# New Hampshire Medicaid Care Management Focus Groups
## Summary Report
## Year Three, Spring 2016

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

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# APPENDIX C: FOLLOW-UP TO ISSUES IN YEAR THREE SPRING 2016 FOCUS GROUP

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

# TABLE OF CONTENTS

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# EXECUTIVE SUMMARY

## Introduction

In support of the New Hampshire Department of Health and Human Service (DHHS) Medicaid Care Management Program, an external review of qualitative data gathered from Medicaid beneficiaries regarding their experience with the Medicaid Care Management (MCM) Program over a three year period. In the spring of 2016, two focus groups and telephone interviews of recently enrolled individuals were conducted with targeted Medicaid beneficiaries during May 2016. Four Key Points of Inquiry were identified to explore during this period's data collection efforts: *Experience with Medicaid Care Management, Access to Care, Quality of Care and Care Management, and Suggested Improvements* as related to the target population's first 90 days receiving their benefits from a Managed Care Organization*.*

## Methodology

The targeted population was comprised of individuals who previously opted out of the MCM program and who were newly mandatory to begin receiving their benefits through a Managed Care Organization (MCO) on February 1, 2016. The targeted populations, who have been receiving their benefits from an MCO for just over 90 days at the time of the study, included 3 categories: 1) individuals dually eligible for Medicaid and Medicare; 2) parents or caregivers of children with disabilities; and 3) parents or caregivers of children in foster care. The geographic regions of the state targeted for this round of data collection were the Concord and Derry areas. The dually eligible population group was large enough to require random sampling whereas the entire population groups for parents/caregivers of children with disabilities and parents/caregivers of children in foster care were included in the recruitment sample because of the relatively small number of members. A total of 21 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.

### *Experience with Medicaid Care Management*

In order to understand their first 90 days of experience with Medicaid Care Management, participants were asked to describe whether they understood their plan and if they knew who to contact for help, what they liked best and least about their MCO, and whether they experienced any problems. The majority of participants said they either understood their plan or could find the answers they needed. A handful of participants were still unsure of their plan's details and did not feel they were getting adequate response from their MCO. Participants were generally unable to provide positive examples of their MCO because they had not been enrolled for very long. A few of participants commented that they appreciated being able to keep their primary care physician. Parents of children with severe disabilities were most likely to report negative experiences with their MCO including disruption in the continuity of care for their children, requirements to change long-standing relationships with providers, and increased stress and time related to managing their children's care. Other participants noted increased costs and reduced coverage since enrolling with their MCO.

*Access to Care*

A key to understanding how well the Medicaid Care Management Program is performing is to identify whether participants experienced improved or diminished access to doctors, specialists, medications, and ancillary services in the initial 90 days of enrollment with their MCO as compared to their fee-for-service experience.  Overall, participants said their access to preventive care had remained the same since enrolling with their MCO. About half of participants indicated that accessing medications had become more difficult due to changed dosages, medications no longer being covered, and the requirement to switch medications. While the majority of participants said their access to specialists had remained the same, parents of children with disabilities said their access to specialists had dramatically decreased since enrolling with their MCO. They said they had specialist services denied, had been required to travel longer distances to see specialists, and had to see specialists who they felt were less qualified. None of the participants had used transportation services, but a few were interested in receiving more information about utilizing this option. Participants noted that the process for reimbursement was cumbersome to the point of “not being worth it.”

*Quality of Care and Care Management*

Participants were asked to assess the quality of their providers and care coordination, describe their role in their health care and share whether they felt that they are or could be active participants in coordinating their care. Additionally, they were asked about the types of information they had received from their MCO during their first few months of enrollment. Participants nearly universally had positive experiences with their primary care physicians, most of which were the same physicians they had prior to enrolling with their MCO. The majority of participants said their providers worked well together, but parents of children with disabilities were more likely to say they coordinated their children’s care rather than relying on providers to do so. In general, participants said they had an active role in the decision-making of their or their family member’s health care, however, some parents of children with disabilities felt their role was not being respected by their MCO and participants with developmental disabilities were worried about having adequate support to participate fully. Most participants had not received any health information from their MCO and nearly a third of participants said they had not received any information on coverage or a benefits card.

*Suggested Improvements*

Participants were asked what types of support and information they would like to receive from their MCO and also to propose improvements to their MCO and to Medicaid overall. Participants suggested they would like to receive details on their benefits and coverage, health care options, nutrition and healthy eating advice, and cost and quality information. Participants noted that they would like this information to be simple and easy to read and available online. The majority of participants, and nearly all parents of children with disabilities, suggested discontinuing managed care and returning to fee for service Medicaid. Participants from other eligibility groups suggested enhancing benefits to include dental and vision care and applied behavior analysis (ABA) therapy for autism. A handful of participants said they had not had sufficient experience with their MCO yet to provide suggestions for improvement.

## Recommendations

### *Further Review for Children with Severe Disabilities*

The focus groups and interviews showed a clear divide in experiences for families with children with severe disabilities and other eligibility groups. Parents of children with severe disabilities shared their deep distress over being required to give up their long-standing relationships with their health providers and worry about future care coordination for their children's complex needs. Parents said the managed care requirements have created additional complications to their already difficult lives and recommended a return to the fee for service model. However, because this report only evaluates members' first 90 days of enrollment, this population's experience should be reviewed again in the future to determine whether these impressions have diminished after a transition period or if they continue to be ongoing concerns.

### *Improve Communication*

Participants said they would appreciate receiving additional information from their MCO in a number of areas including details on their benefits and coverage, health information on topics such as healthy eating and nutrition, transportation support, and provider cost and quality data. Participants said they would like information to be simplified and easy to understand as well as available in on-line and paper formats.

### *Improve Coverage*

Participants suggested improving the coverage they receive from their health plan for dental and vision care and specific therapies such as ABA therapy. Participants noted that denial of coverage may increase costs in the long run.

# 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 over a three-year period. Two focus groups were conducted with beneficiaries in May 2016. The targeted population was comprised of individuals who previously opted out of the MCM program and who were newly mandatory to begin receiving their benefits through a Managed Care Organization (MCO) on February 1, 2016 and living in or near Concord and Derry. The targeted populations, who have been receiving their benefits from an MCO for just over 90 days at the time of the study, included 3 categories: 1) individuals dually eligible for Medicaid and Medicare; 2) parents or caregivers of children with disabilities; and 3) parents or caregivers of children in foster care. The focus groups were conducted in Derry and Concord of New Hampshire.

*Table 1. Focus Group Locations and Dates*

| Location | Date/Time |
|---|---|
| Derry | May 19, 2016: 4:30pm – 5:30pm |
| Concord | May 20, 2016: 10am – 11am |

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

1. **Experience with Medicaid Care Management**
    - Participants' understanding of their plan including participants' positive and negative experiences with their MCO

2. **Access to Care**
    - Participants' experience with improved or diminished access to preventive care, medications, specialists, and transportation services

3. **Quality of Care and Care Management**
    - Participants' perception of and relationship with their primary care physician
    - Participants' perception of how well their care has been coordinated
    - Participants' perception of their role in their health care and whether they can be active participants in coordinating their care
    - Participants' experience receiving information from their MCO

4. **Suggested Improvements**
    - Participants' suggestions for improvement within Medicaid and their MCO and information needs

## 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 21 individuals participated in either a focus group or a telephone interview.

### *Sample Size and Composition*

Eight to ten participants were targeted for each of the two groups for a total of 16-20 participants. The group size is considered ideal for focus groups by being small enough to allow everyone the opportunity to express an opinion and large enough to provide a diversity of experiences. DHHS provided contact information for all enrolled beneficiaries in the target eligibility groups located in or around Concord and Derry. The dually eligible for Medicaid and Medicare population (N=608) was large enough to require sampling. A total of 200 dually eligible members were randomly selected to be included in the recruitment sample. Because of the relatively small number of parents or caregivers of children with disabilities (N=82) and parents or caregivers or children in foster care (N=12), the entire populations of these groups were included in the sample for recruitment. The total sample size proved to be sufficient to recruit the target number of participants.

### *Participant Recruitment*

A letter (Appendix 1) explaining the project and asking for participation was sent on April 23, 2016. Based on the positive impact of increasing the incentive for participation in the previous round of focus groups, participants were again offered a $50 gift card to attend. The groups were filled to capacity by May 5, 2016 and a wait list was established. In addition, one individual who was not able to attend a group due to health restrictions requested a telephone interview. Focus group registrants were called to confirm their attendance on May 16, 2015. A total of 16 people participated in the focus groups. Four individuals were unable to attend as previously planned due to transportation and health issues, two of which participated in a telephone interview. An additional two individuals on the wait list were interviewed by telephone to ensure adequate participation by members dually eligible for Medicare and Medicaid.

*Table 2. Number of Participants by Mode of Participation*

| Mode of Participation | Number | Percent |
|---|---|---|
| Focus Group | 16 | 76.2% |
| Telephone Interview | 5 | 23.8% |
| *Total* | *21* | *100.0%* |

***Participant Demographics***

Table 3 shows the distribution of participants' MCO by location. Both New Hampshire Healthy Families and Well Sense Health Plan were represented by participants and in nearly equal proportions to the total sample.

*Table 3. Number of Participants by MCO*

| MCO | Focus Groups/Interviews | | Full Sample | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| NH Healthy Families | 12 | 57.1% | 166 | 56.5% |
| Well Sense Health Plan | 9 | 42.9% | 128 | 43.5% |
| *Total* | *21* | *100.0%* | *294* | *100.0%* |

As shown in Table 4, distribution of participants by eligibility group shows an acceptable representation of all eligibility groups compared to the full sample.

*Table 4. Number of Participants by Eligibility Group*

| Eligibility Group | Focus Groups/Interviews | | Full Sample | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| Dually Eligible for Medicaid/Medicare | 10 | 47.6% | 200 | 68.0% |
| Parents/Caregivers of Children with Disabilities | 9 | 42.9% | 82 | 27.9% |
| Parents/Caregivers of Children in Foster Care | 2 | 9.5% | 12 | 4.1% |
| *Total* | *21* | *100.0%* | *294* | *100.0%* |

***Data Collection Process***

The focus groups were led by an experienced facilitator with participant responses captured electronically with two digital recorders. Telephone interview responses were captured in real-time through note-taking only. Focus groups and interviews were directed by a Focus Group Guide (Appendix 2) developed to address the Key Points of Inquiry. The focus groups lasted approximately 1–1 ½ hours while telephone interviews lasted approximately 20-25 minutes. All participants received a summary of the purpose of the project prior to the interview, and at the beginning of the interview, the facilitators read a statement verifying the confidentiality of the information collected during the sessions. All participants received a $50 gift card in appreciation for their participation in the project.

***Data Analysis and Validity***

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

## EXPERIENCE WITH MEDICAID CARE MANAGEMENT

In order to understand their first 90 days of experience with Medicaid Care Management and their MCO, participants were asked to describe whether they understand their plan and if they know who to contact for help, what they liked best and least about their MCO, and any problems they have experienced. The majority of participants said they either understood their plan or could find the answers they needed. About a quarter of participants were still unsure of their plan's details and did not feel they were getting adequate response from their MCO. Participants were generally unable to provide positive examples of their MCO because of their brief enrollment experience. A few participants commented that they appreciated being able to keep their primary care physician. Parents of children with severe disabilities were most likely to report negative experiences with their MCO including disruption in the continuity of care for their children, requirements to change long-standing relationships with providers, and increased stress and time related to managing their children's care. Other participants noted increased costs and reduced coverage since enrolling with their MCO.

*Understanding of Plan*

Over half of participants indicated they either understood their plan or knew where to call if they had questions or concerns. One participant said, *"I'm not very good with my mental capacity sometimes, but I look at that number on the back of the card and usually they help me. I used it once. Before I get off the phone with them I explain it back to them so I know I understand what they're talking about. They explain it really great for me."* Another participant noted that the number on the card is a direct way to get answers to her questions. She said, *"I agree with using the number on the back of the card. I answered a voicemail from a different 800 number that said any representative can help you. I got transferred five times and each time had to verify who I was. It took a half hour and then they said everything's fine and that I should get check. I would say don't answer any calls from that 800 number. The number on the back is more direct."*

Three participants said they had trouble understanding their plan initially, but were able to get answers to their issues. One shared, *"We use the website quite often. We have definitely been able to get answers and resolutions. When he had to change to Well Sense, they sent the card with the name of the PCP and every time he tried to call the doctor they said they're not taking new patients. We didn't understand he didn't have to take that PCP. It wasn't clear that he could pick someone else. But once we called and found out we didn't have to take her then we found a new PCP."* Another participant said, *"I got some information in the mail about the Well Sense program I didn't understand so I went ahead and called them and they explained it and it was ok after that. The paperwork was a little bit confusing at first, but I went over it with the case worker. They're very knowledgeable and helpful."* Another participant described her anxiety in ensuring her daughters were covered properly. She said, *"I feel like I understand now. I was confused at first about in one spot, and it said if you're confused, please call. I didn't even know what numbers to call at first even though the number is there. They transferred me a lot. That was confusing to me. And naturally if it has anything to do with Medicaid or Medicare I get very nervous about what's going on and about the girls being covered. When I finally got to the right bit of information I felt it was very clear, but it took a while and that increases my anxiety. I worry I'm going to miss out or miss a deadline. Sometimes in letter it says your services could be terminated. The girls are 35. They've had it since they were young. I want to make sure I do what's right for them."*

The remaining participants said they are still unsure about their plan and are trying to figure it out. One foster/adoptive parent said, *"It's still new to me, so I'm trying to figure out. They send me things. If I do* *have a question, I do call. I've had it since January. The girls were adopted. The older one has ADHD and is struggling with school so we are trying to figure that out with the plan."* Another participant said she and her sister did not really understand their mother's plan. She said, *"The information hasn't been clear. We don't really understand, but have a vague idea. I think we understand the basics. For the particulars, we are just sort of trusting on that. We know who to call if we have problems."*

A couple of participants were discouraged by the process of figuring out their plan. A participant shared, *"It infuriates me. I had no doctor and I didn't know what to do. I called the case manager and she said 'you need to choose a plan'. I found out I couldn't even make an appointment until I picked a plan. I got my card and the doctor was an OB/GYN. Why can't they send you a card for a normal physician? I just need a doctor to give me my medicines so I don't have another heart attack."* A participant with children with disabilities expressed her frustration with the plan by saying, *"No I don't understand the plan, and I don't feel that half the people who work there understand the plan. The reason I chose New Hampshire Healthy Families is because they said they had a continuity of care program which would allow me to keep my children's hospital doctors as long as I had an established relationship. My children were born at Boston Children's Hospital. We've been there 10 years. On February 10th while at the doctor in Boston, I found out we didn't have coverage. I was on the phone saying 'I'm here, but can't be seen, they say I don't have insurance.' When I asked about continuity of care, they said that's only for 60 days, and I said it's only been 10 days. They approved it while I had to wait in the office. Do I have somebody I can talk to? It took 3 weeks of complaints to get to that person. She's a special needs coordinator. She's very good at being polite and telling me no."*

*MCO Positives*

Many participants were unable to identify positive aspects of their MCO citing negative or limited experience thus far. Three participants shared that they were glad they were able to keep their physicians. One parent said, *"He has the same doctors so there hasn't been any noticeable change. We could continue with his medical home."* Another said, *"I basically did a pro and cons list and called my doctors to see what they accepted and that's how I picked. There was only one doctor that wouldn't accept Well Sense."* A handful of participants said they appreciated the level of coverage. One participant said, *"Before I got this insurance I would have to pay for medication and co-pays all the time. It's good for low-income people to make ends meet. It really helps."* Another said, *"I like them. I feel like they're doing a little better. My daughters are well covered for medical appointments."*

Three participants said their coverage was secondary insurance for them and they had not had much contact with their MCO, but those experiences were positive. One participant shared, *"Our son originally was with Katie Beckett which I think is different from other plans. He has primary insurance through his dad. NHHF covers the co-pays and it is my understanding as well is that there are services available through NHHF that wouldn't be available to us otherwise. Like certain counseling things that he is receiving that are of great benefit."* Another participant agreed saying, *"Mine also is secondary. I adopted my two granddaughters. The (MCO) covers co-pays and balance. It's usually smooth."*

Three participants shared positive experiences with their MCO's customer service and process. One participant said, *"I do like the easy accessibility of calling whenever he has a question. And they're right on it. We asked for them to send a card and their customer service representatives are very nice and knowledgeable. We haven't had one single problem. Whenever he has a question, we call and have an answer."* Another participant appreciated the proactive approach she experienced with her MCO. She said, *"I've had my grandson since he was two weeks old. In January he turned 19 and we got all this stuff in the mail and every few weeks we get these phone calls. They're calling to see how he's doing and what* *they can do to help me. I was floored because no one has ever in 19 years called to see if I needed help. I wrote all their information down. They said if I needed help to call. I thought it was great. It relieved me of what I should be doing."* Another remarked, *"I don't feel like I have to have someone holding my hand to make sure they're healthy, but we did get a postcard reminding us about pap tests, breast exams. We never got anything like that before. That's new. I think that's really good. People do need reminders about what ages to do those tests. My doctor is very good about covering that, but I'm sure there might be people that might need it."* Another participant with a child with disabilities said, "*The thing I noticed was the ID number remained the same which seemed to make the transition smoother. His Medicaid card had the same number as his NHHF id. It's actually been easier. We used to go the pharmacy and copays wouldn't have gone through, but with NHHF things have been processing directly. I've never had to tell them about the secondary insurance."*

*MCO Challenges*

Participants had several negative comments related to their MCO. Parents of children with disabilities were the participants most frequently noting difficulties with their MCO. Several parents shared problems with having to switch providers. One participant described the difficulties with disruption in her children's care and her fears about how to ensure her children receive the care they need. She said, *"They are disrupting all of their care. My children were born there (Boston Children's Hospital) and have their specialists there. To change that quality of care for kids who have complex needs is terrible. There is no literature on my daughters' genetic disorder. They are medically complex and this is what the doctors have been watching. Now they're trying to pull that out from under their feet and send them somewhere they don't know what's going on. You can't look up their issues in a book."* Another parent said*, "My son has been going to the same doctor since he was six. There is no other doctor in the state that can see him. He has to see someone from Boston Children's. We had trouble getting approval, but now he can have two visits a year."* This was echoed by another parent who said, *"I had to change my child's pediatrician. My son is 13 and he has a dual diagnosis. One is autism so he doesn't relate to strangers. We had to change to a New Hampshire doctor. They won't cover out of state unless there isn't a specialist in New Hampshire that covers that."*

Parents of children with disabilities also noted increased stress and time spent managing their children's care since enrolling with their MCO. A parent shared, *"One of my son's doctors can't see him anymore because he is not covered under Well Sense. We ended up having to go to Manchester to Dartmouth/Hitchcock. It's a pain because they knew him and when he had to get the surgery it was easier to go to the hospital. It's probably a 20 miles drive now when it was less than 5 to where we were going."* Another parent said, *"We have been going to the same eye doctor for a long time. We used to be able to go out of the eye doctor and get glasses right there. There was a shop there. But now with new insurance, they won't cover that particular place to get eyeglasses. There are only two locations where you can get eyeglasses. I still l haven't gotten his new prescription after two months. I can't get there. He has more than one disability and I'm constantly going to appointments. How am I supposed to take this time to drive these places to get eyeglasses when I used to be able to go right around the corner? For something as simple of eyeglasses –something so simple and silly as that."* Another parent echoed these challenges saying, *"We have IEPs (Individual Education Plans) that require so much coordination. Now we have to do it with doctors. It's ridiculous."* Another parent said, *"All of it is stressful. To have to call up and scream and have doctors call them before they allow appointments… my life is already challenging. I thought Katie Beckett was supposed to make it easier for families. I do not get how they're paying people to not let you go to the doctors. The social worker they gave me is very nice, but should be helping, not telling me my kids can't go to the doctors. It's exhausting. I'm advocating everywhere we go. I constantly have to be on. It just sucks."*

A few participants also noted increased cost and decreased coverage since enrolling with their MCO. One participant shared, *"I had to have a few ultrasounds and they didn't cover the whole thing and I had to pay. That was a change. Before, regular Medicaid covered everything. They don't cover everything now and there is more out of pocket."* Another participant said he had to pay for all his over the counter medications out of pocket which is difficult for him financially. Another said, *"The only change I've seen is going to see my ear doctor. I'm supposed to be covered by it. I've been going there basically my whole life, but now for some reason I have to pay some."* A parent said, *"My son is covered under Katie Beckett. When we started with NHHF we received a letter in the mail stating they were no longer covering speech language services. My son has autism and according to some doctor that doesn't know my child he isn't making enough gains and is as good as he's going to get. My son started out with no language, but now you couldn't pick him out of line-up as different. The only missing piece now is the social aspect. I was very disappointed to get that letter in the mail. I know my son has much more potential than that. A little bird told me Well Sense covers much better so I just switched to Well Sense instead of appealing. I haven't heard back yet if they are going to cover it."*

A handful of participants said they had not encountered any issues as yet with their MCO, but that it may be too soon to say. One participant said about her mother, *"She hasn't really been on it that long – nothing so far that we haven't disliked. No news is good news.*

## ACCESS TO CARE

A key to understanding how well the Medicaid Care Management Program is performing is to identify whether participants have experienced improved or diminished access to doctors, specialists, medications, and ancillary services during their initial 90 days of enrollment. Overall, participants said their access to preventive care had remained the same since enrolling with their MCO. About half of participants indicated that accessing medications had become more difficult due to changed dosages, medications no longer being covered, and the requirement to switch medications. While the majority of participants said their access to specialists had remained the same, parents of children with disabilities said their access to specialists had dramatically decreased since enrolling with their MCO. They said they had specialist services denied, had been required to travel longer distances to see specialists, and had to see specialists who were less qualified. None of the participants had used transportation services, but a few were interested in receiving more information about utilizing the options. Two participants noted that the process for reimbursement was cumbersome to the point of not being worth it.

### *Access to Preventive Care*

The vast majority of participants said their access to preventive care had remained the same. One participant said having to change providers for her son with autism was an issue in receiving preventive care. She said, *"We have had the same pediatrician for my son since he was born. But we had to switch and he can't deal with the doctors. He just screams at them."* Another said that she has to wait for approval before she can access care. She said, *"(The MCO) denies or approves the visits the day of the appointment. I'm on the phone begging them to approve it, but then don't have time to get to doctor and have to re-schedule. It's been worse with them."* One participant felt that access to preventive care had gotten better. She said, *"I think it's improved. He went to this one doctor and she set him up for a colonoscopy. He couldn't say enough about her."*

*Access to Medications*
About half of participants said they had difficulties with their access to medications. Participants noted that some of their medications were no longer covered or were only covered in different doses. One participant shared, *"My son takes a drug called Clonidine. He had been taking it in a 12 hour extended release tablet. Well Sense decided would only cover regular Clonidine. The extended release tablet helps him sleep at night, so now he wakes up more. But we can't really do anything about it. They're trying to cut costs."* Another participant had a similar experience saying, *"My daughter gets two 20 milligram Prilosec pills a day, but now they won't pay for that, but will pay for one 40 milligram pill a day."* The participant also noted that the MCO was no longer covering her daughter's probiotic.

Another participant was concerned about the need to try out different medications when the current medication was working well for her daughter. She said, *"Her medication was going well, but the insurance company said she had to try a different medication. Why should we change it? It's working! And the last few weeks of school to have to change the medication? They shouldn't do that."* Another said, *"When we first found out he was diabetic, we tried one type of insulin. But when we switched to Well Sense, they didn't approve this one. The endocrinologist had to deal with them and eventually it got through."*

Some of these challenges were addressed by either their doctor modifying the dosages in their prescriptions or by advocating with the MCO on behalf of the patient. One participant said, *"I was put on Lexapro. I took a 2.5 milligram pill for the day and a 7.5 milligram pill at night, but somehow the insurance wasn't going to cover that. It was going to cost me $700 out of pocket to get the medication. After many calls to the doctor, the doctor called the insurance company. They wanted to pay for 2.5 milligram pill in the morning and three 2.5 milligram pills at night. My out of pocket is zero now."* The participant noted that he needed the doctor to help advocate for the lower cost and figure out a way to get his medication to him. Another participant said, *"They denied my son's seizure medication. They paid for a $25,000 steroid shot no problem. But not the seizure medicine which is not anywhere near that cost. They said he's not 16, and the pharmacy wouldn't fill it. I had to call every day for three weeks. The neurologist finally got it through.*"

The other half of participants said they did not have any trouble with their medications. For the most part these participants did not have many medications except for one participant who said, *"No challenges which is good. I have a lot of medications, but they haven't changed anything."*

*Specialists*
The majority of participants said their access to specialists had remained the same. One participant said about her adult children with developmental disabilities, *"They both get vocational rehabilitation. They are also losing their hearing so they have seen an ENT, had hearing tests, and are now being fitted for hearing aids. We haven't had any trouble."* Another participant said, *"I had to have my son out of state for an issue and that was very seamless. We've been down to the headache clinic in Waltham twice."* Another participant using Medicaid as a secondary insurance said, *"My son sees a speech therapist, but my husband's insurance covers it now."* Another participant said about her mother in a nursing home, *"She hasn't needed much. The only thing we've done since February is the doctor ordered some OT and PT since she had a fall. The insurance declined the OT because she hasn't retained any improvement. We understand it and we appreciate the fact they tried, but she wasn't getting any benefit."*

Participants who described difficulties in accessing specialists were much more likely to have children with complex medical needs. One parent described, *"My son had a stroke, has seizures, and cerebral* *palsy. The insurance gave him one last visit to his specialists and said had to go see someone else. It's not even the right kind of doctor he sees now. The neurologist at Boston Children's fought it and at least he can see the neurologist."* Another participant said she was upset that the MCO had denied her daughter's therapies because of missed appointments. She shared, *"They eliminated my kids OT and speech therapy. It was weird because the insurance started February 1st and on February 2nd I got call from Texas asking me why my kid missed a few appointments back in October of 2015. I said she fell and cracked her head open. She had post concussive syndrome and the doctor said stay home. She was out of school for a month. The people from Texas said 'you know your daughter's not ever going to get better if you don't send her'. First of all, I'm not looking for my daughter to be cured. I said I'm looking for quality of life. The woman said if we missed two more appointments they would be limiting my kid's therapy. But I can't foretell when she's going to get sick. It's completely unfair. I said she needs this OT in order to get this most independent life she can potentially have. Then I missed appointments because she had strep and they stopped the OT. I freaked out. I called up everywhere and I ended up getting it back."*

Many of the participants with children with disabilities agreed that the increased travel distance to reach specialists was a burden for their family. One participant said, *"It's 15 minutes away to Boston and now they're suggesting Portland, Maine which is one and a half hours away or Lebanon which is two hours away. No cell phone reception for an hour and a half with a sick kid is scary."* Another parent agreed saying, *"I've done it. It's scary. There's no cell service and no other cars."*

One participant said she had planned ahead and switched providers early. She said, *"I knew it was coming so I prepared. I had already switched to a pediatrician in New Hampshire. Her endocrinologist was already in New Hampshire so we didn't have trouble. I was lucky with that."*

### *Transportation*

None of the participants indicated that they had used Medicaid transportation or transportation reimbursement services. The vast majority indicated they did not need transportation assistance. A handful of participants said they did not know about the option, but would like information on how to access transportation support. One participant noted, *"I never knew that opportunity was there for me. There are times I need transportation. I'm 39 years old, but don't have car or license. It would be helpful to have more information on that."* Another said, *"He was going to ask about that. I drive him to all his appointments. It gets costly after a while. He does pay me some gas money."*

Two participants said they were aware of the transportation reimbursement option, but had not utilized it. One participant said the amount of reimbursement is not worth the hassles of filling out the paperwork. She described, said, *"Our travel distances aren't large and not worth putting in for the mileage reimbursement. It would just be paperwork on paperwork for 35 cents per mile. That's not to say that a taxi wouldn't be worth it, but there is a lot of paperwork. You have to have the doctor's office sign off on the form."* Another expressed her frustration with how long the process was taking. She said, *"We lost our car. Before the switch to the new insurance, we could walk. I called to check on the transportation and they said on the recording that if it's been less than 11 weeks since you sent in application, then hang up and wait. I don't need a ride 11 weeks from now, I need it next week. That's useless. They won't even answer you if haven't had your paperwork in for at least 11 weeks. I know it's not a taxi, but there must be a middle ground. I couldn't even talk to a human being."*

## QUALITY OF CARE AND CARE MANAGEMENT

Participants were asked to assess the quality of their providers and care coordination, describe their role in their health care, share whether they feel they are or can be active participants in coordinating their care and the types of information they had received from their MCO in their first few months of enrollment. Participants nearly universally had positive experiences with their primary care physicians, most of whom were the same physicians they had prior to enrolling with their MCO. The majority of participants said their providers worked well together, but parents of children with disabilities were more likely to say they coordinated their children's care rather than relying on providers to do so. In general, participants said they had an active role in the decision-making of their or their family member's health care, however, some parents of children with disabilities felt their role was not being respected by their MCO and participants with developmental disabilities were worried about having adequate support to participate fully. Most participants had not received any health information from their MCO and nearly a third of participants said they had not received any information on coverage or a benefits card.

*Primary Care Physician*

Nearly all participants said they liked their primary care physician. Most participants had the same primary care physician they had prior to enrolling with their MCO. One participant said, *"It's the same doctor. We love him. He's a great a doctor. The office is quick to answer and leave a message – even the doctor calls sometimes."* Participants appreciated that they were able to keep their primary care physician. One participant said, *"I love her. I was able to retain my regular PCP which is awesome. She's a wonderful doctor."* One participant noted that she does not necessarily see the same physician each time because she goes to a health clinic. She said, *"I go to the family health center. They change their doctors all the time. The one thing I like about my PCP, even if he leaves, there is always going to be someone in the office for me."* Another participant had a similar experience saying, *"We have the same doctor. She's very good and knows the girls from way back. We have a very good relationship with her. It's the clinic so if she doesn't happen to be there, someone else can help us. She's very good with them and she's very clear and can explain things to meet their intellectual disabilities."*

Two participants noted they changed primary care physicians, but were happy with the change. One said, *"I changed my PCP because my PCP left as of December 31st. I was able to get someone at the same place that has filled in for my other doctor in the past. She knew my case and was accepting new patients. I was all set. It all worked out in the end. I like somebody that knows my case. I need someone who knows what they're looking for."* Another said, *"I like my pediatrician at Children's in Boston. I had her handpick this New Hampshire pediatrician so we could get the same quality of care. The doctors at Boston Children's support families. They will write letters. They respect the whole family."*

*Care Coordination*

The majority of participants said that their providers work well together. One participant shared, *"I know my doctor works with my psychiatrist. My doctor does one of my blood tests so that my psychiatrist doesn't have to do that. My doctor faxes over my results to my psychiatrist which is nice. Last year there was a problem with my levels being off and my doctor called the psychiatrist and said we need to do something here, that we might need to lower dose. That's what they did. They worked together."* Another participant said, *"It works out well because his primary care physician is one door down from his physical therapist. It's one-stop shopping. The doctor set up the appointments and they all called him. He didn't have to do anything but show up."* A parent said, *"We have specialists at Children's Hospital and* *see some specialists at Hitchcock. They send all the information over to the pediatrician. We haven't had any issue in coordination."* Another said, *"I always make sure my doctors have my primary contacts and any other doctors that need to be contacted. If I need to see the cardiologist, I make sure he contacts my PCP to follow up. Just so he knows what's going on."*

Parents of children with complex medical needs said they often coordinated their children's care instead of relying on their providers to do so. One parent said, *"I think I'm more of my son's case manager than anyone else. I go between his speech therapist and PCP. I don't like our PCP. I keep her on the card, but I usually ask for a different doctor in the practice. I have issues with her understanding certain decisions I've made for my son. I'm usually the one who goes back and forth between the behaviorist, school, speech therapist and doctor. I like that role. I'm a little bit of a control freak especially when it's him."* Another parent concurred saying, *"I too feel like I'm a case manager. There are so many appointments to keep track of. There are the regular ones and every other week we seem to go to a different specialist. My son is 17 now and in short order he will need to take on what he wants to do when he turns 18. Things will change dramatically then. Not sure how his care will go when that happens. I have great concern about that. I don't know what guidance there is on that transition for our young people. At 17, mom is taking care of appointments, at 18, who knows?"* One parent is concerned that the requirement to move away from Boston Children's Hospital since enrolling with her MCO will make her children's care coordination worse. She said, *"The thing I like about Children's is that we can coordinate three different specialist procedures. We could have dental, neurology, and endocrinologist, all with my daughter only being put out once. Dentists here said they don't feel comfortable taking care of my kids. I don't know what care is going to be like. With having all providers under one roof at Children's, the doctors can all talk together. If they are separate, they can't talk, they can't look at each other's notes in real time. If someone drops the ball and something happens to my kids, it's on New Hampshire's shoulders. I'm so upset. My kids' genetic disease is very specific to our family. The doctors already have 10 years of history and knowledge. By splitting up their care all over, things could be missed and procedures will be repeated and money wasted."*

A handful of participants said they did not have complex cases and did not need any care coordination. One participant said, *"It is two separate issues. The ENT sent some paperwork back and forth, but there are no complex needs."*

*Participants Role in Care*

The majority of respondents indicated that they felt they were able to actively participate in decisions about their health care. One participant said, *"Yes. We are very involved. I can't say enough good things about Well Sense."* A parent of adult children with disabilities said, *"I absolutely have that option. They're of age, but the doctors are very open to my being involved. And the girls understand that it's very helpful to have an extra pair of eyes and ears."* One participant said, *"Normally we have plenty of opportunities to provide feedback about our mother's care."*

Parents with children with disabilities said they felt their health providers respected their role in their children's health care, but their MCO did not. One parent summed it up by saying, *"NHHF is not valuing my role, not valuing my history, not respecting it, not caring, and not listening."*

A handful of participants expressed concern about their role in their or their children's health care management. One participant said, *"I think at least from my son's perspective, knowing what his needs are and where to get those needs met takes something to navigate. There are current needs that aren't being met, but he says, 'I can't do one more appointment to have that particular thing dealt with.' I get* *that, but how many of these other issues would be taken care of if we take care of these other pieces of his health issues. This case manager thing is very tricky where I'm at. I'm sure case management (from the MCO) can be very helpful. Particularly from my son's perspective, it would be helpful to help him stay on top of his."* Another participant with developmental disabilities said, *"It's kind of difficult right now. I'm with Community Bridges, but I've haven't had a worker for a couple weeks. It's a combination between Community Bridges and me and it's hard to keep all my appointments straight. I put them on my cell phone and do a bullet journal to keep everything straight. It's confusing with my disability because I tend to forget."*

*Information Received from MCO*

Participants were asked whether they had received any information and education on how to improve their or their child's health. Only two participants said they had received educational information in the mail from their MCO. One participant said, *"NHHF sends me a monthly/bi-monthly newsletter. There's information on health problems and information on certain diseases and nutrition. It's helpful."* Another participant noted, *"I receive a packet from Well Sense sometimes."* One participant said they get all their health information from their doctor. She said, *"When he goes to his PCP they tell him what he should do. It's up to him to follow the guidelines. He hasn't gotten anything from Well Sense."*

About half of participants said the only thing they had received was information on benefits and co-pays. Two participants said they had not even received this information. One participant said, *"We haven't received any information on what would be covered. If a podiatrist comes in and does nail care we're assuming it would be covered under something. We're assuming that, but don't know."* About a third of participants said they had not received an insurance card in the mail. One participant with Medicaid as a secondary insurance said, *"I didn't get a card and didn't know we were on the plan until I went to the pharmacy. I never got a welcome packet or card – nothing. I had to track down getting a card."*

## SUGGESTED IMPROVEMENTS

Participants were asked what types of support and information they would like to receive from their MCO and also to propose improvements they would make to their MCO and to Medicaid overall. Participants suggested they would like to receive details on their benefits and coverage, health care options, nutrition and healthy eating advice, and cost and quality information. Participants noted that they would like this information to be simple and easy to read and available online. The majority of participants, and nearly all parents of children with disabilities, suggested discontinuing managed care and returning to fee for service Medicaid. Participants from other eligibility groups suggested enhancing benefits to include dental and vision care and ABA therapy for autism. A handful of participants said they had not had sufficient experience with their MCO yet to provide suggestions for improvement.

*Information Needs*

About two thirds of participants indicated they would like to receive information from their MCO. Participants most frequently requested coverage and benefits details, information about doctors who are accepting new patients, and other options for health care that might be covered. One participant said, *"Besides the doctors and health care providers, if they could provide information on other providers that can be covered like dental. I'm trying to find a good dental place that could be covered by insurance. I haven't been to the dentist for years."* Another participant suggested MCOs provide information on other service providers. She said, *"I think they should provide families with children with disabilities* *information about area agencies. Nobody is giving us that information. The only way I found out is through my son's special education coordinator. No one seems to know about it so there should be a connection somehow."* Another participant suggested, *"Other places that would take our insurance so that we won't feel like we have to do a runaround trying to figure it out."*

Two participants said they would like information on healthy eating and nutrition. One said, *"We talk a lot about eating healthy. I think they get tired of hearing about it from their mother, but maybe it would be helpful if we received something about exactly what foods to eat to stay healthy."* Another participant agreed saying, *"I think if there was some articles on healthy nutrition that would be good. And if they're in a mailing or an email and they should also have them on the website so you can go back and reference them. That information is consistent. There is not a lot of information that is going to change that fast."*

A participant said she would like more information on provider costs. She said, *"One of the things I think would be helpful is to have a sense of what procedures cost at a particular provider. A few years ago when I had insurance on my own, I had a deductible that had to be met. I needed a particular screening and when I looked at a website I found that the cost difference between providers was 50% different. I decided to go to the less expensive one and save $700 for the physical therapy I knew I would need. In the long run that saved the insurance company too. I would like the insurance company to provide a place where we could find out how much screenings, doctors' appointments, etc. cost and also the quality aspect of that. If health costs were available along with how good that particular provider was, I think that would be better overall for care for our family members and costs for insurance. I would be sure that I am using resources in the appropriate way. This is a public good the state is providing and I don't want to overuse that resource."*

Another participant said, *"Provide me with information on my rights and responsibilities in choosing the health professional that is appropriate for ensuring continuity of care."*

*Simplified Information*

Participants noted they sometimes had difficulties understanding benefits information and would like information to be presented in a simplified format. One participant said, "*For me, it's really hard to read. There are a lot of big words in that. It's hard for me to understand because of my disability. I always like to have someone to help me understand. The size of print is not a problem. It's just understanding the big words."* Other participants agreed that they sometimes had a challenge understanding as well.

Five participants said they were not interested in receiving health information from their MCO. As one participant shared, *"We live it every day. So we are not really needing more information."*

*Eliminate Managed Care*

The most frequently mentioned suggestion for improvement to their MCO was to drop managed care and return to fee for service Medicaid. Participants with children with disabilities unanimously agreed with this sentiment. One parent said, *"All of a sudden I have all these issues and I never did before."* Another agreed saying, *"It was so much better before."* Another said, *"I wish they'd go back."* A parent cautioned, *"If you have a kid who isn't treated right, they get sick, and they're going to get sicker. They ignore the fact that they're a human being, a child. They're going to be hospitalized and it's going to cost money in end. It's never going to work."*

*Improve Managed Care Coverage*

Six participants said they would like enhanced coverage options including dental and vision coverage. A dually eligible participant said, *"Add at least one visit per year for dental and vision. Especially when you're getting up there in age, things start going south and things aren't cheap."* Another dually eligible participant said, *"I wish they had more variety for glasses that are better quality. I didn't like any of them. I basically paid out of pocket to get ones that would last."* One participant also said she would like the MCO to cover Applied Behavioral Analysis (ABA) therapy. She said, *"Cover ABA for the kids with autism. That's something we all want. We've been trying to get that."*

*No Suggestions*

Three people indicated they had no suggestions for improvement. One participant said, *"I feel my daughters are very well covered. I'm not sure how to answer that. The girls get respite through Community Bridges which is very helpful. I can't say right now what I'd suggest. I'm getting what I need."* Another said, *"Mom hasn't been on it that long and we haven't had any problems. There hasn't been any occasion to complain."*

One participant did not have a suggestion for improvement, but for continued effort in offering high quality customer service. She said, *"I think one of the things that I really appreciate is being able to talk to a person. There was one thing I was calling about and I talked to a real person who was very polite and was able to help. Also when I called the number I was told how many minutes I would have to wait. It was four minutes and I was shocked. It used to be you wouldn't get a person, you might get a muffled answer and they said they'd call you back and then wouldn't. I really like to have a connection with a person and somebody I know I can get a hold of and ask and not leaving a message. I'm not computer literate. If they can continue to upgrade that level of connection, then I think everything else falls in place."* A few participants said they appreciated both their coverage and the opportunity to provide feedback. One participant said, *"I'm glad to have Well Sense and I'm glad that people are following up to make sure our health is being taken care of."*

# CONCLUSION & RECOMMENDATIONS

The focus groups held in Derry and Concord, New Hampshire in May of 2016 provided valuable information into the participant's experience with case management within the State of New Hampshire's Medicaid Care Management Program. Due to the sample size, the information presented in this report should not be assumed to be statistically representative of the entire population receiving case management through the Medicaid Care Management Program in New Hampshire. The data generated during the focus groups can be used to identify issues and concerns that may warrant further exploration. Below is a summary of the salient points expressed by the focus group participants.

### *Further Review for Children with Severe Disabilities*

The focus groups and interviews showed a clear divide in experiences for families with children with severe disabilities and other eligibility groups. Parents of these children shared their deep distress over being required to give up their long-standing relationships with their health providers and worry about future care coordination for their children's complex needs. Parents said the managed care requirements have created additional complications to their already difficult lives and recommended a return to the fee for service model. However, because this report only evaluates members' first 90 days of enrollment, this population's experience should be reviewed again in the future to determine whether their issues have diminished after a transition period or if they continue to be ongoing concerns.

### *Improved Communication*

Participants said they would appreciate receiving additional information from their MCO in a number of areas including details on their benefits and coverage, health information on topics such as healthy eating and nutrition, transportation support, and provider cost and quality data. Participants said they would like information to be simplified and easy to understand as well as available in on-line and paper formats.

### *Improved Coverage*

Participants suggested improving the coverage they receive from their health plan for dental and vision care and specific therapies such as ABA therapy. Participants noted that denial of coverage may increase costs in the long run.

## APPENDIX 1. RECRUITMENT LETTER

Dear,

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

We would like to invite you to a focus group where you can share your feelings and ideas about Medicaid Care Management. Because we are only asking a small number of people to take part, **your participation is very important**. You can help us understand what is working and what is not working, and receive a ***$50 gift card*** as a thank you for your time.

We will be holding two sessions in your area in early January, which will be filled on a first come, first reserved basis:

**Thursday, May 19, 2016**
**4:30 pm – 5:30 pm**
**Marion Gerrish Community Center**
**39 W. Broadway, Derry, NH**

**Friday, May 20, 2016**
**10 am – 11 am**
**Chamberlin House/Women's Club of Concord**
**44 Pleasant St, Concord, NH**

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

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

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

Sincerely,

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

# APPENDIX 2. FOCUS GROUP/INTERVIEW GUIDE

**Introduction**

*Each of you is covered by Medicaid and receiving Medicaid benefits provided through one of two Medicaid Managed Care organizations: NH Healthy Families or Well Sense Health Plan. Your feedback is very important and will help the State of New Hampshire make some important decisions about Medicaid Care Management. We want to know about your experiences so the program can work better for you and others in the future. I want to remind you that your participation will not affect the benefits and services you receive through Medicaid Care Management.*

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

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

## I. Experience with Medicaid Care Management

Each of you is either covered by Medicaid or is the parent of a child receiving Medicaid benefits. In New Hampshire, Medicaid benefits are now provided by one of two Managed Care Organizations: NH Healthy Families and Well Sense Health Plan.

We want to start with a few questions about how well this new Managed Care program is working for you so far.

1. Do you feel like you understand your new plan? If you have a question, do you have someone you can call/contact for support? Who do you call if you need help? If you did call, how easy has it been to get to answers or resolutions to issues or questions?

2. Do you like your Managed Care Organization? What do you like best? (probe: Can you tell me about a good experience you've had?)

3. What are the most challenging experiences you've had with the Managed Care Organization you're using? (probe: Have you had any problems so far?)

## II. Access to Care

Next let's talk about your access to health care.

1. How would you describe your/your child's access to preventive care, has it improved? Has it gotten worse? (probe: preventive care includes things like routine exams, wellness visits, immunizations/vaccines, screening tests for diabetes, cholesterol, - NOT emergency care, visits when you/your child are sick.)

2. Have you/your child received preventive care since February 1? If not, why? (probe: were you/your child not due for a routine exam/well care exam, do you/your child only receive care through a specialist, do you only seek care when you/your child is sick?)

3. Have there been any changes in getting the medicines that you/your child need? If you have more difficulty, can you describe why it's been harder?

4. Have you been able to see the specialists that you need? If not, do you know why you haven't been able to?

5. And what about your access to Medicaid transportation and/or transportation reimbursement? If this is something you use, how would you describe the process? What are the best experiences you've had? What are the most difficult experiences you've had? What could make it better?

## III. Quality of Care and Care Management

Now let's talk about your experience with doctors and other service providers (such as specialists, psychologists, nutritionists, etc.) and how they work together and with you.

1. Have you gone to the doctor at all since February 1, 2016? How would you describe your relationship with your primary care provider? Is this the same primary care provider you had before enrolling with your MCO? Does he/she understand your needs? What do you like best about your primary care provider? What do you like least about your primary care provider?

2. How would you describe your care coordination? Do you feel that your different doctors and providers work together well? Have you had any problems? Do you want your health providers to work together in this way? Do you want to be involved with it? (probe: by care coordination we mean, the ways your doctors and providers working together and with you to make sure your health is taken care of in the best way)

3. How would you describe your role and responsibility in your health care? Are you able to actively participate in decisions about your health care – do you have a chance to share your opinion and what you want? Do you want to participate? How would you like to participate?

## IV. Information Needs

1. Do you receive information and education on how to improve your/your child's health (such as information on how to manage chronic illnesses like diabetes, asthma, etc.) Do you like receiving this kind of information? Do you use it? Do you have any problems with the information?

2. What other kinds of support and information would you most like to receive from your Managed Care Organization? (probe: details on coverage/benefits, information on physician quality, information on what providers are accepting new patients)

3. If your Managed Care organization were going to make one improvement, what would you recommend? If Medicaid was going to make one improvement, what would it be?

# OFFICE FOR QUALITY ASSURANCE AND IMPROVEMENT (OQAI)

# APPENDIX C: FOLLOW-UP TO ISSUES IN YEAR THREE SPRING 2016 FOCUS GROUP

## Introduction

Two concerns were identified by parents of children with severe disabilities (CSD) that prompted further research by DHHS:

- Maintenance medication drug changes after the child transitioned to the MCM program; and
- Specialty care medical providers were changed after the child transition to the MCM program.

One additional concern that prompted further research was that an MCO was only providing a routine vision exam every two years.

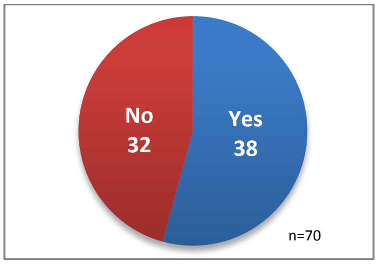
## Follow-up Analysis

### *Maintenance Medication*

This follow-up analysis evaluated pharmacy utilization of a random sample of 70 members or 11% of the population of 615 children with severe disabilities enrolled in Medicaid Fee for Service 2015 Quarter 4 and enrolled in NH MCM 2016 Quarter 2.

Thirty-eight of the 70 children sampled were on a maintenance medication prior to transitioning to managed care.

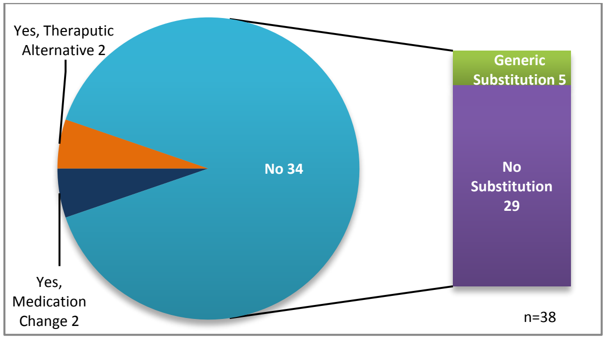
**Figure 1: CSD Receiving Maintenance Medications Prior to MCM**



The 38 children who were receiving maintenance medications prior to transitioning to managed care, were then evaluated to see if their maintenance medications were changed during the first full quarter of enrollment in the MCM program (2016 Quarter 2).

The majority of members, 34 in total, were determined to have no changes in their maintenance medications. Members with no changes in maintenance medications were taking the exact same medication or a generic substitute which was the case for five members.

**Figure 2: Changes in Member's Maintenance Medications Between 2015 Q4 and 2016 Q2**



Of the four members who did have changes, two were for therapeutic alternatives of the medication that was taken prior to the transition to MCM.

This study demonstrates that the majority of children sampled did not have a change in maintenance medication after the transition to MCM. NH DHHS will continue to monitor this issue.

*Access to Specialist*

This follow-up analysis represents a study of changes in CSD specialist providers and/or practice specialists after the transition to MCM.

The study examined a random sample of 30 children or 5% of the population of 615 children with severe disabilities who were newly mandatory for MCM on February 1, 2016 and enrolled in a full quarter of the MCM program (2016 Quarter 2).

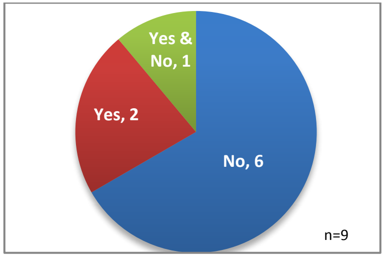
Of the study population, a comparison of specialists was conducted for medical physician encounters pre NH MCM (March – April 2015) and post NH MCM (March – April 2016). Administrative data (provider billing claims) was used to evaluate patient encounters with a specialist.

Of the sample only nine members had sufficient information to compare their use of specialists pre and post NH MCM.

The majority of members, six in total, of the nine children had no change in specialist provider and/or practice.

Two children had a change in specialist provider and/or practice. There was one instance where a child had a change in one type of specialist provider but did not have a change in a different type of specialist and/or practice.

**Figure 3: Changes in CSD's Specialist Provider and/or Practice**



Data availability was a significant limitation of the study. While the study provided more information, further study is needed to determine if CSD who were newly mandatory for the MCM program had changes in their specialist provider and/or practice. NH DHHS will continue to monitor this issue.

*Annual Vision Exam*

This follow-up work was done to assure that both MCOs were offering an annual vision exam, a standard benefit of the NH Medicaid program.

One MCO had an error regarding the annual vision exam in the member handbook. The error in the member handbook has been corrected by the MCO.