New Hampshire Medicaid Care Management

MEMBER SEMI-STRUCTURED INTERVIEWS SUMMARY REPORT FALL 2025

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Contents

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Executive Summary

The New Hampshire Department of Health and Human Services (DHHS) conducted an independent qualitative study of Medicaid beneficiaries enrolled in care management services to understand their experience with the programs provided by the managed care organizations (MCOs).

Horn Research[1] interviewed 30 individuals between October 30, 2025, and December 8, 2025. The study explored five points of inquiry: Description of Participants, Experience with Medicaid Managed Care, Access to Information, Experience with Care management, and Quality of Care.

Overall, study participants aligned demographically with the total population, except for age, where older adults were underrepresented. All but two participants reported safe and stable housing. Over half of the participants said they experienced food insecurity, five of whom said they did not receive any food support.

Most respondents understand their health plan. Of those who did not understand their plan, the majority did not have significant concerns. Participants most often called their insurance plan's customer support or case manager when they had questions. Participants said they experienced limits on medication, vision care, mental health, physical therapy, and at-home support. Most often, participants said they liked their MCO's customer service, support from their case manager, and the transportation benefit. The primary challenges participants experienced with their MCO included a lack of coverage for specific providers or health needs, and delays related to the prior authorization process. Overall, participants knew nothing about their MCO's complaint process. Only two participants had filed a complaint, one of whom said the process was ineffective.

Participants most frequently said they would contact a health care professional if they had questions about their health. Over half said they rely on their PCP for answers to health questions. About a third of participants said information they received from their MCO was difficult to understand, noting the jargon and duplicative letters were confusing. All participants have internet access and most often use their phones to connect. A handful of participants said connectivity and cost could be challenges for their online access.

Seven participants said they did not receive care management services from their MCO. More AmeriHealth members said they did not receive care management services (N=4, 36%) than WellSense members (N=1, 13%) and NHHF members (N=2, 18%). Reasons for not having care management services included perceptions that the services were not helpful, having other care management support, being dropped from the service, and not knowing about the service. Participants most frequently said their case manager contacted them monthly and were content with that rate. Some participants said they do not answer or respond to their case manager's messages. About half of the participants receiving care management services said they developed goals with their case manager. Participants described goals related to physical and mental health, developmental milestones, educational milestones, and social determinants of health. Participants also reported wide-ranging experiences with the type and extent of support they received from their case managers. About a quarter of participants (N=5) said their case manager had provided little to no support, while half (N=11) said they received referrals and moderate support coordinating with providers. Seven participants said their case manager provided extensive navigation support by coordinating with providers and facilitating access to care. Participants most

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

frequently said their case manager was supportive and provided a listening ear. Participants also said they liked that their case manager was helpful and provided needed resources. Five participants reported their case manager was knowledgeable of their current health concerns and care plan, which was extremely helpful in coordinating with providers, accessing needed equipment, and gaining access to medications. Half of participants (N=12) said there was nothing they disliked about their case manager. The most frequently mentioned negative aspects of the care management services included a lack of continuity due to changing case managers, a lack of information and support, and unprofessional case managers.

Four participants reported not having a PCP. Those with a PCP most frequently said they liked that their PCP had good communication skills, were friendly and understanding, knowledgeable, helpful, and available. Most participants did not have any negative experiences with their PCP. Other participants reported that their PCP was not always available, did not provide empathetic care, and did not provide quality care. A couple of participants remarked negatively about their PCP's office staff. Overall, participants said they could get care from their PCP as soon as they needed it. Some participants noted they might not see their PCP on short notice but would see another provider in the practice. The bulk of participants (N=22) said they had received a well-care exam in the past year. Most of the participants who had not had a well-care exam could not recall when their last exam was. About half of participants who had a well-care exam said their provider had evaluated their mental health during that visit. Reasons for not being evaluated included being too young to evaluate, difficulty evaluating because of a disability, and already having a mental health provider.

The majority of participants (N=25) required specialist care in the past two years. Half of these participants had experienced no challenges accessing that care. The primary challenges associated with access to specialist care included long wait lists for appointments, lack of providers, and prior authorization delays. Most participants (N=24) take medication, most of whom would ask their PCP or other health provider if they had questions. None of the participants noted having challenges getting their questions about medications answered. The primary challenges identified in getting medications included transportation, prior authorization, and a lack of coverage for pill packaging and over-the-counter medications. Remembering to take their medication, side effects, and general resistance to taking medication were the most frequently mentioned barriers to taking medication.

Recommendations

Based on feedback from participants, the findings in this report generated seven recommendations for the MCOs.

Consider offering in-person support/resource center

A participant enrolled with AmeriHealth Caritas reported having access to their case manager in-person at their Wellness and Opportunity Center. Having access to in-person care management support through the MCO along with other resources such as a food pantry, financial counseling, and other community classes has a positive return-on-investment for low-income families and their communities. Expanding these resource centers to other communities can increase access to support for many other families. ACNH, NHHF, and WS should explore the possibility of creating resource centers throughout New Hampshire. The centers should be tailored to the needs and assets in each community and should provide transportation where possible.

Provide clear information about what services care management can provide
Several participants noted that either the support they received from their case manager was not helpful or that they were unsure of the purpose of the services. MCOs should provide clear, detailed information in writing to beneficiaries prior to and at start of care management services. Participants reported varying levels and quality of support based on who their case manager was. Having a clear understanding of the support may also standardize the quality of support received.

Provide proactive care management services
Participants who had case managers who were proactive in their support were much more likely to report positive experiences. For example, participants whose case manager was aware of their current health challenges, or offered specific support with prior authorizations or coordinating with providers, were much more satisfied with their case manager. Some participants noted their case managers knew when they had specific procedures completed or were hospitalized and appreciated that the support was available when they needed it. Participants whose case managers merely called to check in with them found the services unhelpful.

Ensure information on care management services is provided in both written and verbal formats
Several participants said they do not answer the phone and do not call back. If beneficiaries were aware of the support available, they might be more likely to affirmatively enroll or disenroll from the program, ensuring care management resources are most effectively used. In addition, having the information provided in a hard-copy and emailed format will help ensure beneficiaries have access to the information. Several participants noted that the only contact and information they receive is through the telephone. With the increase in spam calls, most participants in this study screen their telephone calls. It is likely that many calls from the MCOs are missed and not returned.

Conduct a structured assessment of beneficiaries' needs for care management services
Some participants noted they receive care management services from other community-based organizations, while other participants said they receive little to no support. MCOs have an opportunity to conduct an assessment of the needs of beneficiaries at the beginning of services to ensure beneficiaries are receiving the correct level of support.

Conduct a structured assessment of beneficiaries to discontinue services
Some participants said their care management services were discontinued without explanation or warning. A structured assessment can ensure beneficiaries in continued need of care management receive it, and those who do not are disenrolled.

Consider offering additional medication benefits such as transportation to pharmacies and pill-packaging
Transportation to get medication has been noted as a consistent challenge throughout past qualitative studies and was mentioned again by a significant portion of respondents. Offering transportation support to pharmacies or supporting and paying for delivery would ensure beneficiaries have access to needed medications. In addition, participants who have difficulty adhering to medication regimens frequently have greater success when they have access to specialized packaging, but the cost is out of reach for most Medicaid beneficiaries. Covering the cost of that packaging would support beneficiaries to best manage their health conditions.

Introduction

To support an external quality review of New Hampshire's Medicaid Care Management (MCM) Program, Horn Research gathered qualitative data from Medicaid members enrolled with care management services based on being part of a priority population (see Appendix 1). The sample population included beneficiaries from across New Hampshire.

Horn Research conducted telephonic qualitative interviews between October 30, 2025, and December 8, 2025.

The study explored five key points of inquiry developed in collaboration with DHHS to structure the information gathered from participants. The key points of inquiry included:

- Description of Participants
- Experience with Medicaid Managed Care
- Access to Information and Services
- Experience with Care management
- Quality of Care

Sample Size and Composition

DHHS provided a population list (N=7,649) of Medicaid beneficiaries receiving care management. A random, stratified sample (N=240) was selected for the study based on the goal of completing interviews with participants based on the following targets[2]:

Table 1. Priority Groups by Population and Sampling Goals

Age Group	*Type*	*Number*		*Percent*	
		Target Interviews	**Completed Interviews**	**Population**	**Completed Interviews**
Adult	Protective services/Juvenile Justice	2	3	1%	10%
Adult	Behavioral inpatient	6	5	10%	17%
Adult	Behavioral needs and eligible for Community Reentry after incarceration	1	0	1%	0%
Adult	Clinical care needs	8	13	60%	43%
ALL ADULTS		**17**	**18**	**71%**	**60%**
Child	Protective services/Juvenile Justice	4	2	12%	7%
Child	Behavioral inpatient	2	4	2%	13%
Child	Low birth weight	2	1	2%	3%
Child	Neonatal abstinence syndrome	1	1	1%	3%
Child	Clinical care needs	4	5	12%	17%
ALL CHILD		**13**	**12**	**29%**	**40%**

Overall, the sample targeting was successful, except for one group: adult respondents with behavioral health needs (e.g., substance use disorder, mental health) who were incarcerated in the State's prisons

[2] Individuals could be in more than one priority group

and eligible for participation in the Department's Community Reentry demonstration waiver pending CMS approval.

Participant Recruitment

Horn Research sent the initial sample of members a letter (Appendix 2) on October 24, 2025, that explained the project, asked for participation, and offered participants a $60 gift card. Members were encouraged to take part in the study through email and text message. Participants completed the interviews between October 30, 2025, and December 8, 2025.

The general rule applied in determining sample size for qualitative interviews was the point at which the information reached "saturation." Saturation refers to when no new themes emerge from interviews. Horn Research completed 30 interviews out of a goal of 30 interviews. The completed interviews for this study adequately met the data saturation expectation.

Data Collection Process

Horn Research conducted the semi-structured interviews by telephone. An experienced facilitator led the telephone interviews, with participant responses captured in real-time through verbatim note-taking. The Interview Guide (Appendix 3) directed the conversations to address the key points of inquiry. The interviews lasted approximately 20 to 30 minutes. All participants received a summary of the project's purpose at the beginning of the interview, and the facilitator read a statement verifying the confidentiality of the information collected. All participants received a $60 gift card in the mail in appreciation of their participation in the project. The identities of the interviewees remained confidential to the interviewer and were not revealed to the New Hampshire Medicaid Program.

Data Analysis and Validity

After completing the telephone interviews, Horn Research analyzed the information by identifying, coding, and categorizing primary patterns in the data. The consistent patterns found in the data analysis and the representative sample support the validity of the information gathered. Still, they should not be assumed to represent the total population. The information provided in this report should be used to identify salient issues relevant to the population, to provide contextual information for the larger assessment process, and to identify avenues for further research. Horn Research slightly edited quotes from interview participants for content and clarity.

Description of Participants

The facilitator asked participants a series of questions about themselves and the resources available to them.

Demographic Details

Study participants represented all three MCOs with a slight underrepresentation of ACNH and WS members and an overrepresentation of NHHF members. (*Table 2*).

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

MCO	*Interviewed Participants*		*Sample*	*Total Population*
	Number	**Percent**	**Percent**	**Percent**
ACNH	11	37%	47%	46%
NHHF	11	37%	19%	19%
WS	8	27%	35%	36%

Response data by gender show women took part in the study at higher rates than their distribution in the total population (*Table 3*).

Table 3. Number of Participants and Percent of Population by Gender

Gender	*Interviewed Participants*		*Sample*	*Total Population*
	Number	**Percent**	**Percent**	**Percent**
Female	21	70%	55%	59%
Male	9	30%	46%	41%

Members over age 65 were underrepresented in the study (*Table 4)*. For members under the age of 18, a parent or guardian was interviewed on their behalf.

Table 4. Number of Participants and Percent of Population by Age

Age Category	*Interviewed Participants*		*Sample*	*Total Population*
	Number	**Percent**	**Percent**	**Percent**
Under 5	2	7%	14%	9%
5-11	6	20%	14%	10%
12-17	4	13%	14%	10%
18-24	3	10%	13%	9%
25-54	13	43%	33%	41%
55-64	2	7%	6%	12%
65-79	0	0%	5%	7%
80+	0	0%	1%	2%
Mean age	26		26	33

Parents/guardians responding on their child's behalf took part in interviews in equal proportion to the sample (*Table 5*).

Table 5. Number of Children and Adult Beneficiaries

Age Group	*Interviewed Participants*		*Sample*
	Number	**Percent**	**Percent**
Adult	18	60%	57%
Child	12	40%	43%

Household size ranged from a single person living alone to up to seven in the household (*Table 6*). Two participants were currently homeless, and one participant was living in a treatment facility. Just under half (40%) of participants said no children were living in their homes (*Table 7*). Two parents responding on behalf of their children said their children were currently living in a residential program.

Table 6. Number of Participants by the Number of People in the Household

Number in Household	*Interviewed Participants*	
	Number	**Percent**
1/Living Alone	5	17%
2	5	17%
3	6	20%
4	4	13%
5	6	20%
7	1	3%
Other	3	10%

Table 7. Number of Participants by the Number of Children in the Household

Number of Children	***Interviewed Participants***	
	Number	**Percent**
0	12	40%
1	6	20%
2	6	20%
3	3	10%
5	1	3%
Other	2	7%

Employment Status

The interview participants reported a variety of household types (*Table 8*). Seventeen participants indicated that at least one adult in the household was employed. Nine participants said they did not have a spouse and were not employed.

Table 8. Number of Employed Adults in Household

Interviewed Participants Employment Status	***Spouse, Full-Time***	***Spouse, Part-Time***	***Spouse, Not Employed***	***No Spouse***
Participant, Full-Time	1	1	1	1
Participant, Part-Time	3	0	0	5
Participant, Not Employed	6	0	3	9

Student Status

One participant said he was a full-time student, and one other said her significant other was a full-time student.

Disability Status

Eleven participants said they were currently receiving disability payments. One participant said her significant other was receiving disability pay.

Resources and Support

The interviewer asked participants a series of questions about their housing and food security.

Housing

All but two participants said they had a safe, stable place to sleep and store their possessions. One participant said she was currently homeless and had been for the past two months. One other participant said she was technically homeless because she was living in a camper on her father's property. Another participant said she was currently living in a community treatment facility with her baby. Two parents responding on behalf of their children said the children were living at residential schools.

Food Security

Over half of the participants (N=16) said they had worried during the past year that their food would run out before they had more money to buy more. Nearly all of these participants said they ran out of food at least once a month. Two participants said it only happened occasionally.

Five participants did not have regular access to help for food. Those who had accessed support said they typically went to food pantries or soup kitchens, or had family members who helped them out.

Experience with Medicaid Managed Care

The facilitator asked participants to describe their level of understanding of their health insurance plan, their access to information about their benefits and customer support from their MCO, and their experience getting answers to questions. In addition, participants were asked to share their experiences, both positive and negative, with their MCO, and awareness of their MCO's complaint process. Most respondents understand their health plan. Of those who did not understand their plan, the majority did not have significant concerns. Participants most often called their insurance plan's customer support or case manager when they had questions. Participants said they experienced limits on medication, vision care, mental health, physical therapy, and at-home support. Most often, participants said they liked their MCO's customer service, support from their case manager, and the transportation benefit. The primary challenges participants experienced with their MCO included a lack of coverage for specific providers or health needs, and delays related to the prior authorization process. Overall, participants knew nothing about their MCO's complaint process. Only two participants had filed a complaint, one of whom said the process was ineffective.

Understanding of Health Plan

Just over two-thirds (N=21) of interview participants reported understanding their insurance plan pretty or very well. One participant said, *"I understand it pretty well. I think it's pretty straightforward and easy to use."* Some participants reported understanding their insurance better because of their case

manager. One participant said, *"I feel like I understand it really well. The case manager has been very helpful. She calls and checks in often. She referred me to someone with housing. She's been incredible."*

Nine participants said they do not understand the insurance. One participant said, *"I don't understand it at all. It's very much a pain. Sometimes, they cover stuff, and then they don't. They covered a medication for six months, and now they won't cover it."* Two of these participants noted they are learning about their plans. One participant shared, *"I am trying to learn as much as I can about what the insurance offers. Last year, my car was out of commission, and I found out I could get rides. I'm still learning about more stuff I can get through the insurance."*

Three participants said that while they knew nothing about their plan, they had experienced no challenges or difficulties with their insurance. One participant said, *"I don't really look at my paperwork at all. I just know I see doctors, and I don't pay for my visits. And I get my prescriptions at no cost. I'm on some medication for mental health problems. I'm grateful to have the insurance that takes care of those things. That would be very expensive if I had to pay out-of-pocket."*

Support Understanding Insurance

The interviewer asked participants about how they get support if they have questions about their insurance. Just over a third of participants (N=11) said they contact customer support at their MCO, the bulk of whom had positive experiences. One participant said, *"I just call the 800-number. It's been good, honestly. Every time I call, they answer all the questions I have, and they try to help me out with what I need."* Two participants said the customer service line was not always helpful. One participant said, *"I called the toll-free number. I have not always gotten a clear answer. I think they maybe were new at their job. I didn't get the information, and I didn't have the energy and wherewithal to call back and figure it out."*

Two participants said they ask their medical providers when they have questions about the insurance.

Seven participants said they reach out to their case manager at the MCO. One parent said, *"The case manager reaches out to us. My daughter has a lot of health issues. She's anorexic, and when she's in the hospital, the case manager will reach out. I was having issues with one of her medications, so I called her. The first time, we paid out-of-pocket for the medication. The second time, they covered it. I find AmeriHealth to be very helpful."*

One parent said she had previously had a case manager for her son, but now that service had been discontinued, and she was having difficulties. She said, *"We did have a case manager for my son, but then I missed one of our monthly phone calls and she canceled the case management. I need to ask about car seats, but I don't know who to call. Without a case manager, it's confusing. My son has complex needs too. He sees a lot of specialists, but our contact with AmeriHealth is minimal now. I called the main number for the car seat. They transferred me somewhere else, said I would get a referral, and it never went through. I don't understand what's happening."*

One other parent said she has access to a case manager from a community-based organization who is helpful in answering questions about her daughter's insurance plan. She said, *"We have a case manager through Seacoast Mental Health. I usually reach out to her or her doctor at Seacoast. We also have wraparound services and an outreach counselor. Between all of them, I get answers. I haven't called the insurance company, but they have called me after she got out of the hospital to make sure she had all she needed."*

Three participants said they look online to get answers to their questions. One participant said, *"Usually, I look it up online. I have also called. Sometimes, it's really great, and other times, I'm passed from person to person, and nothing gets figured out."*

One participant said she tried to use the insurance plan documentation for her questions but was unsuccessful. She said, *"I tried looking through packet, but it's huge and confusing. I haven't called other than for the car seat."*

Four participants said they have not contacted anyone for help with questions.

Limits on Care

The interviewer asked participants to describe any limits to their access to care, such as primary care, behavioral health, and physical therapy, through their insurance. Over half (N=16) of participants said they had experienced no limits to care. One parent said, *"They've been very open. We have a lot of in-home support, and they were quick to approve that. They have given me more resources on top of what we already had."* Another parent said, *"They've been really great when he was first diagnosed as a Type 1 diabetic. They covered his ambulance to Boston. We have never had any trouble getting coverage for his doctors or pump supplies. In that way, they've been really great."*

> *"I think they've been great. For any prior authorization that's needed, everybody seems to work together."*

Five participants said their MCO limits needed medication. One parent said, *"There's one medication she tried for a month for her stomach. We had to fight for it, and they finally gave it to her. But now, we are fighting to get it refilled."* Another participant said, *"The GLP-1 is not going to be covered. I have to take a supplement for my bariatric surgery to help me, and they won't cover the medication, and it's $126 per month. I've had to pay for some of my medications out-of-pocket to get them. I can't take acetaminophen. Dartmouth-Hitchcock has proven it makes my liver go nuts. So, my PCP gives me Tramadol for headaches and pain, and now and then, they want a prior authorization. They'll approve oxycodone, but won't approve my Tramadol. That's ridiculous. I'm waiting now for 20 oxycodone and 20 of the pain muscle stuff, and they haven't approved it, and my surgery is coming up. They control what I can get or not get. I have to have it. They even have to fight me on it when I say I will just pay for it."*

One parent noted prior authorization delayed her child's access to care but had not limited the care. She said, *"She's had cancer twice since she was three-and-a-half. So, we deal with the hospital every week. We have to pre-authorize everything. It makes it more of a pain."*

Two participants said there were limits on vision care. One parent said, *"They wanted her to get eye therapy, but the eye doctor said it's not covered by insurance. We can't afford it."* Another participant shared, *"The only thing I had issues with was my eyeglasses. I went to a place, and they did the eye exam, but they don't work with AmeriHealth to do frames and lenses. I ordered them online, but before, when I was younger, I used to remember going to the eye doctor and doing the exam and picking out my pair in the same office."*

One participant said he had limits on his mental health care because of a lack of providers accepting the insurance. He said, *"I get my basic medical care because I do what's required to get it approved. For*

referrals for physical therapy or other specialists, I know that's been covered just fine. But the mental health stuff has been confusing. There's no good information about what to do. It's been a nightmare, and I'm done with it. My goal is to get me back to school and back to work. I'm putting this in my rearview mirror. I found what works and do it. I feel like I've had a lot of support from my family. It's a flaw in the insurance system because they can't attract doctors. There wasn't a doctor when I was in inpatient. It wasn't good."

One parent said they experienced challenges with eating disorder clinics and mental health care not being available or covered by the insurance. She said, *"There have been quite a few limits. There's an eating disorder clinician right in Dover, but the doctor isn't covered. With her mental health piece, the only place that would accept her was Hampstead, and we haven't really had good care there. There is nowhere else that helps teenagers or even children, honestly, in New Hampshire."*

One participant said she had limited access to physical therapy. She said, *"I was getting physical therapy through my insurance, but then they denied me quite a few times, so I wasn't able to do that anymore."*

One participant said the insurance limited her access to visiting nurse care. She said, *"At-home VNA services have been limited. I currently don't drive, and I'm at home the majority of the time. I'm also on palliative care, and getting to medical appointments is a lot of work. I have asked for VNA in the past, and I haven't received it. They'll limit me to one or two visits, and they discharge me."*

One participant chronicled her difficulty with her son's insurance being canceled without any notice. She said, *"The only time we had an issue was when the insurance shut down for three days, and no one told us. They said they were changing everyone into new categories, and they said we didn't have active insurance. It happened when his brother was going into eye surgery, and we had a lot of dental costs. I did end up getting the money back, but I had to talk to DHHS three separate times. AmeriHealth kept saying we didn't have insurance. The biggest issue was the dentist. We had to pay $800 out-of-pocket. They ended up refunding me because it was within a week, but if I had had to go through AmeriHealth, I wouldn't have been paid back the full amount. For the eye stuff, we had to keep calling the hospital to rerun it because they said the insurance was declined. It was a whole thing. I'm used to dealing with insurance because of my youngest, but they should be covering stuff."*

One participant said she felt that the MCO changing the rules of the reward card was limiting for her. She said, *"They used to give you $60 on a care card, but now you have to go to a doctor to get a letter. I thought I would get a PCP sooner, but I don't have an appointment until January. I couldn't get an appointment for a long time. I need that $60 for diapers and stuff."*

Positive Experiences with MCO

The interviewer asked participants to describe what they liked best about their MCO. Ten participants remarked on the coverage available to them through their insurance. One parent said, *"I never have to worry about going to the doctor. It's always covered."* Another parent said, *"I was homeless when I was pregnant. I was so scared it wouldn't cover the full childbirth. It's expensive. I had a lot of panic attacks for a while. When it was covered, I thought, 'Thank God'. That's big to me. It was a high-risk pregnancy, and I had to go to the doctor twice a week. I wouldn't have been able to do that if I hadn't had the insurance."*

> *"I'm happy it's covering the services I need."*

Eight participants said they liked the care management services they received. One parent said, *"The experience with the case manager has been great. She's very attentive. She constantly checks in with me to see if I have questions or need help. She has been a very helpful resource."* Another parent said, *"The best experience is with the case management. I've felt lost quite a few times, and they were there to help me, and they do check-ins with my daughter."*

Four participants mentioned the customer service as a positive aspect of their MCO. One parent said, *"I like all the things they offer. Any time I have had questions or needed somebody to talk to, I have received fairly quick responses. I like getting papers emailed to me, and also sent out in the mail, so I can have it both ways. Sometimes, I'm not able to print out on my own, but I do like having the electronic record."*

Four participants mentioned the transportation benefit as a positive. One participant shared, *"They cover everything for me. All my prescriptions, and anything I would need. And they work with someone who helps with transportation to a rehabilitation office I go to."*

Two participants said the rewards program was a positive aspect of their insurance coverage. One participant said, *"NHHF has been great ever since I got it. Everything I want is covered, and even stuff I didn't know about. They help with wellness-type things. When I first got out of the hospital a couple of years ago, NHHF had some incentive programs for a smartwatch. If you uploaded health data, you would get gift cards. The healthy-living kind of stuff is great. And the transportation has been great."*

Two participants mentioned the pregnancy program through their insurance plan as being what they liked best. One participant said, *"I like the program with the child care specifically, and pregnancy program. They have great resources and guidance. If they couldn't do it for me, they found referrals. They also provided car seats for each step as he got bigger. They provided community baby showers, food pantries, and resources for computer access. There are transition programs, programs specific to your diet, and other programs for specific issues."*

One participant said she appreciated the continuity of services she receives. She said, *"It's so easy because it's connected. Whenever I apply or ask questions about certain things, they already have the information they need."* One parent said she liked the MCO's persistence in helping them get the care her son needed. She said, *"I like their flexibility and openness to helping kids. My son was diagnosed with diabetes at six months. They wouldn't let him discharge without a glucose device, but the FDA said he was too young. But between WellSense and the provider, it only took two appeals to get it. I've heard of worse timelines."*

Two participants said they liked that the insurance was easy to use. One participant said, *"I would say that the approval process has always been easy. I haven't had any problem with claims being accepted."*

Negative Experiences with MCO

When asked about the most challenging experiences they had with their MCO, nearly half (N=14) of participants reported no difficulties with their insurance company. One participant shared, *"They have been pretty good. I've had 27 visits to catheter labs now. They never give me a hard time, and they make it easier for me. I don't have to wait as long because they gave me a standing order. I've got 20 stents and a triple bypass under my belt. Believe me, being sick is a full-time job. And I'm doing it alone, and it's a lot to keep up with. My care manager is so good, and she makes everything feel better."*

Five participants had complaints about coverage, including for specific providers. One parent said, *"There are other options for eating disorders, but they are not covered by our insurance. They wanted her to go to two different residential facilities, but I would have had to pay out-of-pocket, and that wasn't an option for us."* Another participant said, *"I'm not able to get my Depends and incontinence supplies. I'm talking to my doctor about that."*

Five participants said the prior authorization could be difficult and often resulted in denials for specific medications. One parent said, *"Getting his oral medications has been harder than getting his diabetic pump supplies. One time, they switched his insulin without telling us. He ended up having to take a generic that was different. I've heard horror stories about that, but that ended up being okay, thankfully."* Another participant had difficulty with medication being denied. She said, *"Two months ago, they denied the medication I had been on for years, and they did not give a reason. The team at my provider couldn't get a prior authorization through. I kicked and screamed and let the doctor know that the new medication she put me on was not OK. She went for another prior authorization, and it was approved. She had to put in writing that she trialed the medication they wanted me to trial. I thought that was inexcusable to change a medication with less than 24-hour notice. I went through withdrawal symptoms, and it was excruciating."*

One parent mentioned that when she lost care management support for her son, his care became more difficult to manage. She said, *"We used to have someone who was great. We talked to her every day for two years. We had a great relationship with our case manager. But it just seems like when you need something, and if you don't have a direct case manager, you get the runaround."*

One participant noted a challenge with the rewards program. She said, *"I think the only challenge I really had was with the reward program where you do certain things and you get money on a card. I thought that was limited access. There are only certain kiosks where you can use the card, and it's not always up-to-date. There is always some kind of difficulty getting it to go through."*

One other participant said communication with her MCO could be a challenge. She said, *"Getting ahold of people is hard. I've only called a few times, but it's usually voicemail. They call back and miss me. I can't get through to anyone."*

One participant said the transportation program was unreliable. She said, *"Different transportation providers are not good, but some are really good. I've missed appointments because they come late."*

One participant said the provider network for dental care was insufficient.

Awareness of Complaint Process

Twenty-six of the 30 participants said they knew nothing about their MCO's complaint process. Of these, four participants said they felt confident they could find the information if they needed it. Two participants said they did not have any complaints, and three said they would not complain. One of these participants worried about backlash if they did so. She said, *"I didn't want them to come back at me, and I thought they would. They're vicious if they have a complaint against them."*

Two participants said they knew about the complaint process but had not used it.

Two participants said they had filed a complaint. One participant said she filed a grievance about transportation. She said, *"I did that twice, but nothing came of it. I still get bad transportation."* A parent

who submitted a complaint about a provider said, *"I filed a complaint last year. I think our case manager through our insurance helped us with it. The case managers are amazing, honestly. They call and check in, and last year was really rough getting my daughter the help she needed. I filed a complaint because every time she went to Hampstead, if she refused her medication, they kicked her out. She has autism too. But they leave it up to the children to decide their own care."*

Access to Information

The interviewer asked participants to describe where they get support for questions about their health and any challenges they have experienced with receiving or understanding written information from their MCO. Participants most frequently said they would contact a health care professional if they had questions. Over half said they rely on their PCP for answers to health questions. About a third of participants said information they received from their MCO was difficult to understand, noting the jargon and duplicative letters were confusing. All participants have internet access and most often use their phones to connect. A handful of participants said connectivity and cost could be challenges for their online access.

Health Care Information

When asked who they contact for information when they have questions about their health, 16 participants said they reach out to their primary care provider. One participant said, *"I would talk to my PCP, or I'd run it by my palliative care, or oncologist, depending on what it is."*

Seven participants said they would ask a specialist provider. One parent said, *"I would usually contact his doctors. We have mental health involved, and they are my first line of support. Or the in-home support. Transportation can be an issue for us, and they're very helpful."* Another parent said, *"He does have epilepsy, and that seems to be the primary concern over the past three or four years. I typically contact his neurologist for that."*

One participant said she would go to the emergency room or urgent care if she had questions about her health. She said, *"Before I got pregnant, I would just go to the ER or urgent care if I needed a doctor. Then when I was pregnant, I was seeing my OB every few weeks. After I had my daughter, I had some bad spontaneous bleeding. I saw a nice surgeon and decided that's where I wanted to get a PCP. My daughter goes there now, too. I don't need one per se, but it will be nice to have one. I got clean and sober in 2015. Back then, I was on so many things from so many doctors, it made me not want to go back to the doctor. That's what stopped me from having a PCP or going to a doctor. I don't go to a doctor at all unless it's dire."*

Four participants said they researched their questions online. One parent said, *"Usually, if we have an issue with his health, I look through his medical notes and chart. I lived in an ICU for two years. I don't want to sound like I'm a doctor, but I can figure out what we need to do and where to go."*

Three participants said they would initially ask a family member if they had questions. One participant said, *"I usually go to my grandmother, who had custody of me. If she doesn't know, I would look it up on Google."*

Two participants said they would contact a case manager either through their MCO or another agency. One parent said, *"I would talk to her case manager. She was amazing. I was so sad she left. I don't know who we have now. I haven't talked to the new one."*

Two participants said they would call their MCOs.

One parent said she would ask the social worker at the hospital. She said, *"At the hospital, we have a social worker who helps with everything. She's pretty helpful."*

Challenges with Written Information

Participants were asked to describe any barriers or challenges they had when receiving or understanding written information from their MCO. Twenty participants said they did not have any difficulty with written information.

Eight participants said they thought the information they received from their MCO was often confusing. One participant said, *"I go to my PCP, and ask what it means. She is very helpful."* Another participant shared, *"Sometimes, it's too long and wordy, and I get lost in it. It is my job to work with them, so you'd think I'd be a pro at this by now. But with some letters, I get confused."*

Another participant said, *"I don't really look at the statements. It's too much for me to look at. I've never been a visual person, and I don't know what any of it means."* One other participant noted their MCO often sends duplicates, which could be confusing, and the jargon used is unclear.

One parent said her most difficult issue with written communication from her MCO was the design of the encrypted message system. She said, *"They send me encrypted text links, but they don't tell me which kid it's for. They ask for a birthdate, but I don't know which kid's information to put in. And then, it's the same message that isn't important to me in any way."*

Another parent said she would call the insurance company for clarification if she did not understand the information.

Internet Access

The qualitative interviews also explored participants' access to the internet (*Table 9*). All participants (N=30) reported having access to the internet, but two said they did not use it. One participant said she needs her caseworker to help her with the internet, and one participant said she cannot see well enough to use the internet on her own.

Participants most frequently said they access the internet through their phone (N=30) and a tablet (N=16).

Table 9. Number and Percent of Participants by Access to the Internet

Regular access to the internet	***Number***	***Percent***
Phone	30	100%
Tablet	16	53%
Computer	12	40%
Do not have	0	0%

Most participants (N=23) said they had experienced no difficulties or challenges with their online access. Four participants said they experienced connectivity issues, while three participants said the cost of the service was a burden.

Experience with Care Management

Participants were selected to take part in the interview because they were enrolled in care management services through their MCO. Despite this, seven participants said they did not receive care management services from their MCO. More ACNH members said they did not receive care management services (N=4, 36%) than WS members (N=1, 13%) and NHHF members (N=2, 18%). Reasons for not having care management services included perceptions that the services were not helpful, having other care management support, being dropped from the service, and not knowing about the service. Participants most frequently said their case manager contacted them monthly and were content with that rate. Some participants said they do not answer or respond to their case manager's messages. About half of the participants receiving care management services said they developed goals with their case manager. Participants described goals related to physical and mental health, developmental milestones, educational milestones, and social determinants of health. Participants also reported wide-ranging experiences with the type and extent of support they received from their case managers. About a quarter of participants (N=5) said their case manager had provided little to no support, while half (N=11) said they received referrals and moderate support coordinating with providers. Seven participants said their case manager provided extensive navigation support by coordinating with providers and facilitating access to care. Participants most frequently said their case manager was supportive and provided a listening ear. Participants also said they liked that their case manager was helpful and provided needed resources. Five participants reported their case manager was knowledgeable of their current health concerns and care plan, which was extremely helpful in coordinating with providers, accessing needed equipment, and gaining access to medications. Half of the participants (N=12) said there was nothing they disliked about their case manager. The most frequently mentioned negative aspects of the care management services included a lack of continuity due to changing case managers, a lack of information and support, and unprofessional case managers.

Reasons for Not Receiving Care Management

Two participants said they did not find the care management support helpful and discontinued the service. One parent said, *"We had one, but they weren't able to help me find a therapist for my daughter, which is what I wanted to have happen. Anyone who takes WellSense has a year-long waitlist. She kept calling me every month, but it wasn't anything different. There was no point in continuing to call."* Another participant said, *"I had it for a very short period of time. I don't know why it went away. It was a little helpful. They helped me find different places that would take my insurance. But I just stopped responding, and I do not really want it again. It was too many calls, and not very useful."*

Two participants noted they had care management services from another community-based organization. One participant said, *"I have two case workers through two other agencies. I don't recall anyone calling from AmeriHealth."*

One parent said she had missed a call from the case manager, and then the MCO discontinued the service. She said, *"I missed one of her calls. I think it was about a year ago. Honestly, I never had an issue with their calling, and my missing it, and them not calling back. But this time, she never called me back. I have ADHD [attention deficit hyperactivity disorder], and I will forget if I don't do it immediately. I never called her back, but she never called me again. And then, I got a letter in the mail that said our case*

management was terminated. It said to call this number if you have questions. I thought it was weird, but we didn't have a relationship with the new case manager. I think she just wanted to offload us. The previous case manager for my other son was great. This new one was always asking about me and my therapy, and she kept saying she would let the prior case manager know. At this point, I don't think I want or need it, but that might change in a few months based on how my son does."

Two other participants said they knew nothing about the care management services at all.

Frequency of Care Management Contact

Participants reported widely varying experiences with the frequency of contact from their case managers. Most commonly, participants (N=13) said their case manager had contacted them monthly and were happy with that frequency. One parent noted that she had recently restarted care management services. She said, *"It used to be all the time until I didn't need them anymore. I just reopened it. She communicated with me via email, but I haven't called her back yet. They're very informative, and I'm very pleased with them."* One parent said that while their case manager typically calls every month, she will also call when a health issue arises with her daughter. She said, *"If she has gone into the hospital, the case manager will reach me within less than a week to check in. But typically, it's once a month. It's the right amount of contact. My daughter has health problems, so usually, it's not a whole month that I do not hear from her. Or if I have a question, I'll call her, but she is usually the one reaching out."*

One participant said she was unhappy that her MCO had discontinued her monthly calls from care management. She said, *"I had it, and they stopped it. I really liked it because they would check in with me once a month. I could ask any of my questions and get answers instead of calling the 800-number and hoping I'd get someone good. I don't remember why they said they were discontinuing. I remember being upset about it. It wasn't something I agreed with. I have chronic cancer. I have a condition that warrants this kind of case management. They called once a month, but if I wanted more contact, I had the direct number and could call. If there was trouble with a prior authorization, they could jump in and help or explain why."*

Another caregiver said that when she got custody of her grandson, the case manager reached out frequently at first, but it has tapered off as issues have been resolved. She said, *"She called almost every day in August. I had a lot of questions when I got custody because of his health issues. Then, I was talking to her weekly, but now he's in a safe place and doing well. Now, she calls me once a month to see how he's doing."*

Some participants noted that while their case manager calls frequently, they do not always respond. One parent said, *"I've honestly only spoken with her a couple of times. Things get a little hectic. With two children under two, it's a real struggle. She reaches out to me and leaves a voicemail. I'm just not doing my part as much as I should in communicating. It has been on the to-do list."*

> *"They do contact me once a month. I don't usually get back to them because I'm busy. It's fine the way it is."*

One participant said the case manager calls every two weeks, but she also said she does not call them back. She said, *"They call me once a week. They just leave me voicemails. I haven't called them back. I do want the services, but I've just been busy. I haven't talked with them yet, so they haven't helped me yet. I'm not sure what they can do for me."*
Two participants said they had only spoken with their case manager twice, one of whom said it was not helpful. She said, *"I only got two calls. When they called and asked if I needed anything, I said no. It was short and not useful. I just didn't know anything about it. I did not have a PCP; I only had an OB [obstetrician], and the OB didn't know about it. I didn't find out what was really available until later. The social worker at the OB gave me paperwork about what was covered, like therapists, diapers, and wipes. She was helpful. She got me access to some of those things, and information on heating assistance, but it's just referrals, not help navigating. I had a lot of questions, but I didn't get much out of it. I was supposed to get a breast pump, but it was a lost package from UPS, and they said they couldn't get me another one. I didn't end up breastfeeding because of that."*

One participant said she speaks with the case manager only when she is hospitalized. She said, *"When I'm in the hospital, someone reaches out to see if I have questions about follow-up care, if something doesn't make sense. If I have questions about prescriptions and how I'm feeling. I think they only call when I'm in the hospital. If they do call otherwise, I don't get them. I get a lot of spam calls and don't answer."*

Three participants said they were part of the pregnancy program offered through their health insurance company, and the contact with the case manager was monthly during their pregnancy.

One participant said his case manager contacts him quarterly, and one parent said her child's case manager has rarely contacted her. The parent said, *"She was a foster child, but is now adopted. I talked to the nurse a couple of times, but I don't even remember her name. She was in the foster care system for 19 months prior to our adopting her. She called and checked in, but everything was handed to us. We gave the card to the doctor, and everything went very smoothly."*

Goal Setting

The interviewer asked participants whether they had taken part in a goal-setting process with the case manager. Twelve of the 23 participants with care management services said they had set no goals with their case manager. One parent said her family has significant support from other agencies. She said, *"We did not work with them on goals. They just check to make sure we don't need anything. I just go through my case managers at Seacoast and our doctors. We have tons of support here, and don't need any extra."*

Two parents said they worked with their case manager to create goals in the context of their child's IEP (Individual Education Plan) process. Two participants said the goals they set were pregnancy-related goals.

One participant said he set goals at the beginning of the care management services, but it was not an ongoing process for him.

One parent said she worked with the case manager on goals related to her son meeting developmental milestones. She said, *"When she called me, she gave me information about the milestones. I set goals for practicing things with him so he would reach his milestones. She knew I was trying to find permanent housing. I set goals about putting in applications. I was part of the process."*

Two participants said they worked with their case manager to set goals around social determinants of health like housing, food, and education. One parent said, *"At that time we were homeless, and we were focused on trying to get out of that. I think he was hospitalized. One of goals was to get him out of hospitalization and get the mental health piece figured out."* Another participant said, *"I did the first time I talked with her. It went great. She sent me lots of information about food, and housing, and going back to school. It worked great. I provided input on what I wanted."*

Two participants said their goals were focused on improving their health. One parent said, *"We have medical goals. We talk about it, but the goal basically is to get her healthy. She hasn't been drinking enough. She's been going to the hospital for severe dehydration. Everyone is on the goal that she's drinking enough, and we have the foods she will eat, and giving her the medication that helps her eat."* Another participant's goals were centered on weight-loss. She said, *"I have really good goals. I'm on an incredible goal journey. My weight is down and I go to the gym every day. I want to be healthy by the end of the year. I could provide input. I did my job, and I met my goals. I always meet goals. It's very important."*

One parent said they worked on goals for her daughter's mental health. She said, *"She was amazing. We were involved with Fast Forward. The case manager would do the team meetings with us and go over the options there were for my daughter's mental health. That was amazing."*

One other parent said the goal-setting process was not extensive. She said, *"I think there is a little bit of goal-setting. She checks in on whether his medication is working and if the formula is working. There's some planning for calls if something that's not working. There are some goals, but it's not extensive."*

One other participant said her goals were pregnancy-related.

Help Provided by Care Management Services

Interview participants reported widely ranging experiences with care management both in terms of the type and extensiveness of the support received.

Five participants reported receiving little to no support from their case manager. One parent said she received information on how to get mileage reimbursement, but otherwise there was little else she needed. She said, *"She will help me with anything I need, but I don't have any issues with the doctors for her to help me with."*

Eleven participants reported receiving moderate support from their case manager, primarily receiving referrals and information about resources, and periodically checking in. One parent said, *"She gave me a lot of information and numbers to call if I needed something with housing, or she would check in to see if I was on a waitlist. She definitely gave me a lot of references. It is nice to have those beforehand, if it comes down to needing to use those resources. I don't need to do the research to find places."* Another parent said, *"They were trying to help with the housing issue. I had so much going on, and I was very proactive. They gave me resources, and they were very nice and kind, but I was trying to do it myself. I wanted to do it; I wanted to make sure it was something I did. Although I appreciated all the help and resources, I knew I had to do it myself."* Another parent mentioned that their case manager helped them access specific care. She said, *"She set us up with one-on-one nursing support. That's how we got through his kindergarten year. He was able to get one-to-one nursing care in school and at home, both diabetes and behavioral."* She said her family had not needed any other support.

One participant mentioned his caseworker helped to find providers, coordinated a conversation between providers, and ensured that he is getting the services he needs. Another participant said that beyond providing resources and referrals, her case manager helped her understand her insurance. She said, *"She would just explain everything to me better. I'm terrible with paperwork."*

Seven participants said they received extensive help from their case manager, including help navigating the health care system, coordinating with providers, and helping them access quicker, more comprehensive care.

One participant said his case manager provided support with referrals, but also helped with advocacy, provided a listening ear, and coordinated with providers. He said, *"She has helped me with prior authorization, and helped me with referrals. They haven't gotten back to me, and she's trying to help with that. She sent me some stretches once and different things I can do. She's very encouraging about finding a hobby to keep my stress level down. She's always talking about the mind-body connection. She's my biggest supporter. Whenever I feel stuck with my providers, I can reach out to her, and she gets back to me in a hurry. She helps me when I'm not getting through to them like I'd like to. She advocates and helps me get ahold of them. It's a full-time job being sick, and it's hard not to get discouraged. She helps me so much, whether it's reaching out to them or telling me it's okay to feel like I feel. It's a huge service. I wish everyone could have this. It makes a difference."*

Another participant reported getting care more quickly from providers because her case manager stepped in.

A parent said her case manager had helped to negotiate with a specialist who was not providing proper care. She said, *"With the baby's gastrointestinal issues, he's had some not-great specialists that were holding things back. He needed a swallow study, but the doctor was dragging his feet. She suggested talking to his PCP and getting a different referral to a different person to get the ball rolling for the study. She also helped me with reimbursement for mileage for appointments, told me how to get my electricity paid for if I need it, and food stamps and childcare assistance."* This participant noted that their first case manager was the one who provided all this support. She said their new case manager was not nearly as helpful. She said, *"I actually ran into my first case manager at a community baby shower. My current case manager didn't even tell me anything about that as an option."*

A parent of a child with an eating disorder said the case manager had been very helpful to her in finding providers and getting support for her child, as well as facilitating communication with providers. She said, *"She, plus a social worker with the state, were the only ones to help me get my daughter help."*

Another participant said her case manager helped her providers with wording for prior authorization for prescriptions, helped her get in with providers more quickly, and shared community resource information. She said the case manager was very effective. She said, *"They got answers. They called whoever they needed to call to get things taken care of."* She also noted, *"There were a couple of times where they shared community resources, which was helpful to me. And I would share those resources with my providers, who would then share them with other participants."*

Best Qualities of Case Manager

When asked what they liked best about their care management services, participants most frequently (N=8) said their case manager was supportive and listened to them. One parent said, *"I just like that she's very attentive. She seems to have access to the resources I've needed. She just seems to genuinely care."* Another parent said, *"It was great having them if I needed any resources, or someone to talk to. Sometimes, when you're dealing with yourself, or a loved one going through this, an open ear is great to have. They listened. I was very fortunate to have them."* Another participant whose care management had been discontinued shared, *"When I had them, it was consistent and I knew I could expect that call. It really alleviated any anxiety having an actual direct number with a name of someone who is a point person. I felt like I had more knowledge and control over my healthcare. Right now, I feel like I'm just a cog in the wheel."*

> *"It's having someone on your side to advocate for you and help fight your battles. It's very discouraging to be in this position. I want to throw my hands up, but she won't let me. It's like having an ally. Even if she can't directly help me, she will figure out how to help me get the help I need. It's nice to have somebody on your team."*

Seven participants said they appreciated that their case manager was helpful. A parent said, *"I loved the fact that I could call her with any medical questions or provider questions. She was really helpful in trying to get me the information on who's covered and which places to try to call. She would do monthly check-ins with us to see how my daughter was doing after stays at Hampstead. And she would ask how I was doing. That was huge. It doesn't just affect the child; it affects the whole household."* Another participant shared, *"This was my first pregnancy, and I lost my job when I first found out I was pregnant. I didn't have any luck getting another job because I was pregnant. It makes people not want to hire you. I didn't know much about pregnancy, or what I needed to do. I thought they were really helpful in guiding me in the right direction to get the care I needed. If there was an issue, they addressed it."*

Five participants said they liked that their case manager was knowledgeable. One parent said, *"She's very informative. She knows why my daughter is in the hospital, and she wants to know the plan of care, and what she can do to help. She's already familiar with why she's in the hospital. She knows her stuff; that's what I like. And she's super friendly."* Another parent said, *"Any time the doctors had a problem, I would call her and she would put it in motion. We had a wheelchair and shower chair delivered. It was unbelievable. She kept in touch with the hospital and spoke with the case manager there. That's amazing."* Another participant said, *"I feel like she gave me a level of knowledge that helped me to protect myself. And if she didn't have the answer offhand, she took the time to research and get back to me."*

Two participants remarked on the resources their case managers provided them.

One participant said her case manager helps her stay accountable. She said, *"I like the accountability of checking in, and making sure I was going to my appointments. And making sure I set goals for keeping the baby healthy, because I have diabetes."*

One participant said that having the case manager relieved her fears and anxieties. She said, *"It made things feel better. When I was pregnant, I was worried about where I was going to get a car seat and a breast pump. And then, she was milk intolerant, and how was I going to afford that formula?"*

Four participants said they had minimal experience with their case manager and could identify nothing they liked best. Another participant said she did not know what the case manager could do to help her. She said, *"I don't really know how much she can help. My doctor doesn't want to send me to a pain specialist. I don't know whether she could help me with that. I don't feel like I have a full understanding of what she can offer me."*

Worst Qualities of Case Manager

Twelve participants said there was nothing they did not like about their case manager. Four participants said they had minimal experience with their case manager and could identify nothing they liked least.

Three participants noted their case manager had changed over the course of their care, which had led to a lack of continuity. One participant said, *"If I needed to reach out, it was hard to figure out what number to call, and who exactly I was calling. I did have a number, but sometimes I would call, but another person would reach out, so maybe they were busy. It made me feel like I had to explain again."* Another participant said, *"I wish we'd stuck with one case manager. I understand one is more specialized, but I believe they're both RNs. It would have been helpful to have continuity with one than having multiple."*

> *"They swap case managers a lot. You get a different one all the time. It would be nice to have the same person so they understand you."*

Two participants said their case manager did not have the information they needed. One parent shared, *"I would have loved for her to be a little more insightful about educational laws and the connection to the medical piece. That would have been helpful."*

One participant said her case manager did not help her at all.

One participant said prior to having her care management services discontinued, her case manager was unprofessional. She said, *"Some case managers were more laid-back than others. I appreciate the people being laid back, but also when we have to end my session because their kid is in the background screaming, it isn't helpful. I don't want to sound intolerant, but when I need help, and I have to wait because you had to reschedule, that annoys me."* She also said she has had difficulty since the service ended. She said, *"I've needed some resources lately that I've had to figure out on my own, and I would have appreciated some help. I've felt a little isolated."*

Quality of Health Care

The facilitator asked participants to describe the health care they had received during the past year, including their perception of their primary care provider (PCP) and access to specialist care and medication. Four participants reported not having a PCP. Those with a PCP most frequently said they liked that their PCP had good communication skills, were friendly and understanding, knowledgeable, helpful, and available. Most participants did not have any negative experiences with their PCP. Other

participants reported that their PCP was not always available, did not provide empathetic care, and did not provide quality care. A couple of participants remarked negatively about their PCP's office staff. Overall, participants said they could get care from their PCP as soon as they needed it. Some participants noted they might not see their PCP on short notice but would see another provider in the practice. The bulk of participants (N=22) said they had received a well-care exam in the past year. Most of the participants who had not had a well-care exam could not recall when their last exam was. About half of participants who had a well-care exam said their provider had evaluated their mental health during that visit. Reasons for not being evaluated included being too young to evaluate, difficulty evaluating because of a disability, and already having a mental health provider. The majority of participants (N=25) required specialist care in the past two years. Half of these participants had experienced no challenges accessing that care. The primary challenges associated with access to specialist care included long wait lists for appointments, lack of providers, and prior authorization delays. Most participants (N=24) take medication, most of whom would ask their PCP or other health provider if they had questions. None of the participants noted having challenges getting their questions about medications answered. The primary challenges identified in getting medications included transportation, prior authorization, and a lack of coverage for pill packaging and over-the-counter medications. Remembering to take their medication, side effects, and general resistance to taking medication were the most frequently mentioned barriers to taking medication.

Positive Experiences with PCP

Eight participants remarked positively on their PCP's communication skills. One parent said, *"She is pretty chill. We met her right before he was born. The doctor we had before had cancer. The other providers at the facility were awful. This PCP doesn't seem judgmental and is very approachable. The others were so 'to the point' and medical-focused. With her, it's like I'm having a conversation with my friend."* Another parent said, *"She is absolutely amazing. I have nothing bad to say about her. She has been there since day one. She has listened to all concerns. She's very intuitive with my children and helps us with any concerns and navigate through this journey. She has provided lots of resources and talked things through with us. One of my biggest things was getting a neuropsychiatric evaluation, and she got that done. She's not an in-and-out doctor. She actually listens. She listens to the children and any concerns or questions they have. She's very kind and gentle with the kids. I absolutely love our provider."* One other caregiver said, *"We have open communication. Any time I have a question, I go to MyChart and I type a question or send him a request. He replies a lot of times within 12 hours. Sometimes even earlier than that. He will send it through MyChart or call me personally. I can't say enough about his doctor and his team because they also were so helpful. He was unbelievable when I was trying to get him transferred to the Dartmouth hospital. He pulled a lot of strings."*

Seven participants said they appreciate how friendly and understanding their PCPs are. One caregiver said, *"I like that we always see the same doctor, and she's very knowledgeable and kind. She has a connection with my granddaughter. I think it's important for the kids to feel comfortable with the doctor."* Another participant said, *"I've been with her since she started 20 years ago. It didn't matter if someone knocked on the door or not and they wanted her to move along, she always took the time to talk to me and explain things to me. We started bike riding together to help me lose weight. She goes above and beyond. She doesn't take insurance. She allots two hours a month to meet with me. I get everything I need. She takes the time for you. I think that's what I like. You get old-fashioned care. And that's what she wanted to bring back. There are a lot of doctors who are going this way. I will tell you it's the best thing I've seen."*

Five participants said they like how knowledgeable their PCPs are. A parent said, *"I love his PCP. She is very smart, very wise, knowledgeable, and straightforward."* Another participant shared, *"I go through Concord Hospital Family Hospital, which has residents as providers. I will say this: I would prefer to have a new resident doctor than an old, experienced doctor. I like them because they have the latest knowledge and the most up-to-date information. They'll also dig deeper. Older doctors get stuck in their own ways. I feel like the residents tend to be more open and take a wider approach to things."*

Three participants appreciated that their PCP was consistently available when needed. One participant shared, *"The fact that they can get me in so quickly when I call with an issue. I'm at this new college, and they needed verification that I had my vaccines as a kid. But some of those records got lost. I had to go in and get a test or a vaccine; they got me in right away."*

Three participants liked their PCP's helpfulness. One participant said, *"I don't know how, because she sees hundreds of people, but she always remembers details about me and my healthcare. And that really matters. When we're in an appointment together, she's not looking at the computer scrolling through notes, trying to read summaries to figure out where we're at. She's able to jump in and troubleshoot right from the get-go. It just makes me feel really supported and cared for."*

One participant said she likes that her PCP is aware of all her healthcare. She said, *"He somehow has a way of knowing if I've been in the hospital. He is very on top of all the things that have been wrong and any follow-up testing or anything I might need. He'll tell me he was following up on things while I was in the hospital. I have so many different things going on with me. And it really helps."*

One parent said she liked that both of her children were being seen by the same PCP. She said, *"I love that he and his brother have the same doctor. I'm glad they tried to fit that in and keep the siblings having the same doctor. That's really nice. Usually, I have both of them with me, and I can ask right then if I have a question about my other son."*

Four participants said they currently do not have a PCP. Three others said there was nothing they liked best about their PCP. One other participant said she had not yet gone to see her new PCP.

Challenges with PCP

When asked what they liked least about their PCP, 16 participants said they could not think of anything.

Two participants said that lack of availability was a challenge for them. One parent noted, *"She only works three days a week."* One other participant said her PCP is not responsive. She said, *"They don't get back to me in time."*

Some participants said they did not like that their PCPs provided poor-quality care. One participant said her PCP often forgot to follow through on care. She said, *"She gets distracted by some things I ask about. For example, I needed my magnesium refilled, and she started talking to me about my other medicine, and then the magnesium fell off her radar. I didn't realize until afterwards when I went to get my medications."* One participant said she did not like that her PCP would not prescribe GLP-1 medication. Another participant said her PCP will not refer her to specialist care. She said, *"For a year, I have had really bad pain through both of my legs. He says the bloodwork and X-ray are fine. I know I need to see a specialist, but he's refusing. I've had a doctor's note to keep me out of work. I've complained many times. I think he doesn't think there is actually something wrong. I don't think that's for him to say. That's why there are specialists."*

Two participants said the office staff was problematic. One participant shared, *"His front office staff is not helpful. I don't like them."*

One parent said she thought her son's PCP was dismissive and had an uncomfortable manner. She said, *"She sometimes dismisses stuff, which agitates me. She called me when my other son was dying, even though she wasn't his doctor. She told me to get into therapy before my kid dies and said the other kids are going to be neglected. Then, my son lived another year, and that was awkward. I guess it was nice that she called, but it was overstepping and random. The day before she was supposed to meet my child that passed, she said she wasn't comfortable meeting him. I'm glad she said so, but I wish she would have been more forthcoming prior."*

One parent said her daughter's PCP had inappropriately reported her to DCYF (Division for Children, Youth, and Families). She said, *"There was an incident with my daughter's vaccines. The doctor told us that she was up-to-date with her vaccines, but she apparently wasn't. The doctor called us to come in for the vaccines, but we had family in town for the adoption, and we had to reschedule. She contacted DCYF and said we were withholding care. That wasn't the truth. We wanted to give her the vaccine, but we had some stuff going on. But the point is, we were in the office a month prior, and she said my daughter was up-to-date. The school accepted it, and DCYF understood. That's why we left that provider. We were annoyed by that."*

One participant said he did not like that the residents he sees for primary care are temporary.

Access to Well-Care

Eighteen participants said they could receive medical care as soon as they thought they needed it. One parent said, *"Usually, we can get in the same day. It's mostly not her provider when we do a same-day appointment, but I think she only works two or three days a week. But the other doctors we have seen there seem fine."* Another parent said, *"If it's an emergency, I get in to see the pediatrician as soon as they can. If it's a non-emergency, they'll push it back. There's no one else at that practice who can handle my daughter. On top of having anorexia, she is also autistic and can be challenging and downright rude. This pediatrician puts up with it. There's not another doctor like her. The other doctors get fed up with her and roll their eyes. That's not going to work."* Another participant shared, *"Now that the doctor is getting a little more popular, it's a little longer wait than it used to be. But if it's something very important, I have no doubt I'd be able to get in."*

Three participants said they could not always get an appointment with their PCP when needed. One participant said, *"Sometimes, I can't get in because they don't get back to me in time."* Another parent said, *"Not always with her in-person. If it's not his annual physical, we end up seeing a different provider there, which is fine."*

One parent said her daughter's PCP was new, and they did not have enough experience to know. One other parent said that her daughter is switching to a new provider after having bad experiences with the previous provider and could not provide any useful feedback. Another participant said she was also looking for a new PCP because she was unhappy with her previous provider.

One parent said if her daughter's PCP was not available, they refer them to urgent care. She said, *"She can get in, but sometimes they get pretty packed. If they can't get her in, they will say whether it's better for a hospital trip or the walk-in."*

One other participant said she had never asked to get an appointment outside of her regularly scheduled visits.

Four participants said they rarely require care and delays were not an issue, and three participants felt unable to answer because they were new patients of their PCP.

Well-Care Exams

Twenty-two participants said they had received a well-care exam within the past year.

Two participants noted they see several specialists for care and believe that through those experiences they received the same type of care they would at a well-visit. One participant said, *"I had one scheduled, but I ended up in the hospital. I have a specialist for everything. I have somebody for my back, heart, endocrinology, gastroenterology. I haven't necessarily had a physical, but not a bit of my body is without a specialist."* Another participant said, *"I honestly don't go to a PCP. I haven't been in like 9 years. I only see an endocrinologist."*

Another participant said she typically goes to the emergency department. She said, *"I've spent enough time going into emergency rooms that I'm sure with all those visits and doctors, I should be set."*

Three participants said that they had not had a PCP prior to becoming pregnant and had only seen their obstetrician/gynecologist (OB/GYN) in recent years. One participant said, *"When I turned 18, I was seeing somebody at Dartmouth, but I didn't have a good experience there. And then, I got pregnant, and I was seeing my OB, and I have been busy with my baby."*

One parent said her child was only six months old and so had not had a regular well visit, only the newborn visits.

One participant said she had not needed a well-care visit.

Of the participants who had not had a well-care exam in the past year, none recalled when their most recent exam was.

Mental Health Evaluation

Participants were asked to describe how their PCP evaluated their mental health. Of the 22 participants who had had a well-care exam, just over half (N=12) said their PCP evaluates their mental health during that visit. One parent said, *"They do a screening before they see, and then, the doctor goes over it. The last few times, it's been a little high. He knows that we are still trying to find someone."* A parent of an adult with disabilities said, *"I feel like she is very observant of the whole situation and trying to help since he can't communicate verbally. She listens to what I have to say about it and thinks about it. We figure it out together."* Another participant noted that the evaluation had not resulted in her getting a referral for care she desires. She said, *"I have to do that survey privately before every visit. Lately, because it's been good, I'm not on the scale for additional care. It was actually a problem when I went to see my psychiatrist last week, and I did that assessment. I ranked too low to get the treatment I wanted."*

Two parents said their child is too young for any kind of mental health evaluation. One parent said, *"Other than saying she's a normal 5-year-old, they didn't really do much. I don't think I was at this last visit but did go to the previous one. And the doctor gave her a clean bill of health. I don't think we brought anything up because we don't have any concerns."*

Two additional parents said the PCP tries to evaluate their child's mental health, but it is difficult. One parent said, *"That's difficult with her. She's only five mentally. She can't read or anything. But they talk with her and ask her how she is feeling."* Another parent said, *"He was trying, but sometimes my daughter is very hard. She kind of freaks out when you bring up her mental health."* The parent explained that her daughter had consistently rejected mental health treatment and fired every mental health professional she had seen.

Four participants said they already have another mental health provider. One parent said, *"We can go and talk with her about his mental health, but another facility does his therapy and medication."* Another participant said, *"She offers to, but she knows I have a psychiatrist and therapist who are both Elliot providers. She can see the notes. So, she always offers it, but I let her know I have it covered with other providers."*

One parent said the evaluation her child receives is minimal, if anything. She said, *"She just asks how he is doing, and I ramble. If anything, they talk about my oldest son's mental health. She's told me to put him in therapy, but there's nowhere to go. We live in the middle of nowhere. It's very difficult."*

One parent said her child had not been evaluated for his mental health.

Mental Health Referrals

Four participants said their PCP had recommended mental health care to them. Two participants were referred to therapy, and two participants were recommended to start medication.

Access to Specialist Care

Participants were asked to describe any challenges with access to specialist care within the past two years. Five participants said they had not required specialist care. Twelve other participants said they had experienced no challenges in accessing specialists.

Eight participants said they had long waits to see specialists. One parent said, *"He's been hospitalized, gone to the local emergency room numerous times, but now we are getting ready to do a neuropsychiatric evaluation. They did a psychiatric evaluation through Social Security, and that gave a lot of insights. We've had a lot of help and in-home support and therapy. The only delay is the neuropsychiatrist. They have an extensive waitlist. The order was put in December of last year, and his appointment still isn't for another few weeks. I know that it takes time. We put in at three or four different facilities to do that evaluation."* Another parent said, *"She sees a stomach specialist. She had to have her gallbladder removed because of her eating disorder. It's hard to find providers, and there are waitlists too. I think we were on a long waitlist for Community Partners. One time my daughter ended up in Hamstead, they called Community Partners and said she had to be pushed up on the list in order to come home. Usually, it's a two-year waitlist. And now it would be the same wait if we wanted to go back."*

Another participant who sees several specialists said they all have several months long waiting lists. One other participant said, *"I have had delays getting physical therapy and urology care. They're always busy. And not all physical therapists do all types of physiotherapy. I need pelvic floor help, and so I have to go to Elliott, but I don't start until January. And with urology, you want to get that fixed as soon as you can. I've had to wait several weeks."*

Two participants remarked on the lack of providers. One parent said, *"I could not find a psychiatrist. I tried. I got very frustrated. She sees the therapist, and she sees her PCP, but that's pretty much it. Her PCP thought she didn't have to go back to the pediatric gastroenterologist. Her behavior is eating disorder-based. Both hospitals agreed. Her PCP feels comfortable doing her medication, but my daughter needs an eating disorder specialist, but there are none in this area. The only way to do that is to take her out of school. We have already done that. She repeated freshman year already. I can't go through that again, and she won't do it. The therapist is at least experienced with that. And the primary care provider has the background to prescribe those medications."* Another participant said, *"I think the biggest challenge is that I'm in New Hampshire. New Hampshire doesn't have a lot of great specialists, and if they do, they're far away. The best ones are in Massachusetts. And Medicaid doesn't cover out-of-state care. I understand that to a point. I feel like I haven't gotten the best care. But I think it's great that I can see a specialist without worrying about cost."*

Two participants mentioned the prior authorization process as a challenge for getting access to specialist care. One participant said, *"I've had to wait and fight for care. It's been terrible. Medications can take more than 24 hours to get covered. If that drug is needed for me, then I want it right away. I've had some bumps and bruises along the way, but they've managed to get some of them. I'm established at Dartmouth-Hitchcock, so I don't have delays in getting specialist care. But I had a delay for my sinus surgery because they wanted to do a doctor-to-doctor conference."* Another participant said, *"Prior authorizations for testing or seeing someone new have been challenges. I've needed a psychiatrist, therapist, and an oncologist."*

Access to Medication

Twenty-four participants said they take medication, all of whom said they understand why they are taking them.

Most participants ask their PCP (N=10) if they have questions about their medication. One participant said, *"I would talk to my doctor. I used to talk to my psychiatrist, but I've been on the same medications for over a year. I don't see him anymore. My PCP manages my medication now."*

Nine participants said they would ask a different health provider. One parent said, *"Usually, I talk to the psychiatrist, but any other questions or concerns, I will reach out to the pharmacist."* Another parent shared, *"I guess it depends on what the question is. Typically, the question might start first with the neurologist if it's about dosing, and I'll talk to her. One medication is one he gets through the Dartmouth-Hitchcock specialty pharmacy. They keep track of the other medications he takes. Every time that script is filled, I have a phone conversation with them about side effects and new medications. Basically, they keep track. We haven't had any difficulties getting our questions answered. They even track how his diet might affect the medication he takes. A lot of people don't know you have to have a certain amount of calories and the right type of fat in your system to block or lessen side effects."*

Four participants said they would ask their pharmacists questions about their medication. One parent said, *"I guess it depends on the question. I don't typically have any because doctor describes everything. But I would call her pharmacy or if she's having a side effect, I'd reach out to the doctor."*

Three participants said they would ask the prescribing physician questions they had.

One parent said they would ask someone through the Children in Need of Services (CHINS) program. She said, *"Through the CHINS, we got a new program called Home Base. They had a medical provider, but he's leaving."*

One participant said she would ask her mom.

Challenges Getting Medication

Twelve participants said they did not experience any difficulty getting their medication.

Five participants mentioned that the prior authorization process and the insurance company's formulary restrictions could be barriers to getting their medication. One parent said, *"Prior authorization can cause problems, and sometimes it can be out of stock. She takes birth control for endometriosis, but if the doctor doesn't write out the prescription that she only takes it for three weeks out of the month, the insurance sometimes doesn't cover it."* Another parent said they only had a problem once. She said, *"She was on it for a year. It was denied twice through prior authorization. The case manager was trying to help, and I was going through prescription line, and they tried to help. We finally got it, but now with her new medication, we will have to stop this medication. There was some kind of disconnect. It was fixed, but too late."* A participant with diabetes noted challenges with her medication. She said, *"Medicaid does have a shortlist of medications they allow. I had to switch brands, which I didn't want to do. And of course, the doctor can override it, but they only cover up to a certain number of pens and units per month. It's always going to be a debate about whether to take more insulin. Some days, I can be really good; other days are terrible. You can't judge the amount. Diabetes is such an uncontrolled illness; it's unpredictable. My doctor will contact the insurance for me and work around it to get me what I need, but eventually there won't be other options. Also, a lot of the pharmacies run out. Usually, I'm pretty good about being on a schedule and paying attention to it."* A participant with ADHD noted monthly challenges getting medication. She said, *"With the ADHD medications, it's almost an every month thing where the supply is limited, or I'm having difficulties with communication with my PCP and the insurance."*

Four participants said transportation could be a challenge for them. One parent said, *"Sometimes, it can be the transportation part. I wish they had a delivery service, but that's the only thing."* Another participant said, *"The only thing is a challenge is getting a ride to the pharmacy. We don't have a car right now, and I don't have my license."*

> *"Transportation can be difficult. Where I am, the pharmacy is half an hour away. Without a vehicle, I can't get my medication. I've been out of my medication for the past two weeks."*

One participant said insurance did not cover the fee for packing her pills, which was a financial burden for her. She said, *"I just wish that the insurance covered the pill pack fee that I pay. Before I started to do that pill pack and packaging from Elliot Pharmacy, I was missing doses, taking them at the wrong time. I realized I had to make it a priority to get the pill packs, but it's $20 a month. It adds up."*

One participant said she needed over-the-counter medications that were not covered by her insurance. She said, *"The only thing I ever have challenges with is I have a few over-the-counter medications, like iron or calcium with vitamin D. They add up when you have to pay out-of-pocket."*

One participant noted that he is reliant on his mother to take care of his medication. He said, *"I fill up my pill pack every week. My mom holds on to the bottle. Every week, I ask for the bottle to be refilled. As long as she's around, it's not an issue."*

Challenges Taking Medication

Thirteen participants said they did not experience any difficulties taking their medications as prescribed. One participant reiterated that the pill packs improved her ability to take her medication. She said, *"The pill packs have been a godsend. It's changed my life. The case manager recommended it. I went on a waitlist and waited for eight months to get in. I'm so grateful I did because it's alleviated a huge burden."*

Two participants said they sometimes had difficulty remembering to take their prescriptions. One participant said, *"I would say sometimes I'm depressed, and I don't want to take them. Or I'm busy with the baby, and I forget."* Another participant said, *"I'm not as bad as I used to be. Now that I understand all of them and how they work, I really try to take them. I can be forgetful, though. I have a few pings that remind me every day."*

Four participants mentioned side effects of their medications as a challenge. One participant said, *"Some of the side effects can present barriers. I dread them, but I do it."* Another participant said, *"The side effects are miserable. I get headaches from it, but we've also added another for blood pressure, which is basically a sleeping pill in the morning. There are some struggles, but I understand not taking them will result in being dead. I make the best of it."*

Four parents said their children were occasionally resistant to taking their medication. One parent shared, *"She resists when she is having a bad day but ends up taking it."* Another parent said, *"I have to crush everything up and put it in flavored water. Sometimes, she fights it."*

Additional Comments

The facilitator offered participants an opportunity to provide any additional comments.

Several participants wanted to provide positive feedback about their MCO. One guardian said, *"I would just like to say how much I appreciate them and how much they helped me. I wish I could somehow pay all these people back for how they've helped me. Especially through his accident. I don't know how I would have gotten through it. So many people care about him. I truly appreciate Mary Jo at Well Sense. She was calling me all the time to make sure I was doing OK and everything was going well. She was in touch with Central Life Management too. They all really helped me a lot. I can't say enough about how much I appreciate them. It's strange to say something like that about an insurance company. I learned a lot during the traumatic time we went through with my grandson and his big accident. I realized how much people helped and how much I appreciated them. I know that I can reach out, and they would help me."* Another parent said, *"Overall, we're very happy with Well Sense. I get there's a lot of red tape, and there are things that aren't within anyone's control."* Another participant said, *"I'd also share that I think everyone I have talked to has been so nice and never judged me."* One other participant shared, *"I've had nothing but wonderful experiences with Medicaid and AmeriHealth. It was the best decision I ever made. I know I had options, and I've heard some stories about the other companies. I'm very grateful for what I have."* One other participant said, *"I'm just so grateful for the program."* Another participant wanted to praise his case manager. He said, *"I know I keep singing Kim's praises, but she's so good. The whole program is so good. I would say anybody with a chronic illness should be doing this. It's huge."*

A parent of an adult child shared concerns about privacy. She said, *"The state has the Medicaid waiver that pays for adult foster care programs and stuff like that. They funnel that money through an area agency, and we work with the Moore Center. If the state sends a check, it says 'Moore Center.' In my own personal life, I feel like I get judgment from people, and it's not protecting my privacy about how part of our life is funded. In my mind, it should be like a SSI [supplemental security income] check. If they put the check in my name, they would protect his HIPAA [Health Insurance Portability and Accountability Act] rights."*

One participant remarked on the paperwork burden. She said, *"The paperwork is ridiculous. The Medicaid paperwork is really labor-intensive. I wish WellSense had someone who could assist or pre-look at your packet before you upload it. Because if you miss something, it totally throws a wrench in and slows everything down, and you're playing the game of catch-up."*

One parent said she would like a way to opt out of some calls. She said, *"The only thing I can think of is the nearly incessant calls from Walgreens to do a medication review. They say it's provided by WellSense. I don't know how many times I've told them I'm good, but they still call multiple times."*

Recommendations

Based on feedback from participants, the findings in this report generated seven recommendations for the MCOs.

Consider offering in-person support/resource center

A participant enrolled with AmeriHealth Caritas reported having access to their case manager in-person at their Wellness and Opportunity Center. Having access to in-person care management support through the MCO along with other resources such as a food pantry, financial counseling, and other community classes has a positive return-on-investment for low-income families and their communities. Expanding these resource centers to other communities can increase access to support for many other families. ACNH, NHHF, and WS should explore the possibility of creating resource centers throughout New Hampshire. The centers should be tailored to the needs and assets in each community and should provide transportation where possible.

Provide clear information about what services care management can provide

Several participants noted that either the support they received from their case manager was not helpful or that they were unsure of the purpose of the services. MCOs should provide clear, detailed information in writing to beneficiaries prior to and at start of care management services. Participants reported varying levels and quality of support based on who their case manager was. Having a clear understanding of the support may also standardize the quality of support received.

Provide proactive care management services

Participants who had case managers who were proactive in their support were much more likely to report positive experiences. For example, participants whose case manager was aware of their current health challenges, or offered specific support with prior authorizations or coordinating with providers, were much more satisfied with their case manager. Some participants noted their case managers knew when they had specific procedures completed or were hospitalized and appreciated that the support was available when they needed it. Participants whose case managers merely called to check in with them found the services unhelpful.

Ensure information on care management services is provided in both written and verbal formats
Several participants said they do not answer the phone and do not call back. If beneficiaries were aware of the support available, they might be more likely to affirmatively enroll or dis-enroll from the program, ensuring care management resources are most effectively used. In addition, having the information provided in a hard-copy and emailed format will help ensure beneficiaries have access to the information. Several participants noted that the only contact and information they receive is through the telephone. With the increase of spam calls, most participants in this study screen their telephone calls. It is likely that many calls from the MCOs are missed and not returned.

Conduct a structured assessment of beneficiaries' needs for care management services
Some participants noted they receive care management services from other community-based organizations, while other participants said they receive little to no support. MCOs have an opportunity to conduct an assessment of the needs of beneficiaries at the beginning of services to ensure beneficiaries are receiving the correct level of support.

Conduct a structured assessment of beneficiaries to discontinue services
Some participants said their care management services were discontinued without explanation or warning. A structured assessment can ensure beneficiaries in continued need of care management receive it, and those who do not are dis-enrolled.

Consider offering additional medication benefits such as transportation to pharmacies and pill-packaging
Transportation to get medication has been noted as a consistent challenge throughout past qualitative studies and was mentioned again by a significant portion of respondents. Offering transportation support to pharmacies or supporting and paying for delivery would ensure beneficiaries have access to needed medications. In addition, participants who have difficulty adhering to medication regimens frequently have greater success when they have access to specialized packaging, but the cost is out of reach for most Medicaid beneficiaries. Covering the cost of that packaging would support beneficiaries to best manage their health conditions.

Appendix 1. Priority Population for Care Management Hierarchy

	Adults 18 + Years of Age
1	Individuals who have required an inpatient admission for a behavioral health diagnosis within the previous twelve (12) months.
2	Individuals with behavioral health needs (e.g., substance use disorder, mental health) who are incarcerated in the State's prisons and eligible for participation in the Department's Community Reentry demonstration waiver.
3	All young adults who are involved in the State's protective services and juvenile justice system, Division for Children Youth and Families (DCYF), including those in foster care, and/or those who have elected voluntary supportive services.
4	MCO identified Members who may benefit from the plan's Care Management services at the plan's option in accordance with the clinical care needs of the Member.

	Children < 18 years of Age
1	Infants diagnosed with neonatal abstinence syndrome (NAS).
2	Infants diagnosed with low birth weight**.
3	Individuals who have required an inpatient admission for a behavioral health diagnosis within the previous twelve (12) months.
4	All Infants, children and youth who are involved in the State's protective services and juvenile justice system, Division for Children Youth and Families (DCYF), including those in foster care.
5	MCO identified Members who may benefit from the plan's Care Management services at the plan's option in accordance with the clinical care needs of the Member.

*Incarcerated refers to 45 days prior to release through 1 year of being released from the State's prison.

**Low birth weight is defined as a weight of less than or equal to 2499 grams or 5.51 lbs.

Appendix 2. Recruitment Letter

October 2025

Dear Medicaid Member,

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

We would like to invite you to participate in a **telephone interview** where you can share your experience about your providers and managed care organization.

We are only asking a small number of people to take part, so **your participation is very important**. You will receive a ***$60 VISA gift card*** as a thank you for your time if you participate in a telephone interview.

We will be conducting the telephone interviews between **October 24, 2025 and December 22, 2025.** The interview will take about 25-30 minutes and we can schedule it at your convenience. We have a limited number of interview slots and they will be filled on a first come, first serve basis. All information you share will be kept completely private and will not affect your benefits or health care in any way. No one from Medicaid will see your individual answers. Your 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**, text at **(607) 247-0712** or email at **Lisa@HornResearch.com**.

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

Sincerely,

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

Appendix 2. Interview Guide

NEW HAMPSHIRE MEDICAID PROGRAM
INTERVIEW GUIDE – FALL 2025

Introduction
The goal of this interview is to try to understand your experience with (insert name of MCO) and the support you received during the past year.

Your feedback is very important and will help the State of New Hampshire evaluate the Medicaid Program and identify potential opportunities for future improvement. We want to know about your experiences. Your participation will not affect the benefits and services you receive through the Medicaid Program. All the information you provide will be kept completely confidential. At no point will your name or any other identifying information be released to the Department or (insert name of MCO).

Thank you for participating in this interview.

I. General information

1. Your current age *(Years)*

2. Do you have a safe, stable place to sleep and store your possessions? How long have you lived/ stayed there?
    a. How many people live with you? (i.e. spouse/partner, grandparent(s), roommates) How many of those are children?

3. Are you or your significant other in the household currently employed? If yes, is it FT, PT, temporary, etc.?
    a. Are you or your significant other in the household currently a student? If yes, FT or PT.
    b. Are you or your significant other in the household currently receiving disability benefits (i.e. Social Security, workers comp, Medicaid services, etc.)?

4. Have you experienced any challenges with your transportation?
    a. If yes, tell me more about that.
    b. If yes, are you aware of Medicaid transportation assistance or the Medicaid Friends and Family program (family/friends may be reimbursed to drive beneficiary)?
        i. If yes, have you had any challenges using Medicaid transportation?

5. Within the past 12 months, have you worried whether your food would run out before you had money to buy more?
    a. If yes, did you receive help obtaining food? (i.e. case manager, Managed Care Organization (MCO), food pantry, etc.)

Note to interviewer: Please refer the participant to NH's 211 and NH Care Connections resources if the interviewee expresses they would like help obtaining additional resources such as food, stable housing, or transportation.

II. Experience with Medicaid Managed Care

1. Can you describe how well you understand your health plan, such as what is covered and what isn't?

2. How do you get help from (insert name of MCO) if you have questions?
   (Prompt: Have you had any trouble getting your questions answered? Do you use the member handbook for understanding your health plan?)

3. Tell me about the access to care such as primary care, behavioral health, physical therapy, you have through (insert name of MCO)?
   a. Have you experienced any limits on the types or amounts of care you feel you have needed?

4. What do you like best about (insert name of MCO)? (prompt: Can you tell me about a good experience you've had?)

5. What are the most challenging experiences you've had with (insert name of MCO)? (prompt: Can you tell me about any problems you've had?)

6. What do you know about the (insert MCO name) complaint process? *(Prompt: Have you ever utilized the complaint process, including a grievance or appeal? If so, do you feel your concern was adequately addressed? If not, do you feel you could find this information if you needed it? Did you check the member handbook?)*

III. Access to information & services

1. When you have a question about your health, who do you contact for information?
   Probe: doctor, nurse, pharmacist, community health worker, health plan, internet, other

2. Tell me about any barriers you experienced receiving or understanding written communication from (insert name of MCO)

3. Do you have access to a phone, tablet, or computer with internet access? (specify which ones) (prompt: Do you have any challenges/difficulties with online access? What kinds of technology or apps do you use to help with language or access barriers?)

IV. Quality of Care management

Care management is a health care process in which a medical professional helps the client and their family navigate the health care system by connecting them to healthcare providers, resources, and services so that the client gets appropriate care when they need it. Sometimes, a nurse from the health insurance company calls and provides care management support.

1. According to the information I've been provided, you receive care management services through [MCO]. Is that correct?

a. If no, tell me why you haven't been receiving care management services? Did you tell them you didn't want it? Why did you not want these services? What would prompt you to accept the care management services? *(go to Sec. 4)*

2. How often would you say you speak with your case manager? Has that changed over time? Would you like to be contacted more frequently or less frequently? Why?

3. Tell me about the process for setting "goals" with your case manager? How did that go for you – were you satisfied with the goals you developed? Did you get to provide input on the goals? Tell me about that.

4. In what ways has your case manager at (insert name of MCO) helped you manage your health care and help you navigate the health care system?

5. How has your role in your health care changed since having care management services with (insert name of MCO)? Meaning, do you feel like you have more opportunities to provide input with the health plan or with your providers, or fewer, or has it stayed the same? Can you share any examples with me?

6. How has being enrolled with care management services with (insert name of MCO) affected the care you've received for any chronic health conditions such as diabetes or heart disease; or behavioral health needs that you might have? (e.g. have you been able to receive the care you need more quickly?)

7. Is the care for your chronic health condition or behavioral health needs more or less consistent since being enrolled with care management services? Are your providers checking in, monitoring, and treating you needs more frequently and consistently? Or has it stayed the same?

8. Is your care more or less comprehensive? This can mean your providers working more closely together, or support your well-being through coordination with community resources. Or has it stayed the same?

9. Can you give me any examples of how it has been different?

10. How has being enrolled with care management through (insert name of MCO) affected how other aspects of your life are managed, things such as housing, transportation, or obtaining food? Has your MCO had any impact on that? In what ways?

11. What do you like best about the care management services (insert name of MCO) provides?

12. What do you like the least about care management services (insert name of MCO) provides?

Next, let's go into some more specific areas related to your recent health care visits.

V. Quality of Care- Well Care (Physical and/or Preventive Screenings)

1. What do you like best about your primary care provider?

2. What do you like least about your primary care provider?

3. Are you able to get an appointment with your primary care provider as soon as you thought you needed it? If not, please explain why.

4. Have you had a well-exam (physical) in the past year? If no, why not? (i.e. can't get an appointment with your doctor, transportation issue, childcare issue, am healthy and don't need a well-care exam, etc.)
    a. If you didn't have a well exam in the past year, when was your most recent well care exam?

5. Describe your experience with your primary care provider (doctor) evaluating and discussing your mental or emotional health, or prescription drugs. Did your provider ask you how you are feeling mentally? (i.e. if you are feeling sad, etc.)
    a. Did your doctor make any recommendations?
        i. If yes, tell me about that.

6. If you needed to be seen by a specialist (including Behavioral Health) in the past two years, tell me about your access to that specialist. Did you receive that care as soon as you thought you needed it? If not, please explain why.

7. Do you take medication? (IF NO SKIP TO NEXT SECTION)

8. If yes, do you understand why you are taking these medication(s)?

9. How do you get answers to questions about your medications? Who do you ask? What has been difficult about getting answers to your questions about medications
Probe: Who? (pharmacist, nurse, doctor, care manager, health plan)

10. Are there things that get in the way of <u>getting</u> your medications as prescribed?
Probe: affordability, transportation, language/communication barriers

11. Are there things that get in the way of you <u>taking</u> your medications as prescribed?
Probe: difficult/complicated regimen, side effects, difficulty opening pill bottle or pill pack

<u>VI. Final Comments</u>

1. Lastly, is there anything else about your health coverage that I did not already ask you that you would like to share with me?

Appendix 3. MCO-Specific Recommendations for EQRO.01 Report

ACNH

Table 10 lists opportunities for improvement from the Member Qualitative Interview Report to include in the EQRO.01 report for ACNH.

Table 10. EQRO Findings and Recommendations for Improvement from the Member Qualitative Interview Report to Include in the EQRO.01 Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	ACNH-2025Fa-EQRO-SSI-01	*Consider offering in-person support/resource center* A participant enrolled with AmeriHealth Caritas reported having access to their case manager in-person at their Wellness and Opportunity Center. Having access to in-person care management support through the MCO along with other resources such as a food pantry, financial counseling, and other community classes has a positive return-on-investment for low-income families and their communities. Expanding these resource centers to other communities can increase access to support for many other families. ACNH, NHHF, and WS should explore the possibility of creating resource centers throughout New Hampshire. The centers should be tailored to the needs and assets in each community and should provide transportation where possible.
2	ACNH-2025Fa-EQRO-SSI-02	*Provide clear information about what services care management can provide* Several participants noted that either the support they received from their case manager was not helpful or that they were unsure of the purpose of the services. MCOs should provide clear, detailed information in writing to beneficiaries prior to and at start of care management services. Participants reported varying levels and quality of support based on who their case manager was. Having a clear understanding of the support may also standardize the quality of support received.
3	ACNH-2025Fa-EQRO-SSI-03	*Provide proactive care management services* Participants who had case managers who were proactive in their support were much more likely to report positive experiences. For example, participants whose case manager was aware of their current health challenges, or offered specific support with prior authorizations or coordinating with providers, were much more satisfied with their case manager. Some participants noted their case managers knew when they had specific procedures completed or were hospitalized and appreciated that the support was available when they needed it. Participants whose case managers merely called to check in with them found the services unhelpful.
4	ACNH-2025Fa-EQRO-SSI-04	*Ensure information on care management services is provided in both written and verbal formats* Several participants said they do not answer the phone and do not call back. If beneficiaries were aware of the support available, they might be more

ACNH EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
		likely to affirmatively enroll or dis-enroll from the program, ensuring care management resources are most effectively used. In addition, having the information provided in a hard-copy and emailed format will help ensure beneficiaries have access to the information. Several participants noted that the only contact and information they receive is through the telephone. With the increase of spam calls, most participants in this study screen their telephone calls. It is likely that many calls from the MCOs are missed and not returned.
5	ACNH-2025Fa-EQRO-SSI-05	*Conduct a structured assessment of beneficiaries' needs for care management services* Some participants noted they receive care management services from other community-based organizations, while other participants said they receive little to no support. MCOs have an opportunity to conduct an assessment of the needs of beneficiaries at the beginning of services to ensure beneficiaries are receiving the correct level of support.
6	ACNH-2025Fa-EQRO-SSI-06	*Conduct a structured assessment of beneficiaries to discontinue services* Some participants said their care management services were discontinued without explanation or warning. A structured assessment can ensure beneficiaries in continued need of care management receive it, and those who do not are dis-enrolled.
7	ACNH-2025Fa-EQRO-SSI-07	*Consider offering additional medication benefits such as transportation to pharmacies and pill-packaging* Transportation to get medication has been noted as a consistent challenge throughout past qualitative studies and was mentioned again by a significant portion of respondents. Offering transportation support to pharmacies or supporting and paying for delivery would ensure beneficiaries have access to needed medications. In addition, participants who have difficulty adhering to medication regimens frequently have greater success when they have access to specialized packaging, but the cost is out of reach for most Medicaid beneficiaries. Covering the cost of that packaging would support beneficiaries to best manage their health conditions.

NHHF

Table 11 lists opportunities for improvement to include in the EQRO.01 report for NHHF.

Table 11. EQRO Findings and Recommendations from the Member Qualitative Interview Report for Improvement to Include in the EQRO.01 Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	NHHF-2025Fa-EQRO-SSI-01	*Consider offering in-person support/resource center* A participant enrolled with AmeriHealth Caritas reported having access to their case manager in-person at their Wellness and Opportunity Center. Having access to in-person care management support through the MCO along with other resources such as a food pantry, financial counseling, and other community classes has a positive return-on-investment for low-income families and their communities. Expanding these resource centers to other communities can increase access to support for many other families. ACNH, NHHF, and WS should explore the possibility of creating resource centers throughout New Hampshire. The centers should be tailored to the needs and assets in each community and should provide transportation where possible.
2	NHHF-2025Fa-EQRO-SSI-02	*Provide clear information about what services care management can provide* Several participants noted that either the support they received from their case manager was not helpful or that they were unsure of the purpose of the services. MCOs should provide clear, detailed information in writing to beneficiaries prior to and at start of care management services. Participants reported varying levels and quality of support based on who their case manager was. Having a clear understanding of the support may also standardize the quality of support received.
3	NHHF-2025Fa-EQRO-SSI-03	*Provide proactive care management services* Participants who had case managers who were proactive in their support were much more likely to report positive experiences. For example, participants whose case manager was aware of their current health challenges, or offered specific support with prior authorizations or coordinating with providers, were much more satisfied with their case manager. Some participants noted their case managers knew when they had specific procedures completed or were hospitalized and appreciated that the support was available when they needed it. Participants whose case managers merely called to check in with them found the services unhelpful.
4	NHHF-2025Fa-EQRO-SSI-04	*Ensure information on care management services is provided in both written and verbal formats* Several participants said they do not answer the phone and do not call back. If beneficiaries were aware of the support available, they might be more likely to affirmatively enroll or dis-enroll from the program, ensuring care management resources are most effectively used. In addition, having the

NHHF EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
		information provided in a hard-copy and emailed format will help ensure beneficiaries have access to the information. Several participants noted that the only contact and information they receive is through the telephone. With the increase of spam calls, most participants in this study screen their telephone calls. It is likely that many calls from the MCOs are missed and not returned.
5	NHHF-2025Fa-EQRO-SSI-05	*Conduct a structured assessment of beneficiaries' needs for care management services* Some participants noted they receive care management services from other community-based organizations, while other participants said they receive little to no support. MCOs have an opportunity to conduct an assessment of the needs of beneficiaries at the beginning of services to ensure beneficiaries are receiving the correct level of support.
6	NHHF-2025Fa-EQRO-SSI-06	*Conduct a structured assessment of beneficiaries to discontinue services* Some participants said their care management services were discontinued without explanation or warning. A structured assessment can ensure beneficiaries in continued need of care management receive it, and those who do not are dis-enrolled.
7	NHHF-2025Fa-EQRO-SSI-07	*Consider offering additional medication benefits such as transportation to pharmacies and pill-packaging* Transportation to get medication has been noted as a consistent challenge throughout past qualitative studies and was mentioned again by a significant portion of respondents. Offering transportation support to pharmacies or supporting and paying for delivery would ensure beneficiaries have access to needed medications. In addition, participants who have difficulty adhering to medication regimens frequently have greater success when they have access to specialized packaging, but the cost is out of reach for most Medicaid beneficiaries. Covering the cost of that packaging would support beneficiaries to best manage their health conditions.

WS

Table 12 lists opportunities for improvement to include in the EQRO.01 report for WS.

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

WS EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	WS-2025Fa-EQRO-SSI-01	*Consider offering in-person support/resource center* A participant enrolled with AmeriHealth Caritas reported having access to their case manager in-person at their Wellness and Opportunity Center. Having access to in-person care management support through the MCO along with other resources such as a food pantry, financial counseling, and other community classes has a positive return-on-investment for low-income families and their communities. Expanding these resource centers to other communities can increase access to support for many other families. ACNH, NHHF, and WS should explore the possibility of creating resource centers throughout New Hampshire. The centers should be tailored to the needs and assets in each community and should provide transportation where possible.
2	WS-2025Fa-EQRO-SSI-02	*Provide clear information about what services care management can provide* Several participants noted that either the support they received from their case manager was not helpful or that they were unsure of the purpose of the services. MCOs should provide clear, detailed information in writing to beneficiaries prior to and at start of care management services. Participants reported varying levels and quality of support based on who their case manager was. Having a clear understanding of the support may also standardize the quality of support received.
3	WS-2025Fa-EQRO-SSI-03	*Provide proactive care management services* Participants who had case managers who were proactive in their support were much more likely to report positive experiences. For example, participants whose case manager was aware of their current health challenges, or offered specific support with prior authorizations or coordinating with providers, were much more satisfied with their case manager. Some participants noted their case managers knew when they had specific procedures completed or were hospitalized and appreciated that the support was available when they needed it. Participants whose case managers merely called to check in with them found the services unhelpful.
4	WS-2025Fa-EQRO-SSI-04	*Ensure information on care management services is provided in both written and verbal formats* Several participants said they do not answer the phone and do not call back. If beneficiaries were aware of the support available, they might be more likely to affirmatively enroll or dis-enroll from the program, ensuring care management resources are most effectively used. In addition, having the information provided in a hard-copy and emailed format will help ensure

WS EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
		beneficiaries have access to the information. Several participants noted that the only contact and information they receive is through the telephone. With the increase of spam calls, most participants in this study screen their telephone calls. It is likely that many calls from the MCOs are missed and not returned.
5	WS-2025Fa-EQRO-SSI-05	*Conduct a structured assessment of beneficiaries' needs for care management services* Some participants noted they receive care management services from other community-based organizations, while other participants said they receive little to no support. MCOs have an opportunity to conduct an assessment of the needs of beneficiaries at the beginning of services to ensure beneficiaries are receiving the correct level of support.
6	WS-2025Fa-EQRO-SSI-06	*Conduct a structured assessment of beneficiaries to discontinue services* Some participants said their care management services were discontinued without explanation or warning. A structured assessment can ensure beneficiaries in continued need of care management receive it, and those who do not are dis-enrolled.
7	WS-2025Fa-EQRO-SSI-07	*Consider offering additional medication benefits such as transportation to pharmacies and pill-packaging* Transportation to get medication has been noted as a consistent challenge throughout past qualitative studies and was mentioned again by a significant portion of respondents. Offering transportation support to pharmacies or supporting and paying for delivery would ensure beneficiaries have access to needed medications. In addition, participants who have difficulty adhering to medication regimens frequently have greater success when they have access to specialized packaging, but the cost is out of reach for most Medicaid beneficiaries. Covering the cost of that packaging would support beneficiaries to best manage their health conditions.

Appendix 4. Research Staff

Table 13. Research Team

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