



New Hampshire Medicaid Care Management

MEMBER SEMI-STRUCTURED INTERVIEWS SUMMARY REPORT FALL 2022

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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 18 to 25 enrolled in the Medicaid Care Management (MCM) Program. Horn Research¹ interviewed 31 members between November 17, 2022, and December 26, 2022. The study explored seven points of inquiry: Description of Participants, Experience with Medicaid Managed Care, Quality of Well Care, Quality of Sexual and Reproductive Health Care, Access to Information, Experience with Telehealth, and Suggestions for Improvement.

Overall, participants said they appreciated the coverage their health plan provided, their managed care organization's (MCO's) customer service, and the other rewards and supports available to them. While the bulk of participants did not report any challenges or difficulties with their MCO, some participants identified limited dental coverage, minor difficulties with prior authorization, and a lack of information about coverage and providers as problems. In addition, participants attending college out-of-state said they experienced challenges accessing covered care when at school. Many participants said they had no understanding of their health insurance plan indicating an opportunity for greater outreach and education. The vast majority of participants also said they did not know anything about their MCO's complaint process, but expressed no need or concern about that lack of knowledge.

A large number of participants reported changing their primary care provider (PCP) within the past year. There was no discernible difference in the rate of change in PCP between MCOs. Most participants were satisfied with their PCP. When identifying positive aspects of their providers, participants most frequently remarked on good communication skills, being compassionate and caring, and being available. Some participants, however, identified a lack of available appointments as a challenge for them suggesting variation across providers. Others said their primary criticism was the poor quality of care they received. Medications were readily available to participants with the exception of two interviewees, who said supply issues had made gaining access to their medication a challenge. Most participants reported receiving vaccines, aside from the flu vaccine. The primary barrier preventing participants from receiving the flu vaccine were concerns about the safety and effectiveness of the vaccine, which was driven partially by misinformation about the COVID vaccine. Participants were typically asked about tobacco and substance use by their providers, but generally were not in need of support for those issues. Most participants reported that their PCP asked about their diet and exercise, and their mental and emotional health. Participants indicated that they received guidance and referrals where warranted. Two-thirds of participants said their PCP provided suggestions about their sexual and reproductive health.

The majority of participants reported having access to sexual and reproductive health care and most often received this care from an obstetrician/gynecologist (OB/GYN). Participants from rural areas mentioned that there were insufficient numbers of reproductive health providers available in their area. Overall, participants were happy with the quality of care they received during their most recent sexual and reproductive health care appointment. Reports from participants indicate that providers did not universally recommend chlamydia screening or the use of barrier methods for sexually transmitted infection (STI) prevention. In contrast, participants said birth control was routinely addressed by their providers. A quarter of participants said their providers persuaded them to use birth control even though it made them feel sick. Sexual and reproductive health care providers routinely asked participants about their tobacco use, substance use, and mental health.

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

Participants were most likely to report relying on their mother or their health care provider for information and support about their health. Most participants felt confident that their providers answered their questions effectively and in a timely manner. Participants said they prefer to learn about health through one-on-one interactions or by using online tools. Only half of participants said they received health care and prevention screening information and reminders from their MCO. Participants said the information generally was welcomed, but did not necessarily impact their health care decisions.

Two-thirds of interview participants said they had taken part in a telehealth appointment since March 2020. A slight majority of participants expressed satisfaction with their telehealth experience. Those who did not prefer telehealth believed they received lower quality of care.

Participants were asked what improvements they would make to their health care, including well care and sexual and reproductive care. Participants suggested increasing the number of providers in rural areas and improving the quality of those providers. They also identified a desire for better dental coverage and more access to dental providers. Other suggestions included more information concerning resources and coverage, better out-of-state coverage, case management support, and improved appointment availability for laboratory testing.

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

For MCOs:

Provide an “Introduction to Health Insurance” geared toward young adults

A large proportion of participants indicated they did not know anything about their health insurance plan, and a significant number said they rely on their parent to help them navigate their health insurance. In addition, many of the young women who were included in this project had their parents’ mailing address, telephone number, and email address as their contact information. Providing trainings, or easy to read information, concerning the benefits covered by their health insurance may assist both young adults and their parents to effectively manage their health insurance and health care. It may be beneficial to have a time frame where health insurance information is provided to both parents and young adults to facilitate the shift in responsibility.

Offer training on the sexual and reproductive health care needs of special needs populations

Information from mothers participating on behalf of their daughters with developmental disabilities revealed that providers and parents often do not understand the range of issues to be addressed with the sexual and reproductive health of special needs populations. In particular, providing parents with education and support about STIs and pregnancy prevention, managing menstruation, and routine screenings would be beneficial. Health care providers, particularly sexual and reproductive health care providers, should be reminded of the importance of furnishing information and education to better support caregivers of the special needs populations in their practice.

Improve information and coverage for out-of-state college students

Participants who were college students at out-of-state schools noted they had difficulty accessing health care that was covered by their insurance. MCOs should clarify how out-of-state college students can access covered care and provide that information proactively to young people and their parents.

Increase support and information for finding providers

A third of participants said they had switched their PCP within the past year, and several expressed a desire for more support finding PCPs, and sexual and reproductive health care providers, who take their insurance and are accepting new patients. A review of the MCOs' websites revealed robust search functions and comprehensive results. Assuming the website data is up-to-date and complete, offering members more guidance and information on the availability of these tools, as well as offering personalized support for finding a provider for individuals with limited online access and skills, may bridge the gap in information.

Leverage parental influence to increase uptake of vaccines and birth control

Participants routinely reported relying on their mother to answer health questions and make health care decisions. In addition, participants revealed relatively low take-up of flu vaccines and birth control. These participants frequently expressed resistance and discontent with being lectured or pressured into being vaccinated or using birth control by providers. MCOs could explore evidence-based strategies such as disseminating information and education which is tailored to both parents and young adults and addresses reasons for hesitancy around flu vaccines and birth control; presenting vaccination and birth control as the default approach and a social norm; and providing science-based information in plain language.

Reinforce the importance of STI screening to providers

Nearly half of participants said their providers did not recommended a routine chlamydia screening. Of the participants who had been recommended to be tested, all had done so. This suggests that provider recommendations are a vital aspect of ensuring regular screening for STIs. MCOs should consider reminding PCPs and sexual and reproductive health care providers of STI screening guidelines.

For DHHS:

Improve messaging to parents and young adults concerning Medicaid enrollment status

A handful of participants said they did not understand when and how they would shift from being enrolled on their parents' insurance plan and onto their own plan. Improved communication and outreach to walk enrollees through the process may support beneficiaries' understanding of what they are required to do and ensure continuous enrollment.

INTRODUCTION

In support of an external quality review of New Hampshire's MCM Program, Horn Research gathered qualitative data from young women aged 18-25 who were enrolled in the MCM program.

The sample population included women from across New Hampshire. The qualitative interviews were conducted over the telephone between November 17, 2022, and December 26, 2022.

The study explored Seven Key Points of Inquiry developed in collaboration with by DHHS to structure the information to be gathered from participants. The Key Points of Inquiry were as follows:

1. Description of Participants

- Demographic details
- Resources and support

2. Experience with Medicaid Managed Care

- Participants' understanding of health plan
- Participants' positive experiences with health plan
- Participants' negative experiences with health plan
- Participants' understanding of health plan complaint process

3. Quality of Well Care

- Participants' perception of their well care providers
- Participants' experience with medication support
- Participants' experience with vaccines
- Participants' experience with tobacco cessation support
- Participants' experience with substance use support
- Participants' experience with mental health care support
- Participants' experience with sexual and reproductive health care from PCP

4. Quality of Sexual and Reproductive Health Care

- Participants' use of sexual and reproductive health care
- Participants' perception of their sexual and reproductive health care providers
- Participants' experience with screenings and STI prevention
- Participants' experience with pregnancy prevention
- Participants' experience with tobacco cessation support
- Participants' experience with substance use support
- Participants' experience with mental health care support

5. Access to Information

- Participants' experience getting answers to their health questions
- Participants' preference for mode of information
- Participants' report of information provided by their MCO

6. Experience with Telehealth

7. Suggestions for Improvement

- Participants' suggestions for improvement to well care
- Participants' suggestions for improvement to sexual and reproductive health care

METHODOLOGY

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

Sample Size and Composition

DHHS provided a population list (N=3,477) of women aged 18-25 who were Medicaid Care Management Program beneficiaries. An initial random sample of the population (N=210) was drawn from the total population list. Two additional samples were drawn to complete the study (N=106 & N=96). Thirty-one women participated in the study.

Participant Recruitment

Horn Research sent the initial sample of members a letter (Appendix 1) on November 14, 2022, explaining the project, asking for participation, and offering a \$45 gift card to participants. Additional samples were mailed letters on December 13, 2022, and December 21, 2022. Email and text message follow-ups sent to potential participants encouraged their participation. Participants completed the interviews between November 17, 2022, and December 26, 2022.

The general rule applied to determining sample size for qualitative interviews is the point at which the information reach “saturation.” Saturation refers to when no new themes emerge from interviews. Horn Research completed a total of 31 interviews. The completed number of interviews for this study adequately met the data saturation expectation.

Data Collection Process

Horn Research conducted the semi-structured interviews by telephone. An experienced facilitator led the telephone interviews with participant responses captured in real-time through verbatim notetaking. An Interview Guide (Appendix 2) directed the conversations 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 received a \$45 gift card in the mail in appreciation of their participation in the project. The identities of the interviewees remained 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. The information provided in this report should be used to identify salient issues relevant to the population, provide contextual information for the larger assessment process, and identify avenues for further research. Horn Research slightly edited quotes from interview participants for content and clarity.

DESCRIPTION OF PARTICIPANTS

Participants were asked a series of questions about themselves and the resources available to them.

Demographic Details

All three MCOs were represented by participants in the study in proportions similar to the total population (*Table 1*). Study participants were more likely to be older than the total population (*Table 2*).

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

County	Interviewed Participants		Study Population
	Number	Percent	Percent
AmeriHealth Caritas	3	9.7%	10.8%
NHHF	14	48.4%	45.8%
Well Sense	13	41.9%	43.4%

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

Age Group	Interviewed Participants		Study Population
	Number	Percent	Percent
18-19	8	25.8%	36.7%
20-21	6	19.4%	28.7%
22-23	10	32.3%	18.0%
24-25	7	22.6%	16.6%
Mean age	21.4		20.8

Three interview participants were mothers participating on behalf of their daughters. Two of the young women had autism and another had Down's Syndrome and were unable to participate on their own.

A third (N=10) of participants said they have biological children (*Table 3*), over half of whom said they have only one child.

Table 3. Number of Participants by the Number of Children They Have

Number of Children	Interviewed Participants	
	Number	Percent
1 child	6	60.0%
2 children	3	30.0%
3 children	1	10.0%

When asked whether they live in a rural or urban setting, just over half (N=16) said urban. Slightly more than a third (N=12) of participants said they live in a rural setting (**Error! Reference source not found.**). Three participants said they lived in a suburban or town setting.

Table 4. Number of Participants by Self-Reported Residential Setting Type

Type of Residential Setting	Interviewed Participants	
	Number	Percent
Rural	12	38.7%
Suburban/Town	3	9.7%
Urban	16	51.6%

Employment Status

Just over half (N=16) of participants said they worked at least part-time (*Table 5*). Three participants noted that while they were currently unemployed, they were slated to begin new jobs within the next month.

Table 5. Number and Percent of Participants by Employment Status

Employment status	Number	Percent
Employed full-time	6	19.4%
Employed part-time	10	32.3%
Not employed	12	38.7%
Starting job soon	3	9.7%

Student Status

About a quarter (N=8) of participants said they are in school full-time, and one participant said she was in school part-time (*Table 6*). Three participants reported other student activities. One of these participants said she was starting school full-time in January, and another participant said she was currently working toward passing her General Educational Development (GED) test. One other participant said she had recently been in hairdressing school full-time, but the school was closing.

Table 6. Number and Percent of Participants by Student Status

Student status	Number	Percent
Full-time student	8	25.8%
Part-time student	1	3.2%
Not a student	19	61.3%
Other	3	9.7%

Resources and Support

Housing

Participants lived in a variety of housing situations (*Table 7*). Just over a third (N=12) of participants said they live in their parents' home. Eight participants said they live with their partner or spouse and dependent children. Five participants live with roommates, and three live with just their partner or spouse. One participant reported living alone. One other participant lives in a group home, and one lives with her sister.

Table 7. Number and Percent of Participants by Housing Status

Housing status	Number
Parents	12
Partner and dependent children	8
Roommate	5
Partner/spouse	3
Alone	1
Group home	1
Sibling	1

Transportation

The bulk of participants (N=22) reported access to reliable transportation. Of the nine participants without reliable access to transportation, one said she struggled with the affordability of her car payment. One participant said she could, for the most part, find rides to her appointments, but it was particularly challenging to get to and from work. One other participant mentioned she did not own her own vehicle and relied on rides from friends and family. Two participants said they cannot drive because they do not have a driver's license. Three participants said they share a vehicle with other family members which made it difficult to always have access to a vehicle. The mother of a participant living in a group home noted the main challenge was that her daughter needed staff support to be transported. She said the home had insufficient staffing to provide consistent transportation access for her daughter.

Of the nine participants who reported challenges with their transportation, two said they had not heard of Medicaid transportation assistance. The other seven participants said they were aware of the program, six of whom said they had not used it. One participant said she had used the transportation assistance once or twice in the past. All seven said they did not have any need for Medicaid transportation assistance as they did not have any difficulty getting to appointments.

Internet Access

All participants said they were able to access the internet on at least one type of device (Table 8). Nearly all (N=30) could access the internet through their cell phone. More than three-quarters (N=24) said they had access through a computer, and twelve participants said they had a tablet with access to the internet. Twenty-five participants said they accessed the internet through more than one device.

Table 8. Number and Percent of Participants by Access to Internet

Regular access to the internet	Number	Percent
Phone	30	96.8%
Tablet	12	38.7%
Computer	24	77.4%

Childcare

Participants were asked to describe their access to childcare. Of the ten participants with children, six said they had access to childcare and did not report any challenges. One participant said she could have access to childcare, but chose to be a stay-at-home mom.

Three other participants said they stayed home with their children because childcare was unaffordable. One participant said she was starting a new job which will allow her to bring her youngest child and that her oldest child would be in school. Another participant shared, *“My mom lives close by, but she has a job. [My boyfriend’s mom] lives kind of close by, but he has younger siblings. Other than that, day care is so expensive. If I was to go to work, my whole paycheck would go to day care.”*

EXPERIENCE WITH MEDICAID MANAGED CARE

The interview questions included asking participants to describe how well they understand their health plan, to provide information on what they like best about their MCO, to describe any challenges or problems they had experienced with their MCO, and to share what they know about their MCO’s complaint process. Overall, participants said they appreciated the coverage their health plan provided, their managed care organization’s (MCO’s) customer service, and the other rewards and supports available to them. While the bulk of participants did not report any challenges or difficulties with their MCO, some participants identified limited dental coverage, minor difficulties with prior authorization, and a lack of information about coverage and providers as problems. In addition, participants attending college out-of-state said they experienced challenges accessing covered care when at school. Many participants said they had no understanding of their health insurance plan indicating an opportunity for greater outreach and education. The vast majority of participants also said they did not know anything about their MCO’s complaint process, but expressed no need or concern about that lack of knowledge.

Understanding of Health Plan

Participants reported a range of understanding of their health insurance plan. Two said they understood their plan very well. One participant shared, *“I know everything. I’ve been on it for years. I call the number on the back of my cards if I have a question. I’ve never had any trouble.”* One mother participating on behalf of her daughter said, *“I understand it very well. She has a case manager through Well Sense. She’s disabled, so she belongs to organization where she has another case manager.”*

Eleven participants said they understood their health insurance plan pretty well. One participant shared that despite understanding her insurance, she had difficulties with her coverage. She said, *"I understand it decently well. I understand that my doctors' appointments and dentists were all covered. But, I go to school in New York, and I went to the urgent care last semester. That was a big fiasco getting that covered. It was a big battle. I just got sick again a couple of months ago, and I went to the hospital here. They sent a bill. They didn't have my insurance information on file. I have to call and see what I can do."* Another student said she generally understands her coverage, but also experienced challenges with coverage while at college. She said, *"I would say I understand it moderately well. I go to school out-of-state and sometimes it was a little confusing on what would be covered for me while I was out-of-state. When I was at home, I felt I had a solid understanding. When I had questions, I would usually ask my mom or I would call the number on the back of the card. I didn't have any problems getting my questions answered."*

The only thing I really know is that it covers pretty much anything, and I don't have a co-pay.

Seven participants said they understand the basics of their health insurance plan. One participant shared, *"I know that it works pretty well. I think I have it until I'm 21 for this insurance. I believe it covers a majority of everything. I know I went to the dentist, and it covered that completely. I had braces and that was covered. I haven't contacted anyone with questions."* Another participant said, *"I understand it a little bit. I've mostly been under my mom. She knows more information than I do. I made an online account with NHHF."*

Eleven participants said they had no idea what their plan covers or how it works. Four participants said they rely on their mother to take care of their insurance issues. One participant said, *"I don't understand it. If I have stuff, I call my mom. My mom has called when there were questions."* Another participant said, *"I honestly have no idea where to go for that kind of thing."* One other participant said, *"I don't understand at all. They didn't explain it. I had to go look for a handbook because they never sent one. I had to call once or twice about a billing issue. I think it was mostly resolved."*

Participants said they generally ask their mother or call their insurance company if they have questions. Two participants shared experiences where they had not received the answers to their questions. One participant said, *"I don't 100% understand what's covered. If I need a specialist, I go online to find someone who is in-network. That's about the extent. I don't really call because it's a little bit of a pain. Sometimes, I try to go on the FAQ (frequently asked questions) on the website to see if I can find some kind of information. For example, I have to get my wisdom teeth pulled. I wasn't sure if they would cover any type of procedure. I finally got a hold of somebody, but they didn't answer my question. They said I'd have to submit paperwork, but it kind of ended there."* Another participant said, *"I don't understand it very well. Sometimes, I call the plan, but usually I go on member services and decipher it from there. I still don't always get the answers because they're not really questions that are easy to answer. I'm trying to find a provider that is covered by my insurance that does fertility testing."*

Positive Experiences with MCO

By far, participants mentioned liking the coverage they receive through their MCO. Thirteen participants said they appreciated that all of their doctors' visits and medications were covered by their health insurance plan. One participant shared, *"I like that things are covered almost entirely. For example, I have asthma and my inhalers are always covered. I have to use them one to two times a month and that would be expensive."* One other participant said, *"It's been pretty easy and it's been accepted for everything I've needed. It pays for my ADHD (attention-deficit/hyperactivity disorder) medication which really helps."*

One participant said she appreciated that her insurance had covered multiple knee surgeries. One other participant said she liked the dental coverage through her health insurance.

The fact that I can get seen by doctors without going broke has been a massive help.

Six participants said they liked that there were no co-pays for either doctors' visits or medications. One participant said, *"I don't ever have a problem getting my medications. Only having a small co-pay is a benefit to me. My medicines are affordable to me with only working part-time. And now that the holiday is done, I may not have as many hours, so it's helpful to only pay a few dollars."* Another participant shared, *"I like that it covered the bulk of medications and my doctor's appointments."*

Four participants said they appreciated the customer service provided by their MCO. One participant remarked, *"I used to have NHHF. Well Sense reaches out more to check in. We get letters all the time. I also get phone calls to see if we need anything. I like that."* Another participant said, *"It seems easy and straightforward. They usually have answers, and if not, they transfer me to who can."*

Two participants said they liked the program their health insurance plan offered for new mothers. One of these participants shared, *"They helped me receive things when I was pregnant. That was great because I needed all the help I could get at that point."* The other participant said, *"I like best that they have a lot of benefits for new moms. They do a car seat. They actually give you a package of diapers and all that good stuff."*

One participant said she liked the reward program.

One participant remarked that she appreciated that there weren't any problems with her coverage.

Two participants said they did not have any answer for what they like best about their health insurance coverage.

Challenging Experiences with MCO

Three participants said they disliked that their MCO did not cover dental care adequately. One of these participants also mentioned the lack of vision coverage and challenges getting specialist dental care. She said, *"I understand that they've paid for countless knee surgeries, but it's ridiculous that they don't help cover dental. That is something that should be included in your health care. It looks like they won't cover my wisdom teeth. As a college student, it's really hard to collect enough money to cover a specialist. And also, why doesn't it cover my eyes? Why am I paying \$200/month for my contacts? Oral and optical care should be part of my plan. I needed a specialist for my dental and there were ridiculous stupid hoops I had to go through. The appointment for the specialist had to be within the same month as my dentist appointment with scans. I had to speak to the state twice and say they had the permission to see my notes, but my dentist already told them. I had to go to my dentist's office between classes to make sure*

the insurance could see the notes. And then, my dentist referred me to a specialist that wasn't covered by my insurance. I drove an hour back and forth for that appointment and had to pay out of pocket. Now, I'm dreading that I have to call for a referral that will cover the wisdom teeth removal."

Three participants said they had experienced challenges getting their health care services covered when they were out-of-state at college. One participant shared, *"I do go to school in Boston, so getting access while I'm in school has been difficult. I have had to come back to New Hampshire to fulfill my healthcare needs."* Another participant said, *"The confusion about being out-of-state was hard. It basically only covered emergency services. If I needed care, I would have to go to the student health center, which was sometimes iffy on when they were open, or I had to go to emergency room. Other care waited until I got home for the summer."*

I don't like that it doesn't cover dental. I haven't been to the dentist since I turned 18.

Three participants said they had minor difficulties with prior authorization for dental care, laboratory tests, and medications. One participant said, *"I've had occasional things that don't get approved. It's a process of sending and resending. It's pretty rare and it is usually for lab tests. There haven't been any particular delays in care, though."* One participant said she was unable to find a provider covered by her insurance that provides fertility testing. She said, *"It's been a challenge getting the testing I need. AmeriHealth covers the testing, but there's no provider that AmeriHealth works with, so I have to figure that out."*

Three participants said they experienced some challenges getting support from their MCO. One participant mentioned the lack of information available about the coverage her health insurance provides. One other participant said she was unable to log in to the online portal and was not able to figure out the problem. One participant described having difficulty getting a broken breast pump replaced after her pregnancy.

Thirteen participants said they could not identify any problems or challenges they had experienced with their MCO. An additional four participants said they had experienced challenges not for themselves, but with another family members' health insurance coverage. One participant with a baby shared, *"I haven't had any problems really. I've had some annoying things happen being a parent. My son also has [Well Sense]. They don't pay attention to how old you are. I'm getting questions about my son's mental health or telling me he needs to go to the dentist, and he doesn't have any teeth."* One participant noted she had experienced a challenge with coverage once when she was a child, but not since then.

Understanding of MCO Complaint Process

Only two of the 31 participants said they know anything at all about their MCO's complaint process. Both mentioned that they had not used the process. Five participants said that while they do not know about their MCO's complaint process, they felt confident they could call to find out or look up the information. One participant shared, *"I don't think I know anything about it. I haven't tried to use it. If I had a complaint, I'd call the plan and ask how to do that."* Two participants said they had not needed to complain and had no reason to find out about the process. One participant said she would not use the complaint process. She said, *"I'm not the type to complain formally. These people are probably doing a job they don't enjoy. People can be mean to you, and you can't take it to heart because you don't know what's going on. I never take it personally. I'm very secure in myself. When I come across someone who is working for my insurance and on the phone with me and lacking enthusiasm, I understand."*

QUALITY OF WELL-CARE

The interview questions included asking study participants to describe the quality of their well care including describing their relationship with their provider, their access to medication and vaccines, and access to support for tobacco cessation and substance use disorders, nutrition guidance, mental health support. A large number of participants reported changing their primary care provider (PCP) within the past year. There was no discernible difference in the rate of change in PCP between MCOs. Most participants were satisfied with their PCP. When identifying positive aspects of their providers, participants most frequently noted good communication skills, being compassionate and caring, and being available. Some participants, however, identified a lack of available appointments as a challenge for them suggesting variation across providers. Others said their primary criticism was the poor quality of care they received. Medications were readily available to participants with the exception of two interviewees, who said supply issues had made gaining access to their medication a challenge. Most participants reported receiving vaccines, aside from the flu vaccine. The primary barrier preventing participants from receiving the flu vaccine were concerns about the safety and effectiveness of the vaccine, which was driven partially by misinformation about the COVID vaccine. Participants were typically asked about tobacco and substance use by their providers, but generally were not in need of support for those issues. Most participants reported that their PCP asked about their diet and exercise, and their mental and emotional health. Participants indicated that they received guidance and referrals where warranted. Two-thirds of participants said their PCP provided suggestions about their sexual and reproductive health.

Access to Well Care

Just over two-thirds of participants said they had a well care exam in the past year (*Table 9*) with another six participants reporting having an exam within the past two years.

Table 9. Participants' Use of Well Care

	Number	Percent
Exam in past year	20	64.5%
Exam in past two years	6	19.4%
No exam	5	16.1%

Type of Provider

Nearly all participants (N=30) said they received their well-care from a PCP. One participant said she typically only goes to OB/GYN appointments and the emergency room, if necessary.

Change of Providers

Eleven participants said they had changed their PCP within the past year. Three of these participants said they switched their PCP because they had aged out of using their pediatrician. One participant shared, *"Because of my health problems, I had a pediatrician who knew me best and was treating me for a long time. My mom was reluctant to switch over, because of the process of having to explain what I've been through to someone new and have them understand. I had a rare cancer as a child, and to have to switch over to somebody new is always kind of scary. You don't know if they're going to understand. I switched to a woman doctor because I was having some female problems. I like her. Things are going well."* Another participant said, *"It was mostly because I was turning 18. My mom has the same doctor I changed to. She's really good."*

Three participants said their provider was no longer with the practice. One participant shared, *“She left the practice I was working with. I’m looking for a new practice. The doctor I got switched to isn’t the best, and they can’t see me until next May.”* Two participants said their PCP retired.

One participant said because she was in college, she switched to a provider located near her school. She said, *“I switched mostly because I’m in college. I haven’t seen my home provider in a while. I see someone more local to my campus now.”*

One participant said her daughter was medically complex and needed to shift to a provider who treated adults. She said, *“She had to change because she is medically complex and is, technically, an adult. So, we had to switch to a more specialized PCP.”*

One other participant said she switched her PCP because she had missed too many appointments and was no longer allowed to be a patient in the practice.

Relationship with Provider

Positive Experiences with PCP

Twenty-six participants reported having a positive relationship with their PCP. Participants frequently said (N=16) they liked that their provider was understanding and easy to talk to. One participant shared, *“She’s easy to talk to, and she likes to get right to the point. She’s very helpful, and she always knows where to point me if she can’t help me.”*

Participants (N=8) also mentioned they appreciated that their provider listened to their opinions and concerns. One participant shared, *“I would say it was a pretty good relationship. I work in child care, and I stay pretty regular about getting my physicals done. She was pretty personable and was good at listening to my concerns and trying to find the best path for me.”* Another participant said, *“She’s understanding with certain things that I don’t want. She listens to my preferences.”*

I absolutely love my PCP. The relationship is really good. She’s very open-minded and understanding.

Participants (N=5) said their PCP was compassionate and connecting. One participant shared, *“She’s very caring and understanding. I like that she’s very compassionate. She makes conversation and checks up on my schooling and my personal life. She connects with me with beyond regular doctor questions.”*

Four participants said they liked that their PCP was generally available for appointments. One participant said, *“He’s not the greatest. He doesn’t really [care]. He just does the medications. He’s kind of younger. One of those doctors that think they know it all and don’t exam you, but diagnose you. But he’s quick to get into for appointments. I didn’t have to wait months.”*

Two participants mentioned their provider was knowledgeable and skilled. One participant shared, *“I like my doctor. He understands my needs. He’s very smart and very informative. I feel like he goes above and beyond and researches things.”* Another participant shared, *“She’s so busy, it’s hard to get into see her. She’s pretty much booked for the entire year. But, I love that she’s quick to try to get to the bottom of what’s going on. She’s quick to brainstorm things. Also, I do remember when my gallbladder was troubling me, she was quick to call the hospital to get the surgery set.”*

A parent of a young woman with a disability said she appreciated that she was supported by her daughter's provider. She said, *"My relationship with her is good. She's phoned me and kept me informed. I am going to go to her next physical. The doctor is open to me being involved."*

Another mother participating on behalf of her daughter said the providers communicate very well together. She said, *"The doctors understand her needs very well. She has a whole team of physicians, and her team works very well together. She's complex, so she has a doctor for every organ of her body, and they work very, very well together. They communicate very well and don't mind pulling each other in."*

Two participants said they could not identify anything about their providers that they liked. One participant said her provider is, *"terrible, extremely terrible. She's not been helpful at all. When I got switched to her, she refused to refer me over to a pain clinic or a throat doctor even though I'd had an extensive issue that had been documented for years. I missed a couple of appointments because I didn't get any reminders, and a couple of times, I couldn't make it because I had a job. When I tried to reschedule, they couldn't book me until May. I really do need to get seen for a multitude of issues. I haven't had any success in finding a new provider. I'm not sure where to look."*

Challenging Experiences with PCP

Most participants (N=18) said there was nothing they did not like about their PCP. Six participants noted that their primary challenge with their PCP was a lack of availability for appointments and care. One participant shared, *"He's so busy. I can only sometimes see him. I see whoever is available that day."* Another participant said, *"Her availability is the worst part. I can't really blame her for that. I've had a hard time making appointments when I feel sick. It takes two to three weeks to get an appointment with her."*

Five participants said they felt the quality of care they received from their provider was not sufficient. One participant said she felt that she did not get good care for her mental health issues. She said, *"Honestly, for about a year, I was having really bad mental health problems, and they were refusing to help me at all. They said 'you're bipolar' and blamed it on that and would not help me with it. It took me a year before I got on the medication. He was sending me through hoops and gaslighting me for a year. They kept rescheduling me for over a year before I got an appointment. Eventually, I got an appointment with them after crying on the phone because I was in such a bad spot. I went in, and they said I didn't seem upset enough and said I needed to speak to a psychiatrist at the hospital. I'm all set now after seeing the psychiatrist, but they didn't even bring up a referral option during that whole time."* Another participant said her daughter was not receiving medication she previously had been on that was helpful. She said, *"I wanted her to go on a certain medication to reduce her appetite. Her previous psychiatrist prescribed it, and it kept her weight in check. The PCP wouldn't do that off-label, and now my daughter has gained 30 pounds because he wouldn't prescribe metformin. I'm used to more of the cutting edge medical care, so this has been hard."* One other participant said the quality of care she received was lacking because her doctor rushed her through appointments. She said, *"She's too busy. It's a rushed process. I'm not getting answers, because I'll forget to ask the questions."*

Two participants said they felt like their provider didn't listen to them. One participant said, *"She didn't really listen to what I had to say. She just inserted her thoughts."* Another participant shared, *"I feel like they don't listen or want to push medication."*

Medication

Twenty-five participants said they were taking medications on a regular basis. Of these, 23 said they were regularly able to access their medications. Two participants said they had challenges accessing their medication due to supply issues. One participant on ADHD medication shared, *“I have had a lot of trouble over the past five months. They’re just simply not available. I’ve gone a couple of weeks without them. That’s a lot of time for me to be off of it.”* A mother of developmentally disabled daughter said, *“She is on a rare liver medication that the manufacturer has run into issues supplying New Hampshire with. We had to drive a distance to get it. Even on auto-refill, it took a while to get.”*

Suggestions and Recommendations from Provider

Nine participants said their PCP had offered suggestions either prior to, or while, taking their medications. One participant shared that her PCP had encouraged her to seek eating disorder treatment prior to prescribing her medication. She said, *“She was actually the doctor who helped me make the extra step to go to eating disorder treatment. That saved me.”* Two participants said their provider suggested they try therapy either before, or in conjunction with, their medication. One participant shared, *“I do take an anti-depressant and she did suggest therapy. I saw somebody a couple of times, but then they left the office. I never switched to somebody else. I told my doctor that I didn’t want to see anybody, anyway. I did a lot of counseling as a kid and it did nothing for me.”*

One participant was told to exercise and another to lose weight by their providers. Both participants indicated that these suggestions were not helpful. One participant said her provider had given suggestions on the best way to take her medication to ensure its effectiveness. A mother of a young woman with developmental disabilities said they had tried many options prior to starting psychiatric medications with her daughter.

Of the 16 participants who said their PCP had not provided suggestions to them about their medications, three said that they had originally been prescribed their medication by a prior physician. All three also indicated that their previous provider had provided support and information on their medication. One participant said while her provider had not provided suggestions, she had initiated her own efforts to meditate and exercise to support her ADHD medication use. One participant said she was already in therapy and there were no other relevant suggestions.

Vaccines

Most participants reported receiving vaccines (Table 10). Twenty-six participants said they had received their Hepatitis B vaccine series; three others said they did not know if they had received those shots. Twenty-five participants said they had received their human papillomavirus (HPV) vaccines with two others saying they did not know. Only twelve participants said they had received their flu shot within the past year. Twenty-eight participants said they were up-to-date with their tetanus, diphtheria, and acellular pertussis (Tdap) vaccine.

Table 10. Number of Participants Receiving Vaccines

Vaccines	Yes	No	Don’t know
HepB	26	2	3
HPV	25	4	2
Flu (within past year)	12	19	0
Tdap	28	2	1

Reason Not Received Vaccines

Of the 19 participants who said they had not received a flu shot in the past year, six indicated they were intending to get one, but had not yet been to the doctor. One other participant said she had been sick and wanted to wait until she felt better to get her flu shot. She explained, *“Honestly, I’ve been sick a lot. I tend to get a lot of sinus infections. I have had an infection that has lasted a long time, and I haven’t been feeling the greatest. I didn’t want to get a shot when I didn’t feel good. I still might get one. I’m not opposed to them, but they don’t let you get those when you don’t feel good.”*

Four participants claimed that they had gotten sick from the flu vaccine in previous years and would not get one again for that reason. One of these participants shared, *“The last time I got the shot, I ended up getting the flu and I haven’t had it since.”* Another participant said, *“Because if I get it, I get ten times sicker than the flu. I’m not COVID vaccinated either.”* One participant said she simply does not like the flu shot, and another said she is reluctant to get any shots after hearing negative stories about the COVID vaccine. One other participant said she stopped getting the flu vaccine after graduating from college.

I got the flu shot when I was younger, but I don't usually prefer to have vaccines if I don't need it. I got sick the last time I got it, so I don't use it any more.

One participant who said she had not received any of the vaccines said her parents’ religious views dictated that she not be vaccinated. She said, *“My parents didn’t have me vaccinated for religious reasons. I just haven’t done it, and I’m a little scared at this point. The stories I’ve heard make me scared. My dad had pancreatic failure directly related to a Hep C vaccine. The fact that happened to him makes me wary of getting of it. I’ve always been kind of on the fence. If I travelled out of the United States, I probably would.”* One parent said her developmentally disabled daughter had only received the vaccines that were required for school. Another participant said she was too fearful of shots to get any of the vaccines.

One participant who had not received her HPV vaccines said her midwife had recommended not getting them. She said, *“I’ve seen a midwife since I was 14. She hasn’t had the vaccine and doesn’t recommend it to her patients, so I have not gotten it.”* One other participant said she was too old to receive the HPV vaccines.

Only one participant mentioned any challenges with having access to vaccines. She said she simply did not know much about them, but recognized that she could ask her provider.

Tobacco Cessation Support

Of the 26 participants who had received a well-care exam within the past two years, only two said their physician had not asked them about tobacco use. Of the five participants who said they used tobacco, three said they were not offered any cessation support services. One participant said she was offered support, but quit on her own. One other participant said she was offered, and used, a nicotine patch to quit smoking.

Alcohol or Drug Use Support

Only one participant said she was not asked about alcohol or drug use during her last well-care exam. All of the other 25 participants said their provider did not indicate they could be using too much of either alcohol or drugs and did not require any substance use support.

Nutrition Support

Six participants said their PCP recommended they improve their nutritional choices. One participant shared, *"I have some limitations on what I can physically do. I've gained weight over the years and birth control hasn't helped that. I'm trying to make better eating decisions [as my provider recommended]. I'm making sure I'm incorporating all my food groups instead of eating noodles all the time."* One other participant shared, *"She told me I needed to cut back on fast food because my cholesterol was a little high."* The participant noted she was trying to implement the changes. A mother of a daughter with autism said, *"She has a very limited diet. It comes with the autism. They can talk all they want, she's not going to eat what she doesn't want to eat."*

Six participants said their PCP recommended increasing the amount of exercise they were engaging in, but also said they were not inclined to follow the advice. One participant shared, *"My PCP said go for walks, exercise. But I'm lazy and I have three kids. I can't do much by myself."* Another participant who said her PCP recommended exercise said, *"My life is non-stop all the time. As far as exercising goes, if I had a minute to catch my breath, it wouldn't be what I'd spend my time on."*

Four participants said their PCP had referred them to a nutritionist to help support better eating habits. One participant shared, *"My PCP helped me get a nutritionist at the hospital to try to shift some of this weight. I walk a lot. I live on a horse farm, but when I'm in town going to school, there are times that I stay at my boyfriend's house. It was a lot of sitting around for two years because I couldn't go to classes. I gained weight. I've had three appointments with her. Diabetes runs through my family, and I don't want it. I gained 50 pounds over the past two years. We have a plan."* Another participant said she had stopped seeing her nutritionist because she had successfully followed the advice provided.

One participant declined to provide any information on the type of suggestions their PCP had offered, and one participant said she was still finding out more information about healthy eating and weight. She said, *"I'm in the process. The weight doctors are booked out until March, unless I wanted to do surgery. And I don't want to do that."*

Five participants said their provider had not provided any guidance on healthy eating habits and staying physically active. Five additional participants said they already exercised regularly and ate a healthy diet.

Mental and Emotional Support

Twenty-two out of the 26 participants who had gone to a well-care visit said they had been asked about their mental and emotional health during that visit. Of these 22 participants, eight participants said they had not received any suggestions from their PCP because there were no issues to address. One additional participant said she already had both a psychiatrist and a therapist, but she also noted that her PCP always assures her that she can talk to her if needed.

Eight participants said they had received a referral to a therapist or counselor. Five of these participants said they had followed the recommendation and had seen a therapist. Two participants said they were in the process of finding a provider. One participant said, *"To the best of my ability, I'm trying to follow her suggestions. However, psychiatrists are really expensive. The particular practice she recommended would not be covered. I'm taking a pause on that because my therapist recommended I make it further with my sobriety before going for another change."* One other participant shared, *"Someone did reach out, but I'm terrible about picking up my phone. It didn't cause any issues, but I just wish I noticed when the call was. I wish I had got the message. I don't think I need the counseling. It's not something I've looked into wanting to do."*

One participant reported speaking with her PCP about her mental health.

One participant said her PCP recommended switching her medication, and another said her PCP recommended taking B vitamins.

One participant who had not received any support or recommendations said she wanted to get back into therapy. She said, *"I think that's something I'm trying to work on. I feel like I have more going on than what people understand. I'm trying to find a provider that can do a better evaluation for me so I can gain a better understanding. I feel like what I went through as a kid, that's impacted me growing up. I'm trying to work on that. The health clinic has lost a lot of health providers. I liked someone, but then I was switched. The new person was nice, but she only checked in on how my medicine was working, but wasn't really offering counseling. I would like to find a counselor, but there are not a lot of services where I live that offer that. I'm probably going to look online."*

One participant said she did not remember if her PCP had made any suggestions or recommendations.

PCP Discussion of Sexual and Reproductive Health

Seventeen of the 26 participants who had a well-care exam within the past two years said their PCP had discussed sexual and reproductive health with them during that visit.

Twelve participants said they felt comfortable with the conversation with their provider. One participant who had newly changed her PCP shared, *"I'm not uncomfortable about it. I take my mom with me to all my appointments with me still. I have a good relationship with my mom. I feel like I can talk about those things with my doctor and my parents. She deals with a lot of women's health problems. I think she will be good to have as a provider. She's younger and she's got newer education. She's more up-to-date on those things than the older providers are."* One participant said, *"Honestly, I felt pretty good after it. It's not a super taboo subject for me. It was good to have that conversation. There weren't any recommendations."*

Five participants said the conversation was awkward and uncomfortable. Four of these participants recognized that the discomfort with the conversation was due to their own unease about discussing sexual health. One participant shared, *"I don't know. There weren't any recommendations. It felt awkward and kind of weird."* One participant said her discomfort was due to feeling like she was being forced to take birth control. She said, *"They were pushing birth control. I felt like it was being forced on me. I knew I was given a choice, but it didn't feel like that. It was being presented as a choice. If get pregnant, I do. I'm not planning for one, but it would be ok. They talked about STI/ Human Immunodeficiency Virus (HIV) prevention and I told them I go to Planned Parenthood."*

Four participants said their PCP had provided a referral to an OB/GYN. One participant said, *"I'm really comfortable with her. She referred me to an OB/GYN for questions I had that she didn't know the answers to."* Another participant shared, *"I felt good about the conversation. I was referred to an OB/GYN. I felt like it went well. I felt like I was heard."*

Three participants said their PCP had talked to them about birth control. One participant said, *"It was totally fine. I was very, very comfortable. She had me on birth control, for a while. I eventually stopped. I had to stop it because it gave me bad hormonal issues."*

One participant said her PCP had provided advice about using a barrier method to prevent STI and HIV infections. She said, *“I felt fine. I felt pretty normal. It was just the usual, making sure I use protection. I follow that recommendation.”*

Eight participants said their PCP had not provided any recommendations or suggestions related to their sexual and reproductive health.

QUALITY OF SEXUAL AND REPRODUCTIVE HEALTH CARE

Participants were asked to describe their access to, and the quality of, sexual and reproductive health care and their experience with STI screenings and birth control. The majority of participants reported having access to sexual and reproductive health care and most often received this care from an obstetrician/gynecologist (OB/GYN). Participants from rural areas mentioned that there were insufficient numbers of reproductive health providers available in their area. Overall, participants were satisfied with the quality of care they received during their most recent sexual and reproductive health care appointment. Reports from participants indicate that providers did not universally recommend chlamydia screening or the use of barrier methods for sexually transmitted infection (STI) prevention. In contrast, participants said birth control was routinely addressed by their providers. A quarter of participants reported that their providers persuaded them to use birth control even though it made them feel sick. Sexual and reproductive health care providers routinely asked participants about their tobacco use, substance use, and mental health.

Access to Reproductive and Sexual Health Care

The bulk of participants (N=27) said they had received sexual and reproductive health care within the past two years.

Of the four who had not received sexual and reproductive health care, one participant said she identified a provider that has both primary and OB/GYN care where she is trying to become established as a patient. She said, *“My aunt has a specific doctor’s practice that has a PCP and an OB/GYN. I’m trying to get into that.”* Another participant said, *“At my last PCP appointment, we talked about doing an OB/GYN appointment at my Christmas break.”* A parent of a daughter with a developmental disability said, *“We don’t have an OB/GYN set at the moment, but we probably should do that given her age.”* The fourth participant said that while she had not had a reproductive health appointment within the past two years, she had received care at an OB/GYN in the past. She said, *“I went to an OB/GYN for a pap smear. I also had an intrauterine device (IUD) that was giving me problems. I had to have it out.”*

Of the 27 participants who had received reproductive health care, the bulk (N=20) said they had gone to an OB/GYN. One participant said, *“When I was sexually assaulted, they did a bunch of tests. I was 14 at the time. I have an appointment coming up, but I have been other times since.”* A parent of a daughter with a developmental disability said, *“She’ll be going in to the OB to have her first pap smear soon. She had a bacterial infection in her vaginal area previously, and was prescribed an antibiotic.”*

Four participants said they received their sexual and reproductive health care from their PCP. One participant shared, *“My regular PCP does it. She delivers babies and does women’s health care. She also has a team of people at hospital she can ask. She’s done my pap smears and cervical checks. It’s going fine for me.”*

Three participants said they went to a clinic for their sexual and reproductive health care. One participant said, *“I usually go to a teen sexual health clinic. I love that place.”* Another participant said she goes to Planned Parenthood every six months.

Range of Providers Available

Ten participants said they felt there were enough sexual and reproductive health providers available through their MCO. One participant said that the range of providers had gotten better in recent years.

Nine participants said they were unaware of how many providers were available. Two participants said they used the same provider a family member was using and had not searched for a different provider. Another participant said, *“I haven't really looked into it, because I already had the one I was seeing. But, I can see any of them at the place that I go to. I like that.”* Another participant said she went to the provider her PCP had suggested and had not looked into any other options.

Six participants said there were not enough providers available. These participants noted that the challenge was the rurality of their location. One participant shared, *“There are not enough choices, but I think that's more about where I live than my health plan.”* One other participant shared, *“I travel to a couple towns away because I had really bad experiences with the office that's here that handles anything to do with OB/GYN issues.”* Another participant had a different experience saying, *“We live in a small town. There is only one OB/GYN practice. They've been pretty good.”*

I live in a pretty small area. There was recently a whole thing where the local hospital was bought out by another hospital. It was a period of a lot of physicians leaving and some limbo. There were only one or two to choose from. I went with who was available.

Two participants said there were a lot of providers available, both of whom lived in a city.

Location

Only three participants said their provider's location did not meet their needs in terms of time and distance. All three of these participants noted they had to drive 30 minutes each way to see their provider. Each of these participants said the distance was a challenge.

Availability of Appointments

Only one participant said her provider did not have appointment times that met her needs. She said she had to book her appointments months in advance.

Quality of Care Received

Twenty-two participants remarked positively on the quality of care they had received at their most recent sexual and reproductive health care appointment. One participant shared, *“It was very helpful. I saw her for something specific. I saw her because I stopped birth control and was trying to conceive. We did exams, pap smears, to clear all of that. It was good. She was very supportive and reassuring about my health.”* Another participant said, *“It was really good care. They were really nice about it. I had gotten an IUD, and that was awful. They were very nice, but it was very painful.”* Another participant said, *“It was awesome. Everyone I ever saw at that office was really great and answered any questions or worries.”*

Three participants said their experience was mixed. One participant said the quality of care she received depended on which provider she saw at an appointment. She shared, *“The last time I saw someone, it was a quick check up. He wasn’t that great. But, the woman I had for my pregnancy was great. It’s kind of hit-or-miss.”* Another participant said she thought the health care she received was good, but did not like being pressured about birth control. She said, *“It was OK. They did the pelvic exam and checked the interior. The only thing I’m concerned about was when they indirectly tried to force me to use any kind of birth control. They showed me a model of one they put in your arm. I said I’d think about it, but I never did.”* Another participant had a similar experience saying, *“The last time I went, it was with a nurse. They kept trying to push birth control onto me, and weren’t listening to me when I said it wasn’t reacting well with my body. The last time I was with an actual doctor, it was OK.”*

One participant reported one negative experience with her clinic provider. She said, *“I was in a frustrated place. I needed someone to give me the right information about getting an abortion. She’s an older lady, and we don’t agree on everything. It was an ordeal finding the right place. It made me feel uncomfortable and I didn’t want to go back to her. Eventually, I went to a place in Manchester [that my grandmother found]. They were very sweet. I was very nervous, but they were easy to talk to, and answered my questions.”*

One participant described the quality of her care as neutral. She said, *“Not bad and not good. The last appointment I had was my two-week post-partum check-up after having my son. I don’t think I will ever want to work with him again. He didn’t meet my expectations as a doctor and that heavily deterred me from going to my 6-week check-up. It was definitely a bedside manner problem. I will switch to a different provider in the practice.”*

Support Received

STI Prevention

Only 15 participants said routine chlamydia screening was recommended at their most recent sexual and reproductive health care visit. All 15 participants reported receiving the screening. One participant said, *“I asked for it. I don’t sleep around, but when I’m with a new person, I like to know.”* Another participant said, *“I made sure they do it. I’ve gotten into terrible situations, so I do like to get checked.”* One other participant said, *“She checked everything. My boyfriend and I have never been with anyone else. She made the comment that’s not always the truth, so we decided to screen for everything. Better safe than sorry.”*

Of the 10 participants who were not recommended chlamydia screening, one participant said she had been tested for the full panel of STIs within the past year and a half.

All three mothers participating on behalf of their daughters with developmental disabilities said their daughters were not sexually active and, as a result, were not tested. One participant said she is not sexually active, and another said she consistently uses condoms. One participant said she has had the same partner for five years.

I didn’t have any testing. I don’t recall they talked about it.

Two participants said they did not remember whether their provider had recommended the screening.

Eighteen of the 27 participants who had a sexual and reproductive health care appointment in the past two years said their provider had discussed using condoms for STI/HIV protection. One participant said,

"She always says to use condoms. There are bowls filled with them in the office." Another participant said, "They always have the standard stuff they say and the cute little posters on the wall."

Two participants said they were currently trying to get pregnant so their provider did not talk about barrier protection.

Pregnancy Prevention

The bulk of participants (N=26) said they either were currently on birth control or that their provider had discussed using birth control with them. Only one participant said her provider had not discussed pregnancy prevention. She said, *"They didn't talk about it. I don't see myself getting on birth control. It's not in alignment with my health. I've tried a couple of them, and it always has negative effects. I don't feel well, and I have bad skin [when I'm on it]."*

Twelve participants said they were currently on birth control pills. All three mothers who were participating on behalf of their daughters with developmental disabilities said their daughters were on birth control to help make their periods more regular and to have less menstrual flow. Five participants said they had an IUD. One participant said she had an implant, and two others said they use a patch.

Two participants mentioned again that they were trying to get pregnant, and birth control was not appropriate. One other participant said she was currently pregnant.

Seven participants said that although their reproductive health care provider had discussed pregnancy prevention with them, they had chosen not to use birth control. Five of these participants said their bodies were not amenable to birth control. One participant said, *"After I had my daughter, one of the birth controls were put in, and my body rejected it. I had been on a couple of others before, but I'm not on any now."* Another participant said, *"I've done a lot of research on it. It wasn't right for my body, so I made the decision not to use it now."* Another participant said, *"I don't feel comfortable with it. I already have an imbalance with my cycle. I don't know how that will affect me in the future in having children. I'm just not into that stuff."* One participant perceived that her provider was "pushing" her. She shared, *"They talked a lot about it. Before I was even about to give birth to my son, they were trying to push birth control on me. They said I should start the day I give birth."*

I had to stop birth control because it gave me bad hormonal issues. I thought it would be less so if I did the lower dose one, but I couldn't do it. It made me mentally and hormonally all over the place.

One participant said she had not yet obtained her birth control. She said, *"They talked about. I did choose a birth control method, but I didn't go to my six-week appointment since my baby has been past the six weeks. I haven't gotten the birth control. I will probably try to get in with my PCP and see if she can prescribe me something."*

Tobacco Cessation

Of the 27 participants who had received a reproductive health care exam within the past two years, all said their provider had asked them about tobacco use. Of the five who had reported using tobacco, none of these participants said their provider had offered cessation support services.

Substance Use Support

All 27 participants who had received a reproductive health care exam also said they had been asked about alcohol and other substance use. Only one participant was told she may need to reduce her substance use. She said, *“They did make suggestions. I smoked a little bit of marijuana when I was pregnant to help with sleep. I let them know that it wasn't too often, so they weren't worried about it.”*

Mental and Emotional Health Care

Twenty-five participants said their sexual and reproductive health care provider had asked about their mental and emotional health. One said she did not recall, and one other said her provider had not asked, but she also noted that she did not believe she needed mental health support. Six participants said their provider had offered to refer them to mental health support services. All of these participants said they either did not need support, or were already accessing services. There were no participants who indicated they needed mental health support, but were not offered it.

ACCESS TO INFORMATION

Participants were asked about how and where they access information about their health including information they receive from their MCO. Participants were most likely to report relying on their mother or their health care provider for information and support about their health. Most participants felt confident that their providers answered their questions effectively and in a timely manner. Participants said they prefer to learn about health through one-on-one interactions or by using online tools. Only half of participants said they received health care and prevention screening information and reminders from their MCO. Participants said the information generally was welcomed, but did not necessarily impact their health care decisions.

Resources Tapped for Information

Participants were asked who they talk to if they have questions about their health. Twelve participants said they rely primarily on their mother for information about their health. One participant said, *“I definitely talk to my mom. I ask her every question.”* Another participant said, *“I don't really know who to go for general questions as I don't have a PCP that I can contact. I would ask my mom, I guess.”* Three participants said that if their mother did not know the answer, they would contact their doctor. One of these participants shared, *“My mom first, and then if she seems to have a worry, I go to the doctor.”* One other participant said after going to her mom, she would then look information up online. She said, *“Probably my first go-to would be my mom, just to see what she thinks about anything. And then, if we, collectively, don't have a good answer, we would look it up online.”*

I have a good relationship with my mom, so I talk to her a lot about my health. She helps me make decisions about what to do.

Eleven participants said they contact their health care provider when they have questions. One participant shared, *“Usually, [I contact] my doctor. I set up an appointment. Or if it is something troubling, I just walk into the clinic.”* Another participant said, *“I guess it would depend on the question. If it was reproductive health, I would send a message to my OB, because I constantly send her messages*

all the time. But, if it was a question about myself or something like that, I'd probably just ask Google." Another participant said, *"I like my PCP. They have a portal. It's easy to go online and message them. If they think it's a concern, I'll go in. I ask a professional, or I'll bring it up to my mom. But she isn't a doctor."*

Three participants said they tend to look online for answers. One participant said, *"First, I go to Google. But, I also call the nurses at the doctor's office."*

Two participants said they ask ancillary support workers such as a case worker or group home staff.

Two participants said they typically do not seek support for questions they have. One participant said, *"Usually, I don't ask anybody. It depends on what it is. If it's stomach issues, I just don't even bother. The unfortunate thing about female health care, it's just going to be chalked up to your period or something like that. If it is a period issue, I try to wait it out. Every time I've gone to the doctor about my period, they say I'm fine. Every time. Honestly, I think they just dismiss me."*

One participant said she asks her husband and then looks online.

Problems Getting Health Questions Answered

Twenty participants said they did not have any problems getting answers to their questions. Eight other participants mentioned that the answers they received were not always satisfactory or were delayed. One participant shared, *"It sometimes is a delay in response. It depends on how urgent I need it. If it's urgent, I call and have to wait for a phone call. But if it's not, I use the patient portal. The delay has been problematic in the past. I've had an urgent need regarding medication, and I did not hear back for two days. That was hard. I was not doing well mentally. I needed an adjustment in my medication."*

Another participant said it took a while for an effective treatment to be established. She said, *"I have a little bit of hyperhidrosis (excessive sweating). They have prescribed me some medicines, but none of them seemed to work. I got one through my psychiatrist that seems to be working. It took a while to get it figured out."*

One other participant said even after meeting with a provider, she still did not know what she was supposed to do. She said, *"When I went to my eye exam, by the time I left there I didn't know if I needed glasses or a prescription. I am probably going to make an appointment somewhere else."*

One participant said she was still in the process of having some health issues resolved. She said, *"It's a bunch of different things. I don't know what's going on or why."*

I wish they had that 24/7 nurse's hotline. I liked that when I was younger and they don't have it any more. Usually, I ask my mom because she's a nurse. If I have further questions, I call my doctor. But, it takes a long time for them to get back to me.

Learning about Health

When asked how they prefer to learn about health, half of respondents (N=16) said they prefer one-on-one interactions, particularly with a provider. One participant said, *"I do like online, but I prefer the person in front of me speaking because there are different recommendations. Sometimes, they'll suggest a heating pad or something."* Another participant said, *"I like talking to my provider one-on-one. I think it's a way to personally connect and have a better conversation."* One other participant agreed saying, *"I love one-on-one, so*

that I can ask my questions. I just like having that personal connection. I don't mind looking things up, but I try to avoid that because it's always the worst-case scenario."

Ten participants said they prefer online learning, two of whom said they like to be able to follow-up with provider afterward if they have questions. One participant shared, *"I probably prefer just looking it up. I try to stay pretty informed about the different types of things going around."* Another participant said, *"I mostly do research online, but I can't always trust that. If I make a doctor's appointment, I tell them what's going on. I make a list of things I want to ask."*

Two participants said they are open to any method of receiving information and training about their health.

Two participants said they did not know what they would prefer and one participant said she would continue to rely on her mother.

Support and Information Received from MCO

Just over half (N=18) of participants said their MCO sends them information and reminders about well-care, sexual and reproductive healthcare, and prevention screenings. Of these, 16 participants said the information is easy to read and understand. One other participant said, *"I've gotten letters. Sometimes, I don't open it. Half the time it's just ads. Some are easy, and some are complicated and confusing."* One participant said she did not know because she did not read them. She indicated her mother kept on top of the information.

Eight participants said their MCO did not send them information.

Five participants said they did not know if their MCO sent information and reminders. Two of these participants said that their mother was the main recipient of any information from their MCO.

Sixteen participants said they like receiving information from their MCO. Four of these participants said they like receiving reminders. One participant shared, *"I typically stay on top of things, but if you don't, it's good. There have been voice messages about the flu shot. I think that's good to educate or remind people."* One participant said she appreciates that her MCO sends texts rather than sending paper through the mail. She said, *"I think it's helpful to get the texts. I like it because it's trying to preserve the environment. I like the idea of not having paper mail. I think it's important because we waste too much."* Another participant said she particularly liked the opportunities to receive rewards from her MCO. She said, *"I like the ones where you can make money answering questions."*

Two participants said they sometimes like receiving information from their MCO. One participant said, *"For the most part, I like it. But, sometimes, it's not one size fits all. It's not always applicable."* Another participant said, *"Sometimes I do, sometimes I don't. Especially when it's the same thing over and over again. I love the information and letters, but I don't like all that email. It drives me nuts."*

Fewer participants (N=8) said the information they receive impacts their decision whether or not to seek care or to get screenings. One participant said, *"It's a nice reminder. It keeps things on my radar."* One other participant shared that the information impacted her children's care. She said, *"I got a letter*

I remember getting one about the flu shot and I did go and book my appointment right then."

about vaccines for kids. I definitely used that to decide what to have my kids get.”

One participant who said the information from her MCO was not helpful said, *“I’m already doing what they suggest.”* One other participant agreed saying, *“I’m proactive. If I wasn’t, my mom would be on my case.”*

There was no discernible pattern between MCOs.

TELEHEALTH

Participants were asked to describe their experiences with telehealth. Two-thirds of interview participants said they had taken part in a telehealth appointment since March 2020. Well Sense members were most likely to have a telehealth appointment as compared with the other MCOs *Table 11*.

Table 11. Number of Participants Reporting a Telehealth Appointment by MCO

MCO	Number	Percent
AmeriHealth	2	67.7%
NHHF	8	53.3%
Well Sense	11	84.6%
Total	21	67.7%

Eleven participants reported positive experiences with their telehealth appointments. Participants said they thought telehealth provided an easier way to access healthcare services. One participant shared, *“I think that was the first time I met my new PCP. It was about renewing my birth control. It was a short, ten-minute thing. I asked all the questions and she refilled my birth control. There were no problems. It was very easy.”* Another participant shared, *“My immune system isn’t the greatest. I did a lot of telehealth for my mental health. Mom didn’t want me going into the clinic. So, I did all of that over telehealth. I only went in once or twice for urine collection and blood tests. If I was actually seeing the doctor, I’d go in. I thought it was a good system. I don’t have my license and being able to do these appointments online alleviated some transportation stress. It was really helpful. If COVID taught us anything, it’s how to be better and smarter. I think that was an added benefit to do these appointments over the phone.”*

I thought it was cool. I didn’t have to go in, and they were so spot on. I just loved that about it. It was pretty easy. They call and ask for my symptoms. If it was worse, they would have me come in, because when I get sick, I get so sick. But for this, I had a cold. I didn’t have to go over there. I got my problem solved right then and there.

Six participants said they have mixed feelings about telehealth. One participant said, *“It was with my psychiatrist at the beginning of November. And it seemed to go well, overall. I had some Wi-Fi issues, but it was good quality of care.”* Other participants expressed concern about their providers’ ability to accurately assess their health. One participant said, *“It goes well, but I feel like the doctors take a little bit longer to get on the phone. It’s just a waiting game, and then, I think they get very quickly off the phone. I don’t know if it’s always the most accurate way of doing it. I had a telehealth appointment for COVID, but I have asthma. They can’t really listen to my chest over a phone call.”* Another participant said, *“I had telehealth appointment for my six-week post-partum for my first son. The only thing I didn’t like was it was over the phone, so they*

couldn't see how my physical health was. But other than that, I liked them. They are easier for me because I have three kids. I'd rather do telehealth than going to a doctor's office with all these kids. It was beneficial for me."

Four participants said they did not like their telehealth appointment, primarily because they felt over the telephone they did not get good quality care. One participant said, *"It was with my OB. It was two years ago. It was very short. I, honestly, found it pointless. You can't get much done through a phone appointment."* Another participant said, *"It wasn't video, it was just on the phone. I don't like it, because I can't see her face when she's talking to me, and I don't know if she's serious or not. I like it more in person."*

One additional participant said she stopped going to therapy because she was not interested in receiving care through telehealth.

SUGGESTIONS FOR IMPROVEMENT

Participants were asked what improvements they would make to their health care, including well care and sexual and reproductive care. Participants suggested increasing the number of providers in rural areas and improving the quality of those providers. They also identified a desire for better dental coverage and more access to dental providers. Other suggestions included more information concerning resources and coverage, better out-of-state coverage, case management support, and improved appointment availability for laboratory testing.

Well Care Improvements

Participants had several suggestions for improvements to their well care. Three participants said there was a need for more providers in their area. One participant said, *"I would say that one of the biggest problems that I, and my family, have come across is struggling to find providers in our area that aren't booking out months ahead."* Another participant said the lack of providers impacted the quality of care she felt she received. She said, *"I think being able to get a really good health care person, that you feel comfortable with, is hard. I only had two options when mine left. When you don't have the right person to go see, you won't go. Even if I was really sick, I wouldn't go because I don't feel comfortable. Also, helping people find doctors more easily would be good."*

Along with the lack of providers, one participant said reducing the number of patients a doctor sees in a day would be good. She said, *"[I would like them] to not overbook the doctors. I understand we are in a hard time with the health care field. I completely understand they are slammed and can't get ahead. It's like they need to take a step back and not burn themselves out. They're going to miss things."* One other participant said she would like better appointment options and easier rescheduling for appointments.

Four participants mentioned the need for better providers. One participant said, *"With my primary care, if I could find more doctors that are more willing to listen. A doctor that listens more and pays attention to my concerns."* Another participant said she would like, *"nicer people who aren't rude and judgmental. The doctors and a lot of the nurses can be very rude."* One participant said she would like providers to understand eating disorders. She said, *"I really wish that providers would have a little more education on eating disorders, so they can effectively have a conversation with clients. I, personally, feel like I'm educating them. I have mentioned that I've gone through treatment and specified some of what my triggers are, and some of those things have still been spoken and elaborated on. It's a mixture of the*

routine questions and the other questions. I don't want to know my weight. I don't want it to be talked about."

Three participants said they would want better dental coverage and providers. One participant said, *"I really wish NHHF had a dental plan. I've always struggled with my oral health. I can't afford to pay out of pocket. And every time I want to make an appointment, I can't because they will only cover cleaning."* Another participant said, *"I wish the state would consider allowing paying for preventative care dental work. A lot of people don't have good teeth. When you get older and you have bad teeth, it can impact your physical health, your heart health. Some people might not know how to care for their teeth. Even if they only allowed two visits a year, that would be an added benefit for Well Sense."* Another mentioned a lack of dental providers as an issue. She said, *"With dental, they only cover certain things, and there's one place in town that accepts that insurance."*

Two participants said they would like better information on resources and coverage. One participant said she wants, *"just more information, maybe a handbook, or something, sent to me. I don't know anything about gym memberships, and I know some places do that. So, having that sent to me would be nice. I don't think I created anything online for Well Sense."* Another participant suggested, *"To let women know that they have more resources than they probably know. When I was pregnant with my daughter, I had no idea there were post-partum resources that were available and mental health support. It was so important, but I didn't know it was available. I had to specifically ask my OB/GYN for it. And resources for polycystic ovary syndrome (PCOS), there are so many online groups where women talk about it and provide support. I feel that's important for women to know it's available."*

One participant mentioned wanting better coverage for out-of-state care. She said, *"Probably making it easier between me going to school in New York and receiving the care. It was a lot of back and forth getting my care covered. I'm here at school for the next two years. I shouldn't have such an issue getting insurance to go through. I'm not sure what the problem is. I don't really get that sick that often. I did have the flu a couple of weeks ago, and I had to go the hospital to get care."*

One participant said having case management support would help her care for her health better. She said, *"I've been trying to find an actual therapist and to get back into physical therapy. I have two chronic pain disorders. But, it's so hard to manage it and figure it out. I've put it off. I have a referral out to Wentworth-Douglas for a physical therapy appointment and nobody has called me back. A case manager would help me a lot at this current state. I did this while also detoxing off opiates again. I need as much of that kind of support I could get. I always put it off when it's up to me."*

One participant said she would prefer that appointments were available for laboratory tests. She said, *"One of the things I wish could happen is that lab appointments could be easier. Even without a quarantine, people with weakened immune systems have to sit around a lot of people. To go along with telehealth, you should be able to make appointments at the lab for them. The majority are walk-in only."*

One participant responding on behalf of her daughter said she wanted her provider to approve an off-label prescription for metformin to help with her daughter's weight. One participant said she would like her MCO to reduce the amount of text messages they send her. One other participant said she wanted her MCO to provide better quality breast pumps.

Eleven participants said they had no suggestions for improvement for their well care.

Sexual and Reproductive Health Care Improvements

The bulk of participants (N=20) said they could think of no improvements they would make to their sexual and reproductive health care.

Five participants said they would like their providers to have better relationship skills and greater comportment with patients. One participant said, *“Probably take a better look at their staff to make sure they want to do it for a good cause, and not for the money. With female health care, it's very touchy. If you're pregnant, you want to be around people who are caring and not grouchy toward you. I had a doctor tell me I had to lose weight and said it in the rudest way possible when I was eight months pregnant. Half the time the staff thought I was a druggie because I was only 17. A labor and delivery nurse would refuse to give me pain medication even though I had an emergency C-section, and it was my first major surgery.”* Another participant shared, *“I would just rather feel like I had more support and for everybody to treat everyone respectfully and be OK with other people's decisions. I felt like they were putting their beliefs on me. I shouldn't feel like that going into a women's health care situation.”* One other participant shared she wanted, *“the provider that helped deliver my son be more present in the birthing part of things, rather than sitting in a chair and watching me struggle and drinking a Pepsi. He was pretty checked out.”* One participant said she wanted her providers to stop pushing birth control on her.

One participant said there should be more providers available. She said, *“I'm from a pretty small area. There are basically one or two people to choose from. Sometimes, it takes a while to get appointments, or it might not be your ideal situation based on your preferences because of not enough choice.”* Another participant said she would like better access to appointments at her provider. One other participant said she would like assistance finding a provider.

Three participants said there needed to be better information available about specific issues. One participant said there should be better sex education. She said, *“I think having more sex education, not the corny stuff they teach you in school. Real, full-on education on what could really happen if you have sex. That would be helpful for a lot of people.”* One other participant said there was a need for more information about PCOS.

One mother participating on behalf of her daughter mentioned a need for more information about people with special needs and their sexual and reproductive health care. She said, *“I wish there was more information out there, just in general, for special needs individuals. Even though cognitively they might be different, they have the same body parts. They still go through puberty. There needs to be enough information at the providers to go through all of those questions with individuals, and there should be more materials out there. Even if it's a webinar to discuss the reproductive needs of special needs folks. Even though she's not sexually active, others may be. Their bodies are developed.”*

Additional Comments

Four participants had additional comments about their health coverage.

One participant said she had significant confusion about her insurance disenrollment and enrollment as an adult. She said, *“I called NHHF two weeks ago. I know my insurance was supposed to end, but it didn't end up stopping. Apparently, it's supposed to renew itself at the first of year. I would like more information on end dates of insurance, or a new enrollment day, and more information on what's happening with my status. I thought I didn't have insurance for the past six months. My mom got a letter*

saying my insurance was ending, so I didn't schedule any appointments. And then, I got a letter saying I needed to enroll on my own. They said I still had insurance."

A mother participating on behalf of her daughter also indicated she had considerable difficulty understand her daughter's enrollment in Medicare. She said, *"Some kind of introduction that your child is going to go on it would be helpful. I didn't even know she was going on it. I didn't understand why she was getting this information. Medicare is confusing. I'm an educated person, but there are so many options. You'd think they'd make it easier for people. And there was no heads up at all. I didn't do anything with it, but then I got a bill and I addressed it."*

One participant said she wanted clearer information on mental health coverage. She said, *"I also don't know if they cover any mental health appointments. A couple of times I wanted to see a therapist, but I wasn't sure if NHHF covered it and which doctors accepted it. I wish that information was upfront with the other information."*

One participant said she wished the health care system provided more support for family members of people with serious health issues. She said, *"I've seen a lot of doctors and a lot of specialty doctors. I just think when you go to the doctor, people should be thinking more about mentally what it does to a person and what it does to your family. My mom has gone through a lot of this stuff with me. I was really sick, and she thought I was going to die. I know it was really hard for her and she has a lot of anxiety and she had to worry about me all the time. I think that if there could be more awareness of how it could make a person to feel to go through all that stuff, I think it would be good. Sometimes, just having good bedside manner can mean the world to someone. If it wasn't for my mom, I wouldn't be sitting here now. We had doctors saying they don't know how to help me. Mom and dad missed all this work and spent all this money to travel me down there. They were worried about how it would impact their jobs. Luckily, everyone was really understanding and everything worked out, but I remember it being a real lot. I don't remember there being a whole lot of emotional support for my family, and I wish there could have been. We're a strong family and I'm glad I have them. But I wish there could have been better support for them."*

RECOMMENDATIONS

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

For MCOs:

Provide an “Introduction to Health Insurance” geared toward young adults

A large proportion of participants indicated they did not know anything about their health insurance plan, and a significant number said they rely on their parent to help them navigate their health insurance. In addition, many of the young women who were included in this project had their parents’ mailing address, telephone number, and email address as their contact information. Providing trainings, or easy to read information, concerning the benefits covered by their health insurance may assist both young adults and their parents to effectively manage their health insurance and health care. It may be beneficial to have a time frame where health insurance information is provided to both parents and young adults to facilitate the shift in responsibility.

Offer training on the sexual and reproductive health care needs of special needs populations

Information from mothers participating on behalf of their daughters with developmental disabilities revealed that providers and parents often do not understand the range of issues to be addressed with the sexual and reproductive health of special needs populations. In particular, providing parents with education and support about STIs and pregnancy prevention, managing menstruation, and routine screenings would be beneficial. Health care providers, particularly sexual and reproductive health care providers, should be reminded of the importance of furnishing information and education to better support caregivers of the special needs populations in their practice.

Improve information and coverage for out-of-state college students

Participants who were college students at out-of-state schools noted they had difficulty accessing health care that was covered by their insurance. MCOs should clarify how out-of-state college students can access covered care and provide that information proactively to young people and their parents.

Increase support and information for finding providers

A third of participants said they had switched their PCP within the past year, and several expressed a desire for more support finding PCPs, and sexual and reproductive health care providers, who take their insurance and are accepting new patients. A review of the MCOs’ websites revealed robust search functions and comprehensive results. Assuming the website data is up-to-date and complete, offering members more guidance and information on the availability of these tools, as well as offering personalized support for finding a provider for individuals with limited online access and skills, may bridge the gap in information.

Leverage parental influence to increase uptake of vaccines and birth control

Participants routinely reported relying on their mother to answer health questions and make health care decisions. In addition, participants revealed relatively low take-up of flu vaccines and birth control. These participants frequently expressed resistance and discontent with being lectured or pressured into being vaccinated or using birth control by providers. MCOs could explore evidence-based strategies such as disseminating information and education which is tailored to both parents and young adults and addresses reasons for hesitancy around flu vaccines and birth control; presenting vaccination and birth

control as the default approach and a social norm; and providing science-based information in plain language.

Reinforce the importance of STI screening to providers

Nearly half of participants said their providers did not recommended a routine chlamydia screening. Of the participants who had been recommended to be tested, all had done so. This suggests that provider recommendations are a vital aspect of ensuring regular screening for STIs. MCOs should consider reminding PCPs and sexual and reproductive health care providers of STI screening guidelines.

For DHHS:

Improve messaging to parents and young adults concerning Medicaid enrollment status

A handful of participants said they did not understand when and how they would shift from being enrolled on their parents' insurance plan and onto their own plan. Improved communication and outreach to walk enrollees through the process may support beneficiaries' understanding of what they are required to do and ensure continuous enrollment.

APPENDIX 1. RECRUITMENT LETTER

November 15, 2022

Dear [FirstName],

The New Hampshire Department of Health and Human Services is asking for your help with a project about New Hampshire Medicaid Care Management. The Department hired Horn Research to gather opinions from women like you to better understand your experiences with well care and reproductive healthcare and your experience with your health plan.

We would like to invite you to participate in a **telephone interview** where you can share your experiences with health care services and the support you receive.

We are only asking a small number of people to take part so **your participation is very important**. You will receive a **\$45 VISA gift card** as a thank you for your time if you participate in a telephone interview.

We will be conducting the telephone interviews between **November 16, 2022 – December 30, 2022**. The interview will take about 20-30 minutes and we can schedule it at your convenience. We have a limited number of interview slots and they will be filled on a first come, first serve basis. All information you share will be kept completely private and will not affect your benefits or health care in any way. No one from Medicaid will see your individual answers and your name and personal information will never be made public.

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

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

Sincerely,



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

APPENDIX 2. INTERVIEW GUIDE

NEW HAMPSHIRE MEDICAID CARE MANAGEMENT PROGRAM INTERVIEW GUIDE – FALL 2022

Introduction

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 two years.

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. Demographics / Context

1. Current Age (Years)
2. Would you say you live in the country or the city?
3. Are you currently employed? If yes, is it FT, PT, temporary, etc.? Are you currently a student? If yes, FT or PT.
4. Have you experienced any challenges with your transportation?
 - a. If yes, tell me more about that.
 - b. If yes, are you aware of Medicaid transportation assistance?
 - i. If yes, have you had any challenges using Medicaid transportation?
5. Do you live with anyone? i.e. partner/spouse, children, parents/grandparents, roommate, etc.?
6. Do you have any biological children?
 - a. If you have children, how many?
 - b. If you have children, do you have access to childcare, including any informal childcare from relatives, friends, or neighbors? If no, why not?
7. Do you have access to a phone, tablet or computer with internet access? (specify which ones) (probe: Do you have any challenges/difficulties with online access?)

II. Experience with Medicaid Managed Care

1. Can you describe how well you understand your health plan, such as what is covered and what isn't? How do 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? Have you had any trouble getting your questions answered?)
2. What do you like best about your Managed Care Organization (insert name of MCO)? (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 (insert name of MCO)? (probe: Can you tell me about any problems you've had?)

4. What do you know about your Managed Care Organization's (insert MCO name) 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?)

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

III. Quality of Care- Well Care

1. Have you changed your Primary Care Physician (PCP) in the past year? If so, why?
2. Where do you receive well care or preventative care (physical exams, screenings, immunizations) from? (PCP, OB/GYN) Have you had a well care exam in the past year? If no, in the past two years?
 - a. How would you describe your relationship with your provider? Do they understand your needs? What do you like best about your provider? What do you like least about your provider?
3. Are you taking medication on a regular basis? (including contraception such as birth control pills, injection (depo), nuvaring, patch)
 - a. Tell me about any information or 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?
 - b. 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?
4. Have you received the following vaccines?
 - i. HepB vaccine series
 - ii. HPV vaccine series
 - iii. Flu Vaccine (within the past year)
 - iv. Tdap (in the past 10 years since last tetanus-containing vaccine)
5. If not, did you experience any challenges getting access to the vaccines or knowing about them? If you chose not to receive a vaccine(s), why?

Ask questions 6-10 only if they had a well care or preventative visit in the past two years

6. Did your provider ask you about tobacco use?
 - i. If you use tobacco, were you offered smoking cessation services (e.g. counseling, medication)? Did you follow those suggestions? If not, why?
7. Did your provider ask you about alcohol or drug use?
 - ii. If they mentioned that you could be using these too much did they make any suggestions? (i.e. counseling, medication) Did you follow those suggestions? If not, why?

8. Did your provider discuss or provide guidance on healthy eating habits and staying physically active?
 - c. If yes, did your doctor make any recommendations?
 1. If yes, did you follow those recommendations? If not, why?
9. Did your provider ask you how you are feeling mentally? (i.e. if you are feeling sad, etc.)
 - d. If yes, did your doctor make any recommendations?
 1. If yes, did you follow those recommendations? If not, why?
10. Did your provider discuss sexual and reproductive health with you? (For example, if you are sexually active, STD/HIV prevention, etc.) How did you feel about the conversation? Did your provider make any recommendations to you? Did you follow those recommendations? If no, why not?

Next, I would like to speak with you about your reproductive health care

IV. Quality of Care- Sexual and Reproductive Health Care

1. Have you received sexual and reproductive Health Care/Family planning services over the past two years? (i.e. pregnancy achievement, pregnancy prevention such as contraception, STI prevention/screenings/treatment, pelvic exam or pap smear)
2. Where did you receive those services? (OB/GYN, PCP, Family Planning Clinic).
3. How would you describe the range of provider choices you had for Reproductive Health Care/Family planning services (or PCP if they provide member reproductive health care) through your MCO/health plan? Do you feel that you had a lot of choices, enough choices, or not enough?
 - a. Were there choices in locations that met your needs? (e.g. time and distance)
 - i. If no, what was the issue/problem? What was the outcome?
 - b. Did they have appointment times that met your needs?
 - i. If no, what was the issue? What was the outcome of that problem?
 - c. Any other challenges with the choices you had available through your MCO?
4. Thinking of your last visit for Reproductive Health Care/Family planning, how would you describe the quality of care you received from the provider you saw?
5. If you are sexually active;
 - e. Did your provider recommend a routine Chlamydia screen (urine test or swab)? Did you get the recommended test? If not, why?
 - f. Did your provider discuss using a barrier method, like condoms, for STI/HIV protection?
6. If you did not want to become pregnant, did your provider discuss pregnancy prevention? If yes, did your provider discuss birth control including contraception options such as birth control

pills, injection (depo), IUD (e.g. Mirena, Paragard, Kyleena, Liletta, & Skyla), implant (Nexplanon), nuvaring, patch)? Did you choose a birth control method? If no, why not?

7. Were you asked about tobacco use?
 - a. If you use tobacco, were you offered smoking cessation services (e.g. counseling, medication)? Did you follow those suggestions? If not, why?
8. Were you asked 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) Did you follow those suggestions? If not, why?
9. Did your provider ask you about your mental health and well-being? (e.g. depression, anxiety, and domestic violence and/or safe place to live)
 - a. *If you screened positive*, were you offered mental health counseling or other support?
 - i. If yes, can you tell me about support were you offered by your healthcare provider?
 - ii. How received support, how would you rate the quality of the support you received?
1=very poor quality support and 5=excellent quality of support, why did you choose that score?
 - iii. Were there any challenges you faced in accessing the support?

Next, let us talk about your ability to access health information.

V. General Access to information

1. If you had any questions about your health, who did you ask?
Probe: doctor, nurse, health plan, friends, other
2. Did you have any problems in getting your questions about your health answered?
3. When learning about your health, how did you like to get information?
Probe: website/online, magazine, group education class, one-on-one, group class, telehealth
4. Do you receive emails, texts, letters or other reminders from your MCOs (insert name of MCO) about well-care, sexual and reproductive healthcare, or prevention screenings? If so,
 - a. Are they easy to read and understand?
 - b. Do you like receiving this type of information?
 - c. Do these communications impact your decision whether or not to seek care or get these screenings?

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

VI. 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, Doxy, 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

VII. Suggestions for Improvements

1. If you were going to make one improvement to the well care/preventative health care and support you received during the past twelve months, what would it be? (If they did not receive well care/preventative healthcare in the past twelve months ask the question replacing twelve months with twenty-four months)
2. If you were going to make one improvement to the sexual/reproductive health care and support you received during the past twelve months, what would it be? (If they did not receive sexual/reproductive health care in the past twelve months ask the question replacing twelve months with twenty-four months.)
3. Is there anything else about your health coverage that I did not already ask you that you would like to share with me?

APPENDIX 3. MCO-SPECIFIC RECOMMENDATIONS FOR EQRO.01 REPORT

ACNH

Table 12 lists opportunities for improvement from the Member Qualitative Interview Report to include in the EQRO.01 report for ACNH.

Table 12. EQRO Findings and Recommendations for Improvement from the Member Qualitative Interview Report to Include in the EQRO.01 Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	ACNH-2023Sp-EQRO-SSI-01	<i>Provide an "Introduction to Health Insurance" geared toward young adults</i> A large proportion of participants indicated they did not know anything about their health insurance plan, and a significant number said they rely on their parent to help them navigate their health insurance. In addition, many of the young women who were included in this project had their parents' mailing address, telephone number, and email address as their contact information. Providing trainings, or easy to read information, concerning the benefits covered by their health insurance may assist both young adults and their parents to effectively manage their health insurance and health care. It may be beneficial to have a time frame where health insurance information is provided to both parents and young adults to facilitate the shift in responsibility.
2	ACNH-2023Sp-EQRO-SSI-02	<i>Offer training on the sexual and reproductive health care needs of special needs populations</i> Information from mothers participating on behalf of their daughters with developmental disabilities revealed that providers and parents often do not understand the range of issues to be addressed with the sexual and reproductive health of special needs populations. In particular, providing parents with education and support about STIs and pregnancy prevention, managing menstruation, and routine screenings would be beneficial. Health care providers, particularly sexual and reproductive health care providers, should be reminded of the importance of furnishing information and education to better support caregivers of the special needs populations in their practice.
3	ACNH-2023Sp-EQRO-SSI-03	<i>Improve information and coverage for out-of-state college students</i> Participants who were college students at out-of-state schools noted they had difficulty accessing health care that was covered by their insurance. MCOs should clarify how out-of-state college students can access covered care and provide that information proactively to young people and their parents.
4	ACNH-2023Sp-EQRO-SSI-04	<i>Increase support and information for finding providers</i> A third of participants said they had switched their PCP within the past year, and several expressed a desire for more support finding PCPs, and sexual and reproductive health care providers, who take their insurance and are

ACNH EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report

Member Qualitative Interview Report

		accepting new patients. A review of the MCOs' websites revealed robust search functions and comprehensive results. Assuming the website data is up-to-date and complete, offering members more guidance and information on the availability of these tools, as well as offering personalized support for finding a provider for individuals with limited online access and skills, may bridge the gap in information.
5	ACNH-2023Sp-EQRO-SSI-05	<i>Leverage parental influence to increase uptake of vaccines and birth control</i> Participants routinely reported relying on their mother to answer health questions and make health care decisions. In addition, participants revealed relatively low take-up of flu vaccines and birth control. These participants frequently expressed resistance and discontent with being lectured or pressured into being vaccinated or using birth control by providers. MCOs could explore evidence-based strategies such as disseminating information and education which is tailored to both parents and young adults and addresses reasons for hesitancy around flu vaccines and birth control; presenting vaccination and birth control as the default approach and a social norm; and providing science-based information in plain language.
6	ACNH-2023Sp-EQRO-SSI-06	<i>Reinforce the importance of STI screening to providers</i> Nearly half of participants said their providers did not recommend a routine chlamydia screening. Of the participants who had been recommended to be tested, all had done so. This suggests that provider recommendations are a vital aspect of ensuring regular screening for STIs. MCOs should consider reminding PCPs and sexual and reproductive health care providers of STI screening guidelines.

NHHF

Table 13 lists opportunities for improvement to include in the EQRO.01 report for NHHF.

Table 13. EQRO Findings and Recommendations from the Member Qualitative Interview Report for Improvement to Include in the EQRO.01 Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	NHHF-2023Sp-EQRO-SSI-01	<p><i>Provide an "Introduction to Health Insurance" geared toward young adults</i></p> <p>A large proportion of participants indicated they did not know anything about their health insurance plan, and a significant number said they rely on their parent to help them navigate their health insurance. In addition, many of the young women who were included in this project had their parents' mailing address, telephone number, and email address as their contact information. Providing trainings, or easy to read information, concerning the benefits covered by their health insurance may assist both young adults and their parents to effectively manage their health insurance and health care. It may be beneficial to have a time frame where health insurance information is provided to both parents and young adults to facilitate the shift in responsibility.</p>
2	NHHF-2023Sp-EQRO-SSI-02	<p><i>Offer training on the sexual and reproductive health care needs of special needs populations</i></p> <p>Information from mothers participating on behalf of their daughters with developmental disabilities revealed that providers and parents often do not understand the range of issues to be addressed with the sexual and reproductive health of special needs populations. In particular, providing parents with education and support about STIs and pregnancy prevention, managing menstruation, and routine screenings would be beneficial. Health care providers, particularly sexual and reproductive health care providers, should be reminded of the importance of furnishing information and education to better support caregivers of the special needs populations in their practice.</p>
3	NHHF-2023Sp-EQRO-SSI-03	<p><i>Improve information and coverage for out-of-state college students</i></p> <p>Participants who were college students at out-of-state schools noted they had difficulty accessing health care that was covered by their insurance. MCOs should clarify how out-of-state college students can access covered care and provide that information proactively to young people and their parents.</p>
4	NHHF-2023Sp-EQRO-SSI-04	<p><i>Increase support and information for finding providers</i></p> <p>A third of participants said they had switched their PCP within the past year, and several expressed a desire for more support finding PCPs, and sexual and reproductive health care providers, who take their insurance and are accepting new patients. A review of the MCOs' websites revealed robust search functions and comprehensive results. Assuming the website data is up-to-date and complete, offering members more guidance and information on the availability of these tools, as well as offering personalized support for</p>

NHHF EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report

Member Qualitative Interview Report

		finding a provider for individuals with limited online access and skills, may bridge the gap in information.
5	NHHF-2023Sp-EQRO-SSI-05	<i>Leverage parental influence to increase uptake of vaccines and birth control</i> Participants routinely reported relying on their mother to answer health questions and make health care decisions. In addition, participants revealed relatively low take-up of flu vaccines and birth control. These participants frequently expressed resistance and discontent with being lectured or pressured into being vaccinated or using birth control by providers. MCOs could explore evidence-based strategies such as disseminating information and education which is tailored to both parents and young adults and addresses reasons for hesitancy around flu vaccines and birth control; presenting vaccination and birth control as the default approach and a social norm; and providing science-based information in plain language.
6	NHHF-2023Sp-EQRO-SSI-06	<i>Reinforce the importance of STI screening to providers</i> Nearly half of participants said their providers did not recommended a routine chlamydia screening. Of the participants who had been recommended to be tested, all had done so. This suggests that provider recommendations are a vital aspect of ensuring regular screening for STIs. MCOs should consider reminding PCPs and sexual and reproductive health care providers of STI screening guidelines.

Well Sense

Table 14 lists opportunities for improvement to include in the EQRO.01 report for Well Sense.

Table 14. EQRO Findings and Recommendations for Improvement from the Member Qualitative Interview Report to Include in the EQRO.01 Report for Well Sense

Well Sense EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	WS-2023Sp-EQRO-SSI-01	<p><i>Provide an "Introduction to Health Insurance" geared toward young adults</i></p> <p>A large proportion of participants indicated they did not know anything about their health insurance plan, and a significant number said they rely on their parent to help them navigate their health insurance. In addition, many of the young women who were included in this project had their parents' mailing address, telephone number, and email address as their contact information. Providing trainings, or easy to read information, concerning the benefits covered by their health insurance may assist both young adults and their parents to effectively manage their health insurance and health care. It may be beneficial to have a time frame where health insurance information is provided to both parents and young adults to facilitate the shift in responsibility.</p>
2	WS-2023Sp-EQRO-SSI-02	<p><i>Offer training on the sexual and reproductive health care needs of special needs populations</i></p> <p>Information from mothers participating on behalf of their daughters with developmental disabilities revealed that providers and parents often do not understand the range of issues to be addressed with the sexual and reproductive health of special needs populations. In particular, providing parents with education and support about STIs and pregnancy prevention, managing menstruation, and routine screenings would be beneficial. Health care providers, particularly sexual and reproductive health care providers, should be reminded of the importance of furnishing information and education to better support caregivers of the special needs populations in their practice.</p>
3	WS-2023Sp-EQRO-SSI-03	<p><i>Improve information and coverage for out-of-state college students</i></p> <p>Participants who were college students at out-of-state schools noted they had difficulty accessing health care that was covered by their insurance. MCOs should clarify how out-of-state college students can access covered care and provide that information proactively to young people and their parents.</p>
4	WS-2023Sp-EQRO-SSI-04	<p><i>Increase support and information for finding providers</i></p> <p>A third of participants said they had switched their PCP within the past year, and several expressed a desire for more support finding PCPs, and sexual and reproductive health care providers, who take their insurance and are accepting new patients. A review of the MCOs' websites revealed robust search functions and comprehensive results. Assuming the website data is up-to-date and complete, offering members more guidance and information on the availability of these tools, as well as offering personalized support for</p>

Well Sense EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report

Member Qualitative Interview Report

		finding a provider for individuals with limited online access and skills, may bridge the gap in information.
5	WS-2023Sp-EQRO-SSI-05	<i>Leverage parental influence to increase uptake of vaccines and birth control</i> Participants routinely reported relying on their mother to answer health questions and make health care decisions. In addition, participants revealed relatively low take-up of flu vaccines and birth control. These participants frequently expressed resistance and discontent with being lectured or pressured into being vaccinated or using birth control by providers. MCOs could explore evidence-based strategies such as disseminating information and education which is tailored to both parents and young adults and addresses reasons for hesitancy around flu vaccines and birth control; presenting vaccination and birth control as the default approach and a social norm; and providing science-based information in plain language.
6	WS-2023Sp-EQRO-SSI-06	<i>Reinforce the importance of STI screening to providers</i> Nearly half of participants said their providers did not recommended a routine chlamydia screening. Of the participants who had been recommended to be tested, all had done so. This suggests that provider recommendations are a vital aspect of ensuring regular screening for STIs. MCOs should consider reminding PCPs and sexual and reproductive health care providers of STI screening guidelines.

APPENDIX 4. RESEARCH STAFF

Table 15. Research Team

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