowhere."* Another said, *"I would say not enough. I think the more choices you have the better it is."* Five participants said they did not know how many doctors were available through their plan because they had been seeing the same PCP for years. A participant described, *"I can't say that I did a lot of shopping around. We already had a PCP that was part of the list. We found that that all the doctors we used were on it."* Another agreed, *"Honestly, I don't really look because we've had the same PCP for so long. I remember seeing a list and there were quite a few names on there. I think it's easier to find a PCP than a dental provider nowadays."* Participants' geographic region did not appear affect the perception of the availability of PCPs. However, there was a difference in participants perception based on their MCO. Five participants enrolled with NHHF said there were not enough choices compared to one participant enrolled with Well Sense.

Specialist Care

The vast majority of participants said the referral process for specialists was quick and easy. One participant shared, *"We were at the PCP and we had an issue that we were dealing with. She just referred us to the specialist in Manchester. I think that office called me and I made the appointment. It was very professional. There was no wait for approval."* This experience was echoed by several other

participants. One woman said, *"I went to my primary care physician and they filled out the referral and I didn't have to do anything."* A parent shared, *"It was simple. I got a referral and they just got us right in. There was no waiting."* Another participant said, *"It was easy. The doctor's office took care of it and the specialists' office called me for the appointment."* Another noted that she had not experienced any delays. She said, *"I'm always able to get a quick referral from either my primary care physician or at emergency room visits where they give referrals. No delays or denials ever."* Another participant said the process was seamless for her as well. She said, *"They just said you have to go this doctor and I just went to that doctor. It was pretty easy, didn't get no hard time from the insurance at all."*

The most frequently noted problems related to specialist care were the lack of local specialist providers. Four participants said it was too far to drive to the specialists that were covered by their MCO. One participant said, *"My little one is going to be seeing a specialist. We have to go all the way to Lebanon. That's the only one that's available and it's a two and a half hour ride. And if they'd let us go to Boston, that's only a 45 minute ride and there are more doctors. They can only refer you to one place."* Three participants said they were not able to receive specialist care because of the distance. A participant from the North Woods region said, *"The specialists that I have been referred to by my PCP are far out of range for me to drive. They are 50 miles away in either direction and that's a problem. But I think that's more to do with the lack of specialists in the area as opposed to a problem with Medicaid."* Another participant from the North Woods region said, *"My PCP referred me to (the specialist) and they contacted me. They said they were willing to set up an appointment, but it was too far for me to go, so I didn't."* A parent said she was having difficulty finding behavioral support for her daughter locally. She said, *"I can't seem to find anyone nearby that provides the services we need."*

Three participants said they had experienced long wait times for appointments with specialists. They attribute these delays to a lack of specialist options and not due to delays in approval for the referral. One participant said, *"The only wait that I had was that the specialist was a very busy person. There wasn't a wait for approval."* Another participant had a similar experience with receiving care from a specialist. He said, *"It takes months to get an appointment."* Another participant with complex medical needs described mixed experiences with specialist care. He said, *"There are some home runs, but there are some that are pretty discouraging. My oncologist right now is one of the best doctors I've had in my life. She's just amazing. I was seeing a urologist in Concord who was incredible. I'd been seeing him for years and years, but he suggested I needed to get somebody that was connected with (my local) hospital. He thought I should have somebody more in the loop down here. But the guy that I see is involved with four hospitals, so you can never talk to him. It's frustrating. I think he's a good guy, but his office has two people running four hospitals. I just don't have much faith in that system."*

Three participants said they had issues with coverage for specialist care through their MCO. One participant said that her husband's MCO limited his coverage for knee replacement surgery which resulted in delays and further complications. She said, *"If the insurance was better and had a little bit more flexibility, then he would have had both knees done at the same time. He would have had to go to another facility and they wouldn't cover that. By having only one knee done, he gained weight and now he has two other conditions that are preventing him from getting the second knee done. He's in a lot more pain and discomfort and the insurance is making it very hard."* Another participant said she was unable to see a grief counselor because the mental health care provider she uses does not have that specialty available and that she could not access one through another provider due to billing issues. She said, *"I see a counselor at Genesis to get my medications, but there are no grief counselors at Genesis. I lost my son two years ago to cancer. I haven't fully gone through my grief and I feel like I'm going insane at times. I couldn't go see another provider because of the billing."* A parent shared, *"I think sometimes*

with the differences in treatment protocols, there can sometimes be some issues. We ran into that a couple of times with one of our kids. The doctor calling for one protocol and the health insurance questioned it and that caused a delay.”

One participant said she had issues regarding communication from her MCO about the availability of specialist care. She participant said, *“Nobody notified me that those two doctors were no longer there. I don’t know if that’s Medicaid’s job to let me know if they’re no longer there.”*

Medications

Half of participants said they had not experienced any challenges with access to medications and had not experienced delays with pre-authorization or denials of medications. One participant said, *“It seemed pretty easy. There was no waiting for medicines that I’ve needed.”* Another said, *“I have good coverage. I haven’t had any issues with pre-authorization or denials.”* Another commented, *“No problems with medications. A few need preauthorization, but I haven’t had any trouble with it.”* A parent noted her experience with medications had been very positive. She said, *“She’s been on this expensive medication since March of this year. The whole process is very smooth. They even call with a reminder for the refill.”*

Seven participants said they had difficulties with medications being denied or delayed, six of whom were enrolled with NHHF. One participant said, *“There is such a strong awareness of pain medicine. It makes it difficult for my husband to get relief from pain because they have such an overwhelming number of people abusing drugs. They want him to be on a muscle relaxer, but that puts him to sleep.”* Another said, *“There was one medication I had that Medicaid wouldn’t authorize. I didn’t understand because it was covered before. The doctor didn’t switch, but NHHF wouldn’t pay for it. It was something I really needed, but I don’t get it anymore.”* Another participant described problems with denials and a lack of communication and support from the MCO to resolve authorization issues. He said, *“I’ve had issues with denials of medications. There are delays for two reasons, one is a prescription needed to be called in. That’s normal. The other is if a medication is denied and nobody says why and nobody says there’s a generic available. Nobody says whether there an alternative. They just say ‘nope, we don’t cover it anymore.’ And so you’re screwed until you see a doctor again. You have to wait to get an appointment to explain situation. You could be chasing this stuff around for a month or two. And in some cases, that’s not an option for me. I have several drugs that protect my kidneys. How do I go two months without medication?”* A parent said, *“One medication wasn’t covered at all, and then for the second one, he said he had to try other things before. It was a long process.”* Another participant said, *“I have to be on acid reflux medication and if I don’t get those I end up getting really sick. And you have to be on that stuff every day. One time I had to wait a week. I think they should be more on the ball especially with people with more serious issues. If they say we need a referral, they should respond quicker or something. That’s not cool to make a patient wait and suffer the consequences when the medications they’re taking are what is working so far. I can’t afford to buy over the counter and it doesn’t work. Because they didn’t renew it in time, it made the acid reflux worse and now I’m on two different kinds.”* Another participant said, *“Sometimes with the prior authorization, it can take a long time and that can be stressful.”*

Six participants said they had minor issues with medications, but they were easily resolved. One participant said, *“From my experience, it’s been pretty good for the most part. I had one medicine the insurance company wasn’t going to pay for the milligrams, so they gave me two smaller milligrams. That was silly, but I’ve had no major issues.”* One parent said, *“She is on certain medications for her acne. One prescription that her doctor wanted to put her on was \$500. They denied it, but I’m ok with that. We found something else and that was covered.”* Another participant described having challenges with pain

management that he eventually felt had been solved for the better. He said, *“I did have a hard time trying to get into pain management. They didn’t want to pay for some medications. They tried to put me on the patch, but they wouldn’t cover that. The doctor wouldn’t prescribe me the pills, but they would cover that. In the long run didn’t work for me, and now I’ve been on medical marijuana. It is nice to get off of all the pills. I would rather take the medical marijuana than the pain meds. So although I was complaining at first, the end result turned out all right.”* A parent said, *“We have had some delays in the past due to pre-authorization, but they’re pretty fast on getting those through. A couple of times medications were denied, but they were able to switch it to something similar so it was fine.”* A couple of participants said that the only delays they experienced were due to holdups at their doctors’ offices. One said, *“The only problem that I had was the doctor’s office getting the prior authorization in. It wasn’t the insurance doing that. It was a delay on the doctor’s end.”*

Two participants expressed concern about potential future problems with medication denials. A parent said, *“Right now it’s been fine, but I’m nervous about the EpiPen and for the time that it’s not covered. The youngest needs access to that.”* Another participant said, *“I did get a letter that they weren’t going to continue to fund one of my medications back in April. But my doctor has since written up the refill for me and they have still covered it. But at any point they are going to realize their error and then I’ll be in real trouble. It’s the one medication that she’s prescribed me that works. I wish there was a way to challenge that. I’m just waiting. There’s no point in making a phone call at this point.”*

X-Rays and Diagnostic Tests

Seven participants indicated they had been referred to x-rays or other diagnostic tests since being enrolled with their MCO. All seven said they had not had any problems with the referral process to these services. One participant described, *“Actually it’s pretty quick. I went to my doctors on the 14th and she ordered x-rays and did them that day. Two days later they put in a request for an MRI and I had it by the end of the month. It was pretty quick.”* Another participant had a similar experience. He said, *“The doctor just called it in and then they called me in to set up the appointment.”*

Physical Therapy

Four participants said they had been referred to physical therapy services through their MCO. Three of these participants noted that they had not experienced any problems with the referrals. One participant said in her experience she had always received *“very quick appointments.”* Another noted, *“The doctor just called it in and they called me in to set up the appointment.”* One participant had challenges due to the lack of local physical therapy providers. She said, *“The physical therapy unfortunately happens to be further away which makes it difficult to get there. Our vehicle situation isn’t always a great thing.”*

Medical Equipment and Other Ancillary Medical Services.

Three participants noted that they had needed medical equipment or other ancillary medical services through their MCO. One participant needed to get a peripherally inserted central catheter (PICC) line for her son to treat Lyme’s disease. She said, *“It was really easy. I’m not 100% sure that everything was covered. I haven’t heard anything yet. As far as it stands right now, it was great. Very simple.”* Two participants had challenges accessing the medical equipment they needed. One participant said she had difficulty getting to the right provider for her medical equipment. She said, *“I needed to have a special insert made for my shoes. I had a hard time finding somebody who would do it at first. That wasn’t because of coverage, but because of the way my orthopedic doctor worded it. The way he worded it, my insurance didn’t send me to the right place.”* A participant shared that she was unable to get needed medical equipment for her husband and that it was increasing his pain. She said, *“The biggest need for him is a bed for him to sleep in. I need to get him a hospital bed. He’s sleeping in a regular bed, but he*

has a lot of discomfort from that. I also need to get him a medical lift chair and both items are very expensive. They are very important for him to have a good night's sleep and be comfortable. When I went through the insurance company, they said they don't cover things like that. It has to be a prescription from a doctor and when we went to the hospital, the doctor we were seeing didn't want to discuss things of that nature. He didn't think it was important enough." A participant expressed concern that she would not have access to needed medical equipment in the future. She said, *"I may in the near future need access to medical equipment. I have bad arthritis and have to have a knee replacement done. I'm hoping NHHF will pay for the medical equipment I'll need."*

Unavailable Medical Care

Participants were asked to describe what types of medical care, if any, had not been available to them. Three quarters of participants said that everything they needed had been available. Two participants said that some medications had not been available. Two participants said they had not had access to adequate vision care and glasses. Two people said they had not been able to receive needed dental care and one participant said she was unable to see a grief counselor.

EXPERIENCE WITH CARE MANAGEMENT

Participants were asked to describe the role their MCO plays in their health care, evaluate the impact of enrollment on their role in their health care, assess the quality of care coordination they receive for chronic diseases, and identify helpful benefits they had received from their MCO. Participants generally described their MCOs role in their health care as helpful, but not very involved. Most participants indicated that they had not needed much support and mainly relied on their MCO to furnish basic information concerning providers and to pay their medical bills. A handful of participants said their MCO had provided needed case management support and proactive assistance. Nearly all participants said they believed help was available from their MCO, but the majority said they had not yet needed to access that help. Those who had accessed assistance from their MCO universally reported positive experiences with the process with the exception of one participant who noted long wait times on the telephone. The vast majority of participants said their own role in their health care had not changed. They said they have the same opportunities for input as they had prior to enrolling with their MCO. Of participants who said they or their child had a chronic health condition, half said their care was more consistent and comprehensive while the other half said their care was equally consistent and comprehensive as it was before enrolling. A third of participants had received any additional support such as housing or transportation assistance from their MCO. Most of these participants had received transportation support and were pleased with the help. Less than half of participants said they had received any additional benefits from their MCO such as car seats, bike helmets, or other incentives. The participants who received the benefits were generally appreciative and regarded the help as an important advantage to enrollment. Of those who had not received any benefits, the majority indicated that they did not have need for the benefits that were available.

MCO Role

Participants were asked to describe the role their MCO has played in managing their health care and helping them navigate the health care system. Over half of participants said their MCO had been helpful in a variety of ways from providing information on providers to offering case management support. One participant shared, *"Any time I've had a question, I called and they put me in the right direction. I had a question about dentists a while back. I called them and they told me everything they had."* A parent

said, *“For my son, they’ve helped me by making sure his needs are met through the hospital, at home, and helping me get in touch with particular physicians.”* Another parent said her limited contact had been positive. She said, *“We’ve had a lot of weird medical issues. Over the summer my son got Lyme’s. A care manager called to see if I had questions. It was helpful. They gave me a number to a call. That was the only time I’ve really spoken to them.”* Another participant said, *“I have a case manager that I work with. I have two of them, as a matter of fact. They’re both wonderful.”* One participant appreciated that his MCO took the initiative to help him. He said, *“They just recently called me because I needed a new eye exam. They helped me book the appointment right away. They were very proactive.”* Another participant shared that she appreciated the written materials her MCO provides. She said, *“They’re always sending pamphlets and handouts and even booklets on what they have available and different things they have going on. They send a lot of stuff out helping people quit smoking, primary care lists, etc. They’re always sending stuff to keep me updated on things.”*

Other participants said their MCO was generally helpful, but that they had not needed much assistance. A participant shared, *“I can’t say that I had a lot of need. I had a lot of questions at the beginning. I called and asked the questions again because I was surprised by the seamlessness of the process. I didn’t get a bill! Am I missing something? They were always really nice to deal with. When I was looking for a dentist, I called to get direction. They were always just as easy to deal with as (my former health insurance provider.)”* Another said, *“When they switched over to managed care, they provided me with a list of providers and they assured me that we could continue with our PCP and our dentist. The only time I contact them is for the reapplying. It’s the only time. They were helpful, no problem.”* One participant said that while his MCO has been helpful in the past, it was too hard for him to maintain the connection due to his extensive health issues. He said, *“When I have had connection with them, they’ve been very, very good. There have been times when they’ve called me about stuff, but because of my lack of memory and everything, I kind of forget they’re out there. I don’t really even notice unless a bill doesn’t get paid and then I look at what I have to do about it. But when you’re juggling a bunch of different things, and you have bad memory and bad skills to begin with, I can’t remember to contact them. That’s nothing on them. One lady I worked with was wonderful and there was somebody before. I think part of it is that I don’t know how to use the resource. For example, I found out I was diabetic. They set me up with this diabetic service where I was talking to them on the phone getting counseling on how to manage it. It was stuff I already had with a doctor, so it was redundant. And aside from paying the bills, I’m not really looking to find out what they do. It’s more about getting things off my mind rather than trying to learn something new and how to use it.”*

Nine participants said the only role their MCO had in their health care was financial. One parent said, *“I don’t think they’ve taken on that role. I’ve been on top of things. For us, it’s more financial rather than management.”* Another parent agreed saying, *“It’s been good. If I have to take her to urgent care, it’s covered. I never have issues getting things paid for. No headaches with them. They are just the bill payers. I haven’t had to talk to them. But there haven’t been any really big issues.”* One participant said she did not see any reason for the MCO to be more active in helping her and was content with how they interact. She said, *“I’m not as needy with as someone of poorer health would be that would require them to be more involved. For the most part, Medicaid was very satisfactory and it still is.”*

Help Available from MCO

Participants were asked whether they believed help was available from their MCO when they needed it and to describe any interactions they had with their MCO. Nearly all participants said that help from their MCO was accessible. Seventeen participants said that they assumed help was available, but that they had not needed assistance yet. One participant said, *“I haven’t needed it yet. I know it’s just a click*

or phone call away.” Another said, “I haven’t needed to call on them for something I haven’t been able to resolve myself.” A participant shared, “I have not had to contact them. Everything has gone smoothly. I’ve seen multiple specialists and I have a primary care and sometimes get medications and never had to contact them. With all their handouts they’re answering questions I didn’t even know I had.” Another said, “I haven’t really had to reach out too much. I can’t think of anything. I don’t ask for much. I’ve been lucky enough not to have to.”

Eight participants said they had positive experiences when receiving help from their MCO. One participant shared her experience, *“I had gone to the hospital with my son. He had to have some help with some anxiety he had that had been ongoing for quite some time. It was getting worse over the years and we needed more help. Eventually his condition got worse and he was admitted into the hospital. From there we started getting some phone calls and information from the managed care. They gave us information and helped us along. They gave us ideas for medications that we could discuss with my son’s physician. They sent us pamphlets in the mail about nutrition that might help out with some of his anxiety. Better eating habits can sometimes play a role in how your child behaves. Exercise was another one. And finding something constructive as far as an interest in re-steering and re-guiding his mind. They were just really there. They touched base with us every two weeks. They reduced it over time as things got better.”* Another participant said her case manager at her MCO helped her stay up to date with her recertification for Medicaid. She said, *“(She) has helped me to reapply for health services. I never got the recertification form so she actually got the form and brought it over to me. I filled it out and she came and picked it back up to send in. Nobody does that. I don’t drive and I’m below poverty. I just don’t have the money for a taxi. She went above and beyond. She always does.”* A participant who volunteers with an agency serving homeless individuals noted that beyond her own positive experiences with her MCO, she has also observed the MCO’s impact on her clients. She said, *“They have facilitated getting my clients cell phones. They made themselves available to come and meet the clients personally. They’ll even go down to the cemetery where the homeless are which I think is amazing. It’s not just us in the field that are doing it. Their people do care. I’ve been working with the girls that will come and meet with the people and get them the help that they need. They send out cards congratulating them on their sobriety and they personalize it. Well Sense does an amazing job.”* Another participant appreciated the reminders and facilitation he received from his MCO. He said, *“They called me and let me know that I’m due for an eye exam and got me on the phone with the eye doctor.”*

Other participants had more limited, but still positive experiences with their MCO. One participant said, *“When I ordered the kids’ bike helmets, it was fine. They sent them right out. It was pretty straight forward.”* Another parent said her experience was good, but expressed concern for others who might not be as computer savvy. She said, *“When we were going through looking for a behavioral health provider, we went through the internet. That was easy for me, but I can see how that could be a big barrier. When you call, they say please go online, but thinking outside my own experience, it would be better to have more people available to talk about what a child needs.”*

Two participants said they had not tried to access help from their MCO and could not respond to the question. One participant explained, *“I haven’t really sought them out other than submitting my card when I go to the doctor. As far as seeking them out for anything they could do for me, I’ve never explored that. So I couldn’t say.”* Another said, *“If I had to turn to them, I would. I haven’t needed to.”*

Only one participant shared that she had experienced any challenges when trying to obtain help from her MCO and offered a suggestion for improvement. She said, *“I have, at times, had difficulty getting through or had long hold times. It hasn’t impacted on whether the kids have received services. It was*

more my convenience and the time that it's taken from me. I don't know if they offer this, but some companies ask if they can call you back rather than you holding. That's helpful to me."

Impact of Enrollment on Participants' Role in Health Care

Participants were asked whether their role in their health care had changed since enrolling with their MCO. Twenty participants said their role had remained the same and they had the same opportunity for input as they had before they enrolled. One participant remarked, *"It doesn't feel any different."* Another agreed saying, *"I think everything's about the same."* Three participants felt they had more opportunities for input. A participant said she felt she had more input because they gave her more options. Another participant agreed saying, *"I think I have more input. I have more say in what I need and what I want."* Three people believed they had less opportunity for input since being enrolled primarily related to their ability to choose their doctor. One participant explained, *"I think it's limited it somewhat. With the doctors I can choose, you've got your list and that's what you have to go by."* Two participants indicated they did not have a role in their health care decisions. One participant said, *"Beyond making sure the copay is paid, I don't pay much attention to it."* Another said, *"I don't feel like my input has ever been asked for."*

Impact of Enrollment on Chronic Disease Care

Participants were asked to describe how being enrolled with their MCO had affected the care they or their children had received for any chronic diseases or illnesses. Half of participants indicated that they did not have any chronic illnesses. Of the fourteen participants who said they had a chronic health issue, seven participants said their care was more comprehensive and consistent since being enrolled with their MCO. One participant said, *"It's a lot better because before I didn't have insurance."* A parent said her children's care for asthma and attention deficit hyperactivity disorder (ADHD) had improved since enrolling. She said, *"Usually if I have any issues getting their medications, I call the insurance company and they get it fixed up."* Another participant said, *"There's been a lot more care for the chronic conditions. It has improved. It includes the doctor's visits, medications, and the equipment that's needed. The care is better."* Another noted that her MCO had guided her to other physicians, and that was helpful.

Seven participants said their care was equally as comprehensive and consistent as the care they received prior to enrollment. One participant explained, *"I have the same doctors. It's all still the same."* Another participant agreed saying, *"It hasn't affected it. I have the same doctor."* Two participants said their chronic back pain was not improved or made worse by the care they received through their MCO. One participant said, *"There's pretty much nothing they can do."* One participant said his care coordination was a challenge and had not improved with his MCO. He said, *"It's been the same since being with NHHF. One thing that's a big frustration, and I don't know if there's anything they can do about it, is a lot of the time when I go see a doctor I have several things wrong, but they're only dealing with one thing at a time because that's how the billing is. If I do it that way, I'd just set up a cot in his waiting room, because there's too much wrong with me. The fact that people aren't aware that people are in that situation is not cool."*

Housing/Transportation Support

Participants were asked how being enrolled with their MCO had affected how other aspects of their lives, such as housing and transportation, are managed. Eighteen participants indicated that they had not received any additional assistance from their MCO. Of those who had not received help, twelve said they have not needed housing or transportation support from their MCO. A participant shared, *"We get their offers for transportation and other things, but we haven't needed them."* Another said, *"We*

haven't needed that. I know that it's always an option if I need to." Another participant noted that she received housing and transportation support from a caseworker unrelated to her MCO.

Seven participants indicated their MCO had provided them with assistance. Six participants said their MCO had helped them with their transportation needs. One participant shared, *"I've used transportation from the MCO before and haven't had any challenges with it. They arrange for the transportation. Usually it's a taxi or a limousine. I've never had an issue of them picking us up late or anything like that."* Another participant said, *"They have helped me with transportation in the past, which was great. It worked out perfectly."* One participant said her MCO had assisted her with housing. She said, *"They provided me with a list of places."* Two participants said enrollment had helped them indirectly by easing their financial burden. One participant shared, *"It's taken a load off my pocket book."*

Four participants said they did not know that their MCO offered this type of support. One participant said, *"I haven't used any of those resources yet. But that's interesting."* Another participant remarked, *"I don't see how it would help in those ways. Why would they?"*

One participant said that support had been offered to her, but when she asked for specific help, she had not received a response from her MCO. She said, *"When I was going to counseling there was a lady asking if I needed help with the paperwork, but I said no. The girl was a case manager. I said I don't need a case manager. I'm not handicapped that I can't do any paperwork. She said they do other things like help with groceries, budgeting, fixing vehicles and that caught my attention. I said I needed to find a place to get my car fixed, but she never responded back. It didn't bother me. I never had help anyways."*

Additional Benefits from MCO

Participants were asked to describe any additional benefits, such as car seats, bike helmets, or other types of incentives for healthy behavior, they had received from their MCO. Over half of participants indicated they had not received any additional benefits from their MCO. Some participants said the benefits were not applicable to their family circumstances and they did not need them. One participant said, *"I heard about a car seat, but I didn't need that. He's too old for that."* Another said, *"I have a grandchild coming, but my kids are all grown up. It would have been nice when they were younger. It might be something I could tell my daughter."* Other participants said they felt able to meet those needs for their families. One parent said, *"We purchased her helmet for her ourselves. I'd just rather have someone else use it that needs it more. I don't want to take advantage of the program more than I need to."* Four participants said they had not received any information about additional benefits. One participant said, *"I have not been offered anything and I wouldn't know how to go about getting them. It would be an important benefit. My child is still in a car seat."* Another participant had a different perspective saying, *"I don't remember getting anything. Although if they did send me something in the mail, I probably would have ignored it. I don't have kids that young. I don't remember anything like that."*

Seven participants noted they had received car seats and bike helmets for their children and felt that it was an important benefit. One parent said, *"I received a car seat from them a couple of years ago for my kids. It's very important because I prefer to have my kids have updated car seats as much as possible."* Another parent said, *"We ordered helmets last year. I think it was really important. For three kids, they're pretty expensive."* Another said, *"I think (these benefits) are very important. Of course, if I needed a car seat, I'd get it one way or another. But it's a very good benefit to be able to call up and get a bike helmet. That's a safety issue. If you don't have to go out and buy that, it's food on the table. And you*

have a nice safe helmet.” One parent tempered the level of importance of the benefit by saying, “When Well Sense first introduced itself when Meridian went away, they tried to sell you. I was looking at different companies, but the coverage seemed the same. I went with the one with the most benefits. I got car seats, bike helmets, etc. It probably wasn’t super important. Maybe for some families, it’s important. I know there are a lot of young moms that don’t have a lot of money and car seats are expensive. I probably wasn’t as much in need as some of those other families, but it’s definitely appreciated.”

Five participants said they received a card from NHHF to buy products from stores. One participant shared, *“I was very impressed because after I got my mammogram done, I got a card in the mail that I could use in stores. I thought it was an excellent incentive to encourage people to go get their mammogram. I got \$30 or something like that to get different products from the store.”* Another participant said, *“NHHF gives you a card for your children with \$100 a month to spend on diapers and pull ups and that’s been really nice.”* A couple of these participants noted they did not know how to use the card. One participant said, *“They sent me a card that you’re allowed to buy certain things with, but I don’t know what I can and cannot get. I haven’t used it yet. I’ve reached out online, but haven’t had any luck with it.”* Another participant said the card was not useful to him. He said, *“I got some kind of a card for Rite Aid or something like that. It was kind of a joke between the prices and what you could or couldn’t use it on. I ended up buying a bottle of Gatorade.”*

ELEMENTS OF AN IDEAL MCO

Participants were asked to describe the elements of their ideal MCO. The majority of suggestions centered on the coverage available to participants. Dental care coverage continues to be a priority with participants requesting adult care which includes check-ups, cleanings and fillings and a greater numbers of dentists who accept Medicaid. Participants said continued coverage of medications, well visits, and emergency room would be needed elements of their ideal MCO. Participants also would like to see expanded vision care including better options for prescription glasses. Participants said providers were a key element of an ideal MCO. They said having a sufficient number of local providers accepting their insurance and an expanded list of specialists providing care were very important to them. Participants also noted that convenient and open communication with their MCO was a vital aspect of their ideal MCO. Participants said they wanted to be able to contact a person knowledgeable about their situation and to be provided options and alternatives for services that were denied. A handful of participants said they wanted a consistent enrollment process and expanded eligibility for health insurance coverage through Medicaid. Participants indicated that higher income limits and ensured eligibility would be important aspects of their ideal MCO. A few participants mentioned that high quality care, transportation support, case management, a reduction in stigma, and low cost sharing were central elements of their model MCO.

Dental Care

Eight participants said including more comprehensive dental care for adults would be a priority for them in an ideal MCO. One participant said, *“I wish there was more for dental. Instead of getting a tooth pulled out a year, maybe get fillings or cleanings.”* Another participant shared, *“Dental is the number one health risk for people and there is no one around here that helps with the financial end of that. But that’s the number one area where infection and diseases come from and that’s not covered. That’s how my boyfriend got an infection in his blood stream and heart valve. Now he’s only 41 years old and has a*

pacemaker. This is the number one area where Medicaid should be helping and is not.” Another participant said, “I find it hard to find dentistry or dental stuff. I have to go to a free clinic in the next town over for cleanings or fillings or dental checkups. I’ve called numerous places and they don’t accept Medicaid. I wish they could figure out how they could find more people that would accept it in local areas.” Another participant said, “Being able to have all of the types of care that you would typically be able to have on other insurances. I know with the insurance my husband and I have through the state, the only dental care that’s available to us is an extraction. It makes it really hard to take care of our teeth. But if there’s a tooth that’s in pain, but is still good, I don’t want to have to do that just to relieve the pain.” Another participant agreed, saying, “I believe insurance companies should be family oriented. For instance, the kids get dental care, but the adults don’t have dental care. That’s heartbreaking. Right now I’m suffering from it. A lot of other Americans are suffering from it. You want to instill good values in your children about getting jobs, but if you don’t have self-esteem, if you don’t have a nice looking smile to give you self-confidence - I know people who are like that. It’s heartbreaking. That’s the frustrating part about the state health system.”

Prescription Coverage

Five participants noted that continued prescription coverage was a vital element of their ideal MCO. One participant said, *“I would say prescriptions. I think they’re great the way they are.”* Another participant said continued coverage for birth control would be an important aspect of an ideal MCO’s coverage. She said, *“They cover a lot of woman care and birth control. I definitely am satisfied that I can get my birth control and I certainly couldn’t afford it myself. I have one child and that’s good. I can’t afford more.”* One participant said she would like to see the MCOs embrace natural health care options. She said, *“I think they should find other alternatives for people rather than ‘just take these pills.’ Unless they absolutely need it, they shouldn’t prescribe pills. Also, if somebody has a drug problem and they prescribe them medication where they could get hooked on it again, that’s not right. I have bad arthritis, if they wanted to give me something that was a narcotic, I’d try to refuse that because I wouldn’t want to get addicted. I don’t want the side effects. Instead of trying all these things, try other types of medicines. Try more natural medicines. I wanted to get something to do with my knees, it was a brace, but Medicaid wouldn’t cover it. I think they should expand their coverage for heart disease and diabetes to help pay for a subscription for the gym so they could lose weight to better their health or swimming classes for arthritis. I was taking aqua aerobics classes to help ease arthritis, but Medicaid doesn’t pay for that. Or chiropractic stuff, Medicaid doesn’t cover that. I’m not a big believer in prescribing pills when there are other things out there. It causes people to go on drugs and all that. For people with back pain or knee pain, they should be able to seek out other alternatives like acupuncture or something like that. They don’t cover that either. It’s a different kind of medicine that’s not narcotics, it’s safer.”*

Well Visits/Preventative Care

Four participants said continued coverage for well visits and preventative care was important. A parent said, *“I want the preventative and routine care included. Those are my biggest concerns always.”* Another parent said covering her children’s pediatric appointments was critical for her.

Emergency Room Care

Three participants said they would prioritize including emergency room care. One parent said, *“I have three boys so we go there often.”*

Vision Care

Two participants noted they would include comprehensive vision coverage including covering eyeglasses in their ideal MCO. One participant shared, *"I'll give you an example, they have a program where you can get your eyes tested and they tell you they'll give you a pair of glasses. I wear progressive trifocals. They did the eye exam, but for me to get a pair of glasses it would be \$520. He said I could pick a pair of frames out of this group that were super cheaply made and they could only give me one prescription, either reading or distance. I called (the MCO) back and she called another doctor up and the same thing. I told her that was a waste of my time to get my eye checked. I get \$700 a month in social security. I can't afford \$500 to get a pair of glasses. I've had these glasses 11 years. They say I need glasses, but it don't make any difference."*

Providers

Twelve participants said providers were a key element in an ideal MCO. Participants said having a sufficient number of local providers that accept their insurance was vital. One participant said, *"Making sure that I have plenty of options as far as doctors so it's easily accepted in case of an emergency is important."* Another participant said, *"Not too many doctors and offices will take certain insurances."* She continued, *"Having more providers take the insurance is important."* Participants felt that reducing the number of providers would be a detriment to the MCO system. One participant said, *"A lot more doctors not accepting the insurance would be bad."* Another participant agreed saying that their MCO would be worse if, *"the selection of providers was reduced."*

Other participants said they wanted MCOs to continue to cover the doctors they currently see. One participant shared, *"At one point they were talking about just limiting who you can go to. I don't know if that's in effect or not. If they've been going to the same to the place for years and years and having to switch that would be a downfall."* Another said, *"I have a really good doctor and I love her to death and I don't want her to change. I want to make sure they keep covering her."*

Other participants noted a desire for continued and expanded specialist care. A parent said, *"It's important we have access to an ENT. My kids get ear infections a lot."* Another parent said it would be important to her for her MCO to, *"broaden the numbers and types of doctors that can prescribe behavioral medications."* Another parent shared, *"I think there should be more services offered for at-risk teens. My oldest he's an at-risk teen, but you can only get certain counseling services at one location. Having more providers available would be needed for an ideal MCO."*

One participant said she would like her MCO to offer coverage for out of state providers in the event that she is travelling.

Communication

Six participants said they wanted their ideal MCO to provide convenient and open communication options. One participant said it was important for her to, *"be able to reach someone, which hasn't always been the case, when I do have a question or need to check on coverage."* Another said, *"I don't want to get the runaround. Putting in a call and then getting pushed around to different departments, I don't have time for that. Having a person with a phone number and a name if I have a question would be best."* Another participant agreed saying, *"I don't like having to tell stories 30 different times. I like to go to a person who knows my background. Somebody who makes me feel really confident in their knowledge."* Another participant agreed saying, *"I think open communication and the ability to call a person so there is easy contact is really helpful."* A participant said he would want more information and alternative options provided to him by his ideal MCO. He said, *"When they say that medications aren't*

going to be paid for any more, having a reason and an alternative would help. All they say is 'nope we're not paying for it.' For example, I have to do B-12 injections, and they said 'nope, we're not paying for them anymore.' I have to do them twice a month and the reason they denied me is because of the single dose little vials. I found that I could get a larger bottle that would last me a year's worth of injections for \$8, but nobody told me that. When you have chronic health stuff, that doesn't help." Another participant said she would want her ideal MCO to continue to reach out with information on their benefits. She said, "I would just like to emphasize again that they send out the information about rides, helmets, etc. I'm very impressed with the offering of services, even if we haven't taken advantage of those. I would encourage them to continue to remind people of those services."

Eligibility

Five participants said an ideal MCO system will have a consistent eligibility process and higher income limits. A participant suggested ensuring that coverage was available for those who need it was very important. She said, *"Help the homeless and people that are disabled. Cover people who are important to be covered."* One participant said she was concerned about the income guidelines for eligibility, *"The reapplication portion is always stressful. I'm always worried if are we going to make it and if we don't make it, what do we do? It's due in October, and so I'm worried."* Another agreed saying, *"It seems like if your income increases a little bit, it lowers your benefits. It shouldn't do that. I'm on disability and it didn't go up this year, but if it does go up, I'm in trouble. It seems like if you get a little bit more income, they take a little bit more and you're on a strapped income as it is. It's a penalty."* Another said she had concerns about maintaining eligibility due to what she considered unfair scrutiny by DHHS. She expressed a desire for longer term security for her health coverage. She said, *"I really don't have any complaints with Well Sense. It's HHS. She's finding any way she can to disqualify me. So far I've managed to hang on to it. The threat of losing it is always over my head which isn't good for my health. I wish I knew that once I had it, it would stay in place without having to go month to month worrying about whether the Medicaid rug will be pulled out from me. I shouldn't have to re-qualify every month. That's a huge complaint of mine."*

Quality Care

Three participants noted that offering quality care was an important aspect of an ideal MCO. One participant said he wanted, *"good quality care from the doctors."* Another noted that the quality of her care is very high and she wants that to continue. She said, *"The physician care is pretty good and I like that."* Another participant said higher quality mental health care would be a requirement in her ideal MCO. She said, *"I use Genesis and it's a revolving door. They schedule your appointments, but when you need someone before that, it's not available. We're working around their schedule rather than them working around our schedule. It puts a damper on the availability of mental health care. Sometimes they require that you see a counselor every week, but they don't put people in groups if the counselor isn't working. A group might help more."*

Transportation Support

Three participants said they wanted transportation support in their ideal MCO. One participant said, *"I like that if I don't have a vehicle I can call and set up a ride."* Another participant said transportation support would be helpful, *"for people who don't have a license or transportation. For example, if there was a dentist about an hour away and if I didn't have a vehicle, if they could provide that. They used to have something a long time ago, where if when you go on a trip, you would fill out paperwork, and they would reimburse you for the gas mileage. Something like that would be good."*

Case Management

Two participants said their ideal MCO would include case management. One participant said, *“I’m not sure if this is the right answer, but a big difference to me is reminders for these appointments. I have a really hard time remembering them. Not sure if that’s Medicaid or doctor’s offices.”* He continued, *“I don’t know if this is anything to do with them or not, but I’m by myself. For example, in the last couple of months, I had a cancer scare, I got kidney disease, the cancer went away, my mom died, the kidney disease still going on, new cancer, biopsy, biopsy infection, all that in 2 months while you’re by yourself. Sometimes realizing what you should be doing in using resources kind of goes out the window. So again I don’t know if that’s something, if it’s an older or disabled demographic, providing more support may be something for them to look at.”* Another said he would want his ideal MCO to facilitate communication between doctors. He said, *“Doctors don’t communicate together very well. And that’s been a real problem lately. I’d want them to improve that.”*

Reduce Stigma

Two participants said they wanted their ideal MCO to be stigma-free for enrollees. One parent said, *“I want them to treat you like you’re a person, not a number. I want to be treated with respect and dignity. If I bring my son to an appointment, just because I’m young, I don’t want to be disregarded. I’ve had a lot of issues like that. Just because you’re not paying out of pocket, you’re degraded and put to the bottom of list.”* Another said, *“I have always found it was hard when I went to the hospital with my kids to get the same type of care I got going to small individual personal doctors within our home town. Outside of our home town, they would turn us away. We had to go to a bigger place that accepted Medicaid and it was really hard because you didn’t know if you were going to go into the office and feel like you were less than and be treated as such.”*

Minimizing Cost

Two participants said that minimizing costs for enrollees was an important factor in an ideal MCO. They said they would want low co-pays and no deductibles in their coverage. One parent said, *“It would be hard having to worry about deductibles. I would find that very overwhelming especially with a family of five. Deductibles would be a stress.”*

SUGGESTIONS FOR IMPROVEMENT

Participants were asked to describe the improvements they would make to their current health coverage and the types of additional benefits they would be most interested in receiving from their MCO. About a third of participants said they could not think of any improvements they would make to their current health care coverage. Mirroring their suggestions for their ideal MCO, the remaining participants said they would like enhanced dental coverage and more dental providers, improved communication with their MCO, better vision coverage, more expansive prescription coverage, better mental health coverage and specialist care, and an improved billing and eligibility process. When asked what types of additional benefits they would like from their MCO, nearly half of participants said they would like access to a gym membership for their family. A handful of participants also said they would like nutritional counseling and sports shoes. A third of participants said they were not interested in any additional benefits.

No Improvements Needed

Ten participants said they could not think of any improvements they would make to their current health care coverage. One participant said, *“It seems like a pretty good program they’ve got going. I’m happy. I don’t demand a lot of stuff. I get my prescriptions free and there aren’t copays at the hospital. I was in the hospital for 8 or 9 weeks. I was in a coma and they were going to take me off life support, but my kid wouldn’t let them. I woke up and they fixed my heart.”* Another said, *“I actually wouldn’t want to improve anything. Everything is really good. I’ve never had any issues. Everything has always been approved.”* Other participants agreed saying, *“I wouldn’t change anything. I feel satisfied. Everything’s been good so far.”* And, *“I think it’s pretty good. I don’t go to the doctors very often.”*

Several participants expressed appreciation for their health insurance coverage. One participant said, *“I appreciate all that they do. We couldn’t afford it out of pocket. I think it’s a great thing. I hope we get accepted again.”* Another said, *“I feel good now. The last heart doctor I had, I don’t know if it’s true, said he took my heart out and rebuilt it and it’s going to last 10 years. I can’t imagine how much that bill was. I was there a little over 8 weeks in intensive care and I never had a bad time. I know the state picks the bill up it must have been an enormous.”* Another parent shared, *“I worked in an office environment for years and always had insurance. But now I have high deductibles through my job and it’s unaffordable. I never even knew how Medicaid worked. I never thought about it and never thought I’d qualify. Having had to deal with two kids’ insurance, I kept getting charged more and more. When I had my third child, I worried about how that would work. The whole process was such a burden. But it’s made to be so easy through Medicaid. I don’t even have to blink. When I had my own insurance, I had gotten to the point where we would only go when we had to because of the high co-pay. I don’t take advantage of Medicaid. I definitely think about it before we go, but it’s such a relief to be able to say that we can go. I had been on Medicaid for two months and my son fell and smashed his head on the tile floor. It was the first time I had to go to the emergency room and didn’t have to worry about it. I didn’t have to agonize over the co-pay and deductible while I was stressing out in the waiting room.”* Another participant shared, *“I’d like to say, I am very, very happy. I have no horror stories, except for my Cymbalta. I know it’s expensive. I can’t say a bad word about Medicaid or Well Sense. I feel I’m very blessed. I know there’s a lot of other people on it and the state does what they can and I just don’t think people should complain about something that’s given to them. It’s only my opinion and I’m very happy with it. Medicaid has gone above and beyond. My bills are astronomical. My hospital stays are a month and a month and a half and I never ever got a bill from anybody. And that’s for everything. Not once did a bill come in. How can we complain about something like that? People that work and have commercial insurance have co-pays and deductibles and Medicare is 80/20. I don’t get nothing. So I’m happy, I love it. I love the whole program.”*

Dental Care

Ten participants said they would like their MCO to include coverage for dental care and include more dental providers. A participant said, *“Adding dental for adults would be my number one priority.”* One participant said, *“I find that the medical aspect is good. I wish there were more dentists that participated.”* Another participant agreed saying, *“Maybe increase the number of dentists that would take it. Sometimes I have a hard time finding people who accept the insurance.”* One parent said, *“I would love for orthodontics to be a bit easier to come by. I finally found an orthodontist, but it was hard. Nobody accepts it.”* An adult enrollee said he wanted, *“a dentist nearby so I won’t have to go so far. I went to Aspen, but they don’t take Medicaid.”* Another said, *“I wish they would help with the dentist for cleanings and not just operations on your mouth.”* Another participant noted that the dental provider available through her MCO stigmatized his Medicaid clients. She said, *“The only thing I found a little frustrating is we have a dentist for the kids. I feel like he’s a good dentist. He’s someone we’ve used*

before. But he only takes Medicaid during certain times of day which is during the school day. I tried to reschedule because I didn't want to have her miss school. It was insulting to me."

Communication

Six participants would like improved communication options with their MCO. One person said she would like to have access to in-person communication with her MCO. She said, *"I would like having an office that was easily accessible that I could come down and make an appointment and talk to somebody about certain issues. That would be great."* Another noted, *"It would be nice to not getting the run around. We have a base in Conway, but we talk to people in east bumsquat. It should be focused on your location and be more personal. It's frustrating to talk to someone you can hardly understand how they're speaking. They may know what they're talking about, but it won't help if you can't understand them."*

Vision Coverage

Four participants said they would like their MCO to expand their vision benefits to include better coverage of eyewear. A parent noted, *"Her vision is covered through Well Sense, but no matter how much her prescription changes, she can't be seen more often than once a year. That's a big one we're dealing with right now."* Another participant shared, *"We're limited on the type of glasses we can get. Some of the glasses are flimsy. If you have to protect your eye wear because of your job, they don't work."*

Prescriptions

Three participants said they would like more expansive coverage for prescriptions and a reduction in pre-authorization delays. A parent said, *"He has ADHD and I have a hard time with medication because I have to wait for a pre-authorization. It can be a 7 to 10 day wait. I'd like them to minimize or eliminate the delays."* Another participant said he would like his MCO to, *"allow for a little bit more coverage for certain medications."* A participant formerly on pain management said, *"If they could cover the medical marijuana, or even a portion, it would be helpful. It would be a medication actually and they pay big bucks for Abilify. I heard that stuff is really, really expensive. Somebody like me that's not taking that any more, it's saving the state thousands of dollars a month, but now I have to pay out of my pockets. And to be honest, it's a lot better for me to take the marijuana than the pills. I feel much better physically."*

Improve Billing/Eligibility Process

Three participants noted that they had paperwork and billing issues in the past with their MCO and Medicaid and that they would like to see improvements in those areas. One participant explained, *"I had a glitch last year with the paperwork. The way I read it was that I only needed to submit my check stubs. I didn't know that I had to fill out the whole paperwork again because I had been on it for less than a year. Nobody called me. I know I'm an adult, but I got a denial letter and my stomach sank. My daughter was without health insurance and I was sick to my stomach. I don't think the state's Medicaid website was very user friendly. I can get around my computer quite a bit and feel comfortable, but it was very confusing to me last year. I'm hoping to get better at it. I didn't have her on it for years and it was something to get used to. I wish they hadn't cancelled it. I wish they'd called me and said you did the wrong thing, submit x,y,z and I would have done it. My only concern is making sure the right papers are in for her so her coverage doesn't lapse. I don't want to be fined."* Another participant said, *"The only thing I can think of is when I had my surgery, I gave them my Well Sense card when I was there. Usually that's all you need. The hospital, maybe the anesthesiologist, sent me a bill twice after that. Both times I had to contact them to resubmit to Well Sense. I didn't understand why it hadn't gone through yet. That was a glitch. There's a glitch there somewhere. They have the right Well Sense number."* Another

participant said she waited for a long time to receive her cards. She said, *“When switching from Well Sense to NHHF, it took about 8 months to get all my kids’ cards. I had to call them. They said they sent them in mail, but I never got them. Fortunately, they were already in the system from before, and I didn’t have to wait for appointments.”*

Three participants said they would like improvements made to the eligibility criteria for Medicaid benefits. One participant said, *“I would like to know that I was secure in keeping it. I would be like to qualify for it and know I’m secure in keeping it for a certain period of time and not worrying about whether I’m going to lose it.”* Another said, *“They could up the income level on the guidelines more. By any means we are not wealthy, but one year, we got denied and I had to quit my job so my kids could get back on it. I would have them up the income guidelines.”* One participant said she would appreciate increased eligibility options for college students. She said, *“Health care for the older kids 19 and above stinks. My daughter is in school in Pennsylvania and she has no coverage at all. If she gets sick and goes to the emergency room, we’d have to pay for it.”*

Mental Health Coverage

Three participants said they would like their MCO to improve mental health coverage. One participant said she wanted her MCO to understand the difference between mental health and substance abuse issues and to expand their mental health options. Another participant said she wanted her MCO to change their process for mental health care. She said, *“When you’re in counseling and you’re used to one counselor and they switch you to another one, I don’t like that. I’d like to stick with a permanent one and not have to deal with a different person. They kept switching my doctors when doing my medications for OCD and anxiety. I finally switched to have my PCP do it.”* Another participant shared that she would like to have her MCO have more rigorous screening for their mental health counselors. She said, *“I had a counselor that I really liked, but I’ve also had counselors I did not like. I’m short. I had one counselor who wanted me to sit back in the chair and she’d want me to put my feet on the floor, but I couldn’t. I would put my pillow behind me. She was rude that I couldn’t do it. I wasn’t tall enough to do both at the same time. They should have more compassionate counselors.”*

Specialist Care

Two participants noted they would like improvements in specialist care. One participant said, *“I made an appointment with my rheumatologist, but I can’t get in for two months. That’s a long time. It would be good if it could just a little bit sooner.”* Another participant said she would like her MCO to cover chiropractic care.

Desired Benefits

Participants were asked to describe the types of additional benefits they would be interested in receiving from their MCO to support their good health. Twelve participants said they would be interested in gym membership options. A parent said, *“My son is really active and come winter time, I don’t like to be outside. If he had some kind of gym membership, it would be helpful for his ADHD.”* An adult participant said, *“A gym membership would be nice because my doctor wants me to lose weight and financially I can’t afford to go to a gym.”* Another parent said, *“It would be a nice benefit to have some sort of options that would support a gym membership. For example, something that would offset the cost of sending them to something that’s active and involved. Or maybe a discounted program for a Medicaid program. Something for kids would be beneficial.”* Five participants said they would be interested in nutritional counseling or other types of cooking workshops. One participant shared, *“I would like to have a specialist for people who have acid reflux or diabetes and have to be on a special diet. If they could offer that. Or classes to take. Or someone to talk to. Or even just flyers or something. Just to help with*

stuff like that. It's extremely hard to figure out what I can have. It's so much easier to not have my acid reflux act up. And if anybody has depression maybe a phone line or hot line or anything like that." Another participant said, *"I heard of something like this before and not sure if it's actually offered or not. If people actually knew how to cook food, they could use their food stamps better. Or if they offered budgeting and cooking workshops for food stamps."* Two participants said they would be interested in sports shoes. A parent said, *"Sports shoes would be awesome."*

No Additional Benefits Needed

Ten participants said they were not interested in any other additional benefits. One parent said, *"Probably not anything. Only because I only take advantage of services I need. I can provide bicycle helmets, so I don't take advantage. I wouldn't have time to do nutritional counseling."* Another participant said, *"This body has been through a lot. And being 53, I'm on the decline. It's not like I can have a surgery and get back on the tennis court or anything."* Another participant agreed saying, *"Not for me personally. Other people might benefit from it, but it's not like I can be jumping on an exercise machine."*

CONCLUSION & RECOMMENDATIONS

The telephone interviews held during September and October of 2016 provided valuable information into participants' experience with 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 population receiving case management through the Medicaid Care Management Program in New Hampshire. However, the data generated during the interviews can be used to identify issues and concerns that may warrant further exploration.

The 28 participants in this study have been enrolled in Medicaid Care Management for at least one year and thus may provide some insights into how extended experience impacts enrollees' perception of their MCO and health insurance coverage. Results show an improvement in enrollees' regard for their MCO and health coverage compared with previous rounds of interviews and focus groups. Participants reported fewer incidents of pre-authorization delays and denials than in previous years. Participants also described easy access to referrals for specialists and other needed medical care. Overall participants said their experience with their MCO was positive and helpful. As with previous studies, participants continued to note a desire for increased dental care options and vision care coverage as well as expanded eligibility for Medicaid.

Below is a summary of recommendations based on information provided by participants.

Improved Coverage

Participants suggested expanding the coverage they receive from their health plan for dental and vision care, prescriptions, and mental health care.

Clear Channels of Communication

Participants suggested that having convenient and open communication with their MCO would improve their experience. Participants recommended providing contact information of an individual familiar with their case and offering alternative options when services or medications are denied.

More Local Providers

Participants suggested increasing the number of local PCPs and specialists to decrease travel times and reduce appointment wait times.

More Healthy Family Benefits

Participants said they would like access to gym memberships and nutritional counseling to support healthier lifestyles for themselves and their families.

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 participate in a **telephone interview** 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 **\$30 gift card** as a thank you for your time.

We will be conducting the telephone interviews between **September 19 and October 7, 2016**. The interview will take about 20-30 minutes and we can schedule it at your convenience. We have a limited number of interview slots and they will be filled on a first come first serve basis. 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 see your individual answers and your name and personal information will never be made public in any way.

If you would like to schedule an interview, please call Horn Research toll-free at **(888) 316-1851** or email at Lisa@HornResearch.com.

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

Sincerely,



Doris H. Lotz, MD, MPH
Department of Health and Human Services Chief Medical Officer

APPENDIX 2. INTERVIEW GUIDE

Introduction

You are covered by Medicaid and have been receiving Medicaid benefits provided through one of two Medicaid Managed Care organizations: NH Healthy Families or Well Sense Health Plan for the past year. The goal of this focus group is to try to understand your overall experience with the managed care organization now that you've had some time in the program.

Your feedback is very important and will help the State of New evaluate the Medicaid Care Management program. 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 the Medicaid Care Management Program.

I. Suggestions for Improvements

1. Let's start with a few big picture questions. First, what are the key elements you would like to see in a Medicaid managed care program? What are the main aspects that are important to you?
2. Is there anything you would not want to see in a Medicaid managed care program? What things might make it worse?
3. What are 2 or 3 improvements that you would make to your current health coverage?

Next, let's narrow our focus and go into some more specific areas.

II. Access to Care

1. How would you describe the range of choices of primary care providers you have available to you through your MCO? Do you feel that you have a lot of choices, enough choices, or not enough?
2. Have you been able to see a specialist if you needed care from one?
3. How would you describe your MCO's process for referring you to specialists?
4. Do you think the process for referring you to specialists works well or do you think it needs improvement?
5. What do you think works especially well?
6. What do you think should be improved?
7. What about other aspects of your health care such as access to medication, physical therapy, x-rays, medical equipment, etc.? Have you needed access to any of these types of care? Which ones?
8. (for each type in Qxe 7) How would you describe the process for gaining access to (fill in the blank)?

9. (for each type in Qxe 7) Do you think it works well or do you think it needs improvement? What do you think works especially well?
10. (for each type in Qxe 7) What do you think could be improved?
11. Has anything not been available to you that you needed?

III. Quality of Care Management

Next, I have some questions about the quality of care you receive.

1. What role has your MCO played in managing your health care and helping you navigate the health care system?
2. Has your role in your health care changed since being with your MCO? Do you feel like you have more opportunities for input, or fewer, or has it stayed the same? Can you share any examples with me?
3. How has being enrolled with your MCO affected how other aspects of your life are managed, things such as housing or transportation? Has your MCO had any impact on that? In what ways?
4. How has being enrolled with your MCO affected the care you've received for any chronic illnesses such as diabetes or heart disease you might have?
5. Is the care for your chronic illnesses more or less consistent? Or has it stayed the same?
6. Is it more or less comprehensive? Or has it stayed the same?
7. Can you give me any examples of how it has been different?

IV. Other Benefits from MCO

Next I have some questions about other types of benefits you might have received from your MCO.

1. The MCOs sometimes offer additional benefits such as car seats, bike helmets, and incentives for specific healthy behaviors. Have you received any of these additional benefits?
2. How important is this type of benefit to you?
3. Is there something else you would rather have as an extra benefit to support your good health? (examples, if needed could be nutritional coaching, exercise support - gym membership, sport shoes, coach, etc)
4. Is help from your MCO available to you when you need it? Can you share any experiences you have had when trying to get from your MCO?
5. Do you have any other comments or stories you would like to share with me?