New Hampshire
Medicaid Care Management
Qualitative Study
Summary Report
Year Four, Spring 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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June 28, 2017
State of New Hampshire
Department of Health and Human Services
Office of Medicaid Business and Policy
Concord, NH

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ACKNOWLEDGEMENTS

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

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

EXECUTIVE SUMMARY

Introduction

In support of an external quality review of New Hampshire's Medicaid Care Management Program, qualitative data has been gathered from Medicaid beneficiaries regarding their experience with the Medicaid Care Management Program. In the fourth year of information gathering, four Key Points of Inquiry were developed based on material provided by the New Hampshire Department of Health and Human Services (DHHS) to frame the information to be gathered from participants including: *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 with the Medicaid Care Management Program through the Choices for Independence (CFI) Waiver. These individuals are seniors or adults who medically qualify for the level of care provided in nursing facilities. There were no geographic limits or utilization requirements for inclusion in the study. The qualitative interviews were conducted over the telephone between April 28, 2017, and May 12, 2017. A total of 30 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 whether they felt they understood their health plan and if they knew where to call for support if they had questions. They were also asked to describe both what they like best about their MCO and to describe any problems they had experienced since enrolling. Participants were divided on the level of understanding of their health plan through their MCO. While nearly two thirds of participants indicated that they did not know what their health plan covered or how their different health insurance plans (such as Medicare, Medicare Part D, and private insurance plans) worked together, they were mostly unconcerned about their lack of understanding. Nearly all participants had positive experiences in obtaining support when they had questions about their plan, but a third of those received help from a caseworker from a community organization instead of their MCO. For the most part, those receiving help from their MCO were satisfied with the responses they received and felt that support was available when they needed it. Participants said the level of coverage, the transportation benefit, and case management they received were the most positive aspects of their MCO. About half of participants noted that they had not had any negative experiences with their MCO. Of those that had experienced challenges, the most frequently noted problems were with not having needed medical equipment and supplies covered through their health plan, difficulty with the transportation services, and administrative issues.

Access to Care

Participants were asked to describe their access to care through their MCO including the availability of primary care physicians (PCPs) through their network and the referral process for specialists, medications, and other medical needs such as x-rays, physical therapy, and medical equipment. About a half of participants said they had a lot or enough choices of PCPs through their MCO's network. Three participants said they did not have access to enough PCPs through their MCO, but attributed that to the rural nature of their locality and the lack of doctors accepting Medicaid. The remaining third did not voice an opinion because they stated they had remained with the same PCP after enrolling in a MCO. Nearly all participants said they had not had any problems accessing specialist care through their MCO. These participants noted that the process was seamless and they did not experience any delays in receiving approval. Three participants had challenges accessing specialist care due to a lack of specialists in their provider network and a lack of coverage for the care under their plan. Most participants said they had not experienced any challenges with access to medications. Six participants experienced delays due to pre-authorization, a need to change the dosage of the medication, and not having some medications covered by insurance. A third of participants noted they had challenges with their MCO covering needed medical supplies and equipment as well as having difficulty getting medical equipment repaired or replaced. In particular, participants using wheelchairs noted significant challenges having their chairs properly maintained. Five participants said they were happy with the coverage they received for their medical supplies. One participant noted that her MCO discontinued her physical therapy despite her ongoing need.

Quality of Care Management

Participants were asked whether their MCO had ever offered to coordinate their health care, whether they were receiving any case management support and who was providing it, as well as their perception of the quality of the case management. They were also asked to describe any changes in the care for their chronic illnesses since enrolling with their MCO and how their MCO has impacted other aspects of their life such as providing assistance with housing or transportation. Only four participants noted that they receive any case management support from their MCO and they shared a mix of positive and negative experiences. More than half of participants were unaware that care coordination support was available through their MCO, but over two-thirds of participants noted that they had other case management support through another community organization. For the most part, participants have been happy with the care coordination they have received through these organizations. The six participants who were not satisfied with their care coordination indicated it was due to a lack of follow-through and difficulty contacting their case manager. None of the participants indicated they wanted or needed additional case management support. All participants said their doctors work well together and effectively coordinate their care. Nearly all participants said they believed both the consistency and comprehensiveness of the care for their chronic illness had either remained the same since enrolling with their MCO or had improved. All participants said they had not needed housing support from their MCO because they already had these issues resolved. About half of participants said they use the transportation support available through their MCO. The primary transportation challenges faced by these participants included the amount of time it takes to set up a ride through the centralized process, being late for appointments, and not receiving adequate physical support from drivers. About a third of participants said they do not use the transportation support because they drive themselves, have a family member drive them, or have transportation provided through their housing. Four participants were unaware of the transportation reimbursement option.

Suggested Improvements

Participants were asked to share what improvements they would make to their current health coverage. Seven participants said they were very satisfied with their coverage and could not think of any particular enhancements to their care. Improvements other participants suggested included an increase in the amount of home care available to them, assurances that their coverage will continue in light of recent federal efforts to repeal the Affordable Care Act (ACA), assistance resolving administrative issues, improved transportation support, dental care, wellness options such as nutritional support and gym memberships, improved communication from their MCO, better mental health care coverage, and increased access to medical supplies and equipment.

Conclusion and Recommendations

The 30 participants in this study were seniors or adults who medically qualify for the level of care provided in nursing facilities. As such, they provided insights into the shift to managed care for individuals with extensive health care needs. Results show that, overall, participants have had positive experiences with their MCO, but that the majority of participants received case management support from other community organizations. In addition, many participants noted that their MCO was the secondary or tertiary payer for their health care needs, and, as a result, they have had limited experience to draw conclusions. For the most part, participants were satisfied with the availability of doctors and specialist care through their network as well as the process for accessing medication. The results also showed that this population was most dissatisfied with their access to needed medical equipment and supplies as well as home care support. Transportation was an important issue for this population, and, while some participants were satisfied with their transportation support, others noted challenges with the centralized process used by their MCO. Four participants noted concern about how and whether their health care coverage might change due to federal efforts to repeal and replace the ACA.

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

Improved Coverage

Participants suggested expanding the coverage they receive from their health plan for home care, medical equipment and supplies, dental care, prescriptions, and mental health care.

Improved Administrative Assistance and Communication

Participants suggested that having clearer and more easily understood communication with their MCO would improve their experience. Participants reported needing additional assistance to resolve administrative issues.

Improved Transportation Support

Participants suggested streamlining the transportation process to eliminate missed and late appointments.

More Wellness Benefits

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

INTRODUCTION

In support of an external quality review of New Hampshire's Medicaid Care Management Program, qualitative data has been gathered from Medicaid beneficiaries regarding their experience with the Medicaid Care Management Program. In the fourth year of information gathering, the population for the interviews was comprised of individuals who were enrolled with Medicaid Care Management through the CFI Waiver. These individuals are seniors or adults who medically qualify for the level of care provided in nursing facilities. There were no geographic limits or utilization requirements for inclusion in the study. The qualitative interviews were conducted over the telephone between April 28, 2017, and May 12, 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' understanding of their health plan and experience with receiving support from their MCO
    - Participants' positive and negative experiences with their MCO

2. **Access to Care**
    - Participants' experience with their choice of providers, availability of specialists, medications, other health needs, and the process for obtaining access to care and services

3. **Quality of Care Management**
    - Participants' experience with case management/care coordination from either their MCO or other community organization
    - Participants' perception of the impact of enrollment on the care they receive for chronic illnesses
    - Participants' perception of how other aspects of their life have been managed since enrolling in an MCO and their experience with the transportation options

4. **Suggestions for Improvement**
    - Participants' suggestions for improvement to their current health coverage

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 30 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 through the CFI Waiver. A random sample of 288 individuals was drawn from which a total of 30 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 April 24, 2017. Participants were offered a $30 gift card to participate. A total of 30 interviews were completed between April 28, 2017 and May 12, 2017.

Participant Demographics

Table 1 shows the distribution of participants by MCO. Both NHHF and Well Sense Health Plan were represented by the same number of 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	134	46.5%	15	50.0%
Well Sense Health Plan	154	53.5%	15	50.0%
Total	*288*	*100%*	*30*	*100%*

Table 2 shows the distribution of participants by age compared to the full sample. There is a slight over representation of participants aged 20-39 and a slight under-representation of participants aged 60-79.

Table 2. Number of Participants by Age

Eligibility Group	**Interviews**		**Full Sample**	
	Number	**Percent**	**Number**	**Percent**
20-39	4	13.3%	16	5.6%
40- 59	8	26.7%	68	23.6%
60 – 79	11	36.7%	137	47.6%
80 and over	7	23.3%	67	23.3%
Total	*30*	*100.0%*	*288*	*100.0%*

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 3 shows the number of participants by region. The distribution of participants includes geographic representation from all regions in the State.

Table 3. Number of Participants by Region

Region	**Number**	**Percent**
Merrimack Valley	8	26.7%
Lakes	7	23.3%
Dartmouth/Lake Sunapee	4	13.3%
Great North Woods/White Mountains	2	6.7%
Monadnock	5	16.7%
Seacoast	4	13.3%
Total	30	100%

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 whether they felt they understood their health plan and if they knew where to call for support if they had questions. They were also asked to describe both what they like best about their MCO and to describe any problems they had experienced since enrolling. Participants were divided on the level of understanding of their health plan through their MCO. While nearly two thirds of participants indicated that they did not know what their health plan covered or how their different health insurance plans (such as Medicare, Medicare Part D, and private insurance plans) worked together, they were mostly unconcerned about their lack of understanding. Nearly all participants had positive experiences in obtaining support when they had questions about their plan, but a third of those received help from a caseworker from a community organization instead of their MCO. For the most part, those receiving help from their MCO were satisfied with the responses they received and felt that support was available when they needed it. Participants said the level of coverage, the transportation benefit, and case management they received were the most positive aspects of their MCO. About half of participants noted that they had not had any negative experiences with their MCO. Of those that had experienced challenges, the most frequently noted problems were with not having needed medical equipment and supplies covered through their health plan, difficulty with the transportation services, and administrative issues.

Understanding of Health Plan

About a third of participants said they understand their health plan. One participant said, *"The Medicaid part of it has always been very easy to understand*." Another did not think there was much to know about his health plan saying, *"What's to understand? I go to doctors' appointments and they pay the bills."* Another participant responding on behalf of her mother disagreed saying, *"I understand because I took the time to read it. It's fairly complex. I also own a very small case management company so I do that kind of paperwork as a way of earning money. I came into it knowing I needed to educate myself on what it covered. And now that they're online I find it a little bit easier for me. I can see where a lot of folks doing their own paperwork would be lost. She had two strokes in the last five years, both of them were brain injuries and I discovered the hard way that some of the services that she needed would not necessarily be covered. But there are ways around it. Because she has a brain injury we are now allowed to get services through the Brain Injury Association. Others in the same situation may not know that."*

Another third of respondents said they mostly understand their plan. For the most part, participants who said they mostly understand their plan did not understand the distinctions between programs related to their health care. A participant responding on behalf of her father said, *"There are a few things I don't understand like the different program he falls under. I think it's called CFI, but I don't know the difference between it and something else. I don't understand if one covers more than the other. I just do whatever the case manager tells me he should be under."* Many participants noted that they had multiple health insurance plans including Medicare, private supplemental insurance, and Medicare Part D prescription plans. These participants indicated that having multiple plans made understanding the insurance difficult. One participant responding on behalf of her mother said, *"I probably don't understand completely because she has Medicare and then she also has a supplemental insurance too. I don't think she has to use the NHHF much for the hospital and stuff. I'm not sure how much spills over."* Other participants who indicated they mostly understood their plan also said they did not know what their plan covered suggesting a very limited comprehension. One participant said, *"I think I understand. It's basically Medicaid. The one thing is I don't know is what they cover. I want to know, too, if they cover the chiropractor. But when I go to the doctor they take my card."* Another participant shared, *"Yes. I* *understand it. The only thing that I get a little confused about sometimes is what's covered and what is not covered."*

The final third of participants said they did not understand their health plan at all. One participant shared, *"Honestly, I find the insurance plans very difficult to figure out, but I know they've been covering what she needs covered so I'm happy with it. But I don't have time to read through the big books. It's a lot of work."* Another participant shared, *"I didn't understand exactly what NHHF was and where it fit in with Medicaid and Medicare and the federal government and State and how they were working together. I didn't know what covered what, but I just went along with it because it seemed like it might help."* Another participant noted that having multiple insurance plans made understanding more difficult. She said, *"I feel like if I just had Well Sense or NHHF as a primary coverage, I would have a higher level of understanding, but because I'm dually eligible and have Medicare as my primary insurance, it's harder to get a clear picture of what that looks like. When the MCOs came in, they really targeted the fee-for-service population. But when they transitioned in people who were dually eligible or on private insurance, there wasn't specific outreach or an attempt to work with those dually eligible folks so that the nuances of coverage were understood."*

Availability of Support

When asked who they called for support if they have questions about their plan, nine participants said they rely primarily on their case worker from other community organizations. One participant speaking on behalf of her father said, *"His case worker through the Brain Injury Association deals with Medicaid. It's pretty easy, but it takes a little while. There have been a lot of cutbacks. It's easier through email now which is great. Either her, or his caregivers, or I generally email because if they have a meeting they can get back to me that way. It usually doesn't take that long."* Another participant said, *"I have a case worker and if I have questions, I call her. I have a service coordinator through Granite State Independent Living. I also have what's called Life Coping. They basically do the exact same thing."* Another participant said she has the option to call her MCO, but relies on the organization caring for her mother. She said, *"I usually call Crotched Mountain. They oversee my mom's care. (The caseworker) goes there and makes sure that my mom is being taken care of. If I have questions, I do call her. I do have a number from NHHF, but I've never had to call."*

Seven participants said they have called the toll-free number provided by their MCO. For the most part, these participants had positive experiences reaching out to their MCO. One participant shared, *"I have called them. They sent some kind of a card, but I didn't understand it. When I called they answered my questions."* Another participant said, "*I called once when first on, but they said don't worry about it since Medicare is the primary insurance.*" Another participant shared, *"I did have occasion to call and ask for a case manager and they gave me a name and direct number so I could contact them back when needed and they began to resolve the issue I have. This was a couple of weeks ago, the problem had to do with a wheelchair the company wasn't doing the repairs and billing properly. They weren't repairing it. I've been without foot pedals on my power wheelchair for 6 months. She got them to talk to her at least more than they will me, but there's no resolution at this point."* Two participants said they had some difficulty when reaching out to their MCO for support. One participant said, "*I had to call Well Sense not all that long ago because I was looking at coverage for nutrition support. I wanted to see a dietician and I was hoping to find out good information. Unfortunately they gave me the wrong information. When I questioned them and said this is very, very different from what the provider told me she put me on hold for about 10 minutes and then said 'you were right.' I felt like 'Aren't you supposed to be the expert?'"* Another participant said that she hadn't gotten an answer to her question about why her transportation reimbursement had been changed when she called. She said, *"With the transportation thing, I wanted* *to know why didn't somebody send me a notice? When I called the 800 number, no one called back and so I called directly to the Concord office. And then I ended up calling the local one and nobody could give me answer or anything. They said they didn't know."*

Six participants said that thus far they had not needed to call their MCO, but felt confident they could if they had a reason. One participant said, *"I suppose they have a number. I never had to call them for anything. If I needed to, I'm sure I could get it if tried."* Another participant agreed saying, *"If I had a question about Well Sense, I'd go to her paperwork and call. I have not yet because it's worked fine. But I would if it didn't. I feel like I'm her advocate."*

Four participants noted that they were contacted periodically by a case manager from their MCO. One participant shared, *"They have a nurse that calls me once a month from NHHF, which I like. I can call her with any kind of questions or issue I'm having medically. Things get resolved and it's very useful. If I'm having trouble with something, for example, if a prescription doesn't get filled smoothly, I can call this nurse. She will either explain what the delay is or what the person is doing wrong as far as filing the insurance claim and it usually gets resolved or I get an understanding."* A couple of these participants noted they occasionally had challenges getting in touch with their MCO's case manager. One person said, *"(My case manager) is very hard to get a hold of, honestly. There was confusion because something happened and everything was being kicked out as being denied. I left a bunch of messages. Eventually I called the main number and they shot her an email and she called me back. That took a good week and when you're being it's denied, it's stressful."* Another participant noted difficulty reaching her caseworker as well saying, *"We play a lot of phone tag."*

One participant said he has only contacted his MCO for transportation assistance and one other participant said she didn't know who to contact for support. She said, *"I can't read my mail because I'm legally blind. If I got a letter, if it explains everything, I can't read them. They haven't provided any kind of accommodation."*

Positive Experiences with MCO

When asked to describe any positive experiences they had with their MCO, half of participants shared stories about the coverage they receive through their health plan. One participant remarked on the fact that her mother's health care is paid for and that she was able to manage issues online. She said, *"I think what I like is we don't have to follow-up and pay a bill every time because she is down to $200 to her name. I like that it seems to cover everything between Well Sense and Medicare and that's really helpful. Nobody has said to us that 'Oh we don't accept that.' It was easy to do online that was another thing I liked. They've covered everything. The poor woman lost an eye and now her other eye has macular degeneration."* Another participant said she was able to get a prescription through her MCO. She shared, *"I was able to get a prescription that wasn't on my Medicare D formulary covered by Well Sense unexpectedly and that was a benefit."* Another participant had a similar experience with prescriptions and coverage. He said, *"I've had good experiences. Medicaid pays my extra medical bills and it helps pay for living here. I have prescription drugs that have been paid for."* One other participant said, *"They're helping me financially and there's no other way you could help me. I don't have to pay for hardly anything except for over the counter medications. So I'm very happy with that."* A daughter of a participant said her mother's MCO helped ensure that her health was managed despite very limited resources. She said, *"She's had a lot of health issues. She will be 80 in July and has been hospitalized several times for pneumonia. She had to be in a rehab facility for a month and everything was covered for her. And given her very limited income and resources that was immense. It really it saved her life."* Another participant appreciated that the coverage from her MCO helped her stay in her home. She said, *"I feel that I'm having assisted living right in my home. Because I get a registered nurse, I get an LNA to shower me, and I get a homemaker who takes care of my laundry and floors. I feel I am having assisted living thanks to Medicaid, but it's right in my home. I've been in this apartment for 21 years."* Another participant noted that her MCO was helping her manage her chronic health problems. She said, *"Right now, I'm currently working with an RN to help me on my diabetes. And she's working with me pretty closely on that."*

Five participants said their positive experiences with their MCO was related to transportation support they receive. One participant said, *"They get us rides when I have to go the doctors. They make sure I have a ride as long as I call in advance. They're very good over there. They're friendly."* Another said, *"I'm paralyzed so I need wheelchair assistance. They are fantastic. CTS has been wonderful in accommodating me."* Another mentioned, *"I don't have a car and don't have a license so it's hard to get to appointments. I can just call and get a ride."*

Four people noted that they appreciated the information and case management support they receive from their MCO. One person said, *"When I call them, they're very knowledgeable and they help me any way they can."* Another said her MCO provided her *"a calendar and questionnaire to ask your doctor."* A gentleman caring for his mother said, *"They've been incredibly responsive and very helpful. Any hiccups with paperwork they've helped us walk through."* Another described her positive experiences with the case manager through her MCO. She said, *"She was the one I called for support. But everything was running smoothly so didn't think I had to be in touch often. I can't speak highly enough of her. Really did her job, stayed close to my mom and she kept me in the loop and though I didn't know exactly what her job was, I had a strong belief that my mother's best interest was her area of expertise. She did a good job. She visited her often and called me and let me know what was going on. She was integral to my mother's health and welfare."*

Four people said they did not have any particularly good experiences with their MCO. One participant said he hadn't had it long enough to evaluate. He said, *"I don't know. I haven't had it long. I assume that whatever copayment comes up, they're going to pay for it."* Another participant had not noticed any difference in their health care or coverage since switching to managed care. She said, *"Honestly having come from general State Medicaid, I haven't noticed any kind of difference between what I used to get and what I get now. Except for more paperwork in the mail."* Another noted that she hadn't had any problems with her health coverage until she enrolled with NHHF, but that she now was having difficulties with transportation.

Negative Experiences with MCO

When asked to describe any problems or difficult experiences they had with their MCO, about half of participants said they had not experienced any issues at all. One participant said, *"I'm totally satisfied."* A gentleman who was responding on behalf of his mother said, *"It just seemed to be working smoothly, everything was taken care of when it was supposed to be. I'm not sure where they came in financially, but we never got any bills for all of her many doctors."* Another participant shared, *"I haven't had any problems with NHHF. I've been in and out of the hospital several times. I had pneumonia, I had heart failure incident. Since the first part of the year, I've been in and out of the hospital four or five times. With Medicare and Medicaid, I'm truly grateful. I feel I'm blessed."*

Six participants said they had difficulties with having some needed care covered by their health plan. Two people mentioned there were medical supplies that were not adequately covered. One participant said, *"The one problem that I have is that I don't get as many supplies as I used to when I order.*

Restrictions on that are problematic for things like catheters and catheter kits. Basically I'm being told how much I'm allowed to go to the bathroom a day because I have to balance out my month. That's frustrating. That's been since the shift to managed care. Well Sense is more strict on how much they're going to cover than fee-for-service was. Even though I have a medical necessity. My doctor will call and say the same thing and I get prescription written out and still they will deny it." Another participant shared, *"I'm paralyzed from a motorcycle accident so I depend on my arms for everything I do on a day-to-day basis. I now have partially torn ligaments in my shoulders, rotator cuff issues, and trigger finger and carpal tunnel. It is a big issue because I'm in a manual wheelchair. Because of the pain I get in my arms, shoulders, wrist and hands, I'm trying to get a power assist (smart-drive) attachment to wheelchair, so don't have to work as hard. It's a fraction of the price of a power wheelchair, but the device is not covered. It's just little things like that I wish were covered. I have Medicare and Medicaid. Medicare will pay 80%, but Medicaid won't pay the 20%. So I have to pay it for 13 months and then after that I own it."* One participant noted that she had to switch medications because they wouldn't cover her prescription. She said, *"I'm in the process of having them switched now. It's a new medication so I don't know if they're going to work as well."* One participant was concerned about future coverage issues. She said, *"My big concern is if I have to go out-of-state for care because I've had out-of-state providers in the past. I know that they did tell us that if something is covered by Medicare as a primary there won't be a problem covering it with the secondary payer of Well Sense, but I've only heard that in theory. I haven't had experience with that yet and until I see that happen or happen well and correctly, there's a level of apprehension."* One participant said she did not like that dental coverage was not included in her health plan and another participant remarked on the lack of respite care.

Four participants said they had experienced administrative challenges with their MCO. One participant said the MCO had a steep learning curve when dealing with her complex medical history and did not understand her issues very well. Another participant had experienced extensive and ongoing issues with her health plan because someone had stolen her medical identity. She said, *"Someone else is using my name and ID number and has been doing it for a few years. I received a letter saying they were switching me over to NHHF and that they need to change my Medicaid number. This person has filled so many prescriptions and I've been catastrophic for several years and now haven't been able to access medical care as a result. No pain center or doctor will take me. It's under special investigation, but I don't know what the status is. I haven't gotten a card. I filled out the report, but the thing is, I can't walk. I'm homebound. And I have no medication."* Another participant noted that there was a lot of paperwork to manage with her MCO. She said, *"There is so much paperwork and my caseworker has changed quite a bit."*

Two participants said their main challenge was related to their transportation support. One participant said, *"The only problem I have with them is it's really hard to get a ride. You have to be put on hold and they have to call the doctors. It's a hassle trying to get a ride."* Another participant said, *"My biggest concern was not so much with Well Sense as with Medicaid itself when they switched over the transportation. They would transport us in a wheelchair van to go to appointments. It used to be I would set it up, but now they do it. A couple of times they've cancelled and rebooked and sent both of them. But it's all in their hands now. I think the transportation was the only thing that gave me some concern."*

One participant said that she wasn't able to see the doctors she preferred and believes she is stigmatized by the doctors she can see through her MCO. She said, *"Due to my insurance I can't see doctors I would like to see. I used to go to a clinic, but they don't take State insurance any more. I was told that was due to Medicaid not paying them on time or at all. I can't choose the doctors I would like to* *have. I do feel mistreated because of my insurance. I feel like I'm not treated as well because of Medicaid."*

ACCESS TO CARE

Participants were asked to describe their access to care through their MCO including the availability of primary care physicians (PCPs) through their network and the referral process for specialists, medications, and other medical needs such as x-rays, physical therapy, and medical equipment. About a half of participants said they had a lot or enough choices of PCPs through their MCO's network. Three participants said they did not have access to enough PCPs through their MCO, but attributed that to the rural nature of their locality and the lack of doctors accepting Medicaid. The remaining third did not voice an opinion because they stated they had remained with the same PCP after enrolling in a MCO. Nearly all participants said they had not had any problems accessing specialist care through their MCO. These participants noted that the process was seamless and they did not experience any delays in receiving approval. Three participants had challenges accessing specialist care due to a lack of specialists in their provider network and a lack of coverage for the care under their plan. Most participants said they had not experienced any challenges with access to medications. Six participants experienced delays due to pre-authorization, a need to change the dosage of the medication, and not having some medications covered by insurance. A third of participants noted they had challenges with their MCO covering needed medical supplies and equipment as well as having difficulty getting medical equipment repaired or replaced. In particular, participants using wheelchairs noted significant challenges having their chairs properly maintained. Five participants said they were happy with the coverage they received for their medical supplies. One participant noted that her MCO discontinued her physical therapy despite her ongoing need.

Availability of PCPs

When asked to describe the availability of PCPs through their MCO, eleven participants said they had chosen their MCO based on whether they could keep their same PCP and could not describe the variety of PCP choices. A daughter describing her mother's care shared, *"I don't think I could speak to that. I was so focused on her keeping the people she had. And these doctors she has are stellar. They're wonderful people. They're wonderful human beings. You know how once in a while you get someone who really cares about you? These doctors love her. And she loves them. They've kept her alive."* Another participant noted that continuing with her doctors was a critical factor for her. She said, *"I basically told them that I had to stay where I was because of the complexity of my health."* One other participant responding on behalf of her father noted, *"It was perfect for us because the PCP was already listed and any of additional doctors, for example, his neurologist, were all within the plan."*

Nine participants said they believed there were a lot of choices available through their MCO. One participant responding on behalf of her mother said, *"It was pretty good. When she started her provider was in Peterborough, but after her stroke we switched her care to a satellite from Concord hospital and that was not any issue at all. I called them and said I needed her closer to home so I would not have to take a day off work to take her to the doctor. They had a lot of providers available."* Another participant shared that when she changed doctors, the range of choices from her MCO was extensive. She said, *"I had no trouble whatsoever. They covered every doctor I had at the time (I enrolled.) There were no issues, they were all accepted. And I had actually changed all of my doctors because I moved and I had plenty of choices."* Another participant agreed saying, *"There are a lot of choices. I'm changing doctors as we speak."*

Five participants said that they had enough choices for PCPs available to them through their MCO. A son responding on behalf of his mother said, *"The range of choices seemed pretty good. My mother was not happy with a couple of her doctors and moved onto somebody else. We never had any problem getting into other doctors."* Another participant shared, *"I didn't have to make any changes. All of my local specialists were covered fortunately. I was a little nervous at the beginning because some providers or hospitals were a little slower to sign on so there was a waiting game after Meridian pulled out. It was more likely that if there were two MCOs that everybody was going to sign on to both."*

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 accepting Medicaid in their area. One participant said, *"I don't think my choice is limited by Well Sense or anything like that. I think my choice is limited by who's going to take Medicaid patients around here. Because it's not much. The folks I see right now, they're the only game in town that will take Medicaid patients."* A participant responding for her father said, *"The area he lives in, there's not a lot of choices unless he wants to travel far. In rural areas, that's the way it is."* Another participant shared that in her area, *"There are not enough doctors. And the ones that are, I don't think I get good care at."*

Specialist Care

Nearly all participants said they had not had any problems accessing specialist care through their MCO. These participants noted that the process was seamless and they did not experience any delays in receiving approval. One participant described her experience as, *"I go back to the coordinator of the clinic where my primary is located and she tells me who to call, and they tell me what to do and voila it happens. I don't think there's any improvement needed. I can't emphasize enough how I'm truly blessed with so much help."* Another participant shared, *"I've seen a heart specialist and I'm going to see a diabetes specialist. My primary care has been fabulous in getting me those referrals. I haven't had any challenges."* Another participant noted that his doctors took care of everything. He said, *"It wasn't too hard. I worked with my PCP and they sent the referral, and the people I was referred to called me and I got an appointment after that. The doctors did all that."* Another participant described, *"My doctor said I had bleeding and couldn't decide where it was coming from. He referred me to see a kidney specialist. There were no challenges getting approvals."* A participant responding on behalf of her mother said despite having to see many specialists, his mother had not had any challenges. She said, *"She has a rheumatologist, a cardiologist, and an eye specialist. She's seen a lot of different people and they've all been great. For her eye, the optometrist that we went to caught the fact that she had problems with her cornea and then sent us directly to a specialist at Dartmouth Hitchcock. And when they couldn't save the eye, they recommended a specialist to remove it. None of them have been a problem. It all happened like clockwork. It came when they noticed things were wrong and they sent us right to the right people."* Another participant noted that he hadn't even had to schedule the appointment. He said, *"I just polyps had removed. They called me first. I didn't have to do anything."* Another participant had anticipated challenges, but was pleased to find that it worked well. She said, *"I do go to a pain care clinic. I was able to get them to have me go only every other month instead of every month. I didn't know if I needed to be referred, but I haven't had to get it re-done. Either it hasn't run out or they are just automatically doing it. I thought (switching to managed care) was going to go worse. I tried to wait until the last month to switch over. Usually when they change things, they make a mess out of it. But I haven't had any issues."*

Three participants noted that they had issues with accessing specialists. One participant said her main challenge was that there weren't any specialists in her local area which was preventing her from receiving the care she needs. She said, *"I have glaucoma in one eye and can't see out of it. The other eye* *is pretty lousy, but I can see out of it somewhat. I have maximum of 50% vision. I was under the impression initially that when I was going to doctor that when the time came they probably would be doing the cataract surgery. Then the doctor who I see there told me that he can't do it because I also have other outstanding eye problems. There are no doctors locally that do that. The only place to do that would be Dartmouth/Hitchcock or Boston and both are outside of Nashua, and I won't do it. I was told there was no provider that would do the surgery in Nashua. I understand that. If they're a specialist they're not going to come some small city where they wouldn't have a day's worth of surgeries booked up. I also understand that going in any vehicle for any length of time is really uncomfortable so I choose not to do it."* Another participant she was not able to access a specialist because they were no longer part of her MCO's network. She said, *"The orthotics provider for my leg braces pulled out of Well Sense for extremely low reimbursement rates. I had gotten mixed messages from the provider and Well Sense. Well Sense is saying they have to take it because your primary is Medicare and it's a pre-approved service under Medicare, but the provider is saying, 'No we don't. We have every right to charge you the 20% Medicare isn't covering.' The Well Sense person was a little frustrated that the provider was having the conversation with me about reimbursement rates."* Another participant shared that some specialist care was not covered by her health plan. She said, *"In the past, I've had some challenges when they are not sometimes able to get me to specialists because they're not being covered. A neuro-opthamologist is being looked into right now. It has taken over a month and a half and it's still not resolved yet, but they're working on it. I don't know if there's going to be out of pocket costs to it."*

Medications

Most participants said they had not experienced any challenges with access to medications and had not experienced delays with pre-authorization or denials of medications. One participant said, *"I do have a couple of prescriptions. I don't have any co-pays for them. Someone picks them up at the pharmacy. I haven't had to do anything special. The doctor fills it out, sends it to pharmacy, and it's ready to be picked up within the day. No hoops to jump through."* Another said, *"I call the pharmacy and they deliver it. The only the thing is the Medicaid used to pay for it, but now Well Sense pays for it. I don't really understand it. I haven't gotten around to finding out. I haven't had any challenges with pre-authorization. It takes 3 or 4 days for them to call in the medications, but there's no problems waiting that long."* Another participant had a similar experience sharing, *"I take a few medications. My doctor writes the prescription or they'll write the prescription that I need that's covered. There are no issues."* A daughter responding on behalf of her mother said that enrolling with the MCO had improved her access to medications. She said, *"There was a point along the way where we were paying for some of her medications and then when NHHF stepped in, we never needed to pay another penny. And that was helpful of course. And I didn't push any buttons to get that done, it just happened."*

Six participants noted that they had experienced some challenges with their medications. One participant said she had some serious problems with getting needed medications covered by her MCO. She said, *"I have three different medications and I've had reactions to two of them, but the MCO won't cover other options. We've tried to go back and my doctors have appealed it, and Well Sense has told them that's not their problem."* Another participant noted that he had challenges getting to the pharmacy to get his medication after it was delayed due to the prior authorization process. He said, *"Once I had a delay in getting the breathing medication. They were giving me a hard time because I needed approval so they sent me home with no medicine. Somebody paid it, and I came and got it. There was a pre-authorization needed, and it took maybe 24 hours. It was a challenge because I had to go back out and get it. My doctor wanted me to make sure I always had it, but what do you want me to do."* Another participant said the only challenge she faced was having to adjust the dosage of her medication. She said, *"The only thing I had an issue with was one of my medications, potassium chloride. The* *insurance wouldn't cover a 20mg dose, but would cover a 10mg and so my doctor improvised and went to two 10mg."* Another participant said she didn't know why one of her medications wasn't covered, but did not seem troubled. She said, *"The only problem I've had is my most recent prescription. I think it wasn't approved. I don't know if they don't approve it because something over the counter will work as well. I don't think that had anything to do with NHHF. I have 3 different parts of insurance. If one doesn't cover it, the other two will. It works fine."* Another participant responding for her mother said that her challenge was not with prescription medication, but rather with over the counter medications. She said, *"I've needed help for her over the counter medications like vitamins and flax seed oil. It probably ends up being $25-$30 a month and when you have no money that seems like a lot. Prescription medications have been fine."*

Medical Equipment and Other Ancillary Medical Services.

Ten participants noted that they had challenges with getting needed medical equipment and supplies covered through their MCO. One participant said, *"The one problem that I have is that I don't get as many supplies as I used to when I order. Restrictions on that are problematic particularly with catheters and cath kits. That's frustrating. That's been since the shift to managed care. Well Sense is more strict on how much they're going to cover than fee-for-service. Even though I have medical necessity and my doctor wrote a prescription for it."* A parent of an adult son said she did not understand why the MCO needed to be involved her son's medical equipment if they were not the primary insurance. She said, *"Here's what I understand, if he needed a new wheelchair, my insurance company will pay, but it will still have to be approved by NHHF even if they aren't going to pay. It's stupid to me."*

Some participants said they had to pay for needed medical equipment themselves. One participant said, *"I've had to pay out of pocket costs this year for specialized equipment for my legs."* A participant speaking on behalf of her mother noted the importance of the equipment to ensure her mother's quality of life and to make caring for her more manageable. She said, *"Because NHHF didn't cover it, we paid out of pocket for a travel wheelchair to make my life easier so I didn't have to walk her through the store. Right now I'm her primary transportation. We go out once or twice week for dinner or shopping, and it was easier for me to have her mobile in a chair. So we bought that out of pocket. I buy most of the durable goods that are not covered because she's not nursing home sick and is able to live independently with support. We would like to have that covered. She lives on $800/month. She does get subsidized housing and at this point her medical care is covered. But the wheelchair was $300 and as far as I was concerned it was necessary. But we couldn't get them to pay for it. It's very black and white for them, but I would like them to look at her situation. She uses her walker around the house, but I want them to understand using her walker when going out would make it too tiring and socialization is important. I wish they had looked at that in order to keep her independent and interacting with community."*

Other participants have not been able to afford paying for equipment that is not covered by their health plan. One participant said, *"There's some medical equipment that would be useful that I wish insurance would help out with, but they just don't. There's a standing screen. It's basically something I transfer onto. It has a little pump, and it picks me up into a standing position. It really isn't in my mind a luxury. It's got some pretty significant health benefits. I'm actually in the process of looking for a grant to cover that. And I have an appointment today with a place that works on my wheelchair. My wheels on my chair are all worn out to the point they're not safe and about to fall off now. The only reason they're this bad, it's because I'm very active. The rubber wears out quicker than NHHF will cover. That becomes an issue sometimes. So my appointment today is they're going to swap out my tires and put on some junky tires that aren't as junky as mine until I can order new ones. They allow new ones once a year which is almost good, but I do wear them out a little quicker."* Two other participants noted challenges with repairs to their wheelchairs. One participant said, *"I've had a problem with a wheelchair. The company wasn't doing the repairs and billing properly. I've been without foot pedals on my power wheelchair for 6 months. There's no resolution at this point with fixing the foot pedals, and I'm not sure what we're going to do. They're trying to figure out if there is anything else to put on. Initially the Well Sense lady said 'you'll need a new wheelchair if it doesn't work', I just smiled because they cost $17,000. You don't just throw them away. I hope she can get them to think out of the box."* The other participant said, *"I was in an accident in 2015 and there were things on my wheelchair they refused to fix after the accident. And that's important. I need to get around and the frame is bent. They won't fix or replace it. They just put new motors in it, but didn't fix the frame or change the seat or anything. I'm due for a new one in October so see how that goes."* Another participant said she was unable to get her leg braces fixed through her MCO. She said, *"If I need my braces re-fitted or any work done on them, I can't get that covered."* Another participant described some of the items she needs, but aren't covered, *"There are a couple of things I need that are not covered by Medicare or Medicaid. I need to have a "smart sheet." It's a transfer sheet used on top of transfer board to transfer with one arm. I only have one arm that works perfectly. And so transferring is very difficult for me. It's very expensive. Fifty dollars which is a lot for me. I also need a trapeze, but because I don't have a hospital bed neither will pay for it for me. I don't need a trapeze because I'm horrendously obese. I need it because I have trouble with my right hip and right shoulder. If I turn onto right side, I can't roll over and can't sit up from being on my right side. I have to be able to be able to get on my back or left because of my right hip. It's very frustrating. It's not that I want these things, I physically need them."*

Five participants said they were happy with their coverage for medical supplies. One participant said, *"I'm on a CPAP machine which is being covered really good by insurance and I've needed home health care and stuff like that, they covered all that. Everything is really good. For the CPAP machine, my pulmonologist got everything done. I'm not sure what he had to go through. He didn't say anything about. It was pretty seamless for me."* Another participant shared, *"I have a knee and leg brace, I get Depends every month, I take a lot of Lasix for my heart failure. I soil my Depends four or five times a day. They are supplied, too, and that comes through Medicaid. I get what I need without the hassle. That's what's great about NHHF."* Another participant said, *"I get everything I need. I have my wheelchair and I'm incontinent, and they just approved me for the 'diaper service.' My first delivery just came."* A participant responding on behalf of her mother said, *"Pretty much everybody works well together. We needed a walker and a hospital bed and that kind of stuff. We've dealt with the same company. No challenges getting anything approved."*

Physical Therapy

Two participants said they had been referred to physical therapy services through their MCO. One participant said that she had not had any problems with her physical therapy referrals. The other participant said that she had reached the limit of how much physical therapy was allowed. She said, *"It only lasted so long, and then they wouldn't pay for it any more. It was helping me because I have fibromyalgia, rheumatoid arthritis, and diabetes. It's hard for me to walk. I can't go for a walk by myself. I have trouble with my equilibrium and fall. I was doing the physical therapy, but Medicaid stopped it."*

QUALITY OF CARE MANAGEMENT

Participants were asked whether their MCO had ever offered to coordinate their health care, whether they were receiving any case management support and who was providing it, as well as their perception of the quality of the case management. They were also asked to describe any changes in the care for their chronic illnesses since enrolling with their MCO and how their MCO has impacted other aspects of their life such as providing assistance with housing or transportation. Only four participants noted that they receive any case management support from their MCO and they shared a mix of positive and negative experiences. More than half of participants were unaware that care coordination support was available through their MCO, but over two-thirds of participants noted that they had other case management support through another community organization. For the most part, participants have been happy with the care coordination they have received through these organizations. The six participants who were not satisfied with their care coordination indicated it was due to a lack of follow-through and difficulty contacting their case manager. None of the participants indicated they wanted or needed additional case management support. All participants said their doctors work well together and effectively coordinate their care. Nearly all participants said they believed both the consistency and comprehensiveness of the care for their chronic illness had either remained the same since enrolling with their MCO or had improved. All participants said they had not needed housing support from their MCO because they already had these issues resolved. About half of participants said they use the transportation support available through their MCO. The primary transportation challenges faced by these participants included the amount of time it takes to set up a ride through the centralized process, being late for appointments, and not receiving adequate physical support from drivers. About a third of participants said they do not use the transportation support because they drive themselves, have a family member drive them, or have transportation provided through their housing. Four participants were unaware of the transportation reimbursement option.

MCOs' Role in Coordinating Care

When asked whether their MCO had ever offered to help coordinate their care, over half of participants said they did not know. Seven participants said that their MCO had not offered, but one mentioned that she knew the service available if she wanted it. Four participants said they currently had a case manager through their MCO, one of whom had proactively asked for a case manager. One participant said they offered, but he hadn't accepted. He said, *"I am pretty much self-reliant, but if I ever had a problem, I know that I can call them up. I've never had that problem, but know that if I call, NHHF would help me with that. They stated that if I never needed help coordinating to just call."*

Experience with Case Management

Twenty-two participants said they had a case manager through a community organization. For the most part, these participants were satisfied with the case management support they received. One participant responding on behalf of her mother said, *"She has a case manager that manages her through CFI who has been very good and a great resource."* Another participant responding for her mother said her mother's case manager has been very helpful. She said, *"She does have a case manager and that woman has been absolutely wonderful. And I like her enough that she could be a friend. When I have a need or when I am worried about something I call her and we meet and we talk about the options. So she's been great. She emails me and I email right back. It's very fast and fluid. She's been really good. Every now and again she emails and asks how's she doing."* Another participant said, *"I'm getting support through the Brain Injury Association of NH. They are really good."* Another participant noted, *"I have help through Granite State Independent Living and I also have a Crotched Mountain. I* *have a case manager and coordinator. It works fabulous for me."* Another participant shared, *"I have a case manager that comes. I was getting all of my prescriptions on a sheet, but the nurse decided that wasn't as efficient. So now they have me on a medication machine. They set it up so the pills dispense out. It took a while to coordinate all of them at the same time, but now it's all set. I have another case worker through mental health who is also very good."*

Only five participants said they were not satisfied with their case management through a community organization. One participant shared, *"I work with Heritage. He's ok, but needs work. He doesn't follow through and get back to me or letting me know what's going on. I always have to call him, and I've asked for things I've never received. I understand they have other clients, but there are some things I haven't gotten and it's frustrating. I think he could do a lot better. He seems like a very bright man, just doesn't follow through."* One participant speaking on behalf of her mother said, *"She has a case manager through the Brain Injury Association of NH who is not that helpful. I'm doing it all. I think if I asked for help, I like to think it would be there, but no one has volunteered. As a case manager (for work), I help people all the time. And as the oldest daughter right now I'm starting to put stuff together for her housing recertification. And you can't use the same paperwork because it's 6 months out of date. So twice a year I run around like an idiot to make sure she's getting the best deal for her buck. Last year I got her housing. Those kinds of things always count in her favor when she's being recertified. Last year because of that and a little bit of outlay for her Medicare plan D she got a $40 reduction in rent. I had to work at that, and I don't know that people know how to do that. For her to have somebody who's in a position to know these things is definitely in her favor. I can't imagine anyone trying to do it on their own or a child who doesn't know how to get this stuff done."* Another participant had a similar situation. She said, *"I have the required case manager for my CFI services under the waiver, but I do everything myself. It's frustrating to take on that role, but I have so many specialists at different hospitals, I would spend more time educating an outside provider than doing it myself."*

Of the four participants who said they had a case manager through their MCO, the two participants with NHHF were satisfied with their support. One shared, "*She's pretty on top of calling me when she says she is going to. If anything comes up in between phone calls, I have her card with her name and direct phone number. I can always give her a call when I need. Sometimes she is a little slow in calling back, but does."* Another said, *"There is a woman who calls every time he's in the hospital. They usually call and ask if there's anything we need or that type of thing. They do check when he's in."* The two participants enrolled with Well Sense were less satisfied with their case manager. One participant said she used to receive good support from her case manager from her MCO, but that recently her experience has not been positive. She said, *"I haven't heard from in months. He hasn't contacted me. He said they sent me some kind of plan, but they didn't."* The other said she was still trying to work out several issues with her case manager.

None of the interviewed participants said they want or need additional case management assistance.

Quality of Care Coordination with Physicians

All of the participants said their doctors work well together and that they are able to be involved with decision making about their care. One participant said, *"My doctors work well together. They communicate through the computer. I told them that I want them all on the same wave length and told them to email each other if there are any changes to my care. I am able to have my opinions known."* Another participant shared, *"My doctors are wonderful and the network is amazing. I am able to participate and have had wonderful dialogues with my doctors. They explain what I need to know. They have been very upfront with me."* A woman speaking on behalf of her sister-in-law said, *"The doctors* *work well together. We've been fortunate that they understand her condition. She is mentally challenged so she says yes to everything. For example, if you ask her 'does this hurt?' she will say yes. Or 'does this feel better?' and she'll say yes. So you have to really delve into what she's really saying. So far they've been really good. I understand this last doctor she's liked very much. I do feel like I'm involved if I want to be. Any legal decision has to be made by my husband, but I do all the taking care of it and he signs the paperwork."* Another participant said she wasn't sure how well the doctors work together, but that everything worked well. She said, *"I'm not sure about the doctors working together, but they all work well with me. And I pretty much inform them about what's going on with me."* A son speaking on behalf of his mother said, *"The doctors worked well with the exception of one or two who didn't treat her like an individual person. It was like she was on the assembly line. She didn't like that kind of treatment so she switched doctors, and it went very smoothly and easily. My mother was very independent and could handle her own affairs, I was there as the muscle."*

Impact of Enrollment on Chronic Disease Care

Participants were asked to describe how being enrolled with their MCO had affected the care they received for any chronic diseases or illnesses. Over half of participants said they believed both the consistency and comprehensiveness of their care had remained the same since enrolling with their MCO. Eight participants said they felt their care was more consistent and more comprehensive. One participant explained, *"I have heart failure and my care couldn't get better. At the drop of a hat, either the VNA nurse or the coordinator of primary care or my doctor will call. I know a lot of people call it welfare, I don't call it welfare, I call it that I'm faring well with (New Hampshire) Healthy Families."* Another participant said, *"It's more consistent and more comprehensive. They do more tests, and then they try new medications if one's not working. If something's working, they leave well enough alone. I said I was on too many pills, and they tried me on different insulin. They make sure if I want to try something new, I don't mind being a guinea pig."* A daughter speaking on behalf of her father indicated that her increased role in his care had helped. She said, *"He has Parkinson's and he's a diabetic and he has congestive heart failure and all the complications that go with that. I think his care has been more comprehensive and consistent. I've taken more of the lead role and I think he realizes he has to take more help. I think I've been more forward in making it happen. I think they've always been there trying to help. They've always offered it. He's just never wanted to take it."* A daughter speaking on behalf of her mother had a similar experience. She said, *"I think her care is more consistent, but I think it's more than just NHHF. I think it's because I'm overseeing her care. Up until the stroke she was still driving and doing her own errands, and we would check on her. We weren't really involved in her care. But after her stroke everybody got in. I think between the first and second stroke her care was inconsistent, and I believe that was why she had her second stroke. Her doctor had been in a fairly serious bicycle accident and was out for several months. When she went back after her first stroke, they never picked up that she hadn't been getting a blood thinner and then she had another stroke. That's when I stepped in and took over everything, and she stopped going to that doctor. We got her someplace closer to home where I can get in there with her and express our concerns. I don't know if NHHF knew he'd had such a traumatic accident. I don't know if that would have made any impact on them, but it would have made an impact on me. I would have switched her sooner."* Two participants said that they were newly diagnosed with chronic diseases and could not yet assess the consistency or comprehensiveness of that care.

Housing/Transportation Support

Participants were asked how being enrolled with their MCO had affected how other aspects of their lives such as housing and transportation are managed. Seventeen participants indicated that they had not received any additional assistance from their MCO. All participants said they have not needed housing support from their MCO because they already had these issues taken care of. One participant shared, *"I'm in senior housing and it is HUD funded housing so I pay much less rent otherwise."* Another participant said, *"All her care was always taken care of by Garrish Manor, so we didn't have any housing or transportation issues."* Another participant said he has received housing and transportation support through his case management from a community organization.

Thirteen participants said they use the transportation support available through their MCO. Eight of which said they had experienced various challenges including the amount of time it takes to set up a ride, being late for appointments, and not receiving adequate support. One participant said, *"My biggest concern was not so much with Well Sense as with Medicaid itself when they switched over the transportation. They would transport us in a wheelchair van to go to appointments. It used to be I would set it up, but now they do it. They need to send someone with the right vehicle plus (the lift) has to be able to lift 700 pounds, and fit me through the doorway. A couple of times they've cancelled my appointment and rebooked and ended up sending two drivers. Before I had a company that wasn't so great with repairs on their vehicles, but at least they always came and I knew who would come. But it's all in their hands now."* Another participant said, *"I go in a wheelchair van. I've always gotten a ride, but it takes a long time on phone to get it arranged. I have to do it within three days of my appointment. I call them and I tell them where I'm going and the name of my doctor. They put me on hold and then they have to call and confirm at the doctor and call the transportation company and then they take me off hold and tell me my appointment is all set and the time I'm getting picked up. It takes a long time."* Another participant had a similar experience. She said, *"This thing of calling out-of-state to CTS for rides is a bunch of bullcrap. It takes one more piece of our independence away. I do not appreciate that. That company messes up more than I did. That's my biggest beef about this whole thing. Before I set up my own rides, I'm quite capable, and I never goofed them up. There was twice they were supposed to pick me up and they messed it up. My doctor's office did not appreciate it. It used to be that when I had a medical appointment coming up, I'd call and speak to the dispatcher and give the time and where appointment was and we would determine between the two of us how long beforehand I needed to get to appointment. Now I have to call CTS. I'm not allowed to call the dispatcher. I have to sit on the phone with them and then have to tell where and who. Every single time I have to sit through the spiel asking if I have a family or friend who can take me, and I have to say no I have a power wheelchair. They have to go through it. They have to ask whether I can take a bus, and I have to say no. Then I get to sit on the phone for however long it takes them to get through to the medical place I'm going to and approve that I actually have the appointment. Why would I call if I didn't have the appointment? Then I have to sit on phone again while they call transport to see if they can take me. Then they give me a reference number and the transportation company has to wait until CTS sends it through the computer to confirm the ride. It's wasting money. That's a whole lot of wasted money and it makes me angry."* Another participant had significant challenges with transportation because of her health challenges. She said, *"Well Sense stopped my transportation and they're requiring me to bring an attendant, but the State hasn't approved it. I have a letter from my doctor that I have to get out and walk every 15-30 minutes. The State was paying extra, but CTS wasn't validating that the stops were being made. I have a walking disability and I'm asked to get out in unsafe place because CTS doesn't want to bother that I get to a place that's handicapped accessible. It's been really bad. The drivers have been nice, they open doors for me. I got along just fine with the drivers, but at times they weren't stopping and letting me get out when I needed to. It was causing a lot of pain. They didn't like the grievances I filed, so they stopped my* *transportation. I can't even get to the emergency room. The ambulance would be covered, but I wouldn't have a way to get home."* Two participants noted that they had challenges with the timing of the rides. One participant said, *"They weren't making the adjustments right for my appointments and it would get me 15 to 20 minutes late for my appointments."* A daughter responding on behalf of her father said, *"I know there's the capability of picking him up, but when they can come get him isn't when his doctor can see him."* Another participant questioned why rides to Alcoholics Anonymous meetings weren't supported by the transportation assistance.

Five participants said they had good experiences with the transportation support they received from their MCO. One participant said, *"The ride is really important, because I don't have a car. Normally there are no difficulties."* Another participant said, *"They have a policy that they need a two-day notice, but I had an appointment that wasn't within that time frame. They moved heaven and earth to get me transportation. They weren't able to, but the effort was unbelievable. They have a lot of people they have to accommodate, and I think their rules are fine."* Another participant noted, *"I haven't had any challenges. It works smoothly for me."*

Nine participants said they don't use the transportation support because they don't need it either because they drive themselves, have a family member to drive them or have transportation provided through their housing. One participant said, *"I am aware of it, but I have my own vehicle and I drive myself. I guess if I knew more about (transportation reimbursement), if it was beneficial to me, I'd want to know."* Another participant said, *"I drive with hand controls, but prior to being able to drive and purchasing a vehicle and now if my vehicle breaks down and I have an appointment, I can always call NHHF and they get me to that appointment."* A participant responding on behalf of her sister said, *"I just do it all. When she needs to get to appointments, I take her. And I do that because I need to be present for her doctors because sometimes she's not really good about telling what's wrong. And I'll be able to say, 'Oh you just told me that this and this is bothering you.' But because she likes the doctor she presents this façade that's upbeat and positive and forgets about why we're there. I think there are probably people who need (the transportation reimbursement) more than I do. I just feel like it's my job. She's my family. I need to do that."* Another participant speaking on behalf of her mother said, *"Transportation is taken care of where she lives."* One participant said that she chooses not to use the transportation option because she had heard about others' negative experiences. She said, *"I actually choose not to even though I'm eligible for transportation through CTS. I choose not to use it because I've heard nothing but horror stories about it and decided to stay away from it."*

Four participants said they did not know about the transportation reimbursement option. Two participants said they would have taken advantage of it if they had known. One participant said, *"I am her primary source of transportation. If I'd known about that, I would have kept track and requested."* Another said, *"I didn't even know about it. It probably would have been good a while ago when I was doing a lot of transportation for her. I don't know if they would reimburse her husband. Any little bit would be helpful because they're both low income."* One participant said she wouldn't have used it anyway. She said, *"I don't want to cost the State any more money. It's not a hardship for me unless I was sick. I don't think I'd want to charge the State to pay me to do that. Even if it's available, I know that some people need that and don't have family members to help. I want to save the State money as I can."*

SUGGESTED IMPROVEMENTS

Participants were asked to share what improvements they would make to their current health coverage. Seven participants said they were very satisfied with their coverage and could not think of any particular enhancements to their care. Improvements other participants suggested included an increase in the amount of home care available to them, assurances that their coverage will continue in light of recent federal efforts to repeal the Affordable Care Act (ACA), assistance resolving administrative issues, improved transportation support, dental care, wellness options such as nutritional support and gym memberships, improved communication from their MCO, better mental health care coverage, and increased access to medical supplies and equipment.

No Improvements Needed

Seven participants said that they could not think of any improvements for their health plan and that they were satisfied with their coverage. One participant said, *"I wish I could help you here, but I don't think it could be any better. I can't think of a thing. I wondered if everybody gets treated like this and if so, this system is really working. And I'm a person that doesn't think systems work very well. I was always on the lookout for something not going right, and it seemed seamless to me."* Another participant said, *"I really can't think of anything. I think her health coverage is quite good actually. I can't think of one thing that I would want to change because my mother has been taken care of very well since she's been on the State system. And I think she's been on it now for almost 10 years and they've done very well by her. I have no complaints or anything I'd want to change at all."* Another participant shared, *"I can't think of what more that I need. I repeat myself, I feel very blessed and that goes straight to the government and Medicaid and my primary care physician."* Another participant said, *"I don't have anything that I need. With Medicaid and Medicare and NHHF, I never pay anything for a co-payment."* Another participant shared, *"I would like to have someone who is overseeing NHHF to know how excellent care that I do get is. Sometimes it never reaches that level. They don't see a face or a name or details. That's why I signed up for this interview because I've truly wanted them to know how grateful I am and what I've received. I think the title welfare blurs the operation, but I know from personal experience that New Hampshire and the federal government have taken very good care of me. And I'm happy to share that with them."*

Additional Home Care

Five participants said they would like more home care support from their health plan. One participant responding on behalf of her mother said, *"I would like to be able to get more nursing to come to her. We're to the point now she's probably going to go into a nursing home. I feel like if we could get more nursing out to her on a regular basis, she could stay longer, but they only allow one nursing home visit a week. Every time after she gets out of the hospital, they give her after care, but then when that stops, she goes back to hospital. More nursing care would keep her from going to back to hospital. It would be cheaper and better for (my mother.)"* A mother who provides full-time care for her son said she needs more respite care and more home care. She said, *"If they had more funding for respite, it would be much better. I don't ask for respite on a monthly basis. I ask for one week a year and can't get it. I try to tell them I need a vacation. This is my job. I'm just asking for one week. We're in our 60's and my husband still works two jobs. I also need more help in the house with nursing and home care. My insurance doesn't pay for the LNAs and refuses to pay for any more nursing visits for the rest of the year. You're only allowed 50, and he's already gone through them. Usually they keep adding more on, but we've gotten a new case manager, and they're starting to pass it off to NHHF. So now (the caregivers) don't get enough payment through Medicaid, and they're giving me a hard time. To my understanding they have a* *contract and you know what you're getting when you signed the contract. They've been coming, but it's begrudging."* Another participant noted that her father needed more consistent home care, but that there weren't enough providers in the area. She said, *"They really don't have the people in the area. I don't know if that's the pay or how far people want to drive. We have a lot of issues with that plus they don't want to come past a certain time at night and sometimes just don't show up. The caregivers are our biggest problem."* Another participant would like better coordination between home care providers. She said, *"I think the one thing I'd like is that the nurses would have a standing meeting every week to ask her questions about how's she's feeling and what's happening. Kind of like an interview, but talking about her needs."* Another participant said she wished a doctor or physician's assistant would come to her home rather than having to have her get to appointments.

Ensure Continued Benefits

Five participants noted concern about whether they would continue to receive benefits in the event of changes to their circumstances or the political climate. Two participants said they were worried about potential changes to health care coverage based on the repeal of the ACA. One participant said, *"I have pre-existing conditions. I would be really screwed. That's what I worry about."* Another said, *"They're talking about changing the coverage. We don't have any co-pays now, are they going to be putting that back on us? That would be detrimental because we're all on limited incomes. And I wouldn't want to be penalized for having pre-existing conditions."* Another participant shared, *"As far as health coverage, the State should understand how important it is for people to live independently within their own homes and live life just like anybody else and the money's not being taken away from them. I would love for someone in the State to live one day in my shoes and come with me and see what it's like and what I have to go through to get stuff covered and make sure stuff happens without being scared that the next day something is going to be taken care of me."* As an aside, one participant mentioned other challenges she had with State benefits. She said, *"I just took on a part-time job for 5 hours a week. I only get $15 a month in food stamps, and they just took that away from me. Everybody wants to live a life and do things. I would think the State would want that too. But when you do something good, they take it away. It's not like $15 is a lot, but it does build up. I think they have a lot of things like that backwards."*

Assistance Resolving Administrative Issues

Four participants noted that they had administrative issues with their MCO or the State that they would like resolved. One participant said what she needs the most is to have someone change her record so she does not continue to have issues related to having her medical identity stolen. She said, *"I've been disabled for 27 years, and no one is helping me. This other person is still getting care, and I'm not."* Another participant said she didn't understand why her grievances against the transportation company had not resulted in any changes or improvements. She said, *"They don't change anything so what good is it to file any grievance? And why aren't they listing all these grievances in the quality ratings? I called people in the State Medicaid. And the lady working with Well Sense wouldn't talk to me. She only sent me to the ombudsman. It's very disrespectful not to talk to me."* Another participant suggested more support for people early in the enrollment process. She said, *"I wish there was a case manager when somebody starts either as an elderly or as a family on NHHF to help find out exactly what they can get and walk them through the process. There's an incredible amount of paperwork to get (my mother) recertified and make sure she's getting the care she needs. I have a bachelor's degree in health care administration and it's still incredibly time consuming and I know where to get the information. I know there are a lot of people who are eligible for benefits, but don't know how to apply for getting them."* Another participant said she had concern about providers billing beneficiaries unfairly. She said, *"When you have the dual coverage and you see a provider they bill out to Medicare first as the primary and then it bounces back to them to bill whatever the MCO is for whatever the secondary portion is. I more often* *than not will then get bills from providers that haven't billed out to the secondary payer. Or it's been so long they think Medicaid isn't going to pay so decide to just going to bill the consumer. I'm educated enough to know that they can't do that. I have experience with others that have paid out of pocket because they got a bill. They think they have to pay it. Obviously the providers want their money and it's taking so long for the MCO to pay their portion, it's generating a bill for the consumer. I've spent a lot of time on the phone with certain providers saying you can't balance bill me."*

Improved Transportation Support

Four participants noted that they would like improvements made to the transportation benefit made available through their MCO. Two participants expressed a desire for an elimination or change to the current centralized process of arranging rides. One participant said, *"Get rid of CTS, and let me set up my own rides."* Another remarked, *"I would like a more straightforward way to get the transportation."* Two other participants said they would like more leeway in the requirements for transportation. One participant said, *"Sometimes I have to be somewhere and sometimes I forget to call ahead and sometimes they don't approve it. I'm getting older. I can't help it. I would like it if they gave reminders and more leeway when forgetting."* Another said she would like greater flexibility in the types of places the transportation is allowed to take her. She said she would like, for example, *"rides to AA meetings."*

Dental Care

Four participants said they would like better dental coverage through their health plan. One participant shared, *"I've been trying for a decade and a half to get somebody who will cover dental insurance. Nobody wants to pay for dentures. I've had the cleanings and the x-rays and all that done, but no one wants to cover dentures. Being diabetic that should a priority."* Another said, *"I would want someone to cover my dental. I don't want to get my teeth pulled. I don't want dentures. I would like to have my teeth cleaned and get fillings. I can't afford it. I get $161 a month. My husband pays for the bills and buys groceries, but we just can't do the dental thing."* A participant responding on behalf of her mother said, *"At 84, she's trying hard to keep her teeth. She has had a problem with a tooth. They fixed it, but told me it would have to be replaced or have a root canal. So we are in the process of paying off a root canal. It's her front teeth and I'm not going to make her walk around with no front teeth. It's cosmetic, but also a dignity issue and a quality of life issue. Even if they're not willing to pay for all of it, at least a little bit of it would have been very, very helpful. At that age, their teeth are old. Even if you've been taking care of them. It's not just quality of life, it's a nutritional issue too. I'd like to see at least some kind of care. Even if it's just a cleaning twice a year."* Another participant said, *"The aggravation thing is that I can't get my teeth cleaned because I'm over 18. I didn't ask to be disabled. It's very challenging because I can't go to a dentist."*

Wellness Options

Three participants noted that they would like their health plan to cover wellness options such as gym memberships and nutrition support. One participant said, *"I feel like there needs to be more options for wellness. I'll use the example of getting the coverage for the nutrition therapy. Medicare does not cover it, and Well Sense only covered two visits. I did that, but wasn't eligible for any more. I feel like both of the MCOs talk a good story about wanting their subscribers to be healthy and to engage in more preventative processes, but I don't think that's actually in place in practice. Gym memberships, acupuncture, alternative stuff would all be good. I see a naturopathic physician and that's all out of pocket."* Another participant speaking on behalf of her mother said, *"She's 85 so I can't expect miracles at this age, but I wish she had a workout program or some kind of exercise program so she wasn't just sitting."* Another participant said, *"I'm just curious why they don't cover weight loss programs like weight watchers."*

Improved Communication

Two participants said they would prefer to have clearer and more helpful communication from both their MCO and the State. One participant said she felt that the initial communication about the different health care plans and options would have been clearer. She said, *"I really feel like all of the services that have been made available to her are great, but I'll admit getting that to happen initially was a nightmare. They had all these acronyms. That made me crazy because it's kind of like a teacher that uses jargon in front of a parent and that parent is clueless and the teachers keep using it over and over again. Until that parent has a heightened awareness of the issues in their language so that it's clear to them what's wrong or what needs to be done, then they'll get an understanding of the jargon. I still don't understand the jargon. At the same time, I understand it. I was a teacher and principal for a lot of years. I feel like if they could make that clearer. I think they're just so used to it and it creeps in. They might start out with plain English and all of a sudden the acronyms come out and make no sense to the person. The other thing that I think would be really good is if they could provide workshops for those people dealing with getting someone in a system whether it be Medicaid or Medicare or whatever. Maybe aerial workshops, a chance to have a preview, and then maybe the information would be more understandable. Certainly there are centers throughout New Hampshire that have a bigger population that might need that. And then what you might have is have those people helping other people. For instance, my neighbor is dealing with her elderly mother so we've had a lot of discussions about what to do and how to do it. I've now gone through the system, and now I can teach her. And every person who is happy with this is a teacher."* Another participant said some of the communication she receives could be more helpfully worded. She said, *"There is a lot of paperwork, from the State especially. And a lot of, if not threats, a lot of sentences if this isn't returned in so many days your coverage will be cancelled, and that's stressful. They're dealing with I'm sure hundreds of people, so I guess they have to do this. There's a lot of paperwork, but you do what you have to do."*

Improved Mental Health Coverage

Two participants noted they want better coverage for mental health providers through their MCO. One participant said, *"In order to see a psychotherapist, I pay out of pocket. When you have dual coverage it gets sticky. If they take Medicare, but not Medicaid, they can't jump your federal coverage and use your State coverage. And the only thing Medicare and Medicaid are required to participate in as far as mental health goes is the community mental health which isn't a level of care that I currently need. I was paying out-of-pocket for what worked better. But between the insurance pieces and my need for physical accessibility, it took me about a year to find a provider."* Another participant also noted a need for mental health care beyond the community mental health center. She said, *"I would like to be able to see someone better for my mental health. My case worker helps me as much as she can, but I would like to be able to go to an outside doctor and not stay at Genesis. I can't go there for counseling and medications, and I have a lot of medications."*

Increased Access to Medical Supplies and Equipment

Two participants noted they would like improved access to medical supplies and equipment. One participant said he would want to *"get things I feel, and other people feel as well, are medically necessary that are not covered. You can't expect them to help out with wheels (for my wheelchair) once a week or month, but maybe have a process that had some flexibility so if I need them in less than a year, that would be helpful. It's not all the time that my wheels wear out, but it does happen. If they had some leeway, that would be great."* Another participant said, *"For me, it's the supplies. They shouldn't have a right to tell anyone how often they go to the restroom. I don't go to the State capital and check off how often and how long they go to the bathroom. Literally, I have to judge my day by how many catheters I have to use."*

Other Suggestions
One person said the only improvement she could think of was to ensure that all of her prescriptions were covered by her health plan. One participant said he would like to see more providers accepting Medicaid patients. He said, *"The access to different practices for someone on Medicaid is tricky. That's not something on Well Sense, that's a Medicaid problem and a State funding problem."*

CONCLUSION & RECOMMENDATIONS

The telephone interviews held during April and May 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 30 participants in this study were seniors or adults who medically qualify for the level of care provided in nursing facilities. As such, they provided insights into the shift to managed care for individuals with extensive health care needs. Results show that, overall, participants have had positive experiences with their MCO, but that the majority of participants received case management support from other community organizations. In addition, many participants noted that their MCO was the secondary or tertiary payer for their health care needs, and, as a result, they have had limited experience to draw conclusions. For the most part, participants were satisfied with the availability of doctors and specialist care through their network as well as the process for accessing medication. The results also showed that this population was most dissatisfied with their access to needed medical equipment and supplies as well as home care support. Transportation was an important issue for this population, and, while some participants are satisfied with their transportation support, others noted challenges with the centralized process used by their MCO. Four participants noted concern about how and whether their health care coverage might change due to federal efforts to repeal and replace the ACA. Below is a summary of recommendations based on information provided by participants.

Improved Coverage
Participants suggested expanding the coverage they receive from their health plan for home care, medical equipment and supplies, dental care, prescriptions, and mental health care.

Improved Administrative Assistance and Communication
Participants suggested that having clearer and more easily understood communication with their MCO would improve their experience. Participants reported needing additional assistance to resolve administrative issues such as understanding what options are available for coverage, managing recertification paperwork, and how to file grievances.

Improved Transportation Support
Participants suggested streamlining the transportation process to eliminate missed and late appointments.

More Wellness Benefits
Participants said they would like access to gym memberships and nutritional counseling to support healthier lifestyles.

APPENDIX 1. RECRUITMENT LETTER

Dear,

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

We would like to invite you to participate in a **telephone interview** where you can share your feelings and ideas about Medicaid Care Management. Because we are only asking a small number of people to take part, **your participation is very important**. You can help us understand what is working and what is not working, and receive a ***$30 gift card*** as a thank you for your time.

We will be conducting the telephone interviews between **April 24 and June 5, 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 in any way.

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

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

Sincerely,

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

APPENDIX 2. INTERVIEW GUIDE

Introduction

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

Your feedback is very important and will help the State of New evaluate the Medicaid Care Management program. We want to know about your experiences so the program can work better for you and others in the future. I want to remind you that your participation will not affect the benefits and services you receive through the Medicaid Care Management Program.

I. Experience with Medicaid Managed Care

1. Do you feel like you understand your MCO/health plan? What do you like best about your MCO/health plan? *(prompt: Can you tell me about a good experience you've had?)*

2. 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? Is help from your MCO/health plan available to you when you need it? Can you share any experiences you have had when trying to get help from your MCO/health plan?

3. What are the most challenging experiences you've had with the MCO/health plan you're using? *(probe: Have you had any problems so far?)*

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

II. Access to Care

1. How would you describe the range of choices of <u>primary care providers</u> you have available to you through your MCO/health plan? *(prompt: that's the doctor you see for regular check-ups and is your first stop if you have a health issue*) Do you feel that you have a lot of choices, enough choices, or not enough?

2. Have you been able to see a <u>specialist</u> if you needed care from one? *(prompt: specialists provide care for specific conditions for example, cardiologists, dermatologists, gastroenterologists, etc.)*

    a. How would you describe your MCO/health plan's process for <u>referring you to specialists</u>?
    b. Do you think the process for referring you to specialists works well or do you think it needs improvement? What do you think works especially well? What do you think should be improved?

3. What about other aspects of your health care such as access to medication, physical therapy, x-rays, medical equipment, etc.? Have you needed access to any of these types of care? Which ones?

    a. *(for each type in Qxe 3)* How would you describe the process for gaining access to (fill in the blank)?
    b. Do you think it works well or do you think it needs improvement? What do you think works especially well? What do you think could be improved? Has there been anything you needed that has not been available to you?

III. Quality of Care Management

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

1. Has your health plan ever offered to help coordinate your healthcare?

2. Are you currently receiving case management or care coordination *(prompts: is someone helping you coordinate your healthcare?)*

    A. *If yes,* Who is providing this service? *(prompts: doctor's office, your MCO/health plan, or some other community organization)*
    B. *If yes,* how would you describe the quality of your case management/care coordination? Do you feel that your different doctors (PCP & specialists) work well together? 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?
    C. *If no,* do you feel you would benefit from this service? Tell me a little bit more about your why you might need this help and describe what you need

3. If you have a chronic illness, is the care for your chronic illness more or less consistent? Or has it stayed the same? Is it more or less comprehensive? Or has it stayed the same? Can you give me any examples of how it has been different?

4. How has being enrolled with your MCO affected how other aspects of your life are managed, things such as housing or transportation? Has your MCO had any impact on that? In what ways?

5. Are you aware of the Medicaid transportation and/or transportation reimbursement benefit? 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?

IV. Suggestions for Improvements

1. If you were going to make one improvement to your current health coverage, what would it be?

2. Is there anything else about your health coverage that I did not already ask you that you would like to share with me?