



New Hampshire Medicaid Care Management

MEMBER SEMI-STRUCTURED INTERVIEWS,
SUMMARY REPORT
FALL 2019

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Prepared by:
LISA HORN, OWNER/PRESIDENT
HORN RESEARCH LLC

PO BOX 148 SLATERVILLE SPRINGS, NY 14881 | LISA @HORNRESEARCH.COM | 607-316-2748
WWW.HORNRESEARCH.COM

Contents

Acknowledgements	i
Executive Summary	1
Introduction	2
Methodology	3
Experience with the Managed Care Organization (MCO)	4
<i>Positive Experiences During Pregnancy</i>	4
<i>Positive Experiences After Pregnancy</i>	5
<i>Negative Experiences During Pregnancy</i>	6
<i>Negative Experiences After Pregnancy</i>	6
<i>Contact Experience with MCO</i>	7
Access to Care	8
<i>Access to Prenatal Care</i>	8
<i>Range of Choices</i>	8
<i>Access to Other Doctors</i>	9
<i>Access to Medications</i>	9
<i>Post-Natal Visit</i>	10
<i>Access to Tobacco-Cessation and Substance Use Supports</i>	10
<i>Access to Birth Control Support</i>	11
<i>Home Visit</i>	11
Quality of Care	12
<i>Quality of Care During Pregnancy</i>	12
<i>Quality of Care After Pregnancy</i>	13
<i>Positive Characteristics of Provider</i>	13
<i>Negative Characteristics of Provider</i>	14
Programs for Pregnant Women	15
<i>Awareness of Program</i>	15
<i>Case Management</i>	15
<i>Educational Information</i>	15
<i>Incentives</i>	16
<i>Lactation Support</i>	17
<i>Other Supports</i>	17

Suggestions for Improvement	17
<i>No Improvements Needed</i>	17
<i>Issues Around Care</i>	18
<i>Improved Communication</i>	18
<i>Availability of Testing</i>	18
<i>Incentives</i>	19
<i>Providers & Stigma</i>	19
<i>Transportation</i>	19
Other Comments & Concerns	19
Conclusion & Recommendations	20
Appendix 1. Recruitment Letter	21
Appendix 2. Interview Guide	22

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EXECUTIVE SUMMARY

The New Hampshire Department of Health and Human Services (DHHS) conducted an independent qualitative study of Medicaid members who had recently given birth. Between November 4, 2019 and December 6, 2019, Horn Research¹ interviewed 30 members using the following four points of inquiry:

- Experience with MCO
- Access to Care
- Quality of Care
- Support Programs for Pregnant Women

Participants reported generally positive interactions with their MCO. They referred to having their medical bills paid, the incentives and rewards available to them, and interactions with both customer service and case management as the most positive experiences they had. The bulk of participants said they had not had any negative experiences either while pregnant or after their baby was born. Participants universally said they had someone they could contact for help or support at their MCO and expressed general satisfaction with their experiences.

Overall, participants reported receiving early prenatal care and expressed satisfaction with the range of choices available to them for providers and birthing centers. All participants said they had accessed post-partum care. A few participants noted challenges accessing needed medications. Participants were routinely screened for tobacco and substance use during and after their pregnancy. Nearly all participants reported being offered the option of having an intrauterine device (IUD) or implant for birth control after giving birth. Just over half of participants were offered a home visit from a nurse.

Participants were unanimous in assessing the quality of care during their pregnancy positively. A handful of participants noted challenges with care while in the hospital giving and after birth. Participants said their providers are caring and supportive, accessible, and provide high quality of care.

The level of awareness and understanding of the MCOs' programs for pregnant women was decidedly mixed as were the types of supports and incentives received. Recommendations from the report include:

Improve Awareness of Benefits: Programs for Pregnant Women

Several interview participants indicated that they were unaware of the programs and while many participants received some of the benefits, the programs are clearly not well understood or utilized. Efforts to better educate providers about the resources available and encouraging them to share that information with patients and more extensive outreach directly to beneficiaries could increase participation in all of the programs' many benefits.

Consider Targeting Information to New or High Need Moms

Information from the interviews showed that new moms were most likely to need, want, and value the case management support and educational information while women who had already had previous pregnancies did not. Focusing outreach and information to new moms may have the effect of optimizing resources while ensuring support for the highest need families.

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

INTRODUCTION

In support of an external quality review of New Hampshire's Medicaid Care Management Program, qualitative data has been gathered from Medicaid beneficiaries who had recently given birth about their experience with their MCO. The population for the interviews included members who had given birth between April 2019 and September 2019. The sample population included members from across New Hampshire. The qualitative interviews were conducted over the telephone between November 5, 2019, and December 6, 2019.

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

1. Experience with MCO

- Participants' positive and negative experiences during and after pregnancy
- Participants' experience accessing support

2. Access to Care

- Participants' access to providers and hospitals
- Participants' access to medications
- Participants' access to tobacco and substance use counseling
- Participants' access to other supports

3. Quality of Care

- Participants' assessment of the quality of care received during and after pregnancy
- Participants' assessment of their providers

4. Support Programs for Pregnant Women

- Participants' experience with and assessment of their MCO's support program for pregnant women

METHODOLOGY

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

Sample Size and Composition

DHHS provided a population list of all members who had given birth between April 2019 and September 2019. A random sample of 250 members was selected from the full population.

Participant Recruitment

The random sample of members was sent a letter (Appendix 1) on October 31, 2019, explaining the project and asking for participation. Participants were offered a \$30 gift card to participate. The interviews were completed between November 5, 2019, and December 6, 2019.

The general rule applied to determining sample size for qualitative interviews is the point at which you reach “saturation.” Saturation refers to when no new themes emerge from interviews. A total of 30 interviews were completed with equal representation between health plans. The completed number of interviews for this study adequately met the data saturation expectation.

Participant Demographics

Half of interview participants were enrolled with Well Sense and the other half with New Hampshire Healthy Families (NHHF) which is comparable to the distribution of the full population (*Table 1*).

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

County	Interviewed Participants		Population
	Number	Percent	Percent
Well Sense	15	50.0%	53.6%
NHHF	15	50.0%	46.4%

Data Collection Process

Horn Research conducted the semi-structured interviews by telephone. The telephone interviews were led by an experienced facilitator with participant responses captured in real-time through verbatim note-taking. Interviews were directed by an Interview Guide (Appendix 2) developed to address the Key Points of Inquiry. The interviews lasted approximately 15–20 minutes. All participants received a summary of the purpose of the project at the beginning of the interview and the facilitator read a statement verifying the confidentiality of the information collected. All participants were mailed a \$30 gift card in appreciation for their participation in the project. The identities of the interviewees were confidential to the interviewer and 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 analysis of the data and the representative sample supports the validity of the information gathered but should not be assumed to be *statistically* representative of the whole population. There were no discernible differences in responses by health plan. The information provided in this report should be used to identify salient issues relevant to the population, provide contextual information for the larger assessment process, and identify avenues for further research.

EXPERIENCE WITH THE MANAGED CARE ORGANIZATION (MCO)

Participants were asked to share both positive and challenging experiences they had with their health plan while they were pregnant and after their baby was born. Participants were also asked to describe any experiences they had when trying to get help from their MCO. Participants referred to having their medical bills paid, the incentives and rewards available to them, and interactions with both customer service and case management as the most positive experiences they had. The bulk of participants said they had not had any negative experiences either while pregnant or after their baby was born. The challenges mentioned included coverage and billing issues, difficulties with the Medicaid recertification process, and not receiving promised incentives. Participants universally said they had someone they could contact for help or support at their MCO and expressed general satisfaction with their experiences.

Positive Experiences During Pregnancy

Nine participants said the most positive experience they had with their MCO while pregnant was that their MCO paid for their medical bills. One participant noted an improvement in her coverage while she was pregnant. She said, *“For the most part, they covered everything. I didn’t have any issues. On a normal basis, I have to jump through hoops for prior authorization. As far as that’s concerned, that was good.”* Another remarked on the importance of having health insurance. She said, *“Just obviously offering me Medicaid when I didn’t have insurance from work. It was a huge help. I’d have had to pay out of pocket. It was obviously a huge positive impact. It made my pregnancy much less stressful.”* Another participant shared, *“I’ve never gone to Well Sense directly with health concerns, but all of my medical appointments and diagnostic testing and ultrasounds were covered and paid by them.”*

Eight participants noted the various incentives and rewards that were available to them through their MCO. One participant said, *“They called me and explained to me what they could do [to help] while I was pregnant. They helped me with a car seat and a breast pump and stuff for the baby and covered all of my appointments. They were helpful if I had questions.”* Another participant agreed saying, *“They offer a lot of things which was fantastic: the breast pump, the car seat, gift cards if you go to your appointments which is an incentive to do what you’re supposed to do.”* Another participant shared, *“There’s a diaper bag full of supplies they sent me. That was a surprise. It wasn’t super high quality, but I think for any expecting mom, anything helps. That was pretty cool. Because it was a high-risk pregnancy, I was driving back and forth to Boston. My doctor told me I could get mileage reimbursement for the transportation, so my trips to Boston Children’s Hospital [were mostly] reimbursed. That was really awesome. I would have gone anyway, but it was nice to know that I was getting some gas money for some trips because I live pretty far [away].”*

There were a lot of ways. They covered everything, so that was nice that I didn’t have to worry about any bills afterwards. They provide car seats and breast pumps if you need them. There’s potential to earn different benefits along the way to shop at Walmart. That’s helpful.

Seven participants mentioned the customer service they received from their MCO was a positive experience for them. One participant who had not received her insurance card before going to the doctor said, *“I did get a few bills in the beginning of my pregnancy. When I called, they ended up calling*

the doctor and handled it on their end. It was great that I didn't have to be the middleman and make a hundred calls." Another participant shared, "Any time I had any questions or needed them to send information or if I got a bill from the hospital, they were really helpful and took care of it immediately and answered my questions." Another participant said, "I did have several positive experiences with the health insurance company. They were helpful in making sure I understood my benefits. There were a lot of things I wasn't knowledgeable of and they made sure I was aware."

Three participants said they appreciated the case management support they had received from their MCO. One participant said, "They offered me a new program where they reached out to pregnant women to see if they wanted to participate to find more resources in community. They reached out once a month to see if I needed help." Another participant said, "While I was pregnant, they had a case worker reach out to me, like a nurse, to make sure I was able to get everything that was offered and that I wasn't missing out on any of the benefits like the rewards programs, the car seat, all of that kind of stuff. That was something I thought was really awesome. They took the time to help and to make sure that I was able to access the benefits beyond the insurance."

One participant said that she received helpful referrals from her MCO. She said, "I did the pregnancy evaluation and they did point me in a lot of directions in terms of places and services I could utilize as far as keeping up with my pregnancy. And some appointments that would benefit me during my pregnancy. They were also very helpful with getting the breast pump."

Another participant said she had a received a packet of information that was helpful.

Positive Experiences After Pregnancy

Ten participants reiterated their satisfaction with having their health insurance plan pay their medical bills after their pregnancy. One participant said, "I feel they did an exceptional job. They definitely helped a lot with the bills and all that with the prenatal care and labor and delivery. And still continue to do a nice job. As a mom of two, I always appreciate that." Another participant agreed saying, "They didn't fight me on anything which I was glad about. He ended up needing a lot of stuff."

I didn't have any problem getting anything covered. Which I guess that is pretty positive especially considering I had an emergency C-section at 27 weeks and my daughter spent months in the neonatal intensive care unit (NICU) and we didn't have any issues.

Eight participants said they had not had any particularly positive experiences after their baby was born. One participant said, "Nothing in particular, but no issues either so that's positive." Another said, "I haven't really had any interactions with NHHF after my son was born."

Six participants noted the incentives available from their health plan including breast pumps, car seats, and reward cards as positive experiences after their pregnancy.

Four participants said the continued case management was a welcome aspect of their MCO. One participant shared, "I did get a phone call after my son was born congratulating me. They also wanted to talk to me about an assessment about how my pregnancy went and how the baby was doing and to keep them up to date on how our care was going." Another participant shared that she received important emotional support from her case manager. She said, "They called me after he was born too to talk to me

about different support things that I could have regarding depression. [They also said] that I could call and talk to somebody there as well.” Another participant expressed satisfaction with the support she received getting her baby covered by insurance. She said, “After my son was born, they did contact me to ask if I was able to get my son on NHHF. They helped me transition with him. I got his insurance in less than one month, and they gave list of pediatricians within the program. And they give me a wellness check every month to see how he’s doing. The attention is on him, and I appreciate that focus.”

Three additional participants said they appreciated that their MCO’s customer service representatives were effective and could be contacted without any trouble. One participant said, *“They are really helpful and easy to get a hold of to answer questions.”*

Negative Experiences During Pregnancy

The vast majority of participants (N=24) said they had not had any negative experiences with their MCO while they were pregnant. Three of these participants noted challenges instead with DHHS and the Medicaid recertification process. One participant said, *“They were re-evaluating me a few months ago. They were saying my insurance was going to end during a high-risk pregnancy, but then they said I was fine until next year. That was stressful.”* Another participant said, *“I think I struggle with when they ask for my re-certification. I don’t think it’s fair that they [look at] total gross income and not my take-home pay. What I make is not what I bring home, and it’s hard to take care of two kids and that makes it even harder to take care of my kids.”*

Three participants said they had difficulties with specific coverage issues. One participant noted nutritional counseling was not covered by her MCO. She said, *“They told me they were going to pay for the nutritional counseling, but then they didn’t. I paid the bill. Actually, I think I only paid half of it. It might have gone to collections.”* Another said her MCO had denied a prescription for anti-nausea medication while she was pregnant. A third participant mentioned the lack of dental coverage was a negative aspect of her MCO.

One participant said she had challenges getting her claims processed with Medicaid as her secondary insurance. One other participant said getting the rewards card was a challenge requiring more than one call to customer service. She said, *“I hadn’t received [my rewards cards] and when I called customer service, they weren’t helpful. I called again and the gentleman was able to help me. He said he was going to send it out as soon as possible.”* Another participant said her MCO had contacted her too frequently while she was pregnant. She said, *“This is my third child, and they did call and try to check in or send text messages on different things. I wouldn’t say it was negative, but I thought it was a nuisance. I could see that it would be helpful for a new mom, but for me, my phone would go off and I would [be annoyed]. It was with the best of intentions, but from my perspective, I’d be busy doing something and run to get the phone and it was just Well Sense.”*

Negative Experiences After Pregnancy

Nearly all (N=26) participants said they had not had any challenging experiences with their MCO after their pregnancy.

One participant said she had been billed for her daughter’s delivery. She said, *“I got a bill in the mail for \$13,000. [Insurance] was supposed to cover everything that was from delivering my daughter. They charged me \$13,000 for her being in the hospital. It got funky because my daughter didn’t have insurance yet because she was literally being born then. There’s some room for improvement in the*

billing department. Besides that, that's the only thing I feel that could be better. I have four bills I'm still trying to deal with. I just found out about them a little while ago. I'm in the midst of taking care of them now. This is round one. We'll see if it goes through. I won't know if it's been accepted for a while."

Three other participants said they had not gotten promised incentives. One participant said she had not ever received the rewards cards for her son's well visits. Another participant said she had not gotten the breast pump despite filling out all the forms. One other participant said that because her daughter was early, she had not received her breast pump in time. She said, *"The only challenge I had was getting the breast pump. They don't approve it until a couple of weeks before your due date, but she was so early. I don't know who caused that problem: the insurance, doctor, or provider, but it's taken a long time to get it."*

Contact Experience with MCO

All participants said they had someone at their MCO they could contact for support. Four participants said they had a direct line to a case manager; the rest indicated they could call the main number at their MCO. One participant said she also utilized her MCO's website frequently to find answers to her questions.

Overall, participants said their experience contacting their MCO for help had been positive. Participants said they had successfully received information on where to get specific items through their MCO. One participant shared, *"I had reached out to them at one point regarding getting a breast pump from them. They were helpful at directing me exactly where to go."* Another said, *"I had to find a different provider for a nebulizer, and they were able to find exactly what store I could go to in person, instead of having it mailed. Whoever I spoke to was helpful."* Another participant remarked, *"I called the main number. I needed to get a belly band and they were helpful in getting me places to contact."*

Two participants said they had called about getting replacement identification (ID) cards and had received prompt assistance. One participant said, *"My wallet was recently stolen and getting cards replaced was an easy process. I had to jump through hoops for my primary insurance. For Well Sense it was really easy. I just used their automated phone system."* Another said, *"Really the only time I've called them was after my daughter was born, and I hadn't received her ID card. I got mine and my son's, but not my daughter's. They were helpful and got it in the mail to me."*

Participants who received case management support noted they called their case manager for help. One participant said, *"Every time I talked to the nurse, she always had an answer or sent me printouts of where to get the answer."*

The case worker gave me her direct line, and also, I was able to call the regular service line and speak with people. They were really helpful.

Two participants said the wait time before reaching a customer service representative could be long. One participant said, *"I don't remember why I called, but I was almost always able to get the information I needed when I tried to ask. The only time I didn't, I was on hold for an hour so I hung up."* Another said, *"It's a fairly easy process, but I think the wait time on the phone is a little out there."*

Participants also mentioned their MCO's website as a resource they used to have their questions answered. One participant said, *"When I needed to check on a claim or update address, they have all the information on the website."* Another said, *"I think I've only used their website. They do have a lot of the*

information on there. I didn't have a need to call them directly." One participant said the website was at times out of sync with customer service. She said, "Online where you go in and sign in and see your account details, they weren't updated to what I thought was my up-to-date status. I've run into that issue a few times. I think that's one of the reasons my re-determination was up. I tried to submit things online and certain things I couldn't upload. That was tricky. I think there could be improvement in what workers see on their end and what I see on the website."

ACCESS TO CARE

Participants were asked to describe their access to prenatal and postnatal care, the range of choices for obstetrical care and birthing centers, access to additional medical care during their pregnancy, and the availability of prenatal vitamins and other medications. Overall, participants reported receiving early prenatal care and expressed satisfaction with the range of choices available to them for providers and birthing centers. All participants said they had accessed post-partum care. A few participants noted challenges accessing needed medications. Participants were routinely screened for tobacco and substance use during and after their pregnancy. The bulk of interviewees reported not using either tobacco or substances and not needing counseling or support. Nearly all participants reported being offered the option of having an IUD or implant for birth control after giving birth. Seventeen participants were offered a home visit from a nurse, but only ten accepted.

Access to Prenatal Care

All but one participant were in their first trimester when they had their first prenatal visit for an initial evaluation. The participant, who had not received prenatal care until 14 weeks, noted that she had initially gone to see her primary care doctor at 8 weeks and as a result had not made an appointment with an obstetrician until later. Eighteen participants said their first prenatal visit occurred within the first two months of pregnancy.

Four participants reported a span of six weeks or more between first discovering they were pregnant and their first prenatal appointment. One participant said the delay was due to the timing of discovering when she was pregnant. She said, "I found out right around the holidays, and they don't see you until you're past eight weeks. And with scheduling issues and it was so early that I found out, [there was a delay]." Another participant said, "My health insurance had lapsed, and I didn't get a chance to get whatever I needed to keep it going. I found I was pregnant right after [it lapsed] and had to go through all the steps again."

Range of Choices

Nineteen participants said there were either a lot or enough choices for an obstetrician (OB) or midwife available through their health plan. Seven participants said they could not answer the question because they were already established with a provider from previous pregnancies and had not researched their options. Four participants said they did not have enough choices for an OB, but two chalked up the lack of choices as being due to the rural nature of their area. Two other participants said the providers they had seen during previous pregnancies did not accept their current health plan. One participant said, "There's definitely an opportunity for more choices. The doctor that I had for my previous pregnancy, my 10-year-old son, I couldn't go back to him. He is right down the street, and it would have been a lot easier. I had to travel 30 or 40 minutes away instead. Besides that, it was fine. I would have liked to have been able to go to my original doctor. I guess if you have the other [health plan], they accept that." Another participant shared, "We had Anthem before I had Well Sense and because of my husband's job

transition, we lost that insurance and didn't have insurance. That's where we picked up Well Sense. I was 16 weeks along, and the practice I was at could no longer see me. I was super bummed. I liked them a lot. I was stuck. And nothing against community health centers, but they smelled like cigarette smoke, and there were people coughing all over me. I was not happy I had to be exposed to all these different viruses while I was pregnant and healthy. They didn't have a separate waiting area. After having a visit with a midwife there, I said I didn't think I was really having a good fit, and she said she worked at another practice in Dover. I ended up going to that practice, and I was very happy with them."

Nineteen participants also said there were either a lot or enough choices for a hospital or birthing center through their MCO. Six participants did not answer the question but said the hospital they chose was the same one they had previously given birth at and was affiliated with their doctor. Five participants said their MCO did not offer enough hospitals or birthing center options. Those participants noted the lack of options was not due to their health plan, but rather a lack of choices in their geographic area.

Access to Other Doctors

Eight participants said they had required the services of another doctor, excluding their OB or primary care doctor, during their pregnancy. Three participants said they had received care from a high-risk OB doctor or a maternal-fetal medicine specialist. One participant said she had seen a geneticist. Two participants indicated they had continued seeing other specialists while pregnant: one for pain management and the other had continued to see a neurologist. Two participants said they had gone to an emergency room or urgent care while they were pregnant.

Only one of the eight participants who had seen another doctor indicated she had trouble accessing care. She said, *"It was kind of a process to get the pre-authorization to go down and see a lot of those doctors. It was a lot of back and forth between my OB/gynecologist (GYN) and calling the insurance company and having them send proof and forms. There were a few appointments I ended up having to cancel because I couldn't get the pre-approval to go down and see them, and that was frustrating. Also, I had a genetic meeting with someone at a different hospital, and they wouldn't approve another one, even though what was wrong with my son was genetic. The doctor ended up doing it informally so I could get those meetings. Luckily, there wasn't anything genetically wrong with him. The heart defect didn't have any additional issues, but it's pretty common for them to have a genetic defect with it, and I shouldn't have had to worry about [getting the tests covered]."*

All eight participants agreed the care they had received from specialists was high quality.

Access to Medications

Twenty-six participants said they had access to prenatal vitamins and other needed medications during their pregnancy. Nine participants of these participants said they paid for their prenatal vitamins out of pocket and had not realized they were available through their MCO.

One participant said her health plan would not pay for the prenatal vitamins with iron as prescribed by her doctor. She said, *"I wasn't able to get the ones with iron that my provider prescribed. They wouldn't cover them. They covered the regular, but not the extra with iron. I had to do iron supplements which made me throw up. But it was nothing I couldn't manage."*

Two participants noted challenges having anti-nausea medication covered by their health plan. One participant said they would not cover the prescription at all while the other said she was not able to get a sufficient amount of anti-nausea medication. She said, *"They did cover my prescription for nausea*

which was great. The only problem was they would only let me have 30 every 30 days, and I was sick the whole pregnancy. My doctor kept trying to override it so I could have two a day because it was bad. That was my only complaint regarding prescriptions, they wouldn't allow me to take the amount of nausea medicine that I needed to feel okay to work."

One other participant said her health plan stopped covering needed over the counter medicine. She said, "I did have hard time getting them to cover certain medications so it's costing me a lot every month. My doctor keeps adding more, and it's getting expensive. They're not covering any of my vitamins, and I'm taking four or five different ones. It's costing me over \$100 a month for medications. They used to cover them, but they stopped."

Post-Natal Visit

All 30 participants said they had gone back to their doctor for a post-partum, six-week appointment.

Access to Tobacco-Cessation and Substance Use Supports

The bulk of participants said they had been screened for tobacco and substance use both during and after pregnancy (Table 2). Most participants recalled their OB provider screening them and a handful said their MCO or primary care physician (PCP) had asked about their tobacco or substance use. Nearly all participants said they had not been offered counseling or support because they do not use either tobacco or other substances.

Table 2. Tobacco and Substance Use Screening and Support

	Tobacco	Substance Use
During Pregnancy		
<i>Screened?</i>		
Yes	29	28
No	0	1
Don't Know	1	1
<i>Who Screened?</i>		
MCO	6	5
OB	29	28
PCP	4	3
After Pregnancy		
<i>Screened?</i>		
Yes	25	23
No	3	4
Don't Know	2	3
<i>Who Screened?</i>		
MCO	5	4
OB	25	23
PCP	4	3
<i>Offered Support/Counseling?</i>		
Yes	1	1
No	0	2
Don't Use	29	27

Four participants noted they were aware of the tobacco cessation counseling offered but had not required the support. One participant said, *"I think in the sheet they sent with all what they covered, I had noticed they did counseling. I didn't need it."* Three other participants said they had quit smoking as soon as they found out they were pregnant.

One participant said she did smoke while she was pregnant and was offered support in quitting. She said, *"I smoked while I was pregnant, and they talked to me about it. I don't remember if it was when I was pregnant, or right before, but I got the nicotine gum to help stop. But I have a lot of dental problems, and I felt afraid to use it."*

Two participants volunteered that they were aware of the substance use counseling that was available through their MCO but said they did not use any substances and had no need for the counseling. One participant said she was already receiving support for previous addiction issues and did not need additional counseling. One other participant said she screened positively for substance use and was offered counseling and treatment. She said, *"They offered counseling and outpatient treatment, but they said they didn't give me a lot of options because the only thing in my system in the first trimester was recreational marijuana. I didn't test positive again."*

Access to Birth Control Support

Participants were asked whether they were provided information about the option to receive an IUD or implant after giving birth to their baby and before being discharged from the hospital. Nearly all participants (N=26) said they had been offered the option.

None of the participants indicated they had opted for receiving an IUD or implant prior to discharge from the hospital, but eight participants said they had elected to have one of the devices inserted after being discharged. An additional six participants said they had selected other birth control options including using other hormonal birth control such as the pill or patch or having a tubal ligation. One participant indicated her husband had received a vasectomy while she was pregnant. She said, *"My partner got a vasectomy while I was pregnant. During delivery, they did ask me whether I was sure I didn't want a tubal because my mother brought it up. I declined because I didn't want any extra stuff when he already got it."* Three additional participants said they were planning to get an implant or IUD but had not done so yet. One participant said, *"I'd choose the IUD, but have not gone back to get it. I couldn't get it at the time I did my six-week appointment, and I haven't had time since."*

Ten participants said they were not interested in the birth control options offered. One participant said, *"I'm breast feeding right now anyway. I'll probably go to get on the pill or use condoms. Within 5 to 10 years want to have one more kid. I don't want anything super permanent."* Another participant said, *"We talked about birth control, but I have medical contraindications with estrogen so I can't have those."*

Home Visit

Twenty of the thirty interview participants said they had not received a home visit from a nurse after they had their baby. Seven of these participants said they had been offered the visit but had declined. One participant said, *"They did offer, and they were persistent with making sure I was okay with not accepting that service. If it was my first or second child, I would have, but this was my fifth child. I didn't really feel like I needed it. I knew what I was doing."* Another said, *"I declined it. This is my third baby."*

Of the ten participants who had received a home visit, the majority (N=8) reported positive experiences. One participant shared, *"It was helpful. She was really nice. He was born with jaundice and they were checking on that."* One participant said she could not evaluate the visit. She said, *"I honestly can't assess that. I was having some really bad depression at the time. I don't really remember that well."* One participant was unhappy with the home visit. She said, *"It was not helpful. I honestly found it more stressful than helpful. I used to be a nurse. I get it. Pretty much all nurses and doctors don't like anything in the baby industry. They don't like anything they make any more. She didn't like the swing. I have a 10-year-old. I have done this before. I felt like they almost judged me because I was using a Boppy pillow. She told me not to have it. I just let her do her thing and said thank you and that was that. She was super nice. It just wasn't helpful to me."*

QUALITY OF CARE

Interview participants were asked to assess the quality of care they received during and after their pregnancy as well as to describe what they like and dislike most about their providers. Participants were unanimous in assessing the quality of care during their pregnancy positively. A handful of participants noted challenges with care while in the hospital giving and after birth. Participants said their providers are caring and supportive, accessible, and give high quality of care. A few participants noted negative views of their providers' approach to care, scheduling, and testing.

Quality of Care During Pregnancy

Participants universally rated the quality of care they received while they were pregnant positively. One participant said, *"It was awesome. I would give them an A+."* Another participant who had moved to New Hampshire late in her pregnancy said, *"I think they were very nice and very accommodating especially because they didn't receive any records until a month after I started. They were very helpful with the short time-frame and no records. With NHHF helping me find an OB and having them be blindsided, they were very accommodating and very fast as well."* Another commented, *"I don't have any complaints. Like I said, I was an established patient. I knew them. They knew me. They were able to take care of my needs, and I didn't feel like they treated me differently because I received Well Sense."*

Everyone was really attentive and listened to my concerns, questions and needs.

Two participants related a couple of challenges with their care. One said, *"I thought everything was good. My one complaint is that they gave me a lot of ultrasounds, and at the last one, they said he's going to be 8 pounds and I was low on fluids. [Because of that] they induced me, and it was not a fun experience. After giving birth, I ended up hemorrhaging due to the side effects of Pitocin. He didn't end up being 8 pounds, and the nurse said I had a lot of fluid. All that could have been avoided if that ultrasound was accurate. Hemorrhaging was extremely scary."* Another participant had some complaints about scheduling issues with her provider. She said, *"I would say the quality was good for everything except that I had a few issues with my OB. They would call me and re-schedule a lot. One time I was on my way for a 9:30 AM appointment. I had to drop my son off at school at 8:00 AM and had to go right there from dropping him off. They called me while I was on the highway and said that I had to re-schedule. That happened multiple times. I had to re-schedule or do another time for blood work because the person was gone from the lab. That was kind of crappy. And also, when I did the blood test for gender and they put it in an envelope to do a gender reveal party, they told me to come at a certain time and day and then no one was at the office. It was closed in the middle of the day. I was like, 'are you*

kidding me?’ My party was the next day. Finally, someone came out and said they had to close because of some emergency. She went and grabbed the envelope.”

Quality of Care After Pregnancy

Nearly all participants gave high praise for the quality of care they received after their pregnancy. One participant said, *“It was great. They followed up with me. And answered my questions over the phone so I didn’t have to go in or gave me a same day appointment if it was an emergency.”* Another said, *“It was great. After I had him, they were wonderful and even afterward, I had a lactation consultant calling me once a week making sure it was going well. Also, they called to make sure I was getting acclimated, and they also talked to my [primary care] doctor.”*

Another participant shared, *“They’ve been great. Especially the customer service. My son was having multiple appointments, but we didn’t have his Medicaid card. I called NHHF and instead of me calling back the pediatrician, they called for me. They went ahead and gave them his number to backtrack all his bills, so I didn’t have to be a middle man in that.”*

I found it to be better this time around. I struggled with post-partum with both of my children. The first time it was all about the baby, but this time they asked often if I was ok. They had me do a questionnaire, educated me about places I could go for counseling. I found that incredibly helpful.

Three participants said they had some kind of difficulty with their care after their baby was born. One participant said, *“It still great with my OB, but the hospital was awful. I had an all-natural delivery so pain control after delivery was terrible. They only gave me Tylenol and ibuprofen and I was still having afterbirth contractions. Every time I asked for something stronger, they wouldn’t give me anything.”* Another participant had the opposite experience saying, *“The hospital and nursing staff were fabulous with exception of trying to get me to take the narcotics. I didn’t want to, but I also wasn’t sleeping. They kept pushing them and finally I was like, ‘fine, give me a pill’.”* Another participant shared, *“It was good. The hospital itself I have some issues with. They made me stay a full week, and it was ridiculous. It was all because of a temperature they said my daughter had. She was at 99.1 degrees, but it was because I had her in bed with me snuggling. Right before I was to be discharged, the doctor said we’re going to keep you another three days to make sure she doesn’t have a deadly infection. Then after we got home, I got a call from the doctor at 11:00 PM, and I thought that was very odd because it’s late and I have a two-week-old baby. I was terrified. I thought my baby was not okay. They called to tell me that the sample was contaminated in lab, and I had to come in and do another one. It was hell. I was barely sleeping, and it was not an emergency. I almost felt like they were out to get to me. I was not happy with the hospital at all. They offered to buy us dinner because they knew they messed up really bad.”*

Positive Characteristics of Provider

When asked what they most liked about their providers, sixteen participants offered descriptions of their providers’ bedside manner. One participant said, *“When I was pregnant, they seemed to care what was going on with me.”* Another said, *“I liked how kind and patient and understanding they were. Especially with the fact that my husband and I are both teenagers.”* Another participant shared, *“It sounds funny, but overall, they’re likeable, easy to talk to. They listen and help you solve problems or give answers or advice.”* One other participant mentioned, *“They were compassionate and caring and really focused on me while I was in the office. I pretty much lived there. They made you feel really important.”*

Five participants said their providers were attentive and accessible. One participant said, *“They’re really attentive. My son was a vacuum delivery and they sent someone in from Dartmouth/Hitchcock to check that his head was okay. They set up a whole computer iPad and FaceTime during the delivery so he could see the vacuum delivery went well. That was really cool and really attentive to the whole situation.”* Another said, *“They were always available if I had a question or something.”* One other participant shared, *“They’re very easily accessible. There hasn’t been a time that I’ve called with a question about myself or baby that they have not gotten back to me within a half hour or getting in within the day. They’re very accessible.”*

Four participants said they have positive relationships with their providers that have been built over years and previous pregnancies. One participant said, *“I’ve known my providers for eight years. I have a good personal relationship with them and can talk about what’s going on in my life. I like that NHHF has stayed with them so I could stay with them. It makes it more comfortable to meet with them.”* Another said, *“I have a good relationship with my OB. I’ve been seeing her since I was 14.”*

Four other participants remarked that the quality of care was what they liked most about the providers. One participant said, *“They were on top of everything. They treated everything mostly rationally. I had issues and they dealt with them well.”* Another said, *“They do a fantastic job from start to finish. They always have. That’s why I’ve had all three of my kids with them. The experience itself is kind of a mix of emotions and it is tough to stay in the hospital, but they do a wonderful job. I like to heal at home in my own bed. I did have some medical issues from my treatment and the provider did a follow-up call. I thought it was great they followed up.”*

They are very understanding and helpful and supportive. I didn’t feel pressured to do certain things or change certain things.

Negative Characteristics of Provider

Twenty-five participants said there is nothing that they do not like about their provider.

Of the participants who noted an issue, two said there were specific tests that they were not offered. One said, *“The only thing I didn’t like was, I don’t know if it’s not covered or not necessary, they didn’t offer me the genetic testing early in my pregnancy that tests for Down syndrome. I don’t know if they didn’t think necessary because I’m only 26, but I would have liked that. I did ask. I would have liked that so I knew that everything was genetically right for the baby.”* The other participant said, *“I missed a screening that should have been done before which upset me. It meant that we had to stay in the hospital longer than we needed to. The provider just missed it.”*

Two other participants said there were aspects of their providers’ approach they did not like. One said, *“They had some of the non-western medicine going on which threw me off. Like there’s not a lot [of providers] to pick from, and I picked them because of availability. It led some to trust issues when there are pamphlets about eating your placenta after birth. I think they have reiki, too. But you can’t switch providers all the time.”* Another said she did not like that she did not have one specific doctor. She said, *“I saw a ton of different ones over my pregnancy.”*

One other participant said she had trouble scheduling her appointments with her doctor. She said, *“Scheduling was difficult, because the high-risk OB is only there one morning and one afternoon per week. My older two kids have special needs, so my schedule is crazy trying to fit a doctor in there.”*

PROGRAMS FOR PREGNANT WOMEN

Each of the MCOs provide programs to support pregnant women enrolled in their health plan (Appendix 3.) The programs offer a variety of incentives and services to ensure healthy pregnancies and babies. Participants were asked to describe their understanding of their MCOs program, the services and incentives they received, and to evaluate the helpfulness of the program. The level of awareness and understanding of the program was decidedly mixed as were the types of supports and incentives received.

Awareness of Program

Sixteen participants indicated that they had never heard of the program offered by their MCO. However, as detailed below, some of these participants received some of the services and benefits offered. Fourteen participants were at least somewhat aware of the program, one of whom chose not to participate. The participant who chose not to enroll in the program indicated that she felt she did not need it.

Of the thirteen participants who said they knew about the program, four said they were automatically enrolled after their first prenatal appointment. Four said they were enrolled when they signed up for Medicaid benefits. Five indicated they had notified their MCO of their pregnancy and were enrolled in the program at that point.

Only eight participants indicated that they felt like they understood the program.

Case Management

Nine participants said they received case management support from their MCO. One additional person said she was offered case management support, but felt they were calling her too often and asked them to stop.

Of the nine who received case management, three said their case manager helped them reach their goals. Seven of the nine indicated they felt the case manager was helpful. One participant said, *"We ended up not talking too much. She was helpful and I thought it was a great program, but anything she had to offer, I had already found in local resources. She would tell me about things I could call 211 for or I already knew about. She had good intentions. And I know she probably knew something I didn't know."* Another said, *"She called a few times, but then stopped. If I wasn't a seasoned pregnant woman, it would have been more helpful. A lot of the information was what I already knew. I think for a first-time pregnant woman it would have been very helpful. Or even a second-time mom. I've had five high risk pregnancies. I was in the doctor's office every week the entire pregnancy. Nothing she was sharing with me was something I didn't already know. It was good information, for someone else."*

Seven of the participants who received case management support said the nurse had contacted them the right amount of times while one person said they did not call often enough.

Educational Information

Thirteen participants said they had received educational information about pregnancy, birth, and post-partum care from their MCO. Participants' evaluation of the materials was generally positive. One participant shared, *"It was good. I read through everything."* Another participant said, *"I think it was very good. There were smaller pamphlets to get the gist and also a big pregnancy book. I thought that*

was awesome.” Some participants said that they thought the information was good, but because they had already had children, it was not particularly useful to them. One participant said, “Honestly, because it was my second child and with the pregnancy being high risk, everything was set. I wasn’t going to have him naturally and was going to specialists in Boston, so I didn’t take a lot of time reviewing it. It came in a nice folder. It looked well put together and professional, but I didn’t feel a need to go through it.” Another said, “I personally already knew everything they were sending, but for someone who didn’t know, it would be very helpful.”

I received a whole folder of really useful pamphlets and handout.

Two additional participants said they did not know whether they received educational information or not. One participant noted, *“I don’t recall. I’m just tossing things that don’t look like bills in the trash. They might have.”*

Incentives

Each MCO offers an array of incentives to encourage pregnant women enrolled in their health plan to engage in healthy behaviors, including free breast pumps, car seats, and incentive payments or other rewards for attending prenatal and postnatal visits. All but five participants said they had received some kind of incentive from their MCO. Breast pumps were the most often received incentive. Of the 25 participants who had received some kind of incentive, 23 had gotten a pump. Twelve participants said they had received incentive payments or reward cards from their MCO. Seven participants received a car seat. Four participants had received the diaper bag with newborn items. Three participants had received a case of diapers for attending their post-partum visit. All nine of the participants who received case management support also received incentives through their MCO. Of the participants who had not received case management support (N=21), only ten reported receiving incentives.

Overall, participants expressed satisfaction and appreciation for the various incentives provided by their MCO, but six participants said they experienced some difficulty in receiving some promised items. One participant said, *“I filled out the form for a breast pump, but I didn’t get it. I have one now. I found one online for \$50. They can get really expensive. I just now got the reward card. He just had his two-month checkup. I didn’t have [a reward card] during pregnancy.”* Another said, *“I got a breast pump. I filled out the form for the diapers, but never got it. They haven’t offered anything else.”* Another participant shared, *“I did get the rewards card, but there was never any money on them. I don’t know how that works. I know I had it for my first daughter, but I don’t know if it happened before they sent them out or*

I didn’t get any incentives at all. I hit all the visits and was supposed to get a card, but I haven’t gotten a penny of it. I have no idea why not.

there was a miscommunication. It’s fine. I never noticed that it had a balance on it.” One participant who had received all of the incentives said, *“I definitely think they’re helpful. I have regular reliable access to the internet. Thinking about the big picture I’m sure that people that don’t have that access, it may not be as helpful. It was an ordeal to call and get a confirmation code for all of my appointments I was going to.”*

One participant suggested changing the type of car seat offered to pregnant women. She said, *“One thing I think would be more helpful for people is, the car seats are awesome, but for the littler babies, it makes it easier if it’s an infant carrier instead of the convertible car seats. Because they’re so big and*

bulky and with the little ones you want to be able to take them out in the carrier.” Another participant suggested, “I think maybe with the diaper incentive, if they could push back on the date. I didn’t get in for my post-partum visit on time because my baby was in the NICU, so I missed out on it.”

Lactation Support

Five participants said their MCO had offered breast-feeding support. Only one of those participants said she had utilized that support. She indicated that the support was very helpful. Thirteen participants said they had received lactation support from either their provider, at the hospital after giving birth, or through the Women, Infants, and Children (WIC) program. One said, *“When I was first giving birth, [my MCO] offered lactation consultants. I talked to a couple of ladies who gave numbers I could call, but the ones in the hospital were pretty comprehensive. I’m still doing it for a couple months. I felt reassured that I could do it for the time I said I would.”*

Other Supports

Three participants said their MCO had guided them to enroll in WIC. One said, *“They did encourage me to go through WIC. Which I did eventually go to, almost at the end of my pregnancy. They said it was a resource I should utilize, and I could benefit more than you can imagine. I had been on WIC before, but I procrastinated. Thankfully it’s only once every three months. Sometimes it is like I have so much else to do.”* Another said, *“I received great support in getting in contact with WIC.”*

Two participants said they could have used transportation support but had not received it. One participant said, *“I actually called the transportation line to authorize transportation for my son. He had to go to a cranial specialist for his skull in Lebanon, and it was over two hours away. I set up travel reimbursement and asked her to send it to me, but I never got reimbursement. They failed miserably on that.”* The other participant shared, *“Transportation would have been helpful, but I didn’t know about it. I was getting a new vehicle before I went into labor. I went into labor at the dealership, and instead, I had to drive a baby home in pouring rain in a van that was falling apart. It would have been helpful if I’d had that support.”*

SUGGESTIONS FOR IMPROVEMENT

Participants were asked what improvements they would make to the care and support they received both before and after pregnancy. Suggestions included improving information about the benefits available to them through their MCO, increasing access to prenatal testing, improving incentive program rules, and increasing the number of providers available to Medicaid recipients.

No Improvements Needed

Fifteen participants said they had no suggestions for improvement for during their pregnancy and 20 had no suggestions for after their baby was born. One participant said, *“I don’t think there are any improvements or changes I would make. I’ve received great care throughout all my pregnancies and any time I’ve dealt with NHHF.”* Another responded, *“Honestly I don’t know. I felt pretty really well supported.”* Another participant said, *“My doctor’s office has been really helpful and I’m able to call the insurance and they’re able to help me.”*

I think everything was great.

Issues Around Care

Eight participants said they would improve specific issues around their health care both during and after pregnancy. One participant said, *“I think they were over-dramatic over some stuff. They sent me to the high-risk guy, and I’m still unclear on why. They did a bunch of tests and said they were doing some higher tests but telling me I was fine the whole time. What would have been a big improvement to me when I was asking about pain killers at hospital is if they had given me an accurate picture of that would have prepared me for what I was going to have to do as far as the medications. They told me I could get an epidural right away, which apparently isn’t true. They gave me nitrous and told me I wouldn’t be high at any point, which is what I was going for, but the nitrous was pretty intense. Which is what I was trying to avoid. My only other option was Fentanyl which was like ‘no’. Maybe that’s medically appropriate, but if I had known that, I would have prepared better.”* Another participant said, *“Probably not being induced if I had a choice. That would be the main thing.”*

Another participant said, *“I don’t know if this counts as care or not, but he was taken to the NICU right away, and they kept leaving pamphlets about how important it was to stay with him. And I couldn’t and it was screwing with my head and I had untreated post-partum [depression]. It was un-diagnosable at the time.”*

Another participant suggested, *“another post-partum visit at 10 weeks.”* While one other said she wished she could have been seen by one midwife, rather than cycling through several. One participant said she would have preferred not to have a nurse come for the home visit and would suggest not having it be mandatory.

Improved Communication

Five participants said increasing communication, particularly about program benefits, would be a welcomed improvement. One participant said, *“I wish they had given me more information about all the stuff I could have received. I wish they had kept up their end of what they were supposed to give you as the perks as having them as an insurance company.”* Another said, *“I would probably make it so that they make you more aware of options and what they are. If you don’t call, you really don’t know. They’re not very proactive. I only knew they covered the breast pump because WIC told me. She did all the work. Well Sense was dragging their heels when I was trying to do it myself.”* Another participant said, *“Everything went pretty smoothly, but I didn’t know that you could have a nurse come visit after the fact. My daughter did get sick and I think if we had a nurse there, we wouldn’t have had a hospitalization. They might have recognized something I didn’t.”*

Some of these programs you’re talking about, I had no idea about. Maybe they sent something in the mail and I just didn’t know. Maybe I got confused, but I don’t remember anything about it. Maybe if they offered cool benefits. they should advertise that more.

Availability of Testing

Two participants noted a desire for improved access to testing while they were pregnant. One participant said, *“The only thing I would have liked, and I don’t know if its insurance or health care policy, but my baby ended up measuring really small inside of me. My provider wanted to get a 3-D ultrasound to make sure everything was fine, but they said Well Sense wouldn’t cover it. That would have been the only thing. It would have been peace of mind to see that.”* The other participant said, *“I had a pretty*

good experience overall, the only thing I would say is the genetic testing. That would be my only suggestion is if they would offer that. Besides that, I don't have any complaints. They paid all my claims, and I never had to deal with the billing department or Well Sense. I was pretty satisfied."

Incentives

Two participants mentioned they would like their MCO to address issues with their incentive programs. One said that because her twin babies were in the hospital for weeks after birth, she was not able to get to her post-partum appointment to be eligible for the free case of diapers. The other participant said she would like her MCO to follow through on sending the promised rewards cards.

Providers & Stigma

One participant said she would like more providers to be available through her health plan and to reduce the stigma associated with receiving Medicaid. She said, *"I guess the biggest thing for me was the lack of providers that accept any kind of Medicaid and Well Sense, in particular, and having to switch providers while I was already established where I was comfortable. And kind of feeling, whether I was or not, judged. That my insurance isn't good enough for your practice. And because I was on Well Sense, I got the feeling, and maybe there's a lot of people who are on state insurance who do a lot of drugs and alcohol and what not, I was asked those questions a lot, but if I wasn't on a private insurance I wouldn't have been asked as frequently. It was definitely highlighted for me being asked those questions frequently. I totally understand that it needs to be asked, but it's almost like on repeat. It's the same answer. I'm not an addict. I think, for me, it's that pre-judgment that most of our people are."*

Transportation

One participant said improving the transportation reimbursement was important. She said, *"They need to dramatically improve their transportation system. If I needed that money for gas or anything, I wouldn't have it. And their system is obviously flawed. I never got the forms and NHHF never even told me about it. I knew about it from a previous job. I learned that I could get reimbursed for having a medical appointment far away, but nobody sent me any papers, and nobody followed up with me to make sure I could get there."*

OTHER COMMENTS & CONCERNS

Participants were offered the opportunity to provide any additional comments or share any concerns related to their health coverage. One participant said she wished her plan covered dental for adults. She said, *"I would say the only thing I have trouble with is the dental care coverage. The only thing my plan does cover for myself is extraction. I can't get cleanings or anything like that. That is one thing I find difficult to deal with because being a single mom of three, it's hard to afford that dental care on a constant basis. Thankfully my kids are all covered, but, for myself, I have to pay. You would think that would be a stronger area when you think about it. If you have dental issues, you have eating issues and don't have the nutrition you need which leads to other issues."*

Another participant mentioned she wished she had better vision care through her MCO.

One other participant said her primary issue was managing the recertification process through DHHS.

CONCLUSION & RECOMMENDATIONS

Overall, participants expressed satisfaction with the care they received from their providers and the support they received from their MCO both during and after their pregnancy. Based on the information gathered from interview participants, two overarching recommendations have been developed.

Improve Awareness of Benefits: Programs for Pregnant Women

Several interview participants indicated that they were unaware of the *Sunny Start* and *Smart Start for Your Baby* programs offered through Well Sense and NHHF, respectively. While many participants received some of the benefits provided through the program, the programs are clearly not well understood or utilized. Efforts to better educate providers about the resources available and encouraging them to share that information with patients could provide a fruitful avenue for dissemination. In addition, more extensive outreach directly to beneficiaries could increase participation in all of the programs' many benefits.

Consider Targeting Information to New or High Need Moms

Information from the interviews showed that new moms were most likely to need, want, and value the case management support and educational information while women who had already had previous pregnancies did not. Focusing outreach and information to new moms may have the effect of optimizing resources while ensuring support for the highest need families.

APPENDIX 1. RECRUITMENT LETTER

October 31, 2019

Dear [name],

The New Hampshire Department of Health and Human Services is asking for your help with a project about New Hampshire Medicaid Care Management. The Department hired Horn Research to gather opinions from people like you to better understand the experience you had meeting your health care needs both during and after your recent pregnancy.

We would like to invite you to participate in a **telephone interview** where you can share your share your feelings and ideas about Medicaid Care Management, your managed care organization, and your health providers.

We are only asking a small number of people to take part so **your participation is very important**. You will receive a **\$30 VISA gift card** as a thank you for your time if you participate in a telephone interview.

We will be conducting the telephone interviews between **November 4 and November 30, 2019**. The interview will take about 20-30 minutes and we can schedule it at your convenience. We have a limited number of interview slots and they will be filled on a first come first serve basis. All information you share will be kept completely private and will not affect your benefits or health care in any way. No one from Medicaid will see your individual answers and your name and personal information will never be made public.

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

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

Sincerely,



Susan Drown, MBA, LICSW

Director, Bureau of Quality and Improvement

APPENDIX 2. INTERVIEW GUIDE

You were covered by Medicaid during your recent pregnancy and received Medicaid benefits through [YOUR MCO]. The goal of this interview is to try to understand your experience with your managed care organization and the support you received during and after your pregnancy.

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

I. Experience with Medicaid Managed Care

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

II. Access to Care

1. About how far along into your pregnancy were you when you discovered you were pregnant?

_____ Weeks

2. How many weeks/months were you when you had your first prenatal visit with a Nurse Practitioner, Physician Assistant (PA), or doctor for your initial evaluation?

_____ Weeks

3. How would you describe the range of choices you had for an OB/GYN or midwife through your MCO/health plan?

a lot of choices enough choices not enough

4. How about the range of choices available through your MCO/health plan when you had to select a birthing center or hospital?

a lot of choices enough choices not enough

5. Did you need the service of another doctor (excluding your PCP) during your pregnancy?
(prompt: such as a maternal-fetal medicine specialist or perinatologist)

Yes No

If Yes,
What was that doctor’s specialty?

Did you have any difficulties in accessing care from that doctor? *(location, availability of appointments, acceptance of insurance)*

How would you describe the quality of care you received from that doctor?

6. Were you able to access other health care needs related to your pregnancy such as prenatal vitamins or other medication?

Yes No

If No,
Please describe any challenges you had in gaining access to these types of supports.

7. After your baby was born, did you go back to see your doctor for a post-partum (6 week) appointment?

Yes No

If No,

What were the barriers that prevented you from going? (*probe: transportation, child care, not believing they need a post-partum visit?*)

8. Were you screened for tobacco use during your pregnancy?

Yes No

If Yes, by whom

[YOUR MCO] Primary Care Physician OB/GYN

9. Were you screened for tobacco use after your pregnancy?

Yes No

If Yes, by whom

[YOUR MCO] Primary Care Physician OB/GYN

10. If you smoke/smoked were you offered counseling or support for smoking-cessation?

Yes No Did Not Smoke

If Yes, by whom

[YOUR MCO] Primary Care Physician OB/GYN

What type of support were you offered?

Are you able to share any additional information regarding the support you were offered such as barriers to accessing support or the quality of the support if you accepted it?

11. Were you screened for alcohol or other substance use during your pregnancy?

Yes No

If Yes, by whom

[YOUR MCO] Primary Care Physician OB/GYN

12. Were you screened for alcohol or other substance use after your baby was born?

Yes No

If Yes, by whom

[YOUR MCO] Primary Care Physician OB/GYN

13. If you screened positive, were you offered counseling or support during your pregnancy and/or after giving birth?

Yes No Didn't Screen Positive

If Yes, by whom

[YOUR MCO] Primary Care Physician OB/GYN

What type of support were you offered?

Are you able to share any additional information regarding the support you were offered such as barriers to accessing support or the quality of the support if you accepted it?

11. During any of your office prenatal visits, did your obstetric provider or nurse inform you about the option to receive an intrauterine (IUD) device (e.g. Mirena, Paragard, Kyleena, Liletta, & Skyla) or implant (e.g. Nexplanon) after giving birth to your baby and before being discharged from the hospital or birthing center?

Yes No

Did you choose to use those birth control options?

12. Did you receive a home visit from a nurse after you had your baby?

Yes No

If Yes, how would you describe the quality of the home visit?

III. Quality of Care

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

Your health plan has a program for pregnant women that offers a variety of services and support.

1. Did you contact your MCO to let them know you were pregnant or were you automatically enrolled in the program through your doctor?
2. Do you remember when and how you first learned about [the program]?
3. Were you contacted by [the program]?

If yes, do you feel [YOUR MCO] reached out to you either too much or not enough during your pregnancy?

Too Much

Not Enough

Just Right

What about [YOUR MCO], do you feel [YOUR MCO] reached out to you either too much or not enough after your baby was born?

Too Much

Not Enough

Just Right

4. Do you feel like you understood the program?

Yes No

5. If you refused to participate in [the program], please state why.

6. Please describe the types and quality of support you received through the [the program]/your managed care organization.

Did you receive case management support?

Yes No

If Yes,

How would you describe the quality of case management and support you received from [YOUR MCO] during and after your pregnancy?

Did [YOUR MCO] assist you in reaching any goals you might have set with your case manager?

Did you receive any information or educational materials about pregnancy, birth and post-partum care from [YOUR MCO]?

Yes No

If Yes,

How would you describe the quality of information and educational materials you received?

What other kinds of incentives did you receive through [YOUR MCO]? (e.g. breast pumps, incentive payments, car seats, diapers, etc.)?

Were these other incentives helpful?

Can you think of anything else that would be helpful?

7. If you are breastfeeding, did you/are you receiving any support/help from [YOUR MCO]?
8. Did you receive any other assistance such as transportation support to and from doctors' visits, housing support, or connection to other community resources such as WIC through your health plan? Were you offered any of this type of assistance?

Yes No

If Yes,

How would you describe the quality of support you received?

IV. Suggestions for Improvements

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