



**New Hampshire
Medicaid Care Management
Qualitative Study
Summary Report
Year Five, Fall 2017**

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.

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APPENDIX 3: FOLLOW-UP TO ISSUES: FALL 2017 FOCUS GROUP

**January 22, 2018
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).

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 fifth 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: *Experience with their/the Managed Care Organization (MCO)*, *Access to Care*, *Quality of Care Management*, and *Suggestions for Improvement*.

Methodology

The population for the interviews was comprised of individuals who were enrolled in New Hampshire Medicaid Care Management and had delivered a baby within the previous six months. There were no geographic limits or utilization requirements for inclusion in the study. The qualitative interviews were conducted over the telephone between October 17, 2017, and December 4, 2017. 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.

Experience with MCO

Participants were asked to describe positive and challenging experiences with their MCO and if they knew where to call for support if they had questions. Fourteen participants said that they had experienced proactive support from their MCO where they were offered information and resources. Six participants noted appreciation for the comprehensive coverage provided for their medical bills both during and after their pregnancy. Five participants said they liked the incentives, such as breast pumps and car seats, which were made available to them through their MCO. Two participants said their MCO had helped them find a provider. For the most part, participants did not experience any challenges with their MCO either during or after their pregnancy. Two participants said they had minor delays in receiving prescription medications and one participant experienced delays in receiving transportation reimbursement. One other participant said she had difficulty reaching her case manager. All participants said they believed they had someone at their MCO they could call if they needed assistance. About two thirds of participants said that they had positive experiences when asking for help with the other third saying that they had not yet needed assistance.

Access to Care

Participants were asked to describe their access to care through their MCO. Participants rated their MCO's range of choices of obstetricians, midwives, and hospitals or birthing centers. They also described the availability of specialist care, prescription medications, smoking cessation support, and substance use counseling. Twenty-one participants said they thought they had enough or a lot of choices for obstetricians and midwives. Four participants said they did not know how many choices they had available to them because they had used a provider they already knew. Of the three participants who thought they did not have enough choices, all said this was because they lived in a rural environment.

Twenty-two participants said they had enough or a lot of choices for hospitals or birthing centers and the minority reported either a lack of knowledge or a lack of choices due to location. Only six participants required specialist care during and after their pregnancy. Of these, all reported satisfaction with their access and quality of care. Twenty-six participants said they did not experience any challenges with access to medications, however, only about half of participants said their prenatal vitamins were covered by insurance. All participants but one had attended their six-week post-partum appointment. Twenty-three participants said they had been screened for tobacco use and were not currently using tobacco. Of the five participants who were identified as tobacco users, four had been offered cessation support. Twenty-one participants did not screened positive for alcohol or other substance use. Of those who had, two were already in support programs. The two participants who screened positive and were not already in treatment reported that they had utilized and were satisfied with the counseling support provided.

Quality of Care Management

Participants were asked to describe the quality of care they received during and after their pregnancy, and what they like and did not like about their providers. In addition, they were asked whether they participated in their MCO's support program for pregnant women and if so, how helpful they found the services and benefits offered. Twenty-one reported positive experiences with the quality of care they received both during and after their pregnancy. Participants said they appreciated how supportive and caring their providers were and that the providers were willing to answer their questions. The participants also noted they liked that their providers were non-judgmental and supportive of their decisions. Twenty-three participants could not identify anything they did not like about their providers. Of the handful that did, the main complaints were a lack of engagement by providers and poor advice. Participants were generally unaware of the branded programs their MCO provide to support pregnant women (i.e., Smart Start for your Baby, Sunny Start), but many received the benefits of the programs. Three participants reported receiving case management support and were pleased with the quality of the services. About a third of participants received educational materials and reported that they were helpful. About three quarters of participants said they had received some type of incentive from the program including breast pumps, car seats, diapers, and reward dollars redeemable at participating stores. Overall, participants were pleased with the items they received from their MCO. Seven participants said they had not received anything and wished they had been made more aware of these options. Five participants received breast-feeding support from their MCO and appreciated the assistance. About a quarter of participants said they received transportation support which, for the most part, worked well for them.

Suggested Improvements

Participants were asked to share what improvements they would make to the care and support they received both during and after their pregnancy. Just over a third of participants said there were not any improvements needed to the care they received during their pregnancy. A quarter of participants said they had specific suggestions related to their providers including wanting more continuity of care within the practice they had chosen, desiring more flexibility for appointments, and better quality care. Five participants suggested that their MCO's program for pregnant women should be more consistent and timely with their support. Three participants suggested providing better coverage for specific needs such as medications and mental health providers. Over two-thirds of participants said they did not have any suggestions for improvement for post-partum care. Four participants said they would like their after birth care to be extended. Four participants suggested that they would appreciate having more information on caring for their baby and other services that are offered by their MCO.

Conclusion and Recommendations

The 28 participants in this study were women who had recently given birth to a child while enrolled in the Medicare Care Management Program. As such, they provided insights into the specific needs of this population. Results show that, overall, participants had very positive experiences with their MCO and providers. Generally, participants were satisfied with the availability of doctors, hospitals and specialist care through their network as well as their medication coverage. The majority had also received benefits through the support programs the MCOs offer to pregnant women, but were unaware of the programs' names and the extent of services offered through them. Several participants were disappointed to learn there were benefits available which would have been useful had they been aware of them.

Improved Support Programs

Participants suggested making information about the Smart Start for your Baby and Sunny Start support programs more consistently and widely available.

Continuing Care

Participants said additional post-partum care and support would be welcomed including continued outreach and case management support as well as information on how to best care for their baby.

Expanded Coverage

Participants suggested that medications prescribed by providers should be covered by their health plan and that more providers, including mental health providers, should be included in their network.

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 fifth year of information gathering, the population for the interviews was comprised of women who were enrolled with Medicaid Care Management and had a baby within the previous six months. There were no geographic limits or utilization requirements for inclusion in the study. The qualitative interviews were conducted over the telephone between October 17, 2017 and December 4, 2017.

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. Experience with their/the Managed Care Organization (MCO)**
 - Participants' positive and negative experiences with their MCO
 - Participants' experience with receiving support from their MCO
- 2. Access to Care**
 - Participants' experience with their choice of providers, hospitals, availability of specialists, medications, tobacco cessation support, and substance use counseling
- 3. Quality of Care Management**
 - Participants' experience with providers both during and after pregnancy
 - Participants' experience with programs to support pregnant women including case management, educational material, incentive benefits, breastfeeding support, transportation assistance, and connection to community resources
- 4. Suggestions for Improvement**
 - Participants' suggestions for improvement to the care they received both before and after their pregnancy

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 a list of beneficiaries who were enrolled in New Hampshire Medicaid Care Management and had delivered a baby within the previous six months. The total population included 226 individuals, and 28 interviews were completed. The sample size is considered appropriate for qualitative interviews for this group. The general rule 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. The completed number of interviews for this study adequately met the data saturation expectation.

Participant Recruitment

A letter (Appendix 1) explaining the project and asking for participation was sent on October 16, 2017. Participants were offered a \$30 gift card to participate. A total of 28 interviews were completed between October 17, 2017, and December 4, 2017.

Participant Demographics

Table 1 shows the distribution of participants by MCO. Both New Hampshire Healthy Families (NHHF) and Well Sense Health Plan (Well Sense) 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	90	39.9%	9	32.1%
Well Sense	136	60.2%	19	67.9%
<i>Total</i>	<i>226</i>	<i>100%</i>	<i>28</i>	<i>100%</i>

Horn Research conducted the interviews by telephone. One of the benefits of the telephone interview methodology is that it can include participants from various regions in the State. Table 2 shows the number of participants by region. The distribution of participants included geographic representation from all regions in the State.

Table 2. Number of Participants by Region

Region	Number	Percent
Merrimack Valley	10	35.7%
Lakes	4	14.3%
Dartmouth/Lake Sunapee	3	10.7%
Great North Woods/White Mountains	4	14.3%
Monadnock	3	10.7%
Seacoast	4	14.3%
<i>Total</i>	28	

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

After completing the telephone interviews, 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 MCO

Participants were asked to describe positive and challenging experiences with their MCO and if they knew where to call for support if they had questions. Participants most frequently said they experienced proactive support from their MCO and were offered information and resources. Participants also noted appreciation for the comprehensive coverage provided for their medical bills both during and after their pregnancy. Several participants also said they liked the incentives, such as breast pumps and car seats, which were made available to them through their MCO. A couple of participants said their MCO helped them find a provider. For the most part, participants did not experience any challenges with their MCO either during or after their pregnancy. A couple of participants said they had minor delays in receiving prescription medications, and one participant experienced delays in receiving transportation reimbursement. One other participant said she had only been able to reach her case manager once throughout her pregnancy. All participants said they believed they had someone at their MCO they could call if they needed assistance. About two thirds of participants said that they had positive experiences when asking for help with the other third saying that they had not yet needed assistance.

Positive Experiences with MCO

Fourteen participants noted that Well Sense had proactively offered support to them during and after their pregnancy. One participant shared, *“While I was pregnant, they called me a couple times to let me know the resources that were available for me such as the breast pump. They offered the car seat right after as well.”* Another participant said, *“They would send me letters in the mail stating what they covered for breast pumps and car seats and stuff like that. I didn’t take advantage of it, but they did offer it to me.”* Another said, *“There was someone who reached out to me and let me know they had transportation. At the time I didn’t have a vehicle. She also told me about a car seat. I wouldn’t have known that if they hadn’t reached out.”* One participant said she was called periodically throughout her pregnancy. She said, *“They called me a couple of times at the beginning and once at the end of pregnancy. They wanted to make sure I had all the resources that were available that I was eligible for and wanting to know if I had questions. I thought that was really great. They let me know about things I wouldn’t have known about. They called me after I delivered, making sure everything was okay. They also wanted to know when my post-partum check-up was scheduled. They sent me a paper in the mail that I had to bring to the doctor who then gave me a free box of diapers for doing that last appointment. I didn’t know until they called.”* Another participant said she had been contacted post-partum with information about available resources. She shared, *“It was about a month after the baby was born that I got a call. They went over a bunch of stuff. They offer coverage for children, myself, and mental health and post-partum needs. They mailed out a packet with phone numbers I might need. They also connected me with a woman at Beacon Hill who helps and calls and checks on me once in a while.”* Another participant noted that her MCO contacted her, but that she had not needed support. She said, *“They did call a couple times to see if I needed anything or had any questions about my coverage. I didn’t end up speaking with anybody because I was all set. They’re still calling me with the same message. It’s usually a nurse to see if I have any questions or concerns about mine or my baby’s health care and I don’t have any.”* Another participant said her case manager through her MCO was extremely helpful. She said, *“There was a particular nurse that was assigned to my case and she called me at least once a month to check up on me to see how my pregnancy was going, see if I needed to do anything, set me up with free products, bed cover, pillow cover, car seat, case of diapers and this was all from Well Sense. I had a wonderful experience with them. I’m happy to be doing this interview. After the baby was born she called, and we still talked. We would be on the phone a good half hour chatting about everything that was going on. She would ask how I felt about how things were going, this and that, it was really great.”*

Six participants said having their health care needs covered was their most positive experience with their MCO. One participant said, *“I couldn’t afford any health insurance, so that was a big help for my pregnancy and my delivery.”* Another said, *“Covering my delivery and covering the costs was the best part. I don’t know too much about this, but they continued my insurance for three months afterwards.”* Another shared, *“I got hardly any bills for anything and could just focus on having the baby and taking care of myself. That was nice. For anyone who is really struggling, that can make things really easy.”*

Five participants specifically noted that receiving incentives from their MCO was their most positive experience. One participant said, *“I think they’re the ones that gave me the car seat. So that helped a lot.”* Another mentioned, *“They actually sent me a car seat and a breast pump during my pregnancy.”* A NHHF enrolled participant said, *“Everything was good. They gave me a card to buy things and covered everything.”* Another participant shared, *“Maybe not that they directly helped me with, but I was able to get a free breast pump which was extremely helpful. And a car seat after.”*

Three participants said that while they didn’t have any particularly positive experiences with their MCO, they appreciated how friendly and helpful the staff at their MCO was when they had questions. One participant said, *“Whenever I had a question, they were very informational. They were very helpful if I ever had a problem or that sort of thing. And I thought they did a great job at what they covered and what they took care of. There was nothing that stood out. I just liked how friendly they were.”* Another said, *“I don’t have anything negative to say, but don’t have anything overly nice to say or positive. I had a problem after I had my son. I got some bills. They said I shouldn’t have gotten them and they were going to fix it. I haven’t gotten that resolved yet. And that’s been more on my end. I have had a lot of things with my daughter. She’d had a seizure and some medical things, so I’ve been a little distracted. The woman I called was very kind. At any interaction, they have always answered my questions and always been very nice. It’s my fault that I haven’t gotten back to them yet.”*

Two participants noted appreciation that their MCO helped them find a provider. One participant said, *“They definitely helped me find an obstetrician. And then after I delivered, they were really good at helping finding a counselor to support the post-partum depression. They call every couple weeks to check in to see if everything is going all right or if I need more help.”*

Negative Experiences with MCO

Nearly every participant said they could not think of any negative experiences they had with their MCO either during or after their pregnancy. When asked to describe any negative experiences, one participant said, *“Nothing, I was very impressed with them, especially during and after my pregnancy.”* Another said, *“Not at all, it went really smoothly. It was automatic. I didn’t have to do anything. They were awesome.”* Another participant shared, *“They were really awesome. They covered everything I had needed. They covered all my appointments. I didn’t have to wait for pre-authorization. There wasn’t anything at all.”*

Two participants noted minor challenges with prescription medications. One participant said, *“My doctor wrote me a prescription because I was nauseous. I had morning sickness all day. I couldn’t even keep water down. Every time, they’d give me a 30 day supply and wouldn’t refill it. They said it wasn’t a long-term medication. I had to go through four different medications for nausea.”* Another said, *“When my prescription switched over, it took a little while to get the pre-authorization taken care of.”*

One participant said she couldn't get in touch with her case manager again after the first time he called and wasn't able to access the incentives as a result. She said, *"I got something about Smart Start in the mail. And I did call, and one time I was able to reach a guy who was my case manager. I was only able to reach him one time. He was a big help the one time I called, but any other time I called in, I wasn't able to get a hold of him. I did keep calling and asking about those over the counter rewards, but because my doctor didn't bill it a certain way I didn't get any of the rewards. The obstetrician has to bill it according to their exact wording. If they don't, you don't get anything – no points, nothing it promises."*

One participant said they had experienced delays receiving her transportation reimbursement. She said, *"I get the transportation reimbursement, and sometimes that gets frustrating. It takes so long to send it out, and sometimes they don't get it, or send it to the wrong address. Everybody I know has trouble with the reimbursement."*

Access to Help from MCO

All participants said if they had a question, they had someone at their MCO that they could contact for support. Seventeen participants said that when they called, the experience was positive. One participant said, *"I did call once to see if I could get glasses while I was pregnant and had the health insurance. Glasses are wicked expensive. I was able to get glasses and that was a big help."* Another described her experience with resolving a billing issue. She shared, *"I got some bills in the mail afterwards at the beginning. In the hospital, (my baby) didn't have his full name yet."* When the participant received the bills, *"the bills didn't match his name. When I called, they cleared it up right away."* Other participants noted general satisfaction with their contact with their MCO. One participant said, *"They always were very good to me and got back to me every time."* Another participant shared, *"They did a great job. They went above and beyond and sent me paperwork and packets in the mail. It was great."* Another mentioned, *"I honestly don't remember much. I had called to re-order some (insurance identification) cards for my oldest child. It was easy, it wasn't like a long drawn out process it was easy."* One participant said she had success resolving an issue with one of the incentives. She said, *"I always ask them questions and they seem to answer them fine. I got a car seat through them, so there have been a few times to call them about when it was coming. There was an incident where they had sent me the same car seat after I had sent it back. The colors were for girls and I was having a boy. They sent the actual car seat within a day which was really helpful."* Another participant said her case manager was her main contact. She said, *"I have called a few times. It was one of my case managers. She said if I ever felt like I needed to ask questions or needed a 'pick me up' to just call. She has been there for me."* Another participant agreed saying, *"I had (my case manager's) direct line. I would just call her any time I needed to. I'm still able to."* Another participant said she had easily navigated coverage issues with support of her MCO. She said, *"The way my husband and I fell on the income, I was paying for my own health insurance, but qualified for state Medicaid. We used it as a backup. It turned out the doctor was in network, but the hospital she worked at wasn't covered and the birth wouldn't have been covered by my insurance. I had to call Well Sense and make sure they were going to cover the birth. I didn't want to have huge bill. They said they will take care of it as secondary insurance. It's been six months and I'm assuming been taking care of."*

Ten participants said that they believed they had someone at their MCO they could contact, but had not needed to call anyone. One participant said, *"I never really had to, but I was always getting things in mail updating me. If I needed to, I think they would be helpful."* Another said, *"I don't think I had to call them at all. I don't remember calling them. But I know I could call them any time."* Another participant shared, *"They left me a specific phone number to call them if there was anything else I needed. It was nice because I don't like to call those 800 numbers that take you to automated never-land."*

One participant reiterated her experience that she had not been able to get in touch with her case manager again despite trying several times.

ACCESS TO CARE

Participants were asked to describe their access to care through their MCO. Participants rated their MCO's range of choices of obstetricians, midwives, and hospitals or birthing centers and described the availability of specialist care, prescription medications, smoking cessation support, and substance use counseling. The vast majority of participants said they thought they had enough or a lot of choices for obstetricians and midwives. A handful of participants said they did not know how many choices they had available to them because they had used a provider they already knew. Of those who thought they did not have enough choices, most participants said this was because they lived in a rural environment. A majority of participants said they had enough or a lot of choices for hospitals or birthing centers and the minority reported either a lack of knowledge or a lack of choices due to location. Only a handful of participants required specialist care during or after their pregnancy. Of these, all reported satisfaction with their access and quality of care. Nearly all participants said they did not experience any challenges with access to medications, but only about half of participants said their prenatal vitamins had been covered by insurance. Nearly all participants attended their six-week post-partum appointment. The vast majority of participants said they were screened for tobacco use and were not currently using tobacco. Of those who were identified as tobacco users, nearly all had been offered cessation support. Most participants did not screen positive for alcohol or other substance use. Of those who had, most were already in support programs. The two participants who screened positive and were not already in treatment reported that they enrolled in the program and were satisfied with the counseling support.

Obstetricians and Midwives

When asked to describe the availability of obstetricians and midwives through their MCO, eleven participants said they felt they had enough choices. One participant said, *"I think it was fine. I was already set up through my own doctors and everything."* Another participant had a similar experience. She said, *"I chose my own, but I think it was fine. There were enough choices."* Another participant shared, *"I think I had enough. I had a c-section with my first child, and I really wanted to have a natural birth. So I really searched for specific doctor. I was nervous he wouldn't take my insurance, but he did."* Another said, *"I felt like there was enough. This is my fifth pregnancy, and it was really awesome to be able to go to the doctor's office that I had gone to before."*

Ten participants said they thought they had several choices of providers through their MCO. One participant said, *"I thought I had a lot of options. I knew I was going to go with a certain one that I had heard good things about, but I looked around to see what they had. I was surprised they had a lot."* Another said, *"They gave me a lot of choices, but I had my own OB."* Another participant agreed saying, *"I have had the same OB/GYN since forever, but I think they have a lot of choices."*

Four participants said they didn't know how many choices they had available to them because they had already identified the provider they preferred. One participant said, *"When I got pregnant, I knew which midwife I wanted. I already had known they had covered her."* Another said, *"I didn't look too much into that. I've always had the same OB. I was happy they covered him. I was comfortable with him."*

Three participants said they did not have enough choices. All three remarked that the limitation was not due to their MCO, but rather because of the lack of doctors in their area. One participant said, *"I didn't*

have many choices because of where I'm at. We only have one or two doctors up here. I could have seen any of them, but there are not many doctors." Another said, "I'm from a pretty small town so really there's only one choice. If I wanted to travel, there were others. Where I'm from there's only one OB/GYN."

Hospitals and Birthing Centers

When asked to describe the range of hospitals and birthing centers available through their MCO, fourteen participants said they felt they had enough choices. One participant said, "I think enough, but I didn't really look." Another said, "I feel like I had enough, but I always choose to go to one hospital anyway."

Eight participants said they thought they had a lot of choices for hospitals or birthing centers. One participant said, "I was happy. I got to go out of state to where I went when I had my first daughter. I was really excited they took that." Another said, "That was great. I'm pretty sure I could go to any of them." Another participant shared, "I knew what hospital I wanted to give birth at. I did ask out of curiosity if I could go to other hospitals, they said I could. But I already I knew where I wanted to go. It was five minutes away." Another participant had a similar experience saying, "It was very easy to choose the one that was closest to us." Another participant simply said, "They had quite a variety."

Five participants said they did not have enough choices for hospitals or birthing centers which was again primarily due to their geographic location. One participant said, "Not enough, but that was more a location issue because I live in the middle of nowhere." Another said, "There's only one hospital within a 30-mile range."

One participant noted that the limitation for her was because her doctor only delivered at one hospital. She said, "I guess I felt like that because of the insurance, I went to a specific provider. I would have preferred to go to a different hospital, but the doctors I chose only delivered at one hospital."

Specialist Care

Participants were asked about the availability of specialist care through their MCO both during and after their pregnancy. Only six participants said they needed specialist care while they were pregnant. All six reported that they had not had any problems accessing care and felt the quality of care they received was excellent. One participant said, "I saw quite a few (specialists). I saw a genealogy specialist because I'm 41 years old. I saw someone who does pediatric cardiology through ultrasound. I actually saw two of them. The first one had said the baby had two holes in his heart. I went for a second opinion, and that came back fine. Everything eased my mind because the second opinion was covered. On top of that, I had pneumonia during pregnancy. I had a whole ton of specialists then. I was hospitalized for a while, and they covered everybody I possibly could need even after my c-section went bad. The doctor accidentally cut my bowel, and I had to have a second surgery. They covered that and the two week hospital stay as well. I felt pretty good about it all except for my primary OB/GYN who cut my bowel and tried to cover it up." A couple of participants said they had continued to access their substance use providers during pregnancy. One participant said, "I go to an out-patient rehab center and they cover me on that completely." Another participant said she saw both a therapist and a Suboxone doctor while she was pregnant. She said she did not have any challenges and felt the quality of care was great. Another patient said she saw her pain doctor throughout and after her pregnancy and did not have any difficulties with access or coverage. One participant said she went to the hospital during pregnancy for gallstones and nausea and had not had any difficulty. She stated she received good quality of care.

Another participant said, *“My child went breech late in pregnancy, and I needed to go for extra ultrasounds. There were no challenges.”*

In addition to the six participants who received specialist care during their pregnancy, two other participants saw a specialist after their baby was born. One participant had a tubal ligation and reported that she felt happy with the quality of care she received. Another said she was able to access a therapist after the birth and was content with the quality of care.

Five participants noted that their baby had needed specialist care after birth. One participant said, *“She currently sees a cardiologist in Dartmouth. She was born with three major heart defects. I’m 100% completely satisfied.”* Another said, *“My son was born six weeks early, so he had to stay in the NICU. And he goes to see a gastroenterologist once every two months. There haven’t been any problems.”* Another participant shared, *“I’m a carrier for cystic fibrosis, and after my daughter was born, they had to do further testing. She’s just a carrier for me. The quality was good. They answered the questions that I had.”*

Medications

Nearly all participants said they had not experienced any challenges with access to medications and had not experienced any delays with pre-authorization or denials of coverage. One participant shared, *“I had diabetes, and that was fine. The insurance covered that.”* Another said, *“Well Sense actually sent me a whole list of prescriptions that I could get from the pharmacy that they covered.”*

Of the two participants who said they had difficulties with their access to medication, the primary issue was that the needed medication was not covered. One participant said, *“They prescribed folic acid because the prenatal made me sick. I had to pay for the folic acid. I don’t know why they wouldn’t cover it.”* Another participant reiterated her experience with having her anti-nausea medication only available in 30-day supplies.

Fifteen participants said received their prenatal vitamins either through their doctor or had them covered by insurance. One participant said, *“My doctor gave them to me. It might have been through Well Sense.”* Another said, *“They stock you up on that good. They give you enough prenatal vitamins for ten babies.”* One participant said she had some delay in getting her vitamins covered by insurance. She said, *“With the prenatal vitamins, the first five that were prescribed got denied. But the sixth one was covered. Finding one that was covered was only about the challenging thing.”*

Ten participants said they purchased their prenatal vitamins over the counter. One participant said, *“(Coverage of prenatal vitamins) wasn’t made aware to me, but I didn’t look into it. I took them, but got them from the local health food store.”* Another said, *“I never tried to get prenats from NHHF. I paid for them on my own.”* Another participant shared, *“They did not cover prenats. I’m sure they would have if I went through the doctor for it. I used what I had used for my first pregnancy.”* Another remarked, *“I bought my own prenats. I didn’t go through insurance. I’m sure I could have if I asked.”*

Three participants said they did not take prenatal vitamins during their pregnancy at all. One participant said, *“I didn’t take prenatal vitamins. During both of my pregnancies I was horribly sick. And the prenats made it worse for me, so I couldn’t take them. But my insurance does cover them because when I’m not pregnant, I take them.”*

One participant also noted that she wished that the insurance had covered more ultrasounds during pregnancy. She said, *“Another thing I didn’t like I was only able to get one ultrasound my whole pregnancy because that’s all the insurance would cover. Toward the end of my pregnancy, the cord was wrapped around my baby’s neck. If they had done an ultrasound earlier, they probably would have noticed that.”*

Post-Partum Care

All but one participant said they had gone to their six-week post-partum appointment with their doctor. The participant who had not gone indicated there were not any barriers other than herself. She said, *“I didn’t go. I’m awful. I was supposed to reschedule, but life has been crazy. I had no complications with my c-section. My aunt is a nurse, and she looked at and said I wasn’t infected. I’m the worst procrastinator.”*

Tobacco-Cessation Support

Participants were asked whether they were screened for tobacco use both during and after their pregnancy. Nearly all participants said they were screened during pregnancy. Only four participants said they were not screened while one participant said she did not recall. Three participants said they were not screened for tobacco use after giving birth and twelve participants said they did not remember if they were.

Twenty-three participants noted that they did not smoke or had quit smoking on their own. One participant said, *“I’m a non-smoker. I quit when I got pregnant.”* Another participant said, *“I didn’t smoke during my pregnancy. I quit about a week into my pregnancy. I did it on my own. By the time they started asking about it, I had already stopped. I ended up smoking cigarettes again after the baby was born. They prescribed Chantix, but I actually had to stop because of the side effects. There’s a medication that I take for my depression, and my psychiatrist said they’re not good for each other. I’m actually calling my doctor again to ask her about it. But my baby has been sick, so I’ve been preoccupied.”* Another said, *“I didn’t use any smoking cessation support. I just did it on my own. I went to the vape, and then I quit that way.”* Another participant said, *“I don’t smoke, but they did offer support if I needed it. I think they were concerned that I was lying, so they said ‘here are the resources.’”*

Of the five participants who noted they were tobacco users, four noted that they had been offered support to quit. One participant said she appreciated the options. She said, *“They offered to quit smoking through the Quit Smoking NH program. There’s coaching they provide you with free patches, lozenges, gum. It was really good.”* Another participant said she was offered different options. She said, *“They offered me counseling and different ways to quit. When I was in the hospital after I had him, they also had a respiratory doctor come in.”* A couple of participants noted that despite the offers of support, they were not successful in quitting. One participant said, *“(The doctor) mentioned it to me and a couple of other places mentioned it to me, too. They put me on the nicotine patches, but they didn’t work. I think if I had gotten the chewing gum that would have worked. I don’t know if they prescribe that.”* Another said she did not accept the support offered. She said, *“I smoked cigarettes. They gave me the option for the help quit line and offered me counseling, but I declined it. Myself – that’s the big barrier. On the insurance and the doctor’s end, there were no problems. It was me.”*

Substance Use Counseling

Twenty-one participants said that they had been screened for alcohol and substance use both during and after their pregnancy. Four participants said they did not remember whether they had been screened, and three said they had not been. One participant said, *“I don’t remember them doing that,*

but I think they do that initial screening for delivery. I was never told about that specific screening, so I'm going to say no. They did the newborn testing on my baby, but I don't remember them doing them on me. No news is good news."

Twenty-one participants said they had not screened positive for substance use and were not offered any support or counseling. Three participants noted that they had screened positive for drugs used for addiction treatment. One participant said, *"I was on Subutex for pain that started after I had surgeries. When got I pregnant I switched to Percoset. I made a personal choice because it's safer for the baby. I did technically screen positive for drugs, and they did offer resources. They gave me booklets and places I could go and people to talk to. But I was already established with what they were offering."* Another participant said, *"I never used during my pregnancy. The doctor did drug testing while I was pregnant. They didn't drug test after, but did test the baby when she was born. Nothing came up besides methadone."* Another said, *"The other doctor I see at pain care tested me every two weeks. And they do a couple random ones at your regular doctor's visit. It continued after pregnancy. I was tested before and after and the baby gets tested. I already go see a counselor and already had access to support. I've been seeing one for years."*

Two participants screened positive for substance use and were offered resources. One participant said she was found to have marijuana in her system and was offered help through a local meeting. Another participant said she was referred to a program called "Mothers in Recovery" and noted that it was helpful.

Two participants said they did not screen positive but were already in programs for substance use support.

QUALITY OF CARE MANAGEMENT

Participants were asked to describe the quality of care they received during and after their pregnancy, and what they liked and did not like about their providers. In addition, they were asked whether they participated in their MCOs support program for pregnant women and if so, how helpful they found the services and benefits offered. The majority of participants reported positive experiences with the quality of care they received both during and after their pregnancy. Participants said they appreciated how supportive and caring their providers were and that they were willing to answer their questions. They also noted they liked that their providers were non-judgmental and supportive of their decisions. The majority of participants could not identify anything they did not like about their providers. Of the handful that did, the main complaints were a lack of engagement by providers and poor advice. Participants were generally unaware of the branded programs their MCO provide to support pregnant women, but many received the benefits of the programs. A handful of participants reported receiving case management support and were pleased with the quality of the services. About a third of participants received educational materials and reported that they were helpful. About three quarters of participants said they had received some type of incentive from the program including breast pumps, car seats, diapers, and reward dollars redeemable at participating stores. Overall, participants were pleased with the items they received from their MCO. Seven participants said they had not received anything and wished they had been made more aware of these options. A few participants received breast-feeding support from their MCO and appreciated the assistance. About a quarter of participants said they received transportation support which, for the most part, worked well for them.

Quality of Care during Pregnancy

The vast majority of participants described the quality of care they received from providers while they were pregnant in positive terms. One participant shared, *"I think the care was excellent. (The doctors) were all caring and they answered any questions I asked."* Another had a similar experience saying, *"It was excellent. They were always right there if I had any questions or if anything needed to be explained, they were there."* Another participant said, *"I think they did great. The hospital was amazing. I loved the nurses. They were very personable and understanding. And my OB doctors were great, too. They encouraged me and every time I thought I was in labor and I wasn't, they weren't mad, they said 'come in let's check you out.'"* Another participant shared, *"I loved my midwife. I had the same one for both my pregnancies. I told them I wouldn't see anyone else."* Another participant had a similar feeling about her doctor. She said, *"I love my OB. I love, love, love her. I wish she could be doctor for everything."*

Some participants thought that overall the care was good, but noted a few issues. One participant said, *"The care was pretty good. There were a couple things where I had to ask for information about my baby because sometimes they didn't really tell me. When I went for my ultrasound, they didn't tell me anything. They just said it was a boy, but didn't give any other information. Other than that it was good."* Another said she would have preferred more consistency in providers. She noted, *"For the most part it was good. I would have preferred to see the doctor over all the midwives I saw. I saw a different midwife every time I went in."* Another said she experienced inconsistency in care between providers. She said, *"(My care was) average I guess. I see my regular OB/GYN for the first visit and then you see the doctor that delivers the baby. The OB/GYN is very thorough, the delivery doctor seems like he's going through the motions. He more or less forced me into an induction because he wanted the weekend off. I was a few days past my due date, but he wanted to induce me on Thursday because he was going to be gone all weekend and didn't want somebody else to deliver or me to have to travel. He saw me the whole nine months so he wanted to deliver. But I think he probably doesn't even know who I am."* Another participant described a late in pregnancy issue with her provider. She shared, *"I had a midwife at a birthing center at Swansea who was very, very good to me throughout the whole pregnancy. But I was having labor, and she sent me home. This being my third child, my mom was upset. My contractions came on very strong, and I contacted her. She said she was going to fill up a tub, but my mom was scared I wasn't going to make it, so went to the Dartmouth hospital in Keene and had someone else deliver. I delivered within 25 minutes of getting there. The baby was born face-up, and I bled like crazy. I never even heard from the midwife after that. I couldn't be more pleased with the hospital though."* Another participant said she was happy with the care she received until her OB cut her bowel during her Caesarian section.

One participant said she wasn't happy with the care she received while she was pregnant. She said, *"I didn't like my OB/GYN. I won't lie. I ended up needing a lot of care because there was no fluid in my uterus. It was something they could have caught beforehand."*

Quality of Care after Pregnancy

The vast majority of participants remarked positively on the quality of care they received after their pregnancy. One participant said, *"After my baby was born, everything was good. The day I was given my baby there were a lot of people there, checking on me. It was very nice."* Another said, *"That was still really good. They were very supportive with breastfeeding. They set me up with a lactation specialist and equipment."* Another participant said, *"It was good. She got me on a birth control."* Another said, *"It was good. The nurses were wonderful during my labor."* Another participant shared, *"The care was so great."*

The particular doctor I see, she is pretty amazing. She's been there a while." Another participant noted, "It was good, but obviously it tapers off. You become less important I think, but that's how it is."

Four participants said that some of their care was less than ideal. One participant shared, *"They were generally good. I had a few doctors because I had my tubes tied. There was one person in particular I really didn't like. It was one of the nurses that took me down to have the surgery, and I was really nervous about it. I had gone out to have a cigarette, because if I was going under, I have to have a cigarette. She was up there, and she was being rude to my sister. I had decided while I was outside that I wasn't going to have (the surgery), but it was already happening so I went through with it."* Another said, *"The nurses after the delivery weren't good. I ended up hemorrhaging and nearly bleeding to death. They were ignoring my symptoms even after I told them. And during my epidural, he did a spinal tap by accident. It was a rough post-partum. I had to live with my in-laws until I was recovered. (I) have a two-year old too that I couldn't pick up. I was lucky I had them."*

Best Qualities of Providers

When asked what they liked most about their providers, participants most frequently said they liked that their providers were supportive, caring, and easy to talk to. One participant said, *"The midwives were really good. I didn't feel like I was just a number to them. I felt like they actually cared."* Another participant shared, *"I had trouble with anxiety while I was pregnant. She was with me every step of way, trying to make it more comfortable. At the end, she found out I didn't have anybody to be with me while I gave birth because of my family situation. She tried to find whoever she could and figure it out for me so I would have the support I needed."* Another noted, *"They were always supportive. They knew everything about the situations I was going through, and they tried to help with it. They're always there any time I need somebody to talk to. They're a really great support system."*

Participants noted appreciation for their providers' willingness to listen and answer questions. One participant said, *"They are extremely understanding and always go above and beyond to make sure you're all right. And they're always good at explaining stuff more than once."* Another participant said, *"Pretty much she was the only person I was able to open up to. She doesn't withhold any information if you're curious about something."* Another participant had a similar experience. She shared, *"They're just open to anything and very easy to talk to. I'm not afraid to talk to them."* Another participant said, *"He makes me feel comfortable. He's very knowledgeable. Any questions I have, he always has an answer."* A participant said her provider would follow-up with answers. She noted, *"They were caring and any questions I did have, if they didn't have an answer to right away, they made sure to get it."* Another mentioned, *"I really felt like they were really able to get me in if I had questions or concerns. They listened to what I had to say. And I didn't feel like they were concerned about what kind of insurance I had. They were really awesome overall."*

Participants also said they appreciated having their decisions supported. One participant said, *"I liked that they left everything up to me. I could make my decisions."* Another said, *"My doctor was great because he really listened to what I wanted and followed through with it. The doctor I had before wasn't personal and wasn't on board with my plan. My new doctor listened to me, and I accomplished having a natural birth."*

Other participants said they liked how caring and non-judgmental their providers were. One participant said, *"She's wicked easy to talk to, and she was non-judgmental. I was super, super sick with morning sickness and a lot of doctors grill you when you ask for a specific medication. She was so understanding and didn't make me feel like I was pill shopping. It was a really good experience. She was awesome."*

Another said, *“They get really personal. You’re like best friends with them. You don’t feel like a stranger.”* Another participant said she appreciated that her provider was supportive about her addiction management medication. She said, *“They were encouraging and understanding. Also because I get my medicine from another doctor on a monthly basis instead of weekly or daily, I couldn’t take my own medication. They had to get me medication. They were really understanding about that. They were kind and they were just nice all around.”* A participant shared that her provider was an advocate for her. She said, *“I guess any time I had an issue, she was the first one on top of it. With my anxiety she did everything she could get me the help I needed. When she wasn’t in the office and I had to see another midwife, they said I smoked pot, but I didn’t. My regular midwife fixed everything.”*

Other participants said they appreciated how professional and responsive their providers were. One participant said, *“I would have to say I liked how involved and interactive they are with their patients and being on top of things if any issues arise and being professional.”* Another participant said, *“They react right away. I can call and get a response within an hour, if not when I’m on the phone.”*

Least Liked Quality of Providers

Nearly all participants said there was nothing they did not like about their providers. Only five participants gave a response to the question. One participant said she felt an answer she received from her provider was not appropriate. She said, *“I feel like sometimes the advice they give you isn’t the best. I called at one point to say my baby was eating way too much. The baby was eating constantly breastfeeding. He was wanting to eat every hour. Their advice was to make him wait. If I was a new mom, what if I listened to them? I used common sense. I went and got formula. Obviously the issue was something with me. I was not producing something in my milk. I’m not going to starve my newborn. The formula fixed everything.”* Another participant said she didn’t like that her doctor insisted on inducing her. She said, *“The only thing that I can think of is him basically telling me I had to be induced when there was no medically necessary reason for it.”* Another participant noted she felt the nurses did not seem actively engaged. She said, *“I guess the nurses didn’t seem very present. It’s so routine to them and they’re so exhausted.”* One other participant said she had difficulties with home health providers after the baby was born. She said, *“The only thing I didn’t like was when we came home our baby was supposed to have home health nurses visit twice a week to monitor her O₂ stats. The baby has Blue Cross and Well Sense. They were charging Blue Cross primarily and hit the limit. They stopped doing the visits and weren’t checking the O₂ stats. When I talked to the home health agency, they said it was not up to them to get the meter she needed which I thought was a bit ridiculous. They’re a home health agency. They are supposed to be able to do their jobs properly. They said it wasn’t their problem and discharged her. They wouldn’t even take her information from Well Sense.”*

Support Program for Pregnant Women

Both NHHF and Well Sense offer programs for pregnant women that offer a variety of services and support. NHHF’s “Smart Start for your Baby” provides incentive payments for healthy behaviors such as prenatal doctor visits and the six-week post-partum doctor visit, a baby shower program, a texting program, breast pumps, and a tobacco cessation program for high-risk pregnant women. Well Sense’s “Sunny Start” program offers care planning; a free car seat; transportation assistance; Women, Infants, and Children (WIC) assistance; information and planning services; smoking, drug, and alcohol counseling; community resource connections; a texting program; and free generic prenatal vitamins.

For the most part, participants did not recognize the name of the program their MCO offers. Only eight participants had any memory of hearing about the program and its benefits. Two participants said they remembered receiving something in the mail. One participant said her doctor told her about the

program. Three participants said they received a telephone call from their MCO telling them about it. One participant said she thought her mother told her and one recalled that she participated in the program with her two older children. The majority of participants said that their doctor informed their MCO of their pregnancy. Only two participants said they contacted the MCO themselves. Despite the lack of brand awareness of the program, the majority of participants reported receiving at least some of the benefits that were available.

Case Management

Three participants said they received case management support through their MCO and were very happy with the service. One participant said, *"They checked with me quite frequently. I thought would be a one-time thing. They seemed like they genuinely cared. It was really great."* Another said, *"She had called and left a message about wanting to connect and see how things are going. She's the one who calls every month or every other month. She's been wonderful throughout this whole past four-to-five months."* Another noted, *"I was very surprised at the care that I got from Well Sense, just having that nurse call and contact me especially at certain times. It was wonderful and beyond what I ever expected. You don't usually find that insurance does that."* Three other participants said they had been called and offered case management support, but did not feel like they needed it.

Educational Material

Eleven participants said they had received educational materials about pregnancy, birth, and post-partum care from their MCO. All of these participants said the material was useful. One participant said, *"I think all of it was helpful. Especially being a new mom."* Another participant said, *"There was tons of information. They were constantly sending me things. So if I even had a question, it seems like they sent me a packet not long after."* Another participant shared, *"She sent me a bunch of stuff for mileage reimbursement for appointments that we have to go to down in Dartmouth for. And she sent me a bunch of information about post-partum depression. She gave me information for depression hotlines."* Another participant said, *"They sent me a whole little packet about breastfeeding, formula, and who to call."* Another participant said, *"They sent a whole packet of different things. Some of it seemed a little basic for me because I'm on my fifth baby. It probably would be helpful if it was my first baby."*

Incentives

Sixteen participants said they had received a breast pump from their MCO which they found very helpful. One participant said, *"It was wonderful. It was just the breast pump I wanted."* Another said, *"I did get a breast pump which was super easy."* Three additional participants said they were offered breast pumps, but did not require one. One participant said she was offered one, but did not receive it. She said, *"I asked for a breast pump while I was pregnant, but was never sent one. I stopped breast feeding because I didn't have the right the equipment. The nurse before leaving hospital said she was going to contact the insurance company, but I was never informed about it again."*

Ten participants said they received a car seat from their MCO. Two participants said their MCO offered them a car seat, but they had already either purchased or received one. Three participants said the car seat they received was not appropriate for their baby. One participant said, *"I was sent a car seat, but they didn't send the base for it. I wouldn't even know how to put it in. I've been too busy to follow-up. It has slipped my mind."* Another said, *"They sent me a car seat, but it doesn't really work for a newborn baby. It's not the right size. It's one that a baby can sit up in. It's not an infant carrier."* Another participant reiterated this concern. She said, *"They were willing give me a car seat. But the hospital required us to have an infant carrier so that was a challenge."*

Eight participants said they had received a box of diapers after they had gone to their post-partum appointment. Two participants said they were expecting to get the diapers, but had not. One participant said, *“After post-partum, they told me I was going to get a box of diapers. I gave them the size probably over a month ago, but didn’t receive them. Needless to say the baby will have grown out of that size now.”*

Only two participants enrolled with NHHF said they had received the reward card with dollars redeemable at participating stores for going to appointments.

Seven participants said they had not been offered any incentive benefits at all.

Suggestions for Benefits

Participants were asked for their suggestions of what benefits or incentives they felt would be most helpful to them. For the most part, participants did not have any suggestions and were content with what was provided. Three participants suggested that the MCO provide infant carriers instead of the toddler car seat. One participant said, *“I’m not sure, but when they send the car seat, it should be an infant seat. The one they send is a huge car seat. It’s probably more cost-effective, but I don’t know who would want to put their baby in it. That was kind of not so helpful. I thought I would get a car seat I would be able to use right away.”*

One participant suggested offering more extensive post-partum care. She said, *“My general thought on after care is probably to offer more pelvic floor support for women. Everyone knows to do their Kegels, but sometimes that’s not enough. I wish I had done therapy after the birth of my first son, but it wasn’t offered. The second go around I had to ask for it. I think that type of support goes to the wayside sometimes. I wish I had gotten more care post-partum.”*

Breast-Feeding Support

Five participants said they had received breast-feeding support from their MCO and they thought it had been useful. One participant said the nurse who called her from her MCO had given her help. She said, *“She talked to me about it. I told her what I was having trouble with. It was one of the worst things I went through being a new mom. She provided good support.”* Another participant said, *“I’m not breast-feeding any more, but while I was, I did get lactation support. It was pretty useful.”*

One participant said it would have been helpful to her to have had support. She said, *“I was breastfeeding. I had to do all of that on my own. I don’t know if they offer replacement parts (for the breast pump), but I don’t think they do. If they were to offer advice or offer replacement parts, that would be helpful.”*

Some participants said they had not needed support from their MCO because they received it elsewhere. One participant said, *“I received lactation support at the hospital. I did not have a lot of issues with breast feeding this time around.”* Another said, *“I did use lactation services at the hospital, and I have a breast feeding support group that I used for both of kids.”* Another participant shared, *“I had the nurses help me with that when I was still in the hospital and any questions I had left, I just asked my OB when I went.”* One participant said she did not want or need breast-feeding support. She shared, *“I was pumping with my second, but I didn’t want any support. My life is too hectic with two kids. I have enough appointments and stuff like that.”*

Other Support

Participants were asked to describe any other help they had received from their MCO including transportation support and connection with community resources. Seven participants said they received transportation support. For the most part, participants were happy with the transportation services they received. One participant said, *“It worked out really well. They waited for me to come out of the doctor’s office.”* Another said, *“I’m still using it to get my program every day. I haven’t had any challenges.”* Another participant shared, *“It was very, very helpful. There was a day where I had called last minute and they couldn’t find a ride for my daughter’s appointment, but they found one for my son. They gave me a call the next day and found my daughter a ride. They definitely helped with that and tried really hard. The transportation system is really amazing. But sometimes they tell you the wrong cab that’s picking you up. I’ve also had them me pick up at the time when I needed to be at the appointment which was frustrating. Other than that no other issues with them.”*

Other participants shared similar minor challenges with transportation services. One participant said, *“They’re fairly on time. But it’s a little awkward because not all of the cars have stickers that say whatever company they’re from. It’s strange walking up and asking if they’re transportation.”* Another person said she had some difficulties with the transportation reimbursement process. She said, *“I just started doing the family and friends reimbursement. Things can be a little bit better. I think they need some more training because one person said one thing and when I called to make sure, they said ‘you can’t do that, that’s not the way you’re supposed to do it.’ It was a hassle.”*

Eight participants said they had been offered transportation services, but did not need it.

SUGGESTED IMPROVEMENTS

Participants were asked to share what improvements they would make to the care and support they received both during and after their pregnancy. Just over a third of participants said there were not any improvements needed to the care they received during their pregnancy. A quarter of participants said they had specific suggestions related to their providers including wanting more continuity of care within the practice they had chosen, desiring more flexibility for appointments, and better quality care. A handful of participants suggested that their MCO’s program for pregnant women should be more consistent and timely with their support. A small number of participants suggested providing better coverage for specific needs such as medications and mental health providers. Over two-thirds of participants said they did not have any suggestions for improvement for post-partum care. A few participants said they would like their after birth care to be extended. Others suggested that they would appreciate having more information on caring for their baby and other services that are offered.

During Pregnancy

No Improvements Needed

Eleven participants said that they could not think of any improvements they would make to the care they received while they were pregnant. One participant said, *“I don’t really know. Everything was pretty on point. I didn’t have any issues, unanswered questions or anything. I guess they’re doing pretty well. I can’t think of anything.”* Another said, *“It all went really well. I’m really happy.”* Another reported, *“Honestly nothing. I just didn’t have any problems. Even my boyfriend thought they did a fantastic job. I don’t think I would change anything.”*

Provider Improvements

Seven participants said they would change specific problems related to their providers. One participant said, *"I don't know if it has anything to do with Well Sense, but I was swapped a couple of times between OBs because she wasn't available. I wasn't comfortable seeing other people. I want to stay with the same one."* Another said, *"I wish the doctors offered later appointments. They close at five."* Another participant was concerned about the quality of care she received. She said, *"I would like that they watched more closely if you have complications. His cord was wrapped around his neck twice and I think they saw it during the ultrasound, but they never said anything so he had to spend a couple hours in the intensive care for babies."* Three participants said they wish they had chosen a different doctor for similar reasons. One participant suggested that providers offer child care support for visits. She said, *"I have a really good home support system, but maybe offer in-house day care. There are issues for getting child care to go to appointments. Taking both of my kids to the doctors, it's a lot of work to get there. Making prenatal appointments can be really hard if you have to take the kids with you. My son is a crazy man. If he's coloring on the walls and screaming, it's not ideal circumstances for a cervical exam. If there was a separate room where they could go, that might also be very intriguing for women who don't have support systems."*

Support Programs

Five participants said they would like their MCO to do a better job with the support program they offer to pregnant women. One participant said, *"I had NHHF two years ago. I thought it was better then. They were sending gift cards and checking up more. And this time around I didn't have any of that, and I don't know why."* Another participant from NHHF said, *"You should be able to get a hold of your case manager through every number you call. That one guy I called had so much knowledge. So having better access to the case manager where you can call and they actually know how to patch you. That is number one because that guy was such a help. And number two, is fixing their rewards points program for the pregnancy. Obviously doctors are going to bill it however they're going to bill it and not necessarily how the insurance company wants it. I didn't get my points for the prenatal visits."* Another participant said she thought the program should be better explained. She said, *"I guess because some of these things you're discussing with me, maybe to be more well-informed of my options of things that were available to me."* Another participant said, *"They were pretty good with everything, but I would say if they called earlier with the breast pump it would be better. It was kind of delayed. They send it out the day of, so it's a panic of what if it's not there when you get home. You have to notify them while you're in hospital. It's one more stress to do. It would be better to have it ahead of time."* Another participant said, *"I'd like them to be more on top of things maybe. So if they found out somebody was pregnant, they would send out the information right away. I didn't get any information."*

Coverage

Three participants recommended better coverage for specific needs. One participant said, *"I think if a doctor prescribes you medication, they should fill it. I had to pay for quite a few things because insurance wouldn't pay for it. They were \$25 per pill and I had to take them for four days."* Another participant shared, *"I guess while I was pregnant I would have liked it if my insurance had covered more for a psychiatrist. I really needed that. I had two horrible pregnancies as a result."* Another said, *"Covering prenatal vitamins would be helpful. They're kind of expensive."*

Other Suggestions

One participant suggested that the cars that are part of the transportation system are marked appropriately. Another participant said she would like to have more doctors in her provider network.

She said, *“I would like a broader range of doctors to choose from. I love my doctor and probably would go back there, but I think it’s weird you can only go to one place.”*

After Pregnancy Improvements

No Improvement Needed

Eighteen participants said there was nothing they would suggest to improve the care they received after their baby was born. One participant said, *“I’ve had a pretty good support system since my son was born. The doctors and Well Sense have been very helpful.”* Another said, *“I think they were on top of things. I actually missed my six week appointment. Well Sense called to make sure I did it. I called and re-scheduled it and did it at eight weeks. They’re pretty on top of things.”* Another participant remarked, *“I can’t think of anything. I think they’ve done a great job.”*

Continued Care

Four participants suggested continuing care for a longer period of time after the baby is born. One participant said, *“As I said, it tapers off and just feels like you’re no longer the focus. It’s hard being a new mom. Everything you go through, the whole realm of the emotions, is really hard. I felt like I had nothing. I could have called that nurse, but I didn’t.”* Another said, *“Maybe just extending the calls. Instead of just making that last phone call at six weeks. Extending it longer to make sure everything was okay.”* Another participant said, *“More reassurance and talk about your pelvic floor. They know I had a big baby. They should have checked that I was healing correctly. Six weeks seems like a long time before you go to the doctor for that check-up. Maybe they should have looked at me sooner to see if could heal sooner. Here in this country we don’t have the best post-partum care anyway. You’re on your own once the baby is out.”*

More Information

Four participants said they would like more information from their MCO including how to care for their baby and the services available to them. One participant said, *“Maybe information on how to deal with a new baby.”* Another participant said, *“More information on the lactation specialists and breastfeeding that would be helpful. Not just for me, but for the baby.”* Another said, *“Maybe more information on what I was not necessarily educated about. Awareness of services would be my complaint.”*

Other Suggestions

One participant said she would like the MCO to follow through on their promises. She said, *“They offered me everything I needed in terms of services, but I think they should follow through with what they offer. I didn’t get the diapers. If they follow through that would be great.”* Another participant said she would like dental care offered through her insurance.

CONCLUSION & RECOMMENDATIONS

The telephone interviews held during October through December of 2017 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 were women who had recently given birth to a child while enrolled in the Medicare Care Management Program. As such, they provided insights into the specific needs of this population. Results show that, overall, participants had very positive experiences with their MCO and providers. Generally, participants were satisfied with the availability of doctors, hospitals and specialist care through their network as well as their medication coverage. The results also showed that a majority of participants received benefits through the support programs the MCOs offer to pregnant women, but were unaware of the programs' names and the extent of services offered through them. Several participants were disappointed to learn there were benefits available which would have been useful had they been aware of them.

Improved Support Programs

Participants suggested making information about the support programs more consistently and widely available as well as ensuring that promised benefits are made available.

Continuing Care

Participants said additional post-partum care and support would be welcomed including continued outreach and case management support as well as information on how to best care for their baby.

Expanded Coverage

Participants suggested that medications prescribed by providers should be covered by their health plan. A handful of participants would like more mental health providers included in their network.

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 had meeting your health care needs both during and after your recent pregnancy.

We would like to invite you to participate in a **telephone interview** where you can share your feelings and ideas about Medicaid Care Management. We are only asking a small number of people to take part so **your participation is very important**. You will receive a **\$30 VISA gift card** as a thank you for your time if you participate in a telephone interview.

We will be conducting the telephone interviews between **October 17 and December 10, 2017**. 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.

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,



Diane Langley
Director, Office of Quality and Improvement

APPENDIX 2. INTERVIEW GUIDE

Introduction

You were covered by Medicaid during your recent pregnancy and received Medicaid benefits through one of two Medicaid Managed Care organizations: NH Healthy Families or Well Sense. , The goal of this interview is to try to understand your experience with your managed care organization and the support you received during and after your pregnancy.

Your feedback is very important and will help the State of New Hampshire evaluate the Medicaid Care Management program. We want to know about your experiences. Your participation will not affect the benefits and services you receive through the Medicaid Care Management Program and all the information you provide will be kept completely confidential. At no point will your name or any other identifying information be released.

I would like to start with a few questions about how well your managed care organization is working for you.

I. Experience with Medicaid Managed Care

1. Can you tell me about any positive experiences with your MCO during your pregnancy? (*probe: were there any particular ways they supported you?*)
2. How about any positive experiences with your MCO after your pregnancy?
3. Did you have any challenging or difficult experiences with your MCO during your pregnancy? (*probe: were there any issues you had that they did not respond to?*)
4. What about after your pregnancy, did you have any challenging or difficult experiences with your MCO then?
5. If you had a question, did you have someone at the MCO/health plan that you could call/contact for support?
6. Please share any experiences you have had when trying to get help from your MCO/health plan? (*probe: do you remember who you called? Were you able to get the information you needed? Were you able to get the information when you needed it?*)

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 you had for an OB/GYN or midwife through your MCO/health plan? Do you feel that you had a lot of choices, enough choices, or not enough?
2. How about the range of choices available thru your MCO/health plan when you had to select a hospital or birthing center? Do you feel that you had a lot of choices, enough choices, or not enough?
3. Did you need the service of another doctor (excluding your PCP) during your pregnancy? (*prompt: such as a maternal-fetal medicine specialist or perinatologist*)
 - a. What was that doctor's specialty?
 - b. Did you have any challenges in accessing care from that doctor? (*probe: location, availability of appointments, acceptance of insurance*)
 - c. How would you describe the quality of care you received from that doctor?
4. Did you need the service of another doctor (excluding your PCP) after your pregnancy?
 - a. What was that doctor's specialty?
 - b. Did you have any challenges in accessing care from that doctor? (*probe: location, availability of appointments, acceptance of insurance*)
 - c. How would you describe the quality of care you received from that doctor?

5. Were you able to access other health care needs related to your pregnancy such as prenatal vitamins or other medication?
 - a. Please describe any challenges you had in gaining access to these types of supports.
6. After your baby was born, did you go back to see your doctor for a post-partum 6 week appointment?
 - a. If not, what were the barriers that prevented you from going?
7. Were you screened for tobacco use during your pregnancy?
8. Were you screened for tobacco use after your pregnancy?
9. If you smoke/smoked were you offered counseling or support for smoking-cessation?
 - a. If yes, what type of support were you offered?
 - b. Are you able to share any additional information regarding the support you were offered such as barriers to accessing support or the quality of the support if you accepted it?
10. Were you screened for alcohol or other substance use during your pregnancy?
11. Were you screened for alcohol or other substance use after your pregnancy?
 - a. If you screened positive, were you offered counseling or support during your pregnancy and/or after giving birth?
 - b. If yes, what type of support were you offered?
 - c. Are you able to share any additional information regarding the support you were offered such as barriers to accessing support or the quality of the support if you accepted it?

III. Quality of Care Management

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

1. How would you describe the quality of care you received from the providers you saw during your pregnancy?
2. How would you describe the quality of care you received from the providers you saw after your pregnancy?
3. What did you like best about your providers?
4. What didn't you like?

Your health plan has a program called (NHHF=Smart Start for your Baby/WS=Sunny Start) for pregnant women that offers a variety of services and support.

NHHF: CentAccount – incentive payments for healthy behaviors such as 6 Infant Well Care visits by 15 months of age, every 3rd prenatal doctor visit, post-partum doctor visit. (notification required by calling or submitting form)/Start Smart for your Baby: 17-P program, Baby shower program, texting program, breast pumps/Puff-Free Pregnancy: tobacco cessation program for high-risk pregnant women

Well Sense: Sunny Start- care planning, free car seat, transportation assistance, WIC assistance, information/planning, smoking/drug/alcohol counseling, community resource connections, texting program, free generic prenatal vitamins

1. Did you receive any support through this program?
2. Do you remember when and how you first learned about the program?
3. Did you contact your health plan to let them know you were pregnant or were you automatically enrolled in the program through your doctor?
4. Do you feel like you understood the program?
5. Tell me about the types of support you received through the program (*prompt: case management from the health plan, educational material, incentives/extra benefits*)
 - a. How would you describe the quality of case management and support you received from your MCO during your pregnancy?
 - b. How would you describe the quality of case management and support you received from your MCO after your pregnancy?
 - c. Did your MCO assist you in reaching your goals?

- d. How would you describe the quality of information and educational materials about pregnancy, birth and post-partum care you received from your MCO?
- e. How would you describe the other incentives (e.g. breast pumps, incentive payments, car seats, etc.)?
- f. Were these other incentives helpful?
- g. Can you think of anything else that would be helpful?
- h. If you are breastfeeding, did you/are you receiving any support/help from your health plan?
6. Did you receive any other assistance such as transportation support to and from doctors' visits, housing support, or connection to other community resources such as WIC through your health plan? Were you offered any of this type of assistance?
7. How would you describe the quality of support you received?

IV. Suggestions for Improvements

1. If you were going to make one improvement to the care and support you received during your pregnancy, what would it be?
2. If you were going to make one improvement to the care and support you received after your pregnancy, what would it be?
3. Is there anything else about your health coverage that I did not already ask you that you would like to share with me?

APPENDIX 3

OFFICE FOR QUALITY ASSURANCE AND IMPROVEMENT (OQAI) FOLLOW-UP TO ISSUES IN YEAR FIVE FALL 2017 FOCUS GROUP

Introduction



One concern was identified by study participants that prompted further research by DHHS:

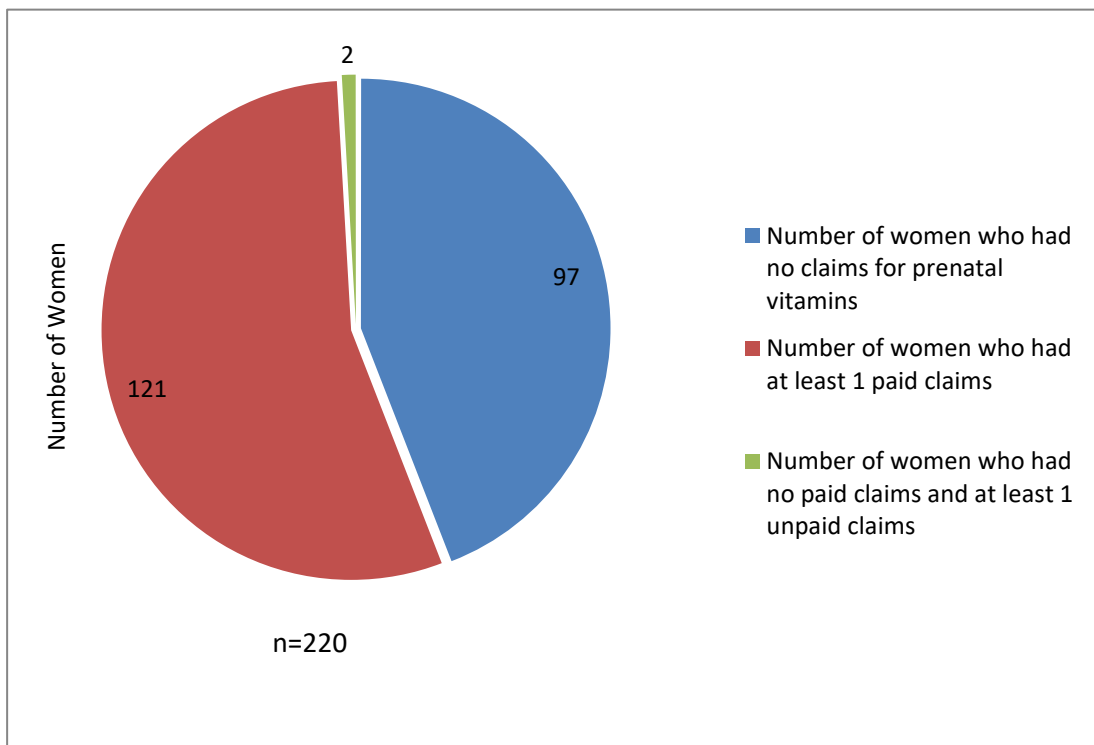
- Access to prenatal vitamins that are no cost to the member

Follow-up Analysis

Prenatal vitamins

This follow-up analysis evaluated Medicaid pharmacy claims data. The population for the interviews was comprised of 220 individuals who were enrolled in New Hampshire Medicaid Care Management and had delivered a baby within the previous six months. There were no geographic limits or utilization requirements for inclusion in the study. One hundred twenty-one of the 220 (55%) had at least one paid claim for prenatal vitamins. Two women of the 220 (1%) had no paid claims and at least one unpaid claim. All five unpaid claims were for over-the-counter prenatal vitamins. Ninety-seven women of the 220 (44%) did not have any claims for prenatal vitamins.

Figure 1 Number of women who gave birth May-August 2017 with prenatal vitamin claims and status of claim



Conclusion

While only about half of participants in the focus group said their prenatal vitamins had been covered by Medicaid, the follow-up analysis showed that women who had a prescription for prenatal vitamins consistently had the cost covered by their MCO.

Recommendation

MCOs should evaluate their programs to ensure that members and enrolled medical providers who provide obstetric care are aware that prescription prenatal vitamins are covered by the Medicaid Managed Care MCOs.