



New Hampshire Medicaid Care Management Qualitative Study Summary Report Year Five, Spring 2018

A report detailing the results of qualitative interviews held with individuals receiving Medicaid benefits in the State of New Hampshire to explore their experience with the Medicaid Care Management Program.

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EXECUTIVE SUMMARY

Introduction

In support of an external quality review of New Hampshire's Medicaid Care Management Program, qualitative data has been gathered from Medicaid beneficiaries regarding their experience with the Medicaid Care Management Program. In the fifth year of information gathering, four Key Points of Inquiry were developed based on material provided by the New Hampshire Department of Health and Human Services (DHHS) to frame the information to be gathered from participants including: *Experience with their/the Managed Care Organization (MCO), Access to Care, Quality of Care Management, and Suggestions for Improvement.*

Methodology

The population for the interviews was comprised of three groups: 1) individuals dually eligible for Medicaid and Medicare; 2) parents or caregivers of children with disabilities; and 3) parents or caregivers of children in foster care. A total of 28 individuals participated. The geographic regions of the state targeted for this round of data collection were the Nashua, Hudson, and Milford areas. The qualitative interviews were conducted over the telephone between March 13 and April 11, 2018.

Results

The information provided in this report can be used to identify salient issues relevant to the population, provide contextual information for the larger assessment process, and identify avenues for further research, but should not be assumed to be *statistically* representative of the whole population because of the small sample size.

Experience with MCO

To assess the quality of their experience with their MCO, participants were asked whether they felt they understood their health plan and if they knew where to call for support if they had questions. In addition, participants were asked to describe any positive or challenging experiences they had had with their MCO. Over half (N=15) of participants said they mostly or completely understand their plan. Of those who said they did not understand their plan, most indicated their needs were being met and they were generally unconcerned about their lack of knowledge. Nearly half (N=13) of participants said they had not needed to contact their MCO for help or support. The majority of those who had communicated with their MCO had easily received answers to their questions. The four participants who had difficulty with getting their problems resolved remarked specifically on needing to contact the MCO several times in order to achieve resolution. Only one participant said she did not know who to contact for support. Participants' positive experiences with their MCO included the easy process for receiving care, the coverage and benefits they received, the transportation service, and the helpful customer service orientation by their MCO. Eleven participants said they had not had any negative experiences with their MCO. The challenges noted by participants included a lack of providers for specific health care needs including orthodontia and mental health, delays with pre-authorization for medications, poor customer service, difficulties with transportation, a lack of coverage for needed care, a need for case management, and the perceived stigma related to Medicaid coverage.

Access to Care

Participants were asked to describe their access to care through their MCO including the availability of PCPs in their network; their access to specialist care, medications, therapies, and medical equipment; and their experience with the Medicaid transportation benefit. The vast majority of participants (N=26)

said either they did not know how many PCPs were available or that there were enough or a lot of PCPs. Only two participants said there were not enough PCPs available through their MCO. In contrast, nearly half of participants (N=12) said they had challenges with access to needed specialist care. The primary issues participants noted related to specialist care were a lack of providers, particularly for mental health and dental needs, preferred providers not being covered in network, and challenges with their PCP not providing the referral. The vast majority of participants (N=20) indicated they had not experienced any difficulties with access to needed medications. Of those who had experienced problems, participants noted delays with pre-authorization, denials of preferred medication, limits on home delivery, and a desire for over-the-counter medication to be covered. When asked about access to therapy services such as physical therapy, occupational therapy and speech therapy, nearly all participants (N=24) said either they had not needed the care, had received it easily, or the care had been provided by an outside source such as school or a residential placement. Four participants said they had needed therapy services, but had not been able to access them due to a lack of local providers who were covered by their health plan. For the largest part, participants said they had not needed access to medical equipment or supplies or had received them easily. A handful of participants noted they had paid for equipment out of pocket. Two participants said they had some challenges having their needs covered including a lack of coverage for diabetic syringes and delays related to receipt of a lift chair. Half of participants said they either had not needed transportation assistance or had positive experiences with the transportation benefit. Five participants said they were concerned about the quality of service they received from the transportation providers. Eight participants were unaware of the transportation options, half of whom indicated that it would be a useful benefit for them.

Quality of Care Management

To assess quality of care, participants were asked to assess their relationship with their PCP, to share their experiences with care they received for chronic illnesses, and describe any case management services they received. In addition, they were asked how well their providers work together, whether they felt they were able to actively participate in decisions about their health care, and to describe the quality and helpfulness of information received from their MCO. The majority of participants said they had positive relationships with their PCP and remarked about their PCP's caring and understanding demeanor. Participants also appreciated that their PCPs listened to their concerns. Three participants who expressed negative experiences with their PCP, one said she thought her PCP was ineffective, one said she felt her views were not taken into account, and one said she felt their former PCP did not care about her family's needs. When asked about care received for any chronic illness, half of participants said they did not have any illness that would qualify for that care. Nine participants said they felt the care for their chronic illness had remained the same in terms of comprehensiveness and consistency since enrolling with their health plan. Three participants said they felt their care was more comprehensive and consistent. Twelve participants noted that they did not need case management services. About a third (N=8) of participants said they received case management support through an outside organization and were generally pleased with the help they received. Six participants said that case management had not been made available to them, but would be useful. Over half of participants said they believed their providers worked well together. An additional six participants said they did not think their providers needed to work together. Five participants said they manage the communication between their providers themselves. All but three participants said they felt they were able to actively participate in their health decisions. Almost half of participants said they did not know if they had ever received any material from their MCO, and an additional eight confirmed they had not received anything. Four participants said they had received information that had been helpful while another four participants said the material they had received had not been useful.

Suggested Improvements

Participants were asked to share the supports or information they would most like to receive from their MCO and what improvements to their MCO they would recommend. About a third of participants (N=10) indicated that they did not need any additional information or support from their MCO. Of those that provided suggestions, participants recommended clearer and more accessible information on the benefits available through their MCO, information on specific health issues and treatments, and more information on the policies related to their coverage. Participants' most frequent recommendations for improvements to their MCO were to increase the number of providers available within their network, improve the quality of information about those providers, and increase coverage for both services and providers. Individual participants also suggested improving coordination among providers, streamlining the pre-authorization process for medications, standardizing customer service training, and increasing the number of MCO options to choose from.

Conclusion and Recommendations

The 28 participants in this study were MCO members dually eligible for Medicaid and Medicare, parents of children with disabilities, and parents of foster and adopted children. As such, they provided insights into the specific needs of this population. Results show that, overall, participants had positive experiences with their MCO and providers. Participants, for the most part, indicated they understood their health plan and were able to access support if needed. Generally, participants were satisfied with the availability of doctors, medications, therapy, and medical equipment. Participants were less satisfied with their access to specialist care and the quality of transportation provided. Participants reported high satisfaction with their PCP. The majority of participants said their providers worked well together or that there was no need for coordinated care. A handful of participants remarked on a need for case management services. The results also showed that a majority of participants either did not receive or did not recall receiving information and educational materials from their MCO. Suggested improvements centered on the following areas:

Increased Numbers of Specialist Providers

Participants noted a need for more specialists, particularly for mental health and dental care needs.

More Comprehensive Information about Providers

Participants requested expanded information about providers including providers' experience working with special needs children, current availability for new patients, and the age population the provider serves.

Expanded Coverage

Participants suggested that more providers should be included in their network or that there should be the opportunity to receive care out of network and still receive reimbursement.

Clearer Information Provided in a Variety of Formats

Participants suggested that information on benefits and coverage be provided more frequently and in more formats including easy-to-read, one-sheet summaries, videos, and group trainings.

INTRODUCTION

In support of an external quality review of New Hampshire's Medicaid Care Management Program, qualitative data has been gathered from Medicaid beneficiaries regarding their experience with the Medicaid Care Management Program. In the fifth year of information gathering, the population for the interviews was comprised of three groups: 1) individuals dually eligible for Medicaid and Medicare; 2) parents or caregivers of children with disabilities; and 3) parents or caregivers of children in foster care. The geographic regions of the state targeted for this round of data collection were the Nashua, Hudson, and Milford areas. The qualitative interviews were conducted over the telephone between March 13 and April 11, 2018.

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

1. Experience with their/the Managed Care Organization (MCO)

- Participants' understanding of their health plan and coverage
- Participants' positive and negative experiences with their MCO
- Participants' experience with receiving support from their MCO

2. Access to Care

- Participants' experience with their choice of providers, hospitals, availability of specialists, medications, therapies, and medical equipment
- Participants' access to and experience with Medicaid transportation and transportation reimbursement

3. Quality of Care Management

- Participants' experience with their PCP
- Consistency and comprehensiveness of chronic illness care
- Participants' experience with care coordination and case management
- Participants' view of how well their providers work together and whether they are able to actively participate in care decisions
- Participants' experience with educational information provided by their MCO

4. Suggestions for Improvement

- Participants' suggestions for improvements to the information and support they receive from their MCO
- Participants' suggestions for improvement to their MCO overall

METHODOLOGY

To complete the goals set forth by DHHS to qualitatively gather information from Medicaid beneficiaries regarding their experience with the Medicaid Care Management Program, Horn Research engaged a standard qualitative data gathering process as detailed below. A total of 28 individuals participated in a telephone interview.

Sample Size and Composition

DHHS provided a list of beneficiaries living in the Nashua, Milford and Hudson areas who were enrolled in New Hampshire Medicaid Care Management for each of the following eligibility groups: 1) individuals dually eligible for Medicaid and Medicare; 2) parents or caregivers of children with disabilities; and 3) parents or caregivers of children in foster care. A random sample of 75 beneficiaries was selected from each of the dually eligible and children with disabilities populations. Because of the small population size of the children in foster care (N=80), the full population of this group was included in the sample. A total of 230 individuals were included in the sample. The sample size is considered appropriate for qualitative interviews for this group. 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 28 interviews were completed with similar representation across eligibility groups. The completed number of interviews for this study adequately met the data saturation expectation.

Table 1. Number of Participants by Eligibility Group

Eligibility Group	Total Population	Sampled Population	Total Interviews Completed
Dually Eligible for Medicaid and Medicare	1,070	75	11
Children with Disabilities	306	75	9
Children in Foster Care	80	80	8
<i>Total</i>	1,456	230	28

Participant Recruitment

A letter (Appendix 1) explaining the project and asking for participation was sent on March 6, 2018. Participants were offered a \$30 gift card to participate. A total of 28 interviews were completed between March 13 and April 11, 2018.

Participant Demographics

Table 2 below shows the distribution of participants by MCO. Both New Hampshire Healthy Families (NHHF) and Well Sense Health Plan (Well Sense) were represented by participants and in nearly equal proportions to the total population and the sampled population.

Table 2. Number of Participants by MCO

MCO	Total Population		Sampled Population		Participants Interviewed	
	Number	Percent	Number	Percent	Number	Percent
NHHF	760	52.2%	122	53.0%	15	53.6%
Well Sense	696	47.8%	108	47.0%	13	46.4%
<i>Total</i>	1,456	100.0%	230	100.0%	28	100.0%

Data Collection Process

Horn Research conducted the interviews by telephone. For this study, participants were limited to three geographic regions: Hudson, Milford, and Nashua. 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 20-25 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 \$30 gift card in appreciation for their participation in the project.

Data Analysis and Validity

After completing the telephone interviews, the information was analyzed 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.

EXPERIENCE WITH MCO

To assess the quality of their experience with their MCO, participants were asked whether they felt they understood their health plan and if they knew where to call for support if they had questions. In addition, participants were asked to describe any positive or challenging experiences they had had with their MCO. Over half (N=15) of participants said they mostly or completely understand their plan. Of those who said they did not understand their plan, most indicated their needs were being met and they were generally unconcerned about their lack of knowledge. Nearly half (N=13) of participants said they had not needed to contact their MCO for help or support. The majority of those who had communicated with their MCO had easily received answers to their questions. The four participants who had difficulty with getting their problems resolved remarked specifically on needing to contact the MCO several times in order to achieve resolution. Only one participant said she did not know who to contact for support. Participants' positive experiences with their MCO included the easy process for receiving care, the coverage and benefits they received, the transportation service, and the helpful customer service orientation by their MCO. Eleven participants said they had not had any negative experiences with their MCO. The challenges noted by participants included a lack of providers for specific health care needs including orthodontia and mental health, delays with pre-authorization for medications, poor customer service, difficulties with transportation, a lack of coverage for needed care, a need for case management, and the perceived stigma related to Medicaid coverage.

Understanding of Plan

Fifteen participants said they mostly or completely understand their plan. One participant said she felt her previous experience was critical in understanding her plan. She shared, *"I was on the (MCO) advisory board. I understand it quite a bit. I also worked with the Area Agency on Aging and so I'm extremely thoroughly trained on it. Had I not worked where I worked and been trained, I would be completely lost. It is part of why I joined the advisory board. Because of how hard it was to reach somebody or get information that I needed in the beginning. I don't know how much better it's gotten."* Another participant said he eventually understood his plan. He said, *"At the beginning, when I first got on about three years ago, they didn't fully explain it, but back in October when I had to go to health and human services, I asked whether I was still on it and they explained it then."* A parent said she understands *"parts of it. The more basic parts. They're not medically complicated kids."* Another participant caring for her dually-eligible brother noted, *"I feel pretty confident. I know he has medical care and has enhanced family care. He has a developmental disability and needs to have help with daily living. I feel it's pretty clear. They always send letters and keep me in the loop. I don't always take him to doctor's appointments and I don't necessarily know the co-pays, but I have a pretty good handle."*

Ten participants said they did not understand their health insurance plan. For the most part, these participants were unconcerned about this lack of understanding. One participant said, *"I don't really understand all of it. I know they give me paperwork I can look at. I haven't had time to read it all through."* Another said, *"I guess – I don't really get into it. I take my daughter to the doctors and therapists she needs to go to, and I want them to take her insurance. And that's pretty much all I do for getting services through Well Sense. I don't look for other types of benefits through them. I just use them as a plain old insurance company. 'Pay my doctors please' kind of thing. Sometimes they do, and sometimes the doctors I choose are not covered by them."* Another participant said, *"No. I just know that my sons are on medication, and we go to the pharmacy and they pick up the co-pay. We don't use it for a lot. That's all we use it for. I don't know what else we can use it for. I haven't really researched it."*

Another participant agreed saying, *“I haven’t really needed to. We go to the doctor, give the insurance card and that’s about it.”*

Three participants said they understand their plan somewhat, but not completely. One participant shared, *“We don’t use it all that often. Because he’s covered under my insurance so we use it more as supplement.”*

Access to Support

Thirteen participants said they had not needed to contact any one for support or to answer questions because they had not had any issues or problems with their health plan. One participant shared, *“Well, let me tell you, I’ve been on it a few years. I’m 88, I think I understand it. I’ve never had problem with it. I’ve never had to call. Whatever has to be paid goes directly to our treasurer. If it was something serious, she would have gotten back to me. There never seemed to be any problems.”* Another participant noted that once they had gone through the Medicaid eligibility process, they had not had any other issues or questions. She said, *“Well to be honest, two and a half years ago we went through the Medicaid eligibility process because we had spent down all her money. And in conjunction with that I remember having to choose between NHHF and the other one. We chose NHHF. To my understanding, I’m not really sure, it covers maybe her medications? I guess I could call, but things have run so smoothly. The Medicaid process was overwhelming of course, and every October we have to do the redetermination process and it takes a lot of time. Honestly, we haven’t had any external problems, no extra bills. I haven’t had to ask questions because nothing has come up.”* Another participant noted that if questions occur she contacts the administrator at the nursing home her mother lives in. She said, *“She has Medicaid and Medicare. The only thing I know is if they cover all her medications, I’m happy. I can’t afford it now that I’m retired. I can’t afford to cover her. I have not had to call them. What I end up doing is if I have questions or concerns, I call (the nursing home) and talk to administrator who manages her account. I feel very comfortable with doing that. They take care of it. They’ll call me if they have problems. I’ve never had to deal with them directly, never had to call them or anything.”* Another said, *“I would just call the toll-free number, but haven’t had to so far.”*

Ten participants said they had contacted their MCO and had easily gotten their questions answered. One participant said, *“When I have questions I call. Like with the vision, I wasn’t sure. I knew he had to have his eyes checked. There were no challenges. I got the answers I needed.”* Another said, *“They have a toll-free number. I have called before. It was pretty easy. I was looking for an eye doctor because the one he used had been with him since he was an infant had retired. I wanted to keep him in the same building, but they didn’t cover that doctor. They directed me in the correct direction.”* Another participant shared, *“My children have Blue Cross/Blue Shield as the primary insurance. NHHF is secondary. I don’t always understand completely, probably because I don’t read anything. I would look it up on the internet if I had questions and have called at least one time. I talked to somebody when we adopted the girls. The caseworkers advised us to keep applying for the Medicaid, because if my husband lost his insurance, they’d still be covered. We just had to do that. But I wasn’t aware that everything is always covered as long as it’s somebody who accepts Medicaid. I thought the caseworkers told us it was a secondary insurance, and I thought it was only if we lost primary insurance. I called to find out and got my questions answered.”* Another said, *“I’ve called and talked to their social workers. They’re very good.”* Another participant mentioned, *“I called before and somebody helped me. I got my questions answered.”*

Four participants noted they had contacted their MCO, but had challenges in getting their issues resolved. One participant had experienced many on-going issues trying to get support and help from

their MCO. He said, *“The plan is confusing to us based on why we get so many robo-calls saying there is information that they cannot ever just give us, and letters saying co-payments to start, then a few months later saying co-payments ended, without much opportunity to have utilized the plan in between. When I have had questions I have tried calling in. We don’t get return calls. We also don’t get email responses. So frankly they are useless since the time when a particular manager who was responsive left the company. So I guess how easy it is to get answers or resolutions is not at all easy, in fact impossible.”* One participant who has had difficulty getting her child’s medication covered by her MCO as secondary insurance said, *“What ends up happening is that I never get the same person twice. I may hit a person who knows process, but then I may get somebody who says you can’t do this. I say, no I don’t need pre-authorization. So you have to be put on hold to have them figure it out. I have to keep explaining. It all depends on who we get. And it’s intermittent. About every third time I call. And it’s sometime one medication or a different one. It’s so inconsistent.”* Another participant said, *“The only time I had to do that is when we first got everything set-up and I needed his number. That proved to be a little challenging and it required several phone calls, but eventually I was able to get it and then we got that taken care of. It was a little bit of a process.”*

One participant said she had on-going issues with her health plan with respect to covering her daughter’s insulin, but had not contacted anyone because she did not know who to call. She said, *“I don’t know who to call to be honest with you.”*

Positive Experiences with MCO

Half of participants said what they liked most about their health plan was that it the easy process for receiving care. One participant shared, *“I notice that since last October, there has been a tremendous ease when I go to the pharmacy or doctors or almost any of my appointments now. As soon as I mention NHHF, it’s like a done deal. They don’t have to call anybody. The process moves much smoother.”* Another participant said, *“It’s seamless. I go to (my children’s) appointments. I leave, and that’s the last I hear. I don’t get bills, I don’t get statements. I don’t know anything that’s easier.”* Another participant agreed that they appreciate not receiving bills for their care. She said, *“I guess that they’ve done their job for the most part in that they’ve acted like an insurance company. They’ve been pretty invisible in my life. I haven’t had any problems with bills coming in and having to call them. I haven’t had that happen and that makes me happy because I’ve had that with private insurance.”* Another participant shared, *“Everything has gone very smoothly. I’m a public guardian to him. I mainly have to consent to things. As far as I know the billing is going fine. I talked to the providers and the facility, and there haven’t been any problems.”* A parent of an adopted child said, *“My whole experience has been worry free. He’s had a lot of things we’ve had to address medically speaking from the circumstances he was born under. I am so pleased. We just got hearing aids for him. A very nice quality hearing aid that was covered. Everything we’ve had to do with him with the insurance has been a really great experience. I’m very pleased.”*

Nine participants said their most positive experience with their MCO is the coverage and other benefits they receive. One participant said, *“I think I’ve had a lot of good experiences. They covered mostly everything, and thank god for that, because I’m not working and I don’t have any money. That helps a lot for my daughter’s health.”* Another mentioned, *“They provide more than Medicare does.”* Another participant said that while his family does not utilize the coverage much, it has been helpful in some ways. He said, *“I do remember when we were looking (to enroll) there were a few cool little benefits. There may have been a discounted or free bicycle helmet, maybe a car seat or something along those lines. I don’t think we took advantage of any of that because we already had those items and that was fine. I think practically it has been helpful when a co-pay has needed to be paid. Well Sense was able to pick that up and that was nice. It’s more supplement than anything else. It doesn’t get utilized that*

much.” Another participant agreed saying, “They pick up any co-pays extras up and beyond. The primary insurance covers everything else.” A parent of a child with disabilities said, “I like that they cover extra therapies that he’s getting, and they are helping with that. So that is very helpful.” Another parent expressed appreciation for an extra benefit she received from her health plan. She said, “I’ve been very surprised. I got a card for one child. He had a physical, and I was given a \$30 card for necessities at a drug store. And that was a big surprise, and I was happy.”

Three participants noted that the transportation option was what they liked best about their MCO, but also suggested concerns around the quality of the service. One participant said, *“If I need a ride to the doctors, they’ll provide transportation, if you call ahead of time. If you’re lucky you’ll get someone who doesn’t scare the hell out of you while they’re driving.”* Another mentioned, *“We get transportation to the appointments to doctors. Which is good because my cousin owns her own cab. So we tell them we’d rather use her cab service. We both feel comfortable with them.”*

Two participants said they appreciated the customer service their MCO provides. One participant said, *“I will say that the correspondence I get from them always seems pretty clear, to the point, and friendly. It’s usually the attitude of ‘how we can serve you’. I feel that’s pretty nice.”* Another said, *“They send the cards in a timely manner. I’m happy about that.”*

Negative Experiences with MCO

Eleven participants could not identify any negative experiences or challenges they had with their MCO. One participant summed it up as *“No problems and no news is good news.”* Another noted, *“I don’t really deal with them at all.”*

Nine participants described having challenges with a lack of availability of providers within their MCO’s network. One participant said she has had difficulty finding a psychiatrist and an orthodontist within her network for her child. She said, *“I’ve been trying to find him a psychiatrist to see and nobody will take (Well Sense). The school tells me he’s at risk, and I pulled him out of school for home-school. He was partially diagnosed when he was younger. But that doctor said they don’t take that insurance. The MCO gave me a list, but either (the providers) are for teenagers or they won’t take the insurance or they won’t be taking new patients. How can you help a kid at risk when there aren’t providers? The other thing is he needs braces, and it’s impossible to find one that has a small practice that can handle a kid on the autism spectrum. The only place I found in Nashua was really gross. Do you seriously think I want to take him there?”* Another parent said, *“We had one behavioral health program that she needed to go to that wouldn’t take Well Sense. And it cost a \$100 a week to send her there. Thank god we had private insurance. They paid, but they would not take Well Sense. I don’t know if they would have paid if they had billed it. She was there because of the diagnosis that got her into Medicaid so it was very ironic. They were the only game in town and you were either going to get that service or not. So that was kind of frustrating, and we had to do that twice for her.”* This parent also noted that the MCO did not have information on providers that was useful or complete. She said, *“I had called them once. My daughter’s disability manifests in her anxiety comes out as anger especially when she was a little bit younger. She would be violent, and she destroyed things in the house, put holes in our walls, and she would hurt me. So we’ve needed to use residential services on occasion and we’ve wanted some help with finding places that would be appropriate because just putting her in a psychiatric ward somewhere is not appropriate. And Well Sense wasn’t very helpful in finding that. They do that follow-up case management stuff which isn’t Well Sense. It’s another company that does that. Which is a great idea, but I was more knowledgeable than they were. To think that the insurance company or the place they refer to professionally wouldn’t offer anything anywhere, and we were left with nothing. It was devastating at*

times. I'm a professional woman with a master's degree and there were times that I was a blubbing mess on the phone with these people, and they couldn't offer any solutions. And maybe there aren't any."

Another participant said she was having trouble finding mental health care for her brother. He said, *"The only problem we've been having is we need a referral to a psychiatrist to evaluate his medication to make sure right medication and dosage. We've been trying that for over a year. I know psychiatrists that take the insurance may not be a dime a dozen and maybe also there might not be as many psychiatrists generally, but getting him into see a psychiatrist has been really challenging. His agency has been taking care of that. I stopped trying. He used to live with me then we enrolled in the waiver program so he could be independent as much as possible. They are working to try to get the referral."* Another participant shared, *"My son has mental health and neurological disabilities, and they're a disaster as far as having providers on the network for those disabilities. Not that they're not helpful in trying to find a provider, but they need to do more work in getting the providers in the network."*

One participant with a child with disabilities was unhappy that her child was no longer allowed to see his providers at Children's Hospital in Boston. She said, *"The only thing I don't like is I was trying get an approval for my son to be seen at Children's Hospital in Boston, and they don't do that anymore. And that is so disappointing to me. Ever since he was born, he was seen there. And they don't want to cover that anymore. All the doctors know him and his history, and I'm really disappointed that it couldn't happen. I had to go to another place. The reason I selected (NHHF) was they were supposed to cover it. They covered the first time and then the next appointment they didn't."* Another participant said she was disappointed that she had to change her children's providers. She said, *"I'm unhappy not all doctors will cover it. I have had to switch their dentist and psychologists. I've had girls in therapy on and off for a long time. At first constantly for a few years, but I have had yet to find a therapist that works with children and I thought was good. I can't find anybody covered by Medicaid. I have always had to pay out pocket or at least the co-pay of what Blue Cross/Blue Shield didn't cover. And the providers who are covered, I don't think I have confidence in after talking with others. I think therapy is crucial for these kids and not just the cheapest therapy."*

Three participants said they had experienced challenges with medication coverage through their MCO. One participant said, *"I think I was surprised once when my son's medication wasn't fully covered, but then the pharmacy got pre-authorization. I thought it was surprising since it was a re-fill. We had to wait a day or two for the pre-authorization and paid out of pocket for a couple of days' worth of medicine. He wasn't without his medication."* Another participant shared, *"I'll give you one that's currently on the table. My daughter was diagnosed within the last three or four years with type 1 diabetes which has been very difficult with her other health concerns. Recently she was switched to two different insulins – one for day, one for night. The primary insurance has huge deductible, \$6,000, which is supposed to go to Medicaid, but I don't understand what they pay and don't pay. I never really know. She had one brand at night time with a small needle. I'm not a nurse. I have no medical background, and I had to overcome my fear of needles for this whole situation. But now the insurance isn't paying for that type anymore, and now they're going to long-lasting insulin with a large needle. The doctor's office says 'you'll have to figure it out.' I'm not a nurse, and I'm not comfortable doing something like that and I'm not going to do it."* Another participant shared, *"When we do go the pharmacy, there's been plenty of times when we get there and they say you need a pre-authorization. And I don't need it. My primary insurance is my pre-authorization, and I tell them that. I've had to call numerous times. I ended up calling because the pharmacy was getting the runaround and they were frustrated and they didn't have the time. Lately it*

has been a little bit easier. I keep telling them, 'can you just flag it in there.' I don't understand why it is such a problem. It's ongoing medication for both of my boys."

Four participants said they felt their MCO had not provided good customer service. One participant said the training that customer service representatives received was not consistent. She said, *"I can also say when I was on the advisory board they spent an awful lot of time worrying about appearance of their website rather than what families were actually looking for. I remember a few of us parents were wondering why you're focusing on the appearance of your website. Their customer service as far as being trained was not sufficient. They were asking questions with families with diagnoses like Down's Syndrome when the onset of their disability began. Those are things that should be common sense, but if it's not, then you have to make sure people are trained. Their training is not universal and not uniform across the board. Everybody is trained differently and by different people. It should be everybody gets trained the same way by the same facility so everybody knows exactly how to do their job and in-between. They play the blame game on the last person. People make mistakes, accept it and fix it and move on, don't point fingers at other people. And I find that at Well Sense quite a bit."* Another participant shared, *"The most challenging aspect has been the continuing abuse and neglect, that no manager will ever return a call or letter, or grant an appointment to meet and discuss things. They basically don't exist."* One participant said that there was a lack of coordination between her MCO and her primary insurance which had proven challenging. She said, *"We had a tree go through our house and I forgot to pay our (primary) insurance within the 30 day time frame, so we didn't have insurance for 30 days. Medicaid wouldn't pay because it was supposed to go through our primary insurance first."*

Two participants said they had difficulties with the transportation benefit. One participant said she hadn't received her transportation reimbursement. She said, *"I know that CTS (Coordinated Transportation Solutions) as far as mileage reimbursement is a disaster. I've submitted multiple requests that were approved ahead of time, and I've gotten one check out of five. And when I've called they said I never called to get it approved. I never would have done that. I've had some pretty horrendous customer service experience in that sense. I'm still waiting on the checks, and I'm not the only person that has gone through this. That's definitely an area they need to work on."* Another participant felt the transportation providers were not safe. She said, *"I wasn't happy with the person they sent to me. She was on her phone while she was driving. I said you're putting your life and my life in danger by being on the phone. As long as I'm in the car, please get off the phone. And the car smelled like smoke. Later, when I needed another ride, they sent the same person, and she did the same thing. I called them again. I will report her for what she did. She's putting me in danger. She could be putting somebody else in danger."*

One participant said her husband was having difficulty getting the care he needed because his MCO wouldn't cover it. She said, *"He's having a hard time walking because of his back. They did pain solutions with needles in the back, and it didn't work. They switched to a prescription, but said we couldn't have it because Well Sense wouldn't pay for it. He's got Medicare. We thought they'd pay for it, but it doesn't."*

Another participant remarked on the lack of case management services available to her from her MCO. She said, *"Managing it all on my own with no case management support is the hardest part. I'm worried about how she's going to manage, I'm an older mom. The struggle is real."*

One participant said the stigma associated with Medicaid was a challenge for her. She said, *"I was hoping when New Hampshire Medicaid switched that Well Sense was a private insurance that would mean that it wasn't Medicaid per se and more providers would take it. And because they say 'oh we*

don't take Medicaid,' we were hoping it would remove stigma for that. Especially for us as we're not a financially based Medicaid recipient."

ACCESS TO CARE

Participants were asked to describe their access to care through their MCO including the availability of PCPs in their network; their access to specialist care, medications, therapies, and medical equipment; and their experience with the Medicaid transportation benefit. The vast majority of participants (N=26) said either they did not know how many PCPs were available or that there were enough or a lot of PCPs. Only two participants said there were not enough PCPs available through their MCO. In contrast, nearly half of participants (N=12) said they had challenges with access to needed specialist care. The primary issues participants noted related to specialist care were a lack of providers, particularly for mental health and dental needs, preferred providers not being covered in network, and challenges with their PCP not providing the referral. The vast majority of participants (N=20) indicated they had not experienced any difficulties with access to needed medications. Of those who had experienced problems, participants noted delays with pre-authorization, denials of preferred medication, limits on home delivery, and a desire for over-the-counter medication to be covered. When asked about access to therapy services such as physical therapy, occupational therapy and speech therapy, nearly all participants (N=24) said either they had not needed the care, had received it easily, or the care had been provided by an outside source such as school or a residential placement. Four participants said they had needed therapy services, but had not been able to access them due to a lack of local providers who were covered by their health plan. For the largest part, participants said they had not needed access to medical equipment or supplies or had received them easily. A handful of participants noted they had paid for equipment out of pocket. Two participants said they had some challenges having their needs covered including a lack of coverage for diabetic syringes and delays related to receipt of a lift chair. Half of participants said they either had not needed transportation assistance or had positive experiences with the transportation benefit. Five participants said they were concerned about the quality of service they received from the transportation providers. Eight participants were unaware of the transportation options, half of whom indicated that it would be a useful benefit for them.

PCP Availability

Sixteen participants said they did not know how many choices for PCPs were available through their MCO because they had maintained their original provider. A participant responding on behalf of her sister said, *"We didn't even consider changing her primary care because he had already been established as her doctor, and he does visit the nursing home anyway."* A parent of an adopted child said, *"I don't know because we already had her primary set. I never looked."* A parent of a child with disabilities said, *"I haven't changed his doctor since he was younger so I never looked into that. Honestly I don't know how many choices there are available."* Another parent said, *"Because the PCP I've always used since we moved here 20 years ago is covered, we never had an issue with that."* Another parent said, *"We haven't had any problem in choosing them. It's been enough for us because the two providers that we've needed were both within the network."* One participant said she also did not know how many choices there were and was concerned about finding one. She said, *"I've been staying with Dartmouth Hitchcock, but I am moving this year and I am worried about how I'm going to find a doctor that will take this."*

Six participants said they thought there were enough choices and four participants said they thought there were a lot of choices available to them. A parent noted, *“He’s been going to Dartmouth forever. We haven’t really shopped around, Dartmouth has enough.”* Another parent said, *“I feel like there are plenty of choices.”* A wife responding for her dually eligible husband said, *“There are enough choices. We can always find somebody else if we don’t like who we are seeing. There is a lot of primary care, but we just have trouble with the other things like medication, hearing aids, sneakers, stuff like that.”*

Two participants said they thought there were not enough choices. One participant said, *“I think there could be more.”* Another said, *“There are not enough PCPs. The only primary that will take it that I know of is Dartmouth/Hitchcock. And there are only two hospitals in my area, St. Joe’s and Southern New Hampshire Medical Center. St. Joe’s won’t bill to Well Sense. So I’m constantly getting bills from St. Joe’s. I call Well Sense about it, and I send the bills up to them with a note saying they’re not listening to me. Well Sense’s sales reps call them up and tell them to bill us, but they still bill the patient.”*

Specialist Care

Twelve participants had encountered some type of challenge in their attempts to receive specialist care. Six of these participants noted that the main difficulty was a lack of specialists to provide that care. Participants noted that some specialists were not available locally, and they had to travel substantial distances to receive care. One participant said, *“For one of the specialists, a neuropsychologist, we had a hard time finding someone covered by Well Sense in a decent proximity. The person we did find, we didn’t think they were good quality. We aren’t sure where to go from here.”* Another participant said, *“I have to travel to see them. I have to get my eyes examined again, and I’ll have to call CTS or find a family member to drive me all the way up to Concord. Unless I can find one closer, but I don’t think there’s one closer.”* One participant said, *“The only challenge I’ve had is his mental health. We’ve had difficulty finding mental health providers. There are only two that accept Medicaid, and I haven’t liked those providers.”* Another said, *“Only mental health has been the challenge. Not the referral process, just the availability of providers.”* Another participant agreed saying, *“As far as his psychiatric care, that’s been a nightmare trying to get a provider. We just started getting counseling after three years because we couldn’t find a provider. I really didn’t want him seen there, but we had no other option.”*

One participant was unsure whether she could have gotten the co-payment for mental health counseling covered by her MCO. She said, *“We did all this counseling for our sons, but the provider didn’t take Medicaid. I didn’t know if I could have submitted the co-pay to NHHF. That’s not clear. I lost out on probably a lot of money. If that’s still the case, can I still go back to this counseling thing and get receipts for how long and then submit them to Medicaid?”*

Another parent noted that she had difficulty finding a behavioral health provider and having other specialist care covered. She said, *“He went to Easter Seals a long time ago, but they stopped taking outpatient. So we have had a challenge finding someone that will take him. When he was younger, he had to have his jaw expanded, and I had to pay out of pocket. They wouldn’t cover it.”* Another participant said that they were unable to find a dentist or orthodontist that accepted their insurance.

One participant said that she was unable to have her child see her preferred specialist provider through the MCO, and the delay in waiting to receive approval had prevented her child from getting care. She said, *“It’s been hard because of the trouble with not getting to go to Boston Children’s Hospital. Honestly it’s been a while that he’s not been seen by a specialist because we were waiting for this approval. That was a nightmare. So now I have to send the paperwork to Tufts Hospital in Boston. I have to wait for them to call me and get an appointment. They have to wait for the insurance approval again. They*

approved for a certain time, but by that time my son wasn't able to go and so we have to wait again for the approval. It was much easier before. But now it is a hassle and nightmare."

Two participants said the challenge with referral lay with their initial provider. One participant said she had difficulty getting her PCP to send in the referral and information for her to see a thyroid specialist. Another participant said his family had several challenges with referrals to specialists including denials of service, an inability to determine the correct process, and barriers to communication with the MCO. He said, *"Where we did seek a Letter of Medical Necessity from a pediatric director who has the expertise, we were disappointed that it was refused. In a similar case, we utilized the referral process and kept getting blamed that the wrong process was used, that no one shows the referral in the one type, when another is needed. And there is no longer any way to call the practice, we can only reach their off-site call center which screws up all communication. So really there was no way to get the specialist referrals or letter of medical necessity to support our efforts to put through the proper internal referral that started with a licensed local professional that is not considered a referral source to the care management or state level sources. Our issues tend to straddle the interface between oral health (for medical purposes) and physical medicine other than oral, and this is also an area where the state seems to want to maintain their direct control over care and claims and not leave it all to the care management area. I think it had to do with a specialty CT (computerized tomography) scan imaging where hospitals refused to do the procedure due to too much radiation, and the low radiation power and better intrinsic software analysis of the proper oral and maxiofacial imaging systems of the same CT scan technology is simply not available in-network or within the state."*

Twelve participants said that they had not experienced any challenges in obtaining referrals for specialist care. One participant described her experience as very positive. She said, *"He has an audiologist. We've had to visit speech pathologist for an evaluation. He has intermediate asthma and since infancy has had to go through different health things. Well Sense has covered everything. He was seeing a doctor in Derry, and it was very simple to transition. No lost files, no stress. It was very smooth."* Another participant said, *"She was referred to gastroenterologist and got in. It was a good referral. There are no needed improvements. We actually liked it. They referred into their own system, and so there was good communication back and forth."* A parent said, *"The referral getting the specialist was done right in the PCP office. It was easy."* Another participant who is dually eligible said, *"I've been HIV positive since 1982, and the doctors I'm hooked up with are right on track. I've seen everybody I need which amazed me."* Another parent said, *"She goes up north to the CHAD (Children's Hospital at Dartmouth-Hitchcock) program. She has a couple of specialists, an eye specialist and a rheumatologist. It hasn't been any problem. It's been a smooth sail. Since she was a year old, this has been going on."* A dually eligible participant said, *"I've had good health for past 85 years, and it's just recently, in the past year, that I've had some problems. I've had to see a specialist for my back, and I've gone to therapy. And it's been very smooth to my surprise."*

Four participants noted that specialist care had not been needed. One participant said, *"His stuff is pretty routine. It's just a lot of maintenance. He's an older gentleman."* Another said, *"Not since she's been under my care. My sister used to be her guardian, but she passed away. And I've taken over, but she has not had to see a specialist for anything. (The nursing home) has been able to maintain and take care of her."*

Medications

Twenty participants said they had not had any challenges with access to needed medications. One participant said, *"Since October everything is running smoothly. My refills are on time, and I don't have*

to keep explaining all the time. It's been going rather smoothly." A parent said, "She's gotten all the needed medications. We don't take a lot of stuff, but it's filled and it's no problem." Another parent said, "When he's had an ear infection or something like that, I don't even know if we even thought to put in for Well Sense. It's been few and far between that we've had to do that." A dually eligible participant said, "I have only one medication that I've gotten. I changed it, but went back to original medication. There haven't been any waits for approval." A sister responding for her dually eligible brother said, "He takes just one medication, and there haven't been any challenges. Whenever a refill is needed, the PCP takes care of that. His home care provider takes him to get his refills." Another participant said, "He doesn't use too many medications, but when he had something that needed an antibiotic, we never had a problem with that."

As previously noted one participant had on-going issues with needing pre-authorization for medications for her sons despite having NHHF as a secondary insurance. Two other participants noted they had very minor challenges related to pre-authorization delays in receiving their medications. One participant said the delays had improved recently. She said, *"Sometimes we have to wait a couple of days or a week for authorization because he's on specialized medication. Over the last year, it has not been so much of a problem. Before that, it was too much of a delay, but since then it's been much more streamlined."*

One participant said they had a prescription denied. She said, *"It took almost two weeks to find out. They said they had to call doctor and wait for doctor, and we didn't know 'til we went back to the pharmacy."* Also as previously noted, a participant said her daughter's insulin was replaced by her MCO with a less preferred option. Another participant said she was concerned about her child aging out of the system and what that would mean for his medication coverage. She said, *"He's now over 18 so he got denied this last time, but our other insurance covered it. He is still covered, but for his ADHD medication, he's now considered an adult and there might be different coding."*

One participant said that home delivery was not an option which posed some minor difficulties. She said, *"We pretty much stuck with one pharmacy, and that was fine. When I wanted to do some of the home delivery stuff through our private insurance, I couldn't get them to take the Well Sense for my daughter. I guess that's expecting too much. We have had to do prior approvals for some of them, but they've covered them all. But Well Sense has been a second insurer."*

One participant said she wished her over the counter medications were covered. She said, *"There were a couple of medications for my allergies and vitamin D for my bones. I had to switch pharmacies, and the new pharmacy does not pay for them. They consider it over the counter. But I can't understand if my doctor is the one who is putting me on that, and they had been paying for it right along. I get confused why they're not paying for it now."*

Therapy

Participants were asked to describe their experience accessing physical therapy, occupational therapy, or speech therapy. Nine participants said that these types of therapy had not been needed. An additional ten participants said they had received therapy, and there had been no challenges accessing it through their MCO. One participant said, *"I need physical therapy because on my right leg I have a Baker's cyst and chronic pain syndrome. The help of professionals is helping."* A parent of two adopted children said, *"Both of them have needed all of those. I've been really pleasantly surprised at how accessible those therapies have been. We've been doing that type of thing for several years and haven't had any problems."* Another participant responding on behalf of a dually eligible person said, *"She has*

had physical therapy on and off for a 2-week period on two or three occasions. She has also had a span of occupational therapy and been evaluated for her swallowing. We haven't had any bills or balances."

Five participants said that any needed therapy had been accessed through another source such as school or the nursing home where the person resides. One participant said, *"She gets therapy at pre-school due to her arthritis."* Another parent shared, *"He's had speech therapy, but that's all been through the school."* Another parent said, *"The occupational therapy is at school. But I know that it wouldn't be an issue if he had to see someone outside of school or needed more time. I already know where he could go."* A participant responding on behalf of her sister said, *"They do give her some type of physical therapy. They try anyways. We discovered that they have a hard time. She's pretty stubborn, if she doesn't want to do it, she won't do it."*

Four participants said they had needed therapeutic services, but they had not been able to access them because of a lack of providers or because those providers were not covered by their plan. One parent said, *"My son could use occupational therapy, but the place he was going didn't take insurance. I don't know what I can do and what I can't do. He needs physical therapy because he has dexterity problems. He gets speech therapy at school. He could definitely use more, but we are not doing it because it's not that easy and it's expensive. I don't know what Medicaid could do for me."* Another parent said, *"She's had all those types of therapies, but I paid a lot out of pocket."* Another parent said, *"He did when he was younger and it was available. When Easter Seals cut out of the situation for pediatrics it became very difficult. I stopped his OT because I couldn't find a therapist. I'm not going to lie, it's been a couple of years since I tried because I gave up on it. They had referred me, but he had been in OT for two and a half years, and when I tried to go with another provider, they wanted new evaluations instead of transferring the care. It's obscene. With two and a half years of records, why would we have to start fresh. And he didn't need OT as much as some other kids because he has sensory integration disorder. He learned his triggers, but I think it's something they could work on."*

Medical Equipment and Supplies

Participants were asked whether they had access to any needed medical equipment or supplies. Eighteen participants reported that they had not needed any equipment or supplies. Four participants reported positive experiences in receiving needed equipment. One participant said, *"He needed a nebulizer, and there were no challenges getting access to that. Also no problems for replacement parts. And for the albuterol, they send enough for home and school. There's never a limit."* Another participant speaking on behalf of her mother said, *"She's hard of hearing, but doesn't like to wear her hearing aids. They gave her ear plugs, and (they) work beautifully. It's a little machine that I hold in my hand, and she wears headphones."* Another participant shared, *"I've had to have wrist splints for tendonitis. I had no problem getting them."*

Three participants said that they had paid for medical equipment out of pocket. One participant said, *"So far, he's only needed a special bed, but I paid for that with his social security."* Another participant said, *"I bought my own walker. It was covered, but the walker they wanted me to have was \$240. I had to pay that \$240 out of my pocket and they would only reimburse \$40. So I said no, I went home and went on Walmart's website and got one for \$80. The companies are now requiring payment up front."*

Two participants noted challenges with getting some of their medical equipment and supplies covered by their insurance plan. One participant said, *"We have challenges with the syringes for her insulin. It's a medical necessity. I don't understand why they're not covering it."* Another participant commented on the wait time for receiving needed equipment. He said, *"I needed a lift chair, and I'm still waiting for it. I*

also have that little life alert thing, but it's only good for in the house. I said I need one that goes outside."

One participant said she felt they could use some equipment, but had not tried to coordinate the process yet. She said, *"I'm sure we could use some OT stuff, but I haven't pursued anything. It's not detrimental."*

Transportation

Participants were asked to describe their experience with using Medicaid transportation or accessing transportation reimbursement. Nine participants said they did not need any type of transportation support and had not utilized either option.

Five participants shared positive experiences with their Medicaid transportation benefit. One participant said, *"I describe it as excellent. They don't question, they call dispatcher, and the dispatcher doesn't break confidentiality. It is not nerve-wracking."* Another participant said, *"My friend brings us to the doctor up north, and they paid the mileage. That works OK."* Another participant shared, *"We have not had a problem. (His housing support) contacts the transportation companies and that's all coordinated with NHHF."*

Five participants said they had experienced challenges with the transportation benefit. One participant was concerned about the quality of service provided by the transportation vendors. She said, *"There are two different services. One took us to her boyfriend's house to drop off money. It was a half hour out of our way. We got people coming that are full of smoke, and you have people who are extremely sensitive, like my son. My son has social anxiety. One company is really good and the other is scary as hell, taking you over back road shortcuts and (transporting) a couple of different people at the same time. And they're playing on their phone. This isn't professional."* Another participant said, *"Every time I call and there's a new person at CTS, they want to keep putting me with the Nashua cab company which is constantly late, and I say I'm not taking them. So they get nasty, and then I call a few times until I get someone who knows me. The cab company in Nashua gives you a 15 minute window. If I need to be at my doctor at 10:30, they pick up at 20 past. Then they say we have 15 minutes to get you there, and then I'm late. I have to get a cab company from Derry that's been able to get me where I need to be on time."* As previously noted, one participant said she has had difficulty getting her transportation reimbursed despite following the process of getting approval in advance. She said, *"The way they handle it too, calling me a liar. Would you like me to get my phone records, why would I make that up?"* Another participant said the policy related to how rides are provided was a challenge. She said, *"In order to take my son to therapy, I have to stay there while he gets his therapy. They won't take me home and pick me back up and bring me back to my son. That bothers me a lot. I have to stay and wait for him. He has to be 16 to go by himself."*

Eight participants said they did not know about the transportation options available to them. Of these, four said they would not have needed the support. The other four participants indicated that the transportation benefit would be useful to them. One parent said, *"We would have liked to be able to utilize it, but never found out how."* Another said, *"I didn't know they offered it. It would be good for when we go to Boston. That's a long trip."*

One participant said she didn't understand how the transportation reimbursement works and had not used it as a result. She said, *"It just seemed too confusing to me."*

QUALITY OF CARE MANAGEMENT

To assess quality of care, participants were asked to assess their relationship with their PCP, to share their experiences with care they received for chronic illnesses, and describe any case management services they received. In addition, they were asked how well their providers work together, whether they felt they were able to actively participate in decisions about their health care, and to describe the quality and helpfulness of information received from their MCO. The majority of participants said they had positive relationships with their PCP and remarked about their PCP's caring and understanding demeanor. Participants also appreciated that their PCPs listened to their concerns. Three participants who expressed negative experiences with their PCP, one said she thought her PCP was ineffective, one said she felt her views were not taken into account, and one said she felt their former PCP did not care about her family's needs. When asked about care received for any chronic illness, half of participants said they did not have any illness that would qualify for that care. Nine participants said they felt the care for their chronic illness had remained the same in terms of comprehensiveness and consistency since enrolling with their health plan. Three participants said they felt their care was more comprehensive and consistent. Twelve participants noted that they did not need case management services. About a third (N=8) of participants said they received case management support through an outside organization and were generally pleased with the help they received. Six participants said that case management had not been made available to them, but would be useful. Over half of participants said they believed their providers worked well together. An additional six participants said they did not think their providers needed to work together. Five participants said they manage the communication between their providers themselves. All but three participants said they felt they were able to actively participate in their health decisions. Almost half of participants said they did not know if they had ever received any material from their MCO, and an additional eight confirmed they had not received anything. Four participants said they had received information that had been helpful while another four participants said the material they had received had not been useful.

Relationship with PCP

The vast majority of participants (N=23) said they had a positive relationship with their PCP. When asked to describe what they like best about their PCP, participants said their PCP was caring, listened to their concerns, and was understanding. One participant shared, *"He's awesome. He understands their needs. He's just a good doctor for all my children."* Another participant said, *"I have an excellent relationship with him. The way he handles my son as far as answering his questions is wonderful. My son is a tough one because he has extreme anxiety and OCD (obsessive compulsive disorder). He's tough to work with, but the doctor has a way of reassuring him by explaining. He has a way of talking to him that my son understands."* Another parent mentioned, *"She takes her time with him. And she's not quick to prescribe something. She has a great bedside manner. There's nothing I like least. She's so gentle. She's a very, very nice doctor. I love that whole practice. My other kids have gone there. I'm very happy."* Another said, *"He's fantastic and absolutely understand our needs. He just switched (practices), and we followed them. We can't upset the apple cart. He listens, and gets what's going on because he's been doing it from the beginning."* Another participant remarked, *"It's a good relationship. She listens to everything and takes our concerns into consideration. We've never had a problem. She's very willing to try all approaches."* Another participant shared, *"(My brother) and I love his PCP. He's great. His office is wonderful. I've had wonderful experiences with his office. We needed to get a copy of his physical for Special Olympics, and they faxed it right over. We're happy with the care."* Another said, *"We've had him ever since we've had the kids, and he's just been very open and willing to talk about what we need to. He sees them as individuals which is good."*

Two participants said they were in the process of transitioning to a new PCP. One participant said, *“Unfortunately I am losing my PCP. I’m going to be seeing my new one this coming Tuesday. I’m pretty confident. My old PCP is very thorough. I really feel that she brought the new one up to date.”*

Two participants said they were unhappy with their PCP. One said he felt his family’s PCP was ineffective. The other participant said, *“I have fibroid disorder, and I don’t get too happy with my doctor. She is more focused on my weight than anything else. Two months ago she did a test on my thyroid but I’m finding that the lump is getting bigger. I got so fed up with everybody focusing on my weight. I’m doing everything in my power to not overeat. I don’t overeat, I eat small portions. They don’t think I am. I get so frustrated over it that I backed off of going to the doctors and asked for another doctor. She is now listening to me more now that I put my foot down. I feel like if there’s something there that you need, you need to speak up for yourself. But I need to do it in a way that’s not hurting her and not hurting myself.”*

One participant said she had recently switched PCPs because her husband was unhappy. She said, *“We fired the other one. She did nothing for (my husband.) She just didn’t care. Now he has the same doctor my daughter has. She understands and knows what’s going on, talks to him, and checks in.”*

Care for Chronic Illness

Participants were asked whether the care they received for any chronic illness was more or less comprehensive and consistent since enrollment with their health plan. Fourteen participants said that they did not have any chronic illness. Nine participants said they believed their care was the same in terms of comprehensiveness and consistency. One participant said, *“I have diabetes. It’s the same consistency and same comprehensiveness. I had a Medi-gap plan. If I compare Well Sense to the Medi-gap, it’s the same thing. The only difference is that my bill isn’t getting paid. Medicare will pay 80%, but depending on who I go to, they won’t pay the 20% they’re supposed to pay.”*

Three participants said they thought their care was more consistent and more comprehensive since enrolling with their MCO. One participant said, *“I think it is good insurance that’s for sure. It’s been covering all her bills and everything, and her medicine and the doctors are great. We love them.”* Another said, *“I think in terms of having more providers that he uses, I would say in that way it’s more consistent and comprehensive.”*

One participant said they had nothing to compare to because her child was already enrolled with Well Sense when he was diagnosed with asthma.

Case Management

Participants were asked to describe the care coordination they have received through case management services. Twelve participants indicated that they did not need case management services. One participant said, *“When he was going through adoption process, he had a case manager then. But since the adoption was final, we’re fine at this point.”* Another participant said, *“Not that we’ve used. We haven’t really needed it. There’s really only been one specialist we struggled with finding someone.”* A parent said, *“I do his case management, only because of my experience and training. I know the resources. I know everything that’s available to him. There’s no need to involve a third person. And he has a very big IEP (individualized education program) team at school.”*

Eight participants said they have case management support from other organizations that they were satisfied with. One participant said, *"I get case management through the (Southern New Hampshire HIV/AIDS) Task Force. When NHHF cannot provide or cannot explain, the Task Force can."* Another participant said, *"I have Gateway and Child and Family Services. I think we do OK."* Another participant said, *"I have a case manager through CFI (choices for independence). I don't hear from her that much. I have a nurse who comes once a week, and I have an LNA (licensed nursing assistant) that comes for 10 hours a week, and I have a PCA (patient care assistant) that comes for 14 hours a week."* Another participant said, *"It's all part of where she lives. They do everything right in there."* Another participant had a similar experience and shared, *"There is a young lady. If I need anything I just call her. I think she works in the nursing home."* Another participant said, *"Off the top of my head, I can't remember the name of the organization. I think they coordinate with NHHF, but they're another organization. I guess what I like the best is the staffing ratio is very high where he is. He's in a group home. I think the ratio is very good staff per resident. I don't have any complaints. If I did, I'd bring it up, and we'd get it resolved."*

Six participants said case management services were not available to them, but that it would have been useful if it had been. One participant shared, *"We don't receive any case management services. It would not be useful so much anymore, but a couple of years ago, it would have been. When things were worse, and I mean I couldn't do anything and I was having to call this one and this one and this one and I couldn't barely keep these things straight in my head, and all I wanted was somebody else to do this for me because I felt like I was short-circuiting. They never offered anything like that. They would offer to look for some other things and give me the information, and then I had to decide whether to check them out. It was so overwhelming at that time when I was just constantly being abused by my daughter."* Another parent felt that case management services could help her create a better educational environment for her child. She said, *"We didn't have any case management services. It would be absolutely helpful to me. (My daughter) was in public school up until 4th grade and having terrible time. We moved her over to a small private school which worked well. She was making a lot of headway, but then she went to another school and another school. That's the problem with private schooling. It's only up to a certain grade level, and you have to move on. When she got to high school, with her learning disability, she couldn't keep up."* Another parent said they lost their case management when they enrolled with Well Sense. She said, *"We were receiving case management. That all stopped when he went to Well Sense. I miss that at times, because it helped me coordinate between the visits and keep things on track. It's a service I'd like back."*

Coordination between Providers

Participants were asked to describe how well their providers work together and any issues they had experienced. Fifteen participants said their providers work well together. One participant said, *"I got to say the diabetes doctor she has works well with my PCP because they're all on the same internet. They have access to the same medical records, that's a positive."* Another participant shared, *"They work really well together. There is open communication, and they're able to go on the computer and see everything."* Another participant speaking on behalf of her sister in a nursing home said, *"They seem to work well together. They coordinate and discuss it, that's why every once in a while they meet to assess if there's something they can do differently. This meeting is once a month. I haven't been able to go to all of them because I was working. Now that I'm retired, I hope to go more."* Another participant shared, *"His audiologist has been so amazing and taking her time with us and also in communication with the teacher for the deaf. She's in contact with our PCP on a regular basis with regards to my son. Everything has been great. I'm very, very pleased."*

Six participants noted that they did not need their providers to work together. One participant said, *“There hasn’t been any need for coordinated care. When he was seeing the counselor and maybe between the ophthalmologist and his PCP, but that was more based on family history of some eye issues. The PCP recommended once a year going to get it checked it. That was about it.”* Another participant said, *“I guess that’s not really an issue. There’s been no need for interaction because she hasn’t seen any other physicians.”* Another participant said they hadn’t needed her brother’s providers to work together yet, but hoped they would once they identified another provider. She said, *“I don’t know that he’s had the opportunity yet. Once he gets a psychiatrist, it would be nice if they did.”*

Five participants said their providers did not work together. A parent of a child with a disability shared, *“We usually make sure that they take the records and the information. That’s a little rocky sometimes, but I try to keep that up. If they say we didn’t know about this then I say you might want to talk to that (doctor.) I think that’s the biggest issue is keeping the doctors records up date with the other doctors. They don’t talk to each other as much.”* A dually eligible participant said, *“They do their separate thing. I don’t think my case file gets passed around. Even at Dartmouth Hitchcock where they have an electronic chart, they don’t read it. I have to remember what one doctor did. If I went to see my orthopedist, I have to tell what the ER (emergency room) did or what my PCP said or what other orthopedist said. It can be annoying. I say it’s in the file, it’s been transferred, read it.”* Another participant said, *“I don’t think they work together at all. I wouldn’t mind if they did, but don’t think they do.”* Another parent with a child with a disability said, *“They don’t work together at all. I don’t think any of them have ever communicated. I don’t think that’s a problem. In part because I know how to advocate where and when for him. I know that if I need to share information, I need to sign a release. Had I been a different parent, it might be a problem.”*

Two participants said they didn’t know whether their providers worked together at all. One participant said, *“I don’t have a sense of that. I don’t know what happens on that end. My main contact is either with the staff of group home or maybe the office staff from the providers. Once in a while the provider will talk to me, but what goes on between them I don’t know how that goes.”*

Role in Health Decisions

Participants were asked to describe their role and responsibility in their (or their child’s) health care. All but three participants said they were able to actively participate in decisions. One participant said she tries to, but is unsure of her own knowledge. She said, *“I question myself about moving her again to another doctor just because it’s a struggle. And I don’t know if there’s a perfect doctor out there.”* Another participant said, *“Not always. I fell about a month or two ago and then about two weeks ago, I couldn’t stand on my right leg, the pain was that bad. My son took me to the ER and they told me that there was no way on this green earth that I was going to get a CAT (computerized axial tomography) scan or MRI (magnetic resonance imaging) unless I was a millionaire or a pro athlete. There was no way I was getting one. The pain scale was 15 out of 10. They gave me a set of crutches and an immobilizer. I went to another doctor. They said the same thing. There have been times I’ve been denied services.”* Another participant said, *“Neither of (my children) have been permitted, due to intrinsic disability discrimination at the state and care management organizations levels, to benefit from the value I could have added to any situation. Since NH DHHS could never entrust a Medicaid-eligible family with the reimbursement value, so they said early on, I feel that I am prohibited from solving problems without the agencies agreeing ahead of time.”*

Quality of Information Received from MCO

Participants were asked whether they had received any educational material from their MCO and whether it was useful to them. Eleven participants said they did not know if they had received any information. One participant said, *"I know I got some stuff from them, but I don't know if that was it. I go through my mail and I chuck stuff because I don't have time to sit down and read. I'm constantly chasing after her. By the time she's in bed I'm exhausted."* Another participant said, *"I don't remember, but that doesn't mean I haven't. I do remember getting reminders to go to dentists and such. I'm not particularly interested in it."* Another participant shared, *"I don't remember getting anything like that. I'm not interested in it. If I needed something like that, I would get from my primary care person."* Another participant said, *"Not really. I honestly read so many health things on the internet, I don't know if I might have and don't recognize where they come from."* Another said, *"Not that I can recall. I could see it being useful. Especially when the flu was going around."*

Eight participants said they had not received any educational materials from their MCO. One participant said, *"I didn't receive anything like that. It would be helpful I think."* Another participant said, *"Not from Well Sense. We had them when he was in fee-for-service Medicaid. That was one of the benefits that we lost. I found that helpful when we were receiving information. It kept us in the loop with what was going on with his specific condition. They know more now than when he was born. But there's a void of information from Well Sense."*

Four participants noted they had received some information from their health plan and that it had been at least somewhat helpful. One participant said, *"I get it once a year. They'll send me a book on diabetes, and they'll send me five recipes. They could do that every week, and I'd be happy. Because I don't know how to cook. When I make a hamburger, my apartment is smoky. I burn everything."* Another participant said, *"We did get a brochure when we first signed up. We got one from both of the two companies. I remember looking at each of them and doing a little bit of comparing, and I think I may have also popped online to do some comparison."* Another participant said, *"I've received it three times since I've been on it. I find it a little beneficial. The last one I got was beneficial. It dealt with how to select a PCP, and it was helpful. I feel they did a good job."*

Four participants said they had received some information, but that it was not particularly helpful. One participant said, *"I think we have. It's not always relevant for us."* Another participant shared, *"The only thing with that is I have a learning disability, and it's very confusing for me. If they can send me something more clear for me, not big words I can't understand, it would be better for me."* A parent said, *"Honestly, it's not going to make a change for my son."*

SUGGESTED IMPROVEMENTS

Participants were asked to share the supports or information they would most like to receive from their MCO and what improvements to their MCO they would recommend. About a third of participants (N=10) indicated that they did not need any additional information or support from their MCO. Of those that provided suggestions, participants recommended clearer and more accessible information on the benefits available through their MCO, information on specific health issues and treatments, and more information on the policies related to their coverage. Participants' most frequent recommendations for improvements to their MCO were to increase the number of providers available within their network, improve the quality of information about those providers, and increase coverage for both services and providers. Individual participants also suggested improving coordination among providers, streamlining the pre-authorization process for medications, standardizing customer service training, and increasing the number of MCO options to choose from.

Information and Support Requested

Ten participants said they do not need or want any additional information or support from their MCO. One participant said, *"Nothing in particular. I'm too busy."* Another participant said, *"I think we have it covered. Belonging to a religious community, there is always somebody to help you if you needed. We have a built-in support group."* Another participant mentioned, *"I think it is fine just the way it is."* Eight participants said they would like more information on the benefits available through their MCO. One participant said, *"I don't even know what they offer. It would be helpful to have that information."* Another participant suggested that the information be easier to read and understand. She said, *"You know how they send you that book on what they provide and what they don't provide. I'd like something that's a little bit easier that I can read. I have trouble understanding the one they send."* Another participant shared, *"I know that my son has a case manager there, but I never got any letter or contact or anything. Just a name a long time ago. So maybe take more care of the patient. Trying to see if there something helpful for the kid. If they have some programs that I'm not aware of, if it would be helpful for the kids. It would be good to know more."* Another participant suggested, *"I think as a family member and somebody who has to take care of the legalities, it wouldn't be terrible if they had sometimes a group on how to access your benefits more effectively or an informational session on what benefits cover what."* Another participant shared, *"It might be interesting if parents of a child of a certain age might want to keep in mind. For example, an email reminder that says, 'hey these are important medical related things to 9 or 10 years old. These are services Well Sense offers for kids of these ages.' It might just be a little FYI (for your information) thing. It might already exist, and I just don't know."*

Five participants said they would like information on specific health issues and treatment. One participant said she would like more information about anxiety. She said, *"I've definitely tried researching data on adolescent anxiety because he's now a teenager. We're facing a whole new set of mental health stuff at this age with all the puberty and fun stuff that comes with that. Other than that, I think I'm pretty well versed in what he needs."* Another participant said he would like information on, *"healthy food choices and exercise stuff."* Another participant shared that information on trauma would be useful to her. She said, *"I don't know if NHHF has any information on trauma or (for) children who have been through trauma, how families can help them with that. I would love information on that. I've read as much as I can. I am always thinking what else can I do, what else can we try. A lot of our challenges, I don't know what they're based on, if it's culture or what they've been through."*

Four participants said they would like more information on the policies related to their benefits. One participant wanted more information on the process related to children aging out of the Medicaid system. She said, *“They should put information out there about age and transitioning coverage.”* Another participant said providing the information in other ways would be helpful. She said, *“I’d like information about how to move through the process and benefits that are out there that I don’t even know about. Maybe a YouTube video or something I could watch quickly and go over and re-watch. Because things don’t sink in the first time, and like most people, you don’t know what you need until you need it. I don’t necessarily have to meet face to face. It might be out there, but I just don’t know it.”*

One participant said she would like information about providers. She said, *“I don’t know what information they have. We’ve been trying to find a mental health provider that will come to the house, and we can’t find one. If we find one, they’re only for kids. So what’s the difference between kids and adults that are home-bound? There’s only one mental health agency that will take Well Sense, and all they do is prescribe pills. They don’t even listen to you. I’ve talked to them for years, and they don’t listen to me.”*

Improvements

Six participants did not have any suggestions for improvement. One participant said, *“Everything’s gone really good for her. I don’t have a recommendation because she’s gotten things she’s needed. She’s healthy. They’ll see her if there’s an emergency or has a bad cold. Her needs have been met.”* Another participant said, *“I don’t have any suggestion. I’ve been very fortunate. Until I was 85, I was as healthy as a 30-year-old. I can still do my own thing, and I don’t have to depend on anyone. I go to my appointments because it is part of being older I guess. I’ve been very fortunate.”* Another participant shared, *“I can’t really think of one. We moved here from Maine. The Maine system was terrible. I had to fill out so many forms and call every other week, but it’s been so smooth since we got on NHHF. I don’t have to make phone calls, he’s well cared for, it’s all up to date, and they communicate with me. And if I call, they respond. The doctor’s not calling me with a bill. That happened in Maine. It seems like all the billing goes through fine. I think the enrollment process was fairly easy, and I liked that. I thought that was very self-explanatory. When looking at the different options, we chose NHHF because it had very clear wording, and the enrollment process was easy, and they gave good explanations. We first started at Dartmouth/Hitchcock. They gave us choices and it seemed liked it was comprehensive, and the way it was laid out in the information, I wanted to sign up for that one.”*

Six participants recommended that their MCO have more providers and make more information about those providers available. One participant shared, *“I guess for them to have stronger research to know exactly what active psychiatrists are accepting patients. If something in their database would show that or where the closest one would be. For the specialists, not just the doctors. And to note which ones can work with kids with special needs or have experience working with kids on the spectrum. For example, with braces, you get locked in with (the provider), then the child is miserable. It’s one of the things I’m worried about and I’m willing to save up and get the money for my son’s braces and pay out of the pocket. The braces are going to be chaos, but knowing that he’s in a less stressful place, and the people know how to work with him and not trigger him and have compassion for him is important. And you don’t find that everywhere. I don’t know how you get case workers that work with kids with special needs. That should be made more available. Like when they get on the program, how much help can you get? Can you feel out what you need and get help incrementally?”* Another participant said, *“We picked the best orthodontist in the area, not just in our town. I want somebody who’s going to be fiddling with my kids teeth, I want the best. I don’t want just the one Medicaid covers. It’s one thing if you’re just getting a cleaning. If there were some kind of reimbursement program or if the doctors would accept*

Medicaid. If there was a form you could fill out and send in your receipts so that they could reimburse you out of network for what they would reimburse an in network provider.” Another participant shared, “Probably a wider selection of all providers, dentists, vision. There’s only one place they can go to for mental health. I would like more choices for that.” Two other participant agreed saying, “The only thing that I could ever wish for is more mental health coverage, more providers.” And, “Have more mental health providers in there.” Another participant said, “Beef-up the providers for border towns.”

Six participants recommended better communication from their MCO. One participant said, *“I would say more communication because there’s been zero. Unfortunately when my daughter was born she was in the hospital for 3 months. It’s been up and down the whole time, and that’s why she’s been on Medicaid since she was born. It’s been a struggle, lots of therapy. We’ve always used our first insurance, and honestly, I feel like I haven’t gotten any support. We have been the ones to figure it all out.”* Another participant said, *“One thing that might be helpful when they pay claims if we got a statement of benefits. For example, I was just in a car accident. Our PCP got a statement of benefits from the primary insurance. Then they submitted the rest to Well Sense. I assume they paid it, but I haven’t received anything. But now I have to figure it out so I can go back through the car insurance.”* Another participant said, *“I don’t know who would answer this question. One of my sons is 14. We have Medicaid through DCYF (Division of Children, Youth, and Families) because the boys were adopted. When does it go away? How do I know that? I don’t know who I have to contact.”* Another participant suggested, *“I know some of them offer different perks and benefits, I’ve heard from other people, but I’m not sure what they have. I’d like it if they would send periodically of the benefits and stuff.”* Another participant said, *“I would recommend adding that library from (New Hampshire Family Voices). It’s a wealth of information for people that have no clue. It’s an actual library that sends you books. You get online or you can call them for information, and they’ll ask what you’ve already read and they will send it to you. It’s like a regular library, and then you send it back. It’s totally free for the person participating. There are no fees. They pay for the shipping. We lost access to it when switched to Well Sense.”* Another participant suggested, *“Have somebody call the client up once in a while and check on them. A wellness check. Something like that.”* Another participant would like, *“A quick sheet of benefits. I know you can get car seats and helmets and such, but don’t know much. Maybe a quick fact sheet.”* Another participant said that information should be easier to read. She said, *“If they can make something that’s for your health that you can read. I’m the type of person if I can do it myself and not have to go get help – I want to have my independence.”*

Four participants said they wanted more comprehensive coverage. One participant said, *“Based on my son’s situation, to be more open about coverage out of the state. He really needs to be seen in another place, and he can’t because he’s not covered any more. That for me was most important. I used to have Well Sense, but they didn’t cover Boston (Children’s Hospital) at that time. NHHF did, that’s why I changed, but now they don’t anymore.”* Another participant suggested, *“Add dental for adults.”* Another participant said, *“I guess one thing I would really like is discounts for our local Y (Young Men’s Christian Association) or for some health club or something so the kids could go and maybe I could go. That would be great for my daughter to go. I think she would definitely like that.”* Another participant said, *“Shoes for diabetic and medication for people who need it for pain. There shouldn’t be any ifs or buts. You should be eligible to get them.”*

One participant suggested better coordination among providers. She said, *“I only thing is what I said about the doctors communicating with each other. The information doesn’t go to the specialist now and the interaction has got to be better. That’s a main issue I have. Especially with her having that arthritis. That information is very important.”*

One participant said there should be improvements to the pre-authorization process for medications. She said, *“Definitely the medication process. They need to understand on their end especially when they look at their records and see the calls every time. It makes no sense why that just doesn’t go through every time. I don’t understand why that’s highlighted, italicized across their screen. It never fails, it’s always on a Friday. I’ve never had any luck on a Saturday or Sunday if I have to refill meds. It almost seems like they don’t do it on the weekend, they say they do, but they don’t. The pharmacy says they can’t get through on weekends. And there’s not much buffer between how many are left before it’s eligible for refill. I don’t want to pay the co-pay, and this should just be a painless process. We have a primary. If they were paying the whole thing – they’re the secondary and only have to pay \$20. You’re not paying \$130 or \$500, you’re paying \$20. Just wait until my primary goes, then you’re really on the hook.”*

Another participant remarked on the need for better training at the MCOs. She said, *“It would be the training stuff. Make sure everybody is trained thoroughly and not asking stupid questions. I was blown away when a parent mentioned that she was asked when her child’s Down Syndrome started. I don’t think anybody that doesn’t know that answer to that question should have that job. I know sitting on that (advisory) board there were a lot of insulting questions when people were trying to find specialists.”*

One participant said there should be more MCOs to choose from. She said, *“I think they need more options because I just felt like when they made the change from fee-for services to the two option thing, there should have been more choices.”*

Another participant said, *“My recommendation would be that they get out of the business and permit capable insureds to do their own management, that they are more in the way than useful. However, simply to end discrimination and embrace communication opportunities would also be recommended.”*

CONCLUSION & RECOMMENDATIONS

The telephone interviews held during March and April of 2018 provided valuable information into participants' experience with New Hampshire's Medicaid Care Management Program. Due to the sample size, the information presented in this report should not be assumed to be statistically representative of the entire population receiving care through the Medicaid Care Management Program in New Hampshire. However, the data generated during the interviews can be used to identify issues and concerns that may warrant further exploration.

The 28 participants in this study were MCO members dually eligible for Medicaid and Medicare, parents of children with disabilities, and parents of foster and adopted children. As such, they provided insights into the specific needs of this population. Results show that, overall, participants had positive experiences with their MCO and providers. Participants, for the most part, indicated they understood their health plan and were able to access support if needed. Generally, participants were satisfied with the availability of doctors, medications, therapy, and medical equipment. Participants were less satisfied with their access to specialist care and the quality of transportation provided. Participants reported high satisfaction with their PCP. The majority of participants said their providers worked well together or that there was no need for coordinated care. A handful of participants remarked on a need for case management services. The results also showed that a majority of participants either did not receive or did not recall receiving information and educational materials from their MCO. Suggested improvements centered on the following areas:

Increased Numbers of Specialist Providers

Participants noted a need for more specialists, particularly for mental health and dental care needs.

More Comprehensive Information about Providers

Participants requested expanded information about providers including providers' experience working with special needs children, current availability for new patients, and the age population the provider serves.

Expanded Coverage

Participants suggested that more providers should be included in their network or that there should be the opportunity to receive care out-of-network and still receive reimbursement.

Clearer Information Provided in a Variety of Formats

Participants suggested that information on benefits and coverage be provided more frequently and in more formats including easy-to-read, one-sheet summaries, videos, and group trainings.

APPENDIX 1. RECRUITMENT LETTER

Dear,

The New Hampshire Department of Health and Human Services is asking for your help with a project about New Hampshire Medicaid Care Management. The Department hired Horn Research to gather opinions from people who are dually eligible for Medicare and Medicaid to better understand the experience you are having meeting your/your family member's health care needs.

We would like to invite you to participate in a **telephone interview** where you can share your feelings and ideas about Medicaid Care Management. 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 **March 6 and April 10, 2018**. 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 or the managed care programs 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,



Diane Langley
Director, Office of Quality and Improvement

APPENDIX 2. INTERVIEW GUIDE

Introduction

According to my records you (your child) are/is covered by Medicaid and receiving Medicaid benefits provided through one of two Medicaid Managed Care organizations: NH Healthy Families or Well Sense Health Plan. The goal of this interview is to try to understand your overall experience with the managed care organization now that you've had at least one year in the program.

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

I. Experience with Medicaid Care Management

I'd like to ask you a few questions about how well your Health Plan is working for you now.

1. Do you feel like you understand your/your child's plan? If you have a question, do you have someone you can call/contact for support? 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/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 you're/your child's using? (probe: Can you tell me about any problems you've had?)

II. Access to Care

Next let's talk about your/your child's access to health care.

1. How would you describe the range of choices of primary care providers you/your child have/has available to you through your MCO? Do you feel that you/your child have/has a lot of choices, enough choices, or not enough? (probe: preventive care includes things like routine exams, wellness visits, immunizations/vaccines, screening tests for diabetes, cholesterol, - NOT emergency care, visits when you/your child are sick.)
2. How would you describe your MCO's process for referring you/your child to specialists? Have/Has you/your child been able to see the specialists that you/your child need(s)? If not, do you know why you/your child haven't/hasn't been able to? Is there anything that you think needs improvement?
3. How would you describe your access to needed medications? Have you been able to access the medications you/your child need? If not, do you know why you haven't been able to? Is there anything that you think needs improvement?
4. What about other aspects of your/your child's health care such as access to physical therapy, occupational therapy, or speech therapy? Have you needed access to any of these therapies? Which ones? What works well? Is there anything that you think needs improvement?

5. Have you needed access to special equipment or medical supplies such as diabetic syringes? Which ones? What works well? Is there anything that you think needs improvement?
6. How would you describe the care you/your child receive(s) for any chronic illness you/they might have? Do you feel the care you/your child receive(s) is consistent? Can you share an example of why you feel that way? Do you feel the care you/your child receive(s) is comprehensive? Can you share an example of why you feel that way?
7. 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?

III. Quality of Care and Care Management

Now let's talk about your experience with doctors and other service providers (such as specialists, psychologists, nutritionists, etc.) and how they work together and with you.

1. How would you describe your relationship with your/your child's primary care provider? Does he/she understand your/your child's needs? What do you like best about your/your child's primary care provider? What do you like least about your/your child's primary care provider?
2. How would you describe your/your child's care coordination? Do/Does you/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 they/their child do/does not receive case management through the MCO, do/does you/your child receive these services from another organization?)
3. Do you feel that your/your child's different doctors and providers work together well? Have you had any problems? Do you want your/your child's health providers to work together in this way? Do you want to be involved with it? (probe: by care coordination we mean, the ways your doctors and providers working together and with you to make sure your health is taken care of in the best way)
4. How would you describe your role and responsibility in your/your child's health care? Are you able to actively participate in decisions about your/your child's health care – do you have a chance to share your opinion and what you want? Do you want to participate? How would you like to participate?

Improvements

1. Have you received any education on how to improve your/your child's health (such as information on how to manage chronic illnesses such as diabetes, asthma, etc.)? Do you like receiving this type of information? Do you use it?
2. What other kinds of support and information would you most like to receive from your/your child's Managed Care Organization? (probe: details on coverage/benefits, etc.)
3. If your/your child's Managed Care organization were going to make one improvement, what would you recommend?