New Hampshire Medicaid Care Management

MEMBER SEMI-STRUCTURED INTERVIEWS SUMMARY REPORT SPRING 2025

PREPARED FOR: State of New Hampshire, Department of Health & Human Services
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Executive Summary

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

Horn Research[1] interviewed 30 individuals between May 20, 2025, and June 16, 2025. The study explored five points of inquiry: Description of Participants, Experience with Medicaid Managed Care, Access to Information, Experience with Member Incentive Programs, and Quality of Care.

Overall, study participants aligned demographically with the total population, except for age where children were underrepresented. All but one participant reported safe and stable housing. Nearly half of participants said they experienced food insecurity, three of whom said they did not receive any food support.

Just under a third of participants said they did not understand their insurance plan, but half said they can contact their MCO with questions they have. Participants reported insurance limits on dental care, vision care, and alternative care, as well as medication, testing, and physical therapy. Participants most frequently said the coverage provided was the most positive aspect of their MCO. Other positive elements identified by participants included their MCO's customer service, the provider network, the rewards programs, and the transportation benefit. Participants most frequently mentioned an insufficient provider network, particularly for dental, vision, and mental health care, as a negative of their MCO. In addition, participants said coverage denials and prior authorization delays were difficult. Only two participants reported knowing about their MCO's complaint process, but neither had used it. Four participants said they received care management services from their MCO. All four agreed the services were helpful and had no criticisms of the program.

The bulk of participants reported asking a medical provider their health questions, but a handful of participants also said they would ask a family member, a case manager, their MCO, or research online. Most participants do not have any challenges receiving or understanding written information from their MCO, but a few participants said the MCOs should use simpler and more direct language. All but one participant reported having access to the internet. The primary challenges associated with internet access included connectivity problems and cost.

Nearly half of participants had limited or no knowledge of their MCO's reward program. Several participants reported not understanding the rewards card their MCO offers and likely are missing out on those benefits. Several participants said they initially learned about the rewards program when they selected their MCO during the enrollment period. Other participants said they received information in the mail about the rewards program, but some noted the information was incomplete. Other participants learned about the program through family and friends, their MCO's website, social media, and conversations with their MCO. Mostly, participants had not requested help from their MCO about the rewards program. Those who did request help with minor issues had successful interactions.

A minority of participants said the reward program motivated them to get care. Most participants said they would get the care they needed regardless of the rewards program. Participants identified a lack of information as the greatest challenge in earning rewards. The most frequently noted challenge

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

participants identified in receiving rewards was getting their healthcare providers to complete the necessary forms. Participants reported several challenges in using their rewards, including limits on where they can use their rewards card, their card not working, and remembering to use the card. Most participants said the rewards program was financially helpful to their families; however, nearly a third of participants reported not being able to use the rewards or had only received minimal benefits.

Participants were happy with their PCP, and most frequently mentioned liking that their PCP was caring, knowledgeable, communicative, and available when needed. A few participants said a lack of availability, poor communication skills, quality of care, and office staff were challenges they experienced with their PCP. Participants reported receiving well-care exams in the past year. Nearly half of participants said their PCP does not evaluate their mental health, the bulk of whom already have mental health care support. Participants who were assessed for their mental health reported a range of evaluations, from cursory to comprehensive. Of the participants who had required care from a specialist in the past two years, a third reported challenges in accessing care. Challenges included travel distances, lack of providers, and prior authorization delays. Participants report relying on medical providers and pharmacists to answer their questions about medication. A handful of participants said transportation, co-pays, and issues with their pharmacy could be barriers to getting their medication. The barriers to taking medication identified by participants included remembering to take them, side effects of the medication, and children resisting taking them.

Recommendations

Based on feedback from participants and a review of the MCOs' websites, the findings from this report generated one recommendation for DHHS and seven recommendations for the MCOs.

For DHHS:

Revisit the goals of the incentive/rewards programs and ensure alignment with evidence-based practices

Most interview participants viewed the rewards as a bonus that benefits their family, but said they do not influence their behavior. Participants noted the rewards provided much needed financial support, and some participants said that they had initially chosen their MCO based on the rewards offered. Studies exploring incentives for Medicaid members show negligible improvements in chronic disease management, cancer screenings, and other preventive care. However, evidence-based initiatives to improve chronic disease management, screen for cancers, and reduce injuries from accidents have been shown to be effective and efficient. DHHS and the MCOs should work together to determine the purpose and effectiveness of the incentive/rewards program to confirm alignment with evidence-based programming to ensure they are achieving the goals desired.

For MCOs:

Educate members on how to earn rewards and the purpose behind the incentive

MCOs should explicitly provide ongoing education and outreach to members that describe the reasons they should engage in healthy activities, and how doing so will result in both rewards and positive health outcomes.

Reduce or eliminate requirements for members to submit reimbursement forms for rewards

WellSense requires members to print and have their provider sign a form to prove they attended a well visit, completed a health survey with their provider, received a flu shot, or had a child lead screening. Requiring members to have access to a printer is an unreasonable burden. Claims data from providers should be sufficient to identify members who participated in these activities.

Ensure members have sufficient venues to use rewards
NHHF restricts the retail options for using the rewards card to Walmart but does not allow members to use the card for online purchases from the store. While relatively ubiquitous in some parts of the state, members in other areas can live hours away from a Walmart store. Increasing retail options and allowing online purchases will ensure the rewards are accessible to members.

Allow families to choose individual or family reward cards
WellSense provides rewards on one card for the whole family while NHHF and AmeriHealth provide individual reward cards for each member of a family. Participants mentioned not being able to keep track of multiple cards or being unable to use multiple cards on one purchase. Allowing members to decide whether to have individual or family cards could ensure members have easier access to their rewards.

Work with providers to complete health risk assessments and report information to MCOs
Each MCO requires that providers complete the health risk assessments with members. Participants mentioned they had completed the survey over the phone with their MCO in the past, but the change to having it done with their provider made the process more difficult. They said their providers were busy, and it was unlikely to happen. Working with providers to complete the assessments and notify the MCO will make it easier for members to earn rewards and also provide valuable information to both the MCO and providers about members' health.

Streamline non-cash rewards such as dental kits and car/booster seats
WellSense requires members to call and request non-cash rewards which could be provided proactively. Dental kits should be sent out to members directly, at minimum annually, and members should be contacted directly to inquire about the need for updated car or booster seats and bike helmets. With the provision of the car/booster seats and helmets, the MCOs should provide ongoing, additional educational information on the importance of seat belt use for older children.

Consider increasing or adding support and rewards for food insecure members
Food insecurity among interview participants has become more prevalent over the course of the years conducting the qualitative studies. Increased food costs, reduced SNAP benefits, and reduced access to funding for food pantries will likely exacerbate the food insecurity among this population. Research has shown that healthy eating is critical to positive health outcomes. MCOs should consider ways to support members' access to healthy foods as a method of improving health outcomes and reducing overall health costs. A potential opportunity for identifying food insecure members is through the health risk assessment conducted with providers.

Introduction

To support an external quality review of New Hampshire's DMCM Program, Horn Research gathered qualitative data from members continuously enrolled with Medicaid as of January 1, 2024 and who had received at least one incentive from the members' rewards program after April 1, 2024.

The sample population included beneficiaries from across New Hampshire. Horn Research conducted telephonic qualitative interviews between May 20, 2025, and June 16, 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
- Experience with Member Incentive Programs
- Quality of Care

Methodology

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

Sample Size and Composition

DHHS provided a population list (N=50,776) of Medicaid beneficiaries. A random, stratified sample (N=240) was selected for the study based on the goal of completing interviews with participants who:

- received a non-cash incentive,
- received five or more incentives,
- and received more than $100 worth of incentives during the past year.

These targets were met.

Participant Recruitment

Horn Research sent the initial sample of members a letter (Appendix 1) on May 14, 2025, that explained the project, asked for participation, and offered participants a $50 gift card. Members were encouraged to take part in the study through email and text message. Participants completed the interviews between May 20, 2025, and June 16, 2025.

The general rule applied to 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 2) 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 $50 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, provide contextual information for the larger assessment process, and identify avenues for further research. Horn Research slightly edited quotes from interview participants for content and clarity.

Description of Participants

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

Demographic Details

Study participants represented all three MCOs at nearly equal rates as the total population (*Table 1*).

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

MCO	*Interviewed Participants*		*Sample*	*Total Population*
	Number	**Percent**	**Percent**	**Percent**
ACNH	6	20%	24%	22%
NHHF	20	67%	61%	69%
WellSense	4	13%	15%	9%

Response data by gender show women and men took part in the study at nearly identical rates as their distribution in the total population (*Table 2*Table 2).

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

Gender	*Interviewed Participants*		*Sample*	*Total Population*
	Number	**Percent**	**Percent**	**Percent**
Female	17	57%	58%	56%
Male	13	43%	42%	44%

Members under the age of 11 were underrepresented in the study (*Table 3)*. For members under the age of 18, a parent or guardian was interviewed on their behalf.

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

Age Category	*Interviewed Participants*		*Sample*	*Total Population*
	Number	**Percent**	**Percent**	**Percent**
Under 5	2	7%	13%	13%
5-11	4	13%	16%	22%
12-17	5	17%	14%	18%
18-24	1	3%	5%	7%
25-54	13	43%	36%	25%
55-64	3	10%	11%	9%
65-79	2	7%	4%	4%
80+	0	0%	1%	1%
Mean age	30		29	25

Household size ranged from a single person living alone to up to six in the household (*Table 4*). Two participants were currently living in a care facility. One-third of participants said no children were living in their homes (*Table 5*).

Table 4. Number of Participants by the Number of People in the Household

Number in Household	*Interviewed Participants*	
	Number	**Percent**
1/Living Alone	4	13%
2	3	10%
3	9	30%
4	7	23%
5	3	10%
6	2	7%
Other	2	7%

Table 5. Number of Participants by the Number of Children in the Household

Number of Children	***Interviewed Participants***	
	Number	**Percent**
0	10	33%
1	9	30%
2	5	17%
3	5	17%
4	1	3%

Resources and Support

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

Housing

All but one participant said they had a safe, stable place to sleep and store their possessions. Participants reported living in their home for an average of nine years. Eight participants had lived in their home for two years or fewer, and ten had lived in their home for over ten years.

Food Security

Fourteen participants said that within the past 12 months, they worried about whether their food would run out before they had money to buy more. Twelve of these participants experienced this very often or all the time. Two participants said it occurred occasionally.

Nine participants said they had received help with food, including seven participants who said they use a food pantry. One participant shared, *"I go to food pantries. I don't like to because of bad experiences with the food, but I don't have much of a choice."* Four participants said they relied on family members to help with food. One participant said, *"I usually go to family members, scrounge change, and find any way to get groceries. The only time that I've had enough food stamps to feed my family was during COVID. I haven't had to go to food pantries yet."* Another participant said, *"I visit two different food pantries a month, so I can afford my other bills."* Two participants said they receive SNAP (Supplemental Nutrition Assistance Program) benefits. Three participants reported not receiving any food support, one of whom noted challenges with transportation. She said, *"I have trouble with transportation. I have a walker and don't drive. I just try to do the best I can with the food stamps I get every month."*

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, awareness of their MCO's complaint process, and experience with case management services provided by their MCO. A significant portion of participants (N=8) said they did not understand their insurance plan. Half of participants said they contact their MCO with questions about the insurance. Other sources of information include medical providers, community organizations, DHHS, and family members. Participants reported limits on dental care, vision care, and alternative care, as well as medication, testing, and physical therapy. Participants most frequently said the coverage provided was the most positive aspect of their MCO. Other positive elements identified by participants included their MCO's customer service, the provider network, the rewards programs, and the transportation benefit. Participants most frequently mentioned an insufficient provider network, particularly for dental, vision, and mental health care, as a negative aspect of their MCO. In addition, participants said coverage denials and prior authorization delays were difficult. Only two participants reported knowing about their MCO's complaint process, but neither had used it. Four participants said they received care management services from their MCO. All four agreed the services were helpful and had no criticisms of the program.

Understanding of Health Plan

Just under half (N=14) of interview participants reported understanding their insurance plan pretty or very well. One participant said, *"I think I understand it pretty well. Honestly, as well as I can understand*

any health insurance. I don't feel like any of it is written in a way that is designed to be understood. Any questions I have about coverage, I am very easily able to access a representative on the phone. Anything that isn't clear is clarified really easily." Another participant shared, *"I wouldn't say I understand it 100%, but recently, I learned more because of my kids' needs. I have a son with special medical needs. I had something recently that seemed more difficult. They wanted me to prove he still had his birth defects, which is ridiculous. For my older child, he has a care coordinator, and they got him fast-forwarded to care. That was good to know. It just seems situational to what their needs are. One is helpful, and one is not great. Mental health they're doing great with. I get sometimes you have to get approval for claims. It depends on what you need the insurance for. Sometimes, you have to call to figure it out."*

> *"I don't really understand it. I just go to use it for my mental health. I didn't know all of the things I could have received. I didn't know I could have received a car seat for my son. I ended up getting one, but I had no idea. I have no idea what else the plan offers."*

Eight participants indicated they have some knowledge of the insurance plan. One participant who is disabled said, *"It's a secondary insurance. My primary insurance is Medicare. I don't know a lot. I'm pretty covered for a lot of things, but I know I still have to pay out-of-pocket on some things. When I was younger, before 18, I didn't have to. It's unfortunate. My only understanding is how I got it. I didn't qualify for 1619[2] more, and lost my Medicaid. It was really hard to get it back. I swing in and out of employment, and getting and maintaining Medicaid was extremely hard. I have to go homeless and go to a hospital to get all the supports that I need. I don't think it should be a blessing, it should be a right. Especially given the position I'm in."* Another participant said, *"My knowledge is just superficial, really. We go to the doctor's, and they say they take the insurance, and we get the work done. Of course, no dentists take it, so we just pay for it. We want him to have good teeth his whole life. 'Do you take it or not?' is basically what I know about NHHF."*

Eight participants said they do not understand the insurance at all. One parent participant shared, *"To be completely honest, I don't really know what's covered. I know that we don't have to pay co-pays and her prescriptions are covered. I don't think I have sat down and looked at her policy. I know we got a big packet, but I don't know it."* Another parent said, *"I probably don't understand it very well. I have trouble reading through whole paragraphs. I have a hard time taking in information. I just take her to the doctors and that's it."*

Support Understanding Insurance

The interviewer asked participants about how they get support if they have questions about their insurance. Just over half of participants (N=16) said they contact customer support at their MCO, the bulk of whom had positive experiences. One participant said, *"I didn't have any challenges when I called the main number."* Another participant shared, *"I usually call. I like to talk to somebody if I have questions about something. If the*

> *"I once called them about their Bright Start program. Everyone has been very helpful. It was great. They've been pleasant over the phone. It's been really nice."*

[2] Refers to the Continued Medicaid Eligibility provision, Section 1619(B), which provides Medicaid to SSI beneficiaries who have earnings which are too high for an SSI cash payment.

doctor's office can't answer, I'll call NHHF. We've had a few things we've needed prior authorization for, like providers in Vermont. Everyone worked pretty well with me for that. There was a time constraint, and they managed to get it done right under the wire. They were helpful and called me back."

Four of the participants said they did not have good experiences with their MCO's customer service. One participant said she had to make multiple calls to the MCO to get one issue resolve. She said, *"A couple of times I've called and had to call back a few times to get the issue resolved. Most of the time, it's all right."* Another participant said she did not get the answer she wanted when she contacted her son's MCO. She said, *"I contacted them because they refused to cover his medications. They wouldn't cover the dosage that was most convenient. It didn't get resolved in a positive way."* One other participant said the MCO did not provide needed information. She said, *"They told me to go online when I called. I was looking for a specific kind of therapist. He has significant, multi-faceted trauma. They told me to look online and then said to ask the doctor. The doctor didn't know anything. He's a medical doctor, not a therapist. They weren't able to identify any providers over the phone. I think if I had called back and asked for more information, they probably would have helped more. But I didn't have it in me anymore."*

> *"I call the insurance company. I think there's a base layer of response you get first, and if it's important enough, or they can't solve it, they bump you up. I find that a touch frustrating, but they have generally been very nice."*

Four participants said they ask their medical provider when they have questions about the insurance. One parent said, *"His doctor's office has been really helpful. Luckily, I haven't had too many questions."* One participant said, *"I'll call [the MCO], but I try not to very often because I get shifted from one person to the next. I usually end up asking the doctor when I go."*

Four participants rely on advice from another community-based organization. One parent participant said, *"I have early intervention for him. I ask them because they have a lot of clients like him. They're quick and easy to get a hold of."* Another participant said, *"I usually go to my case manager at the mental health clinic. That's my first line of support. We usually get it solved. When I've had to call [the MCO], they don't know the answers and don't know who to send me. I've heard news reports that say the insurance covers certain things, but then they don't cover it. There is a lot of confusing information between what's on the internet and what DHHS and Medicaid say."*

Three participants said they reach out to their case manager at the MCO. One parent said, *"I have had to call the number on the back of the card, but for my older child, they contacted me. They assigned a case manager to help to get his services in place. They asked me if I needed certain services. I hadn't had them do that before. The care coordinator would reach out to me for different things. I don't know if that's new or if it's just because of my son. I know you can go online, but I've never really done that."* Another participant said, *"They come to me and reach out. They answer my questions very well in layman's terms."*

Two participants said they contact DHHS. One participant said, *"I'll call the DHHS phone number and talk to somebody over the phone. A real-life person."*

Two participants said they typically rely on a family member to help them, and two others said they have not contacted anyone.

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. Just over half (N=16) of participants said they had experienced no limits to care. Two of these participants said they chose their MCO specifically for the coverage offered. One parent said, *"He has this insurance because I wanted him to go to a specific facility. That's why I switched to this insurance. I tend to switch based on the providers, but you have to do it during the enrollment time period, which is really hard. We were looking for a facility for him, and it was hard to find one that accepted his insurance. There are only two in the area that accept his insurance for inpatient mental health."*

> *"I feel like everything we have needed has been covered. It's been awesome. We've always been able to have access to doctors and dentists. We've been pretty lucky with availability. We've also been lucky that she's a very healthy kid.*

Two other participants noted prior authorization delayed their access to care but had not limited the care. One parent said, *"As long as the prior authorizations go through, we get what we need. But it is a waiting game to get those authorizations through."*

Seven participants mentioned restrictions with dental care. One parent said, *"With all three of my kids, I have been struggling to find a dentist and an eye doctor. It's almost impossible to find someone who will take the insurance."* Another participant said, *"It would be nice if they fixed dental. I know that's covered by Medicaid, but I also know plenty of people, including myself, that struggle with getting access to dental services. My teeth are in such bad condition. I should have all my teeth removed and get dentures. That's not covered. If I did get them removed, I run the risk of not being able to eat because the state won't cover it. I know a lot of people who are having trouble with that. And finding providers that take Medicaid has been very difficult."* One other participant said, *"With my teeth, I needed to go to a dentist. I've had a lot of infections and I had to go on IV antibiotics. I'm just sitting with bad teeth because I don't have the money. I know they cover up to some amount, but it's not enough."*

Two participants said there were limits on vision care.

Two participants said they wished the insurance covered alternative care. One participant said, *"I think I would like a more holistic approach, but it's free insurance, so I don't really want to complain. I would like to see acupuncture or chiropractic care. Or even having a holistic doctor. Again, if I paid for it, maybe I would be annoyed, but I'm appreciative. I have my two kids and myself on it."*

One other parent said they could not go to their preferred location for care. She said, *"She has Turner's syndrome, and we were trying to find out infertility. We had to go to Vermont versus going to Boston, which would have been much easier. We couldn't go somewhere more convenient for us. But at least we were able to get the care she needed."*

One participant said her insurance did not allow her to have specific medications. She said, *"My insurance has been pretty good. I have long-term Medicare as well. There are a couple of medications my doctor would like me to have, but the insurance will only cover the generic. They've been trying for a couple of years to get that."*

One participant said the insurance limited testing her doctor required for further care. She said, *"I've been waiting for an operation, a colonoscopy, and my dental work. It's all been on hold. They won't approve some tests my cardiologist is requiring before I do those things. I'm sad that the doctors want to help me, and I want them to help me, but the insurance keeps coming back and saying no. How could you not agree with a doctor? The insurance company isn't listening. They don't have to approve everything, but if there are extenuating circumstances, they should listen."*

One participant said the insurance restricted the number of physical therapy visits her son needed. She said, *"The only thing that was limited was physical therapy. He needs it constantly because he has cerebral palsy. We had to end it completely and instead of that, we go to a trainer at a gym. We pay for that through his budget."*

Positive Experiences with MCO

The interviewer asked participants to describe what they like best about their MCO. Eighteen participants remarked on the coverage available to them through their insurance. One parent said, *"For me, as a single mom of two kids with special medical needs, it has been a huge financial help. With the amount of medications my two older children take, having that covered has been a tremendous help for me. Also, for the specialist visits, that's been a nice thing not to worry about. And the access to care through Dartmouth-Hitchcock and Elliott is great. I haven't had any issues getting coverage for urgent care or the emergency room. We've had good experiences."* Another participant said, *"I had to have my gallbladder removed. They were pretty quick to accept the anesthesia and surgery request. I would say that was a good experience. It was very timely."* Three participants specifically noted the lack of out-of-pocket expenses as a highlight. One parent said, *"This is the first state insurance I've had. I don't have much to compare it to. I appreciate that I don't have to pay co-pays, and everything is covered when we go to the doctors."*

> *"[I like] that I can get my kid health insurance and care without worrying about a medical bill. If he had a broken bone, I could take him to the emergency room and not have to worry about a big bill. It's financial security."*

Five participants mentioned the customer service as a positive aspect of their MCO. One participant said, *"When you contact them, they are responsive, helpful and considerate."*

Five interview participants said they like the providers available through their insurance network. One participant summed it up as, *"It's pretty widely accepted, and it's minimally inconvenient."* A parent said, *"I can't say a specific experience, but it was really nice that my pediatrician my kids go to is in-network with them. I didn't have to switch providers."*

Five participants said the rewards program was a positive aspect of their insurance coverage. One participant shared, *"I like their rewards program because I can go buy things. I like that, but I wonder who ends up paying for it. That bothers me a little bit."* Two additional participants said they appreciated the program available for pregnant people. One participant said, *"There is a lot of care and help for new mothers, which was nice. I did get a car seat. I had somebody call me to see how I was doing and how the baby was doing. That was nice."* Another participant said, *"The Bright Start program was really phenomenal. They send you messages to remind you to get your vaccines and flu shots. Everything about it has been great."*

One participant mentioned the transportation benefit as a positive. She said, *"The transportation is nice so I can get to my appointments. I wouldn't be able to otherwise. Also, the rewards program helps out."*

Negative Experiences with MCO

When asked about the most challenging experiences they had with their MCO, 11 participants reported no difficulties with their insurance company.

Eight participants said the provider network was insufficient, particularly for dental, vision, and mental health care. One participant said, *"Dental and eye care providers aren't available. When I call to ask a question, I'm literally bounced around forever. The website is misleading when you try to find a provider. The doctor doesn't really take the insurance. It's really difficult."* Another participant said, *"For the most part, I go for a referral and it works out. Except for dental and vision. They're not quite covered, just kind of. I was able to get glasses from Exeter, which was hard to get to. My biggest challenges have been provider coverage issues. I feel like I've been pushed into the one doctor's office that takes Medicare and Medicaid. I feel like I don't get a choice in providers. I'm getting the care I need, but it's hard. I feel pushed to the side and would like to go to a different doctor who is better."* One parent shared, *"The dental provider network is lacking. He also had to change to a different organization for his medication management and had to get new providers. We don't have a choice. We had to change because of the insurance."*

> *"The challenges I see are a lack of quality of dental providers and the lack of providers for mental health. For my son, I'm paying a pro-rated co-pay for him because his mental health provider doesn't accept AmeriHealth and that's a challenge."*

Seven participants had complaints about specific types of coverage. One parent said, *"I guess one thing is my child had physical therapy for knee pain, and they cut her off pretty quick even though the physician said she could use more. It was the same thing when she had a torn ACL. The insurance said she had gone enough, but the doctor was recommending more."* One parent said, *"Dental coverage is limited. Also, with my son, they don't want to cover prescriptions for him. He can't have regular liquids and now I have to buy the thickener out-of-pocket. It's very expensive. It's not getting paid for through the insurance anymore and he really needs the stuff. They also want me to prove that he has a birth defect. It is disheartening, but hopefully things will get back on track. I've had to go to certain appointments to prove he's not well. It seems like for that kind of stuff, they shouldn't make it difficult."* Another participant said, *"I wanted a customized mouth guard. My dentist submitted for it, but the insurance didn't cover it. Also, I wanted to get chiropractic care, but it wasn't covered."*

Two participants said the prior authorization could be difficult and delayed care. One parent said, *"The prior authorization process for his genetic testing and his eye doctor is hard. Also, how far we have to travel for specialists is hard."*

One participant noted a challenge with the rewards program limiting access to booster seats. She said, *"When they were younger, they provided the booster seats. One thing I didn't like about that, they stopped that at a certain age. My kids are small and light. She still needed a booster at 11, but they didn't provide them then."*

One other said customer service at their MCO could be a minor challenge. She said, *"When I have had a question, they are helpful on the phone, but it takes a bit to get to the right person to answer the questions. You get put on hold a lot. That's kind of frustrating."*

One participant said she appreciated the transportation program but found it difficult to use. She said, *"I do appreciate the transportation very much, but it's a pain. The transportation and insurance don't communicate well. I tell them I can't see when the driver is there because of where my apartment is. I've been late and missed appointments because I can't see them. Also, I can't get down very quickly because of my walker. It's the only transportation company they use. I understand things happen, but I've said it over and over again and my case manager has called, but they don't listen."*

Awareness of Complaint Process

Twenty-six of the 30 participants said they knew nothing about their MCO's complaint process. One of these participants said she feels confident she could look the information up. One parent said she would not complain. She said, *"I really wouldn't push making any complaints because I'm grateful that my kids have health insurance."*

One participant said he knows very little about the process, and one other said he assumes the information is online.

Two participants said they know about the complaint process but have not used it.

Access to Care Management

Participants were asked whether they receive care management services from their MCO. Four participants responded affirmatively. Four participants noted they received case management services from another organization. Two participants said they had a case manager from their MCO while they were pregnant but no longer receive the services. One other participant said she had a case manager previously.

Two participants said they received calls from what they suspect is a case manager, but they do not respond or interact.

One participant said she is interested in getting care management for her daughter. She said, *"I don't have it, but I am curious about it for my second daughter. I don't know what that involves, but I have been thinking about getting one because there is a lot going on for her. I'd like more information on it. I've always declined it before, but now it might be worth investigating. Every time I've ever called and spoken with someone on the phone or I've done one of those annual things online, they always ask. I assume I'd just call and ask someone."*

Experience with Care Management

The four participants who reported having a case manager through their MCO universally said the program was helpful. One participant said, *"They can answer if I have a question about a specialist appointment or to make sure the prior authorization can go through. They were supportive in helping make sure the challenges with breast feeding wasn't a medical issue for my son."* Another participant said, *"I really appreciated it. She helped me know where to go. It helped me get settled and get the supports I needed."* One other participant said, *"I feel like she does try. She listens and tries to make*

things happen. She's not one of those people who just blows you off. You can tell when someone is sincere, and that's who she is."

None of the participants receiving care management services had negative experiences to report.

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. The bulk of participants reported asking a medical provider their health questions, but a handful of participants also said they would ask a family member, a case manager, their MCO, or research online. Most participants do not have any challenges receiving or understanding written information from their MCO, but a few participants said the MCOs should use simpler and more direct language. All but one participant reported having access to the internet. The primary challenges associated with internet access included connectivity problems and cost.

Health Care Information

When asked who they contact for information when they have questions about their health, 26 participants said they reach out to a medical provider. One participant said, *"I'd probably contact his doctor or his insurance company, depending on the issue."* Another participant said, *"I talk to my PCP. I've had her a long time, and I trust everything she does for me."*

Six participants said they would initially ask a family member if they have questions. One parent said, *"When I have concerns, I typically ask my mom first. And then we reach out to her doctor through a portal. I will send a message if it's not urgent. For example, she's had an ingrown toenail and reacts badly to bug bites. So, I'll ask and I'll get a response within 24-hours."* Another participant said, *"I don't like to go to the emergency room unless I'm dying or bleeding. My mom is a nurse. So, I typically reach out to her first and ask whether I should get seen about something. Normally, she'll point me in the right direction."*

Two participants said they contact a case manager either through their MCO or another agency. One participant said, *"I'd call the case manager people. They would tell me who to call, if not them."*

Two participants said they research their questions online. One participant shared, *"First, I ask my sister and then I research it. I don't put in a lot of faith into anybody. I'll call his doctor or his therapist, but I research it myself too. I don't just Google, I research in an intelligent way. I make sure I'm not just scaring myself."*

Two participants said they would call their insurance company. One participant shared, *"I have a couple of 800-numbers. I'd call them. I haven't really reached out since the beginning, though."*

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-four participants said they did not have any difficulties with written information. One of these participants said their biggest challenge was having time to read the material sent. She said, *"I've always had that packet. I need to go through it. I've been given all the information. It's just finding the time to go through it. When any new information comes up, they send it through the mail."* Another participant said, *"I got the manual in the beginning. I had a few questions, so*

I called and they helped me out. I like things written out, though, so I might call and ask them to send it again."

Three participants said they experienced difficulties with understanding some information received from their MCO. One participant said, *"Sometimes, things can be a bit confusing. I think it's the wording they use."* Another participant said, *"I have difficulty reading the written material. And then, sometimes when they talk to me, I zone out and I don't absorb it. It's frustrating. Luckily, that hasn't been too much of a challenge. I may sound normal, but I can't retain information."* The other participant said, *"For the most part, I can make it out. The wording can be confusing. Highlighting the important parts would be great. Sometimes, they send these three pages saying my benefits have changed, but don't explain which benefits were changed. It makes it very confusing. I did my re-determination for food stamps and they sent me another one saying I'm getting more. They didn't tell me the reason. Sometimes, they don't explain the reason for the changes. That's more DHHS, I guess."*

Two participants noted they get support from others in understanding the information they receive. One participant said, *"Sometimes, I have my case manager read it and go over everything."*

One participant said she was lacking in information from her MCO. She said, *"I don't think I get enough written communication. I barely get anything, so I always have to reach out to my caseworker at Community Crossroads. The lack of information is a problem."*

Internet Access

The qualitative interviews also explored participants' access to the internet (*Table 6*). Nearly all (N=29) reported having access to the internet. Participants most frequently said they access the internet through their phone (N=29) and a computer (N=21).

Table 6. Number and Percent of Participants by Access to the Internet

Regular access to the internet	Number	Percent
Phone	29	97%
Tablet	11	37%
Computer	21	70%
Do not have	1	3%

Two-thirds of participants (N=18) said they had experienced no difficulties or challenges with their online access. Five participants said they experienced connectivity issues, while four participants said the cost of the service was a burden. One participant said while he has access to the internet, he does not use it, and one participant said she does not allow her household to have internet access in any way other than through her phone.

Experience with Member Incentive Programs

The interviewer asked participants to describe their understanding and experience with their MCO's member incentive program, including the challenges and benefits associated with the program. Nearly half of participants had limited or no knowledge of their MCO's reward program. Several participants reported not understanding the rewards card their MCO offers and likely are missing out on those benefits. Even participants who understood the rewards card said they had not used it in a long time. Several participants said they initially learned about the rewards program when they selected their MCO during the enrollment period. Other participants said they received information in the mail about the rewards program, but some noted the information was incomplete. Other participants learned about the program through family and friends, their MCO's website, social media, and conversations with their MCO. Mostly, participants had not requested help from their MCO about the rewards program. Those who did request help with minor issues had successful interactions. A handful of participants said their MCO was not helpful in resolving their problems. A minority of participants said the reward program motivated them to get care. Most participants said they would get the care they needed regardless of the rewards program. Participants identified a lack of information as the greatest challenge in earning rewards. The most frequently noted challenge participants identified in receiving rewards was getting their healthcare providers to complete the necessary forms. Participants reported several challenges in using their rewards, including limits on where they can use their rewards card, their card not working, and remembering to use the card. Most participants said the rewards program was financially helpful to their families; however, nearly a third of participants reported not being able to use the rewards or had only received minimal benefits.

Participation in Program

Over half (53%) of the total population had only received one incentive during the prior year. The mean number of incentives received was 1.79. Members enrolled with NHHF received the largest mean number of incentives at 1.94. Interviewed participants received a higher average number of incentives and dollar amount earned than the total population.

Table 7. Number of Participants and Percent by Group by Number of Incentives Received

Number of Incentives Received	*Interviewed Participants*		*Sample*	*Total Population*
	Number	**Percent**	**Percent**	**Percent**
1	9	30%	47%	53%
2-3	8	27%	29%	39%
4-5	12	40%	15%	7%
6 or more	1	3%	9%	1%
Mean	3		2.5	1.79

Table 8. Number of Incentives Earned, Total Population

Indicator	*AmeriHealth*	*NHHF*	*WellSense*
Mean	1.51	1.94	1.28
Median	1	2	1
Minimum	1	1	1
Maximum	9	9	13

Most of the population received incentives valued between $26 and $50, with an average value of $45.90. NHHF members received the largest mean number of incentive dollars at $47.01. WellSense members had the smallest average dollars at $40.03.

Table 9. Number of Participants and Percent by Group by Total Dollar Amount of Earned

Total Dollar Amount Earned	Interviewed Participants		Sample	Total Population
	Number	Percent	Percent	Percent
$25 or less	4	13%	17%	16%
$26-50	10	33%	40%	57%
$51-75	2	7%	10%	14%
$76-100	3	10%	9%	8%
More than $100	11	37%	24%	4%
Mean	$87.53		$66.67	$45.90

Table 10. Number of Dollars Earned, Total Population

Indicator	AmeriHealth	NHHF	WellSense
Mean	$44.77	$47.01	$40.03
Median	$30	$40	$30
Minimum	$10	$10	$2.00
Maximum	$456	$260	$430

Incentives Received

AmeriHealth and NHHF provided nearly all cash incentives to members while WellSense provided non-cash incentives 15% of the time.

Table 11. Percent of Incentive Types by MCO

Incentive Type	AmeriHealth	NHHF	WellSense
Cash	97.9%	99.8%	85.0%
Non-Cash	2.1%	0.2%	15.0%

Activity Engaged to Receive Incentive

The total population received incentives most frequently by attending a well visit (33%) or managing a chronic health disease, such as diabetes or high blood pressure (18%). Fifteen percent of incentives were achieved through completing a Health Risk Assessment. Another fifteen percent of incentives were received by members who participated in a screening, such as for breast cancer, cervical cancer, and lead. Interviewed participants most frequently received incentives from chronic health management (22%), well visits (18%), and screenings (13%).

Table 12. Number and Percent of Activities Engaged for Incentives by Population

Activity	*Interviewed Participants*		*Total Population*	
	Number	**Percent**	**Number**	**Percent**
Behavioral Health Screening	1	1%	56	0%
Chronic Health Management	20	22%	16,345	18%
Drug/Alcohol Program	0	0%	28	0%
Enrollment with MCO	0	0%	1	0%
Fitness	0	0%	265	0%
Health Risk Assessment	12	13%	13,178	15%
Homeless Support	0	0%	7	0%
Medication Adherence	0	0%	843	1%
Medication Review	0	0%	7	0%
Member Advisory Board	0	0%	22	0%
Mental Health Program	0	0%	7	0%
Pregnancy Program	4	4%	1,593	2%
Redetermination	1	1%	652	1%
Screening	15	16%	13,914	15%
Support for SDOH	1	1%	945	1%
Tobacco Cessation	0	0%	4	0%
Vaccine	10	11%	12,164	14%
Well Visit	16	18%	29,587	33%

Awareness and Understanding of Program

Fourteen participants said they have very limited or no knowledge of the rewards program. In particular, participants said they did not understand how the rewards card from their MCO worked. One participant remembered getting a card, but did not understand that it was part of the rewards program. She said, *"I did not know of a rewards program, to be honest. When we first got the insurance, there was a blue card, but it's not like an EBT [electronic benefits transfer] or anything like that. I remember getting one of those. I thought it was a credit card, to be honest. If that's what you're referring to, I definitely don't have it anymore. I did not know there were rewards."* Another participant had a similar experience. She said, *"I didn't even know there was one. I think we got something a couple years back, but I don't know about it anymore. There hasn't been anything on it for over a year."* One participant said, *"I don't really understand what to do. I remember back when we got NHHF, they sent me two little green cards. They said I could use that card, and it would help pay for health and wellness/pharmacy kinds of things. We each got*

> *"I wish I had a list of how to earn the rewards."*

one. I went through the whole survey process, and I tried to call and see my balance, and it said it was never activated. So, I've never actually used it. There was a $20 incentive. So, it's been sitting in a drawer for two years. But we've never really needed to get a ton of medicine that the card would pay for, so I've never reached out."

Another participant said, *"I did receive a booster seat from them. It ended up cracking, but it was good while it lasted. I have to take it in and out of the car, so it probably got more wear than normal. I do have a rewards card, but I don't really know how it works. I believe it had $30 on it, but I don't know how I got it. I was confused. I used that and didn't know anything more about it. So, I got rid of the card or I lost it. I didn't know how I ended up getting that card."*

One parent reported confusion about eligibility for the rewards program. She said, *"I think they told me my daughter wasn't eligible for anything. My son was, but she wasn't. We used to have an OTC [over-the-counter] card, and I liked that, but I haven't seen that in a couple of years. We used to be able to send in if they had a well care visit, and we'd get $50 on the card. The last time I called, they said my son is the only one eligible. I do these surveys all the time to get the free stuff. We have a one income family and I homeschool. That extra money coming in was awesome. It just sort of stopped."*

> *"I don't know much. My daughter is disabled and she got a rewards card from NHHF for $150. I have no idea why it came, but she made good use of it and it was appreciated. My son never got one. Obviously, I don't have any understanding of it."*

Eight participants said they have a general understanding of the program, many of whom said they do not use the card regularly. One participant understood the program but said she has not used it in a long time. She said, *"It's been so long since I've looked at the list of rewards they offer. I'm assuming when the kids or somebody goes to the doctor that money will be put on the card for household needs, prescriptions, things that are approved, and bills. I think I remember using it for my phone bill and electric bill a long time ago. I don't remember what the rewards were."* Another participant said, *"I just know that for certain things you get done, like an annual check-up or a mammogram, you get a certain number of dollars on a card. I totally forgot about it until I was reminded about it by my caseworker. She told me I had this much money on my card to use at Walmart. I forgot about that. It helped out that week a lot."*

Seven participants reported having extensive knowledge of the rewards program. One participant described, *"You go to appointments, and you get rewards for going. I have no problems. I can check the status of my rewards. I've read all the documents on how you earn, and what you can use it on. I go to Walmart to get wipes and diapers I need for the baby."*

One participant said they have only recently come to learn about the program.

Participants who had little to no knowledge had earned higher average dollar amounts than those with a general understanding of the program. Members enrolled with NHHF were most likely to have extensive knowledge of the program.

Table 13. Total Dollar Amount of Incentives Earned by Participant Level of Knowledge of Program

Total Dollar Amount Earned	Minimal knowledge	General understanding	Extensive knowledge
Mean	$81.70	$69.13	$129.86
Minimum	$7.00	$30.00	$30.00
Maximum	$347.00	$139.00	$210.00

Table 14. Percent of Participants by Level of Knowledge of Program and MCO

MCO	Minimal knowledge	General understanding	Extensive knowledge
AmeriHealth	67%	17%	17%
NHHF	42%	26%	32%
WellSense	50%	50%	0%

How Participants Learned about the Reward Program

Eight participants said they learned about the rewards program when they selected their MCO. One parent said, *"I think it was when they had sent me information about the insurance companies I could join. I chose WellSense because they had the incentives, free bike helmets, and booster seats. That's how I initially learned about it."* Another participant said, *"It could have been during the recertification process. I think I was doing a little comparison shopping of what the other insurance programs offer and I saw that. I think it was on their website."*

Nine participants learned about the rewards program when they received information in the mail, but several indicated the information was incomplete. One participant said, *"I guess I just got the cards in the mail. There was not much information on how to use it. It just said 'this is your care card' and that was it."* One participant said she received the information in a letter through her insurance portal. She said, *"I actually knew about it through WellSense sending a letter on the portal. I didn't know much about it. But when I started working at the call center, I learned more. Up until then, I only used the OTC card, but then I added the other things."*

Three participants said a friend or family member had told them about the program. One participant said, *"My friend told me. I didn't know too much about it when I first started with this insurance. When I got into the system, I didn't understand it at all. I called my friend and asked her. She said they put money on the card if you go to the physical or mental health appointments."*

One participant found the information on their MCO's website, and another learned about the program through a social media post. One participant shared, *"I was searching the website to find a provider and found out about the rewards program. And then, I forgot about it."*

Two participants said they learned about it through the pregnancy program offered by their MCO, and one other said she found out more when she contacted her MCO on another matter. One participant learned about the program through an outside agency.

Three participants said they did not recall how they learned about the program.

Support Received from MCO

When asked about their experience contacting their MCO for support with the rewards program, 16 said they had not reached out for help. One of these participants said she did not know who to contact. One other participant said, *"It was pretty straightforward, so I haven't contacted them. But if I had more information, that would be helpful."*

Ten participants said their MCO had provided effective support to them with the rewards program, though their experiences were relatively minimal. One participant said, *"I think I had some questions, and I asked them if I had any rewards. They asked if I had my physical exam and then sent me the card."* Another participant shared, *"I think I did contact them once to tell them I lost the cards. They sent me new ones."* One other participant said, *"I didn't have the card. I threw it away. I called them, and I told them what happened. They sent me another card, and sure enough, I put everything in and I had $170 on the card. I went to Walmart with it."* One parent reported it took longer than necessary for the issue to be resolved. She said, *"I think I've called once or twice. My son had got a flu shot at school. The money wasn't credited. It was a 40-minute phone call to get it taken care of. Other than that, no problems."*

Three participants said they did not have a positive experience with their MCO's help with the rewards program. One participant said the care provider had not submitted the screening information in correctly, and her MCO did not give her credit. She said, *"It was very frustrating. They weren't able to do anything because it wasn't put in correctly by the hospital."* Another participant said, *"They said they would be sending a card for each kid, but I never got two separate cards. I only got one. I don't know why that was. Also, there were times I sent in a couple of different things, and they got lost in the shuffle. They didn't even ever pay me for the well care visits. I called them, and they said they didn't get the forms. I sent them out at the same time as the others. It was a big thing, but I got frustrated and said forget it."*

One participant mentioned she used the MCO's website for information. She said, *"Sometimes, that doesn't work. I'm sure I could call them, but I don't think it's really worth it."*

Effect of Program

Participants were asked whether the rewards program affected their decisions to get care. Only six participants said the rewards encourage them to get care. One participant said it encouraged her to keep her doctors' appointments. Another participant said, *"It might make me do the different things, like screenings or calling for the surveys."* A parent said, *"I'm going to make sure they're going to the doctor and dentist, no matter what. But the incentive helps make sure my kid is willing to do the things he needs to do, such as get his shots, go to dentist, stay in the no cavity club, because he gets to choose something for himself at Walmart."* Another participant said, *"I do feel like it made me make my appointments sooner."* One participant said the program encouraged her to complete the health risk assessment.

> *"It makes me more aware of things he may need that I wouldn't originally think of myself. It's a gentle reminder of what I might not think of."*

Of the 24 participants who said the rewards program did not affect their health care decisions, 17 said they would get the care they need regardless of the reward. One participant shared, *"I think I would just do those screenings, anyway. It's not like I'm only going to have a physical because I'm going to get a reward."* Some participants said they believed the rewards program might motivate other people. One participant said, *"It does not affect me, but it's a nice benefit for doing what I would already be doing. I could see if you're not the type of person to get a physical, it would be a good incentive or reminder to do it."*

> *"We would be doing it anyway. For some people, it might help. I would not bother with the survey until the rewards program. That might be the only incentive. As far as the annual physicals, that is going to happen no matter what."*

One other participant said no incentive would encourage her to get care she does not want for her family. She shared, *"I'm already doing all that for my son and I. Personally, it probably wouldn't affect what I do. We don't get flu shots. If you offered me $1,000, I still wouldn't get a flu shot. But I'm going to get my mammograms. His vaccine schedule is up-to-date. We don't do flu, but we do the MMR [measles, mumps, and rubella] vaccine. I don't think it would incentivize me, but it's a nice reward."*

One participant said the rewards program may affect her child's future decisions with healthcare. She said, *"We would do it anyway, so it wouldn't be an incentive. We pay for his cleanings twice a year. But it might affect the kids when they take care of themselves. We are trying to get them to be as independent as possible. My son is motivated by money. I think he could understand what he would need to do, and it would motivate him."*

Two participants said they believed offering incentives for health are not good policy. One parent said, *"It's a control thing. I don't want to get caught up in the 'I got this shot because I was going to get incentives.' Anything I would have done for the rewards, I would do anyway. It's just a bonus. I go to specific gas stations for rewards, but I don't think that's smart when it comes to your health."* Another parent said, *"I think there are rewards like 'vaccinate your kids and you get money'. That feels weird to me. I think that's a little crazy. It's like bribing you. I don't feel like all the vaccines are necessary. We are on a delayed schedule for them."*

Four participants said they did not take part in the rewards program, and one participant said she only received a booster seat, which had no impact on her health care decisions.

Challenges with Program

Participants were asked about any challenges they experienced with earning, receiving, and using their rewards.

Challenges Earning Rewards

Thirteen participants mentioned the lack of information as the primary challenge to earn rewards. One participant simply said, *"I did not know there were rewards."* Another participant who had received a booster seat, but could not figure out how the rewards card worked, said, *"I didn't know where to look up the information, so I left it as it was."* Another participant said, *"There was a reimbursement for a*

gym, but there was some confusion about what that would cover. We did attempt to access that, but it ended up not covering it. It was fine anyway."

Two participants noted they did not pay attention to whether they earned rewards. One participant said, *"I don't know how often we get them. I just trust them to put it on the card. I have too many other things to monitor."*

Challenges Receiving Rewards

Five participants said they had difficulties with providers' willingness and ability to complete the forms to get the rewards. One participant said, *"It's very hard to get the rewards. The doctors are so busy, and they aren't going to submit the claim for me to get the free money. Also, if you don't spend that money within 30 to 60 days, they take it away from you. So, if you don't know it's on there, they remove it."* Another participant advocated for herself with her providers to earn the rewards. She said, *"The doctor had some problem submitting the information. I called them and I gave them the bar code number rather than me just waiting. I asked them to call it in. They don't always put it in when they're supposed to. I called all my doctors - PCP, cardiologist, pulmonologist, orthopedics and let them know that they need to do this."* Another participant said, *"I've had issues with that. If they don't put it in correctly at the hospital, it doesn't go through, and there's no way to fix that. I received a reward for a flu shot, but I didn't even know why it was there. I'm not aware of the criteria for getting rewards, and I don't know about how to find out either."* Another participant had a similar issue and said, *"There was once I did my flu shot, but my doctor didn't code it that way, so it wasn't put on the card."*

> *"The idea of it was nice. Executing it wasn't very easy. It wasn't easy to get the rewards. You would have to go find out. It wasn't just something you were told. You had to go and figure it out yourself, somehow."*

One other participant noted the difficulty of doing the health risk assessment survey with a provider. She said, *"I noticed recently was there was a wellness survey for a well-child visit. It used to be self-administered, and now it has to be completed with the physician. That added a layer of hassle that made me not want to do it. I didn't want to bother the doctor with it. It's not a big deal to not get the reward, but that's one change that made it something we could skip."*

One participant said it was difficult to remember to fill out and submit the forms. She said, *"They do incentives for surveys, and sometimes you do need to submit a form. Honestly, when I'm at the appointment, I never think of having the doctor sign it. I've got three kids, myself, my mom, and my fiancé, who are both disabled."*

One participant said she did not receive rewards at one point, but did not know why. She said, *"There have been a couple of times where I took him to his check-up, or did the things for the rewards, but I didn't receive them. It wasn't a big deal to me. It's not something I rely on it, but there have been times I should have gotten something but didn't."*

Challenges Using Rewards

Five participants said the limits on where to use their rewards card were their primary challenge. One participant said, *"It's hard to shop with. I think you have to go into Walmart. It's hard to use it online. I*

can't use it online for CVS or Walgreens. I like to use coupons, so this is a thing for me. There was $65 on it for the longest time. I couldn't figure it out. I didn't understand the rules of why I had to go into the store to use it. I'm partially disabled. There are people are all the way disabled or that are bed-bound. How do you shop if you can't go out of your house? It didn't seem logical to me." Another participant said, *"You have to understand exactly where to shop, and you have to know what you can buy. They have changed it drastically. I don't know if they sent me any information on the changes. I know that I had tried to go to Rite-Aid at one point, and they said they didn't take it anymore. Now, the only store you can use it at is Walmart. You can get clothes or food, first aid type of stuff. I think you can get kids' toys for it too."* Another participant said, *"I did try to use it online at Walmart, and it wouldn't let me use it that way. That was a bummer. I just ended up going to the store."*

Three participants said their card did not work when they tried. One parent said, *"From my understanding, you got discounts on certain things on soaps, diapers, wipes, household things. But when I run the card, it says it's approved, but nothing happens. It doesn't actually cut your costs at all. It doesn't take the money off the card. When I do notice there is a balance on the card, I've been able to use the balance at the store. It's very confusing. I just check periodically. I'm not told there's anything being put on it."* Another participant said, *"I was confused because I thought there was a way to use the card to gain points by getting items that would have been qualifying to get you some extra money. When I would go to Walmart, I went to use the card and it would say it was declined. It didn't say you're using it to gain points. Maybe I was wrong in that aspect, but I don't know."*

Three participants said remembering to use the rewards card was their greatest difficulty. One parent said, *"If you have a bunch of kids, how are you are supposed to remember to use the card? With people who have more on their plate, how are they going to remember to do that?"*

One parent said the reward card had expired. She said, *"They reissue the cards. It's more my mistake not recognizing I had an expired card. A time or two, it wouldn't go through at the register. I've always been able to get the money off, eventually."*

Impact of Rewards Received

Seventeen participants said the rewards cards were helpful to their families to pay for necessities such as food, toiletries, and utilities. One participant said, *"If I didn't have it, I wouldn't be able to go shopping at all. A lot of older people don't know about it. A couple of people asked me about it, and I told them. I helped them, and they got on track. It does help out a lot. You can't buy cleaning material with food stamps, and toilet paper is a necessity. I found out I could buy that with the card. That's helped a lot, and I'm speaking for a lot of elders. Without that, I'd be in trouble."* A parent said, *"They were definitely helpful in getting things like diapers and wipes."* Another participant shared, *"It's really cool. A lot of people are low-income. And because I'm taking good care of myself, I get rewards. It is positive feedback. There have been a couple times when I was tight on money. I would check the app, and I would see that I have money. I'm sure I speak on behalf of a lot of other people. It does help when you're*

> *"I think the rewards I did get were super helpful. I got fruits and vegetables and I think I was even able to get meat. I was also able to get my newborn Vitamin D drops with it. And I got gripe water for it. That was really cool. I could have gotten diapers with it."*

in a bind. I did a good thing by going to the doctor, and it's helping me out."

Five participants said receiving car seats, booster seats, and bike helmets was helpful. One parent said, *"It was very helpful getting the booster seat. I'm a single mom. Trying to do it alone is definitely not easy."* A participant who had taken part in a pregnancy program said, *"It's been an incredible experience, so far. People have been very kind, and the benefits have been very helpful. Certainly, the Bright Start program incentives were good, and the car seat was just incredible."*

Two participants said the rewards card helped them afford extras for their family. One participant shared, *"I would say it's a nice thing. I use it around Christmas time. I wouldn't say that if I didn't have it, it would be horrible. It's a nice benefit. It's not a crucial thing if I lost it."* Another participant shared, *"I just see it as a nice little bonus. When I realize that I had a physical and there's a reward there, I say 'let's go spend it'."*

Three participants said they had limited experience with the rewards program but still appreciated the minimal benefits they received. One participant said, *"They're helpful. I think I get $20 to $40 for each of us once a year. Any little amount helps, even if it's just toilet paper."*

Six participants said they had not used their rewards card. One participant said, *"I haven't been able to use them. I can't figure it out."* Another participant said, *"It's just been a flop for me. I think the card is a good option for some people if they have more benefits to add to it. There were only three things I could do to earn the incentives, so it was only so much money I could earn. Also, I'm not going to remember to take that card out. They could offer to send a check that goes directly into the bank account. So, it's still an incentive, but you have another option to get the money directly rather than putting it on a card."* One participant said her difficulty using the rewards limited the impact for her family. She said, *"It's helped a little, but I don't want that to be my answer. I want them to know it's very helpful to a lot of families. It's my inability to use them. That's mostly me. It did save my phone from being shut off recently. My phone is under my sister's account, and I couldn't pay it. I handed her all my rewards dollars. I told her to figure it out. She put whatever was available, and it paid my phone bill for two months."*

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. Participants most frequently mentioned liking that their PCP was caring, knowledgeable, good at communicating, and is available when needed. Most participants said there was nothing they did not like about their PCP, but some participants said a lack of availability, poor communication skills, quality of care, and office staff were challenges. The majority of participants said they could access care from their PCP when they need it. A handful of participants said they could not access care when needed, noting a reduction in telehealth options, understaffing, and large patient loads. Participants reported receiving well-care exams in the past year. Nearly half of participants said their PCP does not evaluate their mental health, the bulk of whom already have mental health care support. Participants who were assessed for their mental health reported a range of evaluations, from cursory to comprehensive. Of the participants who had required care from a specialist in the past two years, a third reported challenges in accessing care. Challenges included travel distances, lack of providers, and prior authorization delays. Participants report relying on medical providers and pharmacists to answer their questions about medication. A handful of participants said transportation, co-pays, and issues with their

pharmacy could be barriers to getting their medication. The barriers to taking medication identified by participants included remembering to take them, side effects of the medication, and children resisting taking them.

Positive Experiences with PCP

Nine participants said they appreciate how caring and friendly their PCP is. One parent said, *"She's very personable and never rushes you along any time you're there. Any time I've had concerns, she takes everything very seriously, and into account. We can actually get in quickly if we need to."*

Eight participants said they like how knowledgeable their PCP is. One parent said, *"I liked him from the first time I met him. When we were in the hospital when she was born, we had two other doctors who had checked on her. He came in, and he heard her heart murmur. The other doctors missed it. He's younger and has great attention to detail. I decided right then, he was going to be her doctor. He's just been great ever since we first had him. He's fantastic with her. He's very gentle, very professional and has a good bedside manner."*

Seven participants remarked positively on their PCP's communication skills. One parent of a young child said, *"We love him. He's very nice and engaging. She's in a stage of fear around doctors, so he sings and tries to calm her down. He tries to interact with her, not just with us, which I really like. Any time we have any question, he's right on it. We had a question about her escaping from her crib, and he brought up some research for us about the sleeper nets. He said they weren't necessarily safe, but there was not enough research. He will take the next steps and help us with any questions, and if he does any additional research, he'll reach out to us on the portal. It feels like we're being heard, which is nice."* Another participant shared, *"She's been the one who has wanted to stay on top of this physical thing I've had that nobody could figure out. I was going in every four months so she could make sure I wasn't falling through the cracks. No matter how large that practice is, I can send her a message through the portal, and I get a response. I'm not sure if it's the communication, or the conscientiousness, that is the best, but she's great."*

Seven participants appreciated that their PCP was consistently available when needed. One parent said, *"I like that we can get an appointment when we need one. They follow through on additional testing. He had a sleep study done, and they followed through on that. They follow through on bloodwork. CLM [Center for Life Management] wanted blood work, and the doctor wanted it, so he combined the two orders so he could have it done there, and we did not have to go to two different places."*

Four participants like their PCP's efficiency. One participant said, *"I don't have a great relationship with him because I don't see him often, but I think he cares. I think he's efficient. I also think he's busy. I don't have a close relationship with him. I only see him once a year."*

Three participants said they appreciated their PCP was in-network with the insurance.

Three participants said their PCP was a new provider, and they did not yet have enough experience with them to evaluate. Two participants said they have minimal contact with their PCP. One parent said, *"I know they're always there when we need them. He's such a healthy child, we have hardly needed to see him. The only time is when we go to his annual well-check."*

Challenges with PCP

When asked what they like least about their PCP, 18 participants said they could not think of anything.

Three participants said a lack of availability was a challenge for them. One participant said, *"He's only there a limited number of days of the week because he works at different offices. I just wish he were there more days."* Another participant said, *"I wish she had more availability during the end of the week, but I will take what I can get. I refuse to leave her."*

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

One participant said she thought her PCP was dismissive. She said, *"I just feel like a lot of the time doctors are dismissive and think of you as a number. It's really hard to build a relationship with somebody like that. I just use her for my mental health. It's so important that I keep that medication."*

One participant said she wanted her provider to improve their communication and quality of care. She said, *"I had spoken with her in the office, and she said they were going to raise the dosage of a medication I take. It took them two months to actually do that. I called probably eight times within two months, and I sent a telehealth message through the portal, and it took them so long to get back to me. The level of care is getting out of hand. Before, I was very well taken care of. Every time I needed medication, it was refilled. Now, I have to meet with them in person and then chase them to get what I need. It's kind of a headache."*

One participant said the location of the practice was not convenient, and one other participant said she experienced transportation challenges and wished her provider assisted in that aspect of care.

One participant said he did not like the quality of care he received from his PCP. He said was given the wrong prescription, and it had taken several years to diagnose him with diabetes.

Access to Well-Care

Eighteen participants said they could receive medical care as soon as they think they need it. One parent said, *"They're able to be seen, usually, if they're sick. The problem is me not being able to get there. They are willing to see them."* Another participant said, *"They get me in within a day, usually. They have even made appointments for me at times that are earlier than they even open. She is amazing."* One participant said that while she could get care, there were limited time options available. Two other participants said they would likely have to see a different provider for last-minute appointments. One parent said, *"Yes, we've had to do a same day visit at our doctor's appointment. We didn't get to see her PCP, but that doesn't bother me."* Two other participants said there was a walk-in/urgent care option available at their PCP's office. One parent said, *"Even if they can't get me in that day, they'll send us to their urgent care, which is right next door. They send referrals right away."*

Five participants said they could not get care when needed. One participant said, *"There are delays getting appointments. COVID brought the delays down with telehealth. But I believe they eliminated a lot of telehealth appointments, which makes it harder. They need to bring that back. I struggled with agoraphobia before, so it was a blessing to have access to the care I needed through telehealth. But this year, there are new policies forcing me to go into the office. I have to go to the office five times a year to meet with providers. It's not fair to put that on me. I struggle with attending appointments. I have to*

cancel a lot of appointments because of transportation issues and anxiety. Thankfully, when I do make the appointments, I am on time. I'm usually canceling appointments ahead of time." Another participant shared, *"I don't feel like I can get it as soon as I need it, but I don't have much of a choice. I'm waiting to see him now, and it's been a month and a half. It's a regular check-up, but I stressed I needed it before going into surgery. I understand they're understaffed."* One other participant said, *"There have been times I needed an office visit, but they were booked for a month. I had to go to urgent care. I used to work in the field, and I felt like an office visit made more sense, but I had to go to urgent care. That's an issue everywhere in the country."*

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

All but three participants said they had received a well care exam within the past year. One participant noted she was seeing a new PCP and had not yet received an exam. Another participant who was currently living in a health care facility said he gets ongoing care. The final participant said she goes to the doctor frequently and was not sure whether any of her visits would qualify as a well care exam.

Mental Health Evaluation

Participants were asked to describe how their PCP evaluated their mental health. Ten participants said their PCP evaluates their mental health comprehensively. One participant shared, *"They do [evaluate], especially given the post-partum. That's a major part of the doctor's visit, and they're wonderful. They did prior to me being pregnant, too. They have done a bunch of screenings. I've been really lucky that I haven't had any post-partum depression. But I know they are very conscious of it to make sure moms are doing well."* Another participant shared, *"I go to a mental health clinic. She's the one that brought it up. When I first started going here, I didn't know about it. I asked her, and she gave me a referral for mental health. When she suggested I go see them, she said I could ask her anything. She also referred me to a chiropractor."*

Four parents said their child's provider conducts age-appropriate evaluations. One parent said, *"They ask her how she's feeling. They ask what she's doing. If it's the summer, they ask what she has been doing over the summer. Stuff like that."* Another parent said, *"She doesn't really have any issues with that. He asks her how she's doing, in general. I guess if she mentioned something, he would definitely talk to her about it. She's got celiac, so she had a lot of issues. He diagnosed her when she was three. When she was about five, she started saying some stuff that I wasn't pleased with. She said 'God doesn't love me. Santa doesn't love me.' It was because she had to eat differently, and her processing that made her feel sad. He had suggested we go to a play therapist. They evaluated her for two months, and they said she was perfectly fine. There's nothing wrong with her. If there were something, he would address it and point us in the direction to deal with it."* Another parent said, *"They do the tablet screening for ACEs (Adverse Childhood Experiences). I've gotten to watch the evolution of the doctors incorporating those questions. They also check in with them to make sure when they're in the room. I did insist on leaving so that if my son wanted to say anything privately, he could. I don't know what happened in there, but there were at least two points in his physical where they talked about it."*

Two participants said they only fill out a survey at their well visit. One participant said, *"I think there's always that survey, but I don't think he specifically asked. I think it depends on the person. I think there are plenty of people who are going to say how they are. But there will be others who just say 'it's good'. Again, that's a slippery slope. I think it's important for the doctor to ask about it, but ultimately, it's up to*

the person. How pushy and intimate are we trying to get with people on that level? I think it can be tough to know. I think it's important for providers to be looking for signs."

Eleven participants said their PCP did not evaluate their mental health. One participant shared, *"She doesn't talk to me. She really should because I'm on disability for my mental health. We only have limited time in the appointments. You don't get to have conversations with your doctor."* Three participants said they have a mental health counselor, and one other said another provider assists with their child's mental health. She said, *"We've gone through a few different providers for mental health. One of them went private pay, so we had to stop seeing her. The endocrinology office set her up with an in-house psychologist. They're not meant to be weekly therapists, so they have her in every month or two. My daughter is all about therapy. She enjoys going to therapy. She's had some good experiences. She likes to better herself and have someone to talk to."* Another participant shared, *"She lets me express concerns, but I've been seeing a therapist for a long time because there was a lot of trauma in my life."*

Three other participants said their PCP only manages their mental health prescription but does not provide any evaluation or other mental health support. One participant said, *"I've been on the same medication for anxiety and depression for 12 years. I don't see a psychologist. I've been properly medicated for several years."*

Two parents said their child is too young to have an evaluation. One parent shared, *"I think it's too early for that for her. We'll fill out paperwork about her at the beginning of her appointment. We haven't really talked much about mental health. She's only two and a half."*

One participant reiterated their provider is new to them, and they do not have any experience yet.

Mental Health Referrals

Eight participants said their PCP had recommended mental health care to them. Four participants were referred to therapy and one to a psychiatrist. Three 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. Eight participants said they had not required specialist care. Thirteen other participants said they had experienced no challenges in accessing specialists. One parent said, *"She's been seen by dermatology. They were pretty good at getting her in. We've just done Zoom videos with her because her doctor is 50 minutes from here. That's much more convenient."* Another participant shared, *"I have gotten lots of referrals from my PCP. I had surgery in March for my heart. They put in a stent. I have a cardiologist, a pulmonologist, a chiropractor, and a mental health counselor. I can get in when I need to. If they're booked, they put me on a cancel list. They give me enough time to get things together."*

Four participants said they had to travel far distances to reach specialist providers. One parent said, *"No problems accessing care. It's the distance we have to go. His ophthalmologist is in Boston. The only other thing I can say is the prior authorization process. It's the standard time, but 14 days seems like forever."* Another participant said, *"I see a rheumatologist and a cardiologist. I have to have surgery on my knee, and the specialist I need to see is in Plymouth, which is an hour and a half away. They also want me to see a specialist for physical therapy down there, but I just can't because of my knee. Plus, my son is in school."*

Three participants remarked on the lack of providers. One parent had mixed experiences depending on the type of specialist. She said, *"My middle child has needed orthopedics. They're very nice over there. It's pretty easy. There haven't been any delays in getting care. But I feel like New Hampshire as a whole has a very bad mental health care system. I've struggled my entire life with mental health issues, and I've spent way too much time trying to find appropriate care and medication. Now that my kids are older, my middle child is having trouble finding help. There are very limited options in this state. The PCP only provides the most generic support, other than trying out medications."* Another parent echoed the experience trying to find mental health care for her child. She said, *"It's just the mental health care. He has not been able to see people as soon as needed. One of the challenges we are having now is that he doesn't want me there. He wants to go by himself. I'm mostly ok with that, but his therapists aren't ok with that because of his behaviors. Also, therapists aren't available."* Another parent shared, *"The only thing I couldn't get was an orthopedic doctor. It was for his scoliosis. You'd call a place, and they wouldn't see him because it wasn't their specialty. I gave up on that. When he was younger, he had an orthopedic doctor. He retired, and after that it was hard to find someone for his cerebral palsy and his scoliosis."*

One other participant said that her insurance does not cover the specialists she would like to see. She said, *"I have a lot of specialists, neurology, gastroenterology, and they want me to see endocrinology. Some doctors that you really want to see don't take the insurance. That's a downer. I wish they would reach out to the really good doctors to see if they would come on board. I haven't had the best experiences with some specialists. I had to ask Dartmouth-Hitchcock to never schedule me with a specific provider. They were too nonchalant about my health care issues. It's very frustrating that it's taking so long to figure out what's going on for me. I'm trying to advocate for myself, and I want someone to listen to what I'm saying."*

Three participants mentioned the prior authorization process as a challenge for getting access to specialist care. One participant shared, *"The big challenges are delays with prior authorizations and providers being out-of-state. I guess gas costs to get there can be a hassle sometimes. I know there is a reimbursement process, but it's a hard process and it takes a while. I can pay $20-30 for gas to go, but it's a month or a month-and-a-half to get reimbursed. That can be frustrating."* Another participant said, *"I needed to a see a specialist at Mass General, but there were delays because NHHF wanted me to go to Dartmouth-Hitchcock first. When I got my appointment letter in the mail, it said the appointment was going to be with a resident physician. I had already seen three or four neurologists, but I had to go to Dartmouth-Hitchcock first to get approval to go to Boston. When I got this letter, I politely explained I've seen other neurologists, I'm coming to see an expert. If I see a resident, that's not an expert. They let me see the head of department. It was resolved, but I did have to advocate for myself."*

One participant said she had difficulty with one specialist's temperament. She said, *"With the surgeon, he's a great guy, very funny, but I feel like he rushes. I went to the first appointment with him, and he rushed the appointment along. He told me I had to take an antacid. He said it might help because heartburn might present as a gallbladder issue. But he was still going to do the surgery. He was kind of snippy and rude. I even told my mom I didn't want him operating on me because he was rushing me along. I wanted to feel like I could voice my concerns. He made me feel like I was being a hypochondriac. I thought I was having a heart attack. I didn't know what was happening to me. That surgeon was off-putting to me. But the second time we met, he was very nice and respectful."*

Access to Medication

Seventeen participants said they take medication. The bulk of these participants ask their PCP (N=12) if they have questions about their medication.

Five participants said they would ask their pharmacist questions about their medication. One participant shared, *"I'm starting to go to the pharmacist, instead of the internet. Sometimes, I'll ask my doctor through the portal, but those are the two I usually go to. Sometimes, it's hard to get those questions answered."*

Three participants said they would ask the prescribing physician questions they had. One participant said she had difficulties getting answers to her questions. She said, *"I ask the provider at the mental health clinic. Yes, I've had difficulties with it, but it's mostly a problem with scheduling. Also, a lot of times, at least until they get to know me, a lot of people take the questions defensively, or they take it like I'm fishing for information or drug seeking. I'm curious and ask a lot of questions. I guess it's good that they're thorough about these things. But if you ask too many questions, you get weird looks. Which doesn't make sense to me. How are you supposed to learn?"* A parent said, *"Depending on what medication is for, I would ask the one who prescribes it. He takes it for urinary issues so that's the urologist, the mental health is the PCP, and aspirin with the cardiologist. I've not had any difficulty getting answers."*

Two participants said they would ask a nurse. One participant said, *"I would ask the doctor or the nurse. Seems like I talk to the nurse more because they're so busy. But I understand."* Another participant said, *"I would ask my nurse. They provide it here at the facility. It gets delivered."*

Challenges Getting Medication

Eleven participants said they did not experience any difficulties getting their medications. One parent shared, *"They're covered completely, and the pharmacy is pretty awesome. They put them in pill packs and deliver it."* Another participant said, *"The pharmacy is fairly close. My out-of-pocket expenses are reasonable. When I had health insurance through my employer, the cost was much higher. I'm on so much medication, I was so surprised how much less expensive it is with Medicaid. I was paying over $100 a month with insurance, and I thought that was very reasonable."*

Two participants said transportation could be a challenge for them. One participant said, *"Transportation is an issue. My knee makes it hard to get places. I understand the transportation program is only for appointments, but I need it for the pharmacy, too."*

Two participants said co-pays for the medications were a burden. One participant said, *"There have been a couple times where there were things that should have been covered but were only partially covered. Being low income, it can be difficult. I'm being told I'm being helped, but the pharmacy says it's only half covered by the insurance. It hasn't happened a lot but has happened occasionally. I wasn't able to get that medication."*

Two participants said they had difficulties with their pharmacy. One parent said, *"He has to get his prescriptions from Hannaford, but their automatic refill never works. It causes me to have to consistently intervene to make sure the prescriptions are done and ready. The rest of us can get them at Walgreens."* One other participant said it was a challenge that medications had to be accessed at different pharmacies. She said, *"I'm on so many. I get medication prescribed by my psychiatrist and my PCP. On top of that, I'm on a weight loss prescription that is only available from one pharmacy. So, I have to go to*

two different pharmacies. Cost has also been an issue when trying to figure out the cheapest way to get my prescriptions. Paying out-of-pocket is hard when I have so many medications. Even if you are healthier, you are going to be on some kind of medication, and it's expensive. My idea was to get my iron supplement through prescription, but unfortunately, it isn't cheaper anymore. I've had to re-evaluate my habits because I haven't been able to afford it."

One parent noted a minor challenge with dosage inefficiencies. She said, *"They wouldn't cover the dosage, so he wouldn't have to take two pills. They wouldn't cover the capsules. It would have been easier to not have to get two prescriptions and manage that."*

Challenges Taking Medication

Ten participants said they did not experience any difficulties taking their medications as prescribed. Three participants said they sometimes had difficulty remembering to take their prescriptions. One participant said, *"I always forget the second dose. Even if I set a reminder, if I'm doing something when the reminder goes off, I forget again."* Another participant said, *"Sometimes, I miss a day. That is something I struggle with. Particularly, if I'm rushing out the door in the morning. I've been pretty good about it, but sometimes I miss one."*

Two participants mentioned side effects of their medications as a challenge. One participant said, *"They made me too tired. I stopped taking that medication. They tried a bunch of different muscle relaxers, but every one of them wipes me out."*

Two parents said their child was occasionally resistant to taking their medication. One parent said, *"My main challenge is his resistance to taking them. He'll lie and say he did and go to school."* Another parent said she has to supervise her son to ensure he takes his prescription. She said, *"I found that if I do it at the same time every day, it helps. We do it at nighttime at dinner. He has a drink, and I supervise him to make sure he takes it."*

Additional Comments

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

One parent spoke about a challenge of getting a provider to address a health issue for her child. She said, *"I keep asking this to be addressed. His half-sister has a split uvula, and his looks like it's partially split. I think that might have been part of our struggles with breast-feeding. I keep pushing to try to get that taken care of, but it seems like nobody cares about it."*

Another participant offered thanks for the dental care coverage available through Medicaid. She said, *"I would like to praise the dental through Medicaid. I felt very comfortable saying yes to dental care because I knew it would be paid for. I got that all done and didn't have to worry about it. It was great."*

Another participant expressed appreciation for the insurance. She said, *"We've been very happy. They send around different plans, and we chose NHHF. For me, it's a gamble to see how bad it is, and I've never regretted it. It's taken really good care of my son."* One other participant said, "*I feel very lucky. It's such a great program. It's been very, very helpful to us."*

A parent noted her worries about her son aging out of his current providers. She said, *"The only thing now is he's turning 19. When he turns 21, he will need to switch his providers. It might be hard to get a*

dentist. Some of them don't take Medicaid. We have been going to the same one since he was little. It will be hard to find somebody really good. Medicaid doesn't cover every dentist. Also, my husband passed away six-and-a-half years ago. We had insurance through his company, and they canceled everything the same day. We applied for Medicaid, and that was a huge help for us. I didn't know what I was going to do. I was worried I was going to get sick, or my kids would get sick. I can't thank everyone enough for this."

Another participant spoke about the challenges of maintaining her eligibility for Medicaid. She said, *"The only way that I could maintain Medicaid was through Medicaid for Working Adults. It's a fine line that you fall through often. There should be a way for someone who works on and off to keep their insurance. Sometimes, I can't work because of my disability. It's really tough when I'm in that in-between space. I don't qualify for not working, and I also don't qualify for when I am working. It's terrifying to have to wait two years to get coverage again if I lose my ability to work. What's going to happen to me in those months I'm not covered? I'm thankful I'm on it, and can work, but it scares me. I don't know how people do it when they try to live on just the benefits."*

One parent reiterated her concern that insurance does not cover the thickener her son needs. One other participant repeated they wanted better dental and vision coverage. He said, *"I only wish that dental and vision were covered. I recently got a new pair of glasses. I only need them for driving. That was quite expensive to pay out-of-pocket. That would be my real complaint. I wish that was covered."*

Another participant spoke about the prior authorization process for a medication as burdensome. He said, *"We're in the process of getting a prior approval for a urinary medication. In order to get that medication, the insurance company said you have to try these three medications first, one a month. It's been three months, and we want the one that's the most expensive. So, we're waiting for that. I have to call the urologist this afternoon and say 'can you call them again and get it?' I hope it's not going to be a problem. The one we want is working, so why try the others?"*

Another participant requested better care and coverage. She said, *"The only thing is I just want them to be more proactive in their patients' care, and to be understanding and caring. And find out the root causes. Waiting two years plus to get answers is ridiculous. And everything being put on hold because the insurance is denying the testing needs to be fixed."*

One participant mentioned the lack of providers accepting Medicaid was a challenge. She said, *"I just wish more people in the state accepted Medicaid. When I lived in Vermont, I had Medicaid as well. We could see a holistic doctor and a chiropractor, and they took our insurance. We had to pay out-of-pocket after so many visits, but it was more accessible. I thought being in this larger community, I would have more options for people accepting it. That's the biggest thing."*

Recommendations

Each MCO offers incentives for different activities, and each has advantages and disadvantages within their rewards program. Based on feedback from participants and a review of the MCO's websites, the findings from this report generated one recommendation for DHHS and seven recommendations for the MCOs.

For DHHS

Revisit the goals of the incentive/rewards programs and ensure alignment with evidence-based practices

DHHS requires the MCOs to "*promote personal responsibility through the use of incentives and care management. The MCO shall reward Members for activities and behaviors that promote good health, health literacy and Continuity of Care. The Department shall review and approve all reward activities proposed by the MCO prior to their implementatio*n."

Of note, DHHS refers to the programs as incentives, while the MCOs refer to their programs as rewards. However, these two concepts serve different purposes. Rewards are provided after an individual has completed a task or exhibited a desired behavior, while an incentive is offered in advance to encourage individuals to achieve a goal. Most interview participants viewed the rewards as a bonus that benefits their family, but said they do not influence their behavior. Participants noted the rewards provided much needed financial support, and some participants said that they had initially chosen their MCO based on the rewards offered.

The disconnect between DHHS' intentions and actual member behavior mirrors research on the use of incentives with Medicaid members to encourage healthy behaviors. Studies exploring incentives for Medicaid members show negligible improvements in chronic disease management[i], cancer screenings[ii], and other preventive care[iii]. However, evidence-based initiatives to improve chronic disease management, screen for cancers, and reduce injuries from accidents have been shown to be effective and efficient.

DHHS and the MCOs should work together to determine the purpose and effectiveness of the incentive/rewards program to confirm alignment with evidence-based programming to ensure they are achieving the goals desired.

For MCOs

Educate members on how to earn rewards and the purpose behind the incentive

The bulk of participants reported not knowing how to earn rewards. Incentive programs cannot be effective if participants are unaware of what they need to do and why they should do those activities. MCOs should explicitly provide ongoing education and outreach to members that describe the reasons they should engage in healthy activities, and how doing so will result in both rewards and positive health outcomes.

Reduce or eliminate requirements for members to submit reimbursement forms for rewards

WellSense requires members to print and have their provider sign a form to prove they attended a well visit, completed a health survey with their provider, received a flu shot, or had a child lead screening. Requiring members to have access to a printer is an unreasonable burden. Claims data from providers should be sufficient to identify members who participated in these activities.

Ensure members have sufficient venues to use rewards

NHHF restricts the retail options for using the rewards card to Walmart, but does not allow members to use the card for online purchases from the store. While relatively ubiquitous in some parts of the state, members in other areas can live hours away from a Walmart store. Increasing retail options and allowing online purchases will ensure the rewards are accessible to members.

Allow families to choose individual or family reward cards
WellSense provides rewards on one card for the whole family while NHHF and AmeriHealth provide individual reward cards for each member of a family. Participants mentioned not being able to keep track of multiple cards or being unable to use multiple cards on one purchase. Allowing members to decide whether to have individual or family cards could ensure members have easier access to their rewards.

Work with providers to complete health risk assessments and report information to MCOs
Each MCO requires that providers complete the health risk assessments with members. Participants mentioned they had completed the survey over the phone with their MCO in the past, but the change to having it done with their provider made the process more difficult. They said their providers were busy, and it was unlikely to happen. Working with providers to complete the assessments and notify the MCO will make it easier for members to earn rewards and also provide valuable information to both the MCO and providers about members' health.

Streamline non-cash rewards such as dental kits and car/booster seats
WellSense requires members to call and request non-cash rewards which could be provided proactively. Dental kits should be sent out to members directly, at minimum annually, and members should be contacted directly to inquire about the need for updated car or booster seats and bike helmets. With the provision of the car/booster seats and helmets, the MCOs should provide ongoing, additional educational information on the importance of seat belt use for older children.

Consider increasing or adding support and rewards for food insecure members
Food insecurity among interview participants has become more prevalent over the course of the years conducting the qualitative studies. Increased food costs, reduced SNAP benefits, and reduced access to funding for food pantries will likely exacerbate the food insecurity among this population. Research has shown that healthy eating is critical to positive health outcomes. MCOs should consider ways to support members' access to healthy foods as a method of improving health outcomes and reducing overall health costs. A potential opportunity for identifying food insecure members is through the health risk assessment conducted with providers. The Central Pennsylvania Food Bank has been working extensively to create partnerships with health care providers and MCOs to address chronic disease and food security among low-income residents and may provide a model for exploration[iv].

Appendix 1. Recruitment Letter

May 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 ***$50 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 **May XX, 2025 and June XX, 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 – SPRING 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. 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.

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. Within the past 12 months, did you worry 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 resource 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 (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?)*

7. Care coordination 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. Do you receive care management services from (insert MCO name)? What do you like best about these services? What do you like least about these services?

III. <u>Access to information & services</u>

1. When you have a question about your health, who do you contact for information?
Probe: doctor, nurse, pharmacist, community health worker, health plan, 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. <u>Member Incentive Programs</u>

As you may know, (name of MCO) has an incentive program where you can earn money, gift cards, or products if you participate in certain services or screenings. (prompt: provide an example using the incentive(s) the member received)

1. Tell me about your understanding of the incentive program through (name of MCO)? Do you understand what you need to do to receive the incentives?

2. How did you learn about the program?

3. Tell me about your experience contacting (name of MCO) with any questions about the program? (prompt: Have you known who to contact? Have your questions been answered?)

4. Tell me about how the rewards from the program affected your health care decisions. Did the incentive influence you to receive care or screening? (prompt: Tell me more about that. If the incentive did not influence the member, why not? i.e. not enough money or value, too difficult to get)

5. Tell me about the rewards/incentives you've received through the program. How helpful were they to you/your family?

6. Have you experienced any challenges in trying to earn the rewards?

7. Have you experienced any challenges in receiving the rewards? (prompt: Did you have to contact (name of MCO) to receive your incentive? Did you receive the incentive as soon as you thought you should have?)

8. Have you experienced any challenges in trying to use the rewards card/gift card?

9. What has been your best experiences with the incentive program?

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. Did you receive care 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, 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. 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, 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)

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

10. 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 15 lists opportunities for improvement from the Member Qualitative Interview Report to include in the EQRO.01 report for ACNH.

Table 15. 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-2025Sp-EQRO-SSI-01	*Educate members on how to earn rewards and the purpose behind the incentive* The bulk of participants reported not knowing how to earn rewards. Incentive programs cannot be effective if participants are unaware of what they need to do and why they should do those activities. MCOs should explicitly provide ongoing education and outreach to members that describe the reasons they should engage in healthy activities, and how doing so will result in both rewards and positive health outcomes.
2	ACNH-2025Sp-EQRO-SSI-02	*Reduce or eliminate requirements for members to submit reimbursement forms for rewards* At least one MCO requires members to print and have their provider sign a form to prove they attended a well visit, completed a health survey with their provider, received a flu shot, or had a child lead screening. Requiring members to have access to a printer is an unreasonable burden. Claims data from providers should be sufficient to identify members who participated in these activities.
3	ACNH-2025Sp-EQRO-SSI-03	*Ensure members have sufficient venues to use rewards* Increasing retail options and allowing online purchases will ensure the rewards are accessible to members.
4	ACNH-2025Sp-EQRO-SSI-04	*Allow families to choose individual or family reward cards* Participants mentioned not being able to keep track of multiple cards or being unable to use multiple cards on one purchase. Allowing members to decide whether to have individual or family cards could ensure members have easier access to their rewards.
5	ACNH-2025Sp-EQRO-SSI-05	*Work with providers to complete health risk assessments and report information to MCOs* Each MCO requires that providers complete the health risk assessments with members. Participants mentioned they had completed the survey over the phone with their MCO in the past, but the change to having it done with their provider made the process more difficult. They said their providers were busy, and it was unlikely to happen. Working with providers to complete the assessments and notify the MCO will make it easier for members to earn

ACNH EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
		rewards and also provide valuable information to both the MCO and providers about members' health.
6	ACNH-2025Sp-EQRO-SSI-06	*Streamline non-cash rewards such as dental kits and car/booster seats* Some MCOs require members to call and request non-cash rewards which could be provided proactively.
7	ACNH-2025Sp-EQRO-SSI-07	*Consider increasing or adding support and rewards for food insecure members* Food insecurity among interview participants has become more prevalent over the course of the years conducting the qualitative studies. Increased food costs, reduced SNAP benefits, and reduced access to funding for food pantries will likely exacerbate the food insecurity among this population. Research has shown that healthy eating is critical to positive health outcomes. MCOs should consider ways to support members' access to healthy foods as a method of improving health outcomes and reducing overall health costs. A potential opportunity for identifying food insecure members is through the health risk assessment conducted with providers.

NHHF

Table 16 lists opportunities for improvement to include in the EQRO.01 report for NHHF.

Table 16. 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-2025Sp-EQRO-SSI-01	*Educate members on how to earn rewards and the purpose behind the incentive* The bulk of participants reported not knowing how to earn rewards. Incentive programs cannot be effective if participants are unaware of what they need to do and why they should do those activities. MCOs should explicitly provide ongoing education and outreach to members that describe the reasons they should engage in healthy activities, and how doing so will result in both rewards and positive health outcomes.
2	NHHF-2025Sp-EQRO-SSI-02	*Reduce or eliminate requirements for members to submit reimbursement forms for rewards* At least one MCO requires members to print and have their provider sign a form to prove they attended a well visit, completed a health survey with their provider, received a flu shot, or had a child lead screening. Requiring members to have access to a printer is an unreasonable burden. Claims data from providers should be sufficient to identify members who participated in these activities.
3	NHHF-2025Sp-EQRO-SSI-03	*Ensure members have sufficient venues to use rewards* Increasing retail options and allowing online purchases will ensure the rewards are accessible to members.
4	NHHF-2025Sp-EQRO-SSI-04	*Allow families to choose individual or family reward cards* WellSense provides rewards on one card for the whole family while NHHF and AmeriHealth provide individual reward cards for each member of a family. Participants mentioned not being able to keep track of multiple cards or being unable to use multiple cards on one purchase. Allowing members to decide whether to have individual or family cards could ensure members have easier access to their rewards.
5	NHHF-2025Sp-EQRO-SSI-05	*Work with providers to complete health risk assessments and report information to MCOs* Each MCO requires that providers complete the health risk assessments with members. Participants mentioned they had completed the survey over the phone with their MCO in the past, but the change to having it done with their provider made the process more difficult. They said their providers were busy, and it was unlikely to happen. Working with providers to complete the assessments and notify the MCO will make it easier for

NHHF EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
		members to earn rewards and also provide valuable information to both the MCO and providers about members' health.
6	NHHF-2025Sp-EQRO-SSI-06	*Streamline non-cash rewards such as dental kits and car/booster seats* Some MCOs require members to call and request non-cash rewards which could be provided proactively.
7	NHHF-2025Sp-EQRO-SSI-07	*Consider increasing or adding support and rewards for food insecure members* Food insecurity among interview participants has become more prevalent over the course of the years conducting the qualitative studies. Increased food costs, reduced SNAP benefits, and reduced access to funding for food pantries will likely exacerbate the food insecurity among this population. Research has shown that healthy eating is critical to positive health outcomes. MCOs should consider ways to support members' access to healthy foods as a method of improving health outcomes and reducing overall health costs. A potential opportunity for identifying food insecure members is through the health risk assessment conducted with providers.

WellSense

Table 17 lists opportunities for improvement to include in the EQRO.01 report for WellSense.

Table 17. EQRO Findings and Recommendations for Improvement from the Member Qualitative Interview Report to Include in the EQRO.01 Report for WellSense

WellSense EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	WS-2025Sp-EQRO-SSI-01	*Educate members on how to earn rewards and the purpose behind the incentive* The bulk of participants reported not knowing how to earn rewards. Incentive programs cannot be effective if participants are unaware of what they need to do and why they should do those activities. MCOs should explicitly provide ongoing education and outreach to members that describe the reasons they should engage in healthy activities, and how doing so will result in both rewards and positive health outcomes.
2	WS-2025Sp-EQRO-SSI-02	*Reduce or eliminate requirements for members to submit reimbursement forms for rewards* At least one MCO requires members to print and have their provider sign a form to prove they attended a well visit, completed a health survey with their provider, received a flu shot, or had a child lead screening. Requiring members to have access to a printer is an unreasonable burden. Claims data from providers should be sufficient to identify members who participated in these activities.
3	WS-2025Sp-EQRO-SSI-03	*Ensure members have sufficient venues to use rewards* Increasing retail options and allowing online purchases will ensure the rewards are accessible to members.
4	WS-2025Sp-EQRO-SSI-04	*Allow families to choose individual or family reward cards* WellSense provides rewards on one card for the whole family while NHHF and AmeriHealth provide individual reward cards for each member of a family. Participants mentioned not being able to keep track of multiple cards or being unable to use multiple cards on one purchase. Allowing members to decide whether to have individual or family cards could ensure members have easier access to their rewards.
5	WS-2025Sp-EQRO-SSI-05	*Work with providers to complete health risk assessments and report information to MCOs* Each MCO requires that providers complete the health risk assessments with members. Participants mentioned they had completed the survey over the phone with their MCO in the past, but the change to having it done with their provider made the process more difficult. They said their providers were busy, and it was unlikely to happen. Working with providers to complete the assessments and notify the MCO will make it easier for members to earn rewards and also provide valuable information to both the MCO and providers about members' health.

WellSense EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
6	WS-2025Sp-EQRO-SSI-06	*Streamline non-cash rewards such as dental kits and car/booster seats* Some MCOs require members to call and request non-cash rewards which could be provided proactively.
7	WS-2025Sp-EQRO-SSI-07	*Consider increasing or adding support and rewards for food insecure members* Food insecurity among interview participants has become more prevalent over the course of the years conducting the qualitative studies. Increased food costs, reduced SNAP benefits, and reduced access to funding for food pantries will likely exacerbate the food insecurity among this population. Research has shown that healthy eating is critical to positive health outcomes. MCOs should consider ways to support members' access to healthy foods as a method of improving health outcomes and reducing overall health costs. A potential opportunity for identifying food insecure members is through the health risk assessment conducted with providers.

Appendix 4. Research Staff

Table 18. 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.

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[iv] https://www.centralpafoodbank.org/who-we-are/our-programs/healthinnovations/