New Hampshire
Medicaid Care Management

MEMBER SEMI-STRUCTURED INTERVIEWS
SUMMARY REPORT
SPRING 2024

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Acknowledgments

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Executive Summary

The New Hampshire Department of Health and Human Services (DHHS) conducted an independent qualitative study of adults enrolled in the Medicaid Care Management (MCM) Program and speak a primary language other than English, have a visual impairment, or have a hearing impairment.

Horn Research[1] interviewed 24 individuals between August 27, 2024, and October 18, 2024. The study explored five points of inquiry: Description of Participants, Communication, Experience with Medicaid Managed Care, Access to Information, and Quality of Care.

The vast majority of participants reported having safe housing. Several participants reported worrying about not having enough food and using food pantries. The bulk of participants said they had access to reliable transportation and did not routinely use the Medicaid transportation assistance program. Those who used the service reported several challenges with the program including missed appointments, disregard for physical disabilities, and confusing processes.

Overall, participants said communication with their managed care organization (MCO) and primary care provider (PCP) was easy and interpreters were available. Participants noted that in-person interpretation at medical appointments was far preferable to device-based interpretation. Participants also said interpretation services were less available for appointments with specialist providers. MCOs and healthcare providers typically did not furnish written documentation in a language or format accessible to participants. Access to and use of technology for communication barriers was varied. Younger participants with limited English proficiency were more likely to use translation apps and interpreters, while older participants relied primarily on family members.

Participants reported sufficient understanding of their health plan and easy access to support from their MCO. Most participants had experienced no limits on care through their health plan. Restrictions mentioned included access to over-the-counter medications, prescription medications, desired medical providers, and medical equipment and supplies. Participants said they most liked the coverage provided by their MCO, the customer service, and reward program. The negative aspects of MCOs most often reported included specific coverage gaps, including dental, vision care, medications, durable medical equipment (DME), and specific providers. The vast majority of participants did not have any knowledge of their MCO's complaint process but felt able to navigate any potential grievances. Case management services were available to just under half of participants. Most participants said the case management services were helpful. Nearly all participants said they communicate with a health care provider when they have questions about their health and prefer to speak with providers one-on-one.

Participants nearly universally reported access to well care and said they appreciated their PCPs' kindness, communication skills, abilities, and quality of care. The most frequently noted challenge associated with primary care was the availability of appointments. Mental health evaluations were provided regularly for about half of participants. Caregivers noted challenges evaluating the mental health of older adults with language barriers and of beneficiaries with cognitive disability-based communication barriers. Specialist care was noted as a challenge for several participants who said wait times for appointments and the lack of specialists practicing locally were difficult for them. The primary challenges participants reported in getting their medications included language barriers at the pharmacy, transportation, and the prior authorization process. Participants also noted that

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[1] Horn Research is a contractor of Health Services Advisory Group, which is NH's External Quality Review Organization.

remembering to take their medications and side effects were the biggest challenges in taking their medications. Some caregivers said resistance to taking medications could be difficult to navigate.

Based on the experiences and feedback reported by interview participants, the findings from this report generated six recommendations for the MCOs.

Ensure internal data on beneficiaries' language needs are correct
The data received from the MCOs concerning a beneficiary’s primary language, visual impairment, and hearing impairment for this study's sample were incorrect in a substantial number of cases. In order to best serve beneficiaries with communication barriers, MCOs should engage a consistent and comprehensive process to ensure these beneficiary characteristics are accurately identified.

Ensure beneficiaries with communication barriers receive written information in the language or format needed
Study participants who have limited English proficiency reported that they frequently received letters from their MCO in English. In addition, participants with vision impairments said they did not receive information in large print or Braille. This requires beneficiaries to rely on friends, family members, other service providers, or apps to have access to important information. MCOs should proactively make written materials available to participants in the language and format needed by each beneficiary.

Ensure specialists have equal access to interpretation services.
Participants reported that interpretation services, while available at their PCP, were not regularly available during specialist appointments. Supporting and encouraging specialists within each MCO’s network to provide interpretation services to beneficiaries with language barriers can ensure beneficiaries receive optimal specialist care.

Consider supporting pharmacies to provide interpretation services for people with limited English proficiency.
Participants described needing interpretation services at pharmacies. Supporting pharmacies to provide interpretation services can ensure beneficiaries understand how to take their medications, understand potential side effects, and prevent adverse medication interactions.

Offer beneficiaries with limited English proficiency access to a case manager to help with coordination of care.
Beneficiaries with limited English skills frequently rely on family members to manage their care. However, not all people have access to family support. Participants with case managers said they were able to more effectively navigate their health care and health insurance.

Review and improve transportation support rules and guidelines based on the ongoing challenges Medicaid beneficiaries experience. In addition, the MCOs should provide greater oversight of transportation subcontractors for quality of service. The MCOs also need to evaluate the complaint process provided by the transportation subcontractors to determine if the process is efficient and effective.
Across several qualitative research studies, transportation support has been identified as problematic for many Medicaid beneficiaries. Participants in this study echoed the challenges articulated in previous studies. Participants said they experienced difficulties using the program because of unreliable drivers not showing up and not adequately accommodating disabilities, limits on the appointments and trips eligible for transportation, confusing and tedious reimbursement rules and processes, and dirty vehicles.

MCOs should address these ongoing concerns by increasing oversight of subcontractors and offering beneficiaries a more effective and efficient complaint process.

Introduction

To support an external quality review of New Hampshire's MCM Program, Horn Research gathered qualitative data from adults with the following criteria:

- Were enrolled in the MCM program
- Speaks a primary language other than English, has a visual impairment, or has a hearing impairment.

The sample population included adults from across New Hampshire. Horn Research conducted telephonic qualitative interviews between August 27, 2024, and October 18, 2024.

The study explored five Key Points of Inquiry developed in collaboration with DHHS to structure the information gathered from participants. The Key Points of Inquiry included:

- **Description of Participants**
- **Communication**
- **Experience with Medicaid Managed Care**
- **Access to Information**
- **Quality of Care**

Methodology

Horn Research engaged a standard qualitative data-gathering process as detailed below.

Sample Size and Composition

DHHS provided a population list (N=233) of Medicaid beneficiaries in the MCM Program, who met the sampling criteria. The study sample included all beneficiaries on the population list. The sample list included information on the primary spoken language of each beneficiary (English, Spanish, Russian, Haitian Creole, Arabic, and Chinese) and information on whether the beneficiary had a visual impairment or a hearing impairment.

Participant Recruitment

Horn Research sent the initial sample of members a letter (Appendix 1) on August 24, 2024, that explained the project, asked for participation, and offered participants a $50 gift card. The letter was translated into the language identified in the population list for each potential study participant. Letters in Braille or large print were sent to beneficiaries with visual impairments. Targeted beneficiaries were encouraged to participate in the study through email and text message translated into the language identified in the sample file. Participants completed the interviews between August 27, 2024, and October 18, 2024.

The general rule applied to determining sample size for qualitative interviews was the point at which the information reached "saturation." Saturation refers to when no new themes emerge from interviews. Horn Research completed 24 interviews out of a goal of 30 interviews. The completed interviews for this study adequately met the data saturation expectation because no new themes emerged after the completion of 20 interviews.

Data Collection Process

Horn Research conducted the semi-structured interviews by telephone. An experienced facilitator led the telephone interviews, with participant responses captured in real-time through verbatim note-taking. An interpreter was available for any participant who required one. The Interview Guide (Appendix 2) directed the conversations to address the Key Points of Inquiry. The interviews lasted an average of 50 minutes. All participants received a summary of the project's purpose at the beginning of the interview, and the facilitator read a statement verifying the confidentiality of the information collected. All participants received a $50 gift card in the mail in appreciation of their participation in the project. The identities of the interviewees remained confidential to the interviewer and were not revealed to the New Hampshire Medicaid Program.

Data Analysis and Validity

After completing the telephone interviews, Horn Research analyzed the information by identifying, coding, and categorizing primary patterns in the data. The consistent patterns found in the data analysis and the representative sample support the validity of the information gathered. Still, they should not be assumed to represent the total 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. Horn Research slightly edited quotes from interview participants for content and clarity.

Description of Participants

The facilitator asked participants a series of questions about themselves and the resources available to them.

Demographic Details

Study participants represented all three MCOs. ACNH participants were underrepresented and NHHF and WellSense participants were slightly overrepresented (*Table 1*).

Table 1. Number of Participants and Percent of Population by MCO

County	*Interviewed Participants*		*Sample*
	Number	**Percent**	**Percent**
ACNH	4	17%	27%
NHHF	13	54%	49%
WellSense	7	29%	24%

Some study participants could not take part in the interview because of cognitive disabilities. The beneficiary's legal guardian participated in the interview on the beneficiary's behalf. Because the sample file did not show whether the beneficiary could take part themselves, that distribution data are not available. One-third of participants were guardians of the identified beneficiary (*Table 2*). The gender of the Medicaid beneficiary was similar between participants and the sample (*Table 3*).

Table 2. Number of Beneficiaries

Age Group	*Interviewed Participants*	
	Number	**Percent**
Self	15	63%
Guardian	9	38%

Table 3. Number of Participants and Percent of Population by Gender

Gender	*Interviewed Participants*		*Sample*
	Number	**Percent**	**Percent**
Female	15	63%	59%
Male	9	38%	41%

During the interviewing process, it became clear that the information in the sample file was flawed. The primary spoken language was incorrect for an unknown, but a significant number of beneficiaries, therefore, the distribution data for the full sample is not included. Some beneficiaries also had more than one communication barrier. As a result, the percentages displayed in Table 4 is greater than 100%.

Table 4. Number of Participants and Percent of Population by Language or Impairment

Language/Impairment	*Interviewed Participants*	
	Number	**Percent**
Arabic	4	17%
Chinese	0	0%
Haitian Creole	1	4%
Spanish	7	29%
Nepali	1	4%
Hearing Impaired	5	21%
Visual Impairment	12	50%
Cognitive impairment	7	29%

Household size ranged from a single person living alone to up to six in the household (*Table 6*). Two beneficiaries lived in a nursing home and another beneficiary lived in a group home. Two-thirds of participants said no children were living in their homes (*Table 6*).

Table 5. Number of Participants by the Number of People in the Household

Number in Household	*Interviewed Participants*	
	Number	**Percent**
1/Living Alone	5	20%
2	6	25%
3	3	13%
4	3	13%
5	1	4%
6 +	3	13%
Nursing home/Group home	3	13%

Table 6. Number of Participants by the Number of Children in the Household

Number of Children	***Interviewed Participants***	
	Number	**Percent**
0	16	67%
1	4	17%
2	3	13%
3	1	4%

Resources and Support

The interviewer asked participants a series of questions about their housing, food security, and transportation.

Housing

All but one participant said they had a safe, stable place to sleep and store their possessions. One participant said he did not feel safe in his housing. He reported being harassed by someone in his apartment building for the past four years. He noted he was attempting to get a restraining order against this person.

Participants reported living in their home for an average of five years. Only five participants had lived in their home for two years or less and 11 had lived in their home for over ten years.

Food security

Eight participants said that within the past 12 months, they worried about whether their food would run out before they had money to buy more. Half of these participants experienced this very often or all the time. The other half of participants said it occurred occasionally. Three participants said they received food assistance from a food pantry or other charity. Three other participants said they receive food stamps, though they noted the monthly benefit amount did not cover their needs. One participant said, *"I get $200 a month in food stamps, but I don't drive and can't go to the food pantry. It's hard to get transportation. My bank account can't afford Uber. My son helps once in a while. I eat there at my son's house every now and again."* One participant said they had received help with food from a social worker.

Transportation

Eighteen participants said they did not have any challenges with their transportation. Seven participants said they were not aware of the Medicaid transportation assistance program. One participant said the service was not useful to him because it did not allow for trips other than to the doctor. He said, *"I have never tried it. Someone mentioned I could use it for my doctor's appointment, but not for food. I have to go with my neighbors or someone to the grocery store. I used it once or twice for doctor's appointments, but now I walk to those because they are only a mile away."* One caregiver said her mom refuses to use the service. She said, *"She doesn't like anyone else to drive her to the doctor. She doesn't like people coming in and out. She likes to stay with the same person."*

Five participants reported experiencing challenges with the program. Two participants said the mileage reimbursement option was burdensome for the level of benefit and they stopped using it. One participant shared, *"It takes so much time. It takes a half hour or 45 minutes to get it sorted out every time on the phone. It's a lot of difficulty to get $10. One time, my husband had to go on a longer drive to Lebanon, so we claimed it then."* Another participant said the mileage reimbursement process had glitches. She said, *"It's an app and sometimes we've gotten to the appointments and it says 'you're at the wrong address', even though it's right. The app also only allows one person to be on it, so for my kids I have to do the forms. The app is easier, but if you mess it up and forget to say 'I'm leaving', then it doesn't work. You get the money back quicker with the app. The other, you have to have the doctor sign."*

One participant with a visual impairment said his unsatisfactory experiences with Medicaid transportation resulted in losing access to providers. He said, *"They cancel rides, don't pick you up, and don't log your complaints. I'm trying to go through disability rights and right now, my case is stalled. I have a lot of doctors I can't go to, like physical therapy, because transportation no-showed and canceled. Some of the people who drive are very offensive. There are at least four providers here in Concord that will stop working with you if you are late or miss your appointment because of the transportation. And, it's never in the transportation information that I'm blind and I need someone to come and get me from the door. They send me texts saying 'look for the blue hatchback'. I can't see! I call the transportation provider and they're mad at me because I didn't come out and I tell them I'm blind."* One other respondent said the drivers are not on time. He said, *"There are times that they offer transportation, but they're never on time. I ride my bike."* One participant said they dislike the service providers. He said, *"I don't have a car and every time I book transportation for a medical appointment, they send me a car that is dirty and smells like weed."*

Communication

The facilitator asked participants to describe the availability of, and their experience with, interpreters for communication with their MCO and their health care providers. Participants also were asked to describe whether their MCO and health care providers provided written documentation in a language or form that they could read. Participants provided information on any other resources they use for interpretation, such as translator apps or websites. Overall, participants reported communication with their MCO and PCP was easy and interpreters were available. Participants noted that in-person interpretation at medical appointments was far preferable to device-based interpretation because it was easier to understand and be understood. Participants also said interpretation services were less available at specialist providers. Written documentation from the MCO and healthcare providers was typically not provided in a language or format accessible to participants. Access to and use of technology for communication barriers was varied. Younger participants with limited English proficiency were more likely to use translation apps and interpreters, while older participants relied primarily on family members.

Interpretation Services with MCO

Language Interpretation

Of the 13 participants with limited English proficiency, eight said they could access an interpreter when contacting their MCO. One participant said, *"Every time I communicate with them, I use the interpreter."* Another participant mentioned, *"Most of the time I talk with an interpreter. Sometimes, my wife does the interpreting."*

Four participants said they rely on family members to help them with language interpretation instead of using the MCO's translation services. One family caregiver said, *"For the most part, it's been either me or my sister in contact with the insurance. A lot of the elderly don't have the ability to use the social services as they age. Even though my mom's problem is the language, and even with the interpretation, the system is very complicated for the elderly to use. They need another person to help them, and the translation services do not really work. The translation is done verbatim and sometimes the plain translation doesn't make sense without any meaning behind it."*

One participant said he had not spoken with his MCO.

Language Interpretation Barriers

Only two participants reported challenges with language interpretation services through their MCO. One participant said their MCO sometimes disconnects the call when he requests an interpreter. He said, *"When they call and they start speaking, I request an interpreter. Sometimes, they prefer hanging up. They always call me. I do not call them."* The other participant said the wait time for an interpreter can be long.

Sign Language Interpretation

None of the beneficiaries with hearing impairments required an American Sign Language (ASL) interpreter. Only one beneficiary with a hearing impairment took part on behalf of themselves and did not require interpretation support.

Caregiver Communication

As noted, nine caregivers completed the interview on behalf of the beneficiaries with cognitive impairments. The interviewer explored whether the caregivers experienced any communication barriers with the MCO. None of these participants reported problems. One caregiver shared, *"Everything has been seamless. I haven't run into any difficulties. I get notices electronically from them if anything changes. We haven't hit any bumps on medication or anything like that. For me, that's good. Where she was living before, the billing got a little funny. I sometimes had to navigate around that. That's all handled seamlessly now, however it's done."*

Written Documentation from MCO

Fifteen participants said their MCO did not provide information in a language or accessible format. These beneficiaries reported relying on others to help them translate or read the information. Four of these participants have a visual impairment and 11 speak a language other than English.

One beneficiary with a visual impairment said, *"They send it as a normal letter, not in large print. I do have a magnifying machine, or my aide reads it to me for the most part. I am fortunate I have the machine and it is still working. I got it years ago from the Association for the Blind. I don't know what would happen if it broke."* Another participant with a visual impairment said, *"I've told them I want it in Braille, but they just send me a printed piece of paper. They said it's available, but when I ask for it, they don't send it. When they send me printed paperwork, I have someone read it to me. It can be a challenge."* Another participant shared, *"I show it to my service coordinator. I rely on her to read things for me."*

Five participants with limited English proficiency said they rely on family members or other supports to help them get documents translated. One Arabic-speaking participant said, *"They only send things in English. I use my case worker or daughter."* A Spanish-speaking participant said, *"They send some in English, some in Spanish. It's hard for me when it's in English. But I try to get assistance or I call the number in the paper."*

Three participants said they rely on Google Translate to read information in English received from their MCO. An Arabic-speaking participant said, *"It comes in English, and I try to translate it using my phone. Translation can be difficult, but I do the best I can."* Another participant said their MCO sends information, *"sometimes in English, sometimes in Spanish. My daughter doesn't speak a lot of English. When I see it's English, we get a translator and get it little by little on the computer."* One other Arabic-speaking participant said getting information in English, *"makes it hard to know how to deal with my insurance."*

> *"When they send it in English, it's very hard. My preferred language is Spanish."*

One participant indicated he did not consider it a challenge that the MCO sent information in English. He said, *"They send it in English, and then I translate it. There is someone in the house that can translate, or I use an app. I don't have any problems if they send the information in Spanish or English. I will read it either way."* One caregiver of her Spanish-speaking mother said, *"They send it in both languages, so that's good. But she doesn't read either one."*

Caregivers universally reported that the MCO sent the information to them or the beneficiary's Public Guardian and did not experience any challenges in getting the information needed. One caregiver responding on behalf of her sister shared, *"When I enroll her, I always say I'm her representative. The state usually sends one to my sister and one addressed to me. They don't send it to her at the address at the nursing home. NHHF just sends it directly to me. So far, I've had zero problems."*

Interpretation Available at Medical Providers

Of the 13 participants who need language interpretation, nine participants said an interpreter was always available at their medical providers. One participant said her doctor speaks Spanish, precluding the need for a translator. Participants noted that the type of interpreter and their interpretation skills could present challenges even when they are available. One caregiver to his Spanish-speaking parent said, *"[The translation is] not very effective. It's not [the interpreter's] fault. The problem is there is no meaning behind the translating. By law, they're translating verbatim, so the meaning gets lost in translation. And they cannot reframe it or explain the question. It's a subtle problem. I don't know if it's the same for other languages."* Other participants mentioned that interpreters available on a device are inferior to in-person interpretation. One caregiver said, *"The hospital uses the telephone interpreter, but that's not easy for her. So, I asked for the in-person."* Another participant shared, *"Sometimes, I need an in-person interpreter, but they don't approve it and I have to use a device. I don't know who limits the in-person, the doctor or the insurance. The hospital is responsible for bringing an interpreter, but sometimes they cannot. And, when I went to the eye doctor, it was really hard to understand. I was trying to explain to the doctor, but it was hard doing it over the phone. The doctor is next to me, but sometimes I don't understand what is being said. Sometimes, the doctor doesn't understand as well. Not all interpretation is alike."*

A caregiver for her Spanish-speaking mother said, *"I'm the interpreter. I have the permission to do any of that. The last appointment she had, I was supposed to be there, but I was running a couple minutes late and they wanted to cancel because she refused interpretation. She does not use the interpretation services, because she knows I'm going to be there. It's a 'mom barrier', not a doctor barrier."*

Four participants said the availability of an interpreter depended on which provider they were seeing. One Haitian Creole-speaking participant said, *"For my primary care doctor, yes, the interpreter is available. But for the urologist, no. I try to talk in English, but I do not always understand."* Another caregiver participant said, *"On the video call visits, she doesn't understand what is being said, but they have an in-person interpreter when we go in. But it depends on the doctor. Some of those who don't have an interpreter, like the pain clinic, let us do the interpreting."*

Guardians and caregivers of people with other communication disabilities universally said they could easily communicate with doctors. One participant who cares for a non-family member said, *"There's a release for me to communicate with her providers. I get permission from her guardians to do any treatment. I go to the doctor's visit and have a form for that visit. I submit it to the agency and then it gets relayed to the nurse and to the guardian and her dad."* A caregiver whose sister lives in a nursing home said, *"When I've needed to speak with providers, I get in touch with the nurses' station, and they just set that up for me. The nurses call me if my sister needs to get a shot, because I have to approve that."*

Interpretation Barriers at Providers

Of the 13 participants with a language barrier, seven said they had experienced no challenges with interpreters during health provider visits. Two participants said having the interpreter available on a device or over the telephone was not as effective as an in-person interpreter. One participant said, *"When it is in person, I can show this hurts, my eye hurts, and point at things and he'd understand. When it's over the phone, it gets a little hard."* One participant said there could be challenges with dialects with the interpreters. He said, *"It's challenging sometimes. It depends on the interpreter. I'm from Iraq and it has a different dialect. Sometimes, they bring someone with a different dialect and it's challenging to talk to the interpreter. There are sometimes a few words no one can understand unless you are an Iraqi person."* Two participants said specialist providers rarely provide interpreters, which was a significant barrier for them. One additional participant said there was an interpreter for the first visit with a specialist provider, but not subsequent visits. He said, *"The initial appointment with my urologist had an interpreter, but follow-ups did not. I did not ask for an interpreter in advance, and we did the visit in English. I always need an interpreter. I'm expecting them to give me one without me asking."* One other participant noted that currently she did not have any issues with interpretation at her PCP, but in the past, she had difficulty at her children's appointments. She said, *"I want to mention that before, when my kids were with a different pediatrician, they wouldn't offer me an interpreter. It was really hard for me."*

Written Documentation from Providers

Participants were asked whether their doctors provided written documentation in a language or format that met their needs.

None of the participants with visual impairments said they received written information from their provider in a format they could read, such as in large print or in Braille. One participant said the only information her doctor provides is about her medications and, *"I know what I take, and I set them up myself."* Another participant said, *"I just use a magnifying glass. He doesn't give me too much paperwork."* A caregiver for someone with visual disabilities said, *"For the most part, we haven't even asked for large print. We haven't had to ask because I go with her to every appointment. I ask questions, and we clarify the points in real time. And for anything else, I pull it up on the computer and we work on it together."* One other participant with a visual impairment said, *"They don't really provide much other than notes from a visit. It's not in large print, so I just put it close to my face."*

Five of the 13 participants with limited English proficiency said their doctors provided written information in English. One of these participants said that his doctor provides information sometimes in English and sometimes in Arabic. He noted, *"As I said, my case worker or my daughter can translate it. I don't have any challenges with that."* One other participant said, *"I always try to understand."*

Four participants said they did not receive any written information from their provider. A caregiver of one of these participants said, *"They use an interpreter to give any written information, and she has to remember it. But she doesn't. They were asking her about the date and who the president was. She said 'I'm not trying to remember all the things'. She doesn't go out any more. She's doing well, but she doesn't pay attention."*

Internet Access

The qualitative interviews also explored participants' access to the internet. All participants confirmed internet was available to them, but eight participants said they or the person they care for do not use it.

(*Table 7*). Over half (N=13) of participants reported access to the internet through their cell phone. Seven participants said they use a computer, and five participants said they have a tablet. Six participants said they accessed the internet through more than one device. One participant said they can access the internet through their smart TV only.

Table 7. Number and Percent of Participants by Access to the Internet

Regular access to the internet	***Number***	***Percent***
Phone	13	54%
Tablet	5	21%
Computer	7	29%
Television-based	1	4%
Do not use	8	33%

Only four people noted any challenges with online access. One participant said the cost could be burdensome. One participant with a visual impairment said some websites were not blind-friendly, and a caregiver said the health care providers' portal could be challenging to use. One other participant said her service goes down sometimes.

Use of Technology for Communication

Twelve participants said they, or the person they care for, do not use any kind of technology or apps to support communication. These participants said they rely on support from family members for translation support. One caregiver of older parents said, *"We don't really use anything. We just do as best as we can to help them out. We don't leave them alone most of the time."* Another participant said, *"I rely on my daughter because I don't know much about how to use my phone with the translator. Actually, I don't know anything."* Two participants said they are trying to learn English and do not use any technology for interpretation. One Haitian Creole-speaking participant said he does not use any technology. He said, *"I'm not too smart, but I'm always trying to understand English."* A Spanish-speaking participant said, *"Sometimes, I watch the news on TV to try to understand it in English."*

Five participants said they use Google Translate to interpret for them.

One participant with a visual impairment said she increases the font size on her telephone and another said he uses a magnifier on his computer. One other person with a visual impairment said she gets books on CD at the library.

Two caregivers of people with disabilities said they use speech assistance technology for communication. A mother responding on behalf of her daughter said they use an iPad to communicate. She said, *"She uses the touch chat, uses her body language, and hands. She knows a few signs, she uses an iPad with touch chat and can press the pictures. If she feels sick, she hits the nurse button. She was able to put sick and nurse together. When we go to the doctor, I try to bring that so she can be involved. The doctor is open to that. They want to be involved and want her to use it. The one she's had, I got recommended from the Perkins school. The iPads I've been able to get through the government for those individuals who are deaf and blind. It's for Facetime, internet, and telephone, and we also use it for their communication. They pay for the program. She's going to have an evaluation for a new one."* Another mother, taking part on behalf of daughter with visual and cognitive impairments, said, *"She's got buttons that she'll push for yes or no, but even though they are used consistently, you can't tell if she* *means it. We read to her all the time. She communicates which book she wants by flipping the books around. She shows us that way. I don't feel that the augmented devices would help her."*

One other caregiver said they use Facetime on an iPad to speak with her sister in the nursing home.

One other blind participant said it is hard to afford the right technology. He said, *"There's a lot I use and some cost money. Some that I could use, I can't afford. There are lots of things that would be helpful, but I can't afford it. I won't get funding for that. If they can't give people wheelchairs, they're not going to get me a computer."*

Experience with Medicaid Managed Care

The facilitator asked participants to describe how well they understood their health plan and their experience of soliciting and receiving support from their MCO. In addition, the facilitator asked them to explain what they liked best about their MCO, to describe any challenges or problems they had experienced with their MCO, and to share what they knew about their MCO's complaint process. The facilitator asked about whether the participant received case management services from their MCO and to provide an assessment of those services. Participants reported sufficient understanding of their health plan and easy access to support from their MCO. Most participants said they had not experienced any limits on care through their health plan. Restrictions mentioned included access to over-the-counter medications, prescription medications, desired medical providers, and medical equipment and supplies. Participants said they most liked the coverage provided by their MCO, the customer service, and reward program. The negative aspects of MCOs most often reported included specific coverage gaps, including dental, vision care, medications, DME, and specific providers. The vast majority of participants did not have any knowledge of their MCO's complaint process but felt able to navigate any potential grievances. Case management services were utilized by just under half of participants. Participants mostly indicated that the case management services were helpful.

Understanding of Health Plan

Nine participants said they did not understand their health insurance plan, but most were unconcerned about the lack of understanding. One participant said, *"I don't have a clue honestly. All I know is that I have health insurance coverage, and when I go to the hospital, some things are covered and some are not."* A caregiver said, *"Honestly, I don't pay too much attention because the primary insurance covers most everything. The secondary just picks up if there's a balance. Because of how complex his care is, we hit the deductible pretty quickly in the year. The Medicaid pays for his LNA (Licensed Nursing Assistant) care, and I haven't had any problems."* Only one participant said that a lack of understanding had created problems for her. She said, *"I had to go to a specialist, supposedly it was something complicated. We went to a doctor, and I needed eye drops, but it was not covered by the plan. I had to spend $270 just for eye drops."* One participant said that while he does not understand the plan, he felt confident calling the MCO to ask questions. He said, *"I don't always understand, but each time I need a type of service, I call in, and they will tell me whether my insurance covers it."* One other participant said he relies on family members to manage his insurance.

Support from MCO

When asked how they get support from their MCO when they have questions, seven participants said they call the MCO directly. One caregiver said, *"I just call the main number. I haven't used it in a while. I guess I haven't had a need to in the past. His primary insurance covers most everything else. There are things that come up that I normally pay for, like aspirin for pneumonia. We pay for it out-of-pocket even* *though we have a prescription from a doctor for it and they should pay for it."* Another participant said, *"I call the number on the card because the case manager has changed so many times. They always call to introduce themselves and let me know the other person is no longer there. I don't even write it down anymore because it switches so often."* Another participant said calling was sometimes a challenge because of language barriers. He said, *"If I have questions, I call them. A lot of times, I am not able to get in touch with them because an interpreter is not available or they don't answer the phone."* Another participant said, *"They almost always have an interpreter when I call. If not, I send a message. Somebody will call me back who speaks Spanish."*

> *"When I cannot find it online, I call. No problems."*

Seven other participants said they rely on their case manager at the MCO to answer their questions. One caregiver said, *"I call the case manager if prior authorizations for medicines aren't going through. I call her and she's right on top of it. The company we were getting the diapers from was no longer doing them. I messaged her, and she messaged me back right away and gave me the new phone number. They're cheaper quality, but she advocated so we could get the better ones."* Another participant shared, *"They call us occasionally. Last time I spoke with them, they told me about that benefit card if they do the physical, etc. And we can use that reward card for the over-the-counter medications."* One other participant said, *"If I have any questions, I send a message to the case manager in Arabic, and then she calls me back with an interpreter."*

Two participants said they figure out the answers to their questions by looking online or through documentation. One participant said, *"I can always call WellSense and ask, but I usually try to figure it out on my own."*

One participant said she typically asks her doctor. She said, *"I don't have a handbook. I've called about things in the past, but usually the doctors will know what to do, or the pharmacist."*

One participant said they ask their family for support.

Five participants said they had not had any questions they needed to resolve. One caregiver said, *"I haven't needed to. There's never been a problem. She has very low cost insurance, so it's not like I've had to negotiate anything."*

Limits on Care

Just over half (N=14) of participants were satisfied with the coverage they receive from their MCO and did not experience any particular limits on care. One caregiver said, *"Everything that we have needed has been covered. There have been times where it's been a matter of discussing if she needed something, but we've never had a situation where I've asked for care, but we haven't gotten it because of insurance."*

One caregiver noted the lack of coverage for over-the-counter medication. Another caregiver said not being able to get out-of-state care was also a challenge. She said, *"There aren't any gaps in coverage except that I understand that we have to continue to get care within New Hampshire. I want to get her* *dual eligibility so we can take her to Boston Children's Hospital. There have been a few things they stopped paying for that we had for years, but we aren't in a financial situation where it's a big deal. Whatever it is, it's only $20. If her more expensive medications were no longer covered, then I'd have a problem."*

A participant said he experienced several limits in his care. He said, *"When I'm in the hospital, I can't get care from Riverbend, even though I need mental help. It's not a walk in the park. I need mental or emotional help, and they won't allow that. There are limits to eye care. I have a pinched nerve and they want me to go to physical therapy when I should have an operation for it. I have gastroparesis but can't get the equipment I need for it."*

Another participant said she could not get needed orthopedic shoes. She said, *"I don't like that they took away the shoes. I have to go up to Manchester or Concord to get shoes for my feet. They used to give you a free set of shoes, but they changed it and it used to be right there in Keene. I can't travel and I can't ask for medical transportation for that. They only cover trips to doctors. I need them for my feet. I have a permanent broken foot on one side, neuropathy in both legs, muscle loss, and lymphedema. I have to buy cheapie ones I can afford at Walmart, and they don't work well with your feet when you have problems. Also, lymphatic massage is not covered."*

> *"Before, I didn't have to pay anything, but now I have to pay a few dollars for each."*

Some participants mentioned some medications are not covered. One participant said, *"There are certain medications that I'm told are not covered by Medicaid and I have to pay out-of-pocket. There are some eye drops for my eyes that I pay for myself."* A caregiver reported, *"Sometimes, she has had issues with low appetite and one of the medications was not covered, so we bought it ourselves. Later, we complained to the doctor that it was expensive, so they substituted another medication. I think it's 85% to 90% covered. She also has shoulder pain and back pain and has an ointment, but it runs out because she uses a lot."* An Arabic-speaking participant said, *"I have a medication that was prescribed by the foot doctor, and they told me it wasn't covered. I called the doctor, and the doctor changed the medication. Instead of tablets, it was drops. But the new medication was still not covered. I went back to the doctor, and I got a cream this time. It was really challenging with the language barriers."*

One caregiver said having to deal with denials of coverage can be difficult for some populations. He said, *"Throughout the years, there were a few occasions where things were denied. Like a medication, or a doctor visit, that we have to justify. You have to do some legwork. I had to call the PCP and request extra testing to justify the medication. I'm a younger person with access to the internet. With an elderly person with language barriers, I don't think it would have gone as well."*

Positive Experiences with MCO

Twelve participants said they like the coverage their MCO provides. One participant said, *"It's way better than other states. I've lived in Florida, Pennsylvania, and North Carolina. This insurance, compared to those, is so much better. It's miles above. They approve more prescriptions, have somebody I can talk to when I need to talk, and a really good network and show that they care. And a lot of the people I talk to, listen to me."* Another participant said, *"All I can say is it is good health insurance, a good plan. Going to* *the doctor, hospital, MRI, insulin, the device, all that I need for my diabetes, is all covered."* Two of these participants specifically mentioned their medication coverage. One participant focused on the mental health care and dental care coverage they receive. She said, *"To me, the biggest benefit was the dental care that I needed. It was provided, and that was good. And also, the mental health care was very helpful."*

> *"The good thing is that it has always helped me about everything I had to do regarding my health. That is very important."*

Two participants said they liked the rewards provided by their MCO, but noted they were not as robust as they would like. One participant said, *"They do offer bike helmets for kids and the little toothpaste and toothbrush. They don't do anything for adults for helmets."* One caregiver said, *"I know we are helping as best we can from our pocket. I asked one time about their reimbursement policy [for over-the-counter medications]. Somebody has to call and get the reimbursement form to get the $8 or $10 or $12. You have to spend an hour to get that kind of thing if the doctor signs it."*

Two participants said they like everything about their MCO.

Two participants said they appreciate their MCO's customer service. One caregiver said, *"My mom has all the services she needs. They answer questions right away. And they figure out things."*

One participant liked the availability of a case manager. She said, *"I like that I have the support person and, also, that we're able to go to Boston Children's."*

One participant said they liked that their MCO was consistent, and another said they appreciated that they had had no problems with their MCO.

Five participants said they could not think of anything in particular that they liked best about their MCO.

Challenging Experiences with MCO

Half (N=12) of participants reported they had not had any challenges with their MCO.

Three participants said they had experienced difficulties with medication coverage. One participant said delays in approvals were challenging and another participant said denials of care were difficult.

One participant noted dental coverage was not sufficient through his MCO. One other participant said her MCO's provider network lacked sufficient dental providers. She said, *"Here's a major complaint: there are no dentists taking WellSense or they are not taking new patients. I have a filling that came out of the top molar in the back. It's a piece of my tooth got chipped away. I can't get in to a dentist. I can't travel to other areas."*

A participant with visual impairments remarked on several challenges he had experienced with his MCO. He said his key challenges were *"the transportation program, the ability to get equipment or medicines I need, and the inability to get things in Braille, no matter how many times I ask. Sometimes, the caseworkers are not educated on some things. They try to refer you to the same agencies over and over, even though they can't help you. I wish they would put that information in the notes that the agency* *doesn't provide the services I need. These things should be in my profile in the notes. It's never in the transportation information that I'm blind and I need someone to come and get me from the door. They send me texts saying 'look for the blue hatchback'. I can't see! I call the transportation agency and they're mad at me because I didn't come out. Also, the technicalities of what is covered. I'm not asking them to buy me a $500 artisanal item. I just want a cane. It shouldn't matter what kind of cane it is. It's an ambulatory tool. Same for the sunglasses. I wear them to protect my eyes. My insurance won't cover an eye operation and won't cover sunglasses to protect my eyes. I have asthma and people are always smoking here. I require an air purifier and air filter. That's medical and they won't provide any funding for that. I also require a humidifier. They won't cover anything like that."*

One participant said his MCO had insufficient eye care coverage. He said, *"I have a droopy eyelid, and I asked the doctor to perform a surgery for it, but the insurance won't cover it. I also need glasses and they say the insurance won't cover them either."*

A caregiver said they could not get a needed supplement from the MCO's vendor, which was difficult. She said, *"Currently, we're having a little trouble getting Boost supplement. They explained it's on back order. It's available in the stores, but not at the vendor. It's been a challenge. I stay up on top of it. I may have to purchase it and try to get reimbursed for it. I'm used to it by now, the ups and downs of it."*

Two participants said they did not like that they could not access Boston Children's Hospital for care for their children with disabilities.

A father of a son with disabilities said navigating the reward card was a challenge. He said, "*How do I get them to pay for something over-the-counter? They say to use the reward card. What if there's no money on it? I've never used it. But he goes to his primary care physical and gets his shots. How do I record that with NHHF? He's just got his vaccines, but I don't know how to get the money on the reward card. I know how to use it, but I don't know how to get money onto the account."*

A caregiver of an older adult said they had not received proactive and helpful support for DME needs from their MCO. She said, *" They are getting older, and they are falling from the bed. They have a history of falls, her husband and herself. I have been asking the case manager if they can modify the bathroom. Maybe a bed railing would help. Some sort of medical equipment. She has a walker, but we bought it. Her husband needs a transport chair or cane, but I don't know if it will be covered."*

Understanding of the MCO Complaint Process

Twenty of the 24 participants said they knew nothing about their MCO's complaint process.

Two participants said they did not need to know about the complaint process.

Two participants said that, while they do not know the process, they feel confident in their ability to complain. One caregiver said, *"I know how to complain. If there's a problem, I'll call and try to talk it out, but if I didn't get satisfaction at that point, I would ask for papers to make a formal complaint. I'm not a person who likes to do it, but I will do it in a split second if my daughter wasn't getting what she needed and due to her."*

A caregiver said she was told about the complaint process by the case manager. Another participant said he had a vague recollection of hearing about the complaint process. He said, *"I think I've read something about it. I've never had any problems."*

A caregiver said he would just call the main number if he had a problem. He said, *"I guess right now, if I had to complain, I would call the number and ask to speak to the complaint department."*

One participant said he had challenges with the complaint process for Medicaid transportation. He said, *"I'm in the middle of a disability rights complaint with Medicaid transportation. I missed out on so many doctors' appointments and services that I'm not allowed to go back to because of my issue with the transportation. I'm trying to get disability rights on board, but transportation will not forward me any of my records of complaints and I don't know how to get my file. I think the agency is crooked."* When asked whether he had used the NHHF's complaint process for the issue, this participant said he been told to go through the transportation agency's process.

One other participant said he did not know how to complain, emphasizing the difficulties of his language barrier and past challenges communicating with his MCO. He said, *"I don't know where I can file that complaint because it will be with the same company. I don't know how to do it. I can't reach them at all. Even if I want to file a complaint, my English won't help me. It's not good to not to be able to explain. It's difficult."*

Case Management

Ten participants said they had access to case management services through their MCO. Three others said they had in the past, but the service was discontinued. Four participants said they receive case management support from a different organization. Two participants said they did not know if they had a case manager through their MCO.

Those with case management services indicated they appreciated the help provided. One participant shared, *"They call and check up on me twice a month. They help with behavioral health, physical health, and transportation/ambulatory health concerns. They're really good and have always been really good about hearing my concerns."* A caregiver appreciated the active support she received. She said, *"She helps ease things along, and she also reaches out proactively once a month. I like that. They help do a health assessment form with me."*

Others said they felt like the case manager was good about addressing their health care and concerns. One Arabic-speaking participant said, *"I like their regular follow-up with me about my glucose levels. I have diabetes. And I like the calling and knowing about my appointments and asking whether my appointment was completed and making sure we are taken care of."*

One participant said, *"I get calls here and there, and emails. Once a year, they come by, and I get a $100 Walmart gift certificate. They spend a half hour with me. The hundred dollars is good."*

One participant said they liked that the case manager was nice.

Seven of the participants who receive case management services said there was nothing they disliked about their case manager. One participant explained, *"I did not have any experience I did not like. Just the opposite. I like the follow-up calls. I want that to continue. She always calls with an interpreter."*

One participant said the delay in response from their case manager could be a challenge. One other participant said he could not get in touch with his case manager. He said, *"The case manager promised to call every month, but it's been three months and they haven't called. I had an open case with them, but it's never worked. Sometimes I try, but I'm not able to get through*." One participant said it could be a challenge that the case manager did not have sufficient information and follow through to be helpful. He said, *"Sometimes, the amount of knowledge they have can be difficult. They point me back toward some place that can't help me. I'd ask for funding and they would say they could do that, but then couldn't or didn't follow through."*

Access to Information

The facilitator asked participants how they like to get their questions about their health answered. Nearly all participants (N=21) said they communicate with a health care provider. One caregiver said, *"It would depend on what we're dealing with. Day-to-day would be primary and anything to do with his brain tumors, I'd call his oncologist."* One Arabic-speaking participant reaches out to her providers online. She said, *"I have my Dartmouth-Hitchcock portal, which I can text with any question about my health or prescriptions."* Another participant said he can't always reach his provider, but he tries. He said, *"I try to call my primary care doctor. I don't always get in touch with them."* A caregiver of a Spanish-speaking parent said, *"We try the doctors first, but also my mom has a nurse who comes in every week. So, whatever they think is not normal, they will call the doctor there. They always try to figure out things. She was receiving cortisone shots, and the nurse managed her challenges with it. The nurse does not speak Spanish. There is an interpreter service who knows my mom well, and she speaks clearly and makes sure she understands everything."*

One participant said he talks with his family and one other participant said he contacts his case manager. One participant relies primarily on her pharmacist. She said, *"The pharmacy knows all about my problems. I can't take certain pills because I got glaucoma. If I get in there and try to see what over-the-counter medications I can take, they come and make sure."*

When asked how they like to learn about their health, the vast majority (N=21) said they prefer to speak with providers one-on-one. Three participants said they like to research issues on their own. One participant said, *"I look it up, and if I have questions, I'll call my doctor. I'm online and look stuff up a lot."* One participant said she is also open to taking classes, along with looking information up on the internet. One person said he has his family mediate information for him. He said, *"They usually call my sister, and they explain everything to her."*

Quality of Well-Care

The interview questions included asking study participants to describe the quality of their well-care, including their relationship with their PCP, their access to well-care and specialist care, and their experience with mental health evaluations. In addition, the facilitator asked participants to describe any challenges they faced in getting and taking their medications as prescribed and how they get information about their medications. Participants nearly universally reported access to well care and said they appreciated their PCPs' kindness, communication skills, abilities, and quality of care. The most frequently noted challenge associated with primary care included the availability of appointments. Mental health evaluations were provided regularly for about half of participants. Caregivers noted challenges evaluating the mental health of older adults with language barriers and of beneficiaries with cognitive disability-based communication barriers. Specialist care was noted as a challenge for several participants who said wait times for appointments and the lack of specialists practicing locally were difficult for them. The primary challenges participants reported in getting their medications included language barriers at the pharmacy, transportation, and the prior authorization process. Participants also noted that remembering to take their medications and side effects were the biggest challenges in taking their medications. Some caregivers said resistance to taking medications could be difficult to navigate.

Access to Well-Care

Nearly all participants said they had a well care exam in the past year. One caregiver of a parent in a nursing home said he did not know about the well care exams conducted with his mother.

Eighteen participants said they receive care from their health care provider when they need it. One participant said, *"I haven't had to wait long. I'm not complaining about anything."* Another participant said, *"She's pretty good about getting us in. I can always make a call. I haven't had too many issues with that."* One caregiver noted the challenges in knowing when his son needs care. He said, *"Yes, we get care when we need it, but it's hard to tell when he needs care. You have to look at his moods. Right now, we can't tell if he has a headache, but I can generally tell what his day is going to be like when he wakes up. He has repetitive words. He will say 'head' for hours and I'll give him some pain relief, but I wish I knew really what was wrong. He has seizures. How will I know if he's having some brain pain? The neurologist says he can't tell unless we hook him up to an ECG to do brainwave patterns. He hasn't had seizures for the past 10 years, but there could still be things that cause headaches. Whenever he has problems, if it lasts more than a day, I take him. He doesn't feel well, but I can't explain why or what."*

> *“If something is going on, I call and I can get in. If it's a regular thing, it might be a little wait, but if it's an emergency, I know I can get in within a day.*

Two participants said they frequently end up going to urgent care rather than their PCP. One caregiver said, *"She gets care, but not with the same doctor. We also take her to the emergency room and urgent care. She's frail and has lots of appointments."*

Two participants said they did not receive adequate care as soon as they need it. One caregiver of a parent in a nursing home said, *"I don't think she's getting the medical care she needs. It's not the same, it lacks a lot. I think there's a lot of elderly being neglected. I don't think my mom is in as bad of shape because we are always there. She still doesn't get all the care she needs. My mom is partially blind. One of her eyes is completely dead and the other eye she doesn't have full vision, so she needs glasses to walk around. She's also frail. There were days she would fall. A lot of the nurses see my mom walking around and know she needs her glasses and they don't care. Simple things like that could prevent the fall. She doesn't know any better about wearing her glasses. The best thing we are getting is that my mom is with somebody. In a life-or-death situation, someone could respond. Other stuff is not taken care of, like the meals, putting her glasses on, changing her clothes. My mom doesn't know to do those functions herself now."* Another participant said, *"The moment I feel a need for health care, I try to schedule an appointment. It's never possible. To be honest, when I call and when I'm not reaching anyone, not even a receptionist, I usually wait until my next appointment and the symptoms are usually gone."*

One participant said his experience of getting care as soon as he needs it varies. He said, *"I can't confirm regarding that because sometimes I get them right away, and sometimes not."*

The participant who noted she had her pain medication stopped said she thinks her doctor is trying to remove her as a patient. She said, *"He said if I want, I can get another doctor. I feel like he doesn't want to see me anymore."*

Positive Experiences with PCP

> *"When I ask for some type of information, she provides it to me."*

Seven participants said they appreciate that their PCP listens and communicates well with them. One participant said, *"I like that I can communicate with her in Spanish, and she is very kind and very good."* Another participant shared, *"I like contacting them using my providers' texting system. It makes it easy to communicate with the PCP. With all the specialties that I use at Dartmouth-Hitchcock, I use the portal to communicate constantly with my providers. And when I call by phone if I have a question, it doesn't take long."* Another participant said, *"I like the fact they have a number to call if I have a question. I can't speak to her directly, but they will have a nurse call that day, usually within an hour, sometimes longer, because sometimes the question has to be put to the doctor. I don't have to sit on hold. They will take my telephone number and will say what number you are in line and ask if I prefer to hold or get a call back. I've been pleasantly surprised they get back to me quite quickly."*

Six participants said they appreciate the types and ranges of health care support they receive from their PCP. One participant shared, *"I had a lot of chronic pain. He helped me with pain medications and sleep medications."*

Four participants said their provider is kind and caring. One participant said, *"I've been with him for 27 years. He knows me well, and he has a lot of patience. I've been there almost as long as he has. We got through everything together. He knows if I call him with a problem, it's a problem. Sometimes, he will do a video consult with me instead of going into the clinic. That's a lot of exposure, and I have no immune system. He knows it's risky for me."* Another participant shared, *"She's very understanding. She listens to me fully, doesn't interrupt me, and doesn't talk until I'm done. She addresses each one of my concerns I come to the office with. She helps me with prescriptions and to find ones that are covered. She's very helpful with the medical marijuana card."*

Four participants remarked on their providers' skills and ability. One caregiver said, *"I like that she's really experienced, and she communicates with my daughter as well as me. I like how she interacts with her and she'll help and she listens. She has a lot of experience with children and adults that are severely disabled."*

Three participants said they liked that their PCP was available to them. One participant said, *"What I like is that my appointments are always held and sometimes I ask for referrals for a specialist and he's always up to doing those. The last referral for the dermatologist has not happened yet."* A caregiver said, *"I guess the main thing I like is the stability. We have the same primary care person. Sometimes, it can get a little crazy if someone switches or leaves. That's hard for each of us to get used to."*

Two participants said there was nothing they liked about their PCP. One caregiver said, *"Within the last two years, there have been a lot of changes in doctors, so it's hard to say. There was a very good Nepali-speaking doctor in the beginning, but she left the job and there have been multiple changes. We didn't even know who the PCP was for a while. We are thinking of changing the facilities, but she's been there for almost nine years."*

Two participants could not respond to the question. One participant said, *"I couldn't tell you that much. I've only been there once."*

Challenging Experiences with PCP

Just over half (N=13) of participants said there was nothing they disliked about their PCP. One participant shared, *"I'm very comfortable with the PCP. The treatment is very good. I like everything. If there is any problem dealing with providers, I would communicate that with my case manager, but nothing has happened yet."*

Three participants noted challenges with availability. One caregiver said, *"Sometimes, if my daughter is sick, the PCP doesn't have any real availability. We have to go to the urgent care, and they don't know her there."*

Two participants said the location of their PCP created challenges for them. One participant said*, "[My challenge is] just that I don't like the ride to Manchester."*

One caregiver said the doctor did not take her opinion previously, but that had changed. She said, *"If you would have asked a few years ago, I would have said something, but not at the moment. The providers are medically competent, but they don't always value what I say, even though I'm with her 24/7. A few years ago, I didn't feel like my input was valued. I think that has changed. They come at it from a medical point, but we also have the practical point of what we see."*

One participant said she had difficulty communicating with the PCP. The English-speaking caregiver said, *"He could speak more clearly and slowly. I've asked him to take his mask off. He's hard to understand normally and with the mask, it's harder. He doesn't seem to mind. I have a lot of family members who use him too and they say the same thing."*

One participant said the provider was inappropriate during an appointment. She said, *"She basically hit on my aide. It was a little strange. I got another doctor but found that doctor wasn't on the ball. I ended up going back to the first doctor, because I need the care until we find somebody else. I'm open to finding someone else."*

One caregiver said the nursing home's structure of care meant her sister was not getting the same amount of care she had previously. She said, *"For example, before the nursing home, my sister had a neurological assessment every year. She has not had that level of neurological assessment since she went into the nursing home. When I've spoken with them about that, they don't see the need for it. Before, we would just go to different doctors and now it's just different. In hindsight, because of some decisions I made with the provider and given the medication she was on for her multiple sclerosis, it might have been better if I had been more assertive about that. But I can't say it would have been different."*

One participant said the doctor had discontinued her pain medication, which was a challenge. She said, *"He stopped giving me pain medication and said I have to go to a clinic that specializes in pain. So, I haven't been feeling very comfortable with him of late. I also had a bad experience with one of his associates."*

Mental Health Evaluation

The facilitator asked participants to describe their experience with their PCP evaluating their mental and emotional health. Eleven participants said their PCP regularly evaluates their mental health. One parent caregiver said, *"Yes, they do that during the visits. They are very on top of that. That's what we're dealing with right now. Particularly during the pandemic, they were attuned to that. For a while, she was assigned to a psychologist who was working with her. It's a small enough facility they pay attention to her well-being."* A caregiver noted that her Nepali mother-in-law denies any emotional challenges. She said, *"They asked, but she keeps denying any issues. She doesn't want to talk about it. She says she's fine. It's probably cultural. Some medications help stabilize her moods and also help her appetite. She keeps popping that medication because she wanted to eat more food. So, we are running out of tablets. It's a challenge to monitor and manage all of it."*

Four participants said they have mental health diagnoses, one of whom said their PCP ignored her issues. She said, *"I talked to my doctor about my mental health, and he didn't pay attention to that. If he had paid attention, he may have found me a social worker or something. I already got a therapist and I've gone."*

Four caregivers said the PCP asks them about their charges' mental health, but that it was not always easy to know. One caregiver said, *"The only thing we can address is if there are major changes that might affect her. A few years back, her parents wanted to have somebody else as a provider, so they moved her out of here for two months. It was the worst thing they could have done. She had some emotional trauma from that. That was a major thing. Since then, they called and asked if I would take her back. It was a wrong decision. She was hospitalized. They will ask if there is something or something happening with her parents, like a family crisis. Maybe she won't get to visit with them, and they will ask if that affects her."* One other caregiver said, *"The only way that I can say you can evaluate her is by seeing her. When you see her, it's quite obvious she's content, well-fed, and well cared for. She's always smiling, but there's no way to evaluate her in any capacity. The only time that I've said to the doctor that she seemed grumpy is when she's about to get her period, and that lasts a couple of days. She doesn't cry, but she whines. I don't jump to give her Motrin, but if she's whinier, I'll give her some."* Another parent said, *"Mostly the doctor asks me. We discuss behaviors and routine. He goes to a day program, and we discuss that."*

One participant said their neurologist conducts the mental health evaluations. Another participant said their PCP asks sometimes, but not regularly. One participant said she did not know because her sister is in a nursing home, and she is not privy to the PCP's assessments.

Mental Health Recommendations

Five participants said their provider had given mental health recommendations. One participant said his PCP was planning further evaluation. He said, *"I have a concern about my mental health right now. It's about little details. I'm forgetting things. I will be cooking food, I go to the bathroom, I forget and then I smell the food is burning. And it's the smell that's reminding me. I thought I had already turned off the stove. Or my daughter will come and ask if I took my medication, and I said I did, but she goes to check, I* *haven't taken it. I'm forgetting things like that. My doctor said we would do a follow-up about that. That's the little things."* Another participant shared, *"I am taking medication through my doctor. I have a psychiatrist and have appointments with my psychologist via video. I also go to the clinic two or three times a month."* One participant reported they received not very helpful recommendations from their PCP. He said, *"He advised me not to be a danger to myself or others. He didn't offer therapy or medication."* One caregiver reported her son's PCP had recommended medication and one other participant receives therapy at a local mental health clinic.

Specialist Care

Eleven participants said they did not experience any challenges accessing specialist care and two participants said they had not needed specialist care. One participant shared, *"I see lots of specialists, including a neurologist, an endocrinologist, and mental health provider. I have had no problems with access. There are no difficulties with interpretation. It was easy during the appointment."*

Five participants said the wait time for getting specialist care was a barrier. One Spanish-speaking participant said, *"I've seen a specialist for my leg. Also, I've been seeing an eye specialist. I am able to access an interpreter. There are no challenges there, but there is always a wait. They never have soon appointments. It's always one to two months away."* A caregiver said, *"She has the pain clinic, a neurologist, a gastroenterologist, and a heart doctor. She has had some challenges with the wait to get into the specialists."*

Three participants said they had experienced challenges getting referrals to specialists. One participant said, *"Sometimes, I have some difficulties in terms of referrals. Every time I need to go to a specialist, I have to schedule with the PCP first in order for her to refer me. For example, I'm supposed to see a rheumatologist, but nobody has called to schedule that. I've been waiting for that for more than a week."*

A caregiver said that while the insurance coverage was sufficient for the care, finding a specialist for her daughter was difficult. She said, *"The challenge is mainly trying to find specialist providers. We're able to see some of those she had as a child. We recently found a neurologist for adults and she's great. But we have to switch providers for renal and endocrinology. I have to find adult doctors. I talk with the case manager and also talk with her PCP."*

One caregiver said having to travel for specialist care was difficult. He said, *"She's gone to many specialists, and the specialists were about 45 minutes away. We had to take her there. My mom had to go to a pain clinic specialist. They are available, but it's a challenge to get to them because they are not local."*

One caregiver reported several challenges getting specialist care for his son, including the lack of out-of-state coverage for specialist care, the minimal coverage available for dental care, and challenges communicating with specialists. He said, *"He has a neurologist and retina specialists. He doesn't really have retinas, so we go to Massachusetts for that. Medicaid doesn't pay for out of state. I have to look for something local for them to pay for it. But they accept our primary insurance. We have gotten that care, but it's because I have primary insurance and I don't need a referral. I think the hardest part is the physical therapy. Can they read somebody who can't talk to you? He cannot tell you unless he winces. I think the problem is finding someone who is good with people with communication problems. I feel it's hard to find somebody. Also, NHHF has dental now, but it's not of much value. He had five teeth removed* *last year and his wisdom teeth are going sideways. We had to do an exam under anesthesia because he won't open his mouth."*

One participant remarked on the quality of care she received from a specialist. She said, *"She told me she would get in touch with me about what medications I was on and what she could prescribe me. She was going to prescribe me with an anxiety medication and a sleep medication. The pharmacy did not want to give them to me because there was no insurance, or there was an issue with the provider, I'm not sure. I was seeing a back surgery specialist, and they gave me two injections in my back. I had to wait for two months for the first appointment. It was in vain, because when I finally went to see him, he didn't even spend five minutes with me. He didn't take his time with what he was seeing on the MRI. He only said the L4 and L5 were bone to bone and there was no need for surgery. And that's it. He just told me to get physical therapy. I said I had it before, but it didn't help, and it always makes the problem worse."*

One caregiver said her sister got the specialist care she needed but noted that follow-up appointments could be challenging. She said, *"She saw a neurologist. She got in when she needed it. You have to follow-up with the appointments. If you miss it, it's a headache."*

One participant said they did not know the difference between the regular doctor and a specialist provider.

Medication

Nearly all (N=22) participants currently take medication. Thirteen participants said they contact their PCP if they have questions about their medications. A caregiver said, *"First, I contact her doctor's office, consult with the agency nurse, and, at times, I've talked to the pharmacy. I haven't had too many questions, but mostly, I'll go to the doctor first and see if we need to add something or take something away or some other adjustment."*

Seven participants said they speak with other health care providers, such as nurses and specialists.

Five participants said they speak with their pharmacist. One participant with a visual impairment said, *"I speak with my doctor and pharmacist. I have had the same pharmacist for 18 years. They're good if I have questions and they deliver them to me."* Participant with language barriers noted that speaking with their pharmacist could be a challenge. A Spanish-speaking participant said, *"My doctor talks to me about my pills, but I don't know which one is what. Because everybody speaks English in the pharmacy, and I don't know what they're saying. Sometimes, when my sister has time, she will take me. I don't really have a lot of issues right now, because they usually know right now."* Another Spanish-speaking participant said, *"My daughter calls the doctor, or they will connect her with a nurse. I know which medications I'm taking, so I have almost no questions. I ask if I'm there with the doctor. It's hard at the pharmacy. They do not have translators and sometimes I go there and it's not possible to communicate."*

> *"If I have questions, I ask the pharmacist. There is a difficulty. He speaks English, so most of the time, I have my wife come with me to help explain how to take the medicine."*

One caregiver said the nursing home is in charge of all the medications and one participant said they don't have questions about medications.

A caregiver said she speaks with her daughter's case manager if she needs support the PCP cannot offer. She said, *"Usually I contact her doctor, but if it's problems with it not going through and covered, then the case manager."* One participant with a visual impairment said she typically speaks with her service coordinator in her senior apartment building. She said, *"I don't think I have too many questions because I hear a lot from my doctor and my pharmacists. I have lots of papers, so if I have questions, I go up to my service coordinator."*

Challenges Getting Medications

Eight participants said they did not have any challenges getting their medications, three of whom said they got their medications delivered, which helped address language barriers.

Four participants said language barriers were a challenge in getting medications. One Spanish-speaking participant said, *"There are language barriers. My daughter she lives close by, but she doesn't live with me. Sometimes, I will walk there on my own and sometimes, there is someone who speaks Spanish and will help me. But, there have been times I could not communicate and could not get my medications. And, sometimes, when there is cold weather, I cannot just go out and walk, so I have to wait for someone to pick them up or take me there. My daughter is the only one who helps me. I have to wait."* When asked whether delivery was an option at his pharmacy, he said, *"No one has ever told me about that. I did not know it was possible. I did not know about it."* An Arabic-speaking participant shared, *"I have trouble with the interpretation. Walgreens doesn't offer an interpreter. The problem is with the instruction on how to take the medication. I have no choice but to check with the doctor again or try to translate the label. It is hard for me to explain what I am looking for. They get frustrated with me."*

> *"I can pick them up without an issue. The issue is at the pharmacy, they often don't have anybody that speaks Spanish."*

Four participants mentioned prior authorization as a barrier. One caregiver said, *"Prior authorization is a consistent challenge and you don't know when it's going to happen. You only have a couple of days before the refill and all of a sudden you need a prior authorization. Sometimes, it takes days."* Another caregiver said, *"In the past, there was a communication thing between the pharmacy and doctor's office, which left us in the position to figure it out. Prior authorization has been one issue, or perhaps the doctor's office was overloaded and took a while to get back to the pharmacy. But it's gotten a lot better."*

> *"We do have some language barriers with the pharmacy, but I always take care of it. She has to get it no matter what. If they hang up, we call other people. I'm trying to be very polite to them to get them to be helpful. I will compliment them to make them happy. They are there all day. Those little tools help us. Normal people like to help."*

Three participants noted cost as a barrier to getting their medications. One participant said, *"Sometimes, I have to pay, and I don't have the money for that."*

Three participants said transportation was a challenge. A visually impaired participant said, *"Transportation can sometimes be an issue because they don't deliver. I have to really coordinate. My roommate might walk with me. It can get dicey."*

One caregiver said one medication was hard to get in the liquid form needed by her daughter. Another caregiver said that prior to the nursing home, they had challenges with medications, but the issues were now resolved.

Challenges Taking Medications

Twelve participants said they did not have any challenges taking their medication. One of these visually impaired participants said, *"My aide sets them up in weekly dispenser."* Another participant who is visually impaired said she does the same for herself. She said, *"I know which pills are which and I set them up for morning and evening. I print it out. One eye does what I need."* Another participant said they avoid side effects by telling their provider. He said, *"No, I ask the doctor not to prescribe it if the medicine has any side effects. If I start taking a medicine and I notice it affects me in any kind of way, I stop taking it and I inform the doctor."*

Three participants said they sometimes forget to take their medications.

Three caregivers said they sometimes experience resistance from their loved one in taking their medications. One caregiver said, *"There aren't any side effects, but sometimes she doesn't want to take them. I'm pretty persuasive. She has to take them."* Another caregiver said he has mixed experiences getting his son to take his medication. He said, *"He takes it fine all the time with applesauce. Years ago, we used to see him sneaking it into a water glass, but now he just eats it routinely with no problem. If you want to install eye drops, or ear drops, that's another challenge. We've had eye drops, but it took me a month to get to it. So, we're taking them away for now."*

Three participants said side effects of their medications could be an issue. One caregiver said, *"She has chronic pain, and that medication causes constipation. Her other medications have side effects, but those are acceptable for the level of benefits. They all have some side effects. The challenge was to find the right concentration."* One participant with a visual impairment said he has side effects related to his medication, but also reported a positive aspect of the pharmacy app that helps him read the medication labels. He said, *"Sometimes, my digestive issues cause problems, and sometimes, I have issues with getting them when I need them. There's a really good service out there at Rite Aid called Script Talk for your phone. It will scan the label on your medication bottle and read out the label. It will tell you all the information you need, when to take it, what it is, the prescriber. And CVS has their own version. They always have it available."*

Two participants said the medication regimen was a challenge. One caregiver said, *"She has a lot of medications and it's difficult to keep track of it. There are sometimes side effects. She likes to take one of her medications too often. We don't want to take her control and freedom away, so we have to keep an eye on the medication. We want to keep her independence and happiness in this age, though she might feel like we are not. She doesn't listen properly. She has a hearing aid, but I think because of the noise and feedback, she is not always interested in wearing it. We try to respect her choice."* Another participant said, *"I'm taking so many medications that sometimes I divide them into groups because I* *have my gag reflex. My morning medications should be 13 pills, but I divide them into groups of four and take them in groups until I get them taken. It's only the morning medications that are so many. The afternoon and bedtime medications are less."*

Additional Comments

The facilitator offered participants the opportunity to provide any additional comments.

Two participants said they want better coverage. One participant had several complaints about coverage and said, *"It's not only the shoes and the dentist. The other thing is my lymphedema treatments. They're only allowing me to go to Brattleboro. That's a half hour drive, but I've been trying not to drive. It sends a sharp muscle cramp under my right thigh. They gave me a thing at home to use, but that wasn't through insurance. I didn't know if I was getting billed. I was identified as someone who they would help, and the doctor recommended it. They gave me a machine at home to use, but they used to send somebody out to set it up for you. It's not correct right now. I wasn't sure what to do. They don't have anybody to come out. They really should have a visiting nurse coming to the house. WellSense says they don't cover it. I wish they would get more dentists that would take the insurance, cover lymphedema care, and get sneakers back around here. And I'm wondering if they cover things like help for getting socks on your feet. I have trouble with my hands. Trying to get my feet done is horrible. I bought a long nail clipper, but I don't have a lot of feeling in my feet from the muscle and nerve damage. A visiting nurse should come to check on me. I wear sneakers, but no socks because I can't get them on or off. They need to provide things to use for people with disabilities."* One other participant simply shared, *"The only important thing is that we want Medicaid to cover all our health needs."*

One participant dislikes that her MCO network means she cannot see the best providers. She said, *"The only thing I don't like about the medical plan is that if there's a specialist or doctor that is highly recommended, we can't see them. It's impossible to be seen by the best choice. We don't have that option. I don't like that about the plan. Also, they try to give you the cheaper medication that can hurt your organs before they give you the one that will help. I don't think that's healthy for the human body."*

A participant wanted to reiterate their issues with transportation. He said, *"The taxi doesn't run on Sunday anymore. Because of it, I cannot go to work on Sunday."*

A caregiver noted concern about nursing home oversight. He said, *"There are a couple of staff members who speak Spanish, but there are hundreds of elderly people there. The way my mom communicates is signaling, smiling, and pointing at things. When she wants to go to the bathroom, she goes on her own because no one knows she needs that. The other problem that comes from that, she can irritate her skin if the staff isn't checking on her. There are hundreds of others with same problems. It's a terrible place. I think having social services for the elderly is a huge blessing, but I don't think it's easy for the elderly to manage the services. My mom has Alzheimer's, and that makes it more difficult. All older people lose their cognitive reasoning and it's hard to navigate. I'm seeing it before my time just because I'm going through that with my mother. The facility is charging prime money for each patient and they're not getting that care. That's my biggest problem. The facility is charging for luxury care they're not receiving. The quality of the meals, the inability to check on the patients, change them when they need it. There are so many patients, and not enough staff. A good percentage of staff don't care."*

Another caregiver said he's concerned about his son's future care and his challenges trying to get him set up with Medicare. He said, *"I'm concerned that as I get older, my wife cannot handle his day-to-day* *life. She has MS, and she's not getting around too well. She just fell again and broke her clavicle. I'm afraid of me going down and who is going to do all the stuff I'm doing now? Maybe the group home will. They're happy to have me do it, but maybe they will step in if they have to. My daughters have their own challenges and lives. I have to really decide on who is up next. Shifting to Medicare and Social Security has been a huge problem. I wanted to be the re-payee, but it was a big problem. They don't put the information right and we don't have any place to send his checks, so we are holding them. I'm on Medicare and am starting to learn it. Eventually, I won't be on third party insurance, but it's hard and expensive right now. NHHF is way off my radar with all of this. If I needed them, I'd definitely know how to navigate the system better. They keep putting some doctor on the card that I've never met or heard of. I'm not sure why they keep doing that. Also, why can't I contact them and say 'Here is a receipt for this. I have a doctor's order and get reimbursed. I do not have the information on how to use the reward card. I don't know why I can't fund it."*

One participant remarked on the poor dental coverage available through his MCO. He said, *"I don't have any tooth in my mouth. All of them were extracted. I need to get dentures and it will cost $2000-$3000. I don't know if I will be approved or not."*

A caregiver said the process of dealing with Medicaid was a challenge. She said, *"I feel like this has been a good opportunity to think back on the process. I would say, in the overall picture of it, it's been quite good. The issues with Medicaid mostly have had to do with the ratio of case managers to people they are serving and that has nothing to do with the insurance. People do get back to me. I do her recertification every year. That's a whole other topic, and it works quite well. I have no problems with it. They make it very clear what I need to do. She has a special needs trust. As long as you do exactly what the state wants, it goes fine. I do really think part of it for people who are on Medicaid is that it's overwhelming, but I've been doing this so long I've learned how to relieve the pain."*

Another participant said he was confused about his coverage. He said, *"I have doubts about the dermatologist. I want to know if WellSense will cover that."*

A participant explained an issue with recertification that was concerning. She said, *"It's just this funky letter I got that I have only a couple of days to figure out. I just went online, and it says his certification is still under determination. I don't know. I'm going to give them a call. I'm not sure what I'm missing. It's not like he's new to the system. He's been on it for 26 years. But this time, I got this letter. I can't send a copy of his lease. Based on his guardianship paperwork, he can't do those things. They want a rental verification request, or a tax bill and to send it. And it's such a short timeline."*

One participant said he would like more opportunities to provide feedback to the state. He said, *"I wish there were more surveys like this. I'm hoping there will be one for SNAP and EBT and Medicaid, overall. I'd take part in them."*

Recommendations

Based on the experiences and feedback interview participants reported, the findings from this report generated six recommendations for the MCOs.

Ensure internal data on beneficiaries' language needs are correct

The data on primary language, visual impairment, and hearing impairment for this study's sample was incorrect in a substantial number of cases. To best serve beneficiaries with communication barriers, MCOs should engage a consistent and comprehensive process to ensure these beneficiary characteristics are clearly tracked.

Ensure beneficiaries with communication barriers receive written information in the language or format needed

Study participants who have limited English proficiency reported that they frequently received letters from their MCO in English. In addition, participants with vision impairments said they did not receive information in large print or Braille. This requires beneficiaries to rely on friends, family members, other service providers, or apps to have access to important information. MCOs should proactively make written materials available to participants in the language and format needed by beneficiaries.

Ensure specialists have equal access to interpretation services.

Participants reported that interpretation services, while available at their PCP, were not regularly available during specialist appointments. Supporting and encouraging specialists within each MCO's network to provide interpretation services to beneficiaries with language barriers can ensure beneficiaries receive optimal specialist care.

Consider supporting pharmacies to provide interpretation services for people with limited English proficiency.

Participants described needing interpretation services at pharmacies. Supporting pharmacies to provide interpretation services can ensure beneficiaries understand how to take their medications, understand potential side effects, and prevent adverse medication interactions.

Offer beneficiaries with limited English proficiency access to a case manager to help with coordination of care.

Beneficiaries with limited English skills frequently rely on family members to manage their care. However, not all people have access to family support. Participants with case managers said they were able to more effectively navigate their health care and health insurance.

Review and improve transportation support rules and guidelines based on the ongoing challenges Medicaid beneficiaries experience. In addition, the MCOs should provide greater oversight of transportation subcontractors for quality of service. The MCOs also need to evaluate the complaint process provided by the transportation subcontractors to determine if the process is efficient and effective.

Across several qualitative research studies, transportation support has been identified as problematic for many Medicaid beneficiaries. Participants in this study echoed the challenges articulated in previous studies. Participants said they experienced difficulties using the program because of unreliable drivers not showing up and not adequately accommodating disabilities, limits on the appointments and trips eligible for transportation, confusing and tedious reimbursement rules and processes, and dirty vehicles. MCOs should address these ongoing concerns by increasing oversight of subcontractors and offering beneficiaries a more effective and efficient complaint process.

Appendix 1. Recruitment Letter

August 2024

Dear [FirstName],

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 individuals like you to better understand your experience with your health care and health plan.

We would like to invite you to participate in a **telephone interview** where you can share your experience about your providers and managed care organization.

We are only asking a small number of people to take part so **your participation is very important**. You will receive a ***$50 VISA gift card*** as a thank you for your time if you participate in a telephone interview.

We will be conducting the telephone interviews between **August 2024 – October 2024.** The interview will take about 25-30 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 will see your individual answers. Your personal information will never be made public.

If you would like to schedule an interview, please call Horn Research toll-free at **(888) 316-1851**, text at **(607) 247-0712** or email at **Lisa@HornResearch.com**. If you need an interpreter, please indicate your preferred language when you call, text, or email. You will not have to pay for the interpreter. If you have a hearing disability and require TTY or TTD support, please indicate that when you when you call, text, or email. We will arrange the interview to meet your needs.

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

Sincerely,

Susan Drown

Susan Drown, MBA, LICSW
Director, Bureau of Program Quality

Appendix 2. Interview Guide

NEW HAMPSHIRE MEDICAID PROGRAM
INTERVIEW GUIDE – SPRING 2024

I. General information

1. Your current age *(Years)*
2. Do you have a safe, stable place to sleep and store your possessions? How long have you lived/ stayed there?
    a. How many people live with you? (i.e. spouse/partner, grandparent(s), roommates) How many of those are children?
3. Within the past 12 months, did you worry whether your food would run out before you had money to buy more?
    a. If yes, did you receive help obtaining food? (i.e. case manager, Managed Care Organization (MCO), food pantry, etc.)
4. Have you experienced any challenges with your transportation?
    a. If yes, tell me more about that.
    b. If yes, are you aware of Medicaid transportation assistance?
        i. If yes, have you had any challenges using Medicaid transportation?

II. Communication

1. Have you used any communication support such as (tailor to member you are speaking with i.e. interpreter services, TTY or TDD when speaking on the phone with (insert name of MCO)?
    a. Are you able to get these interpretation services as often as you need them?
    b. Tell me about any barriers you experienced accessing (fill in with information from above) services?

2. What kind of written information about your health have you received from (insert name of MCO)?
Probe: ask about topic and method of communication. For example, reminder letter for well exam, text immunization
    a. Are they written in a language (size of print) you can read?
    b. Tell me about any barriers you experienced receiving or understanding written communication from (insert name of MCO)

3 Have you used interpreter services when communicating with your medical provider*? (probe: phone or in-person or both)*
    a. Is your provider able to get these interpretation services as often as you need them?
    b. Tell me about any barriers you experienced accessing interpretation services?

4. What kind of written information about your health have you received from your medical provider?
Probe: ask about topic and method of communication. For example, reminder letter for well exam, text immunization
    c. Are they written in a language you can read?
    d. Tell me about any barriers you experienced receiving or understanding written communication from your medical provider.

5. Do you have access to a phone, tablet, or computer with internet access? (specify which ones) (prompt: Do you have any challenges/difficulties with online access? What kinds of technology or apps do you use to help with language or access barriers?)

III. Experience with Medicaid Managed Care

1. Can you describe how well you understand your health plan, such as what is covered and what isn't?

2. How do you get help from (insert name of MCO) if you have questions?
   (prompt: Have you had any trouble getting your questions answered? Do you use the member handbook for understanding your health plan?)

3. Tell me about the access to care such as primary care, behavioral health, physical therapy, you have through (insert name of MCO)?
   a. Have you experienced any limits on the types or amounts of care you feel you have needed?

4. What do you like best about (insert name of MCO)? (prompt: Can you tell me about a good experience you've had?)

5. What are the most challenging experiences you've had with (insert name of MCO)? (prompt: Can you tell me about any problems you've had?)

6. What do you know about (insert MCO name) complaint process? *(prompt: Have you ever utilized the complaint process? If so, do you feel your concern was adequately addressed? If not, do you feel you could find this information if you needed it? Did you check the member handbook?)*

7. Do you receive case management services from (insert MCO name)? What do you like best about these services? What do you like least about these services? *(Case management is a health care process in which a medical professional helps the client and their family navigate the health care system by connecting them to healthcare providers, resources, and services so that the client gets appropriate care when they need it.)*

IV. Access to information & services

1. When you have a question about your health, who do you contact for information?
   Probe: doctor, nurse, pharmacist, community health worker, health plan, other

2. When you learn about your health, how do you like to get information?
   Probe: website/online, magazine, group education class, one-on-one, group class, telehealth

V. Quality of Care- Well Care (Physical and/or Preventive Screenings)

1. What do you like best about your primary care provider?

2. What do you like least about your primary care provider?

3. Did you receive care as soon as you thought you needed it? If not, please explain why.

4. Have you had a well-exam (physical) in the past year? If no, why not? (i.e. can't get an appointment with your doctor, transportation issue, childcare issue, etc.)
   a. If you didn't have a well exam in the past year, when was your most recent well care exam?

5. Describe your experience with your provider (doctor) evaluating and discussing your mental or emotional health. Did your provider ask you how you are feeling mentally? (i.e. if you are feeling sad, etc.)
   i. Did your doctor make any recommendations?
      i. If yes, tell me about that.

6. If you needed to be seen by a specialist (including Behavioral Health) in the past two years, tell me about your access to that specialist. Did you receive that care as soon as you thought you needed it? If not, please explain why.

7. Do you take medication? (IF NO SKIP TO NEXT SECTION)

8. If yes, how do you get answers to questions about your medications? Who do you ask? What has been difficult about getting answers to your questions about medications
   Probe: Who? (pharmacist, nurse, doctor, care manager, health plan)

9. Are there things that get in the way of <u>getting</u> your medications as prescribed?
   Probe: affordability, transportation, language/communication barriers

10. Are there things that get in the way of you <u>taking</u> your medications as prescribed?
    Probe: difficult/complicated regimen, side effects, language/communication barriers

VI. Final Comments

1. Lastly, is there anything else about your health coverage that I did not already ask you that you would like to share with me?

Appendix 3. MCO-Specific Recommendations for EQRO.01 Report

ACNH

Table 8 lists opportunities for improvement from the Member Qualitative Interview Report to include in the EQRO.01 report for ACNH.

Table 8. EQRO Findings and Recommendations for Improvement from the Member Qualitative Interview Report to Include in the EQRO.01 Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	ACNH-2024Sp-EQRO-SSI-01	*Ensure internal data on beneficiaries' language needs are correct* The data on primary language, visual impairment, and hearing impairment for this study's sample was incorrect in a substantial number of cases. To best serve beneficiaries with communication barriers, MCOs should engage a consistent and comprehensive process to ensure these beneficiary characteristics are clearly tracked.
2	ACNH-2024Sp-EQRO-SSI-02	*Ensure beneficiaries with communication barriers receive written information in the language or format needed* Study participants who have limited English proficiency reported that they frequently received letters from their MCO in English. In addition, participants with vision impairments said they did not receive information in large print or Braille. This requires beneficiaries to rely on friends, family members, other service providers, or apps to have access to important information. MCOs should proactively make written materials available to participants in the language and format needed by beneficiaries.
3	ACNH-2024Sp-EQRO-SSI-03	*Ensure specialists have equal access to interpretation services.* Participants reported that interpretation services, while available at their PCP, were not regularly available during specialist appointments. Supporting and encouraging specialists within each MCO's network to provide interpretation services to beneficiaries with language barriers can ensure beneficiaries receive optimal specialist care.
4	ACNH-2024Sp-EQRO-SSI-04	*Consider supporting pharmacies to provide interpretation services for people with limited English proficiency.* Participants described needing interpretation services at pharmacies. Supporting pharmacies to provide interpretation services can ensure beneficiaries understand how to take their medications, understand potential side effects, and prevent adverse medication interactions.
5	ACNH-2024Sp-EQRO-SSI-05	*Offer beneficiaries with limited English proficiency access to a case manager to help with coordination of care.* Beneficiaries with limited English skills frequently rely on family members to manage their care. However, not all people have access to family support.

ACNH EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
		Participants with case managers said they were able to more effectively navigate their health care and health insurance.
6	ACNH-2024Sp-EQRO-SSI-05	*Review and improve transportation support rules and guidelines based on the ongoing challenges Medicaid beneficiaries experience. In addition, the MCOs should provide greater oversight of transportation subcontractors for quality of service. The MCOs also need to evaluate the complaint process provided by the transportation subcontractors to determine if the process is efficient and effective.*

NHHF

Table 9 lists opportunities for improvement to include in the EQRO.01 report for NHHF.

Table 9. EQRO Findings and Recommendations from the Member Qualitative Interview Report for Improvement to Include in the EQRO.01 Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	NHHF-2024Sp-EQRO-SSI-01	*Ensure internal data on beneficiaries' language needs are correct* The data on primary language, visual impairment, and hearing impairment for this study's sample was incorrect in a substantial number of cases. To best serve beneficiaries with communication barriers, MCOs should engage a consistent and comprehensive process to ensure these beneficiary characteristics are clearly tracked.
2	NHHF-2024Sp-EQRO-SSI-02	*Ensure beneficiaries with communication barriers receive written information in the language or format needed* Study participants who have limited English proficiency reported that they frequently received letters from their MCO in English. In addition, participants with vision impairments said they did not receive information in large print or Braille. This requires beneficiaries to rely on friends, family members, other service providers, or apps to have access to important information. MCOs should proactively make written materials available to participants in the language and format needed by beneficiaries.
3	NHHF-2024Sp-EQRO-SSI-03	*Ensure specialists have equal access to interpretation services.* Participants reported that interpretation services, while available at their PCP, were not regularly available during specialist appointments. Supporting and encouraging specialists within each MCO's network to provide interpretation services to beneficiaries with language barriers can ensure beneficiaries receive optimal specialist care.
4	NHHF-2024Sp-EQRO-SSI-04	*Consider supporting pharmacies to provide interpretation services for people with limited English proficiency.* Participants described needing interpretation services at pharmacies. Supporting pharmacies to provide interpretation services can ensure beneficiaries understand how to take their medications, understand potential side effects, and prevent adverse medication interactions.
5	NHHF-2024Sp-EQRO-SSI-05	*Offer beneficiaries with limited English proficiency access to a case manager to help with coordination of care.* Beneficiaries with limited English skills frequently rely on family members to manage their care. However, not all people have access to family support. Participants with case managers said they were able to more effectively navigate their health care and health insurance.

NHHF EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
6	NHHF-2024Sp-EQRO-SSI-06	*Review and improve transportation support rules and guidelines based on the ongoing challenges Medicaid beneficiaries experience. In addition, the MCOs should provide greater oversight of transportation subcontractors for quality of service. The MCOs also need to evaluate the complaint process provided by the transportation subcontractors to determine if the process is efficient and effective.*

WellSense

Table 10 lists opportunities for improvement to include in the EQRO.01 report for WellSense.

Table 10. EQRO Findings and Recommendations for Improvement from the Member Qualitative Interview Report to Include in the EQRO.01 Report for WellSense

WellSense EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	WS-2024Sp-EQRO-SSI-01	*Ensure internal data on beneficiaries' language needs are correct* The data on primary language, visual impairment, and hearing impairment for this study's sample was incorrect in a substantial number of cases. To best serve beneficiaries with communication barriers, MCOs should engage a consistent and comprehensive process to ensure these beneficiary characteristics are clearly tracked.
2	WS-2024Sp-EQRO-SSI-02	*Ensure beneficiaries with communication barriers receive written information in the language or format needed* Study participants who have limited English proficiency reported that they frequently received letters from their MCO in English. In addition, participants with vision impairments said they did not receive information in large print or Braille. This requires beneficiaries to rely on friends, family members, other service providers, or apps to have access to important information. MCOs should proactively make written materials available to participants in the language and format needed by beneficiaries.
3	WS-2024Sp-EQRO-SSI-03	*Ensure specialists have equal access to interpretation services.* Participants reported that interpretation services, while available at their PCP, were not regularly available during specialist appointments. Supporting and encouraging specialists within each MCO’s network to provide interpretation services to beneficiaries with language barriers can ensure beneficiaries receive optimal specialist care.
4	WS-2024Sp-EQRO-SSI-04	*Consider supporting pharmacies to provide interpretation services for people with limited English proficiency.* Participants described needing interpretation services at pharmacies. Supporting pharmacies to provide interpretation services can ensure beneficiaries understand how to take their medications, understand potential side effects, and prevent adverse medication interactions.
5	WS-2024Sp-EQRO-SSI-05	*Offer beneficiaries with limited English proficiency access to a case manager to help with coordination of care.* Beneficiaries with limited English skills frequently rely on family members to manage their care. However, not all people have access to family support. Participants with case managers said they were able to more effectively navigate their health care and health insurance.

WellSense EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
6	WS-2024Sp-EQRO-SSI-06	*Review and improve transportation support rules and guidelines based on the ongoing challenges Medicaid beneficiaries experience. In addition, the MCOs should provide greater oversight of transportation subcontractors for quality of service. The MCOs also need to evaluate the complaint process provided by the transportation subcontractors to determine if the process is efficient and effective.*

Appendix 4. Research Staff

Table 11. Research Team

Name/Role	Skills and Expertise
Lisa Horn, MILR *President/Owner, Horn Research LLC*	Ms. Horn has over 20 years of professional consulting experience providing high-quality research and evaluation services for non-profits, academia, and government agencies. Ms. Horn has expertise in research and evaluation activities, including project management, outcome modeling, methodology design, data collection, data analysis, data management, and report writing. Her skills include organizing public input through various methodologies, including surveys, focus groups, round tables, and interviews. She has sub-contracted with HSAG since 2014.