



# New Hampshire Medicaid Care Management

MEMBER SEMI-STRUCTURED INTERVIEWS,  
SUMMARY REPORT  
FALL 2020

*PREPARED FOR: State of New Hampshire, Department of Health & Human Services  
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Horn Research confirms that no one conducting this study had a conflict of interest with AmeriHealth Caritas New Hampshire, New Hampshire Healthy Families, or Well Sense Health Plan.

## EXECUTIVE SUMMARY

The New Hampshire Department of Health and Human Services (DHHS) conducted an independent qualitative study of women aged 50 or older who were Medicaid Care Management beneficiaries at the time of sampling. Between October 13, 2020, and November 9, 2020, Horn Research<sup>1</sup> interviewed 30 members using four points of inquiry: Experience with their managed care organization (MCO), Quality of Care, Preventive Screenings, and Access to Care.

Most participants reported they understand their health plan well enough to effectively participate in their health care. Participants were most appreciative of the coverage afforded through their health plan and were most concerned about denials of treatments or tests, prior authorization delays, the lack of dental coverage, and difficulty with the transportation process. The vast majority of participants said they were unaware of the complaint process available through their MCO. Those who had used it said the appeal and complaint processes are cumbersome and ineffective.

The vast majority of participants said they had a good relationship with their provider. The key concerns identified by participants was a lack of availability and a lack of knowledge around mental health issues. Participants generally reported they had received, or planned to get, the vaccines recommended by their doctor. Overall, participants reported that their physician had not provided any suggestions to support them either before trying, or while taking, their medications. Nearly all participants said they were up to date on all relevant cancer screenings. The majority of participants said their providers had asked preventive health screening questions, and when needed, had offered suggestions to address tobacco cessation, diet and nutrition, and mental health.

Generally, participants were satisfied with their access to medications, therapies, and medical supplies and equipment. Participants reported varying experiences with transportation services with challenges including unreliable pick-ups, aggressive driving, and a process that is difficult to navigate. Telehealth appointments were generally well received by participants.

Recommendations from the report include:

### *Review Prior Authorization Internal Operations*

Each MCO should review internal operations related to comments found in the report concerning issues with prior authorizations to determine if there are unnecessary barriers that delay or restrict care.

### *Refine Messaging Concerning Colonoscopy Screening*

Offering information about the procedure to reduce anxiety due to lack of knowledge may improve willingness to be screened.

### *Improve Transportation Service*

Greater oversight of these companies' practices as well as more efficient complaint processes may improve the transportation experience for particularly vulnerable populations.

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

*Consider an Opt-In Hard-Copy Member Handbook*

The shift to online versions of the handbook can be burdensome to low-income and older beneficiaries, but universal provision of bulky handbooks is costly. Offering beneficiaries the chance to opt-in to receiving a hard-copy handbook may address this communication gap.

*Continue Offering Telehealth Post-Pandemic*

Continuing to offer these options post-pandemic may improve beneficiaries' experiences while addressing some transportation issues.

## INTRODUCTION

In support of an external quality review of New Hampshire's Medicaid Care Management Program, qualitative data has been gathered from women aged 50 or older who were Medicaid Care Management beneficiaries at the time of sampling. The sample population included members from across New Hampshire. The qualitative interviews were conducted over the telephone between October 13, 2020, and November 9, 2020.

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' understanding of their health plan
- Participants' experience accessing support from their MCO
- Participants' positive and negative experiences with their MCO
- Participants' understanding of the MCO's complaint process
- Participants' utilization of case management services
- Participants' access to and evaluation of preventive care reminders and educational material from their MCO

### 2. Quality of Care

- Participants' assessment of the quality of:
  - care received from their primary care provider (PCP)
  - coordination between their PCP and specialists
- Participants' description of:
  - receiving vaccines
  - their provider's initial and on-going medication counseling

### 3. Preventive Screenings

- Participants' knowledge of and participation in cancer screenings
- Participants' description of well visit discussions around:
  - alcohol and substance use
  - tobacco use
  - weight, diet, and exercise
  - mental and emotional health
  - sexual health
  - osteoporosis screening
- Participants' description of recommendations for any other screenings

### 4. Access to Care

- Participants' access to:
  - medications
  - physical, occupational, or speech therapy
  - medical supplies and devices
  - transportation support
  - telehealth appointments during COVID

## METHODOLOGY

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

### *Sample Size and Composition*

DHHS provided a population list of all female Medicaid beneficiaries aged 50 and over on September 25, 2020. A random sample of 240 members was selected from the full population. Fourteen women with a developmental disability were included in the total population list. In an effort to ensure participation by at least one of these members, all 14 women with a developmental disability were included in the sample population. The one person with a developmental disability who participated was joined by her case manager who supported her throughout the interview.

### *Participant Recruitment*

The sampled members were sent a letter (Appendix 1) on October 9, 2020, explaining the project and asking for participation. Participants were offered a \$35 gift card to participate. The interviews were completed between October 13, 2020, and November 9, 2020.

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. The completed number of interviews for this study adequately met the data saturation expectation.

### *Participant Demographics*

Nearly three-quarters of participants were enrolled with New Hampshire Healthy Families (NHHF), only 20% with Well Sense Health Plan (Well Sense), and 6.7% with AmeriHealth Caritas New Hampshire (AmeriHealth) resulting in an over-representation of NHHF participants (*Table 1*). Participants aged 65 and over were slightly over-represented and participants aged 55-59 were slightly under-represented as compared to the population sample (*Table 2*).

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

County	Interviewed Participants		Study Population
	Number	Percent	Percent
Well Sense	6	20.0%	32.6%
NHHF	22	73.3%	55.8%
AmeriHealth Caritas	2	6.7%	11.6%

*Table 2. Number of Participants and Percent of Population by Age Group*

Age Group	Interviewed Participants		Study Population
	Number	Percent	Percent
50-54	11	36.7%	31.9%
55-59	6	20.0%	31.9%
60-64	10	33.3%	30.8%
65+	3	10.0%	5.5%

### *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 25-30 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 \$35 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. Quotes from interview participants were lightly edited for content and clarity.

## EXPERIENCE WITH THE MANAGED CARE ORGANIZATION (MCO)

Participants were asked to describe their understanding of their health plan, the positive and challenging encounters they had experienced with their MCO, their understanding of their MCO's complaint process, and their utilization of the MCO's case management services. They were also asked to describe their experience with screening reminders and educational materials they may have received from their MCO. The majority of participants indicated they understand their health plan well enough to effectively participate in their health care. The member handbook was not an important resource for participants to understand their plan, but participants said their plan's customer service was generally helpful and easy to access. Participants were most appreciative of the coverage afforded through their health plan, their MCO's customer service, the network of providers, the plan's reward program, and transportation support. The primary challenges associated with health plans included denials of treatments or tests, prior authorization delays, the lack of dental coverage, and difficulty with the transportation process. The vast majority of participants said they were unaware of the complaint process available through their MCO. Those who had used it said the appeal and complaint processes were cumbersome and ineffective. Participants, overall, had limited experience with case management with only three participants receiving the support from their MCO and two from other organizations. About a third of participants indicated receiving reminders from their MCO about preventive screenings was useful to them. About half of participants appreciated the educational materials sent by their MCO.

### Understanding of Health Plan

When asked to describe their comprehension of their health plan, 18 participants said they understand their health plan very well. One participant enrolled with NHHF said, *"It's very simple."* In addition, five participants said they understand their health plan well enough. One participant said, *"I need minimal health care, so I don't need to know a lot. I'd say [my knowledge is] 'average' because it seems pretty straightforward to me."* Another participant remarked, *"I don't 100% understand it, but I halfway understand it. I don't go to the doctor a whole lot so I'm not too sure about it. I don't even go to the*



doctor unless there's a severe problem. But I do know the medications are all covered except for one dollar - which I love.”

Seven participants said they do not understand their health insurance plan. These participants remarked that they did not know what their plan coverage offered. One participant said, “I can't read that well, so I don't know all it covers.” Another participant mentioned, “I don't really know. I know I go and get my visits covered, and my medication is covered. But if you asked what's in the actual policy, I wouldn't know.” One other participant said, “Not very well. I have called in the past, but it's so hard really knowing everything about the plan. It doesn't cover everything.”

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*I don't understand it at all. I tried reading that booklet and them papers and I don't understand it. Even my doctors can't understand it. They requested that I have a test for my thyroid glands, and they refuse everything. It takes a long time to get approval. It never used to be like that.*

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### Experience Communicating with MCO

Twenty-one participants said they have called their MCO to resolve questions. Of these, 16 indicated they were able to easily get their problems resolved. Of the five who were not able to get their issues solved, the problems stemmed from their MCO denial of coverage or delay due to pre-authorization. All five of these participants were enrolled with NHHF. One person said, “We weren't able to ever resolve it. I get bad swelling. I have a heart condition, and I need compression socks to keep the swelling down. I got them before, and then all of a sudden they stopped covering them, or only covered two a year which is impossible. I used to get one a month or something like that. And another one is, I have sleep apnea and they suddenly stopped covering the CPAP (continuous positive airway pressure) machines.” Another participant said, “I have troubles every now and again. I'm on methadone for back pain. I have trouble with prior authorization a lot. Sometimes I'm on the phone with the pharmacy, and they are wondering why I'm on [the methadone] for so long. Between me and the pain center, it takes a couple hours [on the phone]. It scares me that I'm going to have to go without it for the weekend.” One other person said, “There was a little bit of a challenge back in July. I had to have surgery on my shoulder. I live alone, so I said I'm going to need help. I called them to find out what they can do to have someone come out and check on me. I just felt like I had to do more work on it than I should have. I had to call the doctor to request the prior authorization, and NHHF was telling me that the doctor was supposed to send it to them when that's not how the doctor's office does it. I went through a big back and forth. It was not good. It took the home health agency a week before they finally sent somebody out.” One participant noted a delay for wisdom teeth extraction and one other mentioned delays in getting specific medications.

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*The trouble with any of these things is if you call and you hit one of those menus and you hit the wrong button then you have to be transferred. It takes time, so what I tend to do is if I'm busy, I just kick the can down the road. I can't stand being on hold.*

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Eighteen participants said they did not use the member handbook provided by their MCO to answer their questions. One participant said, “I never used it. I feel horrible about it. I killed a hundred trees for it.” Another participant mentioned, “I've tried, but I don't understand it.” Six participants said they had used the member handbook in the past, but that it was not particularly helpful. One participant said, “I have in the past used it. It's a lot of stuff that's not necessarily easy to comprehend.” Other participants

noted that calling was a more effective way to ask questions. One participant said, *"I find it's going to give you enough to get you to the next step, but if you need further information, you need to call. I always call because I think I'm going to get more in-depth information."*

Five participants said they felt the handbook was easy to read and provided helpful information. One participant shared, *"They have information on the incentive program in there. It details what you can use your reward card for. It's pretty helpful."* Two of these participants said they used to receive a member handbook and found it easy to use, but that their MCO (NHMF) had shifted to an online only version. These participants did not find the online version useful. One said, *"When I first got enrolled, I had one, and I used it very well. And then they stopped sending out a hard copy. So, I have an old version and everything is online. It's hard for me to use the online version, as far as finding doctors in my network."* The other participant said, *"I had gotten one long ago, but I haven't gotten one since. They tell you go online and look it up. I don't feel like going online and looking through all those pages."*

One participant enrolled with AmeriHealth said her experience with the website version of the handbook was fine. She said, *"I have used the website. I don't remember any frustrations, so I guess it was okay."*

### Positive Experiences with MCO

When asked what they liked best about their MCO, 20 participants remarked on the coverage provided through their health plan. Participants were happy that they did not receive any bills for needed care. One

participant shared, *"You never get a bill. Other than that, I don't know too much about them."* Another participant shared, *"I don't use it much, but it's worked pretty well. Last year, I was out of state and I fell. I needed an x-ray because I really bruised my hip. The company kept*

*sending me bills, and the NHMF rep said I could submit those bills. They covered that for me. I really don't have anything negative to say or any problems."* Three participants specifically mentioned they appreciated that their medication was covered. One participant said, *"The thing about it is, they pay for medication. The amount of money people pay...I live in senior housing and that's something they talk about. Thank god, that's one of the biggest things. And they paid for my surgery."*

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*I'm grateful for coverage, that I'm allowed to have insurance. Because without it, I wouldn't have anything.*

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Six participants remarked on the ease of use and helpful customer service provided by their MCO. One participant shared, *"It's been the ease of the whole process. I never see anything. My doctor has the card, they send it in. The ease of it has been amazing."* Another participant said, *"I like customer service. Whenever you call, they're very helpful."*

Two participants said they appreciated the network of providers available through their MCO. One participant said, *"The doctors are in the plan so it's easy to go and not to have to worry about seeing a bill."*

Two participants mentioned the rewards program offered by their MCO as one of the positive aspects of their plan. One participant said the program had encouraged her to received regular care. She said, *"I know this is going to sound horrible, but I'm not a doctor person. It takes me a lot to get there, and honestly, I'm falling apart. They do the financial reward program where if you get a physical or mammograms, you get money. I was due for a mammogram about nine or ten years ago. When I found out they reward you for it, I actually got it done. The reward program has been huge."*

Two participants said the availability of transportation support was a positive aspect of their MCO.

### Negative Experiences with MCO

Participants were asked to describe the most challenging experiences they have had with their MCO. Fourteen participants said they had not experienced any difficulties at all.

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*I haven't had any problems so far. I've been here two years. The first year, I had them and I loved them. This year I could have chosen another company, and I didn't.*

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Four participants noted they had been denied needed medical care, treatments, or tests. One participant enrolled with NHHF said her insurance would not cover her drug tests which created a burden for her to receive her pain medication. She said, *"I'm on pain medication for my back and my doctor has been investigated by the DEA. For the past year, he's been doing the urine tests on people, and he kept doing them over and over. This insurance will only pay for one test, and they cost almost \$300-400 each. If I'm on a pain contract, I don't see why my insurance won't cover it."* Another participant enrolled with NHHF said, *"They don't cover everything. I needed some testing to find out why I had migraines, and they denied it. People with other insurance get it covered."* A participant enrolled with AmeriHealth Caritas said that an infusion had not been covered by her insurance as well as another test that had not been approved. A participant enrolled with NHHF mentioned again that her tooth extractions were not covered.

Six participants noted issues with prior authorization and delays in receiving care. One participant enrolled with NHHF said, *"The supplemental drink I need, every so often they have to check with the insurance company. It's like pulling teeth to get this Ensure, and I need the protein. It's awful. I'm basically living on it, plus cereal. Every once in a while, it's hard to get. They've sent me a letter and explained why it was rejected, and why it needs to be looked at. I've had delays in being able to access it."* A participant who is enrolled with Well Sense shared, *"Before they got so strict, I could go get anything done right away. I could get a referral and go. Now, it takes a month to get it back. I don't know why they need approval. I have COPD (chronic obstructive pulmonary disease). I only have 40% lung capacity. I have nodules on my lungs and when [my doctor] wants me to go get a CT (computerized tomography) scan, I don't think it should take four to six weeks to get approval."* One participant enrolled with NHHF said the delay was due to the insurance company wanting to ensure the pain procedure worked before authorizing additional rounds. She said, *"They wanted me to wait two months to see if the back injection really worked, but it put me in a whole lot of pain for a couple of months."* Another participant, also covered by NHHF, said she was still waiting to hear whether her company had authorized her CPAP machine and supplies. One participant enrolled with NHHF said she had experienced a delay in approval for epidurals she needs every three months for a spinal fusion. One other participant enrolled with NHHF reiterated the challenges she experienced getting her methadone authorized consistently.

Three participants mentioned the lack of dental coverage as a challenge, and two people noted difficulties managing the transportation option.

### Awareness of Complaint Process

The vast majority of participants (N=26) said they were not aware of their MCO's complaint process. Participants said they assumed they could contact the MCO's customer service if they had a complaint,

but had not had any problems to date that would warrant such an effort. Two participants said they had gone through the appeal process for prior authorization denials. One participant said, *“I don't know anything about the complaint process, just the appeals process. I don't want to do pain medications, so [infusions] are how I manage my back pain.”* Another participant said, *“I went through a prior authorization appeal. There are 1-800 numbers out there. If you look at the member handbook, it tells you about it. It's a hugely cumbersome process and difficult for people to manage.”*

One participant said she had used the complaint process to no avail. She said, *“I've filed two complaints, but nothing ever gets done. They said they'd call and follow-up, and they never did. I called and called. It does no good to complain. I find it a waste of time to tell you the truth. I go to group counseling and they ask for your name at the beginning and that's a HIPAA violation so I complained. I wouldn't even bother any more. And it's kind of sad.”*

One other participant said she had planned to file a grievance about a particular pharmacy, but had decided to just switch to a different pharmacy. She said it was too much paperwork to file the grievance.

### Experience with Case Management

Three participants said they received case management services from their MCO. Two of these participants said they appreciated their case worker and thought the services were helpful. One participant said, *“I have somebody that calls and checks in. She's very supportive. She's very knowledgeable and she has the information that I may not know. She's caring.”* One participant did not have positive experiences with the case management services from her MCO. She said, *“I had some kind of case worker. The doctors were telling me I'm crazy, and I needed somebody to be an advocate for me. They told me all my problems were in my head. I had to have a caregiver 24 hours a day. They promised me a wheelchair, a shower chair, but they never came through with it. All these things would eat away at me. The caseworker wasn't listening, nobody would listen to me. The caseworker did not do me any justice at all. Neither did the mental health associate. I felt like all they did was put me down. I needed medical treatment.”*

Two other participants said they received case management services from another organization. Both of these participants were very satisfied with the support they received. One participant with a developmental disability said, *“She's easy to talk to. When I have a question I ask, and if I can't get a hold of her, I call someone else there.”*

### Evaluation of Preventive Screening Reminders from MCO

Participants were asked whether they had received reminders from their MCO about preventive screenings. Fifteen participants said they had not received those reminders. Three of these participants said they get reminders from their providers instead. One said she did not recall who gave her the reminders, but that she had received some and they were helpful to her.

Of the 13 participants who said they received reminders from their MCO, nine said they were helpful. One participant said, *“If I don't write it down, I'll forget. I have an app that tells me what I need or don't need. That helps a lot. They have those bonuses for doing those things.”* Another participant said, *“I like the reminders because I do forget. Because of my age, and being in menopause, it's important for my health.”*

Four participants said the reminders had no impact on their decision on whether to get screenings. These participants indicated that their providers are keeping them on track with needed screenings.

### Evaluation of Educational Materials from MCO

Participants were also asked about educational materials they may have received from their MCO. Eight participants said they had not received any material and three indicated they did not recall. One person who did not recall said, *“Anything that comes in the mail, I don't like it. If they have, forgive me if I haven't read it. I'm not a mail person. Honestly, I've seen things from Well Sense periodically come in, but I don't know what they are.”*

Nineteen participants said they had received educational materials from their MCO, 13 of which indicated they found it useful and easy to read. One participant said, *“It just shows you different things. It's interesting and educational. I like it and use it.”* Another participant shared, *“It's fine. It's not a lot and does have some interesting points.”*

Six participants said they did not find the information useful. One participant said, *“It's easy to read. I'm very motivated for self-care, so I know what I need to do for screenings and my doctor keeps up on that. I don't find it personally helpful, but I wouldn't suggest they'd stop.”* Another said, *“I scan it over and throw it away. There might be one article out of five flyers. They do send them, and I do scan through it. I'm not one on wanting to read stuff.”* One participant said she kept getting information from her MCO encouraging her to get her prescriptions directly from them instead of through the pharmacist, but she was not interested.

### QUALITY OF CARE

Participants were asked to describe their relationship with their PCP and the PCP's communication with any specialists. They were also asked to explain their experience with vaccines and whether they had received any during their most recent well visit. Participants were asked whether their provider had offered any suggestions either before, or while, prescribing medications. The vast majority of participants said they had a good relationship with their provider. Participants said they liked that their PCP was willing to listen and answer questions, was thorough and knowledgeable, and was caring and compassionate. Participants said the key concerns about their PCP was a lack of appointment availability and their PCP's lack of mental health care knowledge. Nearly all participants said their PCP was aware of the care they received from any specialists, and they were content with the level of care coordination between providers. Participants generally reported they had received, or planned to get, the recommended vaccines. Only one participant refused to get a flu shot, and three said they did not intend to get the shingles shot despite their provider's recommendation. A handful of participants reported challenges accessing the shingles shot due to unavailability and potential cost. Overall, participants reported that their physician had not provided any suggestions to support them either before trying, or while taking, their medications.



## Relationship with PCP

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*Phenomenal. I love her. She understands my needs 110%. She's like a real person and she truly cares about her patients. When she sits down with you, you'd think you were her only client.*

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Twenty-five participants had a good opinion of their PCP. Three others indicated their relationship with their doctor was not positive, and two said their provider was too new for them to have an opinion. When asked to describe what they like best about their PCP, eleven participants said they appreciated that their PCP listened to their concerns. One participant shared, *"She takes the time with me. If there's anything, she'll ask me. She'll do what she has to do and she will say to me, 'you want to talk about*

*anything? Is there anything changed in your life?'* A couple of years ago, I cried my eyes out because I lost a nephew through suicide. She just listened and she knows the family history and she's not in a hurry to get you in or out. She didn't know about my ear. I said, *this ear will not stop itching and she looked at it. She had me go see a specialist, because it looked like a little something. She listens. She knows me. She's almost like a friend.*" Another participant shared, *"He is amazing. He takes time and talks to you and asks questions. He's incredible. I thought when I had to leave my previous doctor I had for 20 years when I got this insurance, I'd not find someone as good. He's outstanding and asks pertinent questions and family history and what are you doing on a daily basis. I don't feel like I'm getting rushed out the door. He just wants to make sure you're being taken care."*

Eight participants said they liked that their PCP was thorough and knowledgeable. One participant shared, *"She really looks at me. She looks at my numbers and information. She looks at the big picture and is very conscious of what I have to do to be the best and healthiest I can be. She listens. She cares. Very compassionate, very caring."* Another participant noted all the providers in her PCP's practice were knowledgeable and thorough. She said, *"They're fantastic. If one is not there, the other one is. You're always getting care, even if the doctor isn't in. He's very on top of my conditions, and he's ordering me different tests to rule out different things. I can't say enough about them. They're very caring and knowledgeable."*

Five participants said their PCP was caring and compassionate. One participant said, *"I feel that he really cares for me. I feel that he is always looking out to give me the best treatment. He won't prescribe drugs unless I absolutely need them and is always trying to find a way to solve problems without drugs or invasive treatments."* Another participant appreciated her doctor's willingness to explore alternative treatments. She said, *"She's very kind, just a nice person. And also, spends as much time as you need. I don't feel rushed at all. And she's open to naturopathic and holistic medicine, which I also practice. And she's been very good about getting me referrals to physical therapy."*

Two participants said their PCP was generally available when they need support. One participant said she appreciated that her PCP knew her as a person and was prepared before the visit. Another participant shared that her PCP was straightforward with her. She said, *"She tells me right out what I need to have done. There's no beating around the bush."*

When asked what they liked least about their PCP, 21 participants said they had no complaints to share about their provider. Four participants said their main concern was that their provider was not available and frequently over-booked. One participant said, *“Most of the time she’s been unavailable because they are short-staffed due to COVID. It’s challenging to get ahold of her.”* Two participants said they did not like that their appointments were frequently handled by a physician’s assistant or nurse practitioner, rather than the doctor. One participant said, *“I sometimes don’t know if I’m comfortable that he’s not a full-fledged doctor.”*

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*Appointments are sometimes hard to get. He’s got an overload of patients. I might have to wait when it would have been nicer to see him sooner.*

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One participant said her provider did not have the knowledge and skills to deal with her mental health. She said, *“He’s kind of iffy. Sometimes I don’t think he knows what he’s talking about. I have depression, so he put me on something for that. Sometimes it works, sometimes it doesn’t.”* One participant expressed concern that her main provider does not listen to her concerns. She said, *“From the very beginning, I said I needed tests done, but he wasn’t listening to me. Now, I’m using one of his physician assistants, and she’s been running all the tests on me that I’ve needed. I like her. She’s awesome.”*

### PCP Communication with Specialists

Participants were asked whether their PCP was knowledgeable about the care received by any specialists during the previous six months. Nineteen participants said they had received care from a specialist, and that their PCP was aware of the care they had received. One participant said, *“They’re in communication with each other. I know he pays attention. [The specialist] suggested a medication he was not on board with.”* Another participant shared, *“She does really well with it. They all communicate back and forth. In the system, she pulls up my name, she notices I had another appointment. They’re all up date with each other.”* Another said, *“I think they’re doing great. He lets the specialist know what he was thinking, and what he’d like done. The specialist came up with something else. They both let me be involved in the solution. They listened, and we all worked together to find a solution.”* All of these participants said they felt the communication between their PCP and specialists did not need to be improved.

Three participants said their PCP was not aware of the care they had received from a specialist. One participant described, *“We’ve never really addressed it when I go see my lung specialist. I was going to a vascular surgeon because I had to have some kind of bypass for my legs. He had to put a tube from one leg vein to another across my abdomen. One was closed, and I couldn’t walk well. The artery was trying to close. [My PCP] never asked me about it. I wish she would work more with them because I don’t think she does at all.”* One other participant said she was not concerned that her PCP was not involved with her specialist care. She said, *“I was seen by an ophthalmologist recently. He and I never talked about that. I worked with my optometrist who set me up with the ophthalmologist. I think he knew why I was going, but it was not something he and I talked about.”* One other participant said her new PCP was still trying to get a handle on all of her specialists. She said, *“She is baffled by them a little bit. She watches me go to other specialists, and she’s not sure who’s sending me for bloodwork. I’m trying to make it my primary who is coordinating.”*

Seven participants indicated they had not received care from a specialist, and one said she did not recall whether she had.

## Experience with Vaccines

Participants were asked about their experience accessing vaccines at their last well visit. Twenty-one participants said they had received their flu vaccine at their last well visit. Four participants said they had gotten a flu shot prior to the well visit; one participant refused the shot; and, one said she could not medically receive the flu shot. Three other participants said they intended to get their flu shot at the pharmacy rather than at their PCP. One of these participants said she was waiting to ensure she received the shot in the correct time frame. She said, *"I've been waiting to get my flu shot so I can get the rewards program. I got it five days sooner than they indicated last year, and they wouldn't give me the \$30. I couldn't believe they denied me on that."* Of note, three participants shared that this was the first year they had agreed to get the flu shot.

Ten participants said they had received the shingles vaccine at their well visit. Three participants said they did not intend to receive a shingles vaccine despite the recommendation of their provider. One participant shared, *"The only one I'm wary about getting is the shingles. I'm nervous about it because my sister has shingles. She got the vaccine, but she still breaks out in shingles. I'm not convinced the vaccine really works. I don't want to subject myself to more illness than what I've already got. My doctor has strongly recommended I get it."* Three other participants said they wanted to get the shingles shot, but were having difficulties accessing it. One said, *"I've been asking about the shingles shot. My doctor told me to check with Walgreens, but they don't know my history. I haven't gone any further than that."* Another participant said, *"My doctor gave me a prescription for the shingles shot at the pharmacy. I called CVS and they said sometimes insurance doesn't cover it, and you might have to pay a co-pay. They won't know until they run the card through."* Another participant said, *"I don't ever get a flu shot. I wanted the shingles vaccines, but apparently there's a backlog. My mom is going through it right now, and it's terrible. She's had it two months, she's in debilitating pain. It's the worst thing ever. I tried to get the shingles vaccine at the PCP, but there's a big backlog, and they said they'd give me a call. It's been two months, and I haven't gotten a call. It would be cheaper to get the shots than to go through the whole thing. She was hospitalized."*

In addition to flu and shingles vaccines, three participants said they had received a tetanus, diphtheria, and acellular pertussis (Tdap) vaccine; five had received the pneumococcal shot; and, three said they were up to date on all vaccines prior to their visit.

## Medication Counseling

Of the 28 participants who take medications regularly, only two participants said their provider had offered helpful suggestions either prior to starting, or while taking, their medications. One participant said her doctor had talked about exercise, diet, and reducing stress to reduce her blood pressure. As a result of these efforts, she was able to eliminate two of the three blood pressure medications she was using. Another participant said her PCP had suggested counseling, in addition to medication, for her depression. She indicated she is finding the counseling helpful, but she is still experiencing challenges feeling well.

Two participants said their provider had suggested diet and exercise modifications, but they did not find the recommendations useful. One participant said, *"I've known this for a couple years now."*



## PREVENTIVE SCREENINGS

Participants were asked which of a series of preventive screenings their PCP had recommended, and whether they had followed those recommendations. While not all participants reported their provider had given them cancer screening guidance at their most recent well visit, nearly all indicated they were up to date on all relevant screenings. Of note, two participants had declined a colonoscopy screening due to fear of the procedure. Over a third of participants said their provider had not screened them for alcohol or drug use or tobacco use. Recommendations included reducing alcohol intake, using nicotine patches, and using the Quit Now phone line. A similar proportion of participants indicated their physician had discussed healthy weight and nutrition with them, but a greater number had received recommendations including referrals to nutritionists, advice to walk more frequently, and specific changes to their diet. For the most part, participants who did not follow the recommendations offered by their doctors were unmotivated to change their habits. Nearly all participants said they had been asked about their emotional health, and over a third had been offered suggestions for care such as counseling and medication. Participants who chose not to follow the recommendations said they thought the suggestions were unnecessary or would not be effective. Only a handful of participants said their provider discussed sexual health with them at their well visit. Several participants, all aged under 65, had been screened for osteoporosis in the past, but none of the participants aged 65 or older had been recommended to be screened by their provider.

### Cancer Screening

Participants were asked whether their PCP had provided guidance on a cancer screening routine. Twenty-two participants said their PCP had provided guidance at their last visit. Of the eight participants who indicated their doctor had not advised them at their last visit: two said they keep track of their screenings on their own; one said her MCO sends reminders; and, one said she had had that discussion with her provider during a previous visit. Seven of the eight said they were up to date on all relevant cancer screenings, and one declined to comment.

Three participants said their provider had suggested a cervical screening. All three agreed and were screened.

Five participants were recommended to have a mammogram, three of which agreed and were screened. The two who had not been screened had their mammograms scheduled.

Three participants said their provider had recommended a colonoscopy, but only one had agreed to be screened. Both participants who declined indicated they had done so because they were afraid of the procedure.

One participant remarked that her doctor recommended a mammogram and colonoscopy, but it had not been followed up on. She said, *“He did recommend a mammogram and colonoscopy. I didn’t know if they were going to set up an appointment. I know that he mentioned it, but I don’t remember if I was supposed to call them, or he was supposed to set up an appointment. I don’t remember how that’s supposed to go down. As far as the colonoscopy, I told him I did a ‘send in the mail’ one of those. Nobody has followed up about scheduling the mammogram.”*

### Alcohol Screening

Nineteen participants indicated their physician had asked them about drug or alcohol use. Of these, 12 said they did not ever use any substances. Three participants said their doctor had reviewed the

questions with them, but had not offered any recommendations because they do not drink to excess. An additional four participants said their provider had offered suggestions. One participant said her doctor suggested she quit drinking because of possible interactions with her blood pressure medication. One other participant said her doctor told her to cut back on her drinking. She said, *“My liver functions were off. He said I'd need to cut back. I'm totally honest with him, and he's honest with me. He said you need to cut back on the alcohol intake. I did, and he re-did the blood work and it came back lower.”* One participant said her doctor had provided her with brochures on reducing her alcohol intake, and one participant declined to describe the recommendations offered by her provider.

All 11 of the participants whose provider had not asked them about drug or alcohol use indicated they did not drink or use drugs.

### Tobacco Screening

Nineteen participants said their doctor had asked about tobacco use at their last well visit. Of these, 11 said they do not smoke. Of the eight who currently smoke, seven indicated their physician had, at some point, offered suggestions for quitting. Five participants said they were offered, or had tried, the patch. Four of these participants said it either was not effective enough to fully quit smoking or had unmanageable side effects. One participant said she was currently using the patch, but felt that she needed some other kind of support. Two participants said their physician had offered brochures and access to a toll-free telephone number. Two participants said they had tried Chantix in the past, but that they did not like the side effects.

Six participants indicated their PCP had not asked them about their tobacco use and five participants said they did not recall. All of these participants said they do not smoke.

### Diet & Exercise

Participants were asked whether their physician had discussed healthy weight, diet, and exercise with them at their most recent well visit. Twenty-two participants said their doctor had talked with them about their nutrition and exercise, and eight said their PCP had not. Of those who had discussed the topic with their PCP, seven participants said there was no cause for concern with their weight. One participant said, *“I'm a personal trainer, so she asks me for advice. She does check though. I have a tendency to get too thin sometimes. It depends on how I'm training.”* Another participant said, *“I eat very healthy. I'm plant based. I exercise regularly. I walk regularly.”*

Of the 14 who said their doctor had made recommendations, only nine participants had followed those recommendations. Seven participants said their doctor had suggested they increase their exercise, specifically to walk every day. Six participants said their provider had suggested changes to their diet

including reducing fatty foods and carbohydrates, and six other participants said their provider had recommended they see a nutritionist or other provider to address their nutrition and exercise issues. One participant said, *“I see a weight and wellness doctor and we talk about my weight all the time. I think every time I've seen him, I've been down a couple of pounds, but I'm in the right direction. I think that's a positive thing. He knows I'm seeing the weight and wellness specialist.”* Another participant said her doctor had recommended she see a psychologist about her eating. She said, *“I've seen a psychologist about food issues and a dietician to try to cope with handling issues better.”* Another participant said, *“I was sent to a nutritionist and saw her a couple of times. My diet is poor. I'm losing a lot of weight and I'm trying to get some extra protein. I'm not eating right. I cut out the salt and junk food. I lowered sugar, too. It's the fear of eating because I don't want to get sick. I can eat vegetables, I can eat a piece of steak, I just can't just do the fatty stuff. I eat a lot of beans and rice.”*

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*I'm seeing a nutritionist. I was borderline diabetic, but I got my weight down so I could stop my medication. She worked with me with that. Now, I know what I need to keep my weight at. They gave me paperwork on what to eat, what not eat. I don't have a problem with overeating. I just gained some pounds, and my diabetes picks up when I go over a certain weight. I eat a lot of vegetables and healthy foods.*

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Of the five participants who had received recommendations, but had not followed them, three said they were “too set in their ways” to change their habits. One participant said, *“In the last few weeks, I had my knees scoped and tears repaired so I'm not able to walk right now.”* And the other said, *“She recommended walking. I walk my dog, but she stops every two feet.”*

### Experience with Providers' Mental Health Evaluation

Twenty-five participants said their provider had asked about their mental and emotional health during their last well visit. Eleven of those participants said their provider had made recommendations, and seven said they followed those recommendations, including seeing a therapist and using anti-anxiety and anti-depressant medications.

Of the four who said they did not follow their providers' recommendations, two participants said their providers suggested therapy. One participant said, *“I didn't want to. My depression is controlled by medication. It doesn't help to talk about anything.”* Another indicated her provider had suggested walking as opposed to seeing a counselor, but that she did not see the point of doing so. One participant said her provider had prescribed an anti-depressant, but that she felt more anxious than depressed and has not taken it. She said, *“I haven't tried the anti-depressant. Only because I'm on three blood pressure medicines and another medicine for my stomach. A fifth one felt like I was going to go over the edge.”*

Of the participants who said their provider had asked about their emotional health, but had not provided suggestions, nine indicated that there was no need for a recommendation. Two participants said they had seen counselors previously and had been sufficiently helped with their issues.

Two participants said that their provider did not indicate they needed any additional help, despite their own concerns. One participant said, *“She says I'm never depressed, even with all of these medical issues.”* Another said, *“I told him I was depressed about the situation. But he didn't have any particular recommendations, so apparently, it's not so bad. He didn't put me on drugs or recommend counseling.”*

One participant said the medication recommended by her provider in the past did not work effectively. She said, *“At one time, I was feeling really down, and she gave me a pill. She said to take a half of it every night, and it would help me not feel depressed. I took it once, and it made me sleep all day. I just worked with my problems. She was trying to take care of it, but what she gave me didn't work. I wasn't going to sleep my life away.”* One participant said she was in the process of trying to find a therapist. She said, *“I'm trying to get into counseling if I could find one. I'm picky about that. They finally found me a counselor that I got along with and would go and talk with, but now I can't see her. I haven't called yet to see if Well Sense will cover my psychiatrist. I still see her, but I don't pay her. She takes on me for free. The counselor is through a clinic. We have been trying to figure out how to see if Well Sense would pay them. I don't know how that works. I have been dealing with a lot of medical issues, so haven't gotten to that.”*

One participant refused to share any information about her mental health.

### Sexual Health

Participants were asked whether their provider had discussed sexual health with them during their last well visit. The majority of participants (N=22) said they had not discussed their sexual health with their provider. Eight of these participants said it was an unnecessary discussion because they were either not currently sexually active, or were in a monogamous relationship. One of these participants said, *“I guess the pap smear is as close as we've gotten. It's an awkward conversation with a PCP. One time, I asked about STDs (sexually transmitted diseases) because I was between relationships. He doesn't ask me. He knows I'd bring it up if it was necessary.”* Another participant said, *“It has not come up. Obviously, I wouldn't talk to him. I talk to my OB/GYN (obstetrician/gynecologist).”*

Seven participants had talked about sexual health issues with their provider and indicated they felt comfortable with the discussion. One of these participants said, *“It comes up, but it's not the primary question. I've been in the same relationship for years. She doesn't ignore it, but we have far more important things to talk about.”* Another participant said, *“When I first came on board with her, she did a series of STD tests. Thank god, they all were negative. She's gone over that with me. I've had the same partner for 16 years.”* Another participant mentioned, *“I feel comfortable talking to him.”*

One participant said they did not recall whether they had discussed sexual health.

### Osteoporosis Screening

Of the three participants aged 65 and over, none indicated their physician had recommended a screening for osteoporosis. One of these participants said she had asked about getting a bone density scan, but that it had not been scheduled. Three younger participants said their doctor had recommended osteoporosis screening for them due to underlying conditions. Two of the three have already been screened, and one had been scheduled. Five other participants said they had been screened for osteoporosis in the past.

### Other Screening

Three participants said their PCP had recommended additional screenings. Two said they were scheduled for CT scans, one for COPD, and the other to diagnose nausea issues. One other participant said she had received a retinal screening for diabetes.

## ACCESS TO CARE

Participants were asked to describe their access to medications, therapies, medical supplies and equipment, and transportation support. Overall, participants reported consistent access to the medications they take regularly. The challenges noted in access were primarily due to issues with individual pharmacies, prior authorization, and formulary limitations. Physical therapy was needed by nearly half of participants, the bulk of whom were satisfied with the process. Challenges noted by participants, again, centered on prior authorization requirements. Generally, participants had successfully accessed needed medical equipment and supplies, with the exception of two participants who needed shower chairs, but had not received them. Only about a quarter of participants had used the transportation benefit in the past. Those who used the benefit reported, at best, mixed experiences. The challenges reported by participants included unreliable pick-ups, aggressive driving, and a process that is difficult to navigate. Telehealth appointments were generally well received by participants. A handful of participants questioned the efficacy of appointments that did not allow for a physical examination.

### Access to Medication

Of the 28 participants who said they take medication regularly, 22 said they are able to access them consistently. Of the participants who said they have had challenges accessing their medications, three said it was a problem with their pharmacy. One participant said her prescriptions were supposed to be on auto-refill, but the pharmacy was not following through. One other participant said her pharmacy was unreliable in filling prescriptions. Another participant said her inhaler was not available due to the pandemic.

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*Sometimes new ones have to be pre-authorized, and that's a pain. And then if you're going on vacation, you can't get it before the date. I can't go anywhere until I can get the new prescription.*

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Four participants said they had delays in receiving their medication because of their MCO's formulary and prior authorization. One participant described that her MCO would not cover a 40-milligram dose of a medication, but would cover two 20-milligram doses. She said there was a delay of two months before this solution was provided. Two other participants noted they had experienced delays in receiving medication due to prior authorization challenges.

In addition, one participant said her MCO would not allow a 90-day supply of a medicine she had been on for years which created a burden in accessing her medication.

### Access to Therapies

Participants were asked whether they had needed access to treatments such as speech therapy, occupational therapy or physical therapy. Thirteen participants said they had needed access to physical therapy. One of those participants also indicated she had received occupational therapy. One other participant said she had received lung therapy for pulmonary rehabilitation. No participants had needed access to speech therapy or any other type of therapy.

Ten participants said the physical therapy process was helpful and they had not experienced any challenges. One participant shared, *"I have a good therapist. I am using the same physical therapist as I had the last time who was very effective at solving the previous problems."* Another participant said,

*“The physical therapist came to my house. It was awesome.” One participant said, “It never worked in the past with my issues, but doing aqua therapy was working very slowly. But then the virus came so that stopped. So now they have me on another therapy because I fell. It’s going well. I’m very comfortable with my physical therapist. We’re making slow, but sure, progress. The appointments are arranged around my timing. I don’t have to go on somebody else’s schedule. If I’m having a bad day, they just do the heating thing or the cold pack. They don’t push me past what I can do, and don’t make me feel overwhelmed with it. They talk to you to see where your mind is at first.”*

Only three participants had particular challenges with the physical therapy process. One participant said, *“They approve you for eight visits, and then you have to be re-evaluated. My physical therapist knows when it is going to take longer than that. It’s a waste of time to have to re-submit when we already know.”* Another participant commented on the poor quality of care she received from the physical therapist she saw. One other participant did not like that she was required to try physical therapy before getting the medication she required. She said, *“The reason I had to have the physical therapy is because they wouldn’t approve the injection until I had the physical therapy first. I didn’t like that. I felt like I was being backed into a corner.”*

### Access to Medical Equipment and Supplies

Sixteen participants said they had either previously, or currently, need medical equipment and supplies. Five participants said they had CPAP machines. Three of these participants indicated they had not had any challenges accessing the machines or supplies. One participant said she wished the supplies were sent to her proactively. She said, *“It’s not automated. I wish it were. It’s nice to have the stuff coming in automatically. Now I have to stop and think and find the number.”* Another participant said, *“There was a lack of communication between the CPAP people and doctor’s office. I finally got it, but it took two months and a lot of phone calls on my part.”*

Five participants said they had needed mobility supports such as walkers and canes. All of these participants noted that the process of getting these items was easy and without challenge. One participant said, *“It was easy. Within an afternoon, I got my walker.”* One other participant said, *“I wish there was a way to give stuff back so it could be re-used. It’s sitting in my basement gathering dust.”*

Two participants said they had needed a knee brace. One had decided that, in the end, she did not want the brace. The other participant had not yet tried to obtain one. She said, *“I need a leg brace. I bought a few myself, but I want one that’s fitted to my leg. I don’t know whether they will cover it or not. I have to go all the way up to Nashua.”*

Two participants said they had needed a shower chair, but had not received one. One participant said, *“I had to go online and pay for it myself. Nothing was covered. It came out of my own pocket. I had to get my social security early retirement or I would be without income at all. So, I’m not getting a lot of income.”* The other participant also noted she was promised a shower chair and a wheelchair, but had not received either of them.

One participant said she had oxygen, but experienced no challenges with that process. Another participant said she required diabetes and nebulizer supplies, but also has had no problems accessing those supplies.

One participant suggested that it would be nice if her MCO covered home gym equipment.



## Access to Transportation Support

Only eight participants indicated they had used Medicaid transportation in the past. One participant said she was unaware of the transportation option, and one participant said she had used the transportation reimbursement option once.

Two participants reported only positive experiences with the Medicaid transportation program. One of these participants said, *“When I had shoulder surgery, for five weeks I was not allowed to drive at all. It was pretty decent. I just called, scheduled the ride to bring me and bring me back. There wasn’t any paperwork.”*

Four participants reported mixed experiences with the transportation companies and drivers. One participant shared, *“Last year, it was a little more difficult. The people would be late or not show up. I had a lot of process to go through to get them, and I didn't have access all the time. You have to wait, even if it's an emergency. This new group now is wonderful. They treat you well, make you feel good when you call. They work with you to get that ride for you. If you have any issues, they make sure you make it there for your appointment. They fix it and get your ride for you. I'm so happy with them.”* Another participant said, *“The company they had before was perfect. Now, I call for appointments and they give me the confirmation number, but when I call back they don't have a ride for me yet. The other one we had, they put it through that day. This new one puts it through whenever they want. Once I had to call four times and I had to talk to two supervisors to get them to put my transportation through. One was very rude. He said we can only do what we can do. I want my company I've been using in the past. I know the drivers. One of the other transportation companies came to pickup me and my son up one day and I thought I was going to die. He had such road rage, it's unbelievable. When they gave me the taxi company I like, the cars are always clean. The other companies are using their own cars and it's dirty. I'm sticking with the taxi company. I've gotten calls from the owner to let me know when they're running late. I get it right from the owner. To have a connection with your transportation rides is really nice.”*

One participant said the process for getting transportation is difficult. She said, *“It's long and arduous. The time frame you have to book it in advance is too long, and you're on hold forever.”* One participant said she had tried the transportation option twice, but the driver did not show up either time. She indicated she has a friend take her to her appointments instead.

One participant who did not use the transportation benefit mentioned that she had difficulty reading and remembering, and thus was not able to manage the transportation system.

The participant who had used the transportation reimbursement program indicated the process worked fine for her. She said, *“The form was easy to fill out. I was reimbursed. I can't remember how long it took.”*

When asked to provide any suggestions for improvement to the transportation benefit, one participant said she would like it if the drivers came when scheduled. Another participant said she would appreciate *“if you didn't have to make such advance appointments. If it's within three days, they deny it. That's difficult, especially with last minute appointments and COVID.”*

## Telehealth

When asked whether they had participated in a telehealth appointment since March 2020, half of participants said they had. Nine of these participants said they had positive experiences with their telehealth appointments. One participant said, *“I liked that. To me that was a lot better than going in and wasting my time just to hear I'm okay. I told her what my issues were. She mailed the bloodwork papers. I got my answers. It was great. I hope they keep doing it.”* Another participant said she had had several telehealth visits. She said, *“I prefer that to going to the actual office, but because of a certain health issue I have, sometimes I have to be seen in person. I do the telehealth over the phone and have had no problems with that. They should have come out with that years ago. They even offer counseling over the phone.”* Another participant said, *“It was great. To be honest, it's a lot easier than going into the office, as long as it doesn't require physical tests.”*

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*It was great. To be honest, it's a lot easier than going into the office as long as it doesn't require physical tests.*

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Four participants had negative experiences with their telehealth visits and reported concerns about the effectiveness of remote health care. One participant said, *“I had cellulitis a couple of times, and she was trying to see if it was swollen. I didn't feel it was that good. I wanted to be seen. The cellulitis was happening, but it didn't blow up yet, so she couldn't tell me anything about it. It wasn't swollen, but it was hurting like hell.”* Another participant shared, *“I saw my endocrinologist. I feel it's not the same as seeing them in person. They can't really tell over the computer how I'm really doing. And they're not able to do my vitals. It's okay, but it's not at all the same as going into the doctor's office and they check you out.”* Another participant said, *“I've had a couple of them with the respiratory therapist because I am having trouble with leaks with my CPAP masks. I was also having difficulty with a UTI (urinary tract infection). That was all telehealth. They set up the appointment. I got on computer, and I got through okay. The one thing I didn't like with the respiratory therapist, I wish we were together so he could see me put it on and inspect it for the fit. Instead he's wanting to try a different mask. Not being able to do it in person and having to keep trying different models is a waste of time and money. That's frustrating. With the UTI, they screened me and we talked about different things, so that was all right. I did have to come in after the telehealth anyway. They said to come in and give a sample, and we'll analyze it here. I could see sometimes it could be done remotely, but I'd really rather see a live person. One thing I miss is the interaction, and also with the mask, you need to be there and touch it. I find that part very frustrating. It has its place, but sometimes they should say it's okay to come in.”*

One participant said she had difficulty with the telehealth technology. She said she could not get the video to work and it ended up just being a telephone call which she did not like. Another participant said it was a different experience, not better or worse, and the trade off of not having a face-to-face conversation made sense with the risk of COVID and her health.

Four other participants said they had telehealth visits planned that had not taken place. One participant said she declined the telehealth and said she'd rather go in for her appointment. One participant has an appointment scheduled for December that she does not know whether it will be in person or remote. She indicated skepticism of the value of a telehealth visit saying, *“I feel kind of 50/50 about it. The one plus to remote is [it eliminates] a long drive, but I think, in general, in person can be better. There are some things they can't do remotely, like blood pressure, heart rate, and take blood. It seems to have limited applications.”* One participant said her phone would not allow her to have a telehealth visit, and



instead is doing in-person appointments. And one other participant said she was scheduled for a telehealth visit, but her doctor had changed it to an in-person visit.

## SUGGESTIONS FOR IMPROVEMENT

Participants were asked what improvement they would make to the care and support they had received during the past six months. Generally speaking, participants had no suggestions to offer. Those who did focused on improving the quality of care received from providers, addressing lack of care options during COVID, improving communication from their MCO, and offering additional benefits.

### Provider Quality of Care

Seven participants suggested improvements related to specific issues with their providers, specifically around being more responsive and thorough. One participant said, *“The gastroenterologist down in Manchester, I have a challenge with them. They could be more responsive. I have to call them every time. I think they should be more informative to the patient and explain stuff to them.”* Another participant said, *“[I would prefer] that my doctor's office would return my call. And according to all the questions you've been asking, they might be more assertive in asking all those types of questions. I wasn't asked about any of those cancer screenings. It would be nice if they'd asked, I'd appreciate that.”* Another participant shared, *“I'm probably going say the doctor's office following up on appointments. They say they're going to call and they don't. I'm having a problem with my pain doctor's office. I'm not sure where the lack of communication is, but it's not doing me very good.”*

### COVID-Related Challenges

Three participants mentioned the lack of care they have received due to COVID. One participant said, *“It would be to open up the offices so that I can see people in person. I can appreciate the telehealth and it's nice to not have to drive around, but I would feel better if I was able to be with someone face-to-face and have the interaction. I think they might pick up on something else that I wouldn't think of via telehealth. I'd like to be able to see people in-person. I can understand why they have it, but I'd prefer not to use it.”* Another participant said, *“I'd like to see about that ultrasound of the lungs. I do have a small nodule in my lung. It shows up on the CT scan chest x-ray and I haven't had it done in quite a while. And because of COVID, it's not happening. My primary said it was small, but I don't know if it's growing and I have it in the back of my mind that it's going to become a problem.”*

### Improved Customer Service

Two participants suggested improvements to their MCO's approval process for procedures and supplies. One participant said, *“Just a little bit more approval of the procedures I need done. They don't always approve it and that's frustrating to me.”*

One participant said she would like to know more about what is covered under her health plan. And another suggested offering more specialists and doctors within the network.

One participant said she would like more targeted reminders and recommendations from her MCO. She said, *“I think more reminders of screenings would be nice. That's not their strong point. As much as I love the insurance, it would be nice if they said, ‘you might want to do this as a preventive action’. I spoke with my doctor about my family. I have an uncle that has Parkinson's, an aunt with an aneurysm, mom with shingles, and it's hereditary. You can be the healthiest person, work out, eat well, like I do, and I*

think sometimes, there's nothing you can do. It would be better if I had more recommendations from them.”

### Additional Coverage

One participant suggested providing better eye and dental care through the plan. She said, “I would like better access to eye doctors and dental care. I was having trouble with my fillings falling out and needed dentures on the bottom. The doctor said it was from the medication I take. I had them take out the teeth. I knew I couldn't get dentures through Medicaid. I just don't have any teeth at all. It bothered me at first, the way it looks, but I don't mind now.” Another participant shared, “Dental is a problem for me. That's the only thing. I need a dental check-up. I'm looking everywhere in the state and now with COVID, they're not just accessible. I have to pick that ball up again which I'm not looking forward to. They recommend it and then, I get nowhere.”

Another participant said she would like better coverage of medical equipment and one other requested better transportation support.

### No Improvements Needed

Eleven participants said there was nothing they would change to their care. One participant said, “I don't know if they can improve it any more. I'm ecstatic with how my services are now. This year has been wonderful for transportation. One time, I didn't come out to the ride after I called, I guess I had passed out, and they came up to check on me. I don't think they need to change anything.”

## OTHER COMMENTS & CONCERNS

Participants were offered the opportunity to provide any additional comments or share any concerns related to their health coverage. Five participants mentioned that they had positive experiences with their MCO and health care and were grateful for the coverage. One participant said, “I feel very fortunate because I was a single mom for a long time. I didn't even know about this option. I was struggling for years to make things work, when I found out I was eligible, it was a godsend.” Another participant said, “I just thank them all for the way they're treating me. They make me feel like I want to take care of myself, and they really care about me.”

Two participants noted they had challenges with DHHS and managing their eligibility for their health plan. One participant said, “The thing I find the most baffling is they don't seem to trust you very much. And that has increased in recent years. It used to be that I had to send them my tax forms once a year to prove I'm still eligible, then they started this business of every quarter. Because my work is not steady, I don't make the same amount every week. I work for several different people and I'm also self-employed, so it's hard to make those proofs happen. If they happen to ask me one quarter, those months may be when I make the most money and then I'll be ineligible. So, it's prejudicial to people who are self-employed who make more money in the summer and are laid off in the winter-time. Also, I've been having trouble with my computer recently. All of the stuff I had done was on that computer, and I couldn't access it. Technologically, it's pretty challenging to have to upload it. And they're asking very intrusive questions, wanting my bank statements and the bank statements of my kids. My kids have well-paying jobs, and they're taking all their money to put it in a savings account for college. That shouldn't be counting toward my family's income. I don't want all these intrusive proofs being asked for. I'm tired

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*I just think it's great. I'm happy I'm covered. I'm on social security and I don't get much, so it helps out to have it covered.*

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*of them not trusting me. I wouldn't be on Medicaid if I could afford to be on any other insurance. But if they kick me off, I won't be able to afford any other."*

## RECOMMENDATIONS FOR MCOs

Overall, participants expressed satisfaction with the care they received from their providers and the support they received from their MCO. Based on the information gathered from interview participants, three recommendations have been developed for the MCOs.

### *Review Prior Authorization Internal Operations*

Several participants noted that they had experienced delays and denials of needed tests, treatments, and care. Each MCO should review internal operations related to comments found in the report concerning issues with prior authorizations to determine if there are unnecessary barriers that delay or restrict care.

### *Refine Messaging Concerning Colonoscopy Screening*

The bulk of participants said they were up to date with their colonoscopy screenings, however, two had refused recommended screenings due to fear of the procedure. Offering information on the procedure to reduce anxiety due to lack of knowledge may improve willingness to be screened.

### *Improve Transportation Service*

Participants' experience with the transportation benefit was clearly predicated on the company providing the service. Greater oversight of these companies' practices as well as more efficient complaint processes may improve the transportation experience for particularly vulnerable populations.

## RECOMMENDATIONS FOR DHHS

An additional two recommendations have been developed for DHHS based on participants' feedback.

### *Consider an Opt-In Hard-Copy Member Handbook*

While many participants indicated they prefer to call customer service, some said they liked having a member handbook. The shift to online versions of the handbook can be burdensome to low-income and older beneficiaries, but universal provision of bulky handbooks is costly. Offering beneficiaries the chance to opt-in to receiving a hard-copy handbook may address this communication gap.

### *Continue Offering Telehealth Post-Pandemic*

Participants were generally appreciative of the telehealth options made available during the COVID pandemic. Continuing to offer these options post-pandemic may improve beneficiaries' experiences while addressing some transportation issues.

## APPENDIX 1. RECRUITMENT LETTER

October 7, 2020

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 your experience with your health plan and health care.

We would like to invite you to participate in a **telephone interview** where you can 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 **\$35 VISA gift card** as a thank you for your time if you participate in a telephone interview.

We will be conducting the telephone interviews between **October 12, 2020 – November 16, 2020**. 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](mailto: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 Assurance and Improvement

## APPENDIX 2. INTERVIEW GUIDE

*The goal of this interview is to try to understand your experience with your managed care organization and the support you received during the past year.*

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

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

### I. Experience with Medicaid Managed Care

1. Can you describe how well you understand your health plan and how you get support if you have questions? (prompt: Do you have someone you can call/contact if you have a question? Who do you call if you need help? If you did call, how easy has it been to get to answers or resolutions to issues or questions? Do you reference the member handbook for understanding your health plan)
2. What do you like best about your Managed Care Organization? (probe: Can you tell me about a good experience you've had?)
3. What are the most challenging experiences you've had with your Managed Care Organization? (probe: Can you tell me about any problems you've had?)
4. What do you know about your Managed Care Organization's complaint process? (probe: 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?)
5. Do you receive case management services from the MCO? What do you like best about these services? What do you like least about these services (If you do not receive case management through the MCO, do you receive these services from another organization?)

*Next, let's narrow our focus and go into some more specific areas related to your most recent well visit.*

### II. Quality of Care

1. How would you describe your relationship with your primary care provider? Does he/she understand your needs? What do you like best about your primary care provider? What do you like least about your primary care provider?

2. If you were seen by a specialist in the past 6 months, do you feel that your PCP was knowledgeable about the care you received from the specialist? Do you think your provider should work more or less with other providers to manage your care?
3. Tell me about your experience getting vaccines for you. Did the provider recommend any vaccines at your last well care visit? If yes, which ones?
  - a. Flu (everyone)
  - b. Tdap (everyone if they have never received it or 10 years since last tetanus-containing vaccine)
  - c. Shingles
  - d. Pneumococcal (ask if 65+ years)
  - e. Other (such as HepA &/or HepB)

Did you receive all of the recommended vaccines at that same visit? If not, why not? Have you had any challenges in accessing any vaccines? (probe: Tell me more- they may have been told the provider did not have shingles vaccine in the office and they had to receive it at a local pharmacy)

4. Are you taking medication on a regular basis? Tell me about any suggestions your provider made to support you either before trying or while taking the medication (e.g. therapy prior to medication, changes to environment to support asthma management). Were these suggestions helpful or did you have any challenges implementing them?

*Next, I would like to speak with you about preventative screenings*

### III. Preventative Screenings

At your most recent well visit, the provider may have discussed a variety of topics associated with your health and lifestyle.

1. Did your doctor provide guidance on a cancer screening routine?
  - a. If yes, did your doctor recommended any cancer screenings, which ones?
    - cervical (up to age 65 years)
    - breast (up to age 74 years)
    - colon (up to age 75)
  - i. If yes, did you agree to be screened? (prompt: ask about each screening doctor recommended) If no, why?
  - ii. If you agreed to be screened, were you screened? (prompt: ask about each screening member agree to receive) If no, why?
2. Did your doctor ask you about alcohol or drug use?
  - a. If they mentioned that you could be using these too much did they make any suggestions? (i.e. counseling, medication)
3. Did your doctor ask you about tobacco use?
  - a. If you use tobacco, were you offered smoking cessation services (e.g. counseling, medication)?
4. Did your doctor discuss provide guidance on a healthy weight range, healthy eating habits, staying active?

- a. If yes, did your doctor make any recommendations?
    - i. If yes, did you follow those recommendations? If not, why?
- 5. Did your doctor ask you how you are feeling mentally? (i.e. if you are feeling sad, etc.)
  - a. If yes, did your doctor make any recommendations?
    - i. If yes, did you follow those recommendations? If not, why?
- 6. Did your PCP discuss sexual health with you? (For example, if you are sexually active, STD/HIV prevention, etc.)
- 7. Did your doctor provide guidance on Osteoporosis screening (for women 65+ years)
  - a. If yes, did your doctor recommend you be screened?
    - i. If yes, did you agree to be screened? If no, why?
    - ii. If you agreed to be screened, were you screened? If no, why?
- 8. Did your doctor recommend any other screenings? (for example, retinal eye exams for diabetics, falls risk reduction screening for 65+, etc.)
  - a. If yes, what type of screening?
    - i. Did you agree to be screened? If no, why?
    - ii. If you agreed to be screened, were you screened? If no, why?

*Next, let us talk about your ability to access needed services.*

#### **IV. Access To Care**

- 1. If you are taking medication on a regular basis have you been able to access those needed medications? If not, why haven't you been able to? Is there anything that you think needs improvement?
- 2. If you have needed access to any therapies such as physical therapy, occupational therapy, or speech therapy?
  - a. Which ones? What works well? Is there anything that you think needs improvement?
- 3. If you needed access to special equipment or medical supplies such as diabetic syringes?
  - a. Which ones? What works well? Is there anything that you think needs improvement?
- 4. What about your access to Medicaid transportation and/or transportation reimbursement? If this is something you use, how would you describe the process? What are the best experiences you've had? What are the most difficult experiences you've had? What could make it better?

*Next, I would like to speak with you about telehealth.*

#### **V. Telehealth**

Telehealth is the delivery of health care and health education or health information in which the patient and medical provider have two-way communication remotely through audio or video (i.e. FaceTime, Skype, etc.)

- 1. Have you participated in a telehealth appointment since March 2020? Tell us about your experience.

*Lastly, I would like to ask you a few questions related to suggestions for improvement*

## **VI. Suggestions for Improvements**

1. Do you receive emails, texts, letters or other reminders from your MCOs about preventive screenings? For example, cancer screening (i.e. breast cancer, colon cancer, etc.) If so, do these communications impact your decision whether or not to get these screenings?
2. Have you received any educational materials from your MCO on how to improve your health (such as immunizations, cancer screening, how to manage asthma, etc.) Was it easy to read and understand? Do you like receiving this type of information? Do you use it?
3. If you were going to make one improvement to the care and support you received during the past six months, what would it be?
4. 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 QAPI REPORT

### ACNH

Table 3 lists opportunities for improvement to include in the quality assessment and performance improvement report for ACNH.

Table 3. EQRO Findings and Recommendations for Improvement to Include in the QAPI Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Member Qualitative Interview Report		
1	ACNH-2020-QAPI-SSI-01	ACNH should review internal operations related to comments found in the report concerning issues with prior authorizations to determine if there are unnecessary barriers that delay or restrict care.
2	ACNH-2020-QAPI-SSI-02	ACNH should review and potentially revise messaging related to colonoscopy screening. Offering information on the procedure to reduce anxiety due to lack of knowledge may improve willingness to be screened.

### NHHF

Table 4 lists opportunities for improvement to include in the quality assessment and performance improvement report for NHHF.

Table 4. EQRO Findings and Recommendations for Improvement to Include in the QAPI Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Member Qualitative Interview Report		
1	NHHF-2020-QAPI-SSI-01	NHHF should review internal operations related to comments found in the report concerning issues with prior authorizations to determine if there are unnecessary barriers that delay or restrict care.
2	NHHF-2020-QAPI-SSI-02	NHHF should review and potentially revise messaging related to colonoscopy screening. Offering information on the procedure to reduce anxiety due to lack of knowledge may improve willingness to be screened.

### Well Sense

Table 5 lists opportunities for improvement to include in the quality assessment and performance improvement report for Well Sense.

Table 5. EQRO Findings and Recommendations for Improvement to Include in the QAPI Report for Well Sense

Well Sense EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Member Qualitative Interview Report		
1	WS-2020-QAPI-SSI-01	WS should review internal operations related to comments found in the report concerning issues with prior authorizations to determine if there are unnecessary barriers that delay or restrict care.

Well Sense EQRO Findings/Recommendations for Improvement to be Included in the QAPI

**Member Qualitative Interview Report**

2	WS-2020-QAPI-SSI-02	WS should review and potentially revise messaging related to colonoscopy screening. Offering information on the procedure to reduce anxiety due to lack of knowledge may improve willingness to be screened.
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