



New Hampshire Medicaid Care Management

MEMBER SEMI-STRUCTURED INTERVIEWS,
SUMMARY REPORT
SPRING 2020

*PREPARED FOR: State of New Hampshire, Department of Health & Human Services
JULY 28, 2020*

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

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

Contents

Acknowledgements	i
Executive Summary	1
Introduction	2
Methodology	3
Experience with the Managed Care Organization (MCO)	4
<i>Understanding of Health Plan</i>	4
<i>Positive Experiences with MCO</i>	5
<i>Negative Experiences with MCO</i>	6
<i>Experience Communicating with MCO</i>	7
<i>Awareness of Complaint Process</i>	7
<i>Experience with Case Management</i>	8
<i>Evaluation of Educational Materials from MCO</i>	8
Access to Care	9
<i>Access to Medication</i>	9
<i>Access to Therapies</i>	9
<i>Access to Medical Equipment and Supplies</i>	10
<i>Access to Transportation Support</i>	10
Quality of Care	10
<i>Relationship with PCP</i>	11
<i>PCP Communication with Specialists</i>	12
<i>Experience with PCP's Discussion of Weight and Nutrition</i>	13
<i>Experience with Vaccines</i>	14
<i>HPV Vaccination</i>	15
<i>Experience with Providers' Mental Health Evaluation</i>	15
<i>Medication Counseling</i>	16
<i>Consistency and Comprehensiveness of Chronic Illness Care</i>	17
Suggestions for Improvement	18
<i>No Improvements Needed</i>	18
<i>Provider Network</i>	18
<i>Individual Provider Issues</i>	18
<i>Improved Customer Service</i>	18
<i>Additional Benefits</i>	19
Other Comments & Concerns	19
Conclusion & Recommendations	20
Appendix 1. Recruitment Letter	21
Appendix 2. Interview Guide	22
Appendix 3. MCO-Specific Recommendations for QAPI Report	25
<i>ACNH</i>	25
<i>NHHF</i>	25
<i>Well Sense</i>	25

ACKNOWLEDGEMENTS

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

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

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 parents or guardians of Medicaid members who were either 11 or 12 years of age at the time of sampling. Between April 16, 2020, and May 14, 2020, Horn Research¹ interviewed the parent or guardian of 30 members using three points of inquiry: Experience with their managed care organization (MCO), Access to Care, and Quality of Care.

Nearly half of participants reported not having a complete understanding of their child's insurance plan, but believed that knowledge was unnecessary because their child's health needs had been covered. Participants also appreciated the provider network and the ease of use. Participants reported positive views towards their MCO and had experienced very few challenges other than finding mental health and dental providers; and occasional issues with customer service.

Most participants reported not needing access to medication and medical supplies. The primary access challenges reported included pre-authorization delays, pharmacies not being within the insurance network, and difficulty accessing diabetes testing strips. Participants reported occupational and speech therapy was successfully accessed through their child's school. Nearly all participants said they did not use or need transportation support.

Participants reported generally positive relationships with their child's doctor. About half of participants said discussions around weight and nutrition were not informative and for some children, contributed to feelings of self-consciousness. Only a third of participants felt their provider's evaluation of their children's mental and emotional health was useful. Most participants indicated their child was up to date with their immunizations and either had received, or will receive, the human papillomavirus (HPV) vaccine on schedule. A minority of participants said they were delaying or would consider declining the HPV vaccine and had declined the flu vaccine. Participants who said their child takes medication on a regular basis reported that the physician had offered alternatives to medication and had reviewed side effects, dosage, and effectiveness of medications initially and on an on-going basis.

Overall, participants expressed satisfaction with the care they received from their providers and support from their MCO. Recommendations from the report include:

Expand Mental Health Provider Network

Participants noted challenges finding mental health providers covered by their MCO in their local communities and limited mental health support from their child's primary care provider (PCP). Participants said having to travel to seek counseling for their children was logistically challenging, and the lack of providers made it difficult to find a good fit with mental health providers.

Refine Messaging on Flu and HPV Vaccine

Continued communication concerning the importance, value, and safety of the flu and HPV vaccines may increase parents' amenability to receiving immunizations.

Consider Additional Benefits

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

Participants noted appreciation for the rewards and other perks available through their MCO. An additional benefit to provide funding for sports fees and equipment would enable families to support and encourage their children's physical activity.

INTRODUCTION

In support of an external quality review of New Hampshire's Medicaid Care Management Program, qualitative data has been gathered from parents or guardians of Medicaid beneficiaries who were either 11 or 12 years of age at the time of sampling. The sample population included members from across New Hampshire. The qualitative interviews were conducted over the telephone between April 16, 2020, and May 14, 2020.

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

1. Experience with MCO

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

2. Access to Care

- Participants' access to medications
- Participants' access to speech, occupational, or speech therapy
- Participants' access to medical supplies and devices
- Participants' access to transportation support

3. Quality of Care

- Participants' assessment of the quality of care received from child's PCP
- Participants' assessment of the quality of care received by specialists
- Participants' description of well visit discussions around weight and nutrition
- Participants' description of receiving vaccines, including the HPV vaccine
- Participants' description of well visit discussions around mental and emotional health
- Participants' description of their provider's initial and on-going medication counseling
- Participants' evaluation of their child's chronic illness care

METHODOLOGY

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

Sample Size and Composition

DHHS provided a population list of all parents or guardians of Medicaid beneficiaries 11 or 12 years of age on April 1, 2020. A random sample of 240 members was selected from the full population.

Participant Recruitment

The sampled members were sent a letter (Appendix 1) on April 13, 2020, explaining the project and asking for participation. Participants were offered a \$30 gift card to participate. The interviews were completed between April 16, 2020, and May 14, 2020.

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

Participant Demographics

Nearly two-thirds of participants were enrolled with Well Sense and a third with New Hampshire Healthy Families (NHHF) which is an over-representation of Well Sense participants. One participant was enrolled with AmeriHealth Caritas (*Table 1*). Just over half of interview participants (56.7%) live in a non-rural Public Health Region (PHR) and 43.3% live in a rural PHR which is a slight over-representation of rural residents (*Table 2*).

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

County	Interviewed Participants		Study Population
	Number	Percent	Percent
Well Sense	19	63.3%	47.6%
NHHF	10	33.3%	50.3%
AmeriHealth Caritas	1	3.3%	2.1%

Table 2. Number of Participants and Percent of Population by Public Health Region Type

County	Interviewed Participants		Study Population
	Number	Percent	Percent
Non-Rural PHRs	17	56.7%	66.0%
Rural PHRs	13	43.3%	34.0%

Data Collection Process

Horn Research conducted the semi-structured interviews by telephone. The telephone interviews were led by an experienced facilitator with participant responses captured in real-time through verbatim note-taking. Interviews were directed by an Interview Guide (Appendix 2) developed to address the Key Points of Inquiry. The interviews lasted approximately 15–20 minutes. All participants received a summary of the purpose of the project at the beginning of the interview and the facilitator read a statement verifying the confidentiality of the information collected. All participants were mailed a \$30

gift card in appreciation for their participation in the project. The identities of the interviewees were confidential to the interviewer and not revealed to the New Hampshire Medicaid Program.

Data Analysis and Validity

After completing the telephone interviews, Horn Research analyzed the information by identifying, coding, and categorizing primary patterns in the data. The consistent patterns found in the analysis of the data and the representative sample supports the validity of the information gathered but should not be assumed to be *statistically* representative of the whole population. There were no discernible differences in responses by health plan. The information provided in this report should be used to identify salient issues relevant to the population, provide contextual information for the larger assessment process, and identify avenues for further research. Quotes from interview participants were lightly edited for content and clarity.

EXPERIENCE WITH THE MANAGED CARE ORGANIZATION (MCO)

Participants were asked to describe their understanding of their child's health plan, positive and challenging encounters they had experienced with their MCO, their understanding of their MCO's complaint process, and their utilization of the MCO's case management services. They were also asked to describe their experience with educational materials they may have received from their MCO. Nearly half of participants said they do not understand their child's health insurance plan, but believed that knowledge was unnecessary because their child's health needs had been covered. The positive attributes of MCOs included the coverage provided by the plan, the provider network, the ease of use, and the MCO's customer service. The bulk of participants had not experienced any challenges with their MCO. The difficulties articulated by participants related to finding providers and communication with their MCO. Most participants said they contact their MCO by calling the customer service number on the back of their child's insurance card. Nearly all participants said they were unaware of their MCO's complaint process and very few had experience with case management support. The bulk of participants were not interested in receiving educational material from their MCO.

Understanding of Health Plan

Eighteen participants said they understand their child's health insurance plan. One participant said, *"So far, so good. I've only been doing it for two years and I had to learn as I go because I hadn't done it before. It was kind of easy. I get an appointment and show the card and that's it. He had to get special mental health help. Even that was easy."* Another participant commented, *"I understand about what it covers and what it doesn't."*

Twelve participants indicated that they did not understand their child's health insurance plan, but also said they had not needed to because the insurance had covered all of their needs. One respondent said, *"I don't really understand any of it, but I know they pretty much cover everything. I haven't had any issues."* Another respondent reported, *"I don't really understand it. Everything is just kind of covered as we go. I haven't had an issue so I haven't really looked into it. I've never called. It's been really easy since I've had it."*

To be completely honest, I don't really understand it. But so far, I haven't had a problem with it. I've only called for support once and that's because my daughter has an Individual Education Plan (IEP) and I was asking about a psychological evaluation and if insurance would cover therapy.

Positive Experiences with MCO

When asked what they liked best about their MCO, twelve participants remarked about the coverage they received for their child's medical care. One participant said, *"I find that it really just seems to cover a lot. They don't seem to ask too many questions. Years ago, he broke his leg and that was all covered. The hospital visit and the x-rays were all covered, which was wonderful. And we have another son who had to have braces and that was all covered because it was medically necessary. That was a huge blessing and they covered everything, no question."* Another participant shared, *"I've had no issues with her insurance. What makes me the happiest is I haven't had any questions about any coverage. Last year, we had four months with her being extremely sick and not once did they question covering it, including all the tests at Dartmouth."*

We have had a lot of different insurance plans, and this is the best plan I have ever had. I feel the ease of getting information has been great. My daughter does have a heart abnormality so we have had to deal with specialists and out-of-state doctors and everyone has been very knowledgeable and helpful. We've had resolution in a quick amount of time for preapproval. I think coverage for mental health and medication is good. I can't say enough about how great this insurance is and how grateful I am to have it.

Five participants said they liked the health insurance company's network of providers. One participant said, *"When we are in-network, I feel like I have plenty of choices for him as far as providers."* Another participant said, *"They seem to be accepted everywhere. I even found a place they covered for his eye needs."*

Five participants said they were pleased with the various perks they receive through their child's health insurance plan. One participant commented on the availability of bike helmets while three others said they appreciated the rewards program.

Four participants said they liked how easy it is to use their child's health insurance benefits. One participant said she liked, *"the ease of use. You don't see bills, it's just taken care of. It's one less thing to think about."* Another participant shared, *"I like how easy it is. Everywhere we go, everything is covered."*

One participant said she welcomed the low cost of the insurance. She said, *"We had insurance through their dad, but we got divorced, and I was able to get this insurance at an affordable rate."*²

One participant said she appreciated the customer service through her MCO. She said, *"Any time I've talked with them about questions, they've always been really helpful and answered my questions."*

Two participants said they could not identify anything in particular they liked about their child's MCO.

² New Hampshire Medicaid Care Management coverage does not require insurance premiums, coinsurance, or deductibles. Only some medications require a copay, which may have been the "affordable rate" referenced by the study participant.

Negative Experiences with MCO

Participants were asked to describe the most challenging experiences they have had with their MCO. Four participants mentioned they had difficulties with the network of providers available through their MCO, specifically around dental care.³ One participant explained, *“The main gap I have is with dental care. My children's cleanings twice a year are covered, which is great. If they were to have a cavity, they would be covered too. I had an issue with my eldest son who just turned 18. He needed to have his wisdom teeth extracted because they were impacted. What I understood from medical consultations was that it was medically necessary. I called two or three providers in the main New Hampshire and Vermont area that were on the list. One was close by and a good provider. They said ‘we're not taking Well Sense patients at this time.’ The other two were dentists who would extract the teeth with Novocain. That was not appealing. That felt like you're going to the blacksmith and he pulls it out with tongs. That was disappointing. I'm not sure why these oral surgeons are not willing to do some of this work.”* Another participant said, *“Finding a dentist was a challenge at first. But I found a place, and I like them.”*

Two participants said their challenges centered around communication from their MCO. One participant said she had not been informed of loss of coverage. She said, *“I did have a little bit of a problem with another son. It was not a huge deal, and partly, it was my fault. We're not a type of family to go to the doctor or emergency room very often. We hadn't used it for a few months and last summer I had to bring my son in. He was being treated for Lyme's disease. I didn't know my coverage had ended. I didn't send in all the necessary documents, and I wasn't aware of that. I feel like I'm usually pretty aware, but I didn't send in one necessary document. For three months, we weren't covered, but I didn't know that. I guess they said they'd emailed me. That's been my only frustration, otherwise they have been really dependable. I reapplied and they did come back and reimburse for some of those expenses during that time.”* Another participant said she would prefer a different way of receiving provider information. She said, *“The only issue I've found is that if I'm looking for a provider, I get doctors' names and not locations. I'm in Lebanon and a lot of times I'm looking for a location. It would be helpful to know where the doctor is located as opposed to what the doctor's name is.”*

One participant noted she had a negative experience with her MCO's rewards card program. She said, *“This is petty, but the only problem I've had is with the rewards program with different things not going through. One time, I had to make five phone calls. It was a computer issue. If it's a \$20 flu shot, I usually let it go, but this time they both had their flu shots so it ended up being \$90 that they couldn't get to push through. And when I called the people were very nice and they could see it, but they couldn't get it to go through. After the fifth phone call, it showed up, finally. It's the only issue I've had.”*

Two participants said they had concerns about their ongoing and future eligibility for insurance coverage. One participant said, *“I haven't had too many challenging experiences with them. They've been pretty good. My most challenging experience would be when you're in that flux point being a mom with kids. I was a single mom and working two jobs. I'd get kicked off and back on which caused a financial burden. I have a better understanding of it because I've been on it. What was most frustrating for me was making sure my kid was covered. A lot of times we'd be on for a year and off for a year, but since the exchange, it's much smoother and easier.”* Another participant caring for her grandchildren said she had concerns about their continued eligibility and also said she felt there was a stigma associated with the insurance company. She said, *“We would prefer to have the kids on our insurance. That's not possible, because they have insurance from their deceased father. I feel like we're looked*

³ The NH Medicaid Dental Benefit is not provided through NH Medicaid Managed Care but is a service provided by the NH Medicaid Fee For Service Program.

down upon a little bit when we say Well Sense. There's just a stigma with having it. I have a pretty thick skin, but I also worry about how long it's going to last. Is it going to end when they turn 18? I need to investigate that because my older girl just turned 15. I don't know what we will do if that's going to happen. I am hoping it doesn't end then. I know their social security will. I'm doing all I can to make ends meet."

One participant said she had experienced a delay in receiving her child's insurance card and twenty participants said they had not experienced any challenges with their MCO.

Experience Communicating with MCO

When asked how they get support when they have questions about their coverage, 17 participants said they call the number on the back of the insurance card. The bulk of these participants said they had gotten the information they needed easily. One participant shared, *"If I have questions I call the number on the card. It has been extremely easy to get answers."* Another participant said, *"They respond back without any problems. I haven't had any problems with that."*

I had no problems with it. She gets her medication on time. I don't have any problem with it. If I call the office and ask certain questions, they give me the answers right quick. Or they put me on hold and get the questions answered.

Three participants, not all enrolled in the same MCO, said they had some challenges in getting their questions answered by calling the customer service number. One participant whose daughter is diabetic and tried to get a medical device to track her blood sugar said, *"Getting support as far as questions, it's a big process. It took me nine months to get through that process for her to have it. Which is crazy because you call and call and one person tells you this and another person tells you that. And then you have to start again. That's very frustrating."* Another participant said she did not think the customer service staff were knowledgeable. She said, *"I don't love how their customer service line works any more. If you have questions about coverage, they don't tell you much. They don't seem very knowledgeable about finding a doctor that will be covered or specific procedures or specialists."*

Two participants said they use both email and the MCO's website to resolve questions. One participant said, *"I actually use their website and they're wonderful. I will email a question and within 24 hours they will get back to you. I had quite a few questions because there was an issue when I took him to Dartmouth, and they had information from our previous insurance. I contacted them through email and it was all resolved."*

Two participants said they contact their case manager with any questions. One participant said, *"If I have any questions or anything about insurance, I would communicate that through their case manager. She's always checking in."*

Nine participants noted they had not had any issues to contact the insurance company about.

Awareness of Complaint Process

The vast majority of participants (N=25) said they were not aware of their MCO's complaint process. Participants said they assumed they could contact the MCO's customer service if they had a complaint. Five participants said they were aware of the complaint process, but had never used it. One participant said, *"They send periodic letters about how to do this and how to do that. I think they stay on top of*

things. I do understand who to reach out to if I have a complaint. I haven't done that, but I know how to."

Experience with Case Management

Only one participant said her child was currently receiving case management services from her MCO. She said, *"I think they do a great job at meeting the needs of the child as well as the family. It's not like he works just with him, he works with me and addresses the whole family. I don't think we've had any bad experiences."* Two other participants said they had received case management services from their MCO in the past, but were not currently receiving those services. One other participant said she had received one-time support from her MCO. She said, *"One time, I got a call offering help. They were really good helping her get the services that she needed at the time."*

Two participants said their children receive case management from a community-based organization. One participant said, *"She gets help through Gateway. For example, they helped me get a medical ID bracelet and they help coordinate getting things she needs. If I pay it up front, sometimes they reimburse."* The other participant said her experience was, *"so far, so good. We just started."*

Four participants said their child receives case management type services through their school as part of their IEP. One participant said someone at her doctor's office had offered to help find support in the community.

Nineteen participants said their child does not receive case management services from any organization.

Evaluation of Educational Materials from MCO

When asked whether they had received educational materials from their MCO and whether they liked and used the material, eight participants said they did not recall and seven participants said they had not received any. All fifteen of these participants indicated they were not interested in receiving educational materials from their MCO. One participant said, *"I don't think we ever have. I probably wouldn't read it. I tend to be fairly informed. I feel like I have enough information."* Another participant said, *"If I did, I don't remember. There was a lot more that I was worried about. I could have just pushed it aside because I already know it. For me personally, it is not helpful. For somebody else, it might be."*

Fourteen participants said they had received educational information from their MCO. Eight of these participants said they appreciated the information. One participant said, *"They're really good. They won't send anything that doesn't need to go out. They're not filling your box up. You get something quarterly about what they offer. It's always good to see what you haven't applied for."* Another participant said, *"I get these quarterly things with ideas for foods and things. I do read them through, and they do help. For the next two weeks I shop right, but then I go back to the junk food."*

Of those who had received the information, but did not want it, the most common comments were that the information was not helpful and was too general in nature. These participants also noted they would rather receive information specifically tailored to their child directly from their provider.

ACCESS TO CARE

Participants were asked to describe their access to medications, therapies, medical supplies and equipment, and transportation support. Overall, participants said they either did not need access to these types of support or had not experienced any challenges with access. Of the participants whose children take medication regularly, only four had experienced challenges with access. Participants enrolled in each MCO mentioned delays due to pharmacies not accepting their insurance and pre-authorization as the primary challenges with medication. Most participants indicated their child had not needed occupational, speech, or physical therapy. Those who had said they accessed the therapies through their child's school and were satisfied with the support their child received. Nearly all participants said their child did not need medical equipment or supplies. One participant said she had trouble accessing testing strips for her daughter's diabetes. Nearly all participants said they did not use or need transportation support from their MCO.

Access to Medication

Of the 12 participants who said their children were taking medication on a regular basis, eight indicated they had not experienced any challenges in accessing those medications.

Two participants said they had experienced minor difficulty with their MCO's network of pharmacies. One participant said, *"She only takes this one medicine and Walgreen's used to give it to her. All of a sudden, they couldn't do it. She gets it from CVS now, no problem. I told her doctor they're not taking the card. So, we switched, and it was ready right away."* The other participant said, *"The only problem was when AmeriHealth wouldn't accept any of the pharmacies in town. It was hard. I was standing in the pharmacy trying to figure it out. I had to go to three pharmacies."*

One participant noted she had experienced challenges with pre-authorization for insulin. She explained, *"Pre-authorization can cause challenges getting the medication on time when it's been changed. If I'm down to one pen or sometimes if I run out a little early, it's hard to get another prescription. I can't control how much she uses. It depends on how high her sugar is and how much she eats at that meal. She still gets the insulin. But it's a little frustrating to have to wait four more days. I can't wait."*

One other participant said she had experienced some challenges with medications being delivered to the wrong address, but that the issue was with the pharmacy, not the MCO.

Access to Therapies

Participants were asked whether their children had needed access to therapies such as speech therapy, occupational therapy or physical therapy. The vast majority of participants (N=22) said their child had not required any of these types of therapy. Seven participants said their child had received occupational and/or speech therapy at school. Participants universally agreed that the therapies provided at school were effective and they did not need improvement. One participant shared, *"He used to have occupational and speech therapy all through school. It worked very well. He used to walk funny and be a little clumsy. That helped him a lot. And his speech, you couldn't understand him for quite a while. The speech really helped a lot. No improvements needed."* Another participant said, *"She was getting occupational and speech therapy in school, but her IEP does not include that any more. This is the first year she didn't need them. She improved a lot with what they did for her."*

One participant said her son received visual therapy. She said, *“He did have a round of visual therapy. The doctor had to put in a special request for that. It wasn't covered by Well Sense, but it would be great if they had alternative therapies.”*

Access to Medical Equipment and Supplies

Twenty-seven interview participants said their child had not needed access to any medical equipment or supplies. One participant noted challenges accessing testing strips for her daughter's diabetes. She said, *“There was a time we were having a lot of lows so she was pricking her finger more than normal, and they didn't want to refill the test strips. I didn't have \$100 to pay. The pharmacy wanted the doctor to write the prescription for a higher number of strips, but then insurance wants to know why she's using so many strips. That gets frustrating. We haven't had to do that recently because she's doing pretty well. Summer time is different because she's more active with swimming.”* One participant said her son had needed a reading machine for his visual impairment. She said, *“Well Sense was helpful there. He had the reading machine. He also had access to something online.”* One other participant said his adopted child uses a nebulizer, but that he brought it with him when he came to live with them.

Access to Transportation Support

Twenty-five participants said they had not used any Medicaid transportation options because they did not need travel support. Two participants said they were unaware of the transportation benefit. One participant said she was currently looking at the options available, but had not yet used it. One participant said she had experienced challenges with transportation support. She said, *“I've been told that it has to be called in within 48 hours. But I was also told that if somebody else was driving us or if I'm driving, I could call the morning of, and I've been denied. You get one thing from one person and something else from another. I think if everybody would get on the same page, that would be helpful.”* One other participant noted she had not bothered with the transportation reimbursement. She said, *“I have not. I think it's because I'm lazy. I know there are forms available on the website for reimbursement. I just don't have a printer at home, and I make lots of excuses.”*

QUALITY OF CARE

Participants were asked to describe their relationship with their child's PCP and the PCP's communication with any specialists. They were also asked to explain how well they thought the PCP approached discussions around their child's weight and nutrition, vaccines, mental and emotional health, and medication counseling as well as to describe the care their child receives for any chronic illnesses.

Overall, participants described positive relationships with their child's PCP. The primary challenge participants identified was needing to wait a long time for an appointment. Only a handful of participants' children have seen a specialist in the past six months. Of those who had, participants indicated satisfaction with the communication between specialists and the PCP. Discussions about weight and nutrition were a part of nearly all recent well visits. Half of participants said the discussion was either not informative or made their child feel self-conscious while the other half of participants felt the discussion encouraged their child to make healthier decisions. Only a third of participants indicated that the mental and emotional health evaluation conducted by their PCP was useful.

The bulk of participants said their children are up-to-date on all vaccines. Four participants said they followed a delayed, alternate vaccine schedule, and an additional four participants said they had declined the flu vaccine. All participants said they had not experienced any challenges in accessing vaccines. Most participants said their child had either received the HPV vaccine doses or would receive

them on schedule. Three participants said they intended to delay the HPV schedule, and three others said they were undecided on whether to accept the vaccine.

Of the eleven participants who said their child was regularly taking medication, the bulk said their PCP had provided options as an alternative to, or in support of, medication. Nearly all of these participants also said their PCP had provided information on the side effects and effectiveness of the medication initially, and on a continuing basis. All five participants who said their child has a chronic illness said the care for their child's illness was both consistent and comprehensive.

Relationship with PCP

Twenty-four participants described their relationship with their child's PCP as positive. The qualities most often remarked on by participants were the PCP's communication skills. Participants frequently noted their PCP was willing to take the time to listen and get to know their family. One participant said, *"The pediatrician we have sees all three of my children. And she is phenomenal. She remembers me and remembers the kids. If I go in with him, she'll ask how his brother and sisters are. I think she's amazing*

"She's awesome. That's one of the reasons we switched to Well Sense. We had one of the other plans before and she was going to not take that one. She really cares and she's very involved. She's a great doctor."

overall. That's something I look for in a provider, someone who is personal and who you can have a conversation with and knows your family. You're not just another number. She's also really good at giving out options and seeing what works best for our family." Another participant shared, *"He's just down to earth. He tells it like it is. If you have questions, he doesn't make you feel bad for anything you ask. He's a good guy."* One participant said her relationship with her son's PCP is, *"very strong and very positive. She has a good sense of him as an entire person*

rather than component parts. And she's very supportive of our choices as a family. We're very happy. The only downside is just the way the medical system is going. She is part of a team. For well visits, we are certainly able to see her, but when we had to go in for ear infections, sore throats, it was just whoever was on the team was who we saw. But that's a bigger issue than Well Sense." Another participant commented on their long-term relationship with the provider saying, *"Her provider is absolutely amazing. I had a son pass away before I had my daughter. We interviewed a bunch of doctors, I immediately fell in love, and we've had her since. She remembers stuff about other family's health to know what is in my daughter's genes. I never leave unhappy. She listens, takes into account our concerns. She's amazing. And my daughter loves her."*

Six participants said they have a new provider that they are just getting to know, but reported positive experiences so far. One participant shared, *"Her PCP wasn't the one she usually sees. The one she used to see is no longer there, but I did speak to her about her medical history. She took her time and talked to me. I liked our [previous] doctor because she knew her and all her information. I don't like to bounce from one place to another. It's hard to have someone understand her. She's repeating herself, and she doesn't like doing that. It takes her a long time to trust someone."*

Four participants noted some challenges around the availability of appointments. One participant shared, *"Over the past year, I feel the urgent care was a lot easier to go to rather than waiting to fit him in. They had said they couldn't see him for two or three weeks. Over the past year, any time I've called for any kid, there weren't any appointments, even for fevers or ear infections. The only reason we have this doctor now is because she was chosen for them."* Another participant said, *"Since the facility has gone*

through some change, they have had some trouble getting people in because they are understaffed. My baby was sick a couple of times, and they said couldn't see him for a couple days. A lot of times they would make you wait over the weekend, too. That is a complaint more about the facility and a lack of appointments and the ability to get in. I know that it's because it's short-staffed. I like the facility, it's right down the road and the kids don't have to miss school, and I don't have to travel a long distance. But if they can't be seen..."

One participant said she liked her provider, but wished she was more familiar with mental health issues. She said, *"I'm pretty comfortable with our provider. She knows who we are. I never feel rushed. I don't feel like we're just like a number. If I go in for myself, she asks about the kids. If I bring in one kid, she*

asks about the other kids. I guess there are certain things that she just doesn't understand. For example, a few years ago I wanted to find out about how to obtain an autism diagnosis and she kind of looked at me like I had three heads and said we'll see if we can find a specialist. Six months later I got a phone call with a number for some other provider which would mean that this child could no longer see our main provider. It wasn't what I wanted to hear, and it never went anywhere. For mental health, she won't do any prescribing of anti-depressants, she'll just give a list of providers and you can do the work. In some instances, she pushes us off onto other providers. It's not the worst thing in the world. That would be my one complaint."

asks about the other kids. I guess there are certain things that she just doesn't understand. For example, a few years ago I wanted to find out about how to obtain an autism diagnosis and she kind of looked at me like I had three heads and said we'll see if we can find a specialist. Six months later I got a phone call with a number for some other provider which would mean that this child could no longer see our main provider. It wasn't what I wanted to hear, and it never went anywhere. For mental health, she won't do any prescribing of anti-depressants, she'll just give a list of providers and you can do the work. In some instances, she pushes us off onto other providers. It's not the worst thing in the world. That would be my one complaint."

One other participant said she thought her provider was overly cautious. She said, *"She understands his needs and she listens to me and to my son. I like her so much. I guess sometimes she may be a little on the cautious side. If something's wrong, we have to do a lot of testing instead of just going based on symptoms. I think sometimes she goes overboard on some stuff. I guess it's better to be cautious than not."*

PCP Communication with Specialists

Three participants said their PCP communicates well with their children's specialists. One participant whose daughter sees a diabetes specialist and a therapist said the primary care doctor is proactive with communication with both types of specialist. She said, *"They just got somebody to do adolescent diabetes [at the primary's practice], but I choose to keep the same one she's had since she was four. It's a big process to start it, and I feel like the people she sees already know her history. I've had them from the very start right when we came from Boston. I just feel more comfortable. I haven't had any issues with them communicating. Her diabetes has been pretty steady. There's been no major issues. She does get counseling and stuff like that. Her primary is good at getting connected and forcing the connection if she doesn't get a return call."*

One participant said she did not know whether her PCP works with her son's eye doctor. She said, *"I have no idea, but probably not I would guess. I try to make sure I'm open with the practitioners and allow them to communicate. Sometimes they need something in writing. I'm not sure if they communicated. I would hope that they did."*

One other participant said she would like her son's providers to work closely together, but is unsure if they have. She said, *"He's seen a psychologist. We just transferred his care, so she does his med checks for his attention deficit hyperactivity disorder (ADHD). They had recommended he see a psychologist so they can work together to give him the best options for medication. His doctor is out, so I'm not sure if she's aware of the transfer, but she's suggested it in the past. I would prefer they work together. I know I've signed releases for the doctors to speak together."*

Twenty-five participants said their child had not seen a specialist in the previous six months.

Experience with PCP's Discussion of Weight and Nutrition

Participants were asked to describe the discussion their child's PCP may have had at the last well visit regarding their child's weight, nutrition, and physical activity. All but one participant said the PCP had broached the topic with their child. Eleven participants indicated that the discussion was short and not very informative. One participant said, *"All I know from that discussion is that he's very tall and skinny. He's tall for his age. That's all I know."* Another participant said she instigated the conversation, but did not think it was particularly helpful. She said, *"We did touch on her weight and her nutrition because I asked her. I did tell the doctor to talk to her about it because my daughter has gained a few pounds in the past five years. But there's nothing I can technically do about that other than taking her for walks and asking her to do certain things like sports, but she really doesn't want to. I don't really force her to do anything unless she says yes. She's not willing to. Having the doctor say something did help a little bit, but not a whole lot."* Another participant said, *"Just that she's healthy and where she's supposed to be."* One other participant said it was not helpful because the discussion felt perfunctory. She said, *"It was pretty much hitting bullet points off a list. I don't think it was a useful conversation. We don't need the doctor for that. But I guess if there were concerns and there was an issue, it would have been more productive."*

Seven participants said the discussion was somewhat more robust and impactful. One participant said, *"She asked us what activities he did and told us where to watch his weight and to try to include more fruits and vegetables into his diet. I do think it changed his eating habits a bit. He's very fussy and since then he's more willing to try new things."* Another participant said, *"She talked about her weight. She's a big girl. She's going on 160 and she's 5'5". [The doctor] said she has to watch her weight. So, she exercises and dances. All I hear is her dancing music. She's doing exercise! The front room is her gym. She's constantly doing something in there. She's trying to keep her weight down. She's eating a little bit more than she should, but she likes a lot of fruit. I have apples and oranges in the house. She likes her broccoli. I try to keep green stuff in the house I know she likes."*

Seven participants said the conversation with their child's provider was in-depth and positive. One participant said, *"It was an extensive discussion. [The doctor] is a health nut. It affected how he eats when the doctor told him about extra vegetables for sports. It's different than when I say it."* Another participant said, *"I think the practice we go to, they're very skillful at talking about that. They don't go anywhere near diet and weight loss which I appreciate. It's vitally important for young girls. They talk about healthy eating and getting exercise. They talk about what to do with a stranger, wearing a bike helmet. They are very child centered and focused and very thorough. I think it's well done. I'm very focused on whole food nutrition and time outdoors, especially with remote learning. I might not be the best person to ask that. I'm not in the norm. I certainly appreciate that they bring it up. It definitely backs up what I'm saying as another source. For some kids, it might be the only source."* Another participant remarked on the positive focus her doctor uses. She said, *"We've talked about weight in the past, he's on the heavier side. She never says he weighs too much, she's always talking to them about making*

healthy choices, asking them what they like do. But they are never pressured to lose weight. We switched his medication and it was like he wasn't on medication at all and he lost five pounds. The first medication, he gained weight. The second, he lost. The two medications together work well. He's exercising, focusing more, maintaining his weight. We've had conversations regarding weight with his medication. And he's a tall kid so his height-to-weight ratio is pretty normal."

Four participants said the conversation about weight and nutrition was not a positive experience for their family. One participant said, "He encourages us to watch what we eat. My family is on the heavier side, and it's hard for him with everything that's going on. They talk about activity, what he should and shouldn't eat. I think it bothers him a little because of his size. His disability throws him off a little bit because he makes comments about himself. He has ADHD and Asperger's." Another participant said, "I know they ask the same slew of questions, and they talk with the kids about screen time. I do know that she did discuss his height and weight because he said something about his weight. He's always been in the 90th percentile, he's taller. As you get older, you start growing the other way. I told him you're probably going to shoot up. The doctor didn't say anything like you're obese, she said you're a couple of pounds overweight for your height. He was sensitive about it. I believe he's hungry, but we've been talking at home more about healthier choices. The other day he took out crackers, I told him go have some strawberries, and he did. I know they talked about it, and he said he needed to watch his weight." Another participant noted she felt the conversation made her daughter more self-conscious. She said, "[The doctor] usually will talk about eating less junk food, eating more fresh fruits and vegetables, getting 30 minutes of activity a day. She usually talks about limiting screen time. It didn't really change anything. If anything, it makes her more aware of how her body looks like. How do I look compared to other kids? It made her more self-conscious instead of helping."

Experience with Vaccines

Participants were asked to describe their experience with getting vaccines for their child. Twenty-two participants said their child was fully up to date with their vaccines. Nine of these participants said they did not recall whether their child had received a vaccine at their well visit. One participant said, "I don't keep track. The nurse usually tells me what they're due for, and I just always get what they want. They give me the paperwork, and I read about it. They're up to date. We've never had any challenges getting vaccines."

She gets her shots. I'm dead fast on that. The doctor gives her the shot and sends me a printout. She gave her the one HPV shot. I didn't know nothing about it. She told me what it is. She knew I had cancer. We try to keep her up to date with her shots.

Four participants said they were following an alternate vaccine schedule. One participant said, "He's all up to date. I try to spread them out though. Instead of five shots in one day, he'll get one instead." Another participant shared, "I actually think young children with the current schedule, they get too many at one time. I have requested and worked with our pediatrician to create a schedule that is more in line with what is optimal. The pediatricians have worked with me to figure out the right schedule where they are properly vaccinated and still within my comfort. I will say that I'm not quite sure we're doing the chicken pox vaccine. It just seems like there are so many and vaccines are great, but at the same time we need people's immune systems to be strong and be perhaps more careful about going about that." Another participant said, "He did get shots this year. Our experience with vaccines is that our provider has been super supportive of us. We are an alternate vaccine schedule, and she has been supportive. We spread them out, and we decline them. The

only challenge that came up when he was little. You used to be able to split a measles, mumps, rubella shot (MMR), but we were not able to access to those individual shots.”

Four participants said that their children were up to date with all vaccines except the flu shot. One participant said, *“She had two shots at her last well visit. I did not accept the flu shot. We have not had any challenges at all accessing vaccines. The one they had for her, I was asking the questions of what's in it. My daughter got sick from a medicine five years ago that she took that was prescribed to her. I'm a little bit leery about medication.”* Another participant said, *“He is up to date. I don't ever do the flu vaccine. They're just so young. I'm old school, your body needs to fight what's going on. I don't like to inject them with all kinds of things. One thing I do deny is flu.”*

HPV Vaccination

When asked specifically about the HPV vaccine, ten participants said their child had already received both doses. Nine participants said their child had received the first dose and planned to get the second dose when it is scheduled by their physician.

Eleven participants, with at least one from each MCO, said their child had not yet received their first HPV vaccine dose. Of these, five said they had not yet been offered the vaccine, but intended to have their child receive them. One participant said, *“She turns 12 in two weeks, so she won't have her appointment until October. She hasn't had either at this point, but it hasn't been offered. Her sister didn't get them until she was older. I'm going to hold off on her, too.”* Another participant said, *“I don't think she started yet. My older child we had re-schedule the booster because of the COVID19. I didn't get any call reminders on rescheduling about that. I don't think she's had either yet, but it's just not scheduled.”*

Three participants said they were waiting longer to start the HPV vaccines. One participant shared, *“They asked about HPV, I said we'll get that next year. I said, already? He's not having sex - he's in his room, he's on the computer. I got them all when I was 25. I'll have him get them, but not just yet.”*

Three other participants said they had not yet decided whether their child will receive the HPV vaccine. One participant said, *“She's not gotten those yet. I'm not sure. I haven't researched that yet. I will be researching that thoroughly before she has it. What I have seen so far, I have concerns. I'll do my research, and we'll decide in the next couple years.”* Another participant shared, *“He hasn't gotten that, and I'm undecided at this point. This one, I'm not going to do right now. I know my children are not sexually active. I know my kids. I'm a stay at home mom; I'm homeschooling. I know they aren't sexually active.”* The third participant said, *“Currently, we've declined it with the decision to research it a little further and get a little older.”*

Experience with Providers' Mental Health Evaluation

Participants were asked to describe their experience with the evaluation of their child's mental and emotional health by the PCP. Ten participants said their child's provider does an extensive evaluation of their child's emotional health on an on-going basis.

One participant shared, *“She's pretty good about asking those questions every time we go. Especially because she's on medication, [the doctor] wants to make sure that she's not depressed. The only thing [my daughter] says is that she doesn't have a lot of friends at her school. Every kid goes through that at this point. She's since made friends. It concerned me at first to hear her to say it, so I wanted to make*

She does an evaluation at every visit. She does one on one and then she talks to me.

sure. Her doctor followed up with more questions.” Another participant said the doctor is aware of her child’s home context and checks in regularly. She said, “They do. Her father passed away. They’re very in touch with that.” One participant described, “We go through a pretty lengthy process because it’s an anxiety disorder. We each fill out our own paperwork - she fills it out and I fill it out - each time we go for the medication appointment, and then they compare. We talk about what it is that’s causing those things. It’s a very lengthy discussion to make sure she’s getting the right medications and that she’s feeling better.”

Seven participants said the provider used a screening tool to evaluate their child’s mental health, but not all thought it was effective. One participant said, *“They have one of the scale things they do. She fills them out on the tablet, nothing was ever said about her answers. I don’t believe the providers look at those during the visit or after. I don’t know how it works. They ask the general, how are you feeling, happy, sad, tired. They just ask basically the general questions.”* Another participant said that the conversations about mental and emotional health at her doctor’s office were not substantive even though she had shared information with them about her son’s anxiety. She said, *“I know that they touch base on it. I personally think it’s not in-depth enough. I also know it’s a fine balance sometimes. I know kids won’t always open up about that stuff. I think it would be beneficial if they would, maybe not ask direct questions, but look for indicators. I think that is extremely important. When he was younger, he was having behavior problems, and we sought outside counseling. We found out he had anxiety and that was triggering the behavior issues. The behavior we were seeing, I wouldn’t have related to anxiety. It is often food driven and in relation to anxiety over change. He was shifting to middle school. All the triggers were related to one anxiety or another. I think I have mentioned it to the primary care doctor before. I don’t know if they have it noted, I mentioned the sleep and food as issues. I know that I’ve mentioned that he has anxiety. I know that it’s tough when you don’t see patients regularly, you really need to go back and have time to re-read their charts, and that can be super time consuming.”*

Five participants said the provider casually checks in with their child to see how they’re doing. One participant said, *“He asked her what’s going on, how she feels, how school is, if she’s confident. He didn’t address it much, but she didn’t show any issues.”* Another participant said, *“He has some issues with [his mental health] that that are down on paper. She does check in, but those conversations with her have not been the most productive. But that’s a complex issue for him.”* Another participant said she was not sure exactly what the evaluation entailed because it was subtle. She said, *“They don’t do it the same way as teenagers do where they fill out paper on their own that I don’t see. It’s a screening for depression. I don’t believe she has done that yet. I don’t recall anything specific that they’ve asked me. It might just be one of those things they ask in that softer way asking about friends, what do you like to do for fun. But I think there is an evaluation.”*

Four participants said the provider had not reviewed their child’s emotional health during the previous visit and an additional four participants said they did not know whether the provider had done any type of mental health evaluation.

Medication Counseling

Participants were asked to describe the initial and on-going medication counseling they received for their child including options for non-medication based supports, side effects, and effectiveness. Eleven participants indicated their child was currently taking medication on a regular basis. Of those eleven, eight participants said their provider had suggested other options either in lieu of or in addition to the medication. Two participants said their provider suggested they use a humidifier and an air cleaner to

support their child with asthma. Both participants said they did not choose to do so because they felt it was unnecessary.

Two participants said dietary changes had been suggested and were helpful in supporting their child's health issues. One participant shared her experience with her child's ADHD, *"She's given us a lot of options. Several years ago, we wanted to stay away from medication, but it got to a point where he was falling behind at school, so we decided that the next step was medication. We also talked about other things that might affect him like red food dye, sugar, other triggers. I've changed his diet at my house so he doesn't have as much of those foods. She also talked about making sure he has exercise. We've talked about different techniques in the classroom. She's done a good job at providing other options. She talks to him about it at the same time in the room."*

Three participants said their provider suggested therapy as a support. One participant shared, *"We've got some books coming and he's suggested that she talk to someone and we're in the works of that, but right now it's hard to get into therapy. He gives her some really good tips regarding breathing, books, talking."* One of the other participants said they tried therapy, but her child refused to continue going. She indicated other efforts were more successful including engaging him with sports.

One participant said she has a book that helps her child focus. She said, *"Yes, for her ADHD. They have a book that is specifically for kids like her. It has word jumbles and she loves the book. Every time she asks, we do it."*

Ten of the eleven participants with children taking medication indicated their provider offered information on side effects and effectiveness both initially and on a continuing basis. One participant said, *"She goes through all the different options, what they are, what they do. We decided not to put him on a stimulant so she gave us the options. We decide together what we think would work best. The first medication wasn't working after about three years."* Another participant shared, *"He gave us two different options for medications and he explained why he thought what she should try and what we should expect. We see him every three months. We just upped her meds. He put her on a different kind because of the conversation we had. And he had to change the dosage. We're always talking about it every couple of months."* Another participant said, *"Initially, I got enough information. I got a slip of paper describing all the side effects. If I called and asked, he'd answer the question. Every visit, he'll ask how things are going if I see an increase or decrease in his activity things like that."*

The one participant who said her child's doctor did not and does not provide medication counseling indicated her daughter has been on her asthma medication since she was three.

Consistency and Comprehensiveness of Chronic Illness Care

Five participants said their child has a chronic illness, and all five indicated they felt the care for their child's illness was both consistent and comprehensive. One participant whose daughter has diabetes said, *"I feel like they're pretty educated and right on top of things when you call. They normally call you back right away or before the end of the day. I've never had to wait 24 hours for them to call me back. That's great."* Another participant said, *"She has a heart abnormality. She goes for regular visits to Children's Hospital Cardiology Department in Boston. She's been doing that almost annually since she was born. We haven't always had Well Sense, but have for the last several years and we've been able to keep the same doctor. There's no issue with coverage. It's quite seamless from our perspective."* A participant whose child has asthma said, *"I think her care is both consistent and comprehensive. They stocked her up on inhalers when we called in."*

SUGGESTIONS FOR IMPROVEMENT

Participants were asked what improvement they would make to the care and support their child received during the past six months.

No Improvements Needed

Nineteen participants said they had no suggestions for improvement. One participant said, *“I don't know that I would make any changes. I haven't been dissatisfied. I've been very satisfied. They're really good.”* Another participant said, *“Honestly, nothing. They've done a great job. But again, I don't have issues with her. I don't want to change anything, they've been great with everything.”*

Provider Network

Four participants said they would suggest increasing the number of providers within their MCO's network, particularly mental health and dental providers. One participant said, *“Access to a local counseling service would be really beneficial to a lot of kids in this area. The closest one we have is 35 minutes away. Add in an hour waiting for him to do his session, and then 35 minutes home, that's two or three hours out of the day to get a counseling session. We did that for a while. It was hard on me as a parent. My other kid would be going nuts. He's got to sit two hours in a car and wait, or wait in a waiting room. Just going back to the mental health awareness and support would be my suggestion. It would be nice to have a more local option. If they worked in conjunction with the town or school, it could be done after school. I just know that counseling is important. Especially this past year, there was a suicide in the middle school. I would like to see an improvement in access to care as far as coverage. I can find a counseling service downtown, but it's not covered.”*

Another participant said, *“Maybe if more practitioners accepted Well Sense across the board, because a lot don't. Sometimes it takes a little digging to find the right fit that's within a reasonable distance for us. There was only one local dentist that takes Well Sense. There's no orthodontist in my immediate town, so I had to take them out of town. One dentist said 'Well Sense doesn't pay enough to make it worth my while to take them.' With mental health, the list we got was not updated and 90% weren't even accepting the insurance or weren't in existence.”*

I would suggest more people to take the insurance. It's annoying to find providers. For mental health, they need more really bad.

Individual Provider Issues

Two participants said they would ideally have improvements with their individual provider. One participant simply said she would prefer a male doctor for her son. Another participant said she would like the doctor to be more available for appointments.

Improved Customer Service

Two participants noted they would appreciate improved customer service from both their MCO and DHHS. One participant said, *“I guess just returning your calls quicker. Sometimes they don't even return them, you're on hold and get disconnected and have to call back. I guess improving their phone service.”* The other participant said, *“I think I'm satisfied for the most part. I think if I had to select something it would be some way to get someone who actually understands the insurance part of it. I even tried*

sending messages through the NH Easy website and maybe one out of three times I might have gotten a response.”

Additional Benefits

One participant said he would appreciate coverage that would pay for sports fees for his son. He said, *“The one thing that it would probably be is, with ADHD and all his problems, everything is physical with him. He needs a lot of work with that, sports or something to bounce, and it's expensive. He'd never been into sports before. He had never even been outside before us. He came malnourished. He gained muscle and weight with us. It was really expensive. It's too bad they don't have special programs where they could do a scholarship where they could have kids do a sport, like football or baseball, if they have a ADHD or post-traumatic stress disorder (PTSD) or depression or stuff like that.”*

One participant said she would like there to be improved coverage for dental care.

OTHER COMMENTS & CONCERNS

Participants were offered the opportunity to provide any additional comments or share any concerns related to their health coverage. Three participants remarked on the various rewards and perks provided by their MCO. One participant appreciated those benefits saying, *“I know they have the oral kits they send out, the bike helmets, and when I had my daughter two years ago, they sent a car seat. I think those are all great programs. I know they're doing monetary incentives when signing up for text messages which is how I knew about getting prescriptions early. For doing a health quiz on their website, you get a \$15 or \$30 card, and then they have a new incentive for women who are pregnant. I think those are all great things.”* Another participant said she wanted the MCO to be more proactive with sharing information about the other perks available. She said, *“I know that they sometimes provide things like bicycle helmets, I was going to look into that. It would be kind of nice if they told you about those special offerings that they have when you sign up. I know there is some program that rewards you for doing healthy things. I want to look into that for her. That could be helpful. I saw the email for it.”* The third participant thought the rewards programs were unnecessary. She said, *“I thought the rewards card is ridiculous. I'm getting this card with \$45 on it. I don't need that. They should be putting that money into something else. We're already getting free assistance. They could use that money somehow else to help other people.”*

Five participants mentioned that they had positive experiences with their MCO and health care and were grateful for the coverage. One participant said, *“We've been satisfied and we're thankful. We enjoy having Well Sense. They've communicated pretty well. We like our provider.”* Another participant shared, *“I'm very happy. My son has used them a lot since December 12, 2018, when we found out everything that was going on. Three hospitalizations, plus broken bones, back braces and we never had an issue and I'm very fortunate for that.”* Another participant said she was grateful that the eligibility thresholds enabled her family to have health insurance. She said, *“We're super grateful. We are self-employed, so we are grateful that the state's thresholds are so high. If we had to buy their coverage on the market along with ours it would break us financially.”*

I feel that it is excellent coverage and I'm very grateful for it. Especially the ease of working with the providers and also if I have a question and I call, I feel as though I am getting good support and straight answers. What more could you want?

CONCLUSION & RECOMMENDATIONS

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

Expand Mental Health Provider Network

Participants noted challenges finding mental health providers covered by their MCO in their local communities and limited mental health evaluation and support from their child's PCP. Participants said having to travel to seek counseling for their children was logistically challenging and the lack of providers made it difficult to find a good fit with mental health providers. Encouraging more mental health providers to accept the insurance or allowing beneficiaries to receive reimbursement from the MCO rather than requiring direct pay to providers could increase beneficiaries access to mental health services.

Refine Messaging on Flu and HPV Vaccine

While most participants indicated their children are up to date on all vaccines, some said they declined the flu vaccine and were unsure whether they would accept the HPV vaccine. Continued communication on the importance, value, and safety of these vaccines may increase parents' amenability to immunization.

Consider Additional Benefits

Participants noted appreciation for the rewards and other perks available through their MCO. An additional benefit to provide funding for sports fees and equipment would enable families to support and encourage their children's physical activity.

APPENDIX 1. RECRUITMENT LETTER

April 13, 2020

Dear [name],

The New Hampshire Department of Health and Human Services is asking for your help with a project about New Hampshire Medicaid Care Management. The Department hired Horn Research to gather opinions from parents/guardians like you to better understand the experience you have had with [child's name]'s health plan and health care.

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

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

We will be conducting the telephone interviews between **April 15, 2020 – May 20, 2020**. The interview will take about 20-30 minutes and we can schedule it at your convenience. We have a limited number of interview slots and they will be filled on a first come first serve basis. All information you share will be kept completely private and will not affect your child's benefits or health care in any way. No one from Medicaid will see your individual answers and your name and personal information will never be made public.

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

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

Sincerely,



Susan Drown, MBA, LICSW
Director, Bureau of Quality and Improvement

APPENDIX 2. INTERVIEW GUIDE

Your 11 or 12-year-old child was covered by Medicaid during the past 6 months and received Medicaid benefits through one of three Medicaid Managed Care organizations: AmeriHealth Caritas, NH Healthy Families, or Well Sense Health Plan. The goal of this interview is to try to understand your experience with your child's managed care organization and the support you received during the past year.

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

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

I. Experience with Medicaid Managed Care

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

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

II. Quality of Care

1. How would you describe your relationship with your child's primary care provider? Does he/she understand your child's needs? What do you like best about your child's primary care provider? What do you like least about your child's primary care provider?
2. If your child was seen by a specialist in the past 6 months, do you feel that your child's PCP was knowledgeable about the care your child received from the specialist? Do you think your provider should work more or less with other providers to manage your child's care?
3. At your child's most recent well visit, the provider may have discussed a variety of topics associated with your child's weight, nutrition, and physical activity. Can you tell me about that discussion? (prompt: Did your provider discuss body-mass index, healthy eating habits, staying active)? Did the discussion change anything about your child's eating or physical activity habits?
4. Tell me about your experience getting vaccines (such as Tdap, HPV, flu, meningococcal) for your child. Did the provider recommend any vaccines at your child's last well care visit? Did your child receive all of the recommended vaccines at that same visit? If not, why not? Have you had any challenges in accessing any vaccines?
 - a. The HPV vaccine requires two doses – do you recall if your child has had both? If not, why not?
5. Describe your experience with your provider evaluating and discussing your child's mental or emotional health. Note: Providers may request the parent or guardian leave the exam room for part of the well visit so they may speak confidentially with the adolescent. If this happened during your child's well care visit and you don't know if your child's mental or emotional health was discussed, please respond with an "I don't know" answer.
6. Is your child taking medication on a regular basis? Tell me about any suggestions your provider made to support your child's health 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?
7. Describe your experience with receiving initial medication counseling from your child's provider (e.g. dosing, side effects, effectiveness). Tell me about your experience with your child's provider's ongoing medication counseling (prompt: does he/she ask about how effective the medication has been, the impact of side effects on your child).

Next, let us talk about your child's ability to access needed services.

III. Access To Care

1. If your child is taking medication on a regular basis (not for sick care) have you been able to access those needed medications? If not, why haven't you been able to? Is there anything that you think needs improvement?
2. If your child has needed access to any therapies such as physical therapy, occupational therapy, or speech therapy?
 - a. Which ones? What works well? Is there anything that you think needs improvement?
3. If your child has needed access to special equipment or medical supplies such as diabetic syringes?
 - a. Which ones? What works well? Is there anything that you think needs improvement?
4. *If your child receives care for any chronic illness they might have:*

Do you feel the care your child receives is consistent? Can you share an example of why you feel that way? Do you feel the care your child receives is comprehensive? Can you share an example of why you feel that way?

5. What about your access to Medicaid transportation and/or transportation reimbursement? If this is something you use, how would you describe the process? What are the best experiences you've had? What are the most difficult experiences you've had? What could make it better?

IV. Suggestions for Improvements

1. Have you received any educational materials from your child's MCO on how to improve your child's health (such as immunizations, how to manage asthma, etc.) Do you like receiving this type of information? Do you use it?
2. If you were going to make one improvement to the care and support your child received during the past six months, what would it be?
3. Is there anything else about your child's health coverage that I did not already ask you that you would like to share with me?

APPENDIX 3. MCO-SPECIFIC RECOMMENDATIONS FOR QAPI REPORT

ACNH

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

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

ACNH EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Member Qualitative Interview Report		
1	ACNH-2020-QAPI-SSI-01	Continue communication with parents concerning the importance, value, and safety of vaccines to increase parents' amenability to immunizations

NHHF

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

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

NHHF EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Member Qualitative Interview Report		
1	NHHF-2020-QAPI-SSI-01	Continue communication with parents concerning the importance, value, and safety of vaccines to increase parents' amenability to immunizations

Well Sense

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

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

Well Sense EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Member Qualitative Interview Report		
1	WS-2020-QAPI-SSI-01	Continue communication with parents concerning the importance, value, and safety of vaccines to increase parents' amenability to immunizations