

Survey Report III

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Evaluation of the Iowa Wellness Plan (IWP): Member Experiences in 2016

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Executive Summary

Introduction

The Iowa Health and Wellness Plan (IHAWP) is Iowa's version of the Medicaid expansion and was enacted to provide comprehensive health care coverage to low income adults. IHAWP began on January 1, 2014. Initially, the IHAWP included two separate plans: 1) the Wellness Plan (WP) which was the program administered by Iowa Medicaid program and the Marketplace Choice Plan (MPC) which allowed members to choose a qualified health plan (QHP) from the Health Insurance Marketplace. The IHAWP has undergone several changes since its inception, including the converging of the populations covered under each of the separate plans (WP & MPC) into one plan, the Iowa Wellness Plan (IWP). And, Medicaid in Iowa (including the IWP population) is now managed and administered by three private Medicaid Managed Care Organizations (MCOs): Amerigroup Iowa, Inc. (identified as **Amerigroup** in the remainder of this report), AmeriHealth Caritas Iowa, Inc. (identified as **AmeriHealth** in the remainder of this report), and UnitedHealthcare Plan of the River Valley, Inc (identified as **UnitedHealthcare** in the remainder of this report). The findings in this report represent the experiences of IWP members in the winter of 2016/2017 after the changes to the IHAWP/IWP plans and the transition of most Medicaid members (including IWP members) to managed care had been in place for at least nine months.

Methods

Surveys were mailed to a stratified random sample of IWP members during the early spring of 2017 who had been in their current plan for at least the previous six months. Potential respondents also had an opportunity to complete the survey online. As part of a separate Medicaid evaluation, the PPC research team also conducted a survey of traditional Medicaid State Plan members during this same period of time, using the same methodology. This population (adults in traditional Medicaid) is used as a comparison group for this report. The survey instruments were based on the most recent versions of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0 Health Plan survey and the CAHPS Clinician and Group Survey. A number of items were added to provide additional information. The findings in this report are based on the experiences of 1,720 respondents to the IWP survey and 862 respondents to the Medicaid State Plan survey.

Key Findings from the 2017 surveys

The key findings reported below are differences in experiences between IWP and traditional Medicaid members.

Demographics and Health Status

- Members of the IWP were older and more likely to be male compared to those in traditional Medicaid. [Table 3]
- IWP members were less physically healthy (31% reported fair or poor physical health) than traditional Medicaid members (19% reported fair or poor physical health). [Figure 1]
- IWP and traditional Medicaid members were comparable with regard to mental/emotional health with 28% of IWP and 25% of Medicaid members reporting fair or poor mental health. [Figure 2]
- IWP members reported having physical or mental conditions that seriously interfered with their ability to work, attend school, or manage day-to-day activities (34%) or interfered with their independence, participation in the community, or quality of life (23%) more frequently compared to traditional Medicaid members (24% and 15% respectively). [Figure 3]

Health Services Use

- IWP and traditional Medicaid members were comparable with regard to their primary care service utilization; more IWP members received preventive care services (54%) than Medicaid members (48%). [Figure 5]
- More IWP members reported a doctor's office ordering tests for them (78%), using prescription medicines (69%), and receiving health care for chronic conditions (30%) compared to traditional Medicaid members (71%, 62%, and 26%, respectively). [Figure 6]

- Fewer IWP members reported a need for urgent care (43%) and use of the ED (26% at least once; 11% two or more times) when compared to traditional Medicaid members (48% urgent care need, 33% ED use at least once, and 14% two or more times). [Figure 7 and Figure 18]

Access

- Few members (2% IWP and 1% traditional Medicaid) reported that they did not have any health insurance at all in the year prior to the survey. [Figure 8] This is significantly lower than reported by IWP members in the first year of the program when almost one-third (30%) of IWP members reported that they did not have any health insurance at all in the previous year.
- Around two-thirds of members reported a need for prescription medicine with significantly more IWP members (72%) reporting that need when compared to traditional Medicaid members (65%). [Figure 11]
 - Almost one in five members (IWP 17%; traditional Medicaid 19%) reported an unmet need for prescription medicine. [Figure 12]
- Overall, around 6% of IWP and traditional Medicaid members reported an unmet need for preventive care.
- Around one-third of members (IWP 38%, traditional Medicaid 35%) reported a need for specialist care and one-quarter (IWP 22%, traditional Medicaid 25%) reported a need for treatment for a mental or emotional health problem, with no significant difference in need between traditional Medicaid and IWP members. [Figure 13]
 - Around 7% of members from each group (IWP and traditional Medicaid) reported unmet need for specialist care and mental health care. [Figure 14]

Quality

- Significantly more IWP (53%) than traditional Medicaid members (44%) rated their overall health care favorably. [Figure 20]
- The majority of IWP and traditional Medicaid members had a personal doctor (81%).
 - Significantly fewer IWP members (58%) than traditional Medicaid members (64%) reported having the same personal doctor before and after enrollment in their MCO.
 - Around 20% of IWP members and 16% of traditional Medicaid members changed personal doctors after MCO enrollment.
 - And, around 20% of members (20% IWP; 23% traditional Medicaid) gained a personal doctor after enrollment in their MCO when they did not have one before enrollment.
- Significantly more IWP members (41%) compared to traditional Medicaid members (36%) reported receiving a flu shot during the 2016 flu season [Figure 17]
- Significantly more IWP members (50%) who were smokers reported that their provider advised them to quit smoking when compared to traditional Medicaid members (44%). [Figure 17]
- IWP members were less likely to use the ED than traditional Medicaid members.
 - Of those who used the ED, significantly fewer IWP members (38%) than traditional Medicaid members (59%) reported that the care they received in the ED could have been provided in a doctor's office. [Figure 18]

Transportation issues

- There were few differences between IWP and traditional Medicaid members in the need for non-emergency medical transportation.
 - More IWP members (22%) reported needing transportation assistance compared to traditional Medicaid members (18%), and

- 11% of IWP members and 12% of traditional Medicaid members needed transportation to or from a health care visit but could not get it. [Figure 10]
- NEMT need remained stable for IWP and traditional Medicaid members from 2014 to 2017.
- Relatively few traditional Medicaid and IWP members used transportation paid for by their MCO to get to health appointments with significantly more Medicaid members (5%) compared to IWP members (3%) using the benefit. [Figure 10]
 - For those who did use the benefit, over one-half (58%) reported that it was ‘very easy’ to use the transportation services provided by their MCO.

Experiences with Medicaid and Medicaid Managed Care

- About 7% of survey respondents were unsure which MCO they were enrolled in.
 - And, most accurately self-reported the MCO in which they were enrolled. [Awareness of MCO Assignment]
- Less than 15% of members decided to change from their assigned MCO
 - Significantly more traditional Medicaid members (12%) decided to change MCOs compared to IWP (8%).
 - Of those who decided to change MCOs, around 50% reported that it was ‘very easy’ to change.
 - 12% of IWP and 19% of traditional Medicaid members reporting that it was ‘somewhat to very hard’ to change. [Changing MCO Assignment]
- Around 30% of IWP and traditional Medicaid members reported having to get prior authorization from their MCO to get care, tests, or treatment.
 - Of those, less than one-third (30% IWP, 21% traditional Medicaid) found it ‘very easy’ to do so;
 - 30% of IWP and 37% of traditional Medicaid members found it ‘somewhat or very hard’ to get prior authorization. [Getting Care through MCO health plan]

Healthy Behaviors Program

- Around 40% of IWP members were aware they would have to pay a premium if they did not get a medical or dental check-up and complete a health risk assessment (HRA). [Figure 21]
- Around 70% of IWP members either had already completed or were intending to complete a HRA; one-quarter (25%) did not know what an HRA was. [Figure 21]
- The vast majority of IWP members (95%) had either already obtained a medical or dental check-up or intended to get one. [Figure 21]
 - The most reported barrier to getting a medical check-up was that the respondent did not believe they needed a medical check-up.
 - The most reported barrier to getting a dental check-up was that the respondent did not currently have a dentist.
- Less than one-third (28%) of IWP members were aware of the ED use co-payment. [Figure 22]
- Significantly more IWP members (21%) than traditional Medicaid members (16%) were aware of rewards programs offered by their MCO; of those who were aware, less than half (IWP 43%; traditional Medicaid 49%) had participated in a rewards program offered by their MCO.

Key Differences from 2014

In 2014, the PPC research team conducted an initial survey of IHAWP/IWP members to get an understanding of their experiences during the first year of the program. The report on the findings from that survey is called “Evaluation of the Iowa Health and Wellness Plan: Member Experiences in the First Year” and can be found here: <http://ppc.uiowa.edu/health/study/evaluation-iowas-medicaid->

[expansion-iowa-health-and-wellness-plan](#) For the majority of the survey topics, member experiences were very similar over time. The following are some of the key differences in IHAWP/IWP member experiences from the initial survey (2014) to this survey (2016).

Insurance Coverage

In 2014, only around 40% of IHAWP/IWP members reported having had health insurance for all twelve months of the previous year. This figure rose dramatically in the current survey period with 86% of IWP members reporting having had health insurance coverage for all of the previous year.

Non-Emergency Medical Transportation (NEMT)

The key finding about changes in NEMT between 2014 and 2016 is that there was little change in IWP members' need for or unmet need for NEMT. At both time periods, 22% of IWP respondents reported a need for NEMT with 13% in 2014 and 11% in 2016 reporting an unmet NEMT need. Results were also similar for traditional Medicaid members at both time periods.

Potentially Avoidable Emergency Department (ED) Use

While the percentage of IWP and traditional Medicaid members who reported using the ED remained about the same between 2014 and 2016, there was a change in the percentage of those ED users who thought that the care they received in the ED could have been provided in a doctor's office if one had been available (i.e., potentially avoidable). In 2014, 51% of IWP members and 71% of traditional Medicaid members reported a potentially avoidable use of the ED which dropped to 38% of IWP and 59% of traditional Medicaid members reporting the same in 2016.

Healthy Behaviors Incentives

Awareness of the healthy behaviors program incentives increased over time. In 2014, 23% of IWP members reported being aware that they might have to pay a premium in the following year if they did not get a physical exam. Around 40% of IWP members in 2016 reported being aware of potentially having to pay a premium if they did not get a medical or dental check-up and complete a health risk assessment. It is worth noting that the wording of the question changed somewhat between the two time periods. Awareness of the potential for a copayment for use of the ED also increased over time. In 2014, around 10% of IWP members were aware of this potential copayment, and in 2016, this figure increased to 28%.

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Background

The Iowa Health and Wellness Plan (IHAWP) is Iowa's version of the Medicaid expansion, approved by the federal government under a Section 1115 Demonstration waiver. Enrollment into IHAWP began on January 1, 2014. Originally, the IHAWP included two separate plans: 1) the Wellness Plan (WP) and the Marketplace Choice Plan (MPC). The WP was a more traditional, Medicaid-like program for adults with incomes from 0-100% of the Federal Poverty Level (FPL) who were not eligible for Medicaid through a categorical program such as Family Medical Assistance Plan (FMAP) or Medicaid for Employed People with Disabilities (MEPD). It was operated by the Iowa Medicaid Enterprise (IME) and each member (depending on their county of residence) received care from one of three programs: a) traditional Fee-for-Service (FFS) non-managed care, b) managed care (Primary Care Case Manager-PCCM), or c) a health maintenance organization (HMO). In the MPC, individuals selected a Qualified Health Plan (QHP) from eligible private plans in the Health Insurance Marketplace. Medicaid paid the health plan premiums for members in the MPC. Marketplace Choice members originally could choose from two QHPs: CoOpportunity Health, a non-profit health co-op, and Coventry Health Care of Iowa, a national managed care company based in Bethesda, MD. More information regarding the formulation and implementation of the Iowa Health and Wellness Plan can be found online at <http://dhs.iowa.gov/ime/about/initiatives/iowa-health-and-wellness-plan>. IHAWP member experiences during the first year of the IHAWP program have been reported previously and can be found online at <http://ppc.uiowa.edu/health/study/evaluation-iowas-medicaid-expansion-iowa-health-and-wellness-plan>.

One feature of the IHAWP that is unique for a Medicaid plan is the healthy behaviors incentive program (HBP). IHAWP members can avoid paying a premium for their insurance after their first year of coverage by participating in the HBP. The HBP requires members to get a yearly medical or dental exam (a wellness visit) and complete a health risk assessment in order to avoid paying a premium in the following year. If the member does not complete these requirements during their first year of coverage, they may be required to pay a monthly premium (\$5 or \$10, depending on income). The member must then pay the monthly premium or claim financial hardship to avoid being disenrolled.

The IHAWP changed in significant ways in its first 2 years. The first major change occurred within the MPC plan. CoOpportunity Health withdrew as an option for MPC members at the end of November 2014.¹ Approximately 9,700 CoOpportunity Health members were automatically transitioned (while retaining their designation as MPC members) to WP providers on December 1, 2014. MPC members who were not in CoOpportunity Health remained in Coventry, the other QHP available to MPC members. Then, at the end of June 2015, Coventry Health ended services to MPC members and MPC members were placed in the traditional fee-for-service (FFS) program beginning July 2015. The 1115 waiver for the MPC program was not renewed and the IHAWP became the Iowa Wellness Plan (IWP).

The second major change affected almost all Medicaid members in Iowa, including IWP members. Early in calendar year 2015, there was a policy decision to transition almost all Medicaid members into one of three managed care plans. From January 1, 2016 through March 31, 2016, IWP members were managed under the traditional Medicaid FFS program. The transition of the Medicaid program (including IWP members) to the three Medicaid Managed Care Organizations (MCOs) was implemented on April 1, 2016. The three Medicaid MCOs are Amerigroup Iowa, Inc., AmeriHealth Caritas Iowa, Inc., and UnitedHealthcare Plan of the River Valley, Inc. With the exception of a few small Medicaid populations, all Iowa Medicaid members (including IWP members) are enrolled in one of these three MCOs.

For this report, the Medicaid expansion population is known as the IWP. It covers Iowans not categorically eligible for Medicaid with income from 0-133% FPL and continues to include the HBP. All IWP members as well as traditional Medicaid members (the main comparison group for this report) were enrolled into and managed by one of three MCOs—UnitedHealthcare, AmeriHealth Caritas, or AmeriGroup.

¹ Iowa Marketplace Choice Plan Changes. Iowa Department of Human Services. November 2014. Available at: https://dhs.iowa.gov/sites/default/files/CoOpTransition_FAQ_11052014.pdf. Accessed July 2, 2015.

Methods

The 2017 Survey of IWP members was conducted during the winter and spring of 2017 using a mixed-mode mail methodology. Surveys were mailed to a stratified random sample of IWP members who had been in their current plan for at least the previous six months. The sample was stratified into three groups based on the Managed Care Organization (MCO) to which the member was assigned: Amerigroup Iowa, Inc. (identified as **Amerigroup** in the remainder of this report), AmeriHealth Caritas Iowa, Inc. (identified as **AmeriHealth** in the remainder of this report), and UnitedHealthcare Plan of the River Valley, Inc (identified as **UnitedHealthcare** in the remainder of this report).

As part of a separate Medicaid evaluation, the PPC research team also conducted a survey of traditional Medicaid State Plan members during this same period of time, using the same methodology. This population (adults in the traditional Medicaid State Plan) is used as a comparison group for this report. It does not include those with disabilities who are enrolled in the Supplemental Security Income (SSI) program.

The random samples for each survey were drawn from Medicaid enrollment data current as of February 2017. Only one person was selected per household to reduce the relatedness of the responses and respondent burden. The sample was comprised of 6000 IWP members and 6000 adult Medicaid members; 2000 from each of the three groups.

Surveys were first sent by mail in March 2017, and respondents were given the option to complete the survey on paper or online by entering a unique access code. A reminder postcard was sent one week after the initial mailing. Five weeks after the first mailing, a second mailing was sent to those who had not responded to the initial mailing. In an effort to maximize response rates for the mailed survey, both a premium and an incentive were used in the first mailing: each initial survey packet included a \$2 bill, and respondents who completed and returned the survey within two weeks of the mailing were entered into a random drawing for one of ten (for each program) \$25 Wal-Mart gift cards.

Survey Instrument

The survey instrument was based on the most recent versions of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0 Health Plan survey² and the CAHPS Clinician and Group Survey³. A number of items were added to the CAHPS survey to provide information about the following topic areas:

Need and Unmet Need for Health Care Services (derived from NHIS⁴)

Quality of Primary Care Delivery (derived from the CAHPS Patient-Centered Medical Home Item Set and Original items⁵)

- Continuity of Care with a Primary Care Provider (Original items)
- Emergency Room Care and Hospitalizations (Original items)
- Mental Health and Emotional Health Care (Original Items)
- Non-Emergent Medical Transportation (Original Items)
- Behavior Change Initiatives (Original Items -- IWP only)
- Functional Limitations (derived from the Behavioral Risk Factor Surveillance System (BRFSS⁶))
- Chronic Physical and Mental Health Conditions (Original Items)
- Smoking Status and Smoking Cessation (Original Items)

2 Agency for Healthcare Research and Quality (AHRQ). CAHPS Surveys and Tools to Advance Patient-Centered Care. CAHPS Health Plan Survey. Available at <https://cahps.ahrq.gov/surveys-guidance/hp/index.html>

3 AHRQ. CAHPS Surveys and Tools to Advance Patient-Centered Care. CAHPS Clinician and Group Survey. Available at <https://cahps.ahrq.gov/surveys-guidance/cg/index.html>

4 Centers for Disease Control and Prevention (CDC). National Health Interview Survey. Available at http://www.cdc.gov/nchs/nhis/quest_doc.htm

5 AHRQ. CAHPS Patient-Centered Medical Home (PCMH) Item Set. Available at <https://cahps.ahrq.gov/surveys-guidance/item-sets/PCMH/index.html>

6 CDC. BRFSS. Available at <http://www.cdc.gov/brfss/questionnaires.htm>

A copy of the surveys sent to IWP and Medicaid members are in Appendix A and Appendix B, respectively.

Response Rates

There were 862 non-SSI adult traditional Medicaid members and 1,720 IWP members who responded to the survey for overall adjusted response rates of 32% for the IWP sample and 16% for the traditional Medicaid sample. Response rates were adjusted by removing from the denominator those ineligible to complete a survey because of incorrect or out-of-state addresses or because the intended respondent was deceased.

Table 1. IWP Survey Response Rates

MCO group	Total Sampled	Completed*	Response Rate
Amerigroup Iowa, Inc.	2000	581	29%
AmeriHealth Caritas Iowa, Inc.	2000	533	27%
UnitedHealthcare Plan of the River Valley, Inc.	2000	605	30%
Total	6000	1720	29%
Adjusted** Total	5387	1720	32%

* The total number of completes from the three MCOs does not add up to 1,720 because we were unable to identify the MCO of enrollment for one respondent.

**Adjusted for ineligible: Removed respondents who no longer had a valid address or were out of Iowa or had died.

Table 2. Traditional Medicaid Survey Response Rates

Plan Group	Total Sampled	Completed	Response Rate
Amerigroup Iowa, Inc.	2000	299	15%
AmeriHealth Caritas Iowa, Inc.	2000	304	15%
UnitedHealthcare Plan of the River Valley, Inc.	2000	259	13%
Total	6000	862	14%
Adjusted* Total	5341	862	16%

*Adjusted for ineligible: Removed respondents who no longer had a valid address or were out of Iowa or had died

Analyses

The primary analyses in this report were comparisons between members of IWP and non-SSI adult members of the traditional Medicaid program. Analyses looking at potential differences among the three MCOs for traditional Medicaid members can be found here: <http://ppc.uiowa.edu/health/study/evaluation-iowa-medicaid-managed-care-programs>. Data were tabulated and bivariate analyses (i.e., chi-square and t-tests for group differences) were conducted using SAS. Group differences are considered statistically significant if the p-value is less than 0.05. When there are statistically significant differences, they will be noted in the text and under the relevant tables and figures.

The data was weighted to control for potential systematic biases created from collecting data from a stratified sample. We used a simple weighting factor to make the data representative of all IWP and traditional Medicaid members statewide and to account for the fact that there were not equal numbers of enrolled members in each sampled group. Thus, the percentages reported were weighted to reflect the statewide membership in each group.

Appendix C provides the unweighted responses to each question in the IWP survey. The unweighted responses to each question on the survey of traditional Medicaid members can be found in Appendix B-2 of the Medicaid evaluation report and it can be found here: <http://ppc.uiowa.edu/health/study/evaluation-iowa-medicaid-managed-care-programs>.

The final item on the IWP survey was open-ended, and stated, *"Please tell us if there is anything else*

you like or dislike about your health plan or health coverage.” Qualitative analyses were conducted using the comments given by IWP members in this item. Two coders examined the data and developed general categories to organize and summarize the comments. A single coder used NVivo software to place each comment into corresponding categories. This process of categorizing individual comments allows for a comprehensive depiction of overall themes. A summary of the themes derived from this analysis can be found in the “Summary of Member Comments” section of the report. A comprehensive listing of all of the comments can be found in Appendix D.

Limitations

There are some limitations with survey research that can affect the interpretation of the results. First, those who choose to respond to the survey may be different from those who choose not to respond and this can create biased results. In this evaluation, respondents (both to the traditional Medicaid and the IWP surveys) were more likely to be female, white, and somewhat older than those who did not respond to the surveys. Second, respondents may have difficulty accurately remembering events which may introduce recall bias. This risk may not be high because of the relatively short time period for recalling events (6 months).

Results

Demographics

IWP members were significantly older than traditional Medicaid members with over three-quarters of IWP members (76%) and a little under one-half of traditional Medicaid members (45%) being 35 years old or older. IWP members were less likely to be female (60%) and non-white (14%) compared to traditional Medicaid members (83% female; 18% non-white). Medicaid members were more likely to report being a homemaker, student, or retired (27%) compared to IWP members (16%) yet IWP members were more likely to report being unable to work (17%) compared to Medicaid members (11%). And, IWP members were more likely to report needing help when reading instructions, pamphlets, or other written material from their doctor (18%) when compared to Medicaid members (14%). [Table 3]

Table 3. Demographic Characteristics of IWP and Traditional Medicaid Members

	IWP N=1720	Traditional Medicaid N=862
Age in Years		
18-34†	24%	55%
35-54	41%	41%
55-64†	35%	4%
Gender†		
Female	60%	83%
Race/Ethnicity*		
White†	86%	82%
Black or African American†	6%	8%
Hispanic/Latinot	4%	7%
Asian†	2%	4%
American Indian	3%	2%
Education		
> High School Degree	46%	48%
Employment Status		
Employed Full or Part-Time	48%	46%
Unemployed	16%	14%
Homemaker, Student, or Retired†	16%	27%
Unable to Work†	17%	11%
Health Literacy†		
Sometimes/Often/Always Needs Help Reading Materials from Doctor	18%	14%

* Race/Ethnicity categories are not mutually exclusive

† Statistically significant difference at $p<.05$

Health Status

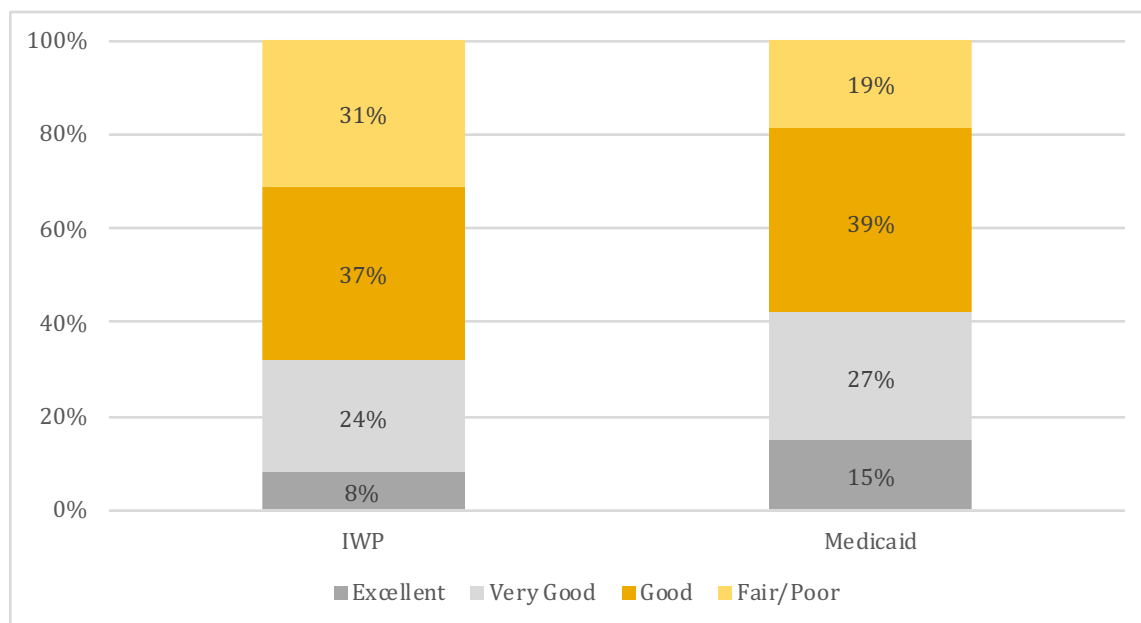
Members' health status was assessed in several ways in the surveys, including self-reported overall physical and mental health status, total number of self-reported chronic physical and mental health conditions, functional limitations, and smoking status.

Physical Health

In general, IWP members report poorer physical health status than traditional Medicaid members. [Figure 1]. IWP members (31%) were significantly more likely to report being in fair or poor physical health than traditional Medicaid members (19%). IWP members averaged around 3 chronic physical

health conditions which is significantly higher than traditional Medicaid members who averaged around 2.

Figure 1. Overall Physical Health: IWP vs Traditional Medicaid Members*

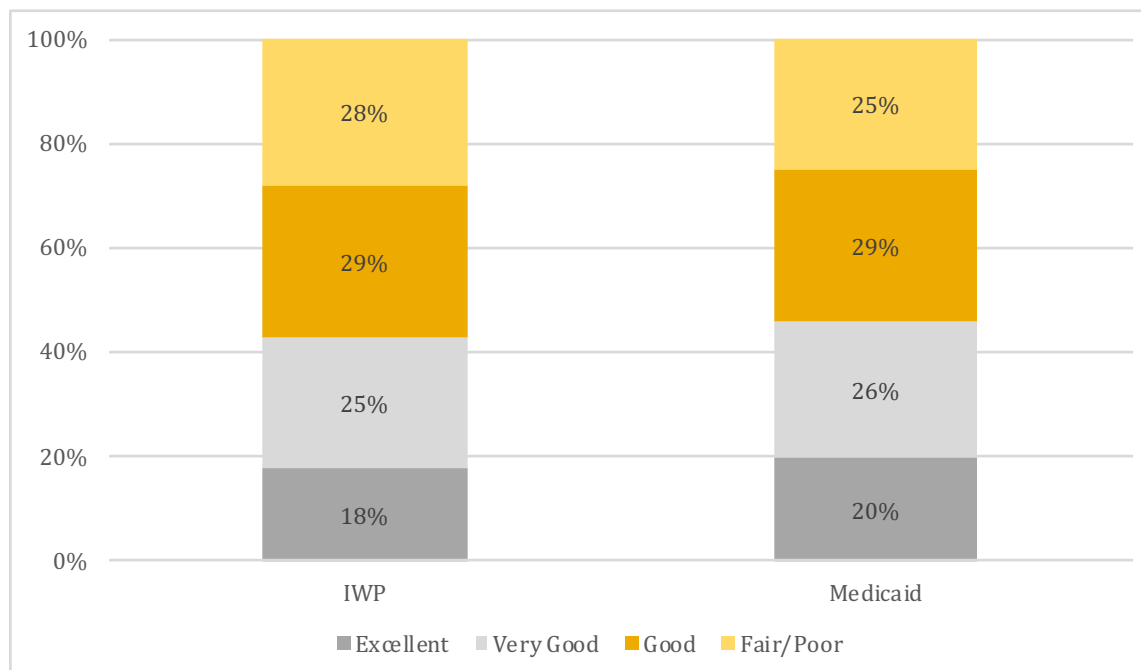


*Statistically significant difference at $p < .05$

Mental/Emotional Health

There were no significant differences between IWP and traditional Medicaid members in overall mental/emotional health status. Each group averaged around 1 chronic mental or emotional health condition. [Figure 2]

Figure 2. Overall Mental/Emotional Health of IWP vs Traditional Medicaid Members

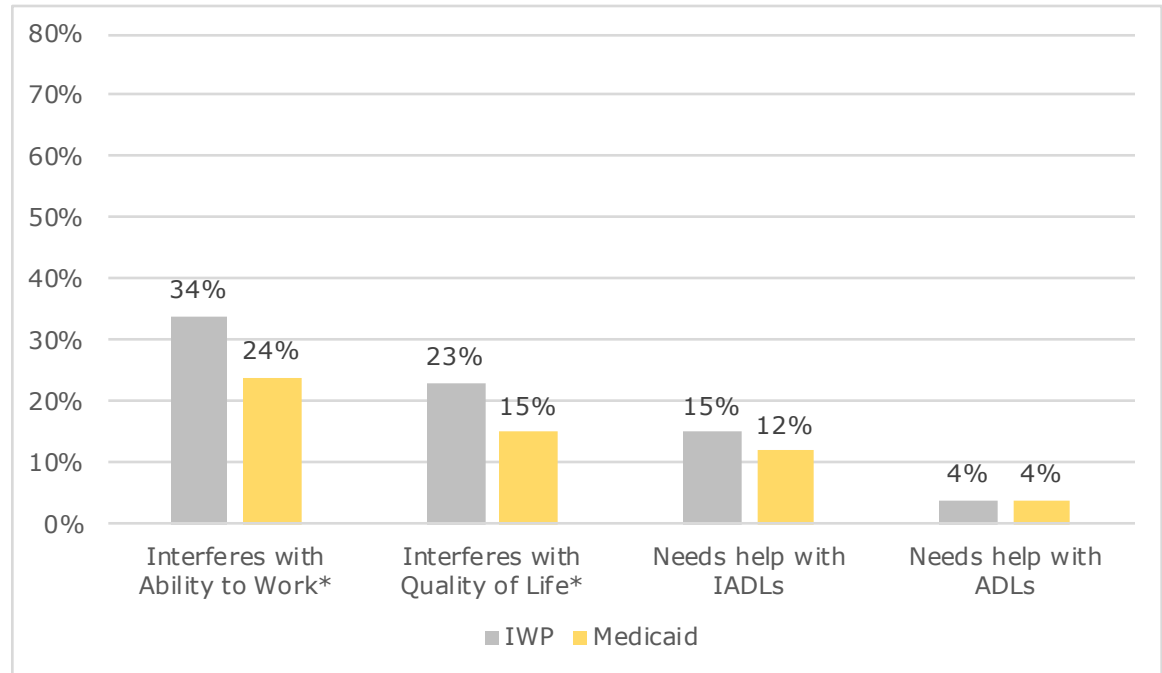


Functional Limitations

Self-rated functional health was assessed in the surveys by asking respondents a series of questions about how their physical health affected certain daily life activities ranging from interference with

work or social activities to more serious problems with ability to function independently in the home. Over one-third of IWP members (34%) reported that their medical conditions interfered with their ability to work, attend school, or manage day-to-day activities with almost one-quarter (23%) reporting that their medical conditions interfered with their independence, participation in the community, or quality of life; this was significantly higher than reported by traditional Medicaid members (24% & 15%, respectively). IWP and traditional Medicaid members were similar with respect to their self-reported limitations with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). [Figure 3].

Figure 3. Functional Limitations Reported by IWP vs Traditional Medicaid Members



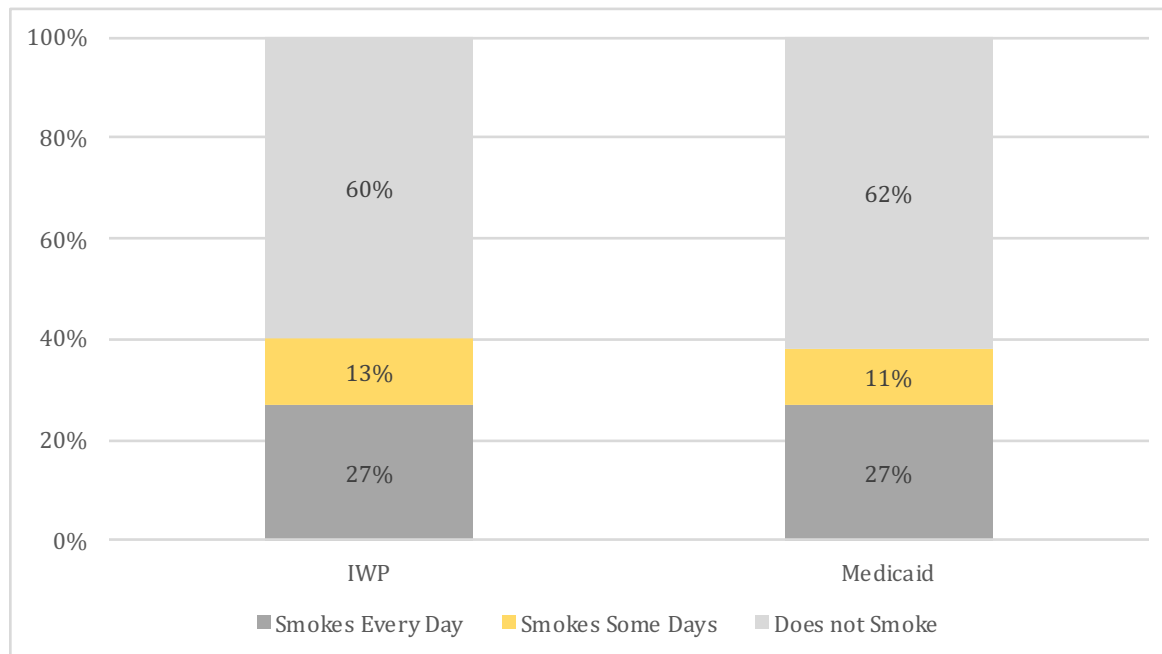
* Statistically significant difference at $p < .05$

Note: Interferes with ability to work also includes interference with school attendance and ability to manage day-to-day activities. Quality of life includes serious interference with independence and participation in the community. IADLs include instrumental activities of daily living such as everyday household chores, doing necessary business, shopping, or getting around for other purposes. ADLs include activities of daily living such as eating, dressing, or getting around the house.

Behaviors: Smoking

The survey asked members whether they currently smoked cigarettes or used tobacco every day, some days, or not at all. Overall, 40% of IWP members smoked at least some days compared to 38% of traditional Medicaid members and this was not a statistically significant difference. [Figure 4]

Figure 4. Smoking Status of IWP vs Traditional Medicaid Members



Utilization of Health Care

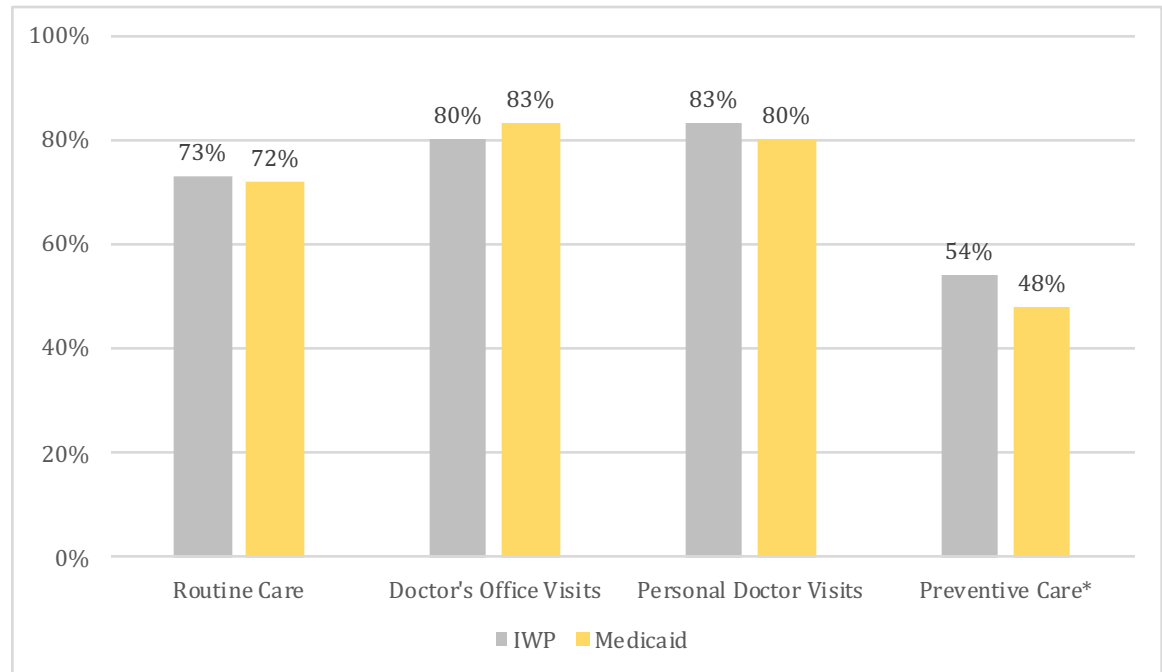
The surveys included questions about members' use of a variety of health care services in the past six months including: primary care, diagnostic or treatment, and specialty care services.

Use of Primary Care Services

Primary care related services included making an appointment for a check-up or routine care, making any visit to a doctor's office or clinic to get health care, making any visits to their personal doctor (if they identified having one), and getting preventive care (such as a check-up, physical exam, mammogram, or Pap smear test).

Figure 5 provides the results of the comparison of primary care service utilization between IWP and traditional Medicaid members. The majority of both IWP and traditional Medicaid members reported using routine primary care services in the previous six months (73% routine care, 80% doctor's office visit, and 83% personal doctor visit). Significantly more IWP members (54%) reported having preventive care compared to traditional Medicaid members (48%), $p < .05$.

Figure 5. Primary Care-Related Services Used by IWP vs Traditional Medicaid Members



* Statistically significant difference at $p < .05$

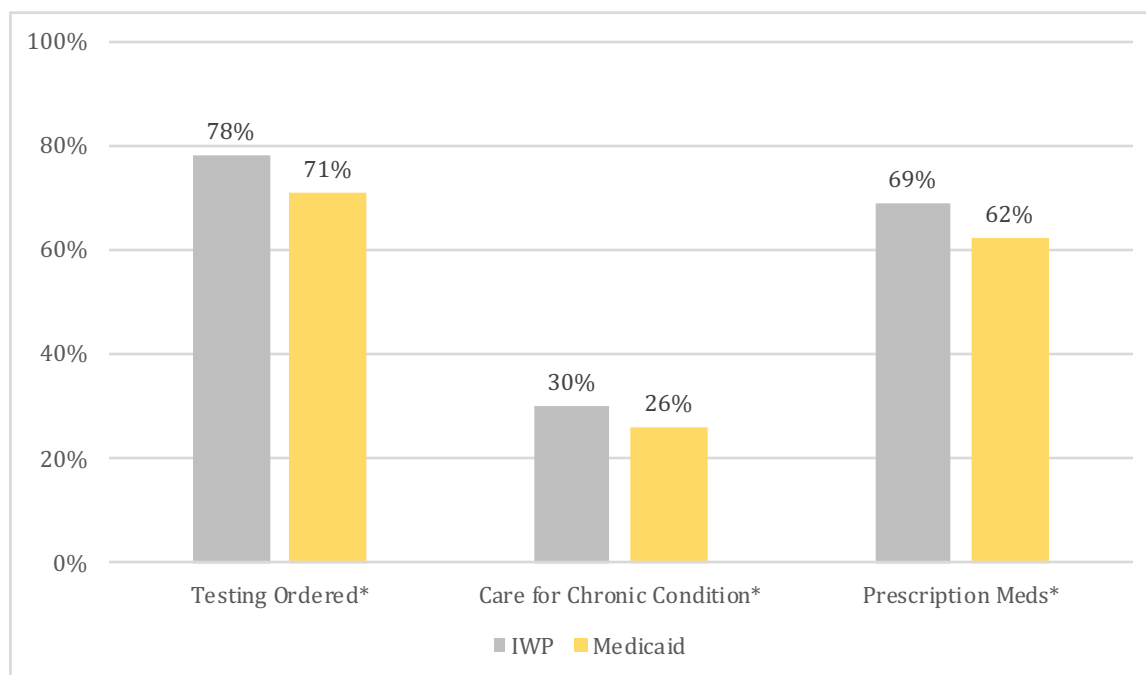
Note: Only members who reported having a personal doctor (n=1,367 IWP and n=680 Medicaid members) were asked about visits to their personal doctor.

Use of Diagnostic or Treatment Services

Diagnostic or treatment service use in the six months prior to the survey included a doctor's office ordering a blood test, x-ray, or other test, any experience receiving health care 3 or more times for a condition or problem that had lasted for at least 3 months, and reported use of prescription medication (excluding birth control).

Figure 6 provides the results of the comparison of diagnostic or treatment service utilization between IWP and traditional Medicaid members. Significantly more IWP members (78%) reported that a doctor's office ordered tests for them when compared to traditional Medicaid members (71%). Also, significantly more IWP members received health care for a chronic condition (30%) than traditional Medicaid members (26%). Finally, significantly more IWP members (69%) reported having used a prescription medication in the previous six months compared to traditional Medicaid members (62%).

Figure 6. Diagnostic or Treatment Services Used by IWP vs Traditional Medicaid Members



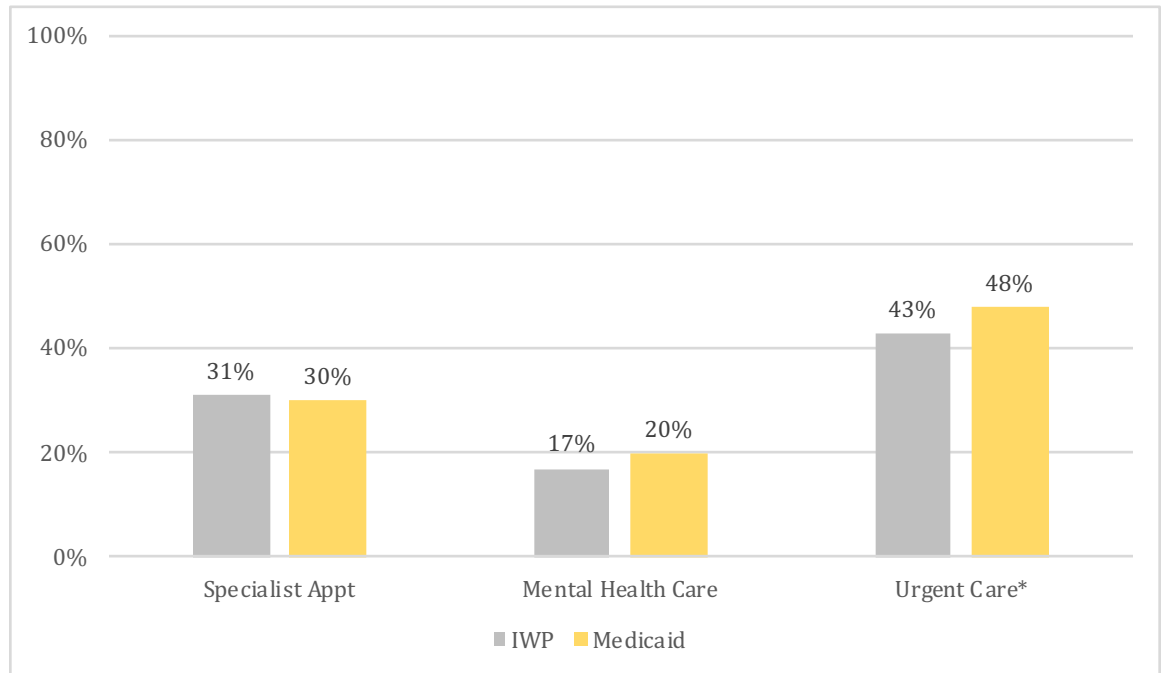
* Statistically significant difference at $p < .05$

Use of Specialty Care

Specialty service use in the six months prior to the survey included any appointments with a specialist (defined as doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care), treatment or counseling for a mental or emotional health problem, and urgent care (defined as an illness, injury, or condition that needed care right away).

Figure 7 provides the results of the comparison of specialty service utilization between IWP and traditional Medicaid members. Around one-third of IWP and traditional Medicaid members (31% IWP, 30% Medicaid) made an appointment to see a specialist within the previous six months. And, around one in five (17% IWP, 20% Medicaid) reported receiving treatment or counseling for a mental or emotional health problem with no significant difference between IWP and traditional Medicaid members. And, IWP members reported less need for urgent care (43%) when compared to traditional Medicaid members (48%).

Figure 7. Specialty Care-Related Services Used by IWP vs Traditional Medicaid Members



* Statistically significant difference at $p < .05$

Access to Health Care

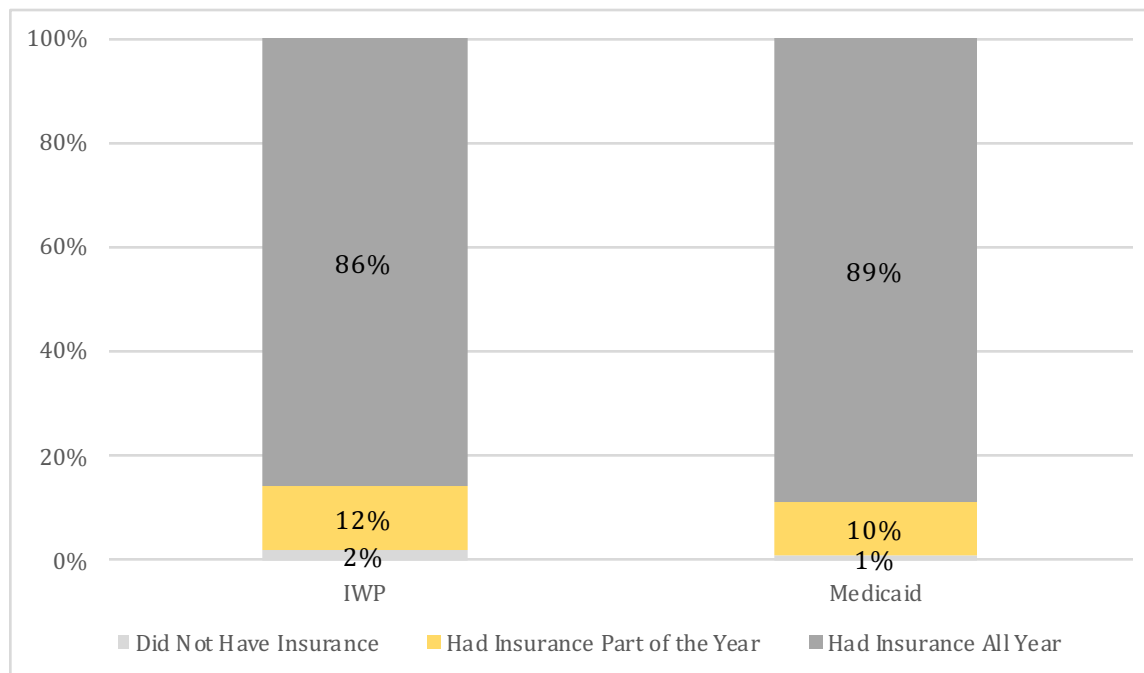
The PPC research team assessed member experiences with a variety of access to health care issues including:

- Insurance Coverage
- Non-Emergency Medical Transportation
- Need and Unmet Need for Primary Care Services
- Need and Unmet Need for Specialty Care Services

Previous Insurance Coverage

The survey asked IWP and traditional Medicaid members how many months of the previous year did they have health insurance coverage. Figure 8 provides a comparison of insurance coverage between IWP and traditional Medicaid members. The vast majority of IWP and traditional Medicaid members had insurance for all or part of the previous year. Close to 90% had insurance for all twelve months of the prior year (86% IWP, 89% Medicaid).

Figure 8. Prior Insurance Experience of IWP and Traditional Medicaid Members



Non-Emergency Medical Transportation (NEMT)

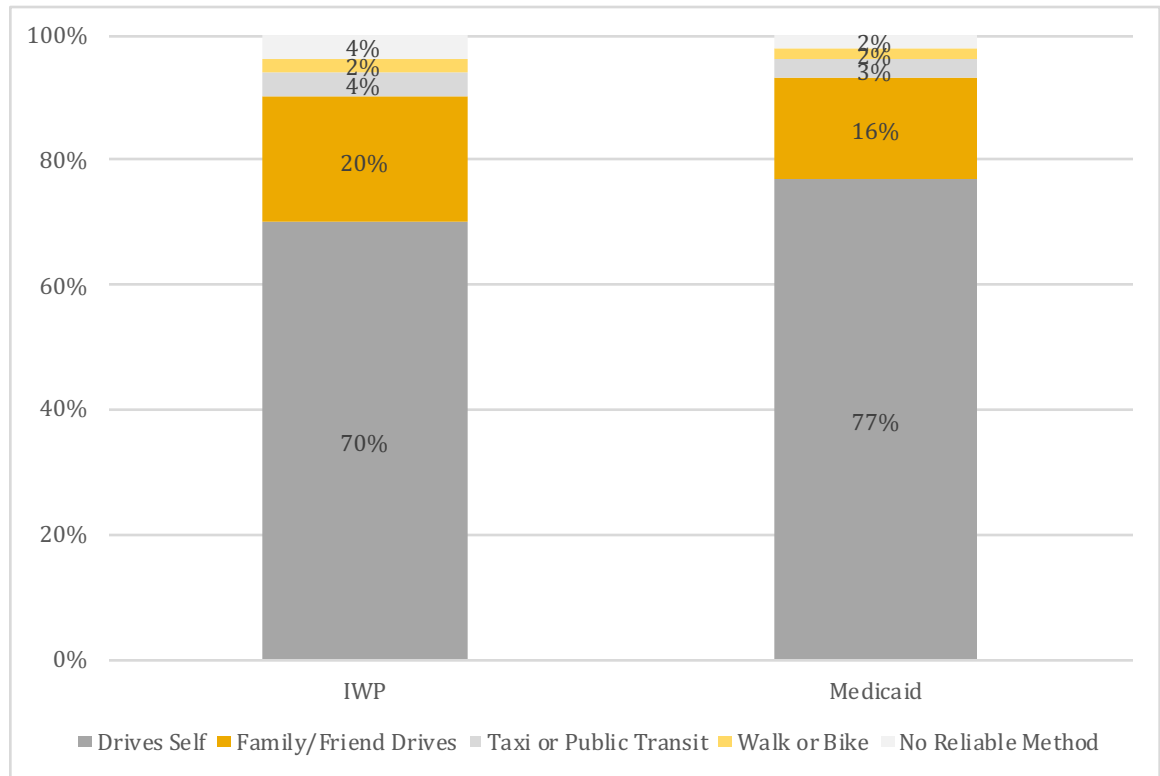
NEMT is a mandated benefit for Medicaid members. However, the state of Iowa received a waiver of this mandate for its Medicaid expansion population. Therefore, NEMT is not mandated for members in IWP. To evaluate the effects of waiving the NEMT benefit, transportation-related questions in the surveys covered the following topic areas:

- Mode of Transportation to Health Care Visits
 - The enrollees' mode of traveling for health care
- NEMT Assistance Issues
 - How frequently they needed assistance traveling for health care in the last 6 months
 - Unmet need for NEMT in the last 6 months
 - Concern about costs associated with NEMT in the last 6 months
 - Use and ease of use of NEMT paid for by their MCO
- Transportation Problems as a Barrier to Specific Health Care Services
 - Transportation as a barrier to going to the doctor's office or clinic instead of the emergency department for care
 - Transportation as a barrier to obtaining a **medical** check-up (only asked of IWP members)
 - Transportation as a barrier to obtaining a **dental** check-up (only asked of IWP members)

Mode of Transportation to Health Care Visits

In the surveys, members were asked: "When you need to get health care, what is the type of transportation you use most often to get to your visit? (Please choose only one answer.)" The majority of respondents of both groups drove themselves (70% IWP, 77% Medicaid) or were driven by family or friends (20% IWP, 16% Medicaid) to their health care appointments. Overall, few members reported having no reliable way to get to health care visits; however, there were significantly more IWP members reporting unreliable transportation (4%) when compared to traditional Medicaid members (2%). Figure 9 provides a summary of the responses from both IWP and traditional Medicaid members.

Figure 9. Modes of Transportation to Health Care Visits (IWP vs Traditional Medicaid)



NEMT Assistance Issues

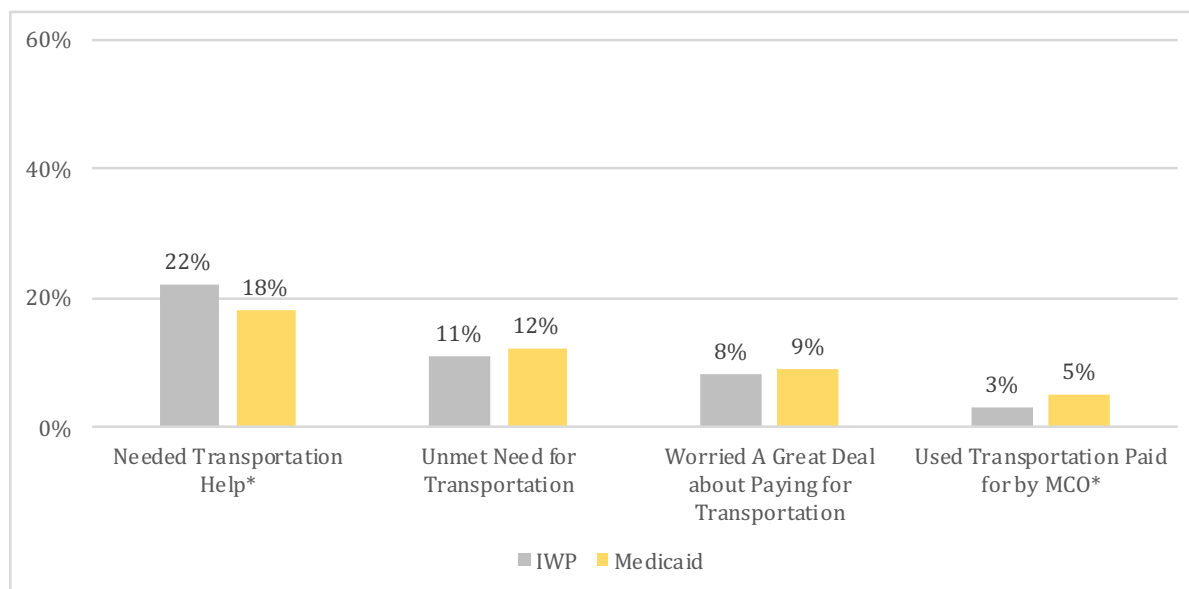
Four questions were specific to transportation assistance issues:

- 1) In the last 6 months, how often did you need assistance from other sources (such as friends, family, public transportation, etc.) to get to your health care visit?
- 2) In the last 6 months, was there any time when you needed transportation to or from a health care visit but could not get it for any reason?
- 3) In the last 6 months, how much, if at all, have you worried about your ability to pay for the cost of transportation to or from a health care visit?
- 4) Since joining your MCO, have you ever used transportation paid for by your MCO to get to or from a health care visit? If yes, how easy was it for you to use the transportation services provided by your MCO?

Figure 10 summarizes the responses to these questions for IWP and traditional Medicaid members. Significantly more IWP members (22%) reported usually or always needing help from other sources to get to health care visits compared to traditional Medicaid members (18%). The reported unmet need for transportation was not statistically different for traditional Medicaid (12%) and IWP members (11%). There was no statistical difference between traditional Medicaid and IWP in reported worry about the cost of transportation with around 8% of each reporting that they worried “a great deal” about their ability to pay for the cost of transportation to or from a health care visit.

Significantly more traditional Medicaid members (5%) reported having used transportation paid for by their MCO to get to or from a health care visit when compared to IWP members (3%). For those who did use transportation paid for by their MCO, a little over half (58%) of traditional Medicaid and IWP members reported that it was “very easy” to use the transportation services provided by their MCO.

Figure 10. Transportation Issues Experienced by IWP vs Traditional Medicaid Members



* Statistically significant difference at $p < .05$

Transportation Problems as a Barrier to Specific Health Care Services

The surveys included three questions about transportation as a barrier to accessing specific health care services. For these questions, respondents were asked to give reasons why they were not able to obtain particular health care services with difficulty getting transportation as a listed response.

On both the IWP and traditional Medicaid surveys, the following question was asked of respondents:

- 1) Do you think the care you received at your most recent visit to the ER could have been provided in a doctor's office if one was available at the time? If so,
 - What was the main reason you did not go to a doctor's office or clinic for this care [care received at the emergency room (ER) that could have been provided at a doctor's office or clinic]?
Transportation-related response option: "I had transportation problems getting to a doctor's office or clinic"

Few members cited transportation issues as the main reason for using the ED instead of their doctor's office. Around 2.5% of IWP and traditional Medicaid members (3% IWP, 2% Medicaid) reported transportation problems as the main reason for using the emergency room instead of their doctor's office.

A programmatic difference between IWP and traditional Medicaid is the expectation of IWP members that they will get either a medical check-up or dental check-up in order to keep from having to pay a premium for their health care. Due to this difference, the following two questions were only included on the IWP surveys:

- 1) Do you think any of the following would keep you from getting a medical check-up this year?
Transportation-related response option: "Getting transportation to my doctor's office is hard"
AND
- 2) Do you think any of the following would keep you from getting a dental check-up this year?
Transportation-related response option: "Getting transportation to my dentist's office is hard"

For IWP members, transportation difficulties were the fifth most reported barrier to obtaining a medical check-up and the fifth most reported barrier to obtaining a dental check-up.

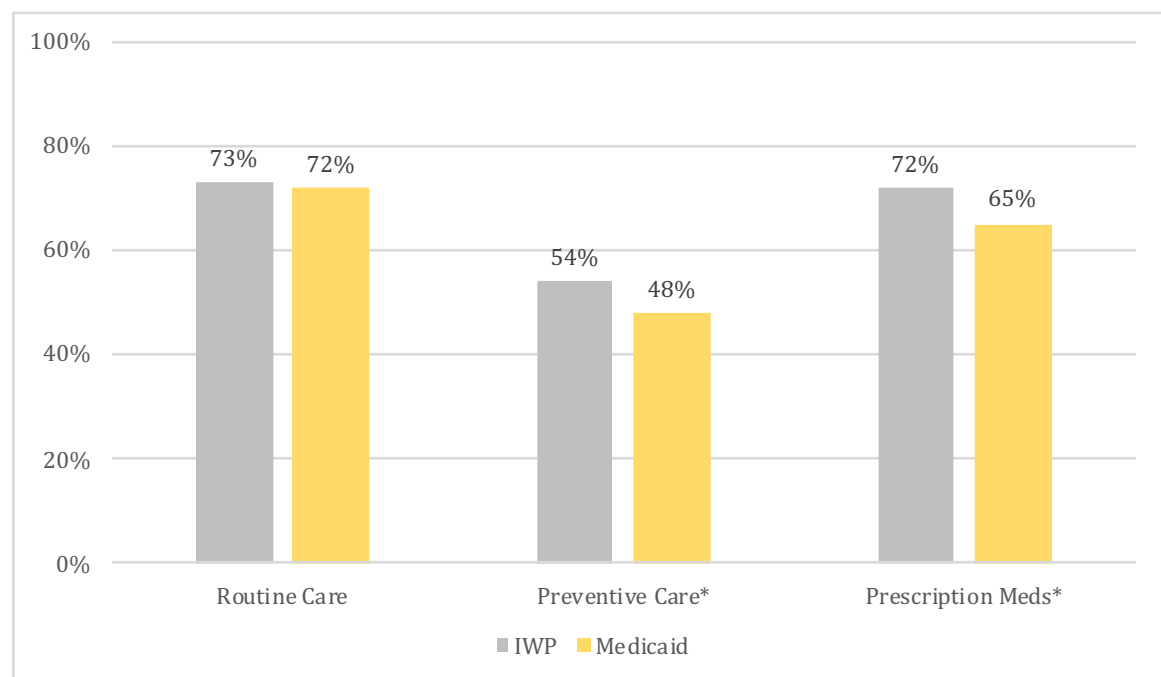
Access to Primary Care Services: Need

Need for primary care services was assessed by asking if respondents:

- made any appointments for a check-up or routine care
- got any preventive care
- thought (or a health professional thought) there was a time when they needed prescription medicine for any reason.

Figure 11 provides the need for primary care services for IWP and traditional Medicaid members. A little over 70% of members reported a need for routine care with no difference between IWP and traditional Medicaid. Significantly more IWP members (54%) compared to traditional Medicaid members (48%) were able to receive preventive care. And, significantly more IWP members (72%) reported needing prescription medicine compared to traditional Medicaid members (65%). At the same time, significantly more IWP members with a need for prescription medicine (89%) reported usually or always finding it easy to get prescription medicine through their health plan when compared to traditional Medicaid members with a need (84%).

Figure 11. Need for Primary Care-Related Services (IWP vs Traditional Medicaid)



* Statistically significant difference at $p < .05$

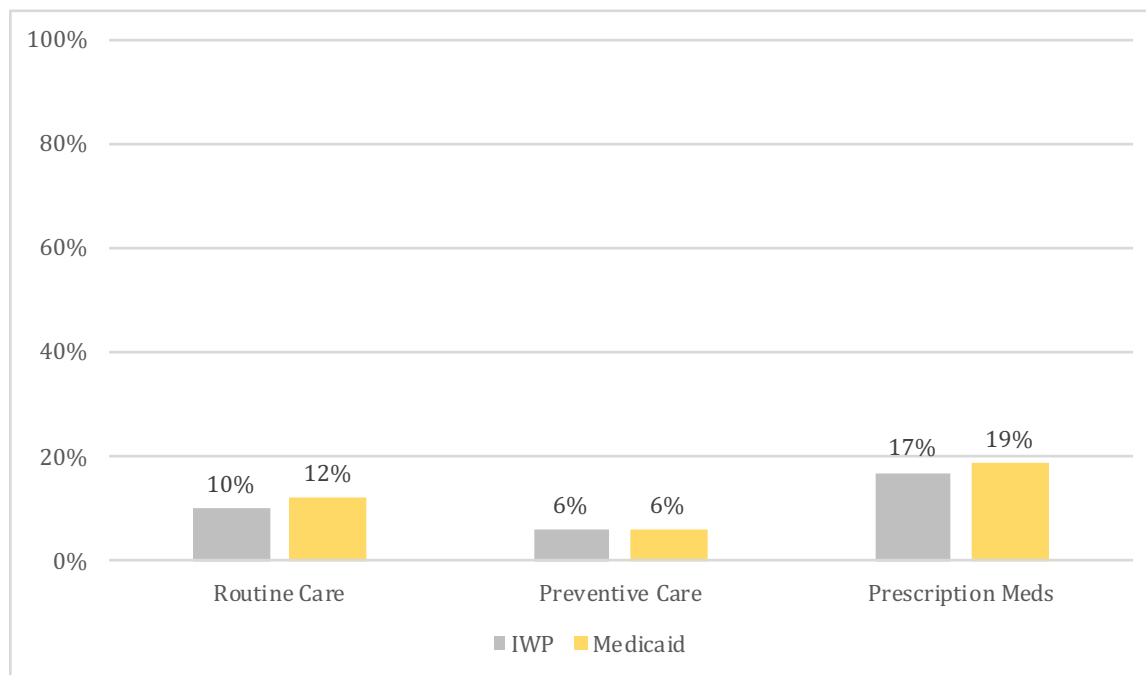
Access to Primary Care Services: Unmet Need for Care

The survey included the following questions about unmet need for primary care services in the six months prior to the survey:

- Was there any time when you needed a check-up or routine care but could not get it for any reason?
- Was there any time when you needed preventive care but could not get it for any reason?
- Was there any time when you needed prescription medicine but could not get it for any reason?

Figure 12 provides a comparison of IWP and traditional Medicaid with regard to unmet need for primary care services. Overall, around 11% reported an unmet need for routine care and 6% an unmet need for preventive care with no statistically significant differences between IWP and traditional Medicaid members. Almost one in five members (IWP 17%, Medicaid 19%) reported an unmet need for prescription medicine.

Figure 12. Unmet Need for Primary Care-Related Services (IWP vs Traditional Medicaid)



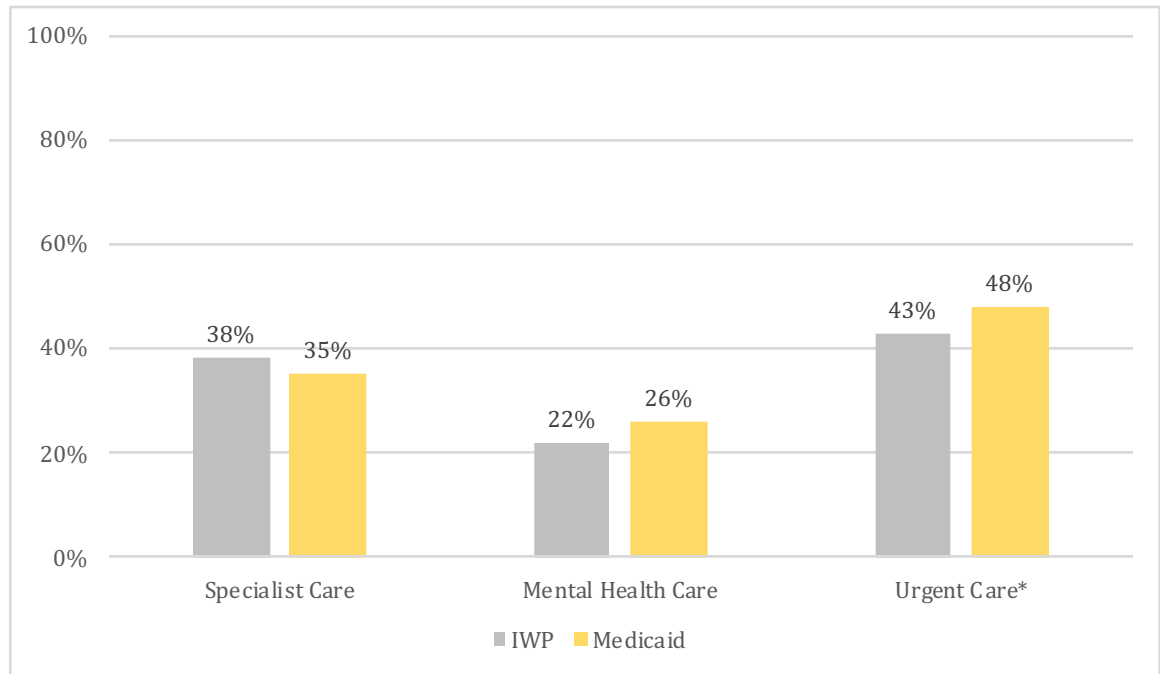
Access to Specialty Care Services: Need

Need for specialty care services was assessed by asking:

- if there was a time when they or a doctor thought they needed care from a specialist
- if they or a health care provider believed they needed any treatment or counseling for a mental or emotional health problem
- if they had an illness, injury or condition that needed care right away (need for urgent care)

Figure 13 provides the need for specialty care services for IWP and traditional Medicaid members. There were no statistically significant differences in need for specialty or mental/emotional health care between IWP and traditional Medicaid members. A little over one-third of members reported a need for specialty care and around one-quarter reported a need for mental/emotional health care. However, significantly more traditional Medicaid members (48%) reported a need for urgent care compared to IWP members (43%).

Figure 13. Need for Specialty Care-Related Services (IWP vs Traditional Medicaid)



* Statistically significant difference at $p < .05$

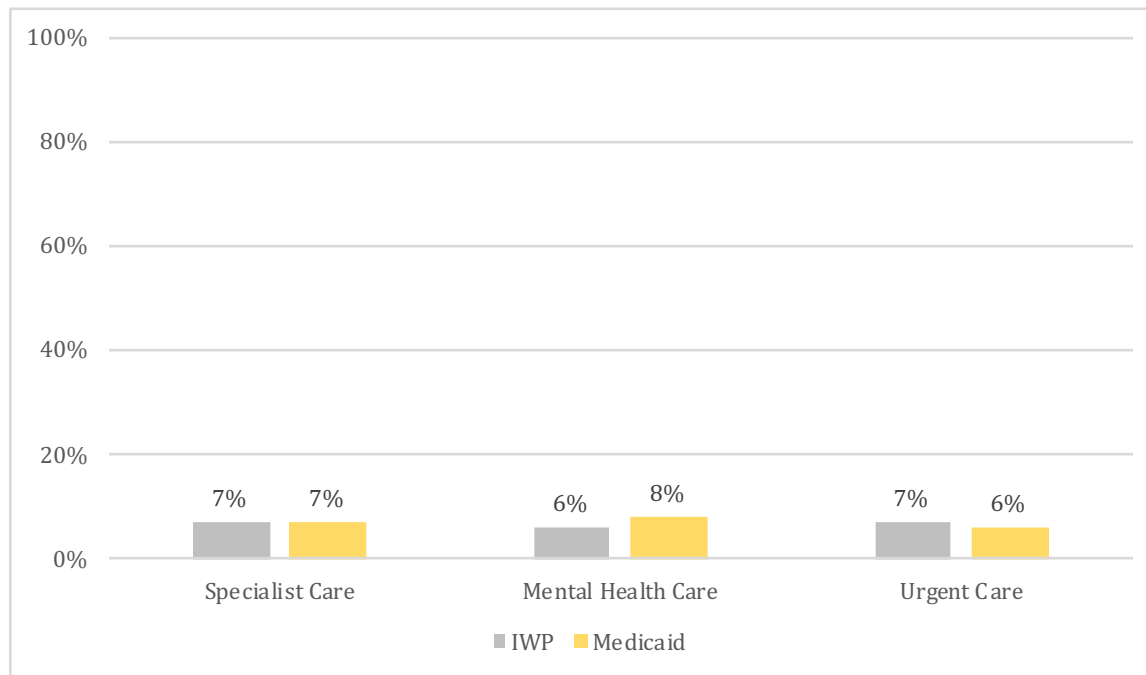
Access to Specialty Care Services: Unmet Need for Care

The survey included the following questions about unmet need for specialty services in the six months prior to the survey:

- For those who reported a need for seeing a specialist: Was there any time when you needed care from a specialist but could not get it for any reason?
- For those who reported a need for mental or emotional health care: Was there any time when you needed treatment or counseling for a mental or emotional health problem but could not get it for any reason?
- For those who reported a need for care right away (urgent care): Was there any time when you needed care right away but could not get it for any reason?

Figure 14 provides a comparison of IWP and traditional Medicaid with regard to unmet need for specialty care services. There were no significant differences in unmet need for these services between IWP and traditional Medicaid members. Overall, for IWP and traditional Medicaid members, around 7% reported an unmet need for a specialist, 7% reported an unmet need for mental health care, and 6% an unmet need for urgent care.

Figure 14. Unmet Need for Specialty Care-Related Services (IWP vs Traditional Medicaid)



Note: The graph shows the percentage of unmet need for the total sample.

Note: The graph shows the percentage of unmet need for the total sample.

Quality of Care

The quality of patient care was assessed in a variety of ways in these surveys. The PPC research team assessed quality in the provision of primary care services, use of the emergency department, hospital stays and readmissions, with ratings of various health care services and health plan.

Attributes of Quality Primary Care

The Patient-Centered Medical Home (PCMH) is a model of healthcare delivery that focuses on the core functions of primary care that should promote high quality in the provision of health care services.⁷ In this evaluation, we focus on several aspects of the PCMH that are attributes of quality primary care. The attributes assessed were organized around three patient experiences with primary care: 1) identification of and continuity with a personal doctor, 2) experiences with the doctor's office [timely access to care and care coordination], and 3) experiences during office/provider visits [communication, comprehensive care, and self-management support]. These attributes are outlined below with full descriptions provided within each section.

- 1) Personal Doctor
 - Identification Of
 - Continuity With
- 2) Experiences with the Doctor's Office
 - Access to Care: Timely Access to Care
 - Access to Care: After-Hours Care
 - Care Coordination: Follow Up with Results of Testing
 - Care Coordination: Informed about Care with Specialists
 - Care Coordination: Provider Knowledge of Patient Medical History
 - Care Coordination: Provider Talked with Patient about Medications

⁷ AHRQ. Patient-Centered Medical Home Resource Center. Available at <http://pcmh.ahrq.gov/>

3) Experiences During Office Visits

- Communication with Personal Doctor
- Comprehensive Care: Provider Talked with Patient about Stresses
- Comprehensive Care: Preventive Care – Receipt of Flu Shot
- Comprehensive Care: Smoking Cessation
- Self-Management Support

Personal Doctor

All respondents were asked “Do you have a personal doctor [A personal doctor is the person you would see if you need a check-up, want advice about a health problem, or get sick or hurt.]?” 82% of IWP and 80% of traditional Medicaid members had a personal doctor.

For those with a personal doctor, members were asked “Is your personal doctor the same person who was your personal doctor before you enrolled in your MCO?” Response options included: Yes, I have the same personal doctor, No, I have a different personal doctor, and I did not have a personal doctor before enrolling in my MCO. Continuity with a personal doctor was defined as having had the same personal doctor before and after enrollment in their MCO. Significantly fewer IWP members (58%) than traditional Medicaid members (64%) reported continuity with the same personal doctor ($p < .05$). Around 20% of IWP members had a different personal doctor after enrolling in their MCO compared to 16% of traditional Medicaid members. And, around 20% (23% IWP, 20% Medicaid) of members reported not having a personal doctor before enrolling in their MCO.

Experiences with the doctor’s office

To assess timely access to care, we developed a three-item composite measure comprised of the following questions from the survey:

- When you needed care right away, how often did you get care as soon as you needed?
- How often did you get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you needed?
- When you phoned a doctor’s office during regular office hours, how often did you get an answer to your medical question that same day?

Access to after-hours care was assessed using one item that asked about whether or not the provider gave them information about how to access care after hours:

- Did a doctor’s office give you information about what to do if you needed care during evenings, weekends, or holidays?

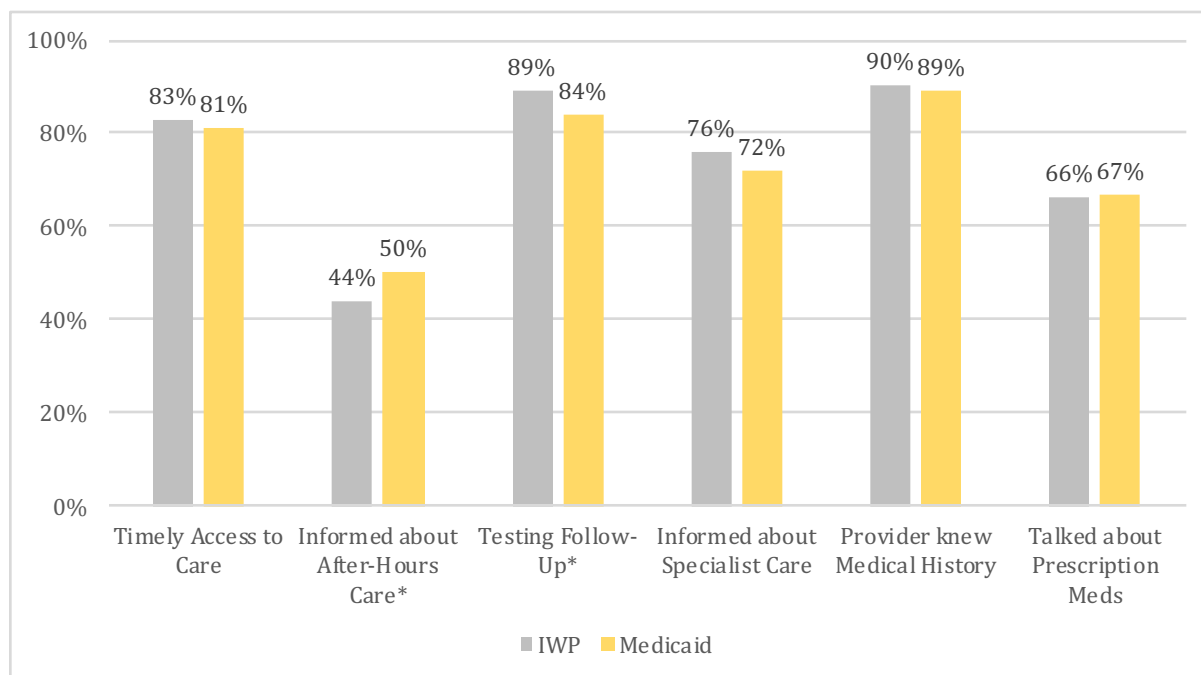
Care Coordination was assessed using four items related to different aspects of providing care coordination:

- When your doctor’s office ordered a blood test, x-ray, or other test for you, how often did someone from the doctor’s office follow up to give you those results?
- How often did your personal doctor’s office seem informed and up-to-date about the care you got from specialists?
- How often did your personal doctor seem to know the important information about your medical history?
- How often did you talk with someone from your doctor’s office about all the prescription medicines you were taking?

Figure 15 provides a summary of the findings with regard to members’ experiences with their doctor’s office. IWP and traditional Medicaid members’ experiences were similar with regard to timely access to care (83% IWP, 81% Medicaid), having a provider informed about specialist care (76% IWP, 72% Medicaid), having a provider who knew their medical history (IWP 90%, Medicaid 89%), and having talked about their prescription medicines (IWP 66%, Medicaid 67%). Yet, significantly more IWP members (89%) than traditional Medicaid members (84%) reported that their doctor’s office followed up with them to give them results of testing. And, around 50% of traditional Medicaid

members reported receiving information from their doctor's office about what to do if they needed care after-hours which was significantly higher than reported by IWP members (44%).

Figure 15. IWP and Traditional Medicaid Member Experiences with their Doctor's Office



* Statistically significant difference at $p < .05$

Experiences during office visits

Communication between providers and patients was assessed using a four-item composite measure comprised of the following questions:

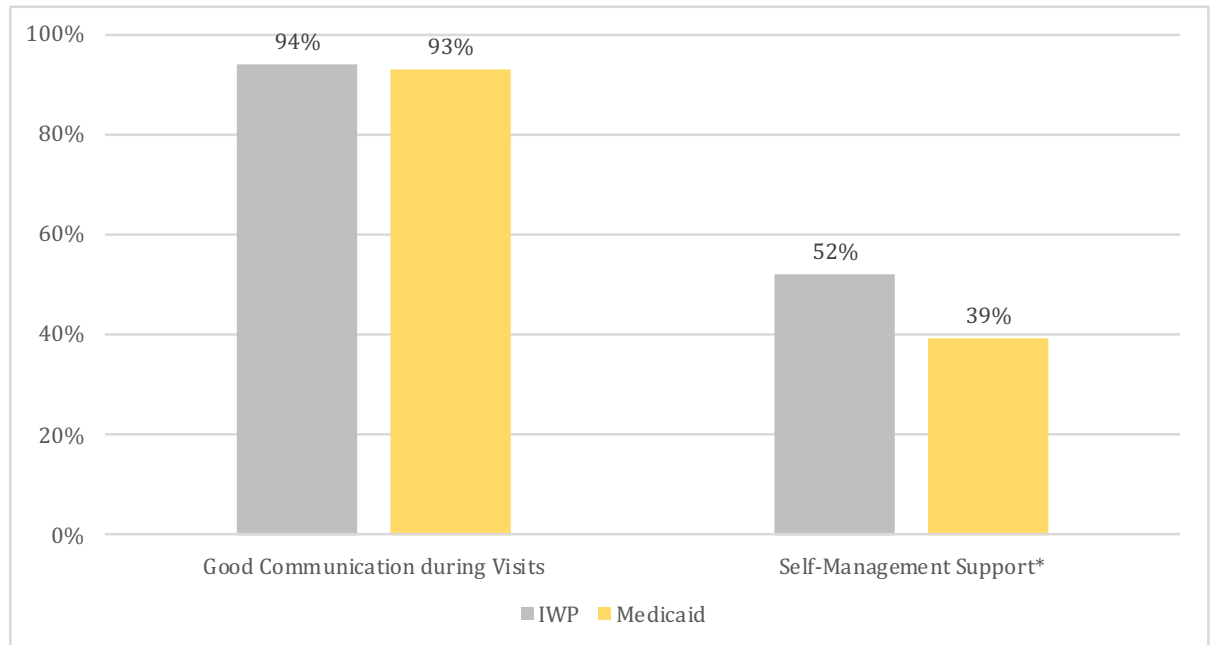
- How often did your personal doctor explain things in a way that was easy to understand?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor show respect for what you had to say?
- How often did your personal doctor spend enough time with you?

Self-Management Support was assessed using a two-item composite measure comprised of the following questions:

- Did anyone in a doctor's office talk with you about specific goals for your health?
- Did anyone in a doctor's office ask you if there are things that make it hard for you to take care of your health?

Figure 16 provides a summary of the findings for IWP and traditional Medicaid member experiences with communication with their provider and receipt of self-management support. The vast majority of IWP (94%) and traditional Medicaid members (93%) reported good communication ('usually' or 'always' communicated well) with their provider during their office visits. Significantly more IWP members (52%) compared to traditional Medicaid members (39%) reported receiving self-management support from their provider.

Figure 16. IWP and Traditional Medicaid Member Experiences with Communication and Self-Management Support



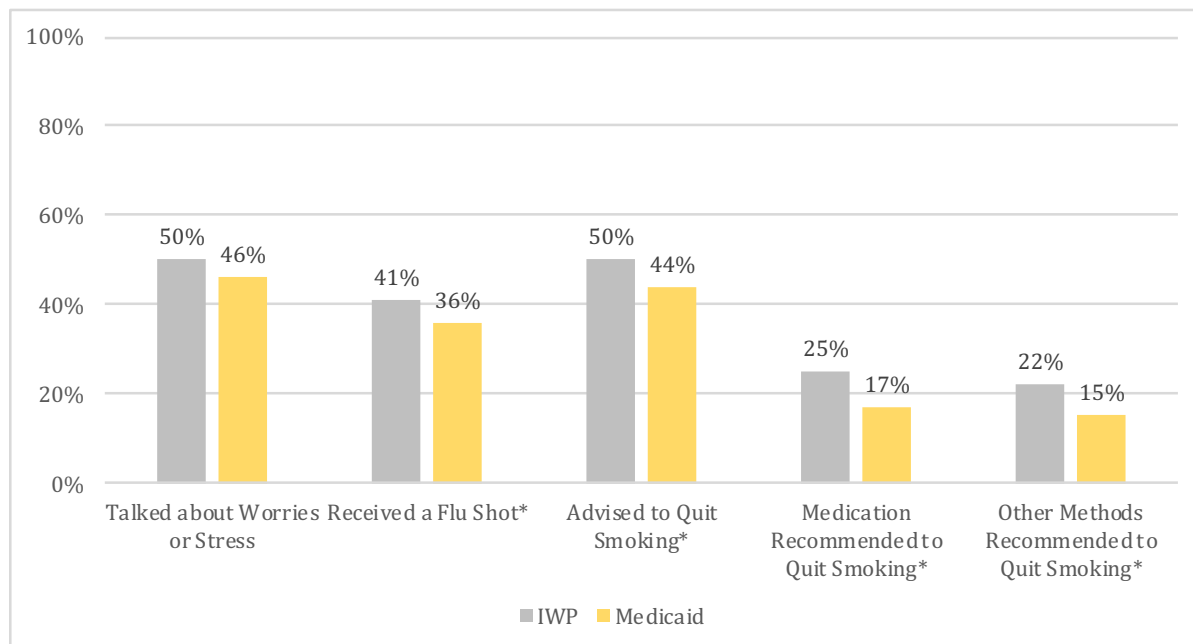
* Statistically significant difference at $p < .05$

Comprehensiveness of Care was assessed using the following items:

- Did you and anyone in a doctor's office talk about things in your life that worry you or cause you stress?
- Have you had a flu shot since September 1, 2016?
- For smokers, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- For smokers, how often was medication (such as nicotine gum, patch, nasal spray, inhaler, or prescription medicine) recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?
- For smokers, how often did your doctor or health provider discuss or provide methods and strategies other than medication (such as telephone hotline, individual or group counseling, or a cessation program) to assist you with quitting smoking or using tobacco?

Figure 17 provides a summary of the findings for IWP and traditional Medicaid member comprehensive care experiences. Around one-half of IWP and traditional Medicaid members reported talking with someone from their doctor's office about things in life that worried them or caused them stress. Significantly more IWP members (41%) compared to traditional Medicaid members (36%) received a seasonal flu shot. As reported earlier, around 40% of IWP members and 38% of traditional Medicaid members reported smoking cigarettes or using tobacco at least some days. Of these, significantly more IWP members than traditional Medicaid members reported being advised to quit smoking and were recommended ways to quit.

Figure 17. IWP and Traditional Medicaid Member Experiences with Comprehensive Care



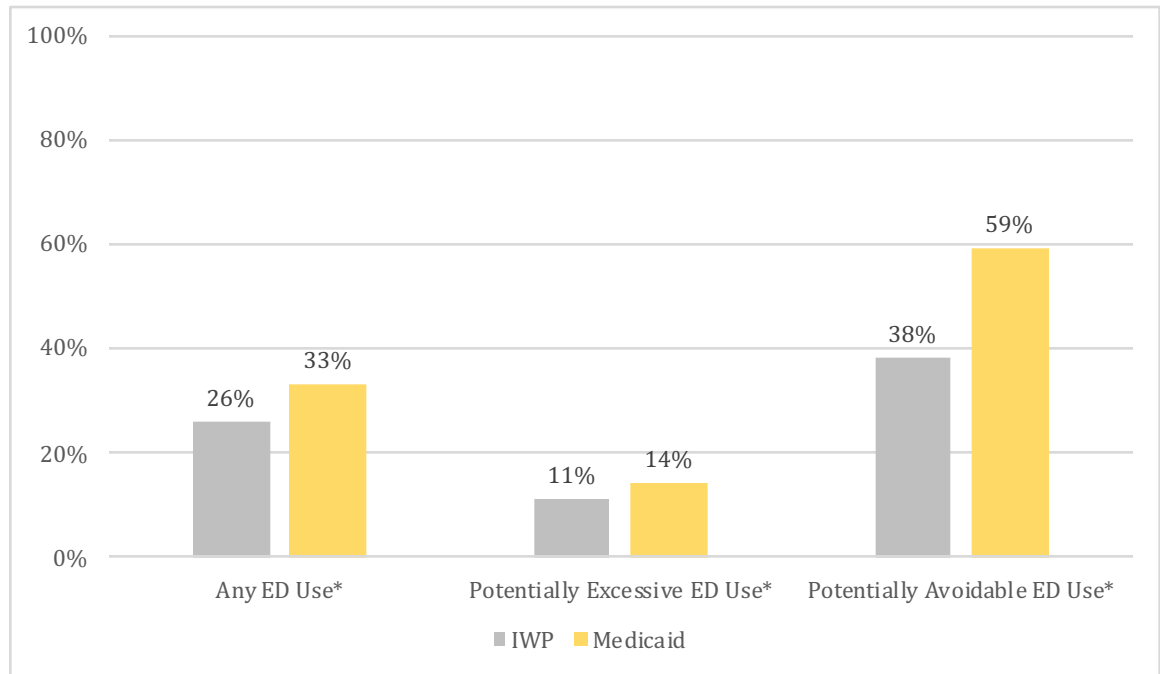
* Statistically significant difference at $p < .05$

Emergency Department Use and Hospitalizations

There were several questions in the survey that tried to assess “appropriate” emergency department (ED) use. In addition to reporting any ED use, we defined potentially “excessive” ED use if the respondent reported using the ED two or more times in the previous six months. The surveys included a question asking those with at least one ED visit if the care from their most recent ED visit could have been provided in a doctor’s office if one was available at the time. Affirmative responses to that question defined potentially “avoidable” ED use.

Figure 18 provides the ED experiences of IWP and traditional Medicaid members. One-third of traditional Medicaid members (33%) and around one-quarter (26%) of IWP members used the ED at least once in the six month period, and that difference was significant. Significantly fewer IWP members (11%) than traditional Medicaid members (14%) reported two or more visits to the ED in a six month period. Also, significantly fewer IWP members (38%) compared to traditional Medicaid members (59%) reported that the care at their last visit to the ED could have been provided in a doctor’s office.

Figure 18. Emergency Department Use by IWP and Traditional Medicaid Members



* Statistically significant difference at $p < .05$

As a follow-up to the assessment of potentially avoidable ED use, IWP and traditional Medicaid members were asked about barriers to their ability to go to a doctor's office instead of the ED for their health care (Table 4). A little less than half of IWP (40%) and traditional Medicaid (45%) members reported using the ED instead of the doctor's office or clinic because the doctor's office or clinic was not open when they needed care. Over one in five (IWP 27%, Medicaid 23%) reported that their health problem was too serious for the doctor's office (i.e., they needed to use the ED). A healthcare provider advised ED use for 13% of IWP and 10% of traditional Medicaid members and inability to get an appointment at the doctor's office was reported by 6% of IWP and 11% of traditional Medicaid members.

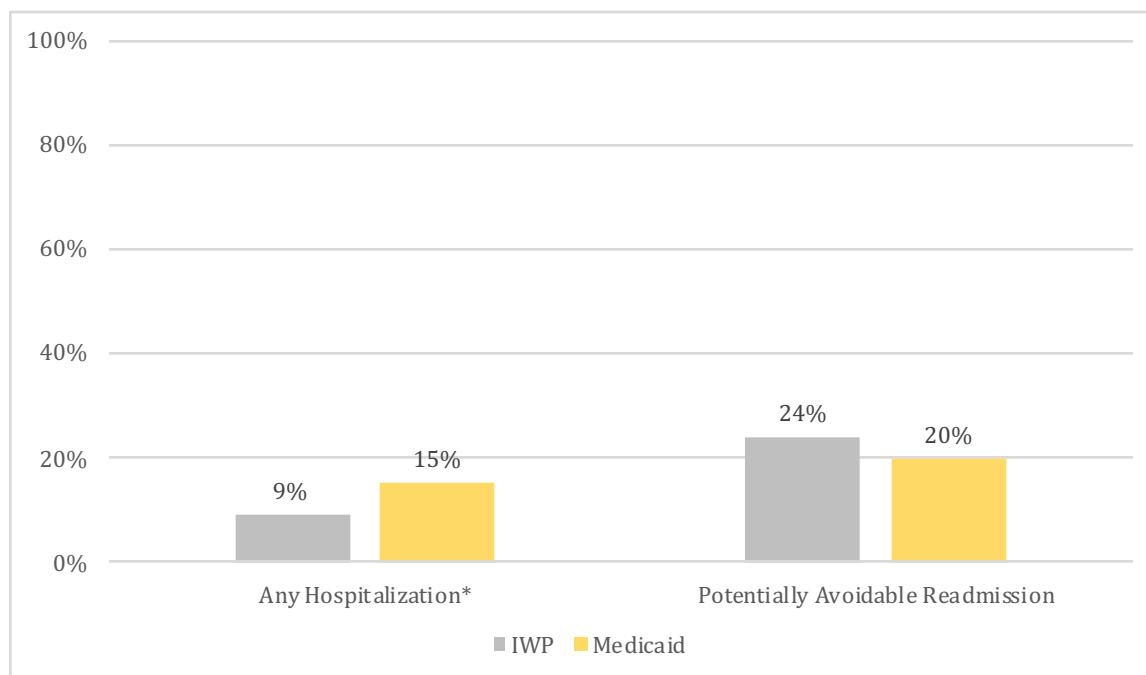
Table 4. Barriers to Going to a Doctor's Office Instead of the ER for Health Care

IWP (n=420)	Traditional Medicaid (n=278)	Response Options
40%	45%	A doctor's office or clinic was not open when I needed care
27%	23%	Health problem was too serious for the doctor's office
13%	10%	Healthcare provider told them to go to the ER for care
6%	11%	Could not get an appointment with the doctor's office or clinic
7%	6%	Did not have a doctor or clinic to go to
3%	2%	I had transportation problems getting to a doctor's office or clinic

The results of two questions asking about hospital stays are summarized in Figure 19. The first asked how many nights the respondent spent in the hospital for any reason in the six months prior to the survey. The second was used to get a sense of potentially "avoidable" readmissions to the hospital and asked respondents who had reported a hospitalization if they ever had to go back into the hospital within 30 days of being allowed to go home because they were still sick or had a problem.

Significantly fewer IWP members (9%) than traditional Medicaid members (15%) reported any hospital stays in the six month period. However, there were no significant differences between IWP and traditional Medicaid members with regard to recent readmissions.

Figure 19. Hospitalization and Readmission by IWP and Traditional Medicaid Members



* Statistically significant difference at $p < .05$

Ratings of Care and Plan

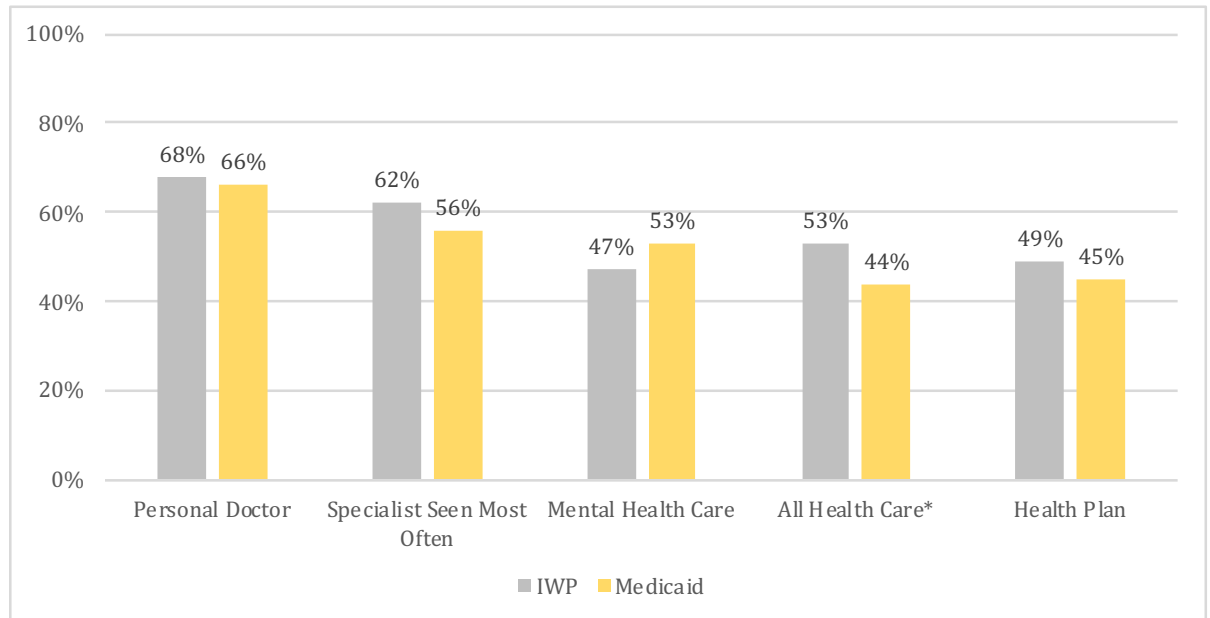
Respondents were asked to rate various aspects of the health care they received and also their health plan on a 0 to 10 scale, where 0 was defined as the worst possible and 10 as the best possible. Ratings were obtained for the following:

- Personal Doctor
- Most Often Seen Specialist
- Mental Health Treatment or Counseling
- All Health Care Received
- Health Plan

Figure 20 provides a summary of the percentage of respondents who rated each of these areas as a '9' or '10' which indicates the highest possible ratings. Around two-thirds of respondents rated their personal doctor as a '9' or '10' and there was no significant difference between IWP (68%) and traditional Medicaid (66%). There were no statistically significant differences between IWP and traditional Medicaid members in their ratings of specialist care, mental health care, or health plan. However, significantly more IWP members (53%) than traditional Medicaid members (44%) rated their overall health care highly. The CAHPS online reporting system contains National Comparative Data⁸ (NCD) for each of these rating measures with the exception of mental health care. IWP and traditional Medicaid members' ratings of their personal doctor and their overall health care are similar to the NCD (NCD: 65% personal doctor; 53% overall health care) but are somewhat lower than reported in the NCD for specialist care (NCD, 65%) and health plan (NCD, 57%).

⁸ Formerly known as National CAHPS Benchmarking Database (NCBD). More information available at <https://cahpsdatabase.ahrq.gov/cahpsidb/>

Figure 20. High Ratings of Care and Health Plan Quality for IWP and Traditional Medicaid



* Statistically significant difference at $p < .05$

Experiences with Medicaid and the Medicaid Managed Care Organizations

Several survey items were used to assess member experiences with both Medicaid and their Medicaid MCOs. In general, the topics covered included 1) awareness of MCO assignment, 2) ease of changing MCO assignment, 3) ease of getting care through MCO, 4) Getting information or help from the MCOs, and 5) awareness, use, and helpfulness of the Medicaid helpline.

Awareness of MCO Assignment

The survey asked each respondent “Which Medicaid managed care organization (MCO) are you currently enrolled in?” Overall, respondents were able to identify which MCO they were enrolled in. Only around 7% of respondents were unsure which MCO they were enrolled in. Based on the eligibility administrative files, around 34% of the respondents were enrolled in Amerigroup, 32% were enrolled in AmeriHealth, and 33% were enrolled in UnitedHealthcare. Based on survey self-report, 33% reported enrollment in Amerigroup, 28% in AmeriHealth, and 32% in UnitedHealthcare. This represents an extremely high correlation with the administrative enrollment information (Pearson’s correlation coefficient 0.94, $p < .001$).

Changing MCO Assignment

The following two items assessed the ease with which members could change from their originally assigned MCO to another MCO.

- Since first being assigned to one of the MCOs, did you ever decide to change to a different MCO?
 - If yes, how easy was it for you to change from your assigned MCO to a different MCO?

Significantly fewer IWP members (8%) decided to change MCOs compared to traditional Medicaid members (12%). Of those who decided to change, around one-half (IWP 53%, Medicaid 55%) reported that it was ‘very easy’ to change to a different MCO. Almost 1 in 5 IWP members (19%) and 12% of traditional Medicaid members reported it to be ‘somewhat to very hard’ to change MCOs.

Getting Care through MCO health plan

Member experiences getting care through their MCO plan were assessed using four items.

- In the last 6 months, did you try to get any kind of care, tests, or treatment through your MCO?

- If yes, how often was it easy to get the care, tests, or treatment you needed through your MCO?
- In the last 6 months, was there any time when you had to get prior authorization from your MCO to be able to get care, tests, or treatment?
 - If yes, how easy was it to get prior authorization from your MCO?

Significantly more IWP members (53%) than traditional Medicaid members (47%) tried to get care, tests, or treatment through their MCO within the past six months. Of those who did, the majority (87% IWP, 82% Medicaid) usually or always found it easy to do so.

Around 30% of IWP and traditional Medicaid members reported having to get prior authorization from their MCO to get care, tests, or treatment. Less than one-third of members (30% IWP, 21% Medicaid) found it very easy to get prior authorization from their MCO. However, 30% of IWP and 37% of traditional Medicaid members reported that it was ‘somewhat or very hard’ to get the prior authorization they needed from their MCO to get care, tests, or treatment.

Obtaining Information or Help from the MCOs

Several questions were asked about ability to get information or help from the MCOs and what sources were the most helpful. These questions included:

- In the last 6 months, did you try to get information or help from your MCO?
 - If yes, how often did your MCO give you the information or help you needed?
- In the last 6 months, did you look for any information in written materials or on the internet about how your Medicaid managed care plan works?
- Which source of information was the MOST helpful for you in learning about how your Medicaid managed care plan works?

Around 20% of members reported trying to get help or information from their MCO in the previous six months with around two-thirds (69% IWP, 63% traditional Medicaid) of those who tried to get help reporting that they ‘usually’ or ‘always’ got the help they needed. Around one-quarter of members (25% IWP, 26% traditional Medicaid) looked for information about how their Medicaid managed care plan worked by using written materials or the internet. The most helpful sources for learning about how their Medicaid managed care plan worked included the written materials from DHS Medicaid/HealthLink, written materials from their MCO, their doctor or office staff, the DHS Medicaid/HealthLink website, their MCO website, and phone calls to either DHS Medicaid or their MCO.

Medicaid Helpline

Iowa Medicaid provides a toll-free number that members can call to get information or help. The survey asked members about awareness and use of the helpline.

- Did you know that there is a Medicaid helpline (1-800-338-8366) that you can call to get information or help?
 - If yes, did you try to get information or help from the Medicaid helpline?
 - If yes, how often did the Medicaid helpline give you the information or help you needed?

A little under one-half of all members (47% IWP, 44% traditional Medicaid) knew that there was a Medicaid helpline they could call to get information or help. Of those who knew about the helpline, around one in five (21% IWP, 18% traditional Medicaid) had tried to get information or help from the Medicaid helpline in the previous six months. Of those who had tried, the majority (79% IWP, 73% traditional Medicaid) reported ‘usually’ or ‘always’ getting the information or help they needed by using the Medicaid helpline.

Behavior Change Initiatives

Several state Medicaid programs have established programs (Healthy Behavior Initiatives - HBIs) under the Affordable Care Act (ACA) of 2011 in which individuals are given incentives to perform

and maintain recommended behaviors related to preventive care, chronic disease management, and use of health care services.⁹ As part of the IWP, members are encouraged to participate in its healthy behaviors program (HBP) and some of the program components include: 1) a wellness exam (a medical or dental check-up) and health risk assessment (HRA) to avoid paying a premium, 2) co-payments for inappropriate use of the emergency department, and 3) rewarding healthy behaviors. In the IWP surveys, we were able to assess members' knowledge of and experiences with these three components designed to encourage wellness by influencing member behavior.

Premium Avoidance (Wellness Exam and HRA completion – IWP only)

By getting a wellness exam (either a medical check-up or a dental check-up) and completing an HRA, IWP members would avoid having to pay a monthly premium for their health care in the following year of the program. In the survey, IWP members were given the following information about the incentives to avoid paying a monthly premium:

"As part of your health plan from your MCO, you are supposed to get a medical or dental check-up and complete a health risk assessment (a survey that asks questions about your health). If you do not, you may have to pay a monthly premium/fee (depending on your income) in the following year."

Members were then asked the following:

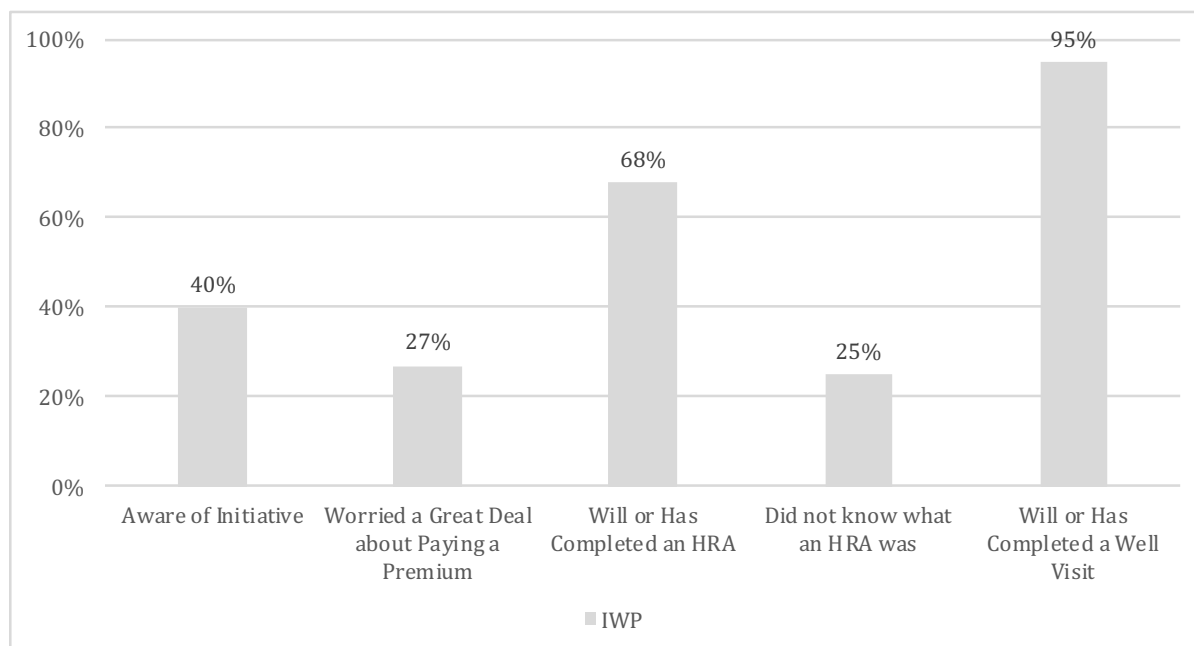
- Did you know you may have to pay a monthly premium (fee) next year if you do not get a medical or dental check-up and complete a health risk assessment this year? [Awareness of initiative]
- Do you think you will complete a health risk assessment this year? [Willingness to participate]
- Do you think you will get a medical or dental check-up this year? [Willingness to participate]
- Do you think any of the following would keep you from getting a medical check-up this year? [Barriers to complying]
- Do you think any of the following would keep you from getting a dental check-up this year? [Barriers to complying]
- How much would it worry you if you had to pay a premium (a \$5 or \$10 fee) every month for your health plan? [Hardship for non-compliance]

Figure 21 provides a summary of the findings related to the HBP premium avoidance incentives. Overall, 40% of IWP members were aware that they would have to pay a premium if they did not get a medical or dental check-up and complete an HRA in the year of their enrollment. A little over one-quarter (27%) of IWP members reported that they worried 'a great deal' about their ability to pay a monthly premium.

Over two-thirds (68%) of IWP members either had already completed or were intending to complete an HRA; around 25% reported not knowing what an HRA was. The vast majority (95%) of IWP members reported either having already obtained a medical or dental check-up or intent to get one.

⁹ Van Vleet, A., & Rudowitz, R. (2014). "An Overview of Medicaid Incentives for the Prevention of Chronic Diseases (MIPCD) Grants." Retrieved from <http://kff.org/report-section/an-overview-of-medicaid-incentives-for-the-prevention-of-chronic-diseases-issue-brief-mipcd-grants/>

Figure 21. Healthy Behaviors Program Premium Avoidance Incentives (IWP only)



When asked about potential barriers to obtaining a *medical* check-up, around 40% of IWP members reported that they had already obtained a medical check-up and therefore had already fulfilled the healthy behavior requirement. Around 8% reported that they did not think they needed a medical check-up.

When asked about potential barriers to obtaining a *dental* check-up, around 28% of IWP members reported that they had already obtained a dental check-up. Access to a dentist was a common reason reported by IWP members for not being able to get a dental check-up. Almost 1 in 5 members (18%) reported that lack of having a dentist was a major barrier to obtaining a dental check-up and around 12% reported not being sure about where to go to get a dental check-up.

Co-Payments for Inappropriate Use of Emergency Department Services (IWP only)

Another behavior change initiative within the IWP involves the appropriate use of ED services. As part of the IWP coverage, members may have to pay an \$8 copayment each time they use an ED for a non-emergent condition. The implementation of this requirement (copayment for non-emergent use of the ED) was delayed until late in 2016.

In the IWP survey, we were able to assess members' knowledge and potential impact of the copayment for non-emergent ED use. IWP members were given the following information about the fee for non-emergent use of the ED:

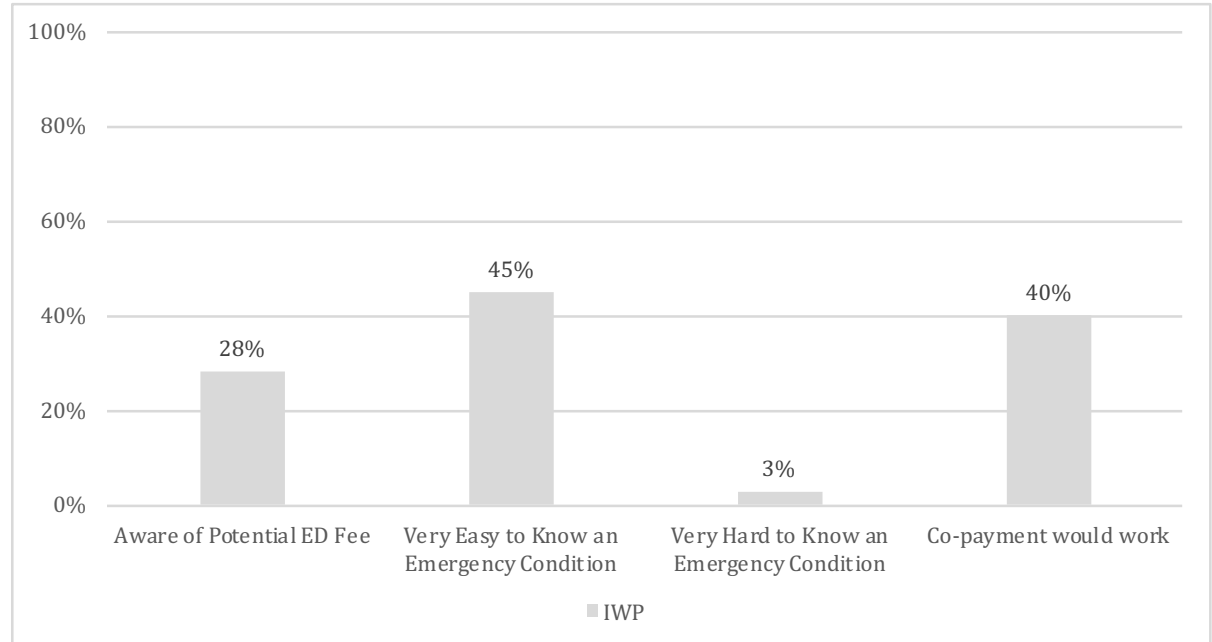
"As part of your health plan from your MCO, after you have been enrolled for one year, you may have to pay \$8.00 each time you use an emergency room for a non-emergency condition. An emergency is considered to be any condition that could endanger your life or cause permanent disability if not treated immediately."

They were then asked the following:

- Did you know that you may have to pay an \$8 fee anytime you use the emergency room when your health condition is not an emergency, beginning one year after you started in this program? [Awareness of initiative]
- How easy do you think it would be to know when your health condition would be considered an emergency? [Ease of complying]
- Do you think having to pay an \$8 fee would keep you from going to the emergency room when you have a health condition that could be treated in your doctor's office instead? [Effectiveness of fee]

Figure 22 provides a summary of the findings related to the non-emergent ED use co-payment. Less than one-third of IWP enrollees (28%) reported being aware of the ED use co-payment. Survey results from 2014-15 noted that only around 10% of members knew about the potential ED co-payment. Around 45% of IWP members reported that it would be ‘very easy’ and around 3% reported that it would be ‘very hard’ to know when a health condition would be considered an emergency. And, around 40% reported that an \$8 co-payment would keep them from going to the ED for a health condition that could have been treated in a doctor’s office instead.

Figure 22. Non-Emergent ED Use Disincentives (IWP only)



Rewards Programs for Healthy Behaviors (IWP and Traditional Medicaid)

Following Medicaid Modernization in Iowa and the subsequent shift to MCO management of Medicaid, the MCOs offered “value added services” that included member rewards programs with the objective of incentivizing members (both traditional Medicaid and IWP) to complete particular healthy behaviors.¹⁰ The rewards programs are described in the comparison chart in the following manner for each MCO:

Amerigroup Iowa, Inc.

“Healthy Rewards Incentive Program: Earn incentives and rewards for healthy activities and behaviors.”

AmeriHealth Caritas Iowa, Inc.

“Earn \$10 in rewards for completing health risk assessment and up to \$30 in rewards for completing eligible health screenings/tests. Rewards are loaded onto an AmeriHealth Caritas CARE Card, which can be used to purchase items at participating stores.”

UnitedHealthcare Plan of the River Valley, Inc.

“Community Rewards: Earn rewards for healthy activities. Choose from more than 300,000 items to redeem points.”

In both the IWP and traditional Medicaid surveys, we included the following two items to assess member awareness and use of the rewards programs.

- Are you aware of any rewards programs offered by your MCO for doing healthy activities? [Awareness]
- [For those who responded “Yes” to the above question]: Have you participated in any of the rewards programs offered by your MCO? [Use]

¹⁰ Iowa Department of Human Services. IA Health Link Member Resources. “MCO Comparison Chart for Value-Added Services” Available at <https://dhs.iowa.gov/iahealthlink/resources/member-specific> Accessed August 1, 2017.

The majority of members were not aware of any rewards programs offered by their MCOs but significantly more IWP members (21%) than traditional Medicaid members (16%) reported awareness of rewards programs. Of those who were aware of the programs, somewhat less than one-half (43% IWP, 49% traditional Medicaid) had participated in any rewards programs offered by their MCO.

Summary of IWP Member Comments

The final item on the IWP survey was open-ended, and stated, *“Please tell us if there is anything else you like or dislike about your health plan or health coverage.”* Of the 1,720 respondents who completed the survey, 604 provided comments in this section.

The content in responses covered a range of topics and were organized into categories. Two coders examined the data and developed general categories to organize and summarize the comments. A single coder used NVivo software to place each comment into corresponding categories. This process of categorizing individual comments allows for a comprehensive depiction of overall themes. A summary of the overall themes, including quotes from the commentary exemplifying the theme, are provided below. A listing of all of the comments can be found in Appendix D.

Health Plan

In response to the final open-ended survey item, 392 IWP respondents described experiences using their health plan.

Satisfactory

Of the 392 respondents who described experiences with their health plan, 194 reported satisfactory and positive experiences. Specifically, IWP members reported reliable service from help lines, comprehensive coverage, improved access to care, ease of use, and peace of mind.

“Anytime I have needed to contact a representative with United Health Care, I am amazed at the quality of service I receive. Since I have moved 3 times since Dec, 2015, I have not signed up with a new Primary Care Doctor yet. However, I am currently working on finding someone, and have looked through the UHC website and made several calls to UHC. I have nothing but praise for their helpfulness with my questions and walking me through some of the necessary information. I am actually eager to find a nurse practitioner and get going with better preventative health for myself.”

“I am blessed everyday with the health coverage that I do have. Being diagnosed with Breast Cancer in March 2016, I was overwhelmed with the doctor visits and costs of treatments. Thanks to [my medical coverage] I was able to concentrate more on the healing part of my treatments than worrying about how I’m to pay for these costs. I have been on leave of absence since July 2016 and am returning part-time now. I really don’t know how I would have done it without this wonderful coverage. Thank You All!”

Confusion

Of the 392 respondents who described experiences with their health plan, 103 described a lack of clarity concerning the coverage and details of their health plan. More specifically, IWP members reported inconsistent and contradictory communications, difficulty finding information, and limited understanding of the plan coverage and expectations.

“I don’t really know what I’m covered for. I really need a dentist, but the website for my coverage doesn’t mention dental so I’m afraid to go.”

“I received a monthly bill last year for my health coverage and when I called to ask questions about it, was told it was because I didn’t complete my health assessment, etc. up to that point I didn’t even know what the health assessment was! I had been to my regular doctor and when I asked them to complete it for me, THE[Y] DIDN’T EVEN KNOW WHAT IT WAS EITHER! How are we supposed to complete them, when the providers don’t know what we are talking about? Both my medical doctor and my dentist didn’t know what the healthy behaviors/health assessment was! I had to talk to about 8 office people before a nurse took the time to call the Medicaid hotline and get it done for me. Very frustrating!”

Unsatisfactory

Eighty-one respondents expressed dissatisfaction with their health plan for various reasons, including negative experiences with MCO customer service, monthly payments, plan requirements, shortcomings in coverage, and delays in care, particularly prescription medicines, because of lengthy prior authorization processes.

“I am very disappointed in the Medicaid/AmeriGroup member services helpline. When I have questions I can

call 3 different times and get shaky 3 different answers. Most often they cannot answer my questions about what medicine my doctor can prescribe that will be covered or need a prior authorization. This makes my doctors/mental health providers want to drop me!"

"My doctors (several) have had to submit prior authorizations for medications. They did so with medical records and proof of failed drug attempted yet each time these records were overlooked and the doctors had to "appeal" the denied decision with the exact same submission. This is wasted man hours for the doctors and the insurance company while I had to wait for a needed medications, about 4 total meds over the course of time. Someone needs to seriously look into this."

Transitions

Thirty-nine IWP members reported positive and negative changes to their health care since the three MCOs began Medicaid management in April 2016. Along with the transition to privatized management, IWP members reported concerns about changes in the future, which could impact their health care access and eligibility.

"After the MCO's took over it took a long time for me to be able to get my prescriptions because they showed I already had coverage, which was previously IA Medicaid. I have had difficulty w/other authorizations and providers not getting reimbursed in a timely manner. Also, I am bombarded w/mail about items they have paid which I feel is another waste of money and time."

"I just got a letter today from AmeriHealth/Iowa health link stating that my PCP may no longer be my PCP due to contract negotiating. If this happens it will most probably mean that I will have to travel 4 hours each way just to see a doctor. Been through this before. Not a good thing."

"My MCO may end the provider contract with my primary care physician. I don't want to go out to find another physician as I like the one I have. I'm not at all happy about this!"

Limitations in Coverage

Of the 604 responses, 211 IWP members reported interferences in receiving care because of limited plan coverage. Most frequently, respondents reported unmet need for dental care (n=66), medications (n=50), and prescription glasses (n=41). IWP members described limitations in frequency of visits covered, limited coverage of certain procedures or prescriptions, and avoiding care because of co-pays. Additional health services respondents reported they needed but were not covered by insurance included smoking cessation, mental health care, fertility testing and treatments, weight loss surgery, gym memberships, and alternative health care.

"Don't like dental program I broke a tooth in half, got it sealed but then they told me I have to wait 6 months to get a cap put on it. There's a possibility you could lose the tooth waiting 6 mo. To me it doesn't make sense. Most dentist don't accept Medicaid. Do you have a list of any dentist you can choose from?"

"I went to get my eye glasses as my other pair got broken. First pair before this insurance my Medicaid paid for both my exam and glasses. Went to get exam with new insurance, exam was paid for but not my glasses, this was huge for me because I'm unemployed, had to borrow from a friend 2 months ago and still have no way of paying them back, and have received a good friendship over this! Now I need dental exam and dentures but very afraid this will happen again, meanwhile I get severe sores [sores] and cuts on my gums just trying to eat. This is why I don't like or trust the insurance I have. Don't understand why Medicaid had to change, to the ones who really needed it. I truly believe this is unfair to elderly, and unemployed."

Experiences Getting Care

In response to the final open ended survey item, 158 IWP respondents described experiences getting health care, both positive and negative.

Satisfactory

Of the 158 respondents who described experiences getting care in the open comments, 34 reported satisfactory and positive experiences. More specifically, IWP members reported responsive clinical staff, respectful interactions, and improved health outcomes.

"I get along well with my PCP [primary care provider]. He is very friendly and helpful. He answers all my

questions and make sure I have no other concerns."

"I hate that I have to use this insurance, but I am damn glad it is there or I would be not taking my medications or managing my diabetes so well."

Unsatisfactory

In contrast, 123 respondents reported dissatisfaction and negative experiences related to receiving care. Within this primary category, IWP members reported experiences of disrespect, uncoordinated care, long wait times for appointments in the clinic, confusion about primary care provider assignments and choice, ineffectual services for certain populations (e.g. English language learners and transgender patients), and a lack of continuity.

"The primary care doctors are assigned to me w/o their knowing, three so far, and when I call to reschedule just a regular physical, I am told doctor X is not accepting any new patients. The MCO left hand doesn't know what the right hand is doing. No communication between MCO and doctors who are on are not accepting new patients."

Barriers to Access

Of the 604 responses, 124 IWP members reported various barriers that limited access to care. Along with difficulties accessing care because providers refuse to accept new patients, particularly IWP/Medicaid patients (n=38), members reported long distances to providers (n=34), varying eligibility for IWP coverage (churn) (n=32), and scheduling issues (n=17).

Provider Refusal to Accept Medicaid Patients

"I think this health care plan is great. With the exception of my dentist who I've been a patient for over 10 years now decides he won't accept it anymore because it is such a "hassle". I will continue to get dental care though because I understand its importance. I will just have to pay for it myself."

"We can no longer see our eye doctor because they dropped United Healthcare due to not being paid. That's very upsetting to me as we've gone there for years."

Distance

"Finding a dentist that accepted new patients took several hours and many phone calls. Finally found one 40 miles away."

"I had to have a tooth removed in August of 2016. There was not a dentist in the area that would/could do it because of the coverage that I have, I had to go to Iowa City, which they were wonderful, but my sister had to take the day off of work to take me. I live about 45 miles away from Iowa City. I can't see how people without reliable transportation can manage that."

Churn

"I find it frustrating that I receive dozens of surveys but never any info on how the insurance plan works. Also to discover after my health care coverage was dropped due to not paying a premium. I have left several messages to resolve this issue and all I received was a letter stating I can reapply. Previous surveys I requested info on stop smoking and weight management. I called my doctor's office too. Still waiting. Now I have no medical insurance and can not afford these programs. Tried looking online. It's a maze of links that end up with no results."

Scheduling Issues

"I'm a single mom who works full-time, I don't have the time or energy to go to physical therapy every week, let alone trying to find a sitter."

"I work a full-time and a part-time job. Plus I have children taking time off means I lack money to pay my bills or put food on the table. So going out of town means more time away from work to top it off the cost now cuz you can't make it to appointments. Hurting those who pay taxes and trying to provide for their family is a shame."

Social Determinants of Health

Sixty-nine IWP members described difficult circumstances, or social determinants of health, as barriers in their ability to receive care. Many members reported being unable to go to appointments because of issues like unstable or little income, unreliable transportation, and lack of social support. IWP members reported that low and inconsistent income interferes with ability to pay a co-pay or for care that is not covered, makes timely communication with providers difficult, makes gas money or public transportation unaffordable, and report low efficacy in mitigating gaps in services.

"I do not like paying the co-pay for my medication. I don't have that much money and sometimes I can't get my medicine because I don't have enough cash and no help from my family. Thanks."

"I do not feel that people in a poverty level should pay anything. Then choose between a doctor's care and food. That is not okay!"

"I cannot afford to pay even the 5 dollars a month. Everything I get goes on bills and gas and supplies for the home. I need glasses but can't afford, you only pay for exam. I need all my teeth pulled and to get dentures you only clean. My teeth are rotten and broken."

Suggestions for Improvement

Based on their experiences, 51 IWP members recommended strategies to improve the IWP health plan and health care. Along with various suggestions to improve communication, including offering translated materials, IWP members proposed expanding coverage to more services, adjusting IWP eligibility criteria, and better coordination between organizations.

"I really like my coverage. However, there was a three month time span last year where the State and United Health Care told me I had different coverages. The State people that I talked to were very rude and not helpful at all. Even now, I'm not sure if there are certain things I need to do to stay in the Iowa Wellness program. Communication with "clients" in this program is poor, and I would like to see an improvement."

"Simple notes can be mailed out if anything changes in our health plans, big packets throw off the people. I've seen friends just throw away their mail because it's too much info (overwhelming). Thank you."

"I used to be able to get three months worth of prescriptions when I refilled my prescriptions. Since the privatization plan was implemented I can only get a one month supply of pills at each prescription refill. Thus, I have to drive to Waterloo every month to fill my prescriptions. This costs me extra gas money and takes more time out of my schedule. I greatly wish this rule would be eliminated and I could go back to getting my prescriptions three months at a time."

Appendices

A. Survey Instrument – IWP

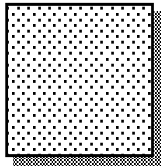
B. Survey Instrument – Traditional Medicaid

C. Unweighted Frequency Distributions for Each IWP Survey Question

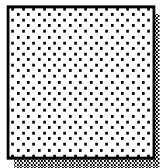
D. Comments Reported by IWP Respondents



Survey of Iowa Medicaid



Health Link



Enrollees

This survey asks you about your health and health care experiences in the past six months. This will give policymakers an idea of how well the Iowa Medicaid Health Link program is meeting your needs and how things can be improved.

This survey is being conducted by the Public Policy Center at The University of Iowa.

If you have any questions or comments, please contact:

Brooke McInroy
Public Policy Center
216 South Quadrangle
University of Iowa
Iowa City, IA 52242
Toll-free 1-800-710-8891

Survey instructions: Answer each question by marking the box to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☐ Yes
☐ No → If No, Go to Question 4

*If you make a mistake, please **cross out** the incorrect answer and **circle** the correct answer.*

When you have finished this survey, please fold it and return it in the enclosed envelope (no stamp required). If there is a question that you are uncomfortable answering, feel free to skip to the next question.

Thank you for your help.

Spring 2017

First Mailing

1. How many months of the past year (2016) did you have health insurance coverage?

⁰☐ I did not have health insurance at all in 2016
¹☐ 1-5 months with insurance
²☐ 6-11 months with insurance
³☐ I had insurance all of last year

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

2. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

¹☐ Yes
²☐ No → If No, Go to Question 5

3. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

4. In the last 6 months, was there any time when you needed care right away but could not get it for any reason?

¹☐ Yes
²☐ No

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

¹☐ Yes
²☐ No → If No, Go to Question 7

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

7. In the last 6 months, was there any time when you needed a check-up or routine care but could not get it for any reason?

¹☐ Yes
²☐ No

8. In the last 6 months, did a doctor's office give you information about what to do if you needed care during evenings, weekends, or holidays?

¹☐ Yes
²☐ No

9. In the last 6 months, did you contact a doctor's office with a medical question during regular office hours?

¹☐ Yes
²☐ No → If No, Go to Question 11

10. In the last 6 months, when you contacted a doctor's office during regular office hours, how often did you get an answer to your medical question that same day?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

YOUR EXPERIENCES AT THE DOCTOR'S OFFICE

11. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

⁰☐ None → If None, Go to Question 18
¹☐ 1 time
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5 to 9
⁶☐ 10 or more times

12. In the last 6 months, did anyone in a doctor's office talk with you about specific goals for your health?

¹☐ Yes
²☐ No

13. In the last 6 months, did anyone in a doctor's office ask you if there are things that make it hard for you to take care of your health?
- ¹☐ Yes
²☐ No
14. In the last 6 months, did you talk with anyone in your doctor's office about things in your life that worry you or cause you stress?
- ¹☐ Yes
²☐ No
15. In the last 6 months, did anyone in a doctor's office order a blood test, x-ray, or other test for you?
- ¹☐ Yes
²☐ No → If No, Go to Question 17
16. In the last 6 months, when that doctor's office ordered a blood test, x-ray, or other test for you, how often did someone from that doctor's office follow up to give you those results?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
17. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
- ⁰☐ 0 Worst health care possible
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best health care possible

YOUR PERSONAL DOCTOR

18. A personal doctor is the person you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?
- ¹☐ Yes
²☐ No → If No, Go to Question 26
19. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?
- ⁰☐ None → If None, Go to Question 25
¹☐ 1 time
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5 to 9
⁶☐ 10 or more times
20. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
21. In the last 6 months, how often did your personal doctor listen carefully to you?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
22. In the last 6 months, how often did your personal doctor seem to know the important information about your medical history?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

23. In the last 6 months, how often did your personal doctor show respect for what you had to say?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

24. In the last 6 months, how often did your personal doctor spend enough time with you?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

25. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

⁰☐ 0 Worst personal doctor possible
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best personal doctor possible

PREVENTIVE CARE

26. In the last 6 months, did you get any preventive care, such as a check-up, physical exam, mammogram or Pap smear test from a doctor's office?

¹☐ Yes
²☐ No

27. In the last 6 months, was there any time when you needed preventive care but could not get it for any reason?

¹☐ Yes
²☐ No

28. Have you had a flu shot since September 1, 2016?

¹☐ Yes
²☐ No

EMERGENCY ROOM CARE

29. In the last 6 months, how many times did you go to an emergency room (ER) to get care for yourself?

⁰☐ None → If None, Go to Question 32
¹☐ 1 time
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5 to 9
⁶☐ 10 or more times

30. Do you think the care you received at your most recent visit to the ER could have been provided in a doctor's office?

¹☐ Yes
²☐ No

31. What was the main reason you did not go to a doctor's office or clinic for the care you received at your most recent visit to the ER?

¹☐ I did not have a doctor or clinic to go to
²☐ My insurance plan would not cover the care I needed if I went to a doctor's office or clinic
³☐ My doctor, nurse, or other health care provider told me to go to an ER for this care
⁴☐ My doctor's office or clinic was open, but I could not get an appointment
⁵☐ My doctor's office or clinic was not open when I needed care
⁶☐ I had transportation problems getting to a doctor's office or clinic
⁷☐ My health problem was too serious for the doctor's office or clinic
⁸☐ Other (write in): _____

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

32. In the last 6 months, was there any time when you or a doctor thought you needed care from a specialist?
- ¹☐ Yes
²☐ No → If No, Go to Question 38
33. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
34. In the last 6 months, did you see a specialist for a particular health problem?
- ¹☐ Yes
²☐ No → If No, Go to Question 37
35. In the last 6 months, how often did your personal doctor's office seem informed and up-to-date about the care you got from specialists?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
36. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
- ⁰☐ 0 Worst specialist possible
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best specialist possible
37. In the last 6 months, was there any time when you needed care from a specialist but could not get it for any reason?
- ¹☐ Yes
²☐ No

HOSPITAL STAY

38. In the last 6 months, how many nights did you spend in the hospital for any reason?
- ⁰☐ 0 nights → Go to Question 40
¹☐ 1 night
²☐ 2 nights
³☐ 3 nights
⁴☐ 4 or more nights
39. In the last 6 months, did you ever have to go back into the hospital within 30 days of being allowed to go home because you were still sick or had a problem?
- ¹☐ Yes
²☐ No

MENTAL AND EMOTIONAL HEALTH CARE

40. In general, how would you rate your overall mental and emotional health now?
- ¹☐ Excellent
²☐ Very good
³☐ Good
⁴☐ Fair
⁵☐ Poor
41. In the last 6 months, did you or a health provider believe you needed any treatment or counseling for a mental or emotional health problem?
- ¹☐ Yes
²☐ No → If No, Go to Question 46
42. In the last 6 months, did you get any treatment or counseling for a mental or emotional health problem?
- ¹☐ Yes
²☐ No → If No, Go to Question 45
43. In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

44. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your treatment or counseling in the last 6 months?

⁰☐ 0 Worst treatment or counseling possible
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best treatment or counseling possible

45. In the last 6 months, was there any time when you needed treatment or counseling for a mental or emotional health problem but could not get it for any reason?

¹☐ Yes
²☐ No

PRESCRIPTION MEDICINE

46. In the last 6 months, was there any time when you or a health provider thought you needed prescription medicine for any reason?

¹☐ Yes
²☐ No → If No, Go to Question 51

47. In the last 6 months, did you take any prescription medicine? Do not include birth control.

¹☐ Yes
²☐ No → If No, Go to Question 49

48. In the last 6 months, how often did you talk with someone from your doctor's office about all the prescription medicines you were taking?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

49. In the last 6 months, how often was it easy to get prescription medicines through your health plan?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

50. In the last 6 months, was there any time when you needed prescription medicine but could not get it for any reason?

¹☐ Yes
²☐ No

TRANSPORTATION

51. When you need to get health care, what is the type of transportation you use MOST OFTEN to get to your visit? Please choose only one answer

⁰☐ I do not have a reliable way to get to my health care visits
¹☐ I drive myself, using *my own* vehicle
²☐ I drive myself, using *someone else's* vehicle
³☐ Someone else (such as a friend, neighbor, or family) drives me
⁴☐ I take a taxi cab
⁵☐ I take public transportation (such as a bus or government-provided transit)
⁶☐ I bike or walk
⁷☐ Other (write in): _____

52. In the last 6 months, how often did you need assistance from other sources (such as friends, family, public transportation, etc.) to get to your health care visit?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

53. In the last 6 months, was there any time when you needed transportation to or from a health care visit but could not get it for any reason?

¹☐ Yes
²☐ No

54. In the last 6 months, how much, if at all, have you worried about your ability to pay for the cost of transportation to or from a health care visit?

¹☐ Not at all
²☐ A little
³☐ Somewhat
⁴☐ A great deal

<p>YOUR MEDICAID MANAGED CARE ORGANIZATION (MCO)</p>

The next questions ask about your experience with your Medicaid managed care organization (MCO).

55. Which Medicaid managed care organization (MCO) are you currently enrolled in?

¹☐ Amerigroup Iowa Inc.
²☐ UnitedHealthcare Plan Inc.
³☐ AmeriHealth Caritas Iowa Inc.
⁴☐ Unsure or Don't Know

56. Since first being assigned to one of the MCOs, did you ever decide to change to a different MCO?

¹☐ Yes
²☐ No → If No, Go to Question 58

57. How easy was it for you to change from your assigned MCO to a different MCO?

¹☐ Very easy
²☐ Somewhat easy
³☐ Somewhat hard
⁴☐ Very hard

58. Is your personal doctor the same person who was your personal doctor before you enrolled in your MCO?

¹☐ Yes, I have the *same* personal doctor as before enrolling in my MCO
²☐ No, I have a *different* personal doctor than before enrolling in my MCO
³☐ I did not have a personal doctor before enrolling in my MCO

59. In the last 6 months, did you try to get any kind of care, tests, or treatment through your MCO?

¹☐ Yes
²☐ No → If No, Go to Question 61

60. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your MCO?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

61. In the last 6 months, was there any time when you had to get prior authorization from your MCO to be able to get care, tests, or treatment?

¹☐ Yes
²☐ No → If No, Go to Question 63

62. In the last 6 months, how easy was it to get prior authorization from your MCO?

¹☐ Very easy
²☐ Somewhat easy
³☐ Somewhat hard
⁴☐ Very hard

63. Since joining your MCO, have you ever used transportation paid for by your MCO to get to or from a health care visit?

¹☐ Yes
²☐ No → If No, Go to Question 65

64. How easy was it for you to use the transportation services provided by your MCO?

¹☐ Very easy
²☐ Somewhat easy
³☐ Somewhat hard
⁴☐ Very hard

65. Did you know that there is a Medicaid helpline (1-800-338-8366) that you can call to get information or help?

¹☐ Yes
²☐ No → If No, Go to Question 68

66. In the last 6 months, did you try to get information or help from the Medicaid helpline (1-800-338-8366)?

¹☐ Yes
²☐ No → If No, Go to Question 68

67. In the last 6 months, how often did the Medicaid helpline give you the information or help you needed?

- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

68. In the last 6 months, did you try to get information or help from your MCO?

- ¹☐ Yes
²☐ No → If No, Go to Question 70

69. In the last 6 months, how often did your MCO give you the information or help you needed?

- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

70. In the last 6 months, did you look for any information in written materials or on the Internet about how your Medicaid managed care plan works?

- ¹☐ Yes
²☐ No

71. In the last 6 months, which source of information was the **MOST** helpful for you in learning about how your Medicaid managed care plan works?

Please check only one.

- ¹☐ Did not look for information
²☐ DHS Medicaid/Health Link websites
³☐ Your MCO website
⁴☐ Other website
⁵☐ Written materials from DHS Medicaid/Health Link
⁶☐ Written materials from your MCO
⁷☐ Phone calls to the Medicaid helpline
⁸☐ Phone calls to your MCO
⁹☐ County DHS Medicaid office
¹⁰☐ DHS caseworker
¹¹☐ Friends or family who use Medicaid
¹²☐ Doctor or office staff
¹³☐ Other (write in) _____

72. Are you aware of any rewards programs offered by your MCO for doing healthy activities?

- ¹☐ Yes
²☐ No → If No, Go to Question 74

73. Have you participated in any of the rewards programs offered by your MCO?

- ¹☐ Yes
²☐ No

74. Using any number from 0 to 10, where 0 is the worst possible health plan and 10 is the best possible health plan, what number would you use to rate your Medicaid MCO health plan?

- ⁰☐ 0 Worst possible
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best possible

As part of your health plan from your MCO, after you have been enrolled for at least one year, you may have to pay \$8.00 each time you use an emergency room for a non-emergency condition.

An emergency is considered to be any condition that could endanger your life or cause permanent disability if not treated immediately.

The following questions pertain to this part of your health plan.

75. Did you know that you may have to pay an \$8 fee anytime you use the emergency room when your health condition is not an emergency beginning one year after you started in the program?

- ¹☐ Yes
²☐ No

76. How easy do you think it would be to know when your health condition would be considered an emergency?

- ¹☐ Very easy
²☐ Somewhat easy
³☐ Somewhat hard
⁴☐ Very hard

77. Do you think having to pay an \$8 fee would keep you from going to the emergency room when you have a health condition that could be treated in your doctor's office instead?

¹☐ Yes
²☐ No

As part of your health plan from your MCO, you are supposed to get a medical or dental check-up and complete a health risk assessment (a survey that asks questions about your health). If you do not, you may have to pay a monthly premium/fee (depending on your income) in the following year.

78. Did you know you may have to pay a monthly premium (fee) next year if you do not get a medical or dental check-up and complete a health risk assessment this year?

¹☐ Yes
²☐ No

79. Do you think you will complete a health risk assessment this year?

⁰☐ I do not know what a health risk assessment is
¹☐ Yes
²☐ No
³☐ I have already completed a health risk assessment this year

80. Do you think you will get a medical or dental check-up this year?

⁰☐ No, I will get neither a medical nor a dental check-up this year
¹☐ Yes, I will only get a medical check-up this year
²☐ Yes, I will only get a dental check-up this year
³☐ Yes, I will get both a medical and dental check-up this year
⁴☐ I have already had a medical or dental check-up this year

81. Do you think any of the following would keep you from getting a medical check-up this year? (Choose *all that apply*)

⁰☐ I have already had a medical check-up this year
¹☐ I am not sure where to go to get a medical check-up
²☐ It is hard to get an appointment for a medical check-up from my doctor
³☐ I don't currently have a doctor
⁴☐ I don't like my current doctor
⁵☐ Getting transportation to my doctor's office is hard
⁶☐ I don't like getting a medical check-up
⁷☐ I don't believe I need a medical check-up
⁸☐ I can't get time off from work/can't get child care
⁹☐ Other (write in): _____

82. Do you think any of the following would keep you from getting a dental check-up this year? (Choose *all that apply*)

⁰☐ I have already had a dental check-up this year
¹☐ I am not sure where to go to get a dental check-up
²☐ It is hard to get an appointment for a dental check-up from my dentist
³☐ I don't currently have a dentist
⁴☐ I don't like my current dentist
⁵☐ Getting transportation to my dentist's office is hard
⁶☐ I don't like getting a dental check-up
⁷☐ I don't believe I need a dental check-up
⁸☐ I can't get time off from work/can't get child care
⁹☐ Other (write in): _____

83. How much would it worry you if you had to pay a premium (a \$5 or \$10 fee) every month for your health plan?

¹☐ Not at all
²☐ A little
³☐ Somewhat
⁴☐ A great deal

ABOUT YOU

84. In general, how would you rate your overall health?

- ¹☐ Excellent
- ²☐ Very good
- ³☐ Good
- ⁴☐ Fair
- ⁵☐ Poor

85. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- ¹☐ Yes
- ²☐ No

86. Because of any disability or other health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- ¹☐ Yes
- ²☐ No

87. Because of any disability or other health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

- ¹☐ Yes
- ²☐ No

88. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

- ¹☐ Yes
- ²☐ No

The following is a list of physical health problems that can last a long time.

89. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months?

Check all that apply

- ¹☐ Allergies or sinus problems
- ²☐ Arthritis, rheumatism, bone or joint problems
- ³☐ Asthma
- ⁴☐ Back or neck problems
- ⁵☐ Bladder or bowel problems
- ⁶☐ Bronchitis, emphysema, COPD, or other lung problems
- ⁷☐ Cancer, other than skin cancer
- ⁸☐ Dental, tooth, or mouth problems
- ⁹☐ Diabetes
- ¹⁰☐ Migraine headaches
- ¹¹☐ Digestive disease or stomach problems such as recurrent indigestion, heartburn, or ulcers
- ¹²☐ Overweight / obese
- ¹³☐ Hearing, speech, or language problems
- ¹⁴☐ Heart problems
- ¹⁵☐ High blood pressure
- ¹⁶☐ A physical disability
- ¹⁷☐ Any other chronic physical health condition (*do not include mental health*)
(write in): _____

90. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ¹☐ Every day
- ²☐ Some days
- ³☐ Not at all → **Go to Question 94**

91. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- ¹☐ Never
- ²☐ Sometimes
- ³☐ Usually
- ⁴☐ Always

92. In the last 6 months, how often was medication (such as nicotine gum, patch, nasal spray, inhaler, or prescription medicine) recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

93. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication (such as a telephone hotline, individual or group counseling, or a cessation program) to assist you with quitting smoking or using tobacco?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

94. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

- ☐ 1 Yes
- ☐ 2 No → If No, Go to Question 96

95. Is this a condition or problem that has lasted for at least 3 months?

Do not include pregnancy or menopause.

- ☐ 1 Yes
- ☐ 2 No

96. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? *Check all that apply.*

- ☐ 1 Anxiety
- ☐ 2 Depression
- ☐ 3 Emotional problems other than depression or anxiety
- ☐ 4 Drug or alcohol related problems
- ☐ 5 Attention problems
- ☐ 6 A learning disability
- ☐ 7 Post-traumatic stress disorder (PTSD)
- ☐ 8 Bipolar disorder
- ☐ 9 Schizophrenia or Schizoaffective disorder
- ☐ 10 Any other chronic emotional or mental health condition (write in): _____

97. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor?

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

98. What is your age?

- ☐ 1 18 to 24
- ☐ 2 25 to 34
- ☐ 3 35 to 44
- ☐ 4 45 to 54
- ☐ 5 55 to 64
- ☐ 6 65 or older

99. What is your gender?

- ☐ 1 Male
- ☐ 2 Female
- ☐ 3 Other (write in): _____

100. What best describes your current employment status?

- ☐ 1 Employed full time
- ☐ 2 Employed part time
- ☐ 3 Out of work for less than 1 year
- ☐ 4 Out of work for 1 year or more
- ☐ 5 Homemaker
- ☐ 6 Student
- ☐ 7 Retired
- ☐ 8 Unable to work

101. What is the highest grade or level of school that you have completed?

- ☐ 1 8th grade or less
- ☐ 2 Some high school, but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree

102. What is your race or ethnicity? *Check all that apply.*

- 1 ☐ American Indian/Alaska Native
- 2 ☐ Asian
- 3 ☐ Black/African American
- 4 ☐ Hispanic/Latino
- 5 ☐ Middle Eastern/North African
- 6 ☐ Native Hawaiian or other Pacific Islander
- 7 ☐ White
- 8 ☐ Other race or ethnicity (write in):

103. Did someone help you complete this survey?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to **Comments**

104. How did that person help you?

Check all that apply.

- 1 ☐ Read the questions to me
2 ☐ Wrote down the answers I gave
3 ☐ Answered the questions for me
4 ☐ Translated the questions into my language
5 ☐ Helped in some other way (write in):

Comments: Please tell us if there is anything else you like or dislike about your health plan or health coverage.

[illegible]

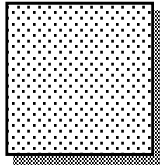
THANK YOU!

**Please return the completed survey in the
postage-paid envelope.**

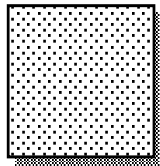
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Survey of Iowa Medicaid



Health Link



Enrollees

This survey asks you about your health and health care experiences in the past six months. This will give policymakers an idea of how well the Iowa Medicaid Health Link program is meeting your needs and how things can be improved.

This survey is being conducted by the Public Policy Center at The University of Iowa.

If you have any questions or comments, please contact:

**Brooke McInroy
Public Policy Center
216 South Quadrangle
University of Iowa
Iowa City, IA 52242
Toll-free 1-800-710-8891**

Survey instructions: Answer each question by marking the box to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☐ Yes
- ☐ No → If No, Go to Question 4

*If you make a mistake, please **cross out** the incorrect answer and **circle** the correct answer.*

When you have finished this survey, please fold it and return it in the enclosed envelope (no stamp required). If there is a question that you are uncomfortable answering, feel free to skip to the next question.

Thank you for your help.

Spring 2017

First Mailing

1. How many months of the past year (2016) did you have health insurance coverage?

⁰☐ I did not have health insurance at all in 2016
¹☐ 1-5 months with insurance
²☐ 6-11 months with insurance
³☐ I had insurance all of last year

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

2. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

¹☐ Yes
²☐ No → If No, Go to Question 5

3. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

4. In the last 6 months, was there any time when you needed care right away but could not get it for any reason?

¹☐ Yes
²☐ No

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

¹☐ Yes
²☐ No → If No, Go to Question 7

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

7. In the last 6 months, was there any time when you needed a check-up or routine care but could not get it for any reason?

¹☐ Yes
²☐ No

8. In the last 6 months, did a doctor's office give you information about what to do if you needed care during evenings, weekends, or holidays?

¹☐ Yes
²☐ No

9. In the last 6 months, did you contact a doctor's office with a medical question during regular office hours?

¹☐ Yes
²☐ No → If No, Go to Question 11

10. In the last 6 months, when you contacted a doctor's office during regular office hours, how often did you get an answer to your medical question that same day?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

YOUR EXPERIENCES AT THE DOCTOR'S OFFICE

11. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

⁰☐ None → If None, Go to Question 18
¹☐ 1 time
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5 to 9
⁶☐ 10 or more times

12. In the last 6 months, did anyone in a doctor's office talk with you about specific goals for your health?

¹☐ Yes
²☐ No

13. In the last 6 months, did anyone in a doctor's office ask you if there are things that make it hard for you to take care of your health?
- ¹☐ Yes
²☐ No
14. In the last 6 months, did you talk with anyone in your doctor's office about things in your life that worry you or cause you stress?
- ¹☐ Yes
²☐ No
15. In the last 6 months, did anyone in a doctor's office order a blood test, x-ray, or other test for you?
- ¹☐ Yes
²☐ No → If No, Go to Question 17
16. In the last 6 months, when that doctor's office ordered a blood test, x-ray, or other test for you, how often did someone from that doctor's office follow up to give you those results?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
17. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
- ⁰⁰☐ 0 Worst health care possible
⁰¹☐ 1
⁰²☐ 2
⁰³☐ 3
⁰⁴☐ 4
⁰⁵☐ 5
⁰⁶☐ 6
⁰⁷☐ 7
⁰⁸☐ 8
⁰⁹☐ 9
¹⁰☐ 10 Best health care possible

YOUR PERSONAL DOCTOR

18. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?
- ¹☐ Yes
²☐ No → If No, Go to Question 26
19. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?
- ⁰☐ None → If None, Go to Question 25
¹☐ 1 time
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5 to 9
⁶☐ 10 or more times
20. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
21. In the last 6 months, how often did your personal doctor listen carefully to you?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
22. In the last 6 months, how often did your personal doctor seem to know the important information about your medical history?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
23. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

24. In the last 6 months, how often did your personal doctor spend enough time with you?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

25. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

⁰⁰☐ 0 Worst doctor possible
⁰¹☐ 1
⁰²☐ 2
⁰³☐ 3
⁰⁴☐ 4
⁰⁵☐ 5
⁰⁶☐ 6
⁰⁷☐ 7
⁰⁸☐ 8
⁰⁹☐ 9
¹⁰☐ 10 Best doctor possible

PREVENTIVE CARE

26. In the last 6 months, did you get any preventive care, such as a check-up, physical exam, mammogram or Pap smear test from a doctor's office?

¹☐ Yes
²☐ No

27. In the last 6 months, was there any time when you needed preventive care but could not get it for any reason?

¹☐ Yes
²☐ No

28. Have you had a flu shot since September 1, 2016?

¹☐ Yes
²☐ No

EMERGENCY ROOM CARE

29. In the last 6 months, how many times did you go to an emergency room (ER) to get care for yourself?

⁰☐ None → If None, Go to Question 32
¹☐ 1 time
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5 to 9
⁶☐ 10 or more times

30. Do you think the care you received at your most recent visit to the ER could have been provided in a doctor's office if one was available at the time?

¹☐ Yes
²☐ No

31. What was the main reason you did not go to a doctor's office or clinic for the care you received at your most recent visit to the ER?

¹☐ I did not have a doctor or clinic to go to
²☐ My insurance plan would not cover the care I needed if I went to a doctor's office or clinic
³☐ My doctor, nurse, or other health care provider told me to go to an ER for this care
⁴☐ My doctor's office or clinic was open, but I could not get an appointment
⁵☐ My doctor's office or clinic was not open when I needed care
⁶☐ I had transportation problems getting to a doctor's office or clinic
⁷☐ My health problem was too serious for the doctor's office or clinic
⁸☐ Other (write in): _____

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

32. In the last 6 months, was there any time when you or a doctor thought you needed care from a specialist?

¹☐ Yes
²☐ No → If No, Go to Question 38

33. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

34. In the last 6 months, did you see a specialist for a particular health problem?

¹☐ Yes
²☐ No → If No, Go to Question 37

35. In the last 6 months, how often did your personal doctor's office seem informed and up-to-date about the care you got from specialists?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

36. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

⁰⁰☐ 0 Worst specialist possible
⁰¹☐ 1
⁰²☐ 2
⁰³☐ 3
⁰⁴☐ 4
⁰⁵☐ 5
⁰⁶☐ 6
⁰⁷☐ 7
⁰⁸☐ 8
⁰⁹☐ 9
¹⁰☐ 10 Best specialist possible

37. In the last 6 months, was there any time when you needed care from a specialist but could not get it for any reason?

¹☐ Yes
²☐ No

HOSPITAL STAY

38. In the last 6 months, how many nights did you spend in the hospital for any reason?

⁰☐ 0 nights → Go to Question 40
¹☐ 1 night
²☐ 2 nights
³☐ 3 nights
⁴☐ 4 or more nights

39. In the last 6 months, did you ever have to go back into the hospital within 30 days of being allowed to go home because you were still sick or had a problem?

¹☐ Yes
²☐ No

MENTAL AND EMOTIONAL HEALTH CARE

40. In general, how would you rate your overall mental and emotional health now?
- ¹☐ Excellent
 - ²☐ Very good
 - ³☐ Good
 - ⁴☐ Fair
 - ⁵☐ Poor
41. In the last 6 months, did you or a health provider believe you needed any treatment or counseling for a mental or emotional health problem?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 46
42. In the last 6 months, did you get any treatment or counseling for a mental or emotional health problem?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 45
43. In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan?
- ¹☐ Never
 - ²☐ Sometimes
 - ³☐ Usually
 - ⁴☐ Always
44. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your treatment or counseling in the last 6 months?
- ⁰⁰☐ 0 Worst treatment or counseling possible
 - ⁰¹☐ 1
 - ⁰²☐ 2
 - ⁰³☐ 3
 - ⁰⁴☐ 4
 - ⁰⁵☐ 5
 - ⁰⁶☐ 6
 - ⁰⁷☐ 7
 - ⁰⁸☐ 8
 - ⁰⁹☐ 9
 - ¹⁰☐ 10 Best treatment or counseling possible

45. In the last 6 months, was there any time when you needed treatment or counseling for a mental or emotional health problem but could not get it for any reason?

¹☐ Yes
²☐ No

PRESCRIPTION MEDICINE

46. In the last 6 months, was there any time when you or a health provider thought you needed prescription medicine for any reason?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 51
47. In the last 6 months, did you take any prescription medicine? Do not include birth control.
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 49
48. In the last 6 months, how often did you talk with someone from your doctor's office about all the prescription medicines you were taking?
- ¹☐ Never
 - ²☐ Sometimes
 - ³☐ Usually
 - ⁴☐ Always
49. In the last 6 months, how often was it easy to get prescription medicines through your health plan?
- ¹☐ Never
 - ²☐ Sometimes
 - ³☐ Usually
 - ⁴☐ Always
50. In the last 6 months, was there any time when you needed prescription medicine but could not get it for any reason?
- ¹☐ Yes
 - ²☐ No

TRANSPORTATION

51. When you need to get health care, what is the type of transportation you use **MOST OFTEN** to get to your visit? Please choose only one answer
- ⁰☐ I do not have a reliable way to get to my health care visits
 - ¹☐ I drive myself, using *my own* vehicle
 - ²☐ I drive myself, using *someone else's* vehicle
 - ³☐ Someone else (such as a friend, neighbor, or family) drives me
 - ⁴☐ I take a taxi cab
 - ⁵☐ I take public transportation (such as a bus or government-provided transit)
 - ⁶☐ I bike or walk
 - ⁷☐ Other (write in): _____
52. In the last 6 months, how often did you need assistance from other sources (such as friends, family, public transportation, etc.) to get to your health care visit?
- ¹☐ Never
 - ²☐ Sometimes
 - ³☐ Usually
 - ⁴☐ Always
53. In the last 6 months, was there any time when you needed transportation to or from a health care visit but **could not get it** for any reason?
- ¹☐ Yes
 - ²☐ No
54. In the last 6 months, how much, if at all, have you worried about your ability to pay for the cost of transportation to or from a health care visit?
- ¹☐ Not at all
 - ²☐ A little
 - ³☐ Somewhat
 - ⁴☐ A great deal

YOUR MEDICAID MANAGED CARE ORGANIZATION (MCO)

The next questions ask about your experience with your Medicaid managed care organization (MCO).

55. Which Medicaid managed care organization (MCO) are you currently enrolled in?
- ¹☐ Amerigroup Iowa Inc.
 - ²☐ UnitedHealthcare Plan Inc.
 - ³☐ AmeriHealth Caritas Iowa Inc.
 - ⁴☐ Unsure or Don't Know
56. Since first being assigned to one of the MCOs, did you ever decide to change to a different MCO?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 58
57. How easy was it for you to change from your assigned MCO to a different MCO?
- ¹☐ Very easy
 - ²☐ Somewhat easy
 - ³☐ Somewhat hard
 - ⁴☐ Very hard
58. Is your personal doctor the same person who was your personal doctor before you enrolled in your MCO?
- ¹☐ Yes, I have the *same* personal doctor as before enrolling in my MCO
 - ²☐ No, I have a *different* personal doctor than before enrolling in my MCO
 - ³☐ I did not have a personal doctor before enrolling in my MCO
59. In the last 6 months, did you try to get any kind of care, tests, or treatment through your MCO?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 61
60. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your MCO?
- ¹☐ Never
 - ²☐ Sometimes
 - ³☐ Usually
 - ⁴☐ Always

61. In the last 6 months, was there any time when you had to get prior authorization from your MCO to be able to get care, tests, or treatment?
- ¹☐ Yes
²☐ No → If No, Go to Question 63
62. In the last 6 months, how easy was it to get prior authorization from your MCO?
- ¹☐ Very easy
²☐ Somewhat easy
³☐ Somewhat hard
⁴☐ Very hard
63. Since joining your MCO, have you ever used transportation paid for by your MCO to get to or from a health care visit?
- ¹☐ Yes
²☐ No → If No, Go to Question 65
64. How easy was it for you to use the transportation services provided by your MCO?
- ¹☐ Very easy
²☐ Somewhat easy
³☐ Somewhat hard
⁴☐ Very hard
65. Did you know that there is a Medicaid helpline (1-800-338-8366) that you can call to get information or help?
- ¹☐ Yes
²☐ No → If No, Go to Question 68
66. In the last 6 months, did you try to get information or help from the Medicaid helpline (1-800-338-8366)?
- ¹☐ Yes
²☐ No → If No, Go to Question 68
67. In the last 6 months, how often did the Medicaid helpline give you the information or help you needed?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
68. In the last 6 months, did you try to get information or help from your MCO?
- ¹☐ Yes
²☐ No → If No, Go to Question 70

69. In the last 6 months, how often did your MCO give you the information or help you needed?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
70. In the last 6 months, did you look for any information in written materials or on the Internet about how your Medicaid managed care plan works?
- ¹☐ Yes
²☐ No
71. In the last 6 months, which source of information was the **MOST** helpful for you in learning about how your Medicaid managed care plan works?
Please check only one.
- ¹☐ Did not look for information
²☐ DHS Medicaid/HealthLink websites
³☐ Your MCO website
⁴☐ Other website
⁵☐ Written materials from DHS Medicaid/HealthLink
⁶☐ Written materials from your MCO
⁷☐ Phone calls to the Medicaid helpline
⁸☐ Phone calls to your MCO
⁹☐ County DHS Medicaid office
¹⁰☐ DHS caseworker
¹¹☐ Friends or family who use Medicaid
¹²☐ Doctor or office staff
¹³☐ Other (write in) _____
72. Are you aware of any rewards programs offered by your MCO for doing healthy activities?
- ¹☐ Yes
²☐ No → If No, Go to Question 74
73. Have you participated in any of the rewards programs offered by your MCO?
- ¹☐ Yes
²☐ No

74. Using any number from 0 to 10, where 0 is the worst possible health plan and 10 is the best possible health plan, what number would you use to rate your Medicaid MCO health plan?

⁰☐ 0 Worst possible
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best possible

ABOUT YOU

75. In general, how would you rate your overall health?

¹☐ Excellent
²☐ Very good
³☐ Good
⁴☐ Fair
⁵☐ Poor

76. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

¹☐ Yes
²☐ No

77. Because of any disability or other health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

¹☐ Yes
²☐ No

78. Because of any disability or other health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

¹☐ Yes
²☐ No

79. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

¹☐ Yes
²☐ No

The following is a list of physical health problems that can last a long time.

80. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months?

Check all that apply

⁰¹☐ Allergies or sinus problems
⁰²☐ Arthritis, rheumatism, bone or joint problems
⁰³☐ Asthma
⁰⁴☐ Back or neck problems
⁰⁵☐ Bladder or bowel problems
⁰⁶☐ Bronchitis, emphysema, COPD, or other lung problems
⁰⁷☐ Cancer, other than skin cancer
⁰⁸☐ Dental, tooth, or mouth problems
⁰⁹☐ Diabetes
¹⁰☐ Migraine headaches
¹¹☐ Digestive disease or stomach problems such as recurrent indigestion, heartburn, or ulcers
¹²☐ Overweight / obese
¹³☐ Hearing, speech, or language problems
¹⁴☐ Heart problems
¹⁵☐ High blood pressure
¹⁶☐ A physical disability
¹⁷☐ Any other chronic physical health condition (*do not include mental health*) (write in) _____

81. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

¹☐ Every day
²☐ Some days
³☐ Not at all → Go to Question 85

82. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

83. In the last 6 months, how often was medication (such as nicotine gum, patch, nasal spray, inhaler, or prescription medicine) recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?

- ¹☐ Never
- ²☐ Sometimes
- ³☐ Usually
- ⁴☐ Always

84. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication (such as a telephone hotline, individual or group counseling, or a cessation program) to assist you with quitting smoking or using tobacco?

- ¹☐ Never
- ²☐ Sometimes
- ³☐ Usually
- ⁴☐ Always

85. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

- ¹☐ Yes
- ²☐ No → If No, Go to Question 87

86. Is this a condition or problem that has lasted for at least 3 months?

Do not include pregnancy or menopause.

- ¹☐ Yes
- ²☐ No

87. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months?

Check all that apply.

- ⁰¹☐ Anxiety
- ⁰²☐ Depression
- ⁰³☐ Emotional problems other than depression or anxiety
- ⁰⁴☐ Drug or alcohol related problems
- ⁰⁵☐ Attention problems
- ⁰⁶☐ A learning disability
- ⁰⁷☐ Post-traumatic stress disorder (PTSD)
- ⁰⁸☐ Bipolar disorder
- ⁰⁹☐ Schizophrenia or Schizoaffective disorder
- ¹⁰☐ Any other chronic emotional or mental health condition

(write in) _____

88. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor?

- ¹☐ Never
- ²☐ Rarely
- ³☐ Sometimes
- ⁴☐ Often
- ⁵☐ Always

89. What is your age?

- ¹☐ 18 to 24
- ²☐ 25 to 34
- ³☐ 35 to 44
- ⁴☐ 45 to 54
- ⁵☐ 55 to 64
- ⁶☐ 65 or older

90. What is your gender?

- ¹☐ Male
- ²☐ Female
- ³☐ Other (write in): _____

91. What best describes your current employment status?

- ¹☐ Employed full time
- ²☐ Employed part time
- ³☐ Out of work for less than 1 year
- ⁴☐ Out of work for 1 year or more
- ⁵☐ Homemaker
- ⁶☐ Student
- ⁷☐ Retired
- ⁸☐ Unable to work

- 1 ☐ 8th grade or less
2 ☐ Some high school, but did not graduate
3 ☐ High school graduate or GED
4 ☐ Some college or 2-year degree
5 ☐ 4-year college graduate
6 ☐ More than 4-year college degree

- ☐ 1 American Indian/Alaska Native
- ☐ 2 Asian
- ☐ 3 Black/African American
- ☐ 4 Hispanic/Latino
- ☐ 5 Middle Eastern/North African
- ☐ 6 Native Hawaiian or other Pacific Islander
- ☐ 7 White
- ☐ 8 Other race or ethnicity (write in):

- ¹☐ Yes
²☐ No → **If No, Go to Comments**

- 1 ☐ Read the questions to me
- 2 ☐ Wrote down the answers I gave
- 3 ☐ Answered the questions for me
- 4 ☐ Translated the questions into my language
- 5 ☐ Helped in some other way (write in):

[illegible]

Please return the completed survey in the postage-paid envelope.

Appendix C. Unweighted Frequency Distributions for Each IWP Survey Question

Q1. How many months of the past year (2016) did you have health insurance?		
	N	Percent
No insurance last year	28	1.66
Insurance: 1-5 months	44	2.61
Insurance: 6-11 months	157	9.32
Insurance: 12 months	1455	86.40
Missing = 36		

Q2. Did you have an illness, injury, or condition that needed care right away?		
	N	Percent
No	951	56.95
Yes	719	43.05
Missing = 50		

Q3. When you needed care right away, how often did you get it as soon as you needed?		
	N	Percent
Never	5	0.70
Sometimes	86	12.06
Usually	158	22.16
Always	464	65.08
Missing = 1007		

Q4. Was there any time when you needed care right away but could not get it?		
	N	Percent
No	602	84.31
Yes	112	15.69
Missing = 1006		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q5. Did you make any appointments for a check-up or routine care at a doctor's office or clinic?		
	N	Percent
No	462	27.53
Yes	1216	72.47
Missing = 42		

Q6. How often did you get an appointment for a check-up or routine care as soon as you needed?		
	N	Percent
Never	29	2.43
Sometimes	178	14.92
Usually	330	27.66
Always	656	54.99
Missing = 527		

Q7. Was there any time when you needed a check-up or routine care but could not get it for any reason?		
	N	Percent
No	1525	89.97
Yes	170	10.03
Missing = 25		

Q8. Did a doctor's office give you information about what to do if you needed care during evenings, weekends, or holidays?		
	N	Percent
No	953	56.42
Yes	736	43.58
Missing = 31		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q9. Did you phone a doctor's office with a medical question during regular office hours?		
	N	Percent
No	952	57.01
Yes	718	42.99
Missing = 50		

Q10. When you phoned a doctor's office during regular office hours, how often did you get an answer to your medical question that same day?		
	N	Percent
Never	40	5.59
Sometimes	109	15.24
Usually	231	32.31
Always	335	46.85
Missing = 1005		

Q11. ... How many times did you go to a doctor's office or clinic to get health care for yourself?		
	N	Percent
0 times	336	19.83
1 time	343	20.25
2 times	330	19.48
3 times	245	14.46
4 times	148	8.74
5-9 times	211	12.46
10+ times	81	4.78
Missing = 26		

Q12. Did anyone in a doctor's office talk with you about specific goals for your health?		
	N	Percent
No	463	34.32
Yes	886	65.68
Missing = 371		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q13. Did anyone in a doctor's office ask you if there are things that make it hard for you to take care of your health?		
	N	Percent
No	847	62.65
Yes	505	37.35
Missing = 368		

Q14. Did you and anyone in a doctor's office talk about things in your life that worry you or cause you stress?		
	N	Percent
No	670	49.67
Yes	679	50.33
Missing = 371		

Q15. Did anyone in a doctor's office order a blood test, x-ray, or other test for you?		
	N	Percent
No	293	21.80
Yes	1051	78.20
Missing = 376		

Q16. When that doctor's office ordered a test for you, how often did someone from that office follow up to give you the results?		
	N	Percent
Never	40	3.83
Sometimes	76	7.28
Usually	186	17.82
Always	742	71.07
Missing = 676		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q17. What number would you use to rate all your health care in the last 6 months (0=Worst, 10=Best)?		
	N	Percent
0	6	0.44
1	5	0.37
2	8	0.59
3	21	1.55
4	23	1.70
5	77	5.69
6	65	4.80
7	162	11.96
8	266	19.65
9	226	16.69
10	495	36.56
Missing = 366		

Q18. Do you have a personal doctor?		
	N	Percent
No	308	18.13
Yes	1391	81.87
Missing = 21		

Q19. How many times did you visit your personal doctor to get health care for yourself?		
	N	Percent
0 times	228	16.68
1 time	359	26.26
2 times	302	22.09
3 times	207	15.14
4 times	118	8.63
5-9 times	124	9.07
10+ times	29	2.12
Missing = 353		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q20. How often did your personal doctor explain things in a way that was easy to understand?		
	N	Percent
Never	14	1.23
Sometimes	41	3.61
Usually	195	17.17
Always	886	77.99
Missing = 584		

Q21. How often did your personal doctor listen carefully to you?		
	N	Percent
Never	9	0.79
Sometimes	67	5.91
Usually	211	18.61
Always	847	74.69
Missing = 586		

Q22. How often did your personal doctor seem to know the important information about your medical history?		
	N	Percent
Never	22	1.93
Sometimes	96	8.44
Usually	286	25.15
Always	733	64.47
Missing = 583		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q23. How often did your personal doctor show respect for what you had to say?		
	N	Percent
Never	7	0.63
Sometimes	43	3.88
Usually	166	14.97
Always	893	80.52
Missing = 611		

Q24. How often did your personal doctor spend enough time with you?		
	N	Percent
Never	18	1.62
Sometimes	81	7.28
Usually	237	21.31
Always	776	69.78
Missing = 608		

Q25. How would you rate your personal doctor (0=worst doctor possible, 10=best doctor possible)?		
	N	Percent
0	4	0.30
1	3	0.22
2	14	1.05
3	13	0.97
4	12	0.90
5	56	4.19
6	34	2.55
7	111	8.31
8	179	13.41
9	250	18.73
10	659	49.36
Missing = 385		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q26. Did you get any preventive care, such as a check-up, physical exam, mammogram, or Pap smear test from a doctor's office?		
	N	Percent
No	768	45.69
Yes	913	54.31
Missing = 39		

Q27. Was there any time when you needed preventive care but could not get it for any reason?		
	N	Percent
No	1568	93.61
Yes	107	6.39
Missing = 45		

Q28. Have you had a flu shot since September 1, 2016?		
	N	Percent
No	992	59.08
Yes	687	40.92
Missing = 41		

Q29. How many times did you go to an emergency room (ER) to get care for yourself?		
	N	Percent
0 times	1234	74.25
1 time	252	15.16
2 times	102	6.14
3 times	29	1.74
4 times	22	1.32
5-9 times	19	1.14
10+ times	4	0.24
Missing = 58		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q30. Do you think the care you received at your last visit to the ER could have been provided in a doctor's office is one was available?		
	N	Percent
No	261	62.14
Yes	159	37.86
Missing = 1300		

Q31. What was the main reason you did not go to a doctor's office or clinic for this care?		
	N	Percent
I did not have a doctor or clinic to go to	28	6.67
My insurance plan would not cover the care in a doctors office	4	0.95
My healthcare professional told me to go to an ER for care	56	13.33
My doctors office or clinic was open but I could not get an appt	26	6.19
My doctors office or clinic was not open when I needed care	166	39.52
I had transportation problems getting to a doctors office	13	3.10
My health problem was too serious for the doctors office	112	26.67
Other	15	3.57
Missing = 1300		

Q32. Was there any time when you or a doctor thought you needed care from a specialist?		
	N	Percent
No	1021	61.62
Yes	636	38.38
Missing = 63		

Q33. How often did you get an appointment to see a specialist as soon as you needed?		
	N	Percent
Never	69	10.90
Sometimes	86	13.59
Usually	157	24.80
Always	321	50.71
Missing = 1087		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q34. Did you see a specialist for a particular health problem?		
	N	Percent
No	91	14.44
Yes	539	85.56
Missing = 1090		

Q35. How often did your doctor's office seem informed and up-to-date about the care you got from specialists?		
	N	Percent
Never	40	7.55
Sometimes	86	16.23
Usually	133	25.09
Always	271	51.13
Missing = 1190		

Q36. How would you rate the specialist you saw most often (0=Worst, 10=Best)?		
	N	Percent
0	10	1.87
1	5	0.93
2	9	1.68
3	6	1.12
4	11	2.06
5	26	4.86
6	20	3.74
7	34	6.36
8	80	14.95
9	100	18.69
10	234	43.74
Missing = 1185		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q37. Was there any time when you needed care from a specialist but could not get it for any reason?		
	N	Percent
No	506	80.45
Yes	123	19.55
Missing = 1091		

Q38. How many nights did you spend in the hospital for any reason?		
	N	Percent
0 nights	1509	90.90
1 night	40	2.41
2 nights	27	1.63
3 nights	24	1.45
4+ nights	60	3.61
Missing = 60		

Q39. Did you ever have to go back into the hospital within 30 days of being allowed to go home because you were still sick or had a problem?		
	N	Percent
No	113	76.35
Yes	35	23.65
Missing = 1572		

Q40. In general, how would you rate your overall mental and emotional health now?		
	N	Percent
Excellent	310	18.43
Very good	422	25.09
Good	489	29.07
Fair	362	21.52
Poor	99	5.89
Missing = 38		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q41. Did you or a health care provider believe you needed any treatment or counseling for a mental or emotional health problem?		
	N	Percent
No	1290	77.80
Yes	368	22.20
Missing = 62		

Q42. Did you get any treatment or counseling for a mental or emotional health problem?		
	N	Percent
No	74	20.33
Yes	290	79.67
Missing = 1356		

Q43. How often was it easy to get the treatment or counseling you needed through your health plan?		
	N	Percent
Never	15	5.23
Sometimes	32	11.15
Usually	71	24.74
Always	169	58.89
Missing = 1433		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q44. How would you rate all of your treatment or counseling in the last 6 months (0=Worst, 10=Best)?		
	N	Percent
0	5	1.75
1	3	1.05
2	6	2.10
3	7	2.45
4	9	3.15
5	25	8.74
6	18	6.29
7	38	13.29
8	42	14.69
9	50	17.48
10	83	29.02
Missing = 1434		

Q45. Was there any time when you needed treatment/counseling for a mental/emotional problem but could not get it?		
	N	Percent
No	259	72.35
Yes	99	27.65
Missing = 1362		

Q46. Was there any time when you or a health professional thought you needed prescription medicine for any reason?		
	N	Percent
No	483	28.36
Yes	1220	71.64
Missing = 17		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q47. Did you take any prescription medicine?		
	N	Percent
No	34	2.80
Yes	1182	97.20
Missing = 504		

Q48. How often did you talk with someone about all the prescription medicines you were taking?		
	N	Percent
Never	180	15.29
Sometimes	222	18.86
Usually	219	18.61
Always	556	47.24
Missing = 543		

Q49. How often was it easy to get prescription medicines through your health plan?		
	N	Percent
Never	29	2.39
Sometimes	110	9.07
Usually	300	24.73
Always	774	63.81
Missing = 507		

Q50. Was there any time when you needed prescription medicine but could not get it for any reason?		
	N	Percent
No	915	76.44
Yes	282	23.56
Missing = 523		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q51. When you need to get to health care, what is the type of transportation you use MOST OFTEN to get to your visit?		
	N	Percent
No reliable way to get to visits	62	3.63
Drive self, own vehicle	1099	64.31
Drive self, other vehicle	92	5.38
Someone else drives me	340	19.89
Taxi	11	0.64
Public transportation	60	3.51
Bike or walk	39	2.28
Other	6	0.35
Missing = 11		

Q52. How often did you need assistance from other sources (such as friends, family, etc.) to get to your health care visit?		
	N	Percent
Never	1010	59.17
Sometimes	327	19.16
Usually	100	5.86
Always	270	15.82
Missing = 13		

Q53. Was there any time when you needed transportation to or from a health care visit but could not get it for any reason?		
	N	Percent
No	1525	89.44
Yes	180	10.56
Missing = 15		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q54. How much, if at all, have you worried about your ability to pay for the cost of transportation to or from a health care visit?		
	N	Percent
Not at all	1131	66.37
A little	234	13.73
Somewhat	199	11.68
A great deal	140	8.22
Missing = 16		

Q55. Which managed care organization (MCO) are you currently enrolled in?		
	N	Percent
Amerigroup	538	31.87
UnitedHealthcare	563	33.35
Amerihealth Caritas	449	26.60
Unsure	138	8.18
Missing = 32		

Q56. Since first being assigned to one of the MCOs, did you ever decide to change to a different MCO?		
	N	Percent
No	1550	92.54
Yes	125	7.46
Missing = 45		

Q57. How easy was it for you to change from your assigned MCO to a different MCO?		
	N	Percent
Very easy	64	53.33
Somewhat easy	34	28.33
Somewhat hard	9	7.50
Very hard	13	10.83
Missing = 1600		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q58. Is your personal doctor the same person who was your personal doctor before you enrolled in your MCO?		
	N	Percent
Same personal doctor as before MCO	968	57.83
Different personal doctor than before MCO	328	19.59
Did not have a personal doctor before MCO	378	22.58
Missing = 46		

Q59. Did you try to get any kind of care, tests, or treatment through your MCO?		
	N	Percent
No	781	46.88
Yes	885	53.12
Missing = 54		

Q60. How often was it easy to get the care, tests, or treatment you needed through your MCO?		
	N	Percent
Never	20	2.27
Sometimes	97	11.02
Usually	250	28.41
Always	513	58.30
Missing = 840		

Q61. Was there any time when you had to get prior authorization from your MCO to be able to get care, tests, or treatment?		
	N	Percent
No	1180	70.87
Yes	485	29.13
Missing = 55		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q62. How easy was it to get prior authorization from your MCO?		
	N	Percent
Very easy	144	30.13
Somewhat easy	192	40.17
Somewhat hard	89	18.62
Very hard	53	11.09
Missing = 1242		

Q63. Since joining your MCO, have you ever used transportation paid for by your MCO to get to or from a health care visit?		
	N	Percent
No	1638	97.50
Yes	42	2.50
Missing = 40		

Q64. How easy was it for you to use the transportation services provided by your MCO?		
	N	Percent
Very easy	23	57.50
Somewhat easy	14	35.00
Somewhat hard	2	5.00
Very hard	1	2.50
Missing = 1680		

Q65. Did you know that there is a Medicaid helpline that you can call to get information or help?		
	N	Percent
No	892	52.94
Yes	793	47.06
Missing = 35		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q66. Did you try to get information or help from the Medicaid helpline?		
	N	Percent
No	602	78.80
Yes	162	21.20
Missing = 956		

Q67. How often did the Medicaid helpline give you the information or help you needed?		
	N	Percent
Never	11	6.88
Sometimes	23	14.38
Usually	41	25.63
Always	85	53.13
Missing = 1560		

Q68. Did you try to get information or help from your MCO?		
	N	Percent
No	1315	78.93
Yes	351	21.07
Missing = 54		

Q69. How often did your MCO give you the information or help you needed?		
	N	Percent
Never	25	7.29
Sometimes	79	23.03
Usually	87	25.36
Always	152	44.31
Missing = 1377		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q70. Did you look for any information in written materials or on the Internet about how your Medicaid managed care plan works?		
	N	Percent
No	1263	74.78
Yes	426	25.22
Missing = 31		

Q71. Which source of information was the MOST helpful for you in learning about how your Medicaid managed care plan works?		
	N	Percent
Did not look for information	687	41.29
DHS Medicaid HealthLink website	90	5.41
MCO website	77	4.63
Other website	15	0.90
Written material from DHS Medicaid HealthLink	217	13.04
Written material from MCO	184	11.06
Phone calls to Medicaid helpline	65	3.91
Phone calls to MCO	81	4.87
County DHS Medicaid office	22	1.32
DHS caseworker	27	1.62
Friends or family who use Medicaid	49	2.94
Doctor or office staff	131	7.87
Other	19	1.14
Missing = 56		

Q72. Are you aware of any rewards programs offered by your MCO for doing healthy activities?		
	N	Percent
No	1315	79.07
Yes	348	20.93
Missing = 57		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q73. Have you participated in any of the rewards programs offered by your MCO?		
	N	Percent
No	196	57.14
Yes	147	42.86
Missing = 1377		

Q74. How would you rate your Medicaid MCO health plan (0=Worst, 10=Best)?		
	N	Percent
0	15	0.90
1	9	0.54
2	20	1.20
3	28	1.67
4	33	1.97
5	180	10.77
6	99	5.92
7	170	10.17
8	304	18.18
9	276	16.51
10	538	32.18
Missing = 48		

Q75. Did you know that you may have to pay an \$8 fee anytime you use the ER when your health condition is not an emergency?		
	N	Percent
No	1230	72.65
Yes	463	27.35
Missing = 27		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q76. How easy do you think it would be to know when your health condition would be considered an emergency?		
	N	Percent
Very easy	764	45.34
Somewhat easy	609	36.14
Somewhat hard	247	14.66
Very hard	65	3.86
Missing = 35		

Q77. Do you think an \$8 fee would keep you from going to the ER when you have a health condition that could be treated in your doctor's office instead?		
	N	Percent
No	1039	61.85
Yes	641	38.15
Missing = 40		

Q78. Did you know you may have to pay a monthly premium next year if you do not get a medical or dental checkup AND complete a health risk assessment this year?		
	N	Percent
No	1023	60.53
Yes	667	39.47
Missing = 30		

Q79. Do you think you will complete a health risk assessment this year?		
	N	Percent
I do not know what an HRA is	429	25.48
Yes	931	55.29
No	115	6.83
I have already completed an HRA this year	209	12.41
Missing = 36		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q80. Do you think you will get a medical or dental checkup this year?		
	N	Percent
I will get neither a medical nor dental checkup this year	83	4.94
Yes, I will only get a medical checkup this year	298	17.74
Yes, I will only get a dental checkup this year	103	6.13
Yes, I will get both a medical & dental checkup this year	896	53.33
I have already had a medical or dental checkup this year	300	17.86
Missing = 40		

Q81.0 I have already had a medical checkup this year		
	N	Percent
No	1058	61.51
Yes	662	38.49

Q81.1 Barrier: I am not sure where to go to get a medical checkup		
	N	Percent
No	1622	94.30
Yes	98	5.70

Q81.2 Barrier: It is hard to get an appointment for a medical checkup from my doctor		
	N	Percent
No	1674	97.33
Yes	46	2.67

Q81.3 Barrier: I don't currently have a doctor		
	N	Percent
No	1614	93.84
Yes	106	6.16

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q81.4 Barrier: I don't like my current doctor		
	N	Percent
No	1688	98.14
Yes	32	1.86

Q81.5 Barrier: Getting transportation to my doctor's office is hard		
	N	Percent
No	1650	95.93
Yes	70	4.07

Q81.6 Barrier: I don't like getting a medical checkup		
	N	Percent
No	1623	94.36
Yes	97	5.64

Q81.7 Barrier: I don't believe I need a medical checkup		
	N	Percent
No	1579	91.80
Yes	141	8.20

Q81.8 Barrier: I can't get the time off of work/can't get childcare		
	N	Percent
No	1653	96.10
Yes	67	3.90

Q81.9 Barrier: Other		
	N	Percent
No	1639	95.29
Yes	81	4.71

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q82.0 I have already had a dental checkup this year		
	N	Percent
No	1235	71.80
Yes	485	28.20

Q82.1 Barrier: I am not sure where to go to get a dental checkup		
	N	Percent
No	1512	87.91
Yes	208	12.09

Q82.2 Barrier: It is hard to get an appointment for a dental checkup from my dentist		
	N	Percent
No	1662	96.63
Yes	58	3.37

Q82.3 Barrier: I don't currently have a dentist		
	N	Percent
No	1418	82.44
Yes	302	17.56

Q82.4 Barrier: I don't like my current dentist		
	N	Percent
No	1698	98.72
Yes	22	1.28

Q82.5 Barrier: Getting transportation to my dentist's office is hard		
	N	Percent
No	1647	95.76
Yes	73	4.24

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q82.6 Barrier: I don't like getting a dental checkup		
	N	Percent
No	1593	92.62
Yes	127	7.38

Q82.7 Barrier: I don't believe I need a dental checkup		
	N	Percent
No	1630	94.77
Yes	90	5.23

Q82.8 Barrier: I can't get the time off of work/can't get childcare		
	N	Percent
No	1669	97.03
Yes	51	2.97

Q82.9 Barrier: Other		
	N	Percent
No	1559	90.64
Yes	161	9.36

Q83. How much would it worry you if you had to pay a premium (\$5 or \$10) EVERY MONTH for your health plan?		
	N	Percent
Not at all	478	28.32
A little	349	20.68
Somewhat	410	24.29
A great deal	451	26.72
Missing = 32		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q84. In general, how would you rate your overall health?		
	N	Percent
Excellent	132	7.80
Very good	414	24.45
Good	628	37.09
Fair	405	23.92
Poor	114	6.73
Missing = 27		

Q85. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage day-to-day activities?		
	N	Percent
No	1109	66.25
Yes	565	33.75
Missing = 46		

Q86. Because of any disability or health problem, do you need help with your routine needs, such as everyday household chores, shopping, etc.?		
	N	Percent
No	1421	84.89
Yes	253	15.11
Missing = 46		

Q87. Because of any disability or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, etc.?		
	N	Percent
No	1605	95.82
Yes	70	4.18
Missing = 45		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q88. Do you have a physical or medical condition that seriously interferes with your independence, community participation, or quality of life?		
	N	Percent
No	1277	76.93
Yes	383	23.07
Missing = 60		

Q89. Do you have chronic allergies or sinus problems?		
	N	Percent
No	1221	70.99
Yes	499	29.01

Q89. Do you have chronic arthritis, rheumatism, bone, or joint problems?		
	N	Percent
No	1217	70.76
Yes	503	29.24

Q89. Do you have chronic asthma?		
	N	Percent
No	1528	88.84
Yes	192	11.16

Q89. Do you have chronic back or neck problems?		
	N	Percent
No	1181	68.66
Yes	539	31.34

Q89. Do you have chronic bladder or bowel problems?		
	N	Percent
No	1546	89.88
Yes	174	10.12

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q89. Do you have chronic bronchitis, emphysema, COPD, or other lung problems?		
	N	Percent
No	1538	89.42
Yes	182	10.58

Q89. Do you have cancer (other than skin)?		
	N	Percent
No	1680	97.67
Yes	40	2.33

Q89. Do you have chronic dental, tooth, or mouth problems?		
	N	Percent
No	1404	81.63
Yes	316	18.37

Q89. Do you have diabetes?		
	N	Percent
No	1484	86.28
Yes	236	13.72

Q89. Do you have chronic migraine headaches?		
	N	Percent
No	1469	85.41
Yes	251	14.59

Q89. Do you have chronic stomach problems?		
	N	Percent
No	1403	81.57
Yes	317	18.43

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q89. Are you overweight/obese?		
	N	Percent
No	1253	72.85
Yes	467	27.15

Q89. Do you have chronic hearing, speech, or language problems?		
	N	Percent
No	1616	93.95
Yes	104	6.05

Q89. Do you have chronic heart problems?		
	N	Percent
No	1585	92.15
Yes	135	7.85

Q89. Do you have high blood pressure?		
	N	Percent
No	1237	71.92
Yes	483	28.08

Q89. Do you have a physical disability?		
	N	Percent
No	1561	90.76
Yes	159	9.24

Q89. Do you have any other chronic problems?		
	N	Percent
No	1457	84.71
Yes	263	15.29

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q90. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?		
	N	Percent
Every day	447	26.61
Some days	224	13.33
Not at all	1009	60.06
Missing = 40		

Q91. How often were you advised to quit smoking or using tobacco by a doctor or provider in your plan?		
	N	Percent
Never	167	25.08
Sometimes	164	24.62
Usually	125	18.77
Always	210	31.53
Missing = 1054		

Q92. How often was medication (such as nicotine gum, patch, etc.) recommended or discussed by a doctor or provider to assist you in quitting?		
	N	Percent
Never	360	53.97
Sometimes	139	20.84
Usually	79	11.84
Always	89	13.34
Missing = 1053		

Q93. How often did your doctor or provider discuss or provide methods and strategies other than medication to assist you in quitting?		
	N	Percent
Never	372	56.11
Sometimes	143	21.57
Usually	72	10.86
Always	76	11.46
Missing = 1057		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q94. In the past 6 months, did you get health care 3 or more times for the same condition or problem?		
	N	Percent
No	1087	65.17
Yes	581	34.83
Missing = 52		

Q95. Is this a condition or problem that has lasted for at least 3 months?		
	N	Percent
No	67	11.61
Yes	510	88.39
Missing = 1143		

Q96. Do you have chronic anxiety?		
	N	Percent
No	1076	62.56
Yes	644	37.44

Q96. Do you have chronic depression?		
	N	Percent
No	1092	63.49
Yes	628	36.51

Q96. Do you have chronic emotional problems other than depression or anxiety?		
	N	Percent
No	1556	90.47
Yes	164	9.53

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q96. Do you have chronic drug or alcohol related problems?		
	N	Percent
No	1645	95.64
Yes	75	4.36

Q96. Do you have chronic attention problems?		
	N	Percent
No	1547	89.94
Yes	173	10.06

Q96. Do you have a learning disability?		
	N	Percent
No	1628	94.65
Yes	92	5.35

Q96. Do you have post-traumatic stress disorder (PTSD)?		
	N	Percent
No	1581	91.92
Yes	139	8.08

Q96. Do you have bipolar disorder?		
	N	Percent
No	1614	93.84
Yes	106	6.16

Q96. Do you have schizophrenia or schizoaffective disorder?		
	N	Percent
No	1696	98.60
Yes	24	1.40

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q96. Do you have any other chronic emotional or mental health problems?		
	N	Percent
No	1663	96.69
Yes	57	3.31

Q97. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor?		
	N	Percent
Never	1189	70.61
Rarely	188	11.16
Sometimes	204	12.11
Often	61	3.62
Always	42	2.49
Missing = 36		

Q98. What is your age?		
	N	Percent
18 - 24	141	8.37
25 - 34	262	15.56
35 - 44	261	15.50
45 - 54	435	25.83
55 - 64	574	34.09
65 +	11	0.65
Missing = 36		

Q99. What is your gender?		
	N	Percent
Male	654	38.74
Female	1031	61.08
Other	3	0.18
Missing = 32		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q100. What best describes your current employment status?		
	N	Percent
Employed full time	385	23.10
Employed part time	447	26.81
Out of work < 1 year	81	4.86
Out of work 1 year or more	196	11.76
Homemaker	96	5.76
Student	68	4.08
Retired	103	6.18
Unable to work	291	17.46
Missing = 53		

Q101. What is the highest grade or level of school that you have completed?		
	N	Percent
8th grade or less	49	2.92
Some high school, did not grad	148	8.83
High school grad or GED	698	41.62
Some college or 2y degree	583	34.76
4 yr college grad	142	8.47
> 4 yr college degree	57	3.40
Missing = 43		

Q102.1 Race/Ethnicity: American Indian		
	N	Percent
No	1673	97.27
Yes	47	2.73

Q102.2 Race/Ethnicity: Asian		
	N	Percent
No	1686	98.02
Yes	34	1.98

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q102.3 Race/Ethnicity: Black/African American		
	N	Percent
No	1620	94.19
Yes	100	5.81

Q102.4 Race/Ethnicity: Hispanic/Latino		
	N	Percent
No	1651	95.99
Yes	69	4.01

Q102.5 Race/Ethnicity: Middle Eastern/North African		
	N	Percent
No	1715	99.71
Yes	5	0.29

Q102.6 Race/Ethnicity: Native Hawaiian or other Pacific Islander		
	N	Percent
No	1717	99.83
Yes	3	0.17

Q102.7 Race/Ethnicity: White		
	N	Percent
No	244	14.19
Yes	1476	85.81

Q102.8 Race/Ethnicity: Other		
	N	Percent
No	1702	98.95
Yes	18	1.05

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q103. Did someone help you complete this survey?		
	N	Percent
No	1545	92.24
Yes	130	7.76
Missing = 45		

Q104.1 Helper read the questions to me		
	N	Percent
No	67	51.54
Yes	63	48.46
Missing = 1590		

Q104.2 Helper wrote down the answers I gave		
	N	Percent
No	83	63.85
Yes	47	36.15
Missing = 1590		

Q104.3 Helper answered the questions for me		
	N	Percent
No	110	84.62
Yes	20	15.38
Missing = 1590		

Q104.4 Helper translated the questions into my language		
	N	Percent
No	105	80.77
Yes	25	19.23
Missing = 1590		

Appendix C – Unweighted Frequency Distributions for each IWP Survey Question

Q104.5 Person helped in other ways		
	N	Percent
No	114	87.69
Yes	16	12.31
Missing = 1590		

Appendix D. Comments Reported by IWP Respondents

The final item on the IWP survey was open-ended, and stated, *“Please tell us if there is anything else you like or dislike about your health plan or health coverage.”* Of the 1,720 respondents who completed the survey, 604 provided comments in this section. Comments were grouped into the following categories:

- Health Plan
- Limitations in Coverage
- Experiences Getting Care
- Access Issues
- Social Determinants of Health
- Suggestions for Improvement

Under the table headers include the comments related to that topic. Each row in the table indicates a comment from one individual that pertains to the topic area. It is important to note that one individual can have comments in different topic sections so summing up all of the rows will not equal to the number of individuals who provided comments (604). Comments that included identifying elements such as personal information of the respondent or names of providers of care have been redacted to ensure confidentiality and protect the privacy of the respondents.

Health Plan

IWP Member Comments related to Health Plan
I thought that once you get a full time job. I stop using my food stamps and my dental and my Medicaid cards. Am I wrong?
She does not know if she has insurance. She shows me State Medicaid card.
AmeriGroup paid for all past 12 months. Thank you. Allergy specialist. Emergency eye injury. Delta Dental pre-authorize causes problems. Takes 7-10 days then another 1-2 weeks for dentist appt. Has to be manually submitted.
It has been confusing where I can actually go to get help. A lot dental places don't accept my coverage. Thanks for your time.
I like my MIC and I have always had a positive experience with them as well as Iowa Medicaid. The customer service is amazing on both. I recently called about my 1095, and the lady was amazing as well. If they could Integrate everything into one card, that would be amazing, but it's good.
My MCO paid for my dentures and a health assessment. [Clinic name redacted] was 100% responsible for getting me medication for Hep C. My MCO refused this medication. My main doctors office refused to let me take lab work every 2 weeks for this medication. I had to go to IA City, hospital for this. Not happy with MCO provided doctor's office. [Clinic name redacted] dental. [Clinic name redacted] digestive disease center were both CLASS A offices and very grateful for their help in my health. God bless!

IWP Member Comments related to Health Plan
I am really happy to have coverage for prescription refills. I also really appreciate my doctor. He has been working with me to help alleviate a chronic fatigue/immune system issue that I have. He has been monitoring my vitamin D, which has helped, but I still don't have the energy to exercise. Anyway, he suggested I submit a request to [Clinic name redacted] as I have had this issue for years. I did and they did not accept me. My mother who is a nurse, thinks it may be insurance related. That was disappointing. However, I see there is a study done at Columbia about chronic fatigue and that there may be a connection to spinal fluid, I think I have to wait for science to catch up in knowledge. Thanks for taking the time to read this.
It is hard to keep all the rules and requirements straight. I wish there was better communication.
Can you send me information on specialist on skin? I live in Cedar Rapids and have always have to go to the [Clinic name redacted] hospital for everything they don't do at doctor office. When I have had to go to [Clinic name redacted], my car battery was stolen out of my car 2 times. Hate the [Clinic name redacted] hospital!
I am very happy to have it. It is a relief to know I can receive care when I need it. I hope this helps you and thanks for the money, it came at the right time when I was a little short.
I thought my name and info was private. You are not my doctor. How did you get my info?
I am totally satisfied with my health plan and coverage.
Very happy with my health plan and very happy with my doctor and his staff.
I'm just grateful to have some.
I'm very happy with it.
I need a doctor, can I please get doctor available to me. Thanks.
I am currently satisfied with my health plan.
I have had problems getting medication that the doctor may order and it's not covered by MCO, that no substitute is offered. And I can't pay for them. I wish that I would be covered by a specialist doctor that takes all Medicaid, not just a certain branch of it. I take forever for dental work to be authorized, so you can get you work done.
Has been great help!
To be clear if gender identity disorder (transgender health) is covered and how much Medicaid covers/pays.
Delay in getting meds that have to be pre-authorization.
I would like to see doctors where they listen to my concerns and are not on a time schedule. I would like medicines to be filled when a doctor orders them and not when an insurance does.
Start out assigning a doctor and plan, then if they want to change other they can. I did not use it last year because I didn't have a doctor or plan.
I am grateful for our health coverage. My husband has had a heart attack, triple by pass and a stroke within the last 6 years. He will never work again. I take care of him. We couldn't make it without you. Thank you.
Having this health insurance is a true blessing. Thank you.
Thank you.
I am always afraid to go to the doctor for fear I will be billed (just got billed, I called and was told I didn't have to pay but fear is always there) I don't hardly have money to live let alone pay medical and I feel that the fear gives me headaches blood pressure. I am afraid I'm having a stroke someday and I get nose bleeds.

IWP Member Comments related to Health Plan
I think if your doctor orders a test or surgery you shouldn't have to have it pre-approved don't they trust our doctors enough to know what their patience need.
Have no complaints at all.
I think it is a blessing. I don't mind paying a small amount. I can offered for good health care. I wish they had a better mental health care plan though but I'm not complaining. I hope I can be in the drawing for the Wal-Mart card. I could really use it! Thank you.
I was turned away at [Clinic name redacted] because of my United Health Care.
I love my plan. I just hope we can keep it.
I like it very much, but I would like to know which dentist in my area accept my health care coverage, and I would like to find out about my health care provider. Please and thank you.
Everything is great.
Thank you for being there for me, if I need help.
I really have no idea what Medicaid is. All I do is comply with what is required yearly. Staying healthy is the only answer for me. I believe if something happens I would never receive help.
I want to quit smoking, but my insurance won't cover anything to quit. It doesn't make sense to not want me to quit. It frustrates me.
I am really satisfied so far with the coverage I've been getting!
I'm pleased.
I'm grateful for the coverage. Finding a conselor is difficult because most won't accept UHC due to it being paid they said. And some meds aren't covered that I need.
Don't like dental program I broke a tooth in half got it sealed but then they told me I have to wait 6 months to get a cap put on it. There's a possibility you could loose the tooth waiting 6 mo. To me it doesn't make sense. Most dentist don't accept Medicaid. Do you have a list of any dentist you can choose from? Otherwise everything is good.
I'm good. Thank you very much for your concern!
I appreciated having a case manager, she was very good and helped me to resolve some problems; however, one complaint is that when I learned I would start getting SS disability as of April 2017, I asked if I would lose Medicaid coverage; she reassured me that I would not lose coverage. That was incorrect. They cut me off as of 2/28/17 (even though I won't get \$ until mid April), only giving me a few days to obtain other coverage. I had to discontinue therapy for my shoulder, which was past-surgery, and cancel other treatment and vision needs. I am upset this happened the way it did and feel I should have been given much more prior notice so I could get other coverage in place, and plan for the cost I now have to pay out of pocket at such short notice. My other complaint is that there were times I was given information. Only to find it was incorrect; for instance, after my shoulder surgery and the doctor said not to drive for 6 weeks, I was told by the plan that transportation would be provided, then when I called to arrange a ride, they said my plan didn't cover transportation; I had no income to pay for a cab to get to therapy and other medical appointments. Eventually, they switched me to a different coverage so I could get transportation, but by then I was allowed to drive. It was handled very poorly. I also had trouble getting a prescription paid for, and went through quite a few phone calls and got incorrect information before it was finally resolved. However, on the whole, Medicaid and my MCO did a good job taking care of my health care needs, and I really appreciate all the good help I did get.
I appreciate that they have taken care of me.

IWP Member Comments related to Health Plan
Thanks Iowa State for free health plan.
Like. 1) Takes care of eye exam, once a year. 2) Dental plan takes care of more, if go every 6 months. I'd like to receive more info about rewards for good behavior. After I got insurance, had emergency Appendicitis, got doctor check up, Cat Scan, surgery immediately. It would have been a huge financial burden, if I hadn't had the insurance!
I am very blessed to have the care plan and doctor that I have. I do have a well-check for next Wednesday for my care plan. I am overall healthy and can do things in small increments. I can not stand for long. And hands hurt to do simple things. But I am happy with my doctor and her care for me.
I could cover dentist in my area I don't do well traveling after get work done on my teeth it causes my sugars to drop and I can't eat. Better mental health care in my area. I can cover chiropractors and message therapist. It can cover vision and hearing in my area. The staff is nice and work areas always clean. Very quick getting in and out usually. I can't really afford anymore bills.
All my insurance company (MCO) cares about is that you SAY you are satisfied and I never am. Liars! Cheapskates!
So far it's been very helpful and I'm very grateful for all of the help I've received.
So far everything's ok.
Some "rules" don't make sense to me such as: I see my doctor on a continuing basis. WHY do I need an appointment specifically for a WELLNESS CHECK? This seems like a waste of time for the doctor and me and just costs the MCO/Medicaid extra. #61 and 62 about prior oks for treatment. I know that the doctors took care of this. I have no input. #96 - My answer would be NO but this wasn't optional. If I have to stop smoking (45+ years) then others need to stop drinking alcohol!
I have good coverage.
I love it!
I wish it was easier to figure out who I want my personal doctor to be, such as if I would personally like them to examine me.
Rec'd letter today my MCO is possibly cancelling services with [Clinic name redacted]. My husband relies on their heart doctors. Very unhappy! Won't know till 7-1-17 definitely. May, at least he, will have to change plans if services are ended and that's a pain! So far I'm ok with it.
I have never had any problem. I'm very grateful for this insurance. I've never had to depend on you, but now I do and I'm very pleased. Thank you.
My doctor prescribed me nicotine gum and patches but because I don't have the phone time for talking to someone about quitting smoking. My health plan would not pay for it. So my doctor simply wrote an Rx for a stronger inhaler instead, that's stupid requirements. I will simply continue to smoke.
I have no complaints. I really appreciate the help you provided me.
I'm very thankful.
I like that I do get the care I need when I need it most of the time and don't have to worry about if I can afford it or not. I do however get confused about what exactly it is that I'm supposed to get like what type of check up? For example when asked about getting a medical check up re you asking about a full physical with lab work etc. or just like routine check ups like for my diabetes? Also I didn't understand the first question about insurance in this survey if you are asking other than the coverage I get from my MCO then no I didn't have other insurance.

IWP Member Comments related to Health Plan
I'm satisfied with my health care AmeriGroup.
I think it is working very well for me.
I think right now everything is just fine with my health care.
I like my health care plan and coverage, because I only work part time and can't afford health care. This year I would like to concentrate on dental health. And would like more information on both. Thinking about having a Hysterectomy.
Thankful for health coverage through Medicaid expansion extremely stressed and concerned about its probable repeal. Won't be able to afford anything decent or pay high deductibles or copays. So I just won't get any medical care if Medicaid expansion is repealed.
Just want to thank you for all your help, I went through abusive marriage here, where I have nobody struggling alone to raised my children its very tough. I don't get enough sleep, lost my 2 parents back home in Africa, nobody to talk to anymore, feel alone, but still trust in my God, there is not 1 work for that is enough for the bills. Thank you lot.
My treatment options are limited to what my insurance plan will cover not based on NEED.
It's nice not having to pay for my prescriptions.
Still not sure if eye glass are covered. Hell, still having problems getting on SSDI for Multiple Sclerosis/MS they have me listed under my wife, so I'll have to get divorced; she wants one anyway.
It's been good so far. We'll see what happens as I get worse.
We have been very pleased with AmeriGroup and the doctors we have access to. I am disappointed in the activities of the Healthy Rewards program. As healthy adults the only activities that apply to my husband and I are completing the "new member initial health screening" and mammogram for me (every 2 years). All the other activities are for children or members with health problems. I would like to see some rewards for activities for healthy members such as for exercising, doing annual exam (physical), etc.
I would like help locating a personal doctor for myself and a dentist in my area. I have always went to [Clinic name redacted] for all of my visits and also my children's, so I'd greatly like some help finding myself a doctor and dentist that take my insurance. Thank you.
Finding a dentist that accepted new patients took several hours and many phone calls. Finally found one 40 miles away.
Health plan is great.
Dental insurance, very slow to authorize work.
I'm just grateful for all the help, medical wise, and my prescriptions. I haven't worked since my divorce. I have myself and 2 boys I'm raising now that I see o n weekends and at times don't have cash to help them out with anything they need, but my love and guidance. Thanks for your help.
I hate that Branstad privatized Medicaid. It is just a matter of time before they start taking away benefits.
The MCO never asked if I already had a primary care physician but tried to get me to go to a doctor located in East Des Moines. I had to communicate to them several times that I did not need a primary care physician and would certainly not be going to Des Moines to see one when I live in the Ames/Boone area.
No I am happy with my health plan. Thank you. It is big help to me.
No, so far everything is good. I appreciate everything you do. Thanks.

IWP Member Comments related to Health Plan
It's all too complicated for me to understand. I think only a lawyer or an insurance sales person can understand.
Have had good results. No complaints. Did get a letter about Mercy Health Network possibly ending contract. That wouldn't be good. Almost all doctors and the hospital here are through Mercy.
I wish it was easier to get through to talk to someone about things. Sometimes I wait for 20-30 minutes to get through on the phone and then immediately get transferred.
I dislike that my medical assistant got cancel just for not returning a review form. I think that a call could it be better to let me know that I need it to get the done. I didn't know I had to provide information, I been having difficulties trying to find a place to live and when I got this notice letter was too late to take action.
I honestly don't know what my insurance covers.
My MCO may end the provider contract with my primary care physician. I don't want to go out to find another physician as I like the one I have. I'm not at all happy about this!
I have had to change several prescriptions and wait months to finally be approved.
I think the guidelines for qualifying stink. My son is a full time college student who also works and lives in my home. I pay all the household bills except his car insurance and cell phone bill. They used his and my income together to see if I qualify. This year I have been denied coverage. After taxes, I only bring home around 1,400 a month. I can barely make my bills let alone pay for health insurance. I'm 50 years old and will have to get a second job to make ends meet!
United Health Care is limited due to its prior authorization steps and non-coverage of vital healthcare. Not to mention most doctors and dentists do not accept said insurance and users must drive long distances for dental. Please look to improve!
I was upset when I lost my insurance in March because number 1 my dad was really sick at the time fighting brain cancer and Medicaid sent a letter to me in the mail that misled me that they were switching my insurance. Now they put my son and I on United Care plan. None of the doctors and hospitals in the area where my son and I live they do not take the United Care insurance. So besides sending me a letter writing misleading information. P.S.: They put us on an insurance that I couldn't even use. Then I had to find transportation and go to my local hospital and talk to a social worker at the hospital and she helped me get on the AmeriGroup insurance. I can't remember for sure how many months I went without insurance but I wasn't able to go to my lung doctor at [Hospital name redacted]. I wasn't able to get my medicine filled when I didn't have my insurance, so this is the issue that was very upsetting to me. I need my medicine prescribed by my lung doctor and I wasn't able to get it. Also I was prescribed blood thinner medicine which I couldn't get.
It's so hard to get prior auth for meds that I need (i.e.: Synthroid) Levothyroxine is covered but it doesn't work correctly and my Endocrinologist specifically wants me to take Synthroid but they won't cover it. I have had many issues with coverage for meds, this was just one example.
The health care part of plan is excellent. The dental part of the plan is ridiculous. Waiting to have a crown placed on a broken tooth is unacceptable. I have done everything they have asked and yet it has been almost a year. Meanwhile my temporary filling has fallen out three times. The dentist shared with me, he is only paid once for the filling. The other two times were on him. The tooth is cracked and needs a crown. Seems silly to have to wait.
It's good.

IWP Member Comments related to Health Plan
1) Dental care could be improved if services could be attained prior to designated dates of service requirements. 2) Continue to have problems receiving CPAP supplies. Supplies states that insurance company requires 30 day and 90 day compliance report. This has been provided more than a month ago and still insurance has not approved.
I like that I am able to get my migraine perscription medications through the health plan, some days my livelyhood depends on this medicine.
When prescribed a medication from my preferred-care provider, a pre-authorization has been required almost every time. I take 5 meds daily, w/one recently prescribed. I have also needed anti-biotics for ear infection and am allergic to Neomycin. Every time a pre-auth is needed, it takes an additional 48-72 hours to get resolved. There have been times I've called the doctor and asked for another med. Why is a pre-auth needed from the same doctor that just prescribed the med? The delay in receiving medication has caused stress, anxiety, confusion and an aggravated ear infection that could've been prevented. Otherwise, I am happy and extremely thankful for the coverage I have. I've recently started working and will lose coverage because I can't afford the \$300 premium from work.
I hate that I have to use this insurance, but I am damn glad it is there or I would be not taking my medications or managing my diabetes so well. There needs to be some sort of vision insurance though. It is difficult to work if you can't afford eye exams or glasses.
Sometimes when medications are prescribed they don't okay it. But all in all satisfied.
I find it frustrating that I receive dozens of surveys but never any info on how the insurance plan works. Also to discover after my health care coverage was dropped due to not paying a premium. I have left several messages to resolve this issue and all I received was a letter stating I can reapply. Previous surveys I requested info on stop smoking and weight management. I called my doctor's office too. Still waiting. Now I have no medical insurance and can not afford these programs. Tried looking online. It's a maze of links that end up with no results.
It's difficult getting in touch with the people I need over the phone. Several times there were communication problems where a doctor was missing significant information I had given to an assistant, or had incorrect information.
I have approx. \$400 in unpaid lab fees which have gone to collection. I tried working w/the insurance provider multiple times. I gave up. Also \$300+ spent on prescriptions (that my friends paid for) due to pharmacy saying I had no coverage (which was untrue). I'm currently trying to get reimbursed to pay my friends back. It was medication I can't just stop taking all at once. I have since switched to a different pharmacy.
I make less than \$12,000 a year, because of Obama Care I have great insurance. I get a subsidy that coverage cost me zero for premiums and zero for my drugs. Trump Care will take this away from me.
AmeriGroup has a fantastic (illegible) and a very speedy return response and a high quality staff that does everything in their power to resolve people's problems.
I have AmeriGroup, so far this insurance has been very good to me and for me. The cost is low and the coverage is great.
I do not appreciate being dropped because of social security retirement being too much income to continue and not be offered continued coverage. If they want to kill me they are going at it the fastest. Way possible!

IWP Member Comments related to Health Plan
After reporting my income (for renewal), I learned that I was a couple hundred dollars over the maximum income for that particular month my income is inconsistent month to month and was informed with only days notice that my coverage would end approximately 10 days arrange for and purchase private coverage. This was alarming to me and the fact that there was no way to seek a brief extension of coverage to allow adequate time to research options was distressing. Not intending to be rude w/some of my written comments here and throughout the survey, but some of the language seems to be unclear to me point that the results of these surveys may be less accurate. When a question asks whether something happened at all in the last six months and it only happened once "never" "sometimes", "usually", "always" are confusing. Also, incredibly confusing language on No. 6. Please see my note next to that question. I'm really unsure whether my answer accurately conveys my situation because of this.
Everything good.
If I have this plan for me and my husband will be great because I'm scared they will cancelled and we don't have offer where we used to work, this is the only one. Please continue with this. Thanks.
I find it challenging to find information on the United Health Care website regarding available eye doctors, and OBGYN's. Luckily my OBGYN takes this insurance, but she isn't listed on their site.
Nothing, wonderful MCO. Grateful to have such a great MCO.
I have tried to get dentist apt for over 3 months. They tell me they need confirmation from AmeriGroup each time I ask they say "it will take 2 to 3 weeks before we hear from your insurance co", for 3 months?
Thank you for allowing me to get medical attention and be able to afford my medication and Dr. appts and dentist appts and everything because otherwise my body would be like super dead now so please please keep helping people we need it. I need it until life gets better and I can get a real job and money and a house and car w/o worry about it. I'm alive or can afford Dr. and meds.
I am very thankful for the Medicaid I receive. I had a hernia (umbilical) for eight to ten years. I would have never been able to afford the surgery to repair the damage. I qualified for insurance and now have recovered from the surgery. Best thing to happen in my life for a while. Thank God, hope I still qualify for Medicaid.
They cover eye exams, but not glasses. Am thinking about changing my MCO, my friend can get a gym membership on his.
I don't like the fact that there are times when you have to get pre-approval before getting the medication a doctor orders and I would like for that not to be an issue for us. I couldn't afford some medications that the doctor ordered for me, so I went without it.
I like the plan, it's a good plan for my son and I. We don't mind the requirements, we just work each year to complete them.
Amerigroup has made it very difficult for my doctor to get approval for treatment. Doctors and nurses have told me about their frustration in dealing with this insurance company. From getting authorization for treatment, to taking 90 days or more waiting for payment. Amerigroup, I would describe as a company that strains the gnat out on every little thing. I think hoping you will give up out of frustration. Amerigroup always has an excuse for why something wasn't done or approved. I think their motto is deny, deny, deny!!! To date the worst insurance company I have ever dealt with. I wish I could fire them or put them out of business.
Thank you.

IWP Member Comments related to Health Plan
My Lyrica was not approved and had to switch less helpful medication.
It is ok. Seems to be working for me.
I have "given up" going to [Clinic name redacted], I transferred to [Provider name redacted]. First appt he announced he was off for a month w/no back up doctor, I can his office no calls back. I'm tired of all the lack of follow through at [Clinic name redacted], lack of appointments, no follow up calls on and on! The "care" at [Clinic name redacted] it is UNACCEPTABLE for myself or anyone! I'm tired of AmeriHealth "running my life" always asking permission. The doctors are sucking up federal money w/constant orders of wanting "more" tests, x-rays, etc. Keep your laws off of my body!
I am extremely happy with my insurance coverage. Thank you.
It's a good plan. Thank you.
So far everything is great. Haven't disliked anything yet.
I dislike the fact that not many companies accept it around my area.
Thanks for all the help.
The times I have called to get info, the person I would speak with was mostly, no help what so ever.
1) My assigned primary care physician was never given to me. 2) The website is almost impossible to use. 3) MCO customer service is rude.
Unsure if it would cover anything if needed.
Not for my coverage, but for my son - he had to go to the hospital out-of-state when we were on vacation. We have had to call insurance repeatedly because the hospital keeps sending us bills saying they want us to pay since insurance won't give them anything. Example: sent us a \$38,000 bill says insurance paid \$1,000.
Having to get a wellness check every year. I'm old enough to know if I need to go to the doctor.
i in treatment right now and I do not feel it is necessary.
Trying to get help to sign up or renew. No one knows anything that is going on from one phone call to another when will any person ever know what is going on. When you call you get mad at all the menus that they give you most of the time, you get the wrong one!
I like its simplicity and dependability. Please keep it coming.
I think the MCO's are a disaster and we should have never privatized health care in this way.
Like that it covers all my mental health therapy and mental health doctor appointments. And like that it will fully cover if need to be hospitalized for my mental health and safety (I think anyway but not sure) - (which is very reassuring that I will not have to worry about how will pay if in a crisis and need to be hospitalized).
Dislike having to get prior authorization for my medicine which keep me from becoming sicker.
I can not afford to pay even the 5 dollars a month. Everything I get goes on bills and gas and supplies for the home. I need glasses but can't afford, you only pay for exam. I need all my teeth pulled and to get dentures you only clean. My teeth are rotten and broken. I have many things that need done but can't get alone because I have to be referred or wait to see if approved.

IWP Member Comments related to Health Plan
I can not get a pair of prescription glasses. The primary care doctors are assigned to me w/o their knowing, three so far, and when I call to reschedule just a regular physical, I am told doctor X is not accepting any new patients. The MCO left hand doesn't know what the right hand is doing. No communication between MCO and doctors who are on are not accepting new patients. I have also taken two surgeries where in I may qualify for prescriptions glasses w/o ever finding anything out, no call or mailed results.
I was not aware of having to complete the online assessment and a medical/dental check up by a certain time. Wasn't told I had to do this every year, then started receiving a bill each month saying I had to pay \$10, by that time I had completed the dental check-up and asked if I completed the online assessment if I'd be ok and then not be required to pay the \$10 the lady from hotline told me "no" so basically it was too late to correct the problem.
I do not like the fact that because I am enrolled in the health wellness program that the government can take anything that is left from my estate when I am gone.
After the MCO's took over it took a long time for me to be able to get my prescriptions because they showed I already had coverage, which was previously IA Medicaid. I have had difficulty w/other authorizations and providers not getting reimbursed in a timely manner. Also, I am bombarded w/mail about items they have paid which I feel is another waste of money and time.
Didn't like that my medical was cancelled because I wasn't aware of things. Nobody contacted or sent me papers about it.
Started to see about getting gastric-bypass and finding out that I got to pay money out of pocket when I don't have it, or finding out to call my medical insurance to find out if things are covered. This should be done when you first go see these doctors now I don't want to go because I don't want the bills to be a surprise or be a burden to me!
Too much paperwork! Too much info coming in my mailbox unsolicited.
Been good about covering prescription costs on certain meds. But noticed that sometimes meds that had to be prescribed couldn't be filled a few times due to costs, health coverage couldn't fill this, so the prescription had to be re-changed cause of costs. Doctors need to call in something that they know will be covered by the type of insurance I get. Or the insurance needs to cover more prescriptions.
I am very happy with it!
Finding out which plan I have and when I can set up an appointment.
Do like seeing all costs paid by my MCO/or not paid for. i.e. flu shot. More direct info on what my coverage is. Better job communicating the requirements to avoid the monthly prem I now pay. Wellness exam is not much more than blood pressure, weight and brief visit with my doctor. Dentists who take Medicaid patients is slim to none in my area.
I don't really know what I'm covered for. I really need a dentist, but the website for my coverage doesn't mention dental so I'm afraid to go. I have to go to the doctor often due to my disability, and I'd be horribly in debt if I didn't have any insurance, so I'm really glad Iowa helps me. I really hope all the politics right now doesn't leave everyone who needs assistance, like me, without healthcare coverage. There would be a lot of suffering.

IWP Member Comments related to Health Plan
Overwhelming mail. Dysfunction of communication of genesis to genesis. Lack of cabs/Uber. Overall this is excellent health coverage. I never relied on anyone besides myself, but just when I needed the most, it was provided for me. Thank you. P.S.: I taped the two dollar bill to my mom's back on St. Patty's day. She didn't have any green on. Thanks again.
It's really confusing when it comes to the dental side of my insurance.
No doing fine. Thank you.
When I first went to this health plan I was able to get paid for transportation, then they said my plan changed but no one will tell me why it changed I am still not getting any income for over a year now.
Our coverage has been an answer to prayers since I was diagnosed with brain cancer in May 2016. I would not be alive without the care I have received. Thank you. #104 - I answered some questions, but my wife answered and wrote down the answered the majority of questions.
Anytime I have needed to contact a representative with United Health Care, I am amazed at the quality of service I receive. Since I have moved 3 times since Dec, 2015 I have not signed up with a new Primary Care Doctor yet. However, I am currently working on finding someone, and have looked through the UHC website and made several calls to UHC.. I have nothing but praise for their helpfulness with my questions and walking me through some of the necessary information. I am actually eager to find a nurse practitioner and get going with better preventative health for myself.
Your website is very confusing to navigate. I was unable to find the information I was looking for. Communication from you is not very good. My tax papers came WAY late, should have been sent out by the end of Jan. but didn't arrive until second week of March!
Like the ability to have this health coverage help a lot because of previous so called health coverage that didn't cover anything which created problems with hospital stay which that was extremely costly which I am still paying on so this coverage helps tremendously.
I appreciate the help I get from [Clinic name redacted] and have never had any bad issues through my insurance. Thank you.
Most often my calls are helped in some manner, though sometimes I get the run around. I do not like the length of time between visits to the doctor because I believe valuable time is being wasted. I know my body and the doctor is guessing based on my words and his education. It has almost been a year since my injury to my knee and everything is worse. One doctor says no injury but another says yes and does a scope. Now I can't straighten my knees completely and makes it difficult to walk. Still using crutches and leg braces. Unacceptable delay.

IWP Member Comments related to Health Plan
I have been denied over and over to go to [Clinic name redacted] in Rochester. I had surgery that was performed at [Clinic name redacted] by a doctor that I entrusted my health and well-being to...this doctor is who I want to see for any and all checkups and/or concerns related to said surgery. Who wouldn't? Shortly after this surgery I no longer had medical coverage through an employer and due to low-income was enrolled with medicaid. I have been denied coverage for follow-up visits (as scheduled) at [Clinic name redacted] ever since. I'm told that I will have to go to Iowa City instead, a 4+ hour drive one way to see a doctor who knows nothing about my medical history much less my surgery. [Clinic name redacted]'s reputation is stellar, they provide health care that is second to none, and they are only a 45-60 minute drive from my front door...people cross countries, continents even, to go to [Clinic name redacted], yet, I am denied because of a state line. Senseless. (My post-surgical care stopped due to IA's denial of coverage...I tried to get authorization/approval on numerous occasions to no avail. IA's refusal to authorize medical care at [Clinic name redacted] has resulted, for me, in no medical care at all. Way to go!)
No complaints. Happy!
I think my health care plan is very good and have never had any problem getting my medical needs.
I love my health plan. I don't make any money so it is a God send since I have a chronic condition.
I went to get my eye glasses as my other pair got broken. First pair before this insurance my Medicaid paid for both my exam and glasses. Went to get exam with new insurance, exam was paid for but not my glasses, this was huge for me because I'm unemployed, had to borrow from a friend 2 months ago and still have no way of paying them back, and have received a good friendship over this! Now I need dental exam and dentures but very afraid this will happen again, meanwhile I get severe sores and cuts on my gums just trying to eat. This is why I don't like or trust the insurance I have. Don't understand why Medicaid had to change, to the ones who really needed it. I truly believe this is unfair to elderly, and unemployed.
I think you shouldn't be forced to get a check-up, should be my choice no one else's. I know when I need a doctor shouldn't charge a premium for being healthy. That's wrong. I'm a caregiver for my husband he has seizures, I need to be at home with him. My feet have bunions on them that hurt very bad shooting pain through my legs all the time, that's my disability. There are times I do nothing off my feet they still shoot pain through my legs. It's misery for me all time. But still keep going. My feet been like this for all my life, but I worked more than one job for a while cause I had to, no other choice. When I got done working I'm in misery pain with my feet. Cry a lot after work cause they hurt so bad. They still do. That's my disability and now can I get help. I can get disability for my feet. Thank you, that's what I need help with my pain.
I appreciate your help in paying my medical bills.
I did not know how to answer question #1 because I am on Medicaid.
I haven't been to any dr. in the last 6 months, yearly appointment is made for June of this year. Love this health plan, it suits our needs very well, thanks
Only when I call the doctor's office speak to a nurse and ask a question and they don't get back to me. I've called once about an antihistaminic and about an ultrasound result.
Everything is fine, do not have access to get new glasses. Insurance only covers eye exam and I am currently unemployed, so therefore I can not get new lenses or glasses.

IWP Member Comments related to Health Plan
I am blessed everyday with the health coverage that I do have. Being diagnosed with Breast Cancer in March 2016 I was overwhelmed with the doctor visits and costs of treatments. Thanks to United Health (my medical coverage) I was able to concentrate more on the healing part of my treatments than worrying about how I'm to pay for these costs. I have been on leave of absence since July 2016 and am returning part-time now. I really don't know how I would have done it without this wonderful coverage. Thank You All!
My recent divorce got me behind on bills. Having this services gives me peace of mind. I was trying to pay almost \$550.00 a month for my health insurance.
I am grateful.
Everyone's not the same and they don't cover crap.
I no longer have coverage through you!
They have been good to me so far. Do not want it to change.
I very much disagree with not allowing doctors to order CT-Scans and MRI's to find out problems BEFORE therapy. My back is in severe pain but I have to go to therapy which involves pain on pinched nerves and my tailbone is partially attached to my L5 vertebrae. Doctors should be allowed to find the CAUSE before clients have to be subjected to possible worsening of the problem.
I really like my coverage. However, there was a three month time span last year where the State and United Health Care told me I had different coverages. The State people that I talked to were very rude and not helpful at all. Even now, I'm not sure if there are certain things I need to do to stay in the Iowa Wellness program. Communication with "clients" in this program is poor, and I would like to see an improvement.
3-30-2017. Go back to Iowa run Medicaid, worked fine, read that one plan (of the 3 offered) is having problems. United Health Care (my) seems to doing well, but getting a lot of "wellness" ads, don't need, 3 entities to get 20% to run, was Iowa State managing costing this much? Lot of "sales pitches" from these groups. Mom wrote this. Call [Phone number redacted]to talk to me!
I'm tired of having to wait WEEKS for AmeriGroup to approve treatment and counseling!
I don't know if dental is included in the plan or if I wanted to, how to change my doctor or my girls doctor.
Why don't hospital accept certain insurances when this clinics in the area accept all ins. Medicaid needs to send out or otherwise notify people on how to find the information on coverage. Drs need to know how to treat patients for illnesses.
United Healthcare is the worst company I've ever dealt with in Healthcare. I think monkeys could do a better job. The prior authorization process and appeals process have made my life hell. The communication between my doctor, specialist, myself and UHC is the absolute worst. Can't wait to switch to a different MCO. The doctors really dropped the ball. Shouldn't be this hard to get the care I need.
Health Care that is covered by insurance, Medicare and Medicaid does not provide care for health, but instead only manages symptoms and chronic disease. I use exercise, massage and home remedies to care for my health except in case of a bad infection. I use antibiotics (last time was less than 10 years ago) or injury (also less than 10 years).
My plan is great, it's the doctors who don't care.
We can no longer see our eye doctor because they dropped United Healthcare due to not being paid. That's very upsetting to me as we've gone there for years.

IWP Member Comments related to Health Plan
I like having coverage in case of emergency but it can be inconvenient or embarrassing to use for preventative care. So grateful for coverage of my children.
With AmeriGroup the logistics, call center, transportation reservation needs serious improvement. Their health care coverage is wonderful and the healthy living perks are great. Earning money (OTC) card is an incentive to get tests done and be preventive for health issues.
I am satisfied fully with my health care coverage. I didn't know about the helpline, or that I may be able to get help with transportation to appointments, that would be so great! I also didn't know about getting a check up and dental exam once a year or I may inquire additional fees, good to know! Thanks for choosing me for your survey.
The plan has helped me out so much. I was working part time and could not afford the expensive coverage.
Iowa Medicaid is the best thing for people who do not have a plan with their employer. I have experienced both worlds and Medicaid is on par with anything I have had with an employer. Please don't let political and other considerations deny the people from obtaining Medicaid under Obamacare, aka Affordable Care Act. If the political institutions take away this benefit, then it is going to be a very, very sad day for our nation. My heart especially goes out to the millions of people who would die if the proposed changes or a repeal were to actually become a reality. The healthcare community must rise up and protect those who do not have a voice and protect those who are the most vulnerable in our society. Please keep up the good work and fight for a MEDICARE FOR ALL type program for the United States of America (USA). Thank you for the \$2 to fill out your survey. Have a good day!!!
The new Medicaid is horrible. I can get an eye exam but no glasses! What point is it then? I can't go to the dentist. No Medicaid dentists accepting patients. I cannot afford to drive 2 hours to go somewhere. I can't even get cough syrup.
How do I go about informing the insurance that I am working now? Could I have a list of dentist in my area, if you can.
I can't thank you enough for "peace of mind" by covering my health care needs. It's the best coverage I've ever had.
Simple notes can be mailed out if anything changes in our health plans, big packets throw off the people. I've seen friends just throw away their mail because it's too much info (overwhelming). Thank you.
The bills that come in the mail are a little difficult to understand. I love my health plan and coverage.
I do NOT like having to get my teeth cleaned 2x/year, it feels like they're scraping the enamel off my teeth! Just once please!
I love the ACA. It's made going to get medical care actually affordable. The amount of people I know who never went to the doctor until the ACA is astounding. It's truly helped the American people in my opinion.
I like the program but it takes too long to get medical authorization when you are needed. I had a foot injury and it took 3 weeks to get prior authorization.
I am an over the road truck driver and it's hard to get to the doctor so being charged \$10.00 a month is upsetting. Also not knowing that was going to happen is upsetting.

IWP Member Comments related to Health Plan
This has been the best health coverage I've ever had! Before getting Title 19, I was on my parents' policy I had to pay almost 90% of doctor bills, prescriptions, etc. Out of my own pocket! Also, I didn't have dental insurance. Title 19 really helped me save money and I was able to get dental insurance.
Seems to work for me. Thank you.
I like my coverage. I just wish I had full coverage so I could make it to appts and so that I could get treatments and procedures done that I desperately need.
I really don't know how I got my primary doctor. It's at a clinic that is very busy and in a bad location. I would like to change but don't know how. My doctor struggles with the insurance co for my med approval. It's BP medicine. P.S.: I sent the 2 dollars to St Jude Children's Hospital for a donation. Thank you!
I am very disappointed in the Medicaid/AmeriGroup member services helpline. When I have questions I can call 3 different times and get shaky 3 different answers. Most often they can not answer my questions about what medicine my doctor can prescribe that will be covered or need a prior authorization. This makes my doctors/mental health providers want to drop me!
I resisted applying for a long time but had not had health coverage for many years. I appreciate having it now and hope to one day be able to afford my own policy.
All my needs have been met up to this point. Thank you.
My doctors (several) have had to submit prior authorizations for medications. They did so with medical records and proof of failed drug attempted yet each time these records were overlooked and the doctors had to "appeal" the denied decision with the exact same submission. This is wasted man hours for the doctors and the insurance company while I had to wait for a needed medications, about 4 total meds over the course of time. Someone needs to seriously look into this.
I am very pleased with my health plan and coverage.
It is great, best I've ever had. Although more information on rewards, easier online access with what is covered and when check-ups etc. need to be scheduled again.
Everything is great. Love the health plan and care givers.
My health care coverage seems to fit my needs. I am some what overweight and have slightly elevated blood pressure. The plan is working well for me.
My healthcare plan has been good to me.
Without this coverage plan I was very close to suicide! I work part time, I get \$14.00 monthly in food stamps and felt worthless. My grown children and ex-husband were paying my bills (medicine and doctor). I felt like such a burden. I suffer from PTSD from child abuse of a very evil man. Thank God I had this health insurance to help me get the specialized health care I needed.
I can only get a hold of Medicaid M-F from 8 - 5 (when I am working). The 10.00 charge always come so late and I can't pay it online. I can't get my add medicine because I'm 21 and the medicine is expensive. MCO isn't much help and gave me wrong answers last time.
I like my health care coverage, because for 10 years I had nothing so I didn't see a doctor at all.
I don't like getting billing statements every time I go to the doctor. I don't owe anything so I don't think it's necessary to waste the paper to send me. If I owe anything then ok, I don't understand them anyway.
It's ok.

IWP Member Comments related to Health Plan
I do not know if my health plan were still coverage, but I make my dental appointment coming this month. Thank you.
I switched providers and answered these questions with new provider in mind. I left old provider due to long wait times and often not available when needed.
I could use some more information on how my current health plan works for me.
I have had no problems with my health care. Thank you.
I love my health plan! I love how cheap and easy it is.
I am extremely appreciative of Iowa's ongoing efforts, back to the first implementation of "IowaCare" by then Governor Vilsack, to offer expanded medicaid. It is an invaluable service to many who otherwise would forgo medical care.
I am very happy with it.
I'm happy with my coverage.
Fine so far, haven't really checked out much.
I am so happy with my health coverage. It gives great health benefits. There is nothing that I dislike about it. Everything is good.
I am grateful to have coverage. Being without insurance is a scary time.
Sometimes it's hard to get in to a good physician right away and it takes a while for certain meds to be covered. I think all meds should be covered especially when your health and well being is on the line. Otherwise I'm pretty satisfied with my coverage.
It's been great. I am an artist and the relief of having healthcare makes it easier to focus on growing my small art business.
I don't understand why my coverage is ending or why they are counting an income that does not get included in our house. I make 1600.00 a month to support three people. They are trying to say we make 3000.00 a month. I call to appeal, but no answer or response from DHS.
I'm appreciative that there is medical insurance available at all for people that maybe having a rough time financially as I am at this present time. Although I haven't had cause to use my medical insurance often, I'm grateful for it's availability if needed.
It would be great if vision was added. Without this insurance I would not be able to take care of all of my health care needs, I am very grateful for this insurance. It has probably saved my life! Thank you.
Overall I like my health care plan. I have a great doctor too.
My daughter has pancreas and liver problems. On going to the ER, they define it as acute stomach problems, which is not considered life threatening, that coding is wrong because insurance agency won't allow funding if it can't be proven with a test! This is wrong. Our hospitals need to be paid fairly and help needs to not be denied. If having insurance is supposed to guarantee health care, that is a lie. It is wrong when insurance dictates what degree of care you receive. I also believe insurance does not reimburse doctors and hospital in any way fair. When a \$75 bill is turned in and insurance pays \$10. That is not realistic funding. Obama Care - The requirement to have insurance is robbing citizens, helping illegals and causing conscientious health care to close. Eventually, medical care will become inferior due to lack of payment.
Keep it the same way. I like this health coverage.
I'm very pleased with my insurance. Thank them very much.

IWP Member Comments related to Health Plan
I have not been very well informed about a health risk assessment and this has caused me a fair amount of stress and anxiety now that I have been reminded.
So far everything is fine. No complaints.
So far I am pleased with coverage. I don't know what I would do if I had to pay. I have a lot of scripts and health conditions. I'm a widow and have no help from a spouse. I'm not able to work full-time due to my health. I have had good luck with [Clinic name redacted] and the care I have received.
I dislike having to be part of the state-funded medical program. It bothers me that tax payers cover my medical bills when I am a healthy individual and my only two appointments each year are dental and a female wellness exam. But I cannot afford to pay the monthly premiums for insurance quoted to me through the healthcare.gov. On top of bills, rent and paying off student loans, working two part time jobs and running a new start-up business with my partner, it's just not possible for me to pay those premiums (and no insurance is offered through my employers). I like my doctors and I like being part of an insurance program; it gives me great peace-of-mind, but I wish there was a subsidized plan in my price range that I could contribute to, taking some of the burden off the state without charging me a ridiculous amount for just a couple of check-ups each year.
I love it!
How much is the deductible to go to doctor or dentist.
The only problem I have is getting transportation. Also it would be nice to have a list of the more invasive tests that are covered such as colonoscopy.
The health care plan came as a blessing, they were quick to start it and helpful along the way. I did not have no health care since 2009 started this health care in 2016 Jan.
Having free prescriptions is amazing, thank you. Allows for a stress free mind set.
I only knew that I had Medicaid. I don't know about any other MCO. One day I got an ia health link AMeriHealth Caritas Iowa card. The information I got w/card said to keep the card w/my Iowa health card. So I did. I do have an Iowa ID card w/ my picture on it. It says [NAME]. Got it at the DMV it was a couple of years ago.
I have had migraines for 40 years. Medication for them is very expensive. If I didn't have this plan I would not be able to treat my headaches, and that is a horrible place to be. They make me very sick. I am so grateful for the medication my plan provides me.
Thank you, this insurance has been a God send.
I am very happy with my health plan.
My coverage allowed me to get treatment that I would not have been able to get without it. It relieved me of stress while getting and undergoing treatment.
I am very pleased with State health care provided by AmeriGroup. I have never had any problems and have been treated very kindly not looked down upon or treated badly because of State aid. My needs have become above basic healthcare and have become a necessity to survive. I am thankful and blessed to have a good outlook on future healthcare. My doctor is excellent.
I am so happy that I was able to keep my PCP when everything changed.

IWP Member Comments related to Health Plan
Sometimes all the information on the pamphlets is confusing. I have trouble understanding it as if the language was foreign. And I hate calling because I keep getting transferred to another number I need to call. But when I do finally speak to the right person they are very polite and informative. I have not kept up with modern technology and other people my age have trouble also. If we had no younger person to help us we'd be so lost and probably cause trouble for ourselves because we don't understand. I need a translator.
I don't know very much about the program. I need to have my teeth pulled, don't know where to go.
My coverage was cut off. Now reapplying for myself and disabled son. Very little help!
I have no complaints about my health care coverage, and I intend to make more full use of it. Thank you for your provision.
My mom handles my insurance. What do I do when I'm too old to be on her plan?
I can not pay for insurance on my own and had this not been available. I don't know what would have happened. Heart stent, diabetes, broken foot just to name a few. I owe Iowa my life and this insurance has been a lifesaver.
1) It covers an eye exam but not glasses or lenses. If you can't afford to purchase glasses, what good is the eye exam? 2) Does not offer mileage reimbursement like regular Medicaid does, so when you are sent to a specialist 1/5 hours away and have to pay for gas, then we struggle to buy food or something else for the month. 3) I received a monthly bill last year for my health coverage and when I called to ask questions about it, was told it was because I didn't complete my health assessment, etc. up to that point I didn't even know what the health assessment was! I had been to my regular doctor and when I asked them to complete it for me, THE DIDN'T EVEN KNOW WHAT IT WAS EITHER! How are we supposed to complete them, when the providers don't know what we are talking about? Both my medical doctor and my dentist didn't know what the healthy behaviors/health assessment was! I had to talk to about 8 office people before a nurse took the time to call the Medicaid hotline and get it done for me. Very frustrating!
Make it easier to get my insulin pens. It has taken over a week three times.
I love afford care.
It is hard to record my healthy habits so that the monthly fee is waived. I would like it more streamlined so the information transferred from the care provider to IA Medicaid.
I am thankful to have it. I don't abuse it or have tests if I don't think they are necessary to save the program money. I am practically computer illiterate so I appreciate written correspondence. I lose things and forget so I like reminders. Thank you.
I dislike when my doctor prescribes medication or orders a test or procedure and it gets denied. Ten forced by insurance to take an alternative route that does not work. Ultimately going back to original request and then getting approved. Seems like a large waste of money.
When I call the help line for any information, they talk so fast trying to explain things, I only absorb about 1/2 of what they say. Seems like they're in a big hurry to get off the line so they can take the next call; probably because their performance is partly based on the number of calls they take per day, instead of basing it on interaction with person and making sure that person understands exactly what information you have given them.
I like that it pays for chiropractic care. I wish the dentist I see was covered.

IWP Member Comments related to Health Plan
I have and continue to be happy with my health coverage. If I have questions I can call my insurance and get help with any questions I have.
So far it works for me. Money is tight and very limited. I don't ever over use this program. Only doctor when I'm really sick or reg check ups.
I feel that fertility treatments should be covered, the treatments are health related, and do have a huge impact on my mental/emotional state. I feel that the providers that accept this insurance is very limited and very outdated. The insurance doesn't make the effort to stay up-to-date with their providers list. The service provided is extremely limited and the bare minimal. Please increase the services provided and cover infertility treatment.
I think it is wonderful and I feel lucky to have it for me and my son. Thank you.
With the dental plan you have to wait 6 months to get to the next level. In my case I have 3 teeth needing crowns, 1 needs root canal, 1 had a previous dentist broke a drill bit and left in my root canal, he did meanwhile my teeth are getting worse because of the wait.
I get wonderful care with the UofI Medicare Managed Plan. Not happy with the stages I have had to go through at the dental school.
I have been satisfied with all my care except for ER care.
My health plan is ok, but I am a little worried about losing it because of our new president, but I am hopeful I won't lose it. I like this new health plan AmeriGroup.
I usually have Title 19 health care. I always go to the [Clinic name redacted] in Iowa City if I am sick. They take good care of me. That is where I got my hearing aids.
I find my plan is working very well and would not want to loose it. Great doctors and staff and hospital. I appreciate my insurance plan very much! Thank you.
MCO delaying approval of or making it hard for me to obtain my prescriptions when I need them from my local pharmacy.
I think Branstad set it up to help the insurance companies skim unnecessary profit off the top. Should I be pleased it didn't work out for them.
Everything is subject to prior approval as a timed frame to everything.
I have had no real problems with the current system but honestly prefer the former system.
It helped me very much and I appreciate it very much, so would be reluctant to "bite the hand that feeds me." Thank you
Wish my health coverage would cover lenses and frames for eyeglasses. Currently, just exam is covered, I believe. Otherwise, happy that it covers office visits and prescriptions.
I have no complaints. This is a good health program and hope it stays in place.
I am very happy with my health insurance. Glad I have it!
I don't understand the bill says check box for hardship.
I like my health plan. I am very happy with it.
My main concern is all my doctors for heart and thyroid problems are going to be dropped by AmeriHealth July 1st unless deal can be worked out. United Health not accepted why I changed to AmeriHealth and they are my two choices. Have had same cardiologist for 2 years since heart attacks and trust him.

IWP Member Comments related to Health Plan
The HRA punishes people who don't have access to smartphones, tablets or computers, because they can't go online to take it and because you can't, and you meet everything else, they punish you by gauging you the \$5 or \$10, did you ever think not everyone doesn't have that access or even have that computer and what not? NO! I'm waiting for the paper form to be mailed to me by MCO, so I'm being punished by this! Need ask if there is problem meeting this! Do you ask? No!
In regards to Question 1 of this survey, I made the assumption (based on the evidence I could find) that Medicaid is considered insurance.
I'm satisfied with the program. Thank you for your help.
I was waiting for the Trump care vote to return this. The Obamacare Medicaid expansion has been a blessing for us. I had private Wellmark BC-BS insurance from the mid 1990's up to 2014. my husband had no insurance from 1984 to 2014, except 3 years (2000 to 2003) when I added him on my policy. When I (and Wellmark) found out I was diabetic in 2002 the premiums started rising 10 to 20% per year. My husband dropped his coverage and we raised the deductible to the max \$5000 which I always met due to high drug prices. The last few years I was paying over \$10,000 a year premium + deductible. Thankfully I'm 64 and my husband is 62 so we're near Medicare and Soc. Sec. but I worry for those in their 50's and the future for my son and grandchildren. I don't see Iowa's privatizing Medicaid as saving money. Putting a for profit middleman between the state and federal money and the end users just lowers the funds for the people who need it most. The insurance companies first priority is to provide a good quarterly return for stockholders and of course the CEO's need their multi-million dollar salaries. What ever is left over can go to the doctors, hospitals and pharmacies for actual healthcare. Eventually (10,20,50) years from now America may join most of the world and realize a single prayer system is the best method of healthcare. Just my opinion. Thank you for this survey.
I love my plan, it helps so much, it's nice not worrying about bills or money situation.
Medications that I took in 2016 considered a narcotic. Now need a pre authorization in 2017 had to switch medicine and had to go 2 months without my medicine because my coverage wouldn't pay for anything that was prescribed until the 4th medicine.
It was hard to rate doctor's due to I have had so many.
I just got a letter today from AmeriHealth/Iowa health link stating that my PCP may no longer be my PCP due to contract negotiating. If this happens it will most probably mean that I will have to travel 4 hours each way just to see a doctor. Been through this before. Not a good thing.
Nothing everything is fine.
I think it's a joke and the state needs to get a better handle on it.
My health coverage is great. I like the plan I am on it is very helpful to me with my medications and doctor's visit.
I fully appreciate my health care.
Doctors know entire health issues. Treatment that the doctor prescribes should not be over ruled by insurance companies! I have been taking a medicine for years. This medicine three different offices have confirmed it is the best to help treat part of my health problems. United Health will not pay for. I have to pay 249.00 with coupon help. [Clinic name redacted], Iowa City, and [Clinic name redacted] all have prescribed. United has decided. I do not fit the drugs main use.
I'm afraid that it might get expensive in the future. that i will not be able to afford any help.

IWP Member Comments related to Health Plan
My vision plan doesn't cover eye care/glasses it used to, now since privatized it's not. The primary doctor I have been going to for 10+ years and is the only one in my town may soon not be covered. I got a letter it's in negotiation. It would be very inconvenient to go to a different primary. I had a physical but still get monthly fee because there is an error on MCO/DHS end.
My health care has been satisfactory to me. I just need annual (semi annual) doctor visits to manage my blood pressure and renew my Rx's. ACH has provided one to have health insurance. Never had health insurance previously due to pre existing conditions. I have definitely benefited from this program.
I just began a new job, so I now have coverage through my employer. When I saw a specialist, the CMA, the nurse practitioner, and the specialist were all uneducated about me being a transgender man. They were very rude to me once they learned the information, and I was told, "I don't know how to help someone like you". I'm very upset and dissatisfied with the treatment I received. However, I am thankful to have had coverage and to have had an opportunity to receive medical care. Thank you for the coverage.
Everything been good. So far.
The dental aspect of the plan was poorly explained. I had to make several calls to various departments to understand how to ensure my enrollment in the program.
I don't know which plan I am under or what doctors I am able to see.
The plan and Coverage that i have is fine for me. It suits me. How ever NOT THE DOCTORS
Like the healthcare coverage, it's great helps me out very much.
The health care has helped me find help with my mental and physical disabilities. My food stamps are my income and my family helps as much as possible.
It's okay for me.
Don't dislike anything sometimes I don't know what's covered so I call to ask for help. I do need to find out about transportation as we do have a car but half the time not enough gas to go or set up appointments so need to find out how we can possibly get a bus pass or something to help us go to doctor appointments.
I like my health plan. Thank you!
MCO and Iowa Medicaid do not know how to communicate information well between them!
Very appreciative that I have this. Could not get help without it. A lot can't and so thankful to have help available and provided and can have medicine.
I don't speak English and is too difficult for me to read papers in English. I would like to speak to someone who speaks Spanish.
I'm confused as to why I'm told I have Medicaid and United Healthcare plan. And the card I have says Iowa Dept. of Human Services.
I feel my health coverage is adequate for me and son and am grateful we are moving in a positive direction health care wise assuming the afa is either revised correctly or protected. Thank you!
How it works, need my heart meds. Working on getting disability court in 3-6 months, 3 heart attacks, got hurt at work almost 4 years ago. My back hard to sit, stand, twist, bend, shop for food. can't understand. have to take [illegible medication names] and they took my medical.

IWP Member Comments related to Health Plan
Stop wasting time trying to make people stop smoking. Doctors don't listen to their patients requests. I had a doctor refuse me treatment for an injury because of the injury being 6 months old. Logically this implies that the injury is serious. The mental health care option in Sioux City are horrible. I only found one place who takes Iowa Wellness and they won't refill my meds. After a bad experience at a doctor office I won't go back. How do I get incorrect information off of my records? What do I do if I want to see a doctor who does not know my medical history?
I was pleased with my coverage until the program was PRIVATIZED BY GOVERNOR BRANSTAD. My PCP is at the [Clinic name redacted] in Waterloo and I live 45 minutes away. [Clinic name redacted] has been my PCP since 2010 and I have been very happy with my health care there. The 45 minute drive is worth it to me. However, I used to be able to get three months worth of prescriptions when I refilled my prescriptions. Since the privatization plan was implemented I can only get a one month supply of pills at each prescription refill. Thus, I have to drive to Waterloo every month to fill my prescriptions. This costs me extra gas money and takes more time out of my schedule. I greatly wish this rule would be eliminated and I could go back to getting my prescriptions three months at a time. Thank you for reading my concerns. Have a good day.
The health plan representation for AmeriHealth Caritas, seem uninformed about what is covered and what is not covered. I have had to make many phone calls before I had a routine test or to see if a medication was covered. I had to find the code number for a test and call back the insurance company to see if they covered it. Basic questions they could not answer. Wait times on phone is too long.
Not sure what health care I'm with. Need to find a doctor (ASAP).
Takes forever to pay bills, especially Mayo.
I'm very grateful for having health care. And am very happy w/my doctor! If I didn't have health insurance, I really don't know what I would do. Thank you for letting me be a part of this survey.
My son was diagnosed with Autism Dec. 16 2016. I am ok with my health care coverage.
I guess I'm not real certain what my health care plan really covers. No doctor ever seems to fix the problem, but makes it bearable. I have a bad back, gave me shots to make it so I could function, but I still have trouble when I'm on my feet too much. I wake up with numbness in my fingers. I was told unless it cripples me, they won't do anything.
Very happy with my health coverage.
I need my insurance card.
It would be helpful to know which doctors/dentists I am able to see with my insurance.
If it wasn't for this insurance I don't know what I would have done. Quadruple bypass surgery and severe back problems. I've been able to have everything done so far that's the doctors have wanted to do. Thank you.
I really like it. Nothing wrong with it.
Dental takes too long to get dentures approved.
I need all my teeth pulled and to get dentures. My MCO requires a certain number of bi-yearly checkups, with cleanings before this can be done. If you fail to have a scheduled exam or cleaning, you have to start all over again. I don't need an oral exam or my teeth cleaned! I need my teeth pulled and dentures now! Other health issues can be a part of bad teeth and gum disease. I have both issues! I need my teeth pulled and dentures now, not 6 mos., a year from now, or even longer!
Like it.

IWP Member Comments related to Health Plan
I sure hope anything with my health plan doesn't change. Trump's health plan is questionable.
I get summaries of items that I've had done (for example, lab work). The summaries show the medical office or facility bills at one rate, but get paid only a smaller amount! Because the gaps are significant, I wonder if you're alternating them so that they won't participate in your MCO in the future!
Amerigroup is good so far at coverage (general coverage). I needed alcohol treatment and they don't have a place in Iowa to go that Amerigroup would cover. Otherwise I'm happy with the coverage I receive.
There were several times in the year that my insurance was cancelled for 30 days or more and when I called to find out why no one had a answer. And I have bills from doctors offices in that non covered times that still not pd or I was not able to get care I needed in that time of no insurance.
I am satisfied with health plan.
Dental sucks and Caritas is getting ready to drop my health care provider. The hole Mercy Network? I have many questions and will be using the hot line for help.
I am pleased beyond words that I am lucky enough to have [Provider name redacted] and his staff and also the doctors and staff at [Clinic name redacted]. Not to mention my health coverage has helped me get back on my feet again and hopefully will be able to get my problems solved as the doctors and nurses are helping greatly and being very thorough through each test and procedure. I thank you all for the bottom of my heart!
I really enjoy having a chance to become a member of AmeriGroup, this the best health care plan I ever had. I look forward to always being a member. Thank you.
On the information booklet. They said they would pay for a weight water dues. So far they do not have that benefit.
I have found the coverage to be the best I have ever had. Thank you for asking and the 2.00 bill!
I was assigned United Health Care, I broke my Ulna and Radius in Oct. 2016. I had to go to the ER. The doctor they referred me to wouldn't take my insurance. Neither will my dentist or allergy doctor. I had to find my own doctor/surgeon to get my arm surgically repaired. The help line gave my mom doctor's to try and they also tried calling. I was able to see a surgeon in a day, but had to wait 5 days for my surgery. So now that I can, I changed my insurance so that I can get help if there is ever an accident. I don't know why United Health Care is even an option for patients/clients if it isn't accepted by doctors, surgeons, dentist, specialist, etc.
I broke my hand July 2016. My doctor diagnosed the break and sent me to surgeon on the same day. Surgeon stated I needed surgery, had surgery within the same week. Everything went great, no issues with insurance. Got a bill from x-ray reading group. I called insurance company and issue taken care of with that call. No more issues.
No it has helped me with everything I need.
I can not pay for not doing my assessment. I didn't know I had to do one. And I didn't know it would cost me \$8.00 for going to ER when my doctor was closed. I don't work. I can't pay this. I will do an assessment if you call me. My number is [Phone number redacted]. Thank you.
Well I have a prescription that I am to continue to take and I can only get once a month so I get filled once a month.
The billing statements from Medicaid are confusing, for example it said I owe one cent (1 cent), so I called about it. The help line said I only owed that penny if the provider decided to bill me for it.

IWP Member Comments related to Health Plan
Everyone has been great in my health plan. Thank you.
I have been called by my health care provider to ask if I needed anything and to give me a \$20.00 gift card. They also gave me two phone numbers to call in case I need help with anything. This is the very first time any of this has ever happened. Before I never was asked by phone or mail if I could be helped. And to give me money for all those little medications I need that isn't covered by my pharmacy. So far I give AmeriGroup a thumbs up. Also to let you know, I've never given a thumbs up to a health coverage before.
Dental is very difficult, I need a lot of dental work but they are only allowed so much each time and with work it takes 2 months to get my next appointment.
IHHS and MCO don't talk to each other. Not only do you need to do a health risk assessment of doctor or dentist visit, you need to self report that activity. I complete the requirements but didn't get credit for it and Medicaid was ultimately cancelled and I had to reapply.
Very good.

Limitations in Coverage

IWP Member Comments related to Limitations in Coverage
Why they pay for eye exam but not glasses. Why it's so hard to get dentures because you have to go thru 15 million steps 1st. I would think the insurance would save money skipping all those steps.
I have had several problems with getting proper medication. My primary doctor always says "we will look at that on your next visit". He always seems to be in a hurry. I have Narcolepsy and DHS will not approve my proper medication and therefore I can not work. However I can't receive disability either. I can't win with this system.
They Can't help afford medications!
AmeriGroup paid for all past 12 months. Thank you. Allergy specialist. Emergency eye injury. Delta Dental pre-authorize causes problems. Takes 7-10 days then another 1-2 weeks for dentist appt. Has to be manually submitted.
It has been confusing where I can actually go to get help. A lot dental places don't accept my coverage. Thanks for your time.
My MCO paid for my dentures and a health assessment. [Clinic name redacted] was 100% responsible for getting me medication for Hep C. My MCO refused this medication. My main doctors office refused to let me take lab work every 2 weeks for this medication. I had to go to IA City, hospital for this. Not happy with MCO provided doctor's office. [Clinic name redacted] dental. [Clinic name redacted] digestive disease. Center were both CLASS A offices and very grateful for their help in my health. God bless!
Had my check-up at the beginning of the year in 2016. One visit for illness in Dec. 2016 for sinus infection to Sat. urgent care doctor. The biggest issue for me in the past couple years was saving for dentures and hearing aides, and glasses. Those things were not covered, so was out of pocket when needed. It did help me this year not having a medical premium on top of those expenses.
Help towards glasses. If all dentist visits up to date help with further treatments. Help towards exercise classes for health reasons, doctor request.

IWP Member Comments related to Limitations in Coverage
I am not able to have neck, spine surgery. No specialists will accept the three IA MCO insurance. I need an MRI on my left shoulder and can't get it. I suffer with Osteo-Arthritis in both knees and can't get medical care for that either.
I need further medical treatment for pain and swelling in my neck. It causes severe pain. I have been to a Neurologist and she recommended me to see a bone doctor but my insurance has denied me tests. The pain is sometimes unbearable.
I would love to stop smoking if I could get patches.
I see an eye doctor for chronic dry eye. My insurance does not allow me enough visits to get my needs taken care of in this area. I have to pay 40 - 45.00 out of pocket for eye exams that relate to my dry eye problems. It is a condition of the eye that is chronic and I don't understand why I can't be covered for this. I am allowed 2 visits a year or close to that.
I have had problems getting medication that the doctor may order and it's not covered by MCO, that no substitute is offered. And I can't pay for them. I wish that I would be covered by a specialist doctor that takes all Medicaid, not just a certain branch of it. I take forever for dental work to be authorized, so you can get your work done.
I think in justified cases weight-loss surgery, i.e. gastric sleeve, should be covered.
To be clear if gender identity disorder (transgender health) is covered and how much Medicaid covers/pays.
Delay in getting meds that have to be pre-authorization.
I would like to see doctors where they listen to my concerns and are not on a time schedule. I would like medicines to be filled when a doctor orders them and not when an insurance does.
We would appreciate eyewear coverage to include glasses. Let's be real. The plan covers the exam, but doesn't cover glasses. Why? .
I think it is a blessing. I don't mind paying a small amount. I can offered for good health care. I wish they had a better mental health care plan though but I'm not complaining. I hope I can be in the drawing for the Wal-Mart card. I could really use it! Thank you.
I can never get tests done that I need due to my plan. A lot of medication is not covered by my plan.
Does not cover even part of glasses. Been wearing glasses since age 4 and all of the sudden insurance doesn't help cover even part of them so I've been wearing 2 year old pair that is old prescription causing more migraines.
The only complaint that I have is that Medicaid doesn't cover my dentist that I've gone to for 10 years, so I don't go.
I like it very much, but I would like to know which dentist in my area accept my health care coverage, and I would like to find out about my health care provider. Please and thank you.
Need to have eye glasses, insurance covers eye exam but not the glasses.
I want to quit smoking, but my insurance won't cover anything to quit. It doesn't make sense to not want me to quit. It frustrates me.
My only major concerns are: The length of time it takes to get an appt with an specialist. I might have been able to get some kind of job a year go, if I'd had diagnosis and surgery to regain use of my dominant hand without waiting months between appts. Surgery is pending in April 2017. AND Being not approved for Proleia for my bone degeneration because I have United Healthcare.
We need dentist office to accept the MCO plans and make them closer

IWP Member Comments related to Limitations in Coverage
I'm grateful for the coverage. Finding a conselor is difficult because most won't accept UHC due to it being paid they said. And some meds aren't covered that I need.
There are certain medications that are not available to Medicaid patients. Regular insurance can get better meds where Medicaid can not. I would hope that this area can become an equal playing field. All should be able to get the medications that benefit them the most and not by the insurance they have.
Don't like dental program I broke a tooth in half got it sealed but then they told me I have to wait 6 months to get a cap put on it. There's a possibility you could loose the tooth waiting 6 mo. To me it doesn't make sense. Most dentist don't accept Medicaid. Do you have a list of any dentist you can choose from? Otherwise everything is good.
I appreciated having a case manager, she was very good and helped me to resolve some problems; however, one complaint is that when I learned I would start getting SS disability as of April 2017, I asked if I would lose Medicaid coverage; she reassured me that I would not lose coverage. That was incorrect. They cut me off as of 2/28/17 (even though I won't get \$ until mid April), only giving me a few days to obtain other coverage. I had to discontinue therapy for my shoulder, which was past-surgery, and cancel other treatment and vision needs. I am upset this happened the way it did and feel I should have been given much more prior notice so I could get other coverage in place, and plan for the cost I now have to pay out of pocket at such short notice. My other complaint is that there were times I was given information. Only to find it was incorrect; for instance, after my shoulder surgery and the doctor said not to drive for 6 weeks, I was told by the plan that transportation would be provided, then when I called to arrange a ride, they said my plan didn't cover transportation; I had no income to pay for a cab to get to therapy and other medical appointments. Eventually, they switched me to a different coverage so I could get transportation, but by then I was allowed to drive. It was handled very poorly. I also had trouble getting a prescription paid for, and went through quite a few phone calls and got incorrect information before it was finally resolved. However, on the whole, Medicaid and my MCO did a good job taking care of my health care needs, and I really appreciate all the good help I did get.
I could cover dentist in my area I don't do well traveling after get work done on my teeth it causes my sugars to drop and I can't eat. Better mental health care in my area. I can cover chiropractors and message therapist. It can cover vision and hearing in my area. The staff is nice and work areas always clean. Very quick getting in and out usually. I can't really afford anymore bills.
I have Plan Fasciitis and with AmeriGroup or AmeriHealth it's hard to get my ultrasound therapy on my feet and or medic and is making things for my doctor to be able to treat me.
I've had trouble with getting medicine before. The doctors office didn't send it in properly.
1) Transportation is so necessary in my case to get to my doctor appts., yet it has never been available. Sometimes I have to reschedule appts in order to get rides. So my treatments are delayed. 2) Changes in health plan from AmeriGroup to Medicare starting next month put me in a bind financially starting next month (April 2017). Doctor visits, treatment, medicines will have to be paid at an amount I will not be able to afford. So I will have to stop taking some meds and not go to some appts.
I do not like paying the co-pay for my medication. I don't have that much money and sometimes I can't get my medicine because I don't have enough cash and no help from my family. Thanks.

IWP Member Comments related to Limitations in Coverage
My doctor prescribed me nicotine gum and patches but because I don't have the phone time for talking to someone about quitting smoking. My health plan would not pay for it. So my doctor simply wrote an Rx for a stronger inhaler instead, that's stupid requirements. I will simply continue to smoke.
I can't receive any strong medication. pain killers. Help if I can get a small amount to take with my others. my doctor can't get any out. Talk to my specialist to see. I have feet problems went to a food doctor-birth defect. Swollen pains etc. Suppose to have special insoles but don't know where I'll get them. Went to a therapy but other insurance didn't want to pay. before Amerigroup.
I like my health care plan and coverage, because I only work part time and can't afford health care. This year I would like to concentrate on dental health. And would like more information on both. Thinking about having a Hysterectomy.
My treatment options are limited to what my insurance plan will cover not based on NEED.
Still not sure if eye glass are covered. Hell, still having problems getting on SSDI for Multiple Sclerosis/MS they have me listed under my wife, so I'll have to get divorced; she wants one anyway.
Donald Trump is a worthless president. I really need help with med ins dental and he want me to not have it.
We lost my daughter's eye doctor because she didn't want to deal with all of the new insurance stuff. Its hard to find doctors who will take medicaid now than it was before, especially specialized doctors.
Finding a dentist that accepted new patients took several hours and many phone calls. Finally found one 40 miles away.
Dental insurance, very slow to authorize work.
I need new glasses because of my eyes getting worse due to type 1 diabetes. My insurance will pay for exams but will not pay for frames or lenses. I would greatly appreciate it if this was changed so I can get glasses. I can't afford to pay almost \$900 out of pocket for glasses. Please do something about this. Thanks.
I don't like to drive out of town. I feel like I have to always go to a specialist and they are out of town. Providers don't take the dental insurance and make you feel like 2nd class citizen. I work a full-time and a part-time job. Plus I have children taking time off means I lack money to pay my bills or put food on the table. So going out of town means more time away from work to top it off the cost now cuz you can't make it to appointments. Hurting those who pay taxes and trying to provide for their family is a shame.
United Health Care is limited due to its prior authorization steps and non-coverage of vital healthcare. Not to mention most doctors and dentists do not accept said insurance and users must drive long distances for dental. Please look to improve!

IWP Member Comments related to Limitations in Coverage
I was upset when I lost my insurance in March because number 1 my dad was really sick at the time fighting brain cancer and Medicaid sent a letter to me in the mail that misled me that they were switching my insurance. Now they put my son and I on United Care plan. None of the doctors and hospitals in the area where my son and I live they do not take the United Care insurance. So besides sending me a letter writing misleading information. P.S.: They put us on an insurance that I couldn't even use. Then I had to find transportation and go to my local hospital and talk to a social worker at the hospital and she helped me get on the AmeriGroup insurance. I can't remember for sure how many months I went without insurance but I wasn't able to go to my lung doctor at [Clinic name redacted]. I wasn't able to get my medicine filled when I didn't have my insurance, so this is the issue that was very upsetting to me. I need my medicine prescribed by my lung doctor and I wasn't able to get it. Also I was prescribed blood thinner medicine which I couldn't get.
It's so hard to get prior auth for meds that I need (i.e.: Synthroid) Levothyroxine is covered but it doesn't work correctly and my Endocrinologist specifically wants me to take Synthroid but they won't cover it. I have had many issues with coverage for meds, this was just one example.
I don't like that I have to get refills every 30 days. I live out in the country, and the fewer trips to town just to get pills, the better.
The health care part of plan is excellent. The dental part of the plan is ridiculous. Waiting to have a crown placed on a broken tooth is unacceptable. I have done everything they have asked and yet it has been almost a year. Meanwhile my temporary filling has fallen out three times. The dentist shared with me, he is only paid once for the filling. The other two times were on him. The tooth is cracked and needs a crown. Seems silly to have to wait.
I need to address the fact that I can't get my teeth cleaned if I refuse to have routine preventative x-rays. They are not needed/dentists want them done yearly. I do not want unnecessary exposure to radiation.
1) Dental care could be improved if services could be attained prior to designated dates of service requirements. 2) Continue to have problems receiving CPAP supplies. Supplies states that insurance company requires 30 day and 90 day compliance report. This has been provided more than a month ago and still insurance has not approved.
I hate that I have to use this insurance, but I am damn glad it is there or I would be not taking my medications or managing my diabetes so well. There needs to be some sort of vision insurance though. It is difficult to work if you can't afford eye exams or glasses.
Sometimes when medications are prescribed they don't okay it. But all in all satisfied.
I find it frustrating that I receive dozens of surveys but never any info on how the insurance plan works. Also to discover after my health care coverage was dropped due to not paying a premium. I have left several messages to resolve this issue and all I received was a letter stating I can reapply. Previous surveys I requested info on stop smoking and weight management. I called my doctor's office too. Still waiting. Now I have no medical insurance and can not afford these programs. Tried looking online. It's a maze of links that end up with no results.
Eye coverage. No sense in getting a vision exam when the insurance only covers the exam. No eye glasses covered.
Missing one appointment should not be cause to go back to the beginning in emotional/mental care. 3 times sounds far. Most of us having issues, tardiness or memory issues are included in that. Thanks.

IWP Member Comments related to Limitations in Coverage
I have tried to get dentist apt for over 3 months. They tell me they need confirmation from AmeriGroup each time I ask they say "it will take 2 to 3 weeks before we hear from your insurance co", for 3 months?
Wish they would cover hearing aids & glasses.
They cover eye exams, but not glasses. Am thinking about changing my MCO, my friend can get a gym membership on his.
I don't like the fact that there are times when you have to get pre-approval before getting the medication a doctor orders and I would like for that not to be an issue for us. I couldn't afford some medications that the doctor ordered for me, so I went without it.
I think this health care plan is great. With the exception of my dentist who I've been a patient for over 10 years now decides he won't accept it anymore because it is such a "hassle". I will continue to get dental care though because I understand it's importance. I will just have to pay for it myself.
My Lyrica was not approved and had to switch less helpful medication.
It doesn't help with vision well - exams, glasses, contacts etc. The fear of the unknown especially when you have family who has health issues too! How your needs will be met. How will medical coverage be paid. Will the services be covered. It's a shame when you can't maintain your health due to lack of coverage or lack of money. All people are concerned with is "do you have insurance"? All about money and greed.
Very few doctors, dentists will accept Medicaid, you are treated differently when you're on Medicaid. Doctors, dentists will keep you coming back, but don't resolve the health issue only concerned about getting their profit from the insurance, not your health. Muscatine doesn't have any available specialist in our area, we are then referred to Iowa City (no transportation).
I had to have a tooth removed in August of 2016. There was not a dentist in the area that would/could do it because of the coverage that I have, I had to go to Iowa city, which they were wonderful, but my sister had to take the day off of work to take me. I live about 45 miles away from Iowa City. I can't see how People without reliable transportation can manage that.
I can not afford to pay even the 5 dollars a month. Everything I get goes on bills and gas and supplies for the home. I need glasses but can't afford, you only pay for exam. I need all my teeth pulled and to get dentures you only clean. My teeth are rotten and broken. I have many things that need done but can't get alone because I have to be referred or wait to see if approved.
I can not get a pair of prescription glasses. The primary care doctors are assigned to me w/o their knowing, three so far, and when I call to reschedule just a regular physical, I am told doctor X is not accepting any new patients. The MCO left hand doesn't know what the right hand is doing. No communication between MCO and doctors who are on are not accepting new patients. I have also taken two surgeries where in I may qualify for prescriptions glasses w/o ever finding anything out, no call or mailed results.
When we get only 30 pills at a time, it was nice before with an insurance get 90 day supply of pills. Don't have to make as many trips to Walmart pharmacy.
Started to see about getting gastric-bypass and finding out that I got to pay money out of pocket when I don't have it, or finding out to call my medical insurance to find out if things are covered. This should be done when you first go see these doctors now I don't want to go because I don't want the bills to be a surprise or be a burden to me!

IWP Member Comments related to Limitations in Coverage
Been good about covering prescription costs on certain meds. But noticed that sometimes meds that had to be prescribed couldn't be filled a few times due to costs, health coverage couldn't fill this, so the prescription had to be re-changed cause of costs. Doctors need to call in something that they know will be covered by the type of insurance I get. Or the insurance needs to cover more prescriptions.
I wish that the Chantix was available on my health plan because I really want to quit but I know I can't do it without help.
Do like seeing all costs paid by my MCO/or not paid for. i.e. flu shot. More direct info on what my coverage is. Better job communicating the requirements to avoid the monthly prem I now pay. Wellness exam is not much more than blood pressure, weight and brief visit with my doctor. Dentists who take Medicaid patients is slim to none in my area.
I really dislike that my MCO gets to decide the meds they cover, it makes no sense which costs more a hospital stay or medicines that can be prescribed by your doctor, which he has tried but unless MCO gets to decide amount of pain and help I get. Really (expletive) off.
I don't really know what I'm covered for. I really need a dentist, but the website for my coverage doesn't mention dental so I'm afraid to go. I have to go to the doctor often due to my disability, and I'd be horribly in debt if I didn't have any insurance, so I'm really glad Iowa helps me. I really hope all the politics right now doesn't leave everyone who needs assistance, like me, without healthcare coverage. There would be a lot of suffering.
It's really confusing when it comes to the dental side of my insurance.
Limited number of dental providers in my general area that take dental insurance.
I do not like some coverage for diabetes supplies. I had to change my diabetic test strips and my insulin, due to the fact they stopped covering it.
I went to get my eye glasses as my other pair got broken. First pair before this insurance my Medicaid paid for both my exam and glasses. Went to get exam with new insurance, exam was paid for but not my glasses, this was huge for me because I'm unemployed, had to borrow from a friend 2 months ago and still have no way of paying them back, and have received a good friendship over this! Now I need dental exam and dentures but very afraid this will happen again, meanwhile I get severe sores and cuts on my gums just trying to eat. This is why I don't like or trust the insurance I have. Don't understand why Medicaid had to change, to the ones who really needed it. I truly believe this is unfair to elderly, and unemployed.
I was involved in a serious car accident back in the end of 2013. I sustained serious injuries to my chest, fractured ribs/sternum and an inflexible smashed muscle. After all the doctors visits and ER and checkups. I was denied the proper medication to deal with the condition. As far as I am concerned, you have no insurance period when your denied proper medication for your problem and or issue. I quit going in over my damaged muscle because I get denied for the medication.
Everything is fine, do not have access to get new glasses. Insurance only covers eye exam and I am currently unemployed, so therefore I can not get new lenses or glasses.
I'm tired of having to wait WEEKS for AmeriGroup to approve treatment and counseling!
I don't know if dental is included in the plan or if I wanted to, how to change my doctor or my girls doctor.

IWP Member Comments related to Limitations in Coverage
Health Care that is covered by insurance, Medicare and Medicaid does not provide care for health, but instead only manages symptoms and chronic disease. I use exercise, massage and home remedies to care for my health except in case of a bad infection. I use antibiotics (last time was less than 10 years ago) or injury (also less than 10 years).
I'm obese that want cover weight loss surgery feel hopeless. It would help with high blood pressure diabetes.
We can no longer see our eye doctor because they dropped United Healthcare due to not being paid. That's very upsetting to me as we've gone there for years.
Can't always get what my doctor prescribes because coverage won't cover it.
The new Medicaid is horrible. I can get an eye exam but no glasses! What point is it then? I can't go to the dentist. No Medicaid dentists accepting patients. I cannot afford to drive 2 hours to go somewhere. I can't even get cough syrup.
How do I go about informing the insurance that I am working now? Could I have a list of dentist in my area, if you can.
I do NOT like having to get my teeth cleaned 2x/year, it feels like they're scraping the enamel off my teeth! Just once please!
It pretty much covers everything I need. Except eye care. I've been wearing glasses since I was 14 yo. It would be nice to get better eye care and a smaller co-pay.
I like my coverage. I just wish I had full coverage so I could make it to appts and so that I could get treatments and procedures done that I desperately need.
I hate that when I need a monthly prescription I have to wait till the day it's done to get a refill. Give a person 5 days sometimes I can't get to CVS and I go without my meds.
Can not find a dentist that takes Delta Dental in area.
I really don't know how I got my primary doctor. It's at a clinic that is very busy and in a bad location. I would like to change but don't know how. My doctor struggles with the insurance co for my med approval. It's BP medicine. P.S.: I sent the 2 dollars to St Jude Children's Hospital for a donation. Thank you!
I am very disappointed in the Medicaid/AmeriGroup member services helpline. When I have questions I can call 3 different times and get shaky 3 different answers. Most often they can not answer my questions about what medicine my doctor can prescribe that will be covered or need a prior authorization. This makes my doctors/mental health providers want to drop me!
Question 63 - I was told that I didn't qualify. Question 92- not smoking that much but would like to quit. Insurance won't cover C I was told that smoking cessations or nicotine patches. Chantix - I would not take it because it wasn't a very good experience. Question 89 - the bowel and bladder had surgery. 92-how is a person supposed to quit smoking if it's not covered by the insurance you have could quit cold turkey.
The dental care is bad in America. Even the [Clinic name redacted] hardly does anything. I tried to get on that Delta Dental but I don't speak Spanish and at primary care at [Clinic name redacted], DSM. I click English and I swear they don't pick-up. [Clinic name redacted] did a Vietnam Vets teeth cleaning at [Clinic name redacted] in January so I got that but it took me off Delta Dental or by now I'd be getting my dentures. But as they say, "govt is not the answer" and they believe that so that is how it works. They attention is broken so it is.

IWP Member Comments related to Limitations in Coverage
My doctors (several) have had to submit prior authorizations for medications. They did so with medical records and proof of failed drug attempted yet each time these records were overlooked and the doctors had to "appeal" the denied decision with the exact same submission. This is wasted man hours for the doctors and the insurance company while I had to wait for a needed medications, about 4 total meds over the course of time. Someone needs to seriously look into this.
I can only get a hold of Medicaid M-F from 8 - 5 (when I am working). The 10.00 charge always come so late and I can't pay it online. I can't get my add medicine because I'm 21 and the medicine is expensive. MCO isn't much help and gave me wrong answers last time.
I wanted to try Chantix again but quit Iowa wouldn't let me because I don't want to use my minutes talking to a coach.
My main problem was getting dropped by our long time family doctor and dentist. It was embarrassing. Luckily, we were able to find a great general practitioner in Peosta. Most people on Medicaid that live in the city are stuck going to [Clinic name redacted], which is some of the worst care I've gotten. We recently got dropped by our ophthalmologist, and currently looking for one that takes our insurance. I would definitely pay a small fee each month, if it meant it would open up my options.
Not enough choices for dental in my area.
Vision, more coverage on glasses.
Eye exam was paid in full but glasses not approved!! Really what's the point of eye exam then.
Limited coverage at chiropractor. Only got 1 month of dental coverage.
More places to go to dentist.
Sometimes it's hard to get in to a good physician right away and it takes a while for certain meds to be covered. I think all meds should be covered especially when your health and well being is on the line. Otherwise I'm pretty satisfied with my coverage.
The only issue I've had is that I had to stop going to the physical therapy place I found that I liked. They said my insurance wasn't covering them anymore, but I never really looked into it, because I was doing much better at that time.
My plan does not cover the tests I and they need on a regular basis for my glaucoma. My eye doctor is very unhappy. I like to know how much more peripheral I have lost from each visit. I'll like to know if the tubes in the back of my eyes are going to burst and then out goes the lights. I'd like my personal doctor to sometime actually listen to what I'm telling her it's been an emotional year and tragic one. I'd like to be able to address all the issues that are popping up for me health wise. I would like not to feel hurried, rushed, so things only occur on and some are persistent. Thank you.
My health plan denied my doctors request for test I need to figure out what is wrong with me so I had to use my parent's health plan to get approved for the testing I needed done.
It would be great if vision was added. Without this insurance I would not be able to take care of all of my health care needs, I am very grateful for this insurance. It has probably saved my life! Thank you.
I think we need more help with getting on eye glass. I would like to see an eyeglass to have no line bifocals and transition lenses.
Wish there was more dental coverage that accepts our Title 19 patients. A lot of dental offices don't take them. More coverage on medications.

IWP Member Comments related to Limitations in Coverage
I don't like that I can't get transportation to my medical appointments and I also don't like that I couldn't get an MRI done on my brain and I'm having weird feelings in my head and pains. I'm also having a lot of isolated twitches in my head, well all over my body from my head down to my feet. I don't like that they don't really help pay for weight loss help.
Dislike that there is no vision/eye coverage.
I want Laetrile injections as treatment for my cancer and I can not get anyone to administer this drug to me. There is no basis for refusing me my right to choose a treatment of my choice and to be covered by my health insurance provider for the inexpensive cost of that treatment. They know what the radiation and chemo does, what is there problem, with a Laetrile injection treatment? It will help people be cancer free! I want it legalized in the US, they use it in other countries with success. Doesn't that make them murderers in the US by not allowing a care to a chronic metabolic disease?
I like they pay for all my meds otherwise I wouldn't be able to afford them so I would have a big problem. I wish my health plan paid for some kind of weight loss plan. Otherwise I'm very happy about my plan. Thank you.
Having free prescriptions is amazing, thank you. Allows for a stress free mind set.
I believe if the doctor needs you to take UD and you can't afford to pay for it over the counter. The plan should have it in their plan. Cause the doctor sees a problem with the patient and the medicine will help the patient get better.
My plan does not cover my exams. Does not cover to get new glasses. Almost every dental office doesn't take my insurance, need to cover my pills and other things. Change my plan, please.
No vision plan in place. Although I have gotten good care for mental health, Iowa is severely lacking for those you need more help or support in mental health than I do.
I don't know very much about the program. I need to have my teeth pulled, don't know where to go.
That when you need a new medicine they don't like to approve them.
Not been able to get my glasses. I can't afford the lenses and frames.
1) It covers an eye exam but not glasses or lenses. If you can't afford to purchase glasses, what good is the eye exam? 2) Does not offer mileage reimbursement like regular Medicaid does, so when you are sent to a specialist 1/5 hours away and have to pay for gas, then we struggle to buy food or something else for the month. 3) I received a monthly bill last year for my health coverage and when I called to ask questions about it, was told it was because I didn't complete my health assessment, etc. up to that point I didn't even know what the health assessment was! I had been to my regular doctor and when I asked them to complete it for me, THE DIDN'T EVEN KNOW WHAT IT WAS EITHER! How are we supposed to complete them, when the providers don't know what we are talking about? Both my medical doctor and my dentist didn't know what the healthy behaviors/health assessment was! I had to talk to about 8 office people before a nurse took the time to call the Medicaid hotline and get it done for me. Very frustrating!
Make it easier to get my insulin pens. It has taken over a week three times.
Make transportation available for me. I need rides to get to appointments.
Better dental.

IWP Member Comments related to Limitations in Coverage
In the future, I believe my insurance/Medicaid should provide coverage for those who need to wear glasses. In other words, Medicaid should PAY for glasses for those who are in desperate in of them such as myself. Paying out of pocket each year for a pair of glasses is something that I think insurance should be doing and not me.
I dislike when my doctor prescribes medication or orders a test or procedure and it gets denied. Ten forced by insurance to take an alternative route that does not work. Ultimately going back to original request and then getting approved. Seems like a large waste of money.
I would like them to pay for glasses exam and glasses
Optical coverage covers exam but not corrective lenses.
I like that it pays for chiropractic care. I wish the dentist I see was covered.
It's hard to get some meds I waited almost 2 weeks to get pills for my Pericarditis and that's a real problem when it puts me in the ER every time I have that condition come back.
I feel that fertility treatments should be covered, the treatments are health related, and do have a huge impact on my mental/emotional state. I feel that the providers that accept this insurance is very limited and very outdated. The insurance doesn't make the effort to stay up-to-date with their providers list. The service provided is extremely limited and the bare minimal. Please increase the services provided and cover infertility treatment.
I dislike the fact that fertility testing and treatment is not covered by my insurance. I also don't like that I need to be referred by my insurance in order to be seen by certain doctors. I also don't like that the insurance company doesn't stay on top of the providers who accept the insurance. So we the policy holders don't have to find out that certain providers no longer accept the insurance anymore.
With the dental plan you have to wait 6 months to get to the next level. In my case I have 3 teeth needing crowns, 1 needs root canal, 1 had a previous dentist broke a drill bit and left in my root canal, he did meanwhile my teeth are getting worse because of the wait.
I get wonderful care with the [Clinic name redacted] Medicare Managed Plan. Not happy with the stages I have had to go through at the dental school.
Yes, I work in a service business and my income fluctuates around the borderline of eligibility. Medicaid wrote me a notice my Medicaid with AmeriGroup was cancelled. They did not even give me a grace period just like car and house insurance gives you 30 days. I need refills on my medication and I feel stranded. I also believe that human services over estimated my income; I did not have \$2,000 of earned income this year when I sent the renewals papers.
MCO delaying approval of or making it hard for me to obtain my prescriptions when I need them from my local pharmacy.
Wish my health coverage would cover lenses and frames for eyeglasses. Currently, just exam is covered, I believe. Otherwise, happy that it covers office visits and prescriptions.
My doctor's office is amazing and I am very lucky to have them. Prior to that my care was very poor! I very much dislike the dental coverage, no one accepts it and it doesn't cover anything. The eye/vision plan is terrible. Only a few, terrible frames are available and it is not helpful or effective.
AmeriHealth Caritas does not cover my eye exam and I have to pay \$60 for my glass. Whereas other MCO covers those. I may have to change my MCO.
The only bad thing about my plan is that it is hard to get my Insulin pump supplies I was able to find one company that accepts my insurance and carries my supplies I need, but it comes from Florida and I live in Iowa. It would be nice if I could get them from some where closer.

IWP Member Comments related to Limitations in Coverage
Dental plan when some don't have many teeth left and they are trying to keep appt. and had to re-scheduled because of being sick. It start that whole process over that I need partial so what teeth I had which where 8 front top teeth, 10 bottom ones now I'm loosing all my teeth due to being denied partial because of my 6 month check up was rescheduled due to illness so I can not stand false teeth they make me puke so somehow I have to get the ones with post that permanently stay in your mouth.
Medications that I took in 2016 considered a narcotic. Now need a pre authorization in 2017 had to switch medicine and had to go 2 months without my medicine because my coverage wouldn't pay for anything that was prescribed until the 4th medicine.
I can not get an appointment with a mental health doctor.
Doctors know entire health issues. Treatment that the doctor prescribes should not be over ruled by insurance companies! I have been taking a medicine for years. This medicine three different offices have confirmed it is the best to help treat part of my health problems. United Health will not pay for. I have to pay 249.00 with coupon help. [Clinic name redacted], Iowa City, and [Clinic name redacted] all have prescribed. United has decided. I do not fit the drugs main use.
My vision plan doesn't cover eye care/glasses it used to, now since privatized it's not. The primary doctor I have been going to for 10+ years and is the only one in my town may soon not be covered. I got a letter it's in negotiation. It would be very inconvenient to go to a different primary. I had a physical but still get monthly fee because there is an error on MCO/DHS end.
Doesn't pay for some meds. I have to pay 10.00 fee.
The dental aspect of the plan was poorly explained. I had to make several calls to various departments to understand how to ensure my enrollment in the program.
I wish there were more participating dentists. I can't find one in my area.
No one in our area will take new patients because it just doesn't pay for dental needs. I still don't have a dentist.
Wish it would be covered to go to a chiropractor.
Dental is the worst I have ever had due to the dentist having to operate on the tiered program 2 of my teeth will end up being extracted and none of the care has lasted.
Wish the insurance company would provide fertility treatment. Support with women with PCOS.
I would like to be able to go to the dentist but no one within a 20 mile radius accepts this dental plan. I have no where to go unless I pay all the same day. Thank you.
can't understand. have to take [illegible medication names] and they took my medical.
Stop wasting time trying to make people stop smoking. Doctors don't listen to their patients requests. I had a doctor refuse me treatment for an injury because of the injury being 6 months old. Logically this implies that the injury is serious. The mental health care option in Sioux City are horrible. I only found one place who takes Iowa Wellness and they won't refill my meds. After a bad experience at a doctor office I won't go back. How do I get incorrect information off of my records? What do I do if I want to see a doctor who does not know my medical history?

IWP Member Comments related to Limitations in Coverage
I was pleased with my coverage until the program was PRIVATIZED BY GOVERNOR BRANSTAD. My PCP is at the [Clinic name redacted] in Waterloo and I live 45 minutes away. [Clinic name redacted] has been my PCP since 2010 and I have been very happy with my health care there. The 45 minute drive is worth it to me. However, I used to be able to get three months worth of prescriptions when I refilled my prescriptions. Since the privatization plan was implemented I can only get a one month supply of pills at each prescription refill. Thus, I have to drive to Waterloo every month to fill my prescriptions. This costs me extra gas money and takes more time out of my schedule. I greatly wish this rule would be eliminated and I could go back to getting my prescriptions three months at a time. Thank you for reading my concerns. Have a good day.
Can only find one dentist in my town that would take Medicaid. Can't get appointment!
I need eye glasses and extensive dental care, insurance only pay for exams.
have chronic COPD had difficulty getting drug, have frequent back pain and pain clinic says insurance will not pay for therapeutic massage, difficulty with chronic pain from arthritis, need weight loss help, cannot afford cooling gel pak
They switch my insurance every year so I can never get any work done at the dentist. Just cleaning and I need a crown replaced. I do everything I'm suppose to and then the next year they change my MCO and I have to start all over again. This is 3 years in a row now. I have had the same member ID so it should transfer.
The only thing I don't like about the coverage is that I can get my medicines, but for my insulin injections I need syringes and the insurance stopped paying for them. Sometimes I have a hard time coming up with the money to pay for them. I don't understand why this is not covered because I need them to inject the medication that is covered, to me that is mind boggling. I can't work and I am still waiting to hear about my disability so basically I'm broke.
Dental takes too long to get dentures approved.
I need all my teeth pulled and to get dentures. My MCO requires a certain number of bi-yearly checkups, with cleanings before this can be done. If you fail to have a scheduled exam or cleaning, you have to start all over again. I don't need an oral exam or my teeth cleaned! I need my teeth pulled and dentures now! Other health issues can be a part of bad teeth and gum disease. I have both issues! I need my teeth pulled and dentures now, not 6 mos., a year from now, or even longer!
Amerigroup is good so far at coverage (general coverage). I needed alcohol treatment and they don't have a place in Iowa to go that Amerigroup would cover. Otherwise I'm happy with the coverage I receive.
Make easy for people to find a doctor and dentist. Dental is almost non-existent in Story County Iowa. Three month wait, if they take the insurance. Most don't.
I don't like not being able to have teeth fixed on first and on next apps without having to wait 6 months to a year with only cleanings and emergency repairs. If you could have them worked on right away they'd be easier to fix. Less damage. And not being able to pay, premium, with credit card or over phone. Can only pay by check in the mail. So easier to have payment not get there in time and it cancels you until it gets there a day or two late. Really messes with meds and apps.
Dental sucks and Caritas is getting ready to drop my health care provider. The hole Mercy Network? I have many questions and will be using the hot line for help.
There were several times, it was hard for me to get my ADHD medication.

IWP Member Comments related to Limitations in Coverage
On the information booklet. They said they would pay for a weight water dues. So far they do not have that benefit.
They do not pay for my glasses that I really need.
I was assigned United Health Care, I broke my Ulna and Radius in Oct. 2016. I had to go to the ER. The doctor they referred me to wouldn't take my insurance. Neither will my dentist or allergy doctor. I had to find my own doctor/surgeon to get my arm surgically repaired. The help line gave my mom doctor's to try and they also tried calling. I was able to see a surgeon in a day, but had to wait 5 days for my surgery. So now that I can, I changed my insurance so that I can get help if there is ever an accident. I don't know why United Health Care is even an option for patients/clients if it isn't accepted by doctors, surgeons, dentist, specialist, etc.
Just all dental coverage is not covered by this plan so need to see someone new and hate dentists already so been putting off finding new one. Thank you for \$2.
Would like it to cover eye glasses and eye vitamins for my macular degeneration.
So far I haven't had too many issues, however it's difficult to find drs that accept my insurance and there is only one place I can get my wisdom teeth out which prevents me from going. They (Amerigroup) has been unhelpful in finding a primary care provider in my area.
Dental is very difficult, I need a lot of dental work but they are only allowed so much each time and with work it takes 2 months to get my next appointment.

Experiences Getting Care

IWP Member Comments related to Experiences Getting Care
I wish it were easier to change doctors. I recently had my pelvic exam and waited in the waiting room for 30 minutes with people that came after me going before me than waiting in the freezing room undressed for another half hour so yes I hate going to the doctor and no I will probably not go to the doctor unless it is really needed.
I want, need a new doctor ASAP. Please I feel that I don't get help for a solution to my problems. She never knows anything.
It hard to get a appointment within the same week as being sick, waiting two weeks when your not filling good is not fair.
I have had several problems with getting proper medication. My primary doctor always says "we will look at that on your next visit". He always seems to be in a hurry. I have Narcolepsy and DHS will not approve my proper medication and therefore I can not work. However I can't receive disability either. I can't win with this system.
I don't like that I have to go to Clinton, IA to go to the doctor. I live in Clinton County, but we do all our shopping and business in Scott County. We use to live in Scott County. I don't know Clinton, IA. I don't go to Clinton, IA. Scott County residents have better options. That's why I don't go to doctor. I'm not going to Clinton. My children's pediatrician and dentist is in Scott County. That's where they go. Medicaid is a secondary insurance for us.
I wish they would treat people who have genuine concerns about their health with more respect.
Very happy with my health plan and very happy with my doctor and his staff.
I don't like that I couldn't stay w/the doctor I had before I got on Medicare.
I need a doctor, can I please get doctor available to me. Thanks.

IWP Member Comments related to Experiences Getting Care
I would like to see doctors where they listen to my concerns and are not on a time schedule. I would like medicines to be filled when a doctor orders them and not when an insurance does.
Start out assigning a doctor and plan, then if they want to change other they can. I did not use it last year because I didn't have a doctor or plan.
I appreciated having a case manager, she was very good and helped me to resolve some problems; however, one complaint is that when I learned I would start getting SS disability as of April 2017, I asked if I would lose Medicaid coverage; she reassured me that I would not lose coverage. That was incorrect. They cut me off as of 2/28/17 (even though I won't get \$ until mid April), only giving me a few days to obtain other coverage. I had to discontinue therapy for my shoulder, which was past-surgery, and cancel other treatment and vision needs. I am upset this happened the way it did and feel I should have been given much more prior notice so I could get other coverage in place, and plan for the cost I now have to pay out of pocket at such short notice. My other complaint is that there were times I was given information. Only to find it was incorrect; for instance, after my shoulder surgery and the doctor said not to drive for 6 weeks, I was told by the plan that transportation would be provided, then when I called to arrange a ride, they said my plan didn't cover transportation; I had no income to pay for a cab to get to therapy and other medical appointments. Eventually, they switched me to a different coverage so I could get transportation, but by then I was allowed to drive. It was handled very poorly. I also had trouble getting a prescription paid for, and went through quite a few phone calls and got incorrect information before it was finally resolved. However, on the whole, Medicaid and my MCO did a good job taking care of my health care needs, and I really appreciate all the good help I did get.
I am very blessed to have the care plan and doctor that I have. I do have a well-check for next Wednesday for my care plan. I am overall healthy and can do things in small increments. I can not stand for long. And hands hurt to do simple things. But I am happy with my doctor and her care for me.
I wish it was easier to figure out who I want my personal doctor to be, such as if I would personally like them to examine me.
Too hard to switch doctors.
I'm upset because I had all the classic symptoms of Lyme and its co-infections; yet the UIHC missed it. Not just one doctor but multiple and in multiple departments. Also I know that I sexual transmitted the co-infection to my boyfriend. They (the doctors at UIHC) told me I didn't have an active infection, which isn't true because my boyfriend now has a lot of similar symptoms that I have symptoms he's never had before or in a very different way to his past experiences. I feel we're passing it back and forth. I feel they need to take responsibility for this.
I would like help locating a personal doctor for myself and a dentist in my area. I have always went to FMCH for all of my visits and also my children's, so I'd greatly like some help finding myself a doctor and dentist that take my insurance. Thank you.
I was not happy at finiding out that my neurologist, [name] quit and left [clinic name]
Would've been nice if my doctor would've been in my network, is a lot easier for my wife and I to see the same Dr.
We lost my daughter's eye doctor because she didn't want to deal with all of the new insurance stuff. Its hard to find doctors who will take medicaid now than it was before, especially specialized doctors.

IWP Member Comments related to Experiences Getting Care
1) Less "band aid" cures/fixer-ups and more digging to the root of the issue. 2) Easier to get into doctor/long waits.
I hate the negative stigma that is associated with XIX, I am an educated single mother with a full time job. I am on XIX because it really helps me out with medical/dental expenses. I am not just living off the government and jobless like most people think when they hear someone's on XIX.
The MCO never asked if I already had a primary care physician but tried to get me to go to a doctor located in East Des Moines. I had to communicate to them several times that I did not need a primary care physician and would certainly not be going to Des Moines to see one when I live in the Ames/Boone area.
If I would have got my chemo maintance from University of Iowa I my not have cancer now since they only treat if you only feel pain I think Iowa City University stinks and don't care about people just money.
I don't like to drive out of town. I feel like I have to always go to a specialist and they are out of town. Providers don't take the dental insurance and make you feel like 2nd class citizen. I work a full-time and a part-time job. Plus I have children taking time off means I lack money to pay my bills or put food on the table. So going out of town means more time away from work to top it off the cost now cuz you can't make it to appointments. Hurting those who pay taxes and trying to provide for their family is a shame.
I would like to speak to someone about my after surgery care. I had spoken to [Name redacted], hospital Ambassador I believe. Also I would like to share the worst experience when I was leaving [Clinic name redacted] transferring me to [Clinic name redacted] in CR. I was so rushed out of my room it wasn't even funny! Didn't get to eat the breakfast they brought me. Trying to pack my belongings were just thrown in a bag and back pack. Not happy at all! On a great note, I would like to give a shout out to a nurse who did an outstanding job! Not quite sure on how to spell his name, [Name redacted] is how they said how to say his name. I was having trouble sleeping with the pain, I believe he researched my problem. He figured it out, then he sent the info to a doctor, and he approved it. I believe it was Prazepam. Great job!
No very good coverage.
Thank you!
I like my health coverage. I need to get my teeth looked at.
Get stuck with PA's that don't listen or pay attention to what I say doctor that assumes from a couple of sentences what is wrong but doesn't go deep enough to find real problem PA's change often so can't get them to help with real problem.
There is a lack of genuine "personal" care from the medical profession. Prescription drugs are a priority for over-all emotions or physical care. My generation remembers when doctors made "house calls". I do not want to become dependent on more drugs; I want to know a more natural solution to my problem (exercise, diet, etc.). The city of happiness is the state of mind.
I've had a lump in my right breast for 3 years and 3 doctors at IA radiology said they can't biopsy it and it needs removed but my math doctor keeps making me wait another year.
I like that I am able to get my migraine perscription medications through the health plan, some days my livelyhood depends on this medicine.

IWP Member Comments related to Experiences Getting Care
No it's good. But I would like to get my back neck fixed. I have building disc in back pinched nerve in neck. I would like that new Hep C pill so I would be cured and it would be gone so I don't get liver cancer. Cirrhosis of liver. Lately beginning and water mellow stomach 2004. Did treatment in Iowa City. Please I want to be able to work till I'm in my 70's, 80's, I'm 57 now, self employed barber.
No I like this healthcare plan. It covers what I need.
Nope. I'm good.
Would have liked to have kept my old doctor.
It's difficult getting in touch with the people I need over the phone. Several times there were communication problems where a doctor was missing significant information I had given to an assistant, or had incorrect information.
I get along well with my PCP. He is very friendly and helpful. He answers all my questions and make sure I have no other concerns.
AmeriGroup has a fantastic (illegible) and a very speedy return response and a high quality staff that does everything in their power to resolve people's problems.
The only concern I had was having to change primary physician after going to her for over 35 years. She was able to handle all of my medical needs and only send to specialist when needed. When stabilized by specialist she would resume total care and manage all prescriptions. Since I saw her quarterly for diabetic management she would manage all my concerns at these visits, not just 3 topics as is the limit now. After changing doctor and then changing things it took over a year to get back to original status.
It's impossible to get a primary caregiver. I just get shuffled off to Dr after Dr. My last physical from you guys consisted of 3 questions and a blood test. Could not get follow up care after attack of diverticulitis. Drs treat you like cattle when you got a physical or ask questions. The plan is good but the Drs don't want to treat us lowly peasants. Hippocratic oath my ass.
Seen very awesome, love my doctor and my clinic.
I find it challenging to find information on the United Health Care website regarding available eye doctors, and OBGYN's. Luckily my OBGYN takes this insurance, but she isn't listed on their site.
Thank you for allowing me to get medical attention and be able to afford my medication and Dr. appts and dentist appts and everything because otherwise my body would be like super dead now so please please keep helping people we need it. I need it until life gets better and I can get a real job and money and a house and car w/o worry about it. I'm alive or can afford Dr. and meds.
I am very thankful for the Medicaid I receive. I had a hernia (umbilical) for eight to ten years. I would have never been able to afford the surgery to repair the damage. I qualified for insurance and now have recovered from the surgery. Best thing to happen in my life for a while. Thank God, hope I still qualify for Medicaid.
I like my health coverage and I am grateful and so very thankful to have coverage. I wouldn't be able to seek and get help without it. Very thankful.

IWP Member Comments related to Experiences Getting Care
Amerigroup has made it very difficult for my doctor to get approval for treatment. Doctors and nurses have told me about their frustration in dealing with this insurance company. From getting authorization for treatment, to taking 90 days or more waiting for payment. Amerigroup, I would describe as a company that strains the gnat out on every little thing. I think hoping you will give up out of frustration. Amerigroup always has an excuse for why something wasn't done or approved. I think their motto is deny, deny, deny!!! To date the worst insurance company I have ever dealt with. I wish I could fire them or put them out of business.
I have "given up" going to [Clinic name redacted], I transferred to [Provider name redacted]. First appt he announced he was off for a month w/no back up doctor, I can his office no calls back. I'm tired of all the lack of follow through at [Clinic name redacted], lack of appointments, no follow up calls on and on! The "care" at [Clinic name redacted] it is UNACCEPTABLE for myself or anyone! I'm tired of AmeriHealth "running my life" always asking permission. The doctors are sucking up federal money w/constant orders of wanting "more" tests, x-rays, etc. Keep your laws off of my body!
I do find that when I have gone to see my doctor and even the urgent care doctor that he does not seem to take the time to evaluate my concerns nor the reason I am there. He just seems to want to get me in and out as fast as he can and sometimes I leave without truly knowing what was wrong with me.
1) My assigned primary care physician was never given to me. 2) The website is almost impossible to use. 3) MCO customer service is rude.
Very few doctors, dentists will accept Medicaid, you are treated differently when you're on Medicaid. Doctors, dentists will keep you coming back, but don't resolve the health issue only concerned about getting their profit from the insurance, not your health. Muscatine doesn't have any available specialist in our area, we are then referred to Iowa City (no transportation).
Having to get a wellness check every year. I'm old enough to know if I need to go to the doctor.
It's going to end because greedy people make more money when we are sick.
That I have to see other doctors that aren't familiar with my disease.
Getting things fixed right away instead of steps which make in get worse pain taking pills that don't work and not wanting to take pills at all. I hurt on a daily basis, can't sleep much make work harder from pain and not waking up for at least one day without pain which is stressful and makes you cranky.
I don't think it should be a requirement to get a check up every year and be penalized for it. I go to the Dr when I need to not just because insurance companies want me too. I am tired of the stigma attached to those of us who are poor and on Medicaid. I try and take care of myself and do not need someone to tell me when to go to the dr.
I can not afford to pay even the 5 dollars a month. Everything I get goes on bills and gas and supplies for the home. I need glasses but can't afford, you only pay for exam. I need all my teeth pulled and to get dentures you only clean. My teeth are rotten and broken. I have many things that need done but can't get alone because I have to be referred or wait to see if approved.

IWP Member Comments related to Experiences Getting Care
I can not get a pair of prescription glasses. The primary care doctors are assigned to me w/o their knowing, three so far, and when I call to reschedule just a regular physical, I am told doctor X is not accepting any new patients. The MCO left hand doesn't know what the right hand is doing. No communication between MCO and doctors who are on are not accepting new patients. I have also taken two surgeries where in I may qualify for prescriptions glasses w/o ever finding anything out, no call or mailed results.
My health is good one day and bad the next. I am happy with no primary doctor and all my specialists.
I really dislike that my MCO gets to decide the meds they cover, it makes no sense which costs more a hospital stay or medicines that can be prescribed by your doctor, which he has tried but unless MCO gets to decide amount of pain and help I get. Really (expletive) off.
Anytime I have needed to contact a representative with United Health Care, I am amazed at the quality of service I receive. Since I have moved 3 times since Dec, 2015 I have not signed up with a new Primary Care Doctor yet. However, I am currently working on finding someone, and have looked through the UHC website and made several calls to UHC.. I have nothing but praise for their helpfulness with my questions and walking me through some of the necessary information. I am actually eager to find a nurse practitioner and get going with better preventative health for myself.
Most often my calls are helped in some manner, though some times I get the run around. I do not like the length of time between visits to the doctor because I believe valuable time is being wasted. I know my body and the doctor is guessing based on my words and his education. It has almost been a year since my injury to my knee and everything is worse. One doctor says no injury but another says yes and does a scope. Now I can't straighten my knees completely and makes it difficult to walk. Still using crutches and leg braces. Unacceptable delay.
I have been denied over and over to go to [Clinic name redacted] in Rochester. I had surgery that was performed at [Clinic name redacted] by a doctor that I entrusted my health and well-being to...this doctor is who I want to see for any and all checkups and/or concerns related to said surgery. Who wouldn't? Shortly after this surgery I no longer had medical coverage through an employer and due to low-income was enrolled with medicaid. I have been denied coverage for follow-up visits (as scheduled) at [Clinic name redacted] ever since. I'm told that I will have to go to Iowa City instead, a 4+ hour drive one way to see a doctor who knows nothing about my medical history much less my surgery. [Clinic name redacted] reputation is stellar, they provide health care that is second to none, and they are only a 45-60 minute drive from my front door...people cross countries, continents even, to go to [Clinic name redacted], yet, I am denied because of a state line. Senseless. (My post-surgical care stopped due to IA's denial of coverage...I tried to get authorization/approval on numerous occasions to no avail. IA's refusal to authorize medical care at [Clinic name redacted] has resulted, for me, in no medical care at all. Way to go!)

IWP Member Comments related to Experiences Getting Care
I went to get my eye glasses as my other pair got broken. First pair before this insurance my Medicaid paid for both my exam and glasses. Went to get exam with new insurance, exam was paid for but not my glasses, this was huge for me because I'm unemployed, had to borrow from a friend 2 months ago and still have no way of paying them back, and have received a good friendship over this! Now I need dental exam and dentures but very afraid this will happen again, meanwhile I get severe sores and cuts on my gums just trying to eat. This is why I don't like or trust the insurance I have. Don't understand why Medicaid had to change, to the ones who really needed it. I truly believe this is unfair to elderly, and unemployed.
I think you shouldn't be forced to get a check-up, should be my choice no one else's. I know when I need a doctor shouldn't charge a premium for being healthy. That's wrong. I'm a caregiver for my husband he has seizures, I need to be at home with him. My feet have bunions on them that hurt very bad shooting pain through my legs all the time, that's my disability. There are times I do nothing off my feet they still shoot pain through my legs. It's misery for me all time. But still keep going. My feet been like this for all my life, but I worked more than one job for a while cause I had to, no other choice. When I got done working I'm in misery pain with my feet. Cry a lot after work cause they hurt so bad. They still do. That's my disability and now can I get help. I can get disability for my feet. Thank you, that's what I need help with my pain.
I haven't been to any dr. in the last 6 months, yearly appointment is made for June of this year. Love this health plan, it suits our needs very well, thanks
Only when I call the doctor's office speak to a nurse and ask a question and they don't get back to me. I've called once about an antihistaminic and about an ultrasound result.
I very much disagree with not allowing doctors to order CT-Scans and MRI's to find out problems BEFORE therapy. My back is in severe pain but I have to go to therapy which involves pain on pinched nerves and my tailbone is partially attached to my L5 vertebrae. Doctors should be allowed to find the CAUSE before clients have to be subjected to possible worsening of the problem.
I don't know if dental is included in the plan or if I wanted to, how to change my doctor or my girls doctor.
Why don't hospitals accept certain insurances when this clinic in the area accepts all ins. Medicaid needs to send out or otherwise notify people on how to find the information on coverage. Drs need to know how to treat patients for illnesses.
United Healthcare is the worst company I've ever dealt with in Healthcare. I think monkeys could do a better job. The prior authorization process and appeals process have made my life hell. The communication between my doctor, specialist, myself and UHC is the absolute worst. Can't wait to switch to a different MCO. The doctors really dropped the ball. Shouldn't be this hard to get the care I need.
Health Care that is covered by insurance, Medicare and Medicaid does not provide care for health, but instead only manages symptoms and chronic disease. I use exercise, massage and home remedies to care for my health except in case of a bad infection. I use antibiotics (last time was less than 10 years ago) or injury (also less than 10 years).
My plan is great, it's the doctors who don't care.
80% of the time I'm misdiagnosed or treated like a liar, don't trust doctors no more.
We can no longer see our eye doctor because they dropped United Healthcare due to not being paid. That's very upsetting to me as we've gone there for years.

IWP Member Comments related to Experiences Getting Care
Look I believe they should let us see the doctor of our choice.
I am currently working two jobs to help make ends meet. I have very little down time. I smoke because it helps calm my nerves. I know I should quit. I don't need someone telling me this, but I have views just like all other humans.
I don't like the fact that I received a letter statin I may have to change medical facilities because of coverage. I like where I go and trust my doctor.
I really don't know how I got my primary doctor. It's at a clinic that is very busy and in a bad location. I would like to change but don't know how. My doctor struggles with the insurance co for my med approval. It's BP medicine. P.S.: I sent the 2 dollars to St Jude Children's Hospital for a donation. Thank you!
I am very disappointed in the Medicaid/AmeriGroup member services helpline. When I have questions I can call 3 different times and get shaky 3 different answers. Most often they can not answer my questions about what medicine my doctor can prescribe that will be covered or need a prior authorization. This makes my doctors/mental health providers want to drop me!
The dental care is bad in America. Even the [Clinic name redacted] hardly does anything. I tried to get on that Delta Dental but I don't speak Spanish and at primary care at SE 14th Street, DSM. I click English and I swear they don't pick-up. [Clinic name redacted] Story County did a Vietnam Vets teeth cleaning at [Clinic name redacted] in January so I got that but it took me off Delta Dental or by now I'd be getting my dentures. But as they say, "govt is not the answer" and they believe that so that is how it works. They attention is broken so it is.
Everything is great. Love the health plan and care givers.
Without this coverage plan I was very close to suicide! I work part time, I get \$14.00 monthly in food stamps and felt worthless. My grown children and ex-husband were paying my bills (medicine and doctor). I felt like such a burden. I suffer from PTSD from child abuse of a very evil man. Thank God I had this health insurance to help me get the specialized health care I needed.
My main problem was getting dropped by our long time family doctor and dentist. It was embarrassing. Luckily, we were able to find a great general practitioner in Peosta. Most people on Medicaid that live in the city are stuck going to [Clinic name redacted], which is some of the worst care I've gotten. We recently got dropped by our ophthalmologist, and currently looking for one that takes our insurance. I would definitely pay a small fee each month, if it meant it would open up my options.
Not enough choices for dental in my area.
I am very happy w/my provider. Thank you.
I'm considering charging doctors because I feel like the one I have some times doesn't take me seriously about some of my age related issues. He listens to me, but acts like nothing can be done or it's all in my head. I may charge to a female doctor who might suggest some solutions to some of my every day issues.
More places to go to dentist.
Sometimes it's hard to get in to a good physician right away and it takes a while for certain meds to be covered. I think all meds should be covered especially when your health and well being is on the line. Otherwise I'm pretty satisfied with my coverage.

IWP Member Comments related to Experiences Getting Care
The only issue I've had is that I had to stop going to the physical therapy place I found that I liked. They said my insurance wasn't covering them anymore, but I never really looked into it, because I was doing much better at that time.
My plan does not cover the tests I and they need on a regular basis for my glaucoma. My eye doctor is very unhappy. I like to know how much more peripheral I have lost from each visit. I'll like to know if the tubes in the back of my eyes are going to burst and then out goes the lights. I'd like my personal doctor to sometime actually listen to what I'm telling her it's been an emotional year and tragic one. I'd like to be able to address all the issues that are popping up for me health wise. I would like not to feel hurried, rushed, so things only occur on and some are persistent. Thank you.
Overall I like my health care plan. I have a great doctor too.
My daughter has pancreas and liver problems. On going to the ER, they define it as acute stomach problems, which is not considered life threatening, that coding is wrong because insurance agency won't allow funding if it can't be proven with a test! This is wrong. Our hospitals need to be paid fairly and help needs to not be denied. If having insurance is supposed to guarantee health care, that is a lie. It is wrong when insurance dictates what degree of care you receive. I also believe insurance does not reimburse doctors and hospital in any way fair. When a \$75 bill is turned in and insurance pays \$10. That is not realistic funding. Obama Care - The requirement to have insurance is robbing citizens, helping illegals and causing conscientious health care to close. Eventually, medical care will become inferior due to lack of payment.
So far I am pleased with coverage. I don't know what I would do if I had to pay. I have a lot of scripts and health conditions. I'm a widow and have no help from a spouse. I'm not able to work full-time due to my health. I have had good luck with [Clinic name redacted] and the care I have received.
I want Laetrile injections as treatment for my cancer and I can not get anyone to administer this drug to me. There is no basis for refusing me my right to choose a treatment of my choice and to be covered by my health insurance provider for the inexpensive cost of that treatment. They know what the radiation and chemo does, what is there problem, with a Laetrile injection treatment? It will help people be cancer free! I want it legalized in the US, they use it in other countries with success. Doesn't that make them murderers in the US by not allowing a care to a chronic metabolic disease?
I am very pleased with State health care provided by AmeriGroup. I have never had any problems and have been treated very kindly not looked down upon or treated badly because of State aid. My needs have become above basic healthcare and have become a necessity to survive. I am thankful and blessed to have a good outlook on future healthcare. My doctor is excellent.
I like that it pays for chiropractic care. I wish the dentist I see was covered.
Hard to find a doctor. My doctor switched to the [Clinic name redacted] in Iowa City at the end of January and now I need a new specialist for my Diabetic care. Internist PC in cedar rapids said they didn't have any doctors that accept my insurance.
I feel that fertility treatments should be covered, the treatments are health related, and do have a huge impact on my mental/emotional state. I feel that the providers that accept this insurance is very limited and very outdated. The insurance doesn't make the effort to stay up-to-date with their providers list. The service provided is extremely limited and the bare minimal. Please increase the services provided and cover infertility treatment.

IWP Member Comments related to Experiences Getting Care
I get wonderful care with the UofI Medicare Managed Plan. Not happy with the stages I have had to go through at the [Dental clinic name redacted].
I find my plan is working very well and would not want to loose it. Great doctors and staff and hospital. I appreciate my insurance plan very much! Thank you.
I am satisfied with my current health plan.
My doctor's office is amazing and I am very lucky to have them. Prior to that my care was very poor! I very much dislike the dental coverage, no one accepts it and it doesn't cover anything. The eye/vision plan is terrible. Only a few, terrible frames are available and it is not helpful or effective.
My main concern is all my doctors for heart and thyroid problems are going to be dropped by AmeriHealth July 1st unless deal can be worked out. United Health not accepted why I changed to AmeriHealth and they are my two choices. Have had same cardiologist for 2 years since heart attacks and trust him.
When you tell doctor that is something wrong with you they just laugh at you.
Changed doctors with me to someone I dislike.
I just got a letter today from AmeriHealth/Iowa health link stating that my PCP may no longer be my PCP due to contract negotiating. If this happens it will most probably mean that I will have to travel 4 hours each way just to see a doctor. Been through this before. Not a good thing.
My vision plan doesn't cover eye care/glasses it used to, now since privatized it's not. The primary doctor I have been going to for 10+ years and is the only one in my town may soon not be covered. I got a letter it's in negotiation. It would be very inconvenient to go to a different primary. I had a physical but still get monthly fee because there is an error on MCO/DHS end.
I just began a new job, so I now have coverage through my employer. When I saw a specialist, the CMA, the nurse practitioner, and the specialist were all uneducated about me being a transgender man. They were very rude to me once they learned the information, and I was told, "I don't know how to help someone like you". I'm very upset and dissatisfied with the treatment I received. However, I am thankful to have had coverage and to have had an opportunity to receive medical care. Thank you for the coverage.
The plan and Coverage that i have is fine for me. It suits me. How ever NOT THE DOCTORS
Ever since I got this health plan all I got no help at all and keep getting different doctors all the time. Every time when I did go at first they never help me out with my problems. That is one of the reasons I don't go anymore. I can't miss work so I don't go at all.
Stop wasting time trying to make people stop smoking. Doctors don't listen to their patients requests. I had a doctor refuse me treatment for an injury because of the injury being 6 months old. Logically this implies that the injury is serious. The mental health care option in Sioux City are horrible. I only found one place who takes Iowa Wellness and they won't refill my meds. After a bad experience at a doctor office I won't go back. How do I get incorrect information off of my records? What do I do if I want to see a doctor who does not know my medical history?

IWP Member Comments related to Experiences Getting Care
I was pleased with my coverage until the program was PRIVATIZED BY GOVERNOR BRANSTAD. My PCP is at the [Clinic name redacted] in Waterloo and I live 45 minutes away. [Clinic name redacted] has been my PCP since 2010 and I have been very happy with my health care there. The 45 minute drive is worth it to me. However, I used to be able to get three months worth of prescriptions when I refilled my prescriptions. Since the privatization plan was implemented I can only get a one month supply of pills at each prescription refill. Thus, I have to drive to Waterloo every month to fill my prescriptions. This costs me extra gas money and takes more time out of my schedule. I greatly wish this rule would be eliminated and I could go back to getting my prescriptions three months at a time. Thank you for reading my concerns. Have a good day.
Not sure what health care I'm with. Need to find a doctor (ASAP).
[Clinic name redacted] has given me fantastic care for a seriously broken shoulder. I broke while working overseas. I came back to Iowa with coverage under the affordable care act with mega-high co-pays. Medicaid has had positive impact in my physical well-being.
I'm very grateful for having health care. And am very happy w/my doctor! If I didn't have health insurance, I really don't know what I would do. Thank you for letting me be a part of this survey.
I guess I'm not real certain what my health care plan really covers. No doctor ever seems to fix the problem, but makes it bearable. I have a bad back, gave me shots to make it so I could function, but I still have trouble when I'm on my feet too much. I wake up with numbness in my fingers. I was told unless it cripples me, they won't do anything.
The medical check up at [Clinic name redacted] in Davenport basically consists of checking vitals and listening to lungs. I would think for a 63 year old more would be involved. At [Clinic name redacted] it is virtually impossible to reach someone to get any lab results - may be days of telephone tag before connecting - a mailed response would work much better.
Dental sucks and Caritas is getting ready to drop my health care provider. The hole Mercy Network? I have many questions and will be using the hot line for help.
I am pleased beyond words that I am lucky enough to have [Provider name redacted] and his staff and also the doctors and staff at [Clinic name redacted]. Not to mention my health coverage has helped me get back on my feet again and hopefully will be able to get my problems solved as the doctors and nurses are helping greatly and being very thorough through each test and procedure. I thank you all for the bottom of my heart!
Spontaneous pneumothorax 11-27-12. Horrible pain since. Nobody wants to look for an answer, they all just treat me like I'm looking for drugs. 5 different doctors and no progress. I give up!
Overall I didn't mind filling this out. I just wish I can get SSI I have been fighting this for 6 years now I'm waiting to see the judge again, about my SSI case. I can't work I'm waiting to see the judge sometime. I feel that I'm lost and don't know what to do or who to turn to it makes me sad and lonely. Thank you.
I was assigned United Health Care, I broke my Ulna and Radius in Oct. 2016. I had to go to the ER. The doctor they referred me to wouldn't take my insurance. Neither will my dentist or allergy doctor. I had to find my own doctor/surgeon to get my arm surgically repaired. The help line gave my mom doctor's to try and they also tried calling. I was able to see a surgeon in a day, but had to wait 5 days for my surgery. So now that I can, I changed my insurance so that I can get help if there is ever an accident. I don't know why United Health Care is even an option for patients/clients if it isn't accepted by doctors, surgeons, dentist, specialist, etc.

IWP Member Comments related to Experiences Getting Care
I broke my hand July 2016. My doctor diagnosed the break and sent me to surgeon on the same day. Surgeon stated I needed surgery, had surgery within the same week. Everything went great, no issues with insurance. Got a bill from x-ray reading group. I called insurance company and issue taken care of with that call. No more issues.
Just all dental coverage is not covered by this plan so need to see someone new and hate dentists already so been putting off finding new one. Thank you for \$2.
I have a nurse practitioner at my medical clinic, not a doctor directly giving me care. I think my health care could have been discussed better with me during my last check-up in September 2016.
So far I haven't had too many issues, however it's difficult to find drs that accept my insurance and there is only one place I can get my wisdom teeth out which prevents me from going. They (Amerigroup) has been unhelpful in finding a primary care provider in my area.
Everyone has been great in my health plan. Thank you.
IHHS and MCO don't talk to each other. Not only do you need to do a health risk assessment of doctor or dentist visit, you need to self report that activity. I complete the requirements but didn't get credit for it and Medicaid was ultimately cancelled and I had to reapply.

Access

IWP Member Comments related to Access
I don't like that I have to go to Clinton, IA to go to the doctor. I live in Clinton County, but we do all our shopping and business in Scott County. We use to live in Scott County. I don't know Clinton, IA. I don't go to Clinton, IA. Scott County residents have better options. That's why I don't go to doctor. I'm not going to Clinton. My children's pediatrician and dentist is in Scott County. That's where they go. Medicaid is a secondary insurance for us.
I am a single mom of 3 children and self employed daycare provider. It is hard for me to take regular visits for each of us each year plus sickness visits. It's hard for me as I don't get paid those days. Hard for my daycare parents too to find other childcare, worry I lose someone taking time off.
I asked about the exercise place or help paying for it but didn't get information about where I could go. Last year got taken off but put back on continuously for 4 months because of having a temporary summer job.
Can you send me information on specialist on skin? I live in Cedar Rapids and have always have to go to the [Clinic name redacted] for everything they don't do at doctor office. When I have had to go to [Clinic name redacted], my car battery was stolen out of my car 2 times. Hate the [Clinic name redacted]!
I don't like that I couldn't stay w/the doctor I had before I got on Medicare.
Waiting on an appointment for specialist, should be shorter.
I need a doctor, can I please get doctor available to me. Thanks.
Start out assigning a doctor and plan, then if they want to change other they can. I did not use it last year because I didn't have a doctor or plan.
I was turned away at [Clinic name redacted] because of my United Health Care.
The only complaint that I have is that Medicaid doesn't cover my dentist that I've gone to for 10 years, so I don't go.
I like it very much, but I would like to know which dentist in my area accept my health care coverage, and I would like to find out about my health care provider. Please and thank you.

IWP Member Comments related to Access
I was dropped and left without any coverage.
Couldn't get mammogram this year between Christmas/New Year (my vacation week) because it was 1 day before last year's date of test. I'll try again next year.
My only major concerns are: The length of time it takes to get an appt with an specialist. I might have been able to get some kind of job a year go, if I'd had diagnosis and surgery to regain use of my dominant hand without waiting months between appts. Surgery is pending in April 2017. AND Being not approved for Proleaia for my bone degeneration because I have United Healthcare.
I don't appreciate the whole having to participate in physical therapy before an MRI or anything, because when I have I made things worse and there happened to be something wrong but I quit physical therapy and dealt with my pain until I couldn't anymore and needed surgery. I get it and why you have to do it, but still I'm a single mom who works full-time, I don't have the time or energy to go to physical therapy every week, let alone trying to find a sitter.
Doctor offices are limited pick with plan. Not all accept the health insurance.
We need dentist office to accept the MCO plans and make them closer
Don't like dental program I broke a tooth in half got it sealed but then they told me I have to wait 6 months to get a cap put on it. There's a possibility you could loose the tooth waiting 6 mo. To me it doesn't make sense. Most dentist don't accept Medicaid. Do you have a list of any dentist you can choose from? Otherwise everything is good.
I appreciated having a case manager, she was very good and helped me to resolve some problems; however, one complaint is that when I learned I would start getting SS disability as of April 2017, I asked if I would lose Medicaid coverage; she reassured me that I would not lose coverage. That was incorrect. They cut me off as of 2/28/17 (even though I won't get \$ until mid April), only giving me a few days to obtain other coverage. I had to discontinue therapy for my shoulder, which was past-surgery, and cancel other treatment and vision needs. I am upset this happened the way it did and feel I should have been given much more prior notice so I could get other coverage in place, and plan for the cost I now have to pay out of pocket at such short notice. My other complaint is that there were times I was given information. Only to find it was incorrect; for instance, after my shoulder surgery and the doctor said not to drive for 6 weeks, I was told by the plan that transportation would be provided, then when I called to arrange a ride, they said my plan didn't cover transportation; I had no income to pay for a cab to get to therapy and other medical appointments. Eventually, they switched me to a different coverage so I could get transportation, but by then I was allowed to drive. It was handled very poorly. I also had trouble getting a prescription paid for, and went through quite a few phone calls and got incorrect information before it was finally resolved. However, on the whole, Medicaid and my MCO did a good job taking care of my health care needs, and I really appreciate all the good help I did get.
I don't like the fact that I get denied for some testing that the Dr ordered which prolonged my stomach pains that have already lasted over a year.
1) Transportation is so necessary in my case to get to my doctor appts., yet it has never been available. Sometimes I have to reschedule appts in order to get rides. So my treatments are delayed. 2) Changes in health plan from AmeriGroup to Medicare starting next month put me in a bind financially starting next month (April 2017). Doctor visits, treatment, medicines will have to be paid at an amount I will not be able to afford. So I will have to stop taking some meds and not go to some appts.

IWP Member Comments related to Access
I cannot get an appointment with my doctor in Iowa City because [Clinic name redacted] does not take Medicaid. So I am now without my hormone medications I would normally see [Provider name redacted] but cannot, when I call they tell me I cannot see her because she is a specialist even though I was seeing her when I had employer insurance so [Clinic name redacted] sucks shit/ I feel like dying right now so stick this survey.
I would like help locating a personal doctor for myself and a dentist in my area. I have always went to [Clinic name redacted] for all of my visits and also my children's, so I'd greatly like some help finding myself a doctor and dentist that take my insurance. Thank you.
Would've been nice if my doctor would've been in my network, is a lot easier for my wife and I to see the same Dr.
We lost my daughter's eye doctor because she didn't want to deal with all of the new insurance stuff. Its hard to find doctors who will take medicaid now than it was before, especially specialized doctors.
1) Less "band aid" cures/fixer-ups and more digging to the root of the issue. 2) Easier to get into doctor/long waits.
Finding a dentist that accepted new patients took several hours and many phone calls. Finally found one 40 miles away.
The MCO never asked if I already had a primary care physician but tried to get me to go to a doctor located in East Des Moines. I had to communicate to them several times that I did not need a primary care physician and would certainly not be going to Des Moines to see one when I live in the Ames/Boone area.
I don't like to drive out of town. I feel like I have to always go to a specialist and they are out of town. Providers don't take the dental insurance and make you feel like 2nd class citizen. I work a full-time and a part-time job. Plus I have children taking time off means I lack money to pay my bills or put food on the table. So going out of town means more time away from work to top it off the cost now cuz you can't make it to appointments. Hurting those who pay taxes and trying to provide for their family is a shame.
I think the guidelines for qualifying stink. My son is a full time college student who also works and lives in my home. I pay all the household bills except his car insurance and cell phone bill. They used his and my income together to see if I qualify. This year I have been denied coverage. After taxes, I only bring home around 1,400 a month. I can barely make my bills let alone pay for health insurance. I'm 50 years old and will have to get a second job to make ends meet!
United Health Care is limited due to its prior authorization steps and non-coverage of vital healthcare. Not to mention most doctors and dentists do not accept said insurance and users must drive long distances for dental. Please look to improve!

IWP Member Comments related to Access
I was upset when I lost my insurance in March because number 1 my dad was really sick at the time fighting brain cancer and Medicaid sent a letter to me in the mail that misled me that they were switching my insurance. Now they put my son and I on United Care plan. None of the doctors and hospitals in the area where my son and I live they do not take the United Care insurance. So besides sending me a letter writing misleading information. P.S.: They put us on an insurance that I couldn't even use. Then I had to find transportation and go to my local hospital and talk to a social worker at the hospital and she helped me get on the AmeriGroup insurance. I can't remember for sure how many months I went without insurance but I wasn't able to go to my lung doctor at [Clinic name redacted]. I wasn't able to get my medicine filled when I didn't have my insurance, so this is the issue that was very upsetting to me. I need my medicine prescribed by my lung doctor and I wasn't able to get it. Also I was prescribed blood thinner medicine which I couldn't get.
Get stuck with PA's that don't listen or pay attention to what I say doctor that assumes from a couple of sentences what is wrong but doesn't go deep enough to find real problem PA's change often so can't get them to help with real problem.
Transportation not covered on my plan. Have to go to a specialist 40 miles away, difficult to get to appointments there. Transportation in town is hard to plan when it takes 3 to get to doctors office. Need dental work, but crowns or caps not included.
When prescribed a medication from my preferred-care provider, a pre-authorization has been required almost every time. I take 5 meds daily, w/one recently prescribed. I have also needed anti-biotics for ear infection and am allergic to Neomycin. Every time a pre-auth is needed, it takes an additional 48-72 hours to get resolved. There have been times I've called the doctor and asked for another med. Why is a pre-auth needed from the same doctor that just prescribed the med? The delay in receiving medication has caused stress, anxiety, confusion and an aggravated ear infection that could've been prevented. Otherwise, I am happy and extremely thankful for the coverage I have. I've recently started working and will lose coverage because I can't afford the \$300 premium from work.
Would have liked to have kept my old doctor.
I was just canceled from the Medicaid program so was my wife on 4/1/17. We have 3 kids that are still on Medicaid. Thanks for that. I'm retired and make 44k per year in retirement that is too much, they said.
I do not appreciate being dropped because of social security retirement being too much income to continue and not be offered continued coverage. If they want to kill me they are going at it the fastest. Way possible!

IWP Member Comments related to Access
After reporting my income (for renewal), I learned that I was a couple hundred dollars over the maximum income for that particular month my income is inconsistent month to month and was informed with only days notice that my coverage would end approximately 10 days arrange for and purchase private coverage. This was alarming to me and the fact that there was no way to seek a brief extension of coverage to allow adequate time to research options was distressing. Not intending to be rude w/some of my written comments here and throughout the survey, but some of the language seems to be unclear to me point that the results of these surveys may be less accurate. When a question asks whether something happened at all in the last six months and it only happened once "never" "sometimes", "usually", "always" are confusing. Also, incredibly confusing language on No. 6. Please see my note next to that question. I'm really unsure whether my answer accurately conveys my situation because of this.
Missing one appointment should not be cause to go back to the beginning in emotional/mental care. 3 times sounds far. Most of us having issues, tardiness or memory issues are included in that. Thanks.
I think this health care plan is great. With the exception of my dentist who I've been a patient for over 10 years now decides he won't accept it anymore because it is such a "hassle". I will continue to get dental care though because I understand it's importance. I will just have to pay for it myself.
My Lyrica was not approved and had to switch less helpful medication.
I dislike the fact that not many companies accept it around my area.
Very few doctors, dentists will accept Medicaid, you are treated differently when you're on Medicaid. Doctors, dentists will keep you coming back, but don't resolve the health issue only concerned about getting their profit from the insurance, not your health. Muscatine doesn't have any available specialist in our area, we are then referred to Iowa City (no transportation).
I had to have a tooth removed in August of 2016. There was not a dentist in the area that would/could do it because of the coverage that I have, I had to go to Iowa city, which they were wonderful, but my sister had to take the day off of work to take me. I live about 45 miles away from Iowa City. I can't see how People without reliable transportation can manage that.
When we get only 30 pills at a time, it was nice before with an insurance get 90 day supply of pills. Don't have to make as many trips to Walmart pharmacy.
Do like seeing all costs paid by my MCO/or not paid for. i.e. flu shot. More direct info on what my coverage is. Better job communicating the requirements to avoid the monthly prem I now pay. Wellness exam is not much more than blood pressure, weight and brief visit with my doctor. Dentists who take Medicaid patients is slim to none in my area.

IWP Member Comments related to Access
I have been denied over and over to go to [Clinic name redacted] in Rochester. I had surgery that was performed at [Clinic name redacted] by a doctor that I entrusted my health and well-being to...this doctor is who I want to see for any and all checkups and/or concerns related to said surgery. Who wouldn't? Shortly after this surgery I no longer had medical coverage through an employer and due to low-income was enrolled with medicaid. I have been denied coverage for follow-up visits (as scheduled) at [Clinic name redacted] ever since. I'm told that I will have to go to Iowa City instead, a 4+ hour drive one way to see a doctor who knows nothing about my medical history much less my surgery. [Clinic name redacted] reputation is stellar, they provide health care that is second to none, and they are only a 45-60 minute drive from my front door...people cross countries, continents even, to go to [Clinic name redacted], yet, I am denied because of a state line. Senseless. (My post-surgical care stopped due to IA's denial of coverage...I tried to get authorization/approval on numerous occasions to no avail. IA's refusal to authorize medical care at [Clinic name redacted] has resulted, for me, in no medical care at all. Way to go!)
Limited number of dental providers in my general area that take dental insurance.
I was involved in a serious car accident back in the end of 2013. I sustained serious injuries to my chest, fractured ribs/sternum and an inflexible smashed muscle. After all the doctors visits and ER and checkups. I was denied the proper medication to deal with the condition. As far as I am concerned, you have no insurance period when your denied proper medication for your problem and or issue. I quit going in over my damaged muscle because I get denied for the medication.
Why don't hospital accept certain insurances when this clinics in the area accept all ins. Medicaid needs to send out or otherwise notify people on how to find the information on coverage. Drs need to know how to treat patients for illnesses.
We can no longer see our eye doctor because they dropped United Healthcare due to not being paid. That's very upsetting to me as we've gone there for years.
The new Medicaid is horrible. I can get an eye exam but no glasses! What point is it then? I can't go to the dentist. No Medicaid dentists accepting patients. I cannot afford to drive 2 hours to go somewhere. I can't even get cough syrup.
It's not near home.
I hate that when I need a monthly prescription I have to wait till the day it's done to get a refill. Give a person 5 days sometimes I can't get to CVS and I go without my meds.
Can not find a dentist that takes Delta Dental in area.
I really don't know how I got my primary doctor. It's at a clinic that is very busy and in a bad location. I would like to change but don't know how. My doctor struggles with the insurance co for my med approval. It's BP medicine. P.S.: I sent the 2 dollars to St Jude Children's Hospital for a donation. Thank you!
I don't have a computer so depend on written material. Recently started full time job. Will have access to health ins through my job.
I can only get a hold of Medicaid M-F from 8 - 5 (when I am working). The 10.00 charge always come so late and I can't pay it online. I can't get my add medicine because I'm 21 and the medicine is expensive. MCO isn't much help and gave me wrong answers last time.

IWP Member Comments related to Access
My main problem was getting dropped by our long time family doctor and dentist. It was embarrassing. Luckily, we were able to find a great general practitioner in Peosta. Most people on Medicaid that live in the city are stuck going to [Clinic name redacted], which is some of the worst care I've gotten. We recently got dropped by our ophthalmologist, and currently looking for one that takes our insurance. I would definitely pay a small fee each month, if it meant it would open up my options.
Sometimes it's hard to get in to a good physician right away and it takes a while for certain meds to be covered. I think all meds should be covered especially when your health and well being is on the line. Otherwise I'm pretty satisfied with my coverage.
The only issue I've had is that I had to stop going to the physical therapy place I found that I liked. They said my insurance wasn't covering them anymore, but I never really looked into it, because I was doing much better at that time.
My health plan denied my doctors request for test I need to figure out what is wrong with me so I had to use my parent's health plan to get approved for the testing I needed done.
My daughter has pancreas and liver problems. On going to the ER, they define it as acute stomach problems, which is not considered life threatening, that coding is wrong because insurance agency won't allow funding if it can't be proven with a test! This is wrong. Our hospitals need to be paid fairly and help needs to not be denied. If having insurance is supposed to guarantee health care, that is a lie. It is wrong when insurance dictates what degree of care you receive. I also believe insurance does not reimburse doctors and hospital in any way fair. When a \$75 bill is turned in and insurance pays \$10. That is not realistic funding. Obama Care - The requirement to have insurance is robbing citizens, helping illegals and causing conscientious health care to close. Eventually, medical care will become inferior due to lack of payment.
Wish there was more dental coverage that accepts our Title 19 patients. A lot of dental offices don't take them. More coverage on medications.
I'm very concerned that the [Clinic name redacted] now owned by Mercy Medical Unity Point will no longer accept my insurance beginning in November 2017.
My plan does not cover my exams. Does not cover to get new glasses. Almost every dental office doesn't take my insurance, need to cover my pills and other things. Change my plan, please.
I do not have any health care now they canceled me on March 1 2017 I do not know how I am going to pay clinic visits or my medicine I need and also ER visits and all blood work that I will need all of this not having health care insurance is really upsetting me and trying to pay if I need to go to the clinic or ER for health problems.
My coverage was cut off. Now reapplying for myself and disabled son. Very little help!
I do not like the fact that I have to travel to Green, Iowa to see my doctor. Our clinic closed in Charles City.
My mom handles my insurance. What do I do when I'm too old to be on her plan?

IWP Member Comments related to Access
1) It covers an eye exam but not glasses or lenses. If you can't afford to purchase glasses, what good is the eye exam? 2) Does not offer mileage reimbursement like regular Medicaid does, so when you are sent to a specialist 1/5 hours away and have to pay for gas, then we struggle to buy food or something else for the month. 3) I received a monthly bill last year for my health coverage and when I called to ask questions about it, was told it was because I didn't complete my health assessment, etc. up to that point I didn't even know what the health assessment was! I had been to my regular doctor and when I asked them to complete it for me, THE DIDN'T EVEN KNOW WHAT IT WAS EITHER! How are we supposed to complete them, when the providers don't know what we are talking about? Both my medical doctor and my dentist didn't know what the healthy behaviors/health assessment was! I had to talk to about 8 office people before a nurse took the time to call the Medicaid hotline and get it done for me. Very frustrating!
Make transportation available for me. I need rides to get to appointments.
I dislike when my doctor prescribes medication or orders a test or procedure and it gets denied. Ten forced by insurance to take an alternative route that does not work. Ultimately going back to original request and then getting approved. Seems like a large waste of money.
Hard to find a doctor. My doctor switched to the [Clinic name redacted] in Iowa City at the end of January and now I need a new specialist for my Diabetic care. Internist PC in cedar rapids said they didn't have any doctors that accept my insurance.
Yes, I work in a service business and my income fluctuates around the borderline of eligibility. Medicaid wrote me a notice my Medicaid with AmeriGroup was cancelled. They did not even give me a grace period just like car and house insurance gives you 30 days. I need refills on my medication and I feel stranded. I also believe that human services over estimated my income; I did not have \$2,000 of earned income this year when I sent the renewals papers.
My main concern is all my doctors for heart and thyroid problems are going to be dropped by AmeriHealth July 1st unless deal can be worked out. United Health not accepted why I changed to AmeriHealth and they are my two choices. Have had same cardiologist for 2 years since heart attacks and trust him.
I just got a letter today from AmeriHealth/Iowa health link stating that my PCP may no longer be my PCP due to contract negotiating. If this happens it will most probably mean that I will have to travel 4 hours each way just to see a doctor. Been through this before. Not a good thing.
My vision plan doesn't cover eye care/glasses it used to, now since privatized it's not. The primary doctor I have been going to for 10+ years and is the only one in my town may soon not be covered. I got a letter it's in negotiation. It would be very inconvenient to go to a different primary. I had a physical but still get monthly fee because there is an error on MCO/DHS end.
I wish there were more participating dentists. I can't find one in my area.
No one in our area will take new patients because it just doesn't pay for dental needs. I still don't have a dentist.
I would like to be able to go to the dentist but no one within a 20 mile radius accepts this dental plan. I have no where to go unless I pay all the same day. Thank you.
Ever since I got this health plan all I got no help at all and keep getting different doctors all the time. Every time when I did go at first they never help me out with my problems. That is one of the reasons I don't go anymore. I can't miss work so I don't go at all.

IWP Member Comments related to Access
Stop wasting time trying to make people stop smoking. Doctors don't listen to their patients requests. I had a doctor refuse me treatment for an injury because of the injury being 6 months old. Logically this implies that the injury is serious. The mental health care option in Sioux City are horrible. I only found one place who takes Iowa Wellness and they won't refill my meds. After a bad experience at a doctor office I won't go back. How do I get incorrect information off of my records? What do I do if I want to see a doctor who does not know my medical history?
I was pleased with my coverage until the program was PRIVATIZED BY GOVERNOR BRANSTAD. My PCP is at the [Clinic name redacted] in Waterloo and I live 45 minutes away. [Clinic name redacted] has been my PCP since 2010 and I have been very happy with my health care there. The 45 minute drive is worth it to me. However, I used to be able to get three months worth of prescriptions when I refilled my prescriptions. Since the privatization plan was implemented I can only get a one month supply of pills at each prescription refill. Thus, I have to drive to Waterloo every month to fill my prescriptions. This costs me extra gas money and takes more time out of my schedule. I greatly wish this rule would be eliminated and I could go back to getting my prescriptions three months at a time. Thank you for reading my concerns. Have a good day.
Can only find one dentist in my town that would take Medicaid. Can't get appointment!
I just need transportation too Iowa city at times and without a vehicle or a stable income it gets hard.
Taking too long to see a primary care Doctor.
They switch my insurance every year so I can never get any work done at the dentist. Just cleaning and I need a crown replaced. I do everything I'm suppose to and then the next year they change my MCO and I have to start all over again. This is 3 years in a row now. I have had the same member ID so it should transfer.
There were several times in the year that my insurance was cancelled for 30 days or more and when I called to find out why no one had a answer. And I have bills from doctors offices in that non covered times that still not pd or I was not able to get care I needed in that time of no insurance.
Make easy for people to find a doctor and dentist. Dental is almost non-existent in Story County Iowa. Three month wait, if they take the insurance. Most don't.
I don't like not being able to have teeth fixed on first and on next apps without having to wait 6 months to a year with only cleanings and emergency repairs. If you could have them worked on right away they'd be easier to fix. Less damage. And not being able to pay, premium, with credit card or over phone. Can only pay by check in the mail. So easier to have payment not get there in time and it cancels you until it gets there a day or two late. Really messes with meds and apps.
I no longer able to use Medicaid health care because I made too much money in 2016, by \$3,000.
I was assigned United Health Care, I broke my Ulna and Radius in Oct. 2016. I had to go to the ER. The doctor they referred me to wouldn't take my insurance. Neither will my dentist or allergy doctor. I had to find my own doctor/surgeon to get my arm surgically repaired. The help line gave my mom doctor's to try and they also tried calling. I was able to see a surgeon in a day, but had to wait 5 days for my surgery. So now that I can, I changed my insurance so that I can get help if there is ever an accident. I don't know why United Health Care is even an option for patients/clients if it isn't accepted by doctors, surgeons, dentist, specialist, etc.
I can not pay for not doing my assessment. I didn't know I had to do one. And I didn't know it would cost me \$8.00 for going to ER when my doctor was closed. I don't work. I can't pay this. I will do an assessment if you call me. My number is [Phone number redacted]. Thank you.

IWP Member Comments related to Access
So far I haven't had too many issues, however it's difficult to find drs that accept my insurance and there is only one place I can get my wisdom teeth out which prevents me from going. They (Amerigroup) has been unhelpful in finding a primary care provider in my area.
IHHS and MCO don't talk to each other. Not only do you need to do a health risk assessment of doctor or dentist visit, you need to self report that activity. I complete the requirements but didn't get credit for it and Medicaid was ultimately cancelled and I had to reapply.

Social Determinants of Health

IWP Member Comments related to Social Determinants of Health
Need to get more help with things needed (vitamins, ensure, wheelchair, walker, probiotics) for the poor or like me moved to Iowa from Kansas to get my cancer treatment, denied SS, so significant work, have colostomy forever need trained for new work.
I have had several problems with getting proper medication. My primary doctor always says "we will look at that on your next visit". He always seems to be in a hurry. I have Narcolepsy and DHS will not approve my proper medication and therefore I can not work. However I can't receive disability either. I can't win with this system.
Had my check-up at the beginning of the year in 2016. One visit for illness in Dec. 2016 for sinus infection to Sat. urgent care doctor. The biggest issue for me in the past couple years was saving for dentures and hearing aides, and glasses. Those things were not covered, so was out of pocket when needed. It did help me this year not having a medical premium on top of those expenses.
I have had problems getting medication that the doctor may order and it's not covered by MCO, that no substitute is offered. And I can't pay for them. I wish that I would be covered by a specialist doctor that takes all Medicaid, not just a certain branch of it. I take forever for dental work to be authorized, so you can get you work done.
I do not feel that people in a poverty level should pay anything. They then have to choose between a doctor's care and food. That is not okay!
I am always afraid to go to the doctor for fear I will be billed (just got billed, I called and was told I didn't have to pay but fear is always there) I don't hardly have money to live let alone pay medical and I feel that the fear gives me headaches blood pressure. I am afraid I'm having a stroke someday and I get nose bleeds.
I don't appreciate the whole having to participate in physical therapy before an MRI or anything, because when I have I made things worse and there happened to be something wrong but I quit physical therapy and dealt with my pain until I couldn't anymore and needed surgery. I get it and why you have to do it, but still I'm a single mom who works full-time, I don't have the time or energy to go to physical therapy every week, let alone trying to find a sitter.

IWP Member Comments related to Social Determinants of Health
<p>I appreciated having a case manager, she was very good and helped me to resolve some problems; however, one complaint is that when I learned I would start getting SS disability as of April 2017, I asked if I would lose Medicaid coverage; she reassured me that I would not lose coverage. That was incorrect. They cut me off as of 2/28/17 (even though I won't get \$ until mid April), only giving me a few days to obtain other coverage. I had to discontinue therapy for my shoulder, which was past-surgery, and cancel other treatment and vision needs. I am upset this happened the way it did and feel I should have been given much more prior notice so I could get other coverage in place, and plan for the cost I now have to pay out of pocket at such short notice. My other complaint is that there were times I was given information. Only to find it was incorrect; for instance, after my shoulder surgery and the doctor said not to drive for 6 weeks, I was told by the plan that transportation would be provided, then when I called to arrange a ride, they said my plan didn't cover transportation; I had no income to pay for a cab to get to therapy and other medical appointments. Eventually, they switched me to a different coverage so I could get transportation, but by then I was allowed to drive. It was handled very poorly. I also had trouble getting a prescription paid for, and went through quite a few phone calls and got incorrect information before it was finally resolved. However, on the whole, Medicaid and my MCO did a good job taking care of my health care needs, and I really appreciate all the good help I did get.</p>
<p>I could cover dentist in my area I don't do well traveling after get work done on my teeth it causes my sugars to drop and I can't eat. Better mental health care in my area. I can cover chiropractors and message therapist. It can cover vision and hearing in my area. The staff is nice and work areas always clean. Very quick getting in and out usually. I can't really afford anymore bills.</p>
<p>1) Transportation is so necessary in my case to get to my doctor appts., yet it has never been available. Sometimes I have to reschedule appts in order to get rides. So my treatments are delayed. 2) Changes in health plan from AmeriGroup to Medicare starting next month put me in a bind financially starting next month (April 2017). Doctor visits, treatment, medicines will have to be paid at an amount I will not be able to afford. So I will have to stop taking some meds and not go to some appts.</p>
<p>I do not like paying the co-pay for my medication. I don't have that much money and sometimes I can't get my medicine because I don't have enough cash and no help from my family. Thanks.</p>
<p>Just want to thank you for all your help, I went through abusive marriage here, where I have nobody struggling alone to raised my children its very tough. I don't get enough sleep, lost my 2 parents back home in Africa, nobody to talk to anymore, feel alone, but still trust in my God, there is not 1 work for that is enough for the bills. Thank you lot.</p>

IWP Member Comments related to Social Determinants of Health
I was upset when I lost my insurance in March because number 1 my dad was really sick at the time fighting brain cancer and Medicaid sent a letter to me in the mail that misled me that they were switching my insurance. Now they put my son and I on United Care plan. None of the doctors and hospitals in the area where my son and I live they do not take the United Care insurance. So besides sending me a letter writing misleading information. P.S.: They put us on an insurance that I couldn't even use. Then I had to find transportation and go to my local hospital and talk to a social worker at the hospital and she helped me get on the AmeriGroup insurance. I can't remember for sure how many months I went without insurance but I wasn't able to go to my lung doctor at [Clinic name redacted]. I wasn't able to get my medicine filled when I didn't have my insurance, so this is the issue that was very upsetting to me. I need my medicine prescribed by my lung doctor and I wasn't able to get it. Also I was prescribed blood thinner medicine which I couldn't get.
I need transportation to follow thru with mental and physical health problems. Thank you.
Transportation not covered on my plan. Have to go to a specialist 40 miles away, difficult to get to appointments there. Transportation in town is hard to plan when it takes 3 to get to doctors office. Need dental work, but crowns or caps not included.
I hate that I have to use this insurance, but I am damn glad it is there or I would be not taking my medications or managing my diabetes so well. There needs to be some sort of vision insurance though. It is difficult to work if you can't afford eye exams or glasses.
I have approx. \$400 in unpaid lab fees which have gone to collection. I tried working w/the insurance provider multiple times. I gave up. Also \$300+ spent on prescriptions (that my friends paid for) due to pharmacy saying I had no coverage (which was untrue). I'm currently trying to get reimbursed to pay my friends back. It was medication I can't just stop taking all at once. I have since switched to a different pharmacy.
If I have this plan for me and my husband will be great because I'm scared they will cancelled and we don't have offer where we used to work, this is the only one. Please continue with this. Thanks.
Thank you for allowing me to get medical attention and be able to afford my medication and Dr. appts and dentist appts and everything because otherwise my body would be like super dead now so please please keep helping people we need it. I need it until life gets better and I can get a real job and money and a house and car w/o worry about it. I'm alive or can afford Dr. and meds.
It doesn't help with vision well - exams, glasses, contacts etc. The fear of the unknown especially when you have family who has health issues too! How your needs will be met. How will medical coverage be paid. Will the services be covered. It's a shame when you can't maintain your health due to lack of coverage or lack of money. All people are concerned with is "do you have insurance"? All about money and greed.
Very few doctors, dentists will accept Medicaid, you are treated differently when you're on Medicaid. Doctors, dentists will keep you coming back, but don't resolve the health issue only concerned about getting their profit from the insurance, not your health. Muscatine doesn't have any available specialist in our area, we are then referred to Iowa City (no transportation).
I ad to have a tooth removed in August of 2016. There was not a dentist in the area that would/could do it because of the coverage that I have, I had to go to Iowa city, which they were wonderful, but my sister had to take the day off of work to take me. I live about 45 miles away from Iowa City. I can't see how People without reliable transportation can manage that.

IWP Member Comments related to Social Determinants of Health
I can not afford to pay even the 5 dollars a month. Everything I get goes on bills and gas and supplies for the home. I need glasses but can't afford, you only pay for exam. I need all my teeth pulled and to get dentures you only clean. My teeth are rotten and broken. I have many things that need done but can't get alone because I have to be referred or wait to see if approved.
Started to see about getting gastric-bypass and finding out that I got to pay money out of pocket when I don't have it, or finding out to call my medical insurance to find out if things are covered. This should be done when you first go see these doctors now I don't want to go because I don't want the bills to be a surprise or be a burden to me!
Overwhelming mail. Dysfunction of communication of genesis to genesis. Lack of cabs/Uber. Overall this is excellent health coverage. I never relied on anyone besides myself, but just when I needed the most, it was provided for me. Thank you. P.S.: I taped the two dollar bill to my mom's back on St. Patty's day. She didn't have any green on. Thanks again.
When I first went to this health plan I was able to get paid for transportation, then they said my plan changed but no one will tell me why it changed I am still not getting any income for over a year now.
I went to get my eye glasses as my other pair got broken. First pair before this insurance my Medicaid paid for both my exam and glasses. Went to get exam with new insurance, exam was paid for but not my glasses, this was huge for me because I'm unemployed, had to borrow from a friend 2 months ago and still have no way of paying them back, and have received a good friendship over this! Now I need dental exam and dentures but very afraid this will happen again, meanwhile I get severe sores and cuts on my gums just trying to eat. This is why I don't like or trust the insurance I have. Don't understand why Medicaid had to change, to the ones who really needed it. I truly believe this is unfair to elderly, and unemployed.
I think you shouldn't be forced to get a check-up, should be my choice no one else's. I know when I need a doctor shouldn't charge a premium for being healthy. That's wrong. I'm a caregiver for my husband he has seizures, I need to be at home with him. My feet have bunions on them that hurt very bad shooting pain through my legs all the time, that's my disability. There are times I do nothing off my feet they still shoot pain through my legs. It's misery for me all time. But still keep going. My feet been like this for all my life, but I worked more than one job for a while cause I had to, no other choice. When I got done working I'm in misery pain with my feet. Cry a lot after work cause they hurt so bad. They still do. That's my disability and now can I get help. I can get disability for my feet. Thank you, that's what I need help with my pain.
I need assistance in getting disability or even partial disability. I have such poor health. I'm always calling in from being sick. I get fired from several jobs due to this. But I can't get disability because I am working but seriously struggling to keep a job. I'm not lazy, I'm just sick all the time. Thanks.
Why pay for medical when people can't afford 1,000 dollars for rooms or doctors or medicine plus transportation to and from doctors, are always full with Hispanics, they get first priority or any of a different race. Proven fact here in Ottumwa work Cargill gets \$1,000 week gets Medicare over \$800 in food stamps. Why we get nothing regular workers or people SSI get less than \$100 where is that fair to us? Just asking.
To make clear, I have no physical condition that prevents me from functioning as a normal person in day to day life. I am bipolar however and suffer from depression/anxiety and attention and focus problems which have caused me problems with maintaining employment.

IWP Member Comments related to Social Determinants of Health
Our income puts us the Medicaid category and our age put us in the asset recovery so we don't use the insurance.
The plan has helped me out so much. I was working part time and could not afford the expensive coverage.
I don't like that I have to pay a fee every month when I can't make it from month to month as it is. When you add what I get from disability and subtract what I have to pay every month. I am 60.00 short. I don't qualify for food stamps so I have to go to the food bank. This is very hard for someone who 2 years ago was making 52,000 year. Then slipped on the ice in my driveway on the way home from work. Paid for long term insurance, but had to be made to retire and got 21.95 ltd after paying for 32 years of employment. 7 years with last job.
I am an over the road truck driver and it's hard to get to the doctor so being charged \$10.00 a month is upsetting. Also not knowing that was going to happen is upsetting.
I like my coverage. I just wish I had full coverage so I could make it to appts and so that I could get treatments and procedures done that I desperately need.
I am currently working two jobs to help make ends meet. I have very little down time. I smoke because it helps calm my nerves. I know I should quit. I don't need someone telling me this, but I have views just like all other humans.
I hate that when I need a monthly prescription I have to wait till the day it's done to get a refill. Give a person 5 days sometimes I can't get to CVS and I go without my meds.
My wife was disabled in an accident in 2013, I had to quit my job, to help her and help with the family members, living with us, she get really depressed because both family members are dead, she feels so helpless, most of the time, and gets really over whelmed and depressed if I leave her alone in our home more than 1 1/2 hours. Thank you.
Without this coverage plan I was very close to suicide! I work part time, I get \$14.00 monthly in food stamps and felt worthless. My grown children and ex-husband were paying my bills (medicine and doctor). I felt like such a burden. I suffer from PTSD from child abuse of a very evil man. Thank God I had this health insurance to help me get the specialized health care I needed.
I can only get a hold of Medicaid M-F from 8 - 5 (when I am working). The 10.00 charge always come so late and I can't pay it online. I can't get my add medicine because I'm 21 and the medicine is expensive. MCO isn't much help and gave me wrong answers last time.
I wanted to try Chantix again but quit Iowa wouldn't let me because I don't want to use my minutes talking to a coach.
I have sign up for disability, I don't know anything yet. I have a bad back and going to the doctor for it. Thanks for hearing from the \$2 bill. Have a good day. Thanks so much for the 2 dollar bill.
Welfare only pays Medicare payment.
Unable to pay monthly fee online. I do not have/cannot afford envelopes and stamps.
So far I am pleased with coverage. I don't know what I would do if I had to pay. I have a lot of scripts and health conditions. I'm a widow and have no help from a spouse. I'm not able to work full-time due to my health. I have had good luck with [Clinic name redacted] and the care I have received.

IWP Member Comments related to Social Determinants of Health
I dislike having to be part of the state-funded medical program. It bothers me that tax payers cover my medical bills when I am a healthy individual and my only two appointments each year are dental and a female wellness exam. But I cannot afford to pay the monthly premiums for insurance quoted to me through the healthcare.gov. On top of bills, rent and paying off student loans, working two part time jobs and running a new start-up business with my partner, it's just not possible for me to pay those premiums (and no insurance is offered through my employers). I like my doctors and I like being part of an insurance program; it gives me great peace-of-mind, but I wish there was a subsidized plan in my price range that I could contribute to, taking some of the burden off the state without charging me a ridiculous amount for just a couple of check-ups each year.
I don't like that I can't get transportation to my medical appointments and I also don't like that I couldn't get an MRI done on my brain and I'm having weird feelings in my head and pains. I'm also having a lot of isolated twitches in my head, well all over my body from my head down to my feet. I don't like that they don't really help pay for weight loss help.
Sometimes all the information on the pamphlets is confusing. I have trouble understanding it as if the language was foreign. And I hate calling because I keep getting transferred to another number I need to call. But when I do finally speak to the right person they are very polite and informative. I have not kept up with modern technology and other people my age have trouble also. If we had no younger person to help us we'd be so lost and probably cause trouble for ourselves because we don't understand. I need a translator.
I do not have any health care now they canceled me on March 1 2017 I do not know how I am going to pay clinic visits or my medicine I need and also ER visits and all blood work that I will need all of this not having health care insurance is really upsetting me and trying to pay if I need to go to the clinic or ER for health problems.
1) It covers an eye exam but not glasses or lenses. If you can't afford to purchase glasses, what good is the eye exam? 2) Does not offer mileage reimbursement like regular Medicaid does, so when you are sent to a specialist 1/5 hours away and have to pay for gas, then we struggle to buy food or something else for the month. 3) I received a monthly bill last year for my health coverage and when I called to ask questions about it, was told it was because I didn't complete my health assessment, etc. up to that point I didn't even know what the health assessment was! I had been to my regular doctor and when I asked them to complete it for me, THE DIDN'T EVEN KNOW WHAT IT WAS EITHER! How are we supposed to complete them, when the providers don't know what we are talking about? Both my medical doctor and my dentist didn't know what the healthy behaviors/health assessment was! I had to talk to about 8 office people before a nurse took the time to call the Medicaid hotline and get it done for me. Very frustrating!
Make transportation available for me. I need rides to get to appointments.
Transportation is very important to get to appointments and job training. I have assistance in getting to appointments.
It's ok, I wouldn't need it, if more jobs were available...
So far it works for me. Money is tight and very limited. I don't ever over use this program. Only doctor when I'm really sick or reg check ups.
MCO are really bad about getting a taxi back to pick me up from ER. They've been known to not even find a taxi and sit on the "call" for 3+ hours before they call my taxi! Thanks.

IWP Member Comments related to Social Determinants of Health
The HRA punishes people who don't have access to smartphones, tablets or computers, because they can't go online to take it and because you can't, and you meet everything else, they punish you by gauging you the \$5 or \$10, did you ever think not everyone doesn't have that access or even have that computer and what not? NO! I'm waiting for the paper form to be mailed to me by MCO, so I'm being punished by this! Need ask if there is problem meeting this! Do you ask? No!
I love my plan, it helps so much, it's nice not worrying about bills or money situation.
The health care has helped me find help with my mental and physical disabilities. My food stamps are my income and my family helps as much as possible.
Don't dislike anything sometimes I don't know what's covered so I call to ask for help. I do need to find out about transportation as we do have a car but half the time not enough gas to go or set up appointments so need to find out how we can possibly get a bus pass or something to help us go to doctor appointments.
I would like to be able to go to the dentist but no one within a 20 mile radius accepts this dental plan. I have no where to go unless I pay all the same day. Thank you.
Ever since I got this health plan all I got no help at all and keep getting different doctors all the time. Every time when I did go at first they never help me out with my problems. That is one of the reasons I don't go anymore. I can't miss work so I don't go at all.
I was pleased with my coverage until the program was PRIVATIZED BY GOVERNOR BRANSTAD. My PCP is at the [Clinic name redacted] in Waterloo and I live 45 minutes away. [Clinic name redacted] has been my PCP since 2010 and I have been very happy with my health care there. The 45 minute drive is worth it to me. However, I used to be able to get three months worth of prescriptions when I refilled my prescriptions. Since the privatization plan was implemented I can only get a one month supply of pills at each prescription refill. Thus, I have to drive to Waterloo every month to fill my prescriptions. This costs me extra gas money and takes more time out of my schedule. I greatly wish this rule would be eliminated and I could go back to getting my prescriptions three months at a time. Thank you for reading my concerns. Have a good day.
I just need transportation too Iowa city at times and without a vehicle or a stable income it gets hard.
the contribution pmt is hard to come up with when you got other bills and children to take care of.
Can't afford the \$10/month IA Health and Wellness billing plan statement. Ex: statement [Number redacted]
The only thing I don't like about the coverage is that I can get my medicines, but for my insulin injections I need syringes and the insurance stopped paying for them. Sometimes I have a hard time coming up with the money to pay for them. I don't understand why this is not covered because I need them to inject the medication that is covered, to me that is mind boggling. I can't work and I am still waiting to hear about my disability so basically I'm broke.
Overall I didn't mind filling this out. I just wish I can get SSI I have been fighting this for 6 years now I'm waiting to see the judge again, about my SSI case. I can't work I'm waiting to see the judge sometime. I feel that I'm lost and don't know what to do or who to turn to it makes me sad and lonely. Thank you.
I can not pay for not doing my assessment. I didn't know I had to do one. And I didn't know it would cost me \$8.00 for going to ER when my doctor was closed. I don't work. I can't pay this. I will do an assessment if you call me. My number is [Phone number redacted]. Thank you.

Suggestions for Improvement

IWP Member Comments related to Suggestions for Improvement
I asked about the exercise place or help paying for it but didn't get information about where I could go. Last year got taken off but put back on continuously for 4 months because of having a temporary summer job.
Help towards glasses. If all dentist visits up to date help with further treatments. Help towards exercise classes for health reasons, doctor request.
I think in justified cases weight-loss surgery, i.e. gastric sleeve, should be covered.
To be clear if gender identity disorder (transgender health) is covered and how much Medicaid covers/pays.
Suggestion, this survey is entirely too long.
I think it is a blessing. I don't mind paying a small amount. I can offered for good health care. I wish they had a better mental health care plan though but I'm not complaining. I hope I can be in the drawing for the Wal-Mart card. I could really use it! Thank you.
Do we get to see the results?
I could cover dentist in my area I don't do well traveling after get work done on my teeth it causes my sugars to drop and I can't eat. Better mental health care in my area. I can cover chiropractors and message therapist. It can cover vision and hearing in my area. The staff is nice and work areas always clean. Very quick getting in and out usually. I can't really afford anymore bills.
We have been very pleased with AmeriGroup and the doctors we have access to. I am disappointed in the activities of the Healthy Rewards program. As healthy adults the only activities that apply to my husband and I are completing the "new member initial health screening" and mammogram for me (every 2 years). All the other activities are for children or members with health problems. I would like to see some rewards for activities for healthy members such as for exercising, doing annual exam (physical), etc.
I hate the negative stigma that is associated with XIX, I am an educated single mother with a full time job. I am on XIX because it really helps me out with medical/dental expenses. I am not just living off the government and jobless like most people think when they hear someone's on XIX.
I need new glasses because of my eyes getting worse due to type 1 diabetes. My insurance will pay for exams but will not pay for frames or lenses. I would greatly appreciate it if this was changed so I can get glasses. I can't afford to pay almost \$900 out of pocket for glasses. Please do something about this. Thanks.
I think the guidelines for qualifying stink. My son is a full time college student who also works and lives in my home. I pay all the household bills except his car insurance and cell phone bill. They used his and my income together to see if I qualify. This year I have been denied coverage. After taxes, I only bring home around 1,400 a month. I can barely make my bills let alone pay for health insurance. I'm 50 years old and will have to get a second job to make ends meet!
United Health Care is limited due to its prior authorization steps and non-coverage of vital healthcare. Not to mention most doctors and dentists do not accept said insurance and users must drive long distances for dental. Please look to improve!

IWP Member Comments related to Suggestions for Improvement
I find it frustrating that I receive dozens of surveys but never any info on how the insurance plan works. Also to discover after my health care coverage was dropped due to not paying a premium. I have left several messages to resolve this issue and all I received was a letter stating I can reapply. Previous surveys I requested info on stop smoking and weight management. I called my doctor's office too. Still waiting. Now I have no medical insurance and can not afford these programs. Tried looking online. It's a maze of links that end up with no results.
After reporting my income (for renewal), I learned that I was a couple hundred dollars over the maximum income for that particular month my income is inconsistent month to month and was informed with only days notice that my coverage would end approximately 10 days arrange for and purchase private coverage. This was alarming to me and the fact that there was no way to seek a brief extension of coverage to allow adequate time to research options was distressing. Not intending to be rude w/some of my written comments here and throughout the survey, but some of the language seems to be unclear to me point that the results of these surveys may be less accurate. When a question asks whether something happened at all in the last six months and it only happened once "never" "sometimes", "usually", "always" are confusing. Also, incredibly confusing language on No. 6. Please see my note next to that question. I'm really unsure whether my answer accurately conveys my situation because of this.
Missing one appointment should not be cause to go back to the beginning in emotional/mental care. 3 times sounds far. Most of us having issues, tardiness or memory issues are included in that. Thanks.
They cover eye exams, but not glasses. Am thinking about changing my MCO, my friend can get a gym membership on his.
Since Medicaid wants to be reimbursed for amount of benefits I have used when I die. Why don't we each receive an itemized list/\$ amount that they plan to recoup yearly. It would assist in planning.
When we get only 30 pills at a time, it was nice before with an insurance get 90 day supply of pills. Don't have to make as many trips to Walmart pharmacy.
Do like seeing all costs paid by my MCO/or not paid for. i.e. flu shot. More direct info on what my coverage is. Better job communicating the requirements to avoid the monthly prem I now pay. Wellness exam is not much more than blood pressure, weight and brief visit with my doctor. Dentists who take Medicaid patients is slim to none in my area.
I don't really know what I'm covered for. I really need a dentist, but the website for my coverage doesn't mention dental so I'm afraid to go. I have to go to the doctor often due to my disability, and I'd be horribly in debt if I didn't have any insurance, so I'm really glad Iowa helps me. I really hope all the politics right now doesn't leave everyone who needs assistance, like me, without healthcare coverage. There would be a lot of suffering.
I feel the State should do drug test on people that get/need the help. People that use should not get help. People take advantage of our State aid. That's not right.
When I first went to this health plan I was able to get paid for transportation, then they said my plan changed but no one will tell me why it changed I am still not getting any income for over a year now.

IWP Member Comments related to Suggestions for Improvement
I have been denied over and over to go to [Clinic name redacted] in Rochester. I had surgery that was performed at [Clinic name redacted] by a doctor that I entrusted my health and well-being to...this doctor is who I want to see for any and all checkups and/or concerns related to said surgery. Who wouldn't? Shortly after this surgery I no longer had medical coverage through an employer and due to low-income was enrolled with medicaid. I have been denied coverage for follow-up visits (as scheduled) at [Clinic name redacted] ever since. I'm told that I will have to go to Iowa City instead, a 4+ hour drive one way to see a doctor who knows nothing about my medical history much less my surgery. [Clinic name redacted]'s reputation is stellar, they provide health care that is second to none, and they are only a 45-60 minute drive from my front door...people cross countries, continents even, to go to [Clinic name redacted], yet, I am denied because of a state line. Senseless. (My post-surgical care stopped due to IA's denial of coverage...I tried to get authorization/approval on numerous occasions to no avail. IA's refusal to authorize medical care at [Clinic name redacted] has resulted, for me, in no medical care at all. Way to go!)
I really like my coverage. However, there was a three month time span last year where the State and United Health Care told me I had different coverages. The State people that I talked to were very rude and not helpful at all. Even now, I'm not sure if there are certain things I need to do to stay in the Iowa Wellness program. Communication with "clients" in this program is poor, and I would like to see an improvement.
3-30-2017. Go back to Iowa run Medicaid, worked fine, read that one plan (of the 3 offered) is having problems. United Health Care (my) seems to doing well, but getting a lot of "wellness" ads, don't need, 3 entities to get 20% to run, was Iowa State managing costing this much? Lot of "sales pitches" from these groups. Mom wrote this. Call [Phone number redacted] to talk to me!
With AmeriGroup the logistics, call center, transportation reservation needs serious improvement. Their health care coverage is wonderful and the healthy living perks are great. Earning money (OTC) card is an incentive to get tests done and be preventive for health issues.
I am satisfied fully with my health care coverage. I didn't know about the helpline, or that I may be able to get help with transportation to appointments, that would be so great! I also didn't know about getting a check up and dental exam once a year or I may inquire additional fees, good to know! Thanks for choosing me for your survey.
Simple notes can be mailed out if anything changes in our health plans, big packets throw off the people. I've seen friends just throw away their mail because it's too much info (overwhelming). Thank you.
It pretty much covers everything I need. Except eye care. I've been wearing glasses since I was 14 yo. It would be nice to get better eye care and a smaller co-pay.
I hate that when I need a monthly prescription I have to wait till the day it's done to get a refill. Give a person 5 days sometimes I can't get to CVS and I go without my meds.
I am very disappointed in the Medicaid/AmeriGroup member services helpline. When I have questions I can call 3 different times and get shaky 3 different answers. Most often they can not answer my questions about what medicine my doctor can prescribe that will be covered or need a prior authorization. This makes my doctors/mental health providers want to drop me!
It is great, best I've ever had. Although more information on rewards, easier online access with what is covered and when check-ups etc. need to be scheduled again.

IWP Member Comments related to Suggestions for Improvement
I don't like getting billing statements every time I go to the doctor. I don't owe anything so I don't think it's necessary to waste the paper to send me. If I owe anything then ok, I don't understand them anyway.
I dislike having to be part of the state-funded medical program. It bothers me that tax payers cover my medical bills when I am a healthy individual and my only two appointments each year are dental and a female wellness exam. But I cannot afford to pay the monthly premiums for insurance quoted to me through the healthcare.gov. On top of bills, rent and paying off student loans, working two part time jobs and running a new start-up business with my partner, it's just not possible for me to pay those premiums (and no insurance is offered through my employers). I like my doctors and I like being part of an insurance program; it gives me great peace-of-mind, but I wish there was a subsidized plan in my price range that I could contribute to, taking some of the burden off the state without charging me a ridiculous amount for just a couple of check-ups each year.
The only problem I have is getting transportation. Also it would be nice to have a list of the more invasive tests that are covered such as colonoscopy.
Sometimes all the information on the pamphlets is confusing. I have trouble understanding it as if the language was foreign. And I hate calling because I keep getting transferred to another number I need to call. But when I do finally speak to the right person they are very polite and informative. I have not kept up with modern technology and other people my age have trouble also. If we had no younger person to help us we'd be so lost and probably cause trouble for ourselves because we don't understand. I need a translator.
Make it easier to get my insulin pens. It has taken over a week three times.
Make transportation available for me. I need rides to get to appointments.
I feel that fertility treatments should be covered, the treatments are health related, and do have a huge impact on my mental/emotional state. I feel that the providers that accept this insurance is very limited and very outdated. The insurance doesn't make the effort to stay up-to-date with their providers list. The service provided is extremely limited and the bare minimal. Please increase the services provided and cover infertility treatment.
The HRA punishes people who don't have access to smartphones, tablets or computers, because they can't go online to take it and because you can't, and you meet everything else, they punish you by gauging you the \$5 or \$10, did you ever think not everyone doesn't have that access or even have that computer and what not? NO! I'm waiting for the paper form to be mailed to me by MCO, so I'm being punished by this! Need ask if there is problem meeting this! Do you ask? No!
I don't know which plan I am under or what doctors I am able to see.
MCO and Iowa Medicaid do not know how to communicate information well between them!
I was pleased with my coverage until the program was PRIVATIZED BY GOVERNOR BRANSTAD. My PCP is at the [Clinic name redacted]c in Waterloo and I live 45 minutes away. [Clinic name redacted] has been my PCP since 2010 and I have been very happy with my health care there. The 45 minute drive is worth it to me. However, I used to be able to get three months worth of prescriptions when I refilled my prescriptions. Since the privatization plan was implemented I can only get a one month supply of pills at each prescription refill. Thus, I have to drive to Waterloo every month to fill my prescriptions. This costs me extra gas money and takes more time out of my schedule. I greatly wish this rule would be eliminated and I could go back to getting my prescriptions three months at a time. Thank you for reading my concerns. Have a good day.

IWP Member Comments related to Suggestions for Improvement
I guess I'm not real certain what my health care plan really covers. No doctor ever seems to fix the problem, but makes it bearable. I have a bad back, gave me shots to make it so I could function, but I still have trouble when I'm on my feet too much. I wake up with numbness in my fingers. I was told unless it cripples me, they won't do anything.
The medical check up at [Clinic name redacted] in Davenport basically consists of checking vitals and listening to lungs. I would think for a 63 year old more would be involved. At [Clinic name redacted] it is virtually impossible to reach someone to get any lab results - may be days of telephone tag before connecting - a mailed response would work much better.
It would be helpful to know which doctors/dentists I am able to see with my insurance.
Make easy for people to find a doctor and dentist. Dental is almost non-existent in Story County Iowa. Three month wait, if they take the insurance. Most don't.
I don't like not being able to have teeth fixed on first and on next apps without having to wait 6 months to a year with only cleanings and emergency repairs. If you could have them worked on right away they'd be easier to fix. Less damage. And not being able to pay, premium, with credit card or over phone. Can only pay by check in the mail. So easier to have payment not get there in time and it cancels you until it gets there a day or two late. Really messes with meds and apps.
You do not want my reply! If I get denied insurance because I do not do surveys, then so be it. And shame on you. Most of these questions are: I am nosy and need to make your medical records public information!
My name is no longer [Name redacted]. It's [Name redacted]. I got married [Date redacted]. And my address has changed. My address is now [Address redacted].