

## **Experiences of Iowa Medicaid Health Home Enrollees (Program Period 2013-2015)**

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# Key Findings

## Specific Aim

To evaluate the experiences of enrollees in the Iowa Medicaid Chronic Condition Health Home program (MHH) in its third year of operation (2015), we sent a sample of enrollees a survey in the spring of 2016 asking about their experiences in the six months prior to the survey. This report focuses on the findings from this survey and, for the adults (for whom the number of members is large enough), changes in enrollee experience from when the program was “new” (2012-2013) to after it had been in operation for over a year (2014) are presented.

## Adult Enrollees

### *Areas of Improvement over the course of the MHH program*

- Unmet need for routine care decreased (18% in 2013, 16% in 2014, **11% in 2015**)
- Less unmet need for urgent care (29% in 2013, 20% in 2014, **18% in 2015**) among the 50% who reported a need for urgent care
- Decrease in the proportion of ED visits for care that could have been provided in a doctor’s office (54% in 2013, 52% in 2014, **37% in 2015**); total ED use remained about the same (around 40%)
- Increased use of preventive care (63% in 2013; 63% in 2014; **68% in 2015**) and decreased unmet need for preventive care (14% in 2013; 11% in 2014; **8% in 2015**)
- Self-reported dental, tooth, or mouth problems decreased over time (30% in 2013; 25% in 2014; **21% in 2015**) as did the reported need for dental care (40% in 2013; 37% in 2014; **31% in 2015**). Those with a dental visit, however, remained low at around 40% and unmet need for dental care remained relatively high at around 33%
- Need for treatment for a mental or emotional health problem decreased (37% in 2013; 33% in 2014; **31% in 2015**); ability to obtain treatment or counseling increased (82% in 2013; 80% in 2014; **90% in 2015**) for those with a need for mental or emotional care, and unmet need for treatment decreased (25% in 2013; 25% in 2014; **16% in 2015**)
- MHH adults continue to be increasingly satisfied with how their personal doctor communicates with them (Figures 14a & 14b)
- More MHH adults who call their doctor’s office during regular business hours report usually or always getting an answer to their question on the same day of the call (62% in 2013; 69% in 2014; **76% in 2015**)

### *Continued Areas of Success*

MHH continues to successfully enroll chronically ill adults with multiple physical and mental health issues

- 60% rated physical health as fair/poor and 40% rated mental/emotional health as fair/poor
- Over 80% had 3 or more physical health conditions and 64% reported at least one mental health condition
- 22% had experienced a hospitalization in the previous six months

MHH adults received specialized care for their conditions, when needed

- 90% (comparable to previous surveys) had seen a specialist in the previous six months
- 90% (a significant increase from previous surveys) had received treatment or counseling for a mental or emotional health problem

### *Room for Improvement*

Overall, there are still relatively high rates of unmet need for particular services as compared to others in the Medicaid program

- Urgent care unmet need: 18% (11% Medicaid SSI, 10% Medicaid)

- Dental care unmet need 32% (9% Medicaid SSI, 13% Medicaid)
- Mental health care unmet need 16% (7% Medicaid SSI, 6% Medicaid)
- Prescription medication 29% (17% Medicaid SSI, 17% Medicaid)

## **Parental Experiences of Child Enrollees (2015 only\*)**

*\* Number of respondents is too small for multi-year comparisons*

### *Specific Areas of Success*

MHH successfully enrolled chronically ill children with multiple physical and mental health issues

- 56% met the criteria for having a special health care need
- 21% had significant functional limitations
- 60% had at least one physical health condition; 14% had three or more
- The most common chronic physical health conditions were: asthma (24%), allergies or sinus problems (24%), vision problems (16%), and speech/language problems (12%)
- The most common chronic mental/behavioral health conditions were: attention problems (30%), behavioral/emotional problems (26%), anxiety (20%), and learning disabilities (17%)

Service areas with low levels of unmet need included:

- Routine health care (76% with need; 6% unmet need)
- Urgent care (43% with need; 8% unmet need)
- Preventive care (65% used; 4% unmet need)

MHH children and parents had good experiences with the child's personal doctor

- 96% of children had a personal doctor
- The majority had excellent communication with their personal doctor

### *Room for Improvement*

Care in an Emergency Department

- 21% had used an ED in the previous 6 months; yet 56% of parents reported that those visits were for care that they thought could have been provided in a doctor's office or clinic if one were available

There was significant unmet need for care in some areas

- Dental care (23% needed it, 40% unmet need)
- Specialty care (27% needed it, 18% unmet need)
- Mental/behavioral health care (31% needed it, 13% unmet need)
- Prescription medications (98% used them, 12% unmet need)



# Background

A Health Home is a specific designation under section 2703 of the Patient Protection and Affordable Care Act. It is a care model that provides patient-centered, whole person, coordinated care for all stages of life and transitions of care specifically for individuals with chronic illnesses. The Iowa Medicaid Health Home (MHH) program began on July 1, 2012 with the goal of targeting Medicaid members with specific chronic health conditions for additional services to engage them in their own health care, better coordinate their care services, and ultimately improve their health. The program was authorized under a state plan amendment approved by the Centers for Medicare and Medicaid Services.

In Iowa, Health Home practices are enrolled Medicaid provider organizations capable of providing enhanced personal, coordinated care for Medicaid enrollees meeting program eligibility criteria. In return for the enhanced care provided, the Iowa Medicaid Enterprise (IME) offers providers monthly care coordination payments and the potential for annual performance-based incentives designed to improve patient health outcomes and lower overall Medicaid program costs.

To be an MHH provider and receive enhanced payments for providing care to MHH enrollees, providers are contractually obligated to each of the following eight standards<sup>1</sup>:

- 1) At a minimum, the practice must have a designated provider, dedicated care coordinator, health coach, and clinic support staff.
- 2) Health Home providers must adhere to all federal and state laws regarding Health Home recognition/certification which include completing a self-assessment prior to enrollment in the program and achieving National Committee for Quality Assurance or other national accreditation/recognition as a Patient-Centered Medical Home (PCMH) within the first year of operation.
- 3) Ensure each patient has an ongoing relationship with a personal provider, physician, nurse practitioner or physician assistant who is trained to provide first contact, continuous and comprehensive care, where both the patient and the provider/care team recognize each other as partners in care. This relationship is initiated by the patient choosing the Health Home.
- 4) For all eligible patients, provide a document (called a Continuity of Care Document (CCD)) detailing all important aspects of the enrolled patient's medical needs, treatment plan and medication list. The CCD shall be updated and maintained by the Health Home Provider.
- 5) Provide or take responsibility for appropriately arranging care with other qualified professionals for all the patient's health care needs. This includes care for all stages of life, acute care, chronic care, preventive services, long-term care, and end of life care.
- 6) Provide coordinated/integrated care by dedicating a care coordinator for enrolled patients; communicating with the patient (or authorized patient representative) in a culturally appropriate manner about care decisions; monitoring, arranging, and evaluating appropriate evidence-based and/or evidence-informed preventive services; coordinating or providing the following services: mental health/behavioral health, oral health, long term care, chronic disease management, recovery services and social health services available in the community, behavior modification interventions, comprehensive transitional care from inpatient to other settings; assess social, educational, housing, transportation, and vocational needs that may contribute to the patient's condition and/or present barriers to self-management; and maintain system and written standards/protocols for tracking patient referrals.
- 7) Emphasize quality and safety by demonstrating the use of clinical decision support within the practice workflow, adoption of an electronic health record system, connect to and participate with the Statewide Health Information Network (HIN) when available, implementing or supporting a formal diabetes disease management program, and a formal screening tool to assess behavioral health treatment needs along with physical health care needs.
- 8) Provide enhanced access through 24/7 communication to the care team that includes, but is not limited to: a phone triage system with appropriate scheduling during and after

<sup>1</sup> Iowa Medicaid Enterprise Health Home Provider Standards. Available at: [http://www.ime.state.ia.us/docs/HealthHome\\_ProviderStandards.pdf](http://www.ime.state.ia.us/docs/HealthHome_ProviderStandards.pdf)

regular business hours, monitoring access outcomes such as the average third next available appointment and same day scheduling availability, and use of email, text messaging, patient portals, and other technology as available to communicate with patients.

## Eligibility for the MHH Program

Any adult or child who is a full benefit Medicaid member is eligible to participate in the MMH if s/he has at least two chronic conditions or one chronic condition and be at risk for developing a second condition from the following list: hypertension, overweight (adults with a body mass index of 25 or greater, children in the 85<sup>th</sup> percentile), heart disease, diabetes, asthma, substance abuse, or mental health problems.

The enrollment process begins with a request to participate from the MHH practice provider. The provider presents the qualifying member with the benefits of a health home and the member agrees to opt-in to health home services. Health Home enrollees are classified into one of four tiers based on the member's number of chronic conditions. The provider receives a per-member-per-month (PMPM) payment depending on the severity of the tier. The tier categories and PMPM per category are in Table 1.

**Table 1. Tier levels by number of chronic health conditions**

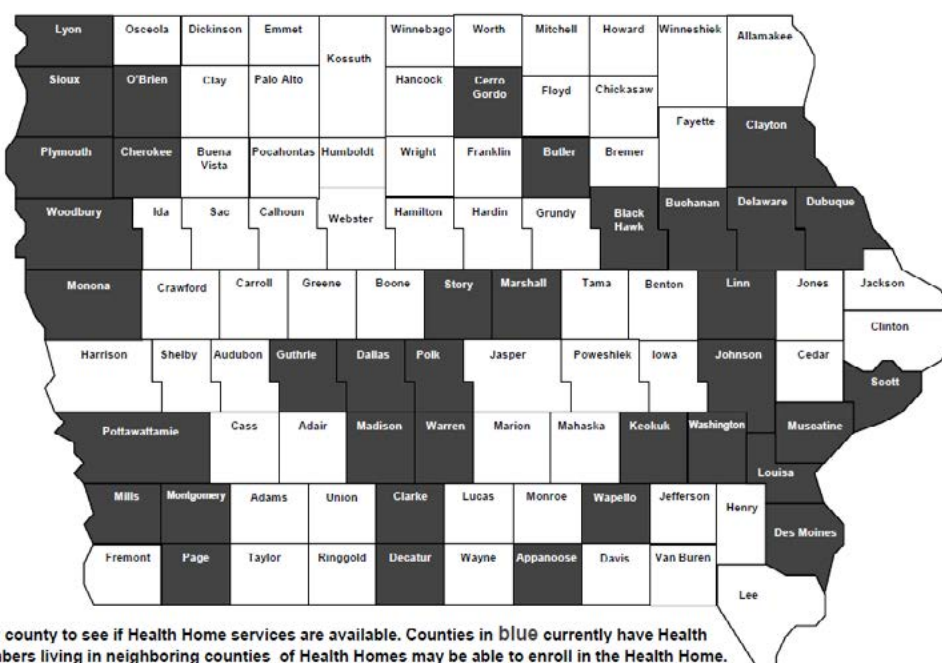
Tier	Sum of Chronic Conditions	Monthly Payment to Provider
1	1-3	\$12.80
2	4-6	\$25.60
3	7-9	\$51.21
4	10 or more	\$76.81

## Health Home Provider Network

MHH provider practices include but are not limited to: physician clinics, community mental health centers, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs).

A map of the counties with MHHs as of August 2015 is shown in Figure 1. The shaded counties include at least one MHH provider.

**Figure 1. Iowa Medicaid Health Homes by County as of August, 2015**



(Map: Courtesy of the Iowa Department of Human Services)

## Report Objective and Timing Considerations

The purpose of this report is to document the experiences of MHH adults and children after the program had been in operation for three years. To do this, we sent a survey to a sample of MHH enrollees in the spring of 2016 with instructions to respondents to think about the care they received in the six months prior to the survey (late 2015/early 2016 timeframe). While reviewing the findings of this report, one programmatic change to the Medicaid program will be important to consider. In early 2015, the state of Iowa announced that its Medicaid program would, starting on January 1, 2016, shift to contracting with managed care organizations (MCOs) to provide and pay for Medicaid services in Iowa. In the early fall of 2015, three MCOs were chosen to provide care to the majority of Medicaid members, including MHH enrollees. Medicaid beneficiaries began to be officially notified of these changes in the fall of 2015 and were asked to choose an MCO prior to the January 1, 2016 start date. Even though the actual MCO start date was eventually delayed to April 1, 2016 for the MCOs to provide services to Medicaid members, it is important to note that MHH enrollees received this survey during the time that these significant changes to the Medicaid program were occurring. Thus, it is possible that some responses to this survey may have been influenced by the shifting landscape of the Medicaid program during this period.

## Methodology

This report evaluates aspects of the MHH from the perspective of adults and the parent/legal guardian (hereafter referred to as parents) of children who were enrolled in the program for at least six consecutive months during 2015. These enrollees were asked to provide their perceptions about their health and health care experiences in the six months prior to receiving the survey (during the timeframe of the winter of 2015/2016). In addition to the results of this 2015 post-enrollment assessment, this report will also provide the results from the baseline assessment (2013) and first post-enrollment assessment (2014) for comparison.

### *Survey Methodology for Enrollees*

This second follow-up survey of MHH enrollees was conducted during the late winter/early spring of 2016. On February 17<sup>th</sup>, surveys were mailed to a random sample of community-dwelling, Medicaid members (adults and children) who had been enrolled in the MHH program for the prior six consecutive months, were still enrolled as of the first day of February, and whose household members had not been included in any other survey sample of Medicaid members within the past year. This strategy reduced the potential for respondent burden and relatedness of the responses.

The initial mailing was sent to 3265 adult MHH enrollees and the parents/guardians of 893 child enrollees. A reminder postcard was sent fourteen days after the initial mailing. Fourteen days after the postcard, a second survey packet was sent to those who had not responded to the initial mailing. In the mailed cover letters and on the reminder postcard, respondents were given the option of completing the survey online and were provided a website address for that purpose. 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 20 \$25 Wal-Mart gift cards (10 per group).

For the child enrollee sample, a phone follow-up was conducted approximately 8 weeks after the initial mailing for those who had not yet responded. A maximum of 8 attempts were made to contact the parent/guardian of each child enrollee who had not responded to a mailed survey and if contacted, they were given the option of completing the survey over the phone.

### *Survey Instrument*

The survey instrument used in this study was based on the most recent version of the Consumer Assessment of Health Plan Study (CAHPS®) 5.0 and the CAHPS Clinician and Group Surveys. Supplementary items were added to the CAHPS questionnaire, including additional demographics, more specific chronic condition information, and more detailed information about care coordination and communication. In order to better define the types of chronic conditions experienced by enrollees, we included checklists of chronic physical and mental health conditions. Survey instruments for both the adult and child enrollees are in Appendix A.

## Response Rates

Table 2 provides the samples sizes and response rates for the three years that surveys were conducted. For the 2015 survey, complete responses were obtained for 1119 adult enrollees with a response rate of 38%, after adjusting for bad addresses. Complete survey data was obtained for 254 of the child enrollees providing a response rate of 32% for the 2015 survey, after adjusting for bad addresses. For the 2015 survey, response rates were higher for both MHH populations compared to previous years.

**Table 2. Samples Sizes and Response Rates (2013, 2014, 2015)**

	Total Sent	Completed Responses	Overall Response Rate	Adjusted* Response Rate
<b>MHH Adults</b>				
<b>2013 (Baseline)</b>	2024	492	24%	25%
<b>2014</b>	1705	554	32%	35%
<b>2015</b>	3265	1119	34%	38%
<b>Parents/Guardians of MHH Children</b>				
<b>2013 (Baseline)</b>	404	85	21%	22%
<b>2014</b>	240	38	16%	17%
<b>2015</b>	893	254	28%	32%

\* Total sample adjusted by removing those ineligible to respond due to bad addresses.

## Characteristics of Respondents & Non-Respondents (2015)

Table 3 shows the demographic characteristics of the respondents for each of the survey populations (adult and child). MHH adult respondents were comparable to non-respondents with regard to gender (66% female respondents, 63% female non-respondents). However, respondents (mean age = 54.1) were more likely ( $p < .001$ ) to be older than non-respondents (mean age = 49.5). The MHH children of respondents were comparable to the MHH children of non-respondents with regard to age and gender. Less than half of the respondents' children were female (41%) and their mean age was around 10.

**Table 3. Gender and Age Bias in Responses**

	Respondents (Adult Sample) N = 1119	Non-Respondents (Adult Sample) N = 2146		Respondents (Child Sample) N = 254	Non-Respondents (Child Sample) N = 639
<b>Female</b>	66%	63%	<b>Female</b>	41%	43%
<b>Age</b>			<b>Age</b>		
<b>18-34</b>	7%	17%	<b>0 - 5</b>	20%	21%
<b>35-54</b>	37%	41%	<b>6 - 12</b>	50%	51%
<b>55-64</b>	45%	31%	<b>13 - 17</b>	30%	28%
<b>65+</b>	11%	11%			

## Analytic Methods

Data was tabulated and bivariate analyses (i.e., chi-square, t-test and nonparametric tests for group differences) were conducted using SAS and SPSS. When appropriate, statistical testing for group differences in the various measures were conducted for the adult enrollee sample. Any statistically significant differences are noted in the results that follow. Where no difference is noted in the text, table or figure, no statistically significant differences were found. Due to sample size constraints, statistical comparisons to previous years were not conducted for the child sample and only the results from the current survey (2015) are provided.



# MHH Enrollment and Demographic Characteristics (Adult & Child)

This section presents the demographics characteristics for both children and adults enrolled in the MHH program based on the findings from the 2015 surveys. Similar demographic information about MHH enrollees at baseline (2013) and from the 2014 surveys can be found in previous reports:

2013: <http://ppc.uiowa.edu/publications/baseline-evaluation-experiences-iowa-medicaid-health-home-program-enrollees>

2014: <http://ppc.uiowa.edu/publications/post-enrollment-experiences-iowa-medicaid-health-home-program-adults-and-children>

## *Adults in the Health Home Program (2013-2015)*

Almost 70% of the adult MHH enrollees who responded to the survey were between 45 and 64 years old, with 40% between 55 and 64.

Table 4 depicts the sex, race/ethnicity, and educational disposition of the adult MHH enrollees who responded to the 2015 survey alongside those of MHH respondents to the 2013 and 2014 surveys. The demographic characteristics of adult respondents were similar across the years.

**Table 4. Demographics of Adult MHH Enrollees**

	<b>2013 Baseline (n=492)</b>	<b>2014 (n=554)</b>	<b>2015 (n=1119)</b>
<b>Age in years</b>			
<b>18-44</b>	16%	18%	18%
<b>45-64</b>	73%	70%	70%
<b>65+</b>	11%	12%	12%
<b>Female</b>	64%	64%	66%
<b>Race/Ethnicity*</b>			
<b>White</b>	69%	72%	78%
<b>Black or African American</b>	17%	18%	15%
<b>Hispanic/Latino</b>	4%	6%	4%
<b>Asian/Pacific Islander</b>	3%	3%	3%
<b>American Indian</b>	5%	5%	4%
<b>Other</b>	2%	4%	< 1%
<b>Education</b>			
<b>&lt; High School</b>	26%	29%	28%
<b>High School/GED</b>	36%	37%	38%
<b>&gt; High School</b>	38%	34%	33%

\* Race/ethnicity categories not mutually exclusive.

## *Children in the MHH Program (2015)*

Table 5 depicts the sex, age, and racial/ethnic disposition of the children in the MHH whose parent responded to the survey. Fifty-one percent of the children whose parent responded to the survey were between 6 and 12 years old, 32% were between 13 and 17 years old, and 17% were less than 6 years old. Under half (42%) of the children were female and almost one-half were either Black/African American (30%) or Hispanic/Latino (17%).

**Table 5. Demographics of Child MHH Enrollees (2015)**

	<b>Health Home Children N=254</b>
<b>Female</b>	42%
<b>Average age</b>	9.9
<b>Race/Ethnicity*</b>	
<b>White</b>	70%
<b>Black or African American</b>	30%
<b>Hispanic/Latino</b>	17%
<b>Asian/Pacific Islander</b>	2%
<b>American Indian</b>	4%
<b>Other</b>	2%

\* Race/ethnicity categories not mutually exclusive.

The child enrollees' legal guardian completed the survey about the child. For the vast majority of the respondents, this person was the child's parent (89%). The child's grandparent (8%) or unrelated legal guardian (2%) were the other people who filled out the survey for the children. As with the adult self-respondents, few of the respondents to the child survey (4%) *often* or *always* needed help reading instructions, pamphlets or other written material from their child's doctor, a potential indication of their capability to complete the survey appropriately.

# Experiences of Adults in the MHH

This section presents the experiences of adult enrollees of the MHH during three time periods: 2013 (at the start of the program), 2014 (after about 1 ½ years of program operation), and 2015 (current data – after about 2 ½ years of program operation).

The experiences of MHH adults include self-assessments of their:

- Health Status
- Health Services Utilization and Unmet Need for Care
- Experiences with the Health Home practice

A summary of the 2015 open-ended comments from adult enrollees is in Appendix B.

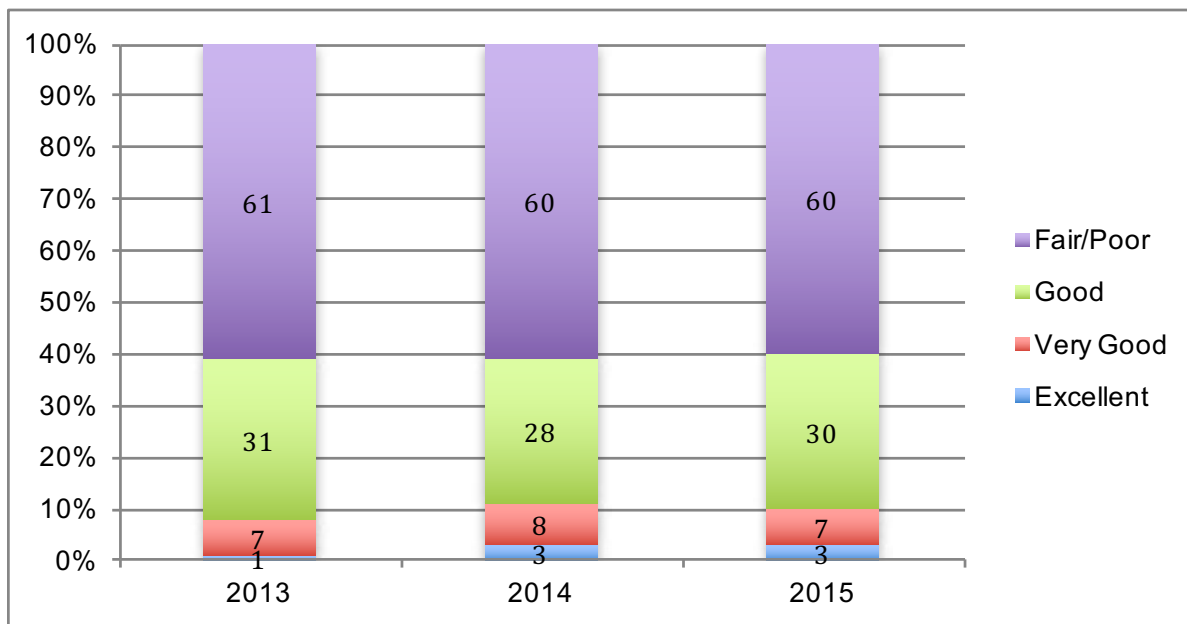
## Health Status

Adult enrollees’ health status was measured in several ways using items from the survey, including overall physical and mental health status, chronic physical and mental health conditions, and functional health.

### Physical Health

Overall health status was determined in the survey using a standard excellent to poor response scale. Around 60% of adult MHH enrollees in 2015 rated their health as fair or poor with only 10% rating their health as very good or excellent. The physical health status of adult MHH enrollees has been consistent over all of the survey years (Figure 2).

**Figure 2. Self-Reported Health Status of Adult Enrollees in the MHH**



### Chronic Physical Health Conditions

Poor health status was also evident in the self-reported chronic physical health conditions. In 2015, 93% of adult MHH enrollees indicated that they had at least one chronic physical health condition. Over 80% had three or more chronic physical health conditions. The most common chronic physical health conditions reported by enrollees before and after experience in the program are presented in Table 6. Chronic condition reporting was consistent after 1 and 2 years in the program, with one notable exception. Over time, fewer MHH adults are reporting dental, tooth, and mouth problems (30% at baseline, 25% after 1 year, 21% after 2 years).

**Table 6. Most Commonly Reported Chronic Physical Health Conditions of Adult MHH Enrollees**

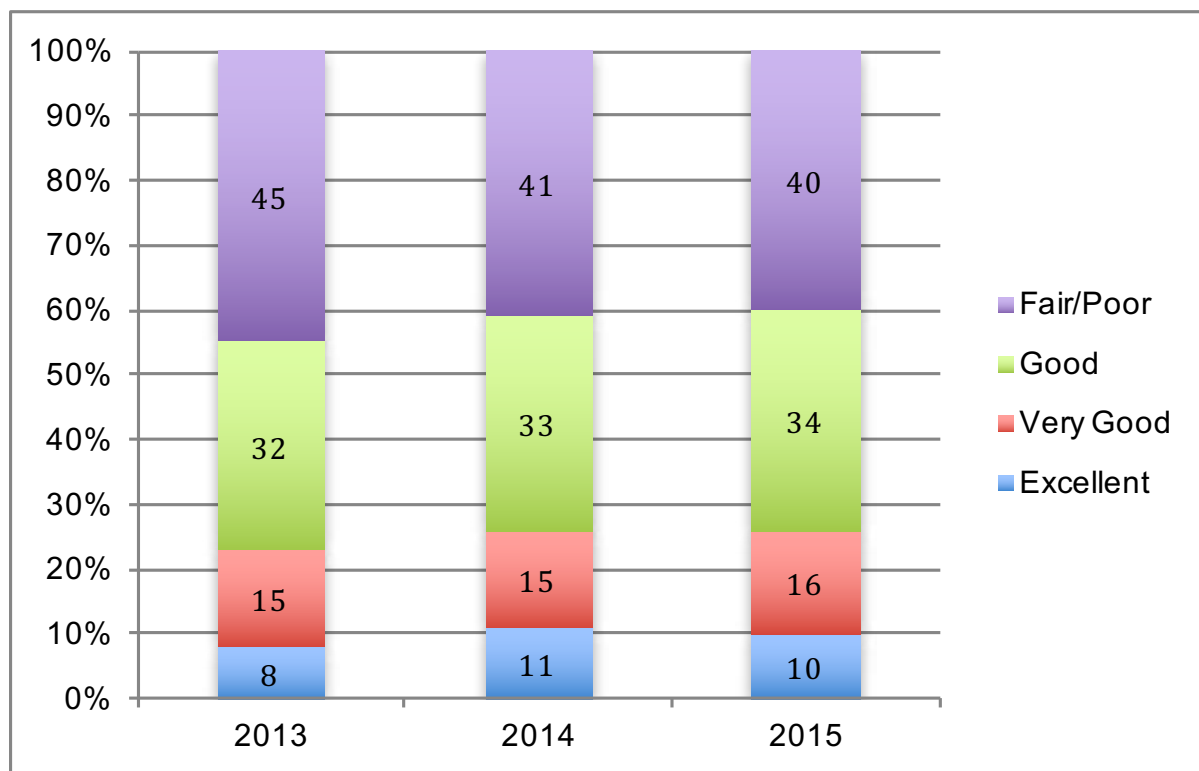
<b>Chronic Health Condition</b>	<b>Pre-program (2013) % Reporting</b>	<b>In Program (2014) % Reporting</b>	<b>In Program (2015) % Reporting</b>
<b>Arthritis, bone, or joint problems</b>	57%	56%	56%
<b>Hypertension</b>	57%	54%	54%
<b>Overweight/Obese</b>	52%	44%	46%
<b>Back or neck problems</b>	52%	51%	52%
<b>Allergies or sinus problems</b>	39%	35%	38%
<b>Recurrent indigestion, heartburn, or ulcers</b>	36%	37%	34%
<b>A physical disability</b>	33%	31%	33%
<b>Bronchitis, emphysema, COPD, or lung problems</b>	32%	32%	34%
<b>Diabetes</b>	32%	34%	36%
<b>Dental, tooth, or mouth problems</b>	30%	25%	21%
<b>Asthma</b>	29%	30%	27%
<b>Heart problems</b>	23%	22%	22%
<b>Bladder or bowel problems</b>	22%	23%	24%
<b>Migraine headaches</b>	21%	19%	20%

*Overall Mental and Emotional Health*

Overall mental and emotional health was determined in the survey using a standard excellent to poor response scale. In 2013, almost half of adult Health Home enrollees (45%) rated their mental and emotional health as fair or poor dropping to 41% for enrollees in 2014. Consistent with 2014, in 2015, 40% of adult MHH enrollees rated their mental and emotions health as fair or poor. Thus, the mental health status of adult MHH enrollees has been consistent over the three survey periods as shown in Figure 3.



**Figure 3. Self-Reported Mental Health Status of Adult MHH Enrollees**



### *Chronic Mental Health Conditions*

Enrollees were asked to indicate any chronic mental health conditions they had that had lasted for at least the past three months. The self-reported prevalence of a chronic mental health condition among adult MHH enrollees in 2015 was high with 64% reporting at least one chronic mental health condition. The most frequently self-reported chronic mental health problems are presented in Table 7. Adult MHH enrollees did not differ markedly in their self-reported chronic mental health conditions over the years.

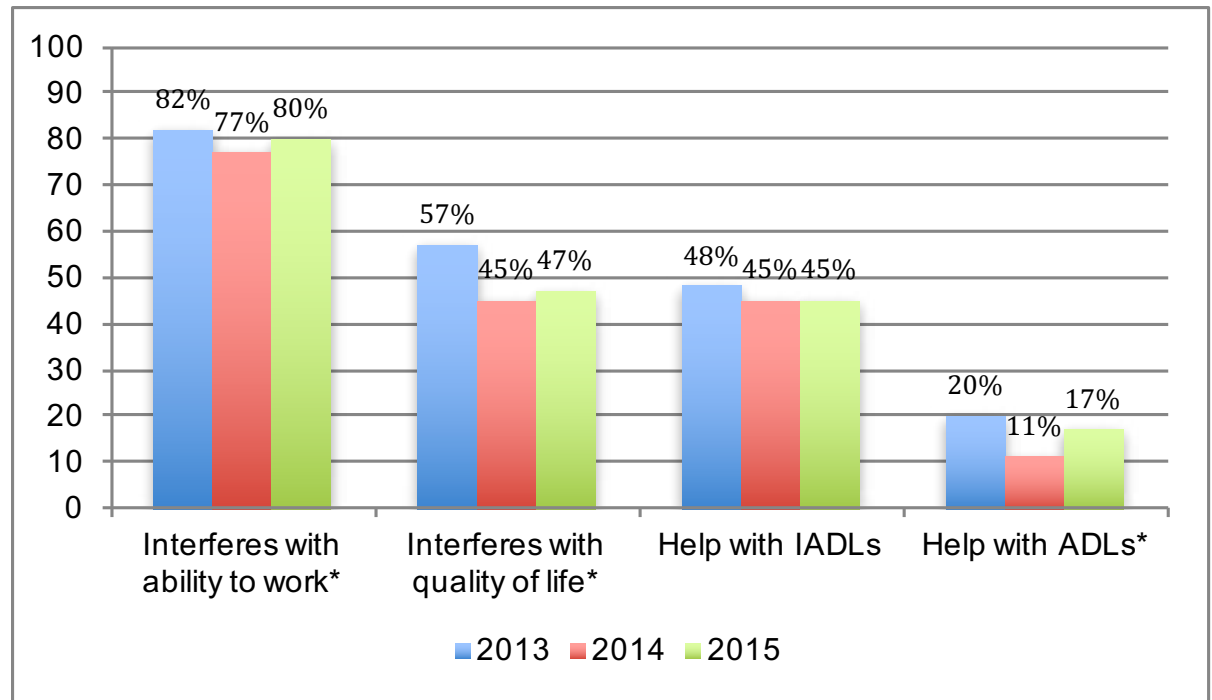
**Table 7. Most Commonly Reported Chronic Mental Health Conditions of Adult MHH Enrollees**

Chronic Mental Health Condition	Pre-program (2013) % Reporting	In Program (2014) % Reporting	In Program (2015) % Reporting
Depression	53%	49%	51%
Anxiety	44%	43%	45%
Emotional problems other than depression or anxiety	20%	18%	16%
Attention problems	16%	16%	16%
A learning disability	12%	15%	13%
Drug or alcohol-related problem	8%	4%	4%

## Functional Health

Self-rated functional health was assessed in the survey by asking respondents a series of questions about how their physical health affected daily life activities ranging from interference with work or social activities to more serious problems with their ability to function independently in the home. As shown in Figure 4, a majority of MHH enrollees had a physical or medical condition that seriously interfered with their ability to work, attend school, or manage day-to-day activities. And, there was a statistically significant decrease from the 82% reporting such a limitation in the 2013 survey to the 77% reporting in 2014 ( $p=.02$ ). Yet, in 2015, the percentage reporting this quality of life limitation (80%) was nearly equivalent to 2013. The percentage of adult enrollees reporting a physical condition that interfered with their independence, participation in the community, or quality of life dropped from 57% in 2013 to 45% in 2014 ( $p<.001$ ) and remained consistent in 2015 (47%). Needing help with IADLs remained steady at all three periods. Finally, the percentage of MHH enrollees reporting a need for help with their activities of daily living (which is an indicator of ability to live independently in the home) dropped from 20% in 2013 to 11% in 2014 ( $p<.001$ ) but increased to 17% in 2015 which was not significantly different from 2013.

**Figure 4. Self-Reported Functional Limitations of Adult MHH Enrollees**



\* Interference with ability to work also includes school attendance and ability to manage day-to-day activities.

\* Quality of life includes serious interference with independence and community participation.

\* IADLs include instrumental activities of daily living such as everyday household chores, shopping, or getting around for other purposes.

\* ADLs include activities of daily living such as eating, dressing, or getting around the house.

# Health Services Utilization and Unmet Need for Care

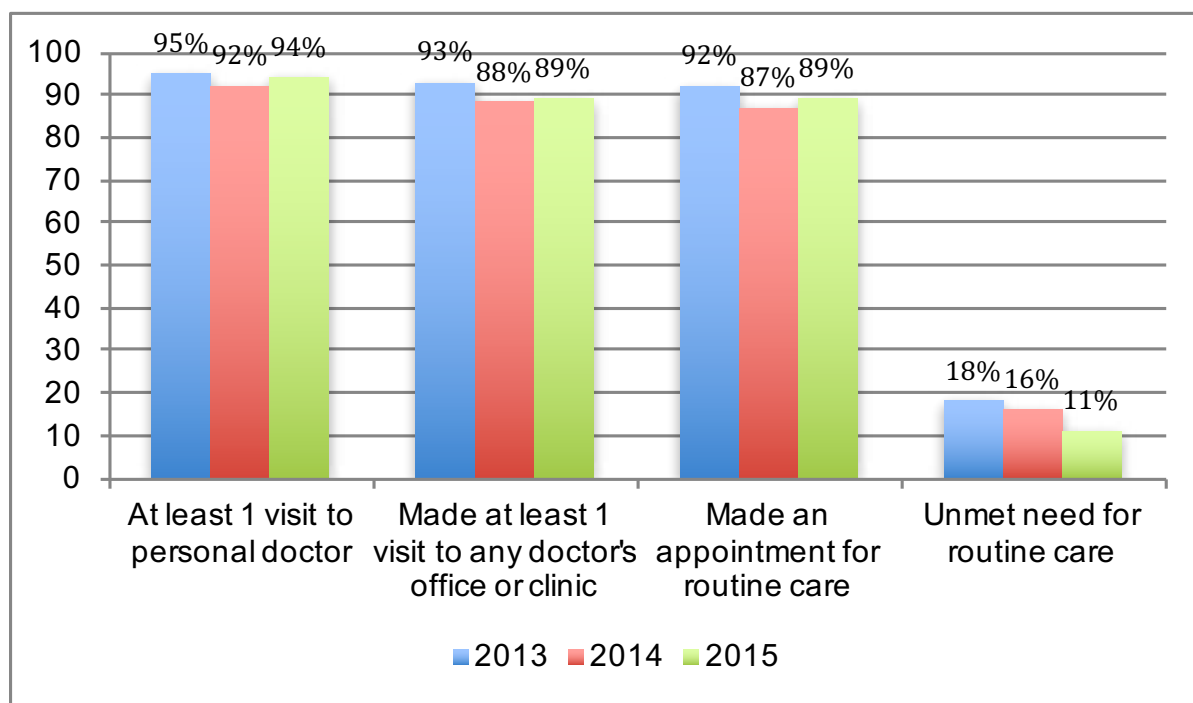
The use of services by adult Health Home enrollees was explored with questions related to: 1) personal doctor and routine care, 2) urgent care, 3) preventive care, 4) telephone medicine, 5) specialty care, 6) hospitalizations, 7) dental care, 8) mental health care, and 9) prescription drugs.

## Personal Doctor and Routine Medical Care: Use and Unmet Need

Adult MHH enrollees are high utilizers of routine medical care visits, as shown in Figure 5. In 2015, the vast majority of enrollees with a personal doctor made at least one visit to that provider in the previous six months (94%) which was consistent with what was reported in 2013 and 2014. The percentage who reported at least one visit to any doctor's office or clinic was 93% in 2013, 88% in 2014, and 89% in 2015. A similar trend was seen in the percentage of enrollees who reported making an appointment for routine care in the previous six months.

Unmet need for routine care was defined as enrollees who needed care, tests or treatment in the last six months, but could not get it for any reason. The percentage of enrollees who reported an unmet need for routine care was similar in 2013 (18%) and 2014 (16%) but significantly dropped in 2015 (11%,  $p < .001$  when compared to 2013).

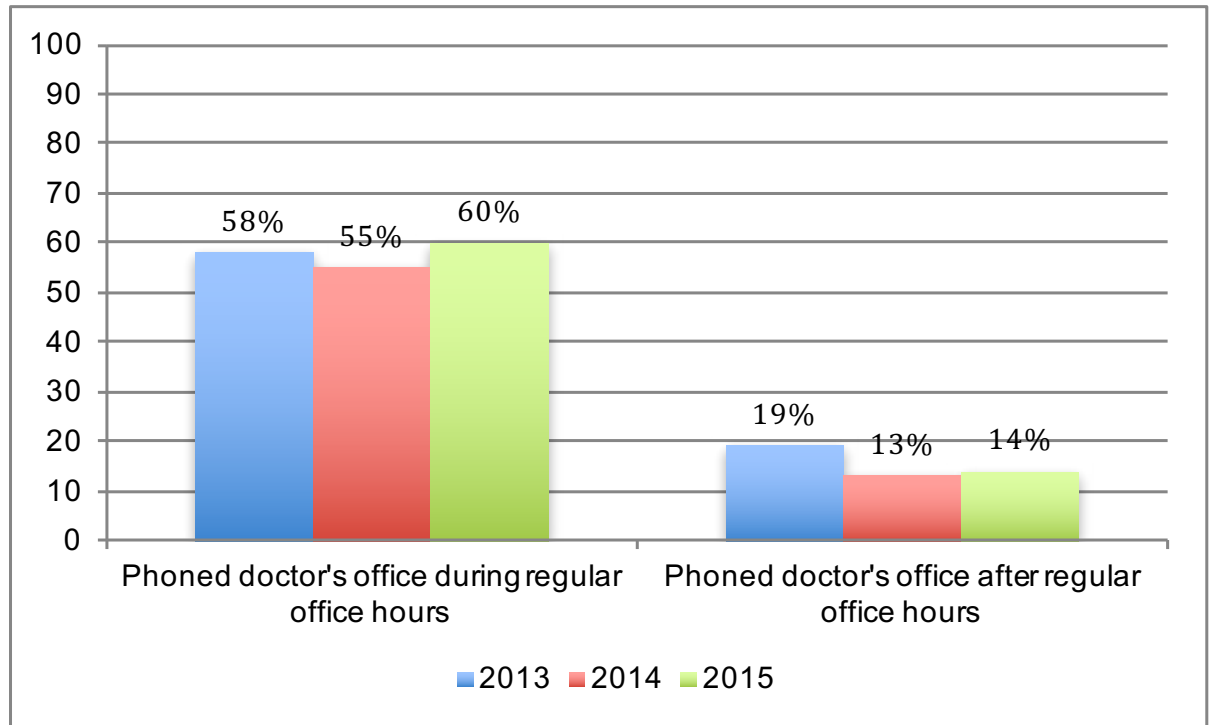
**Figure 5. Utilization of routine medical visits for Adult MHH Enrollees**



## Telephone Medicine

As shown in Figure 6, during regular office hours, adult MHH enrollees were just as likely to phone a doctor's office with a medical question in 2013 (58%) as in 2014 (55%) and 2015 (60%). There was a significant drop ( $p=.01$ ) in the percentage who phoned their doctor's office with a medical question *after* regular office hours from 2013 (19%) to 2014 (13%) and 2015 (14%) period. Of those from the post-enrollment period in 2015 who called a doctor's office, 62% *usually* or *always* got the help they needed regardless of whether the call was during or after regular office hours which was consistent with previous years.

**Figure 6. Utilization of Telephone Medicine by Adult MHH Enrollees**



### **After-hours, Urgent, and Emergent Medical Care**

This study explored the need for after-hours care, emergent care (usually received from a hospital emergency department), and urgent care, typically received from either an emergency department or clinic. In 2015, 32% of adult MHH enrollees reported needing care during evenings, weekends, or holidays in the previous six months which is comparable to 2014 (33%) and 2013 (37%).

### **Emergency Department (ED) Visits and Urgent Care**

Less than half of adult MHH members in 2014 (41%) and 2015 (43%) visited an ED at least once in six months which was comparable to 2013 (48%) reports, as shown in Figure 7. Almost one-quarter in each period (24% in 2013, 23% in 2014, and 24% in 2015) had been to an ED two or more times during a six-month period.

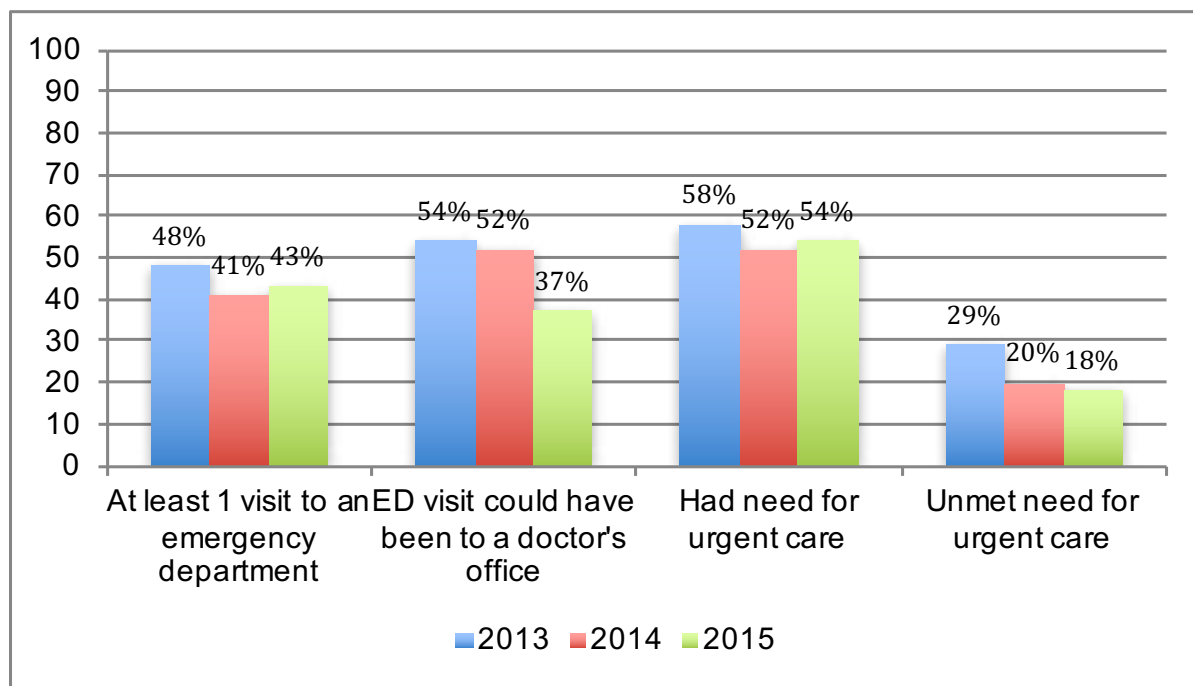
Of those who had visited an ED, around half in 2013 and 2014 reported that the care they received at their last visit to the ED could have been provided in a doctor's office if one had been available. Yet, in 2015, a little over one-third (37%) reported the same which was a significant decrease from 2013 ( $p < .01$ ).

There were significant decreases in the need for and unmet need for urgent care services. More than half of MHH adults in the follow-up periods (52% in 2014 and 54% in 2015) had a need for urgent care in the six months prior to completing the survey, which is comparable to 2013 reports (58%). In 2015, most respondents (86%) who needed this urgent care *always* (59%) or *usually* (28%) received it as soon as they thought they needed it.

Unmet need for urgent care was defined as enrollees who had an illness, injury or condition that needed care right away in the last six months, but who were not able to get it for any reason. While nearly one-third of adult Health Home enrollees in 2012 (29%) reported an unmet need for urgent medical care, there was a significant decrease ( $p < .001$ ) in 2015 (18%) which was consistent with the 2014 period (20%).



**Figure 7. Utilization of Emergency or Urgent Care Services by Adult MHH Enrollees**



### Preventive Care: Visits and Unmet Need

Use of preventive services was evaluated by asking enrollees for information on their last preventive health visit, which could have included a check-up, physical exam, mammogram, or Pap smear test. Comparable to 2013, about two-thirds of adults (63%) from the 2014 survey had a preventive visit. In 2015, 68% had a preventive visit which was a statistically significant ( $p=.04$ ) increase from 2013.

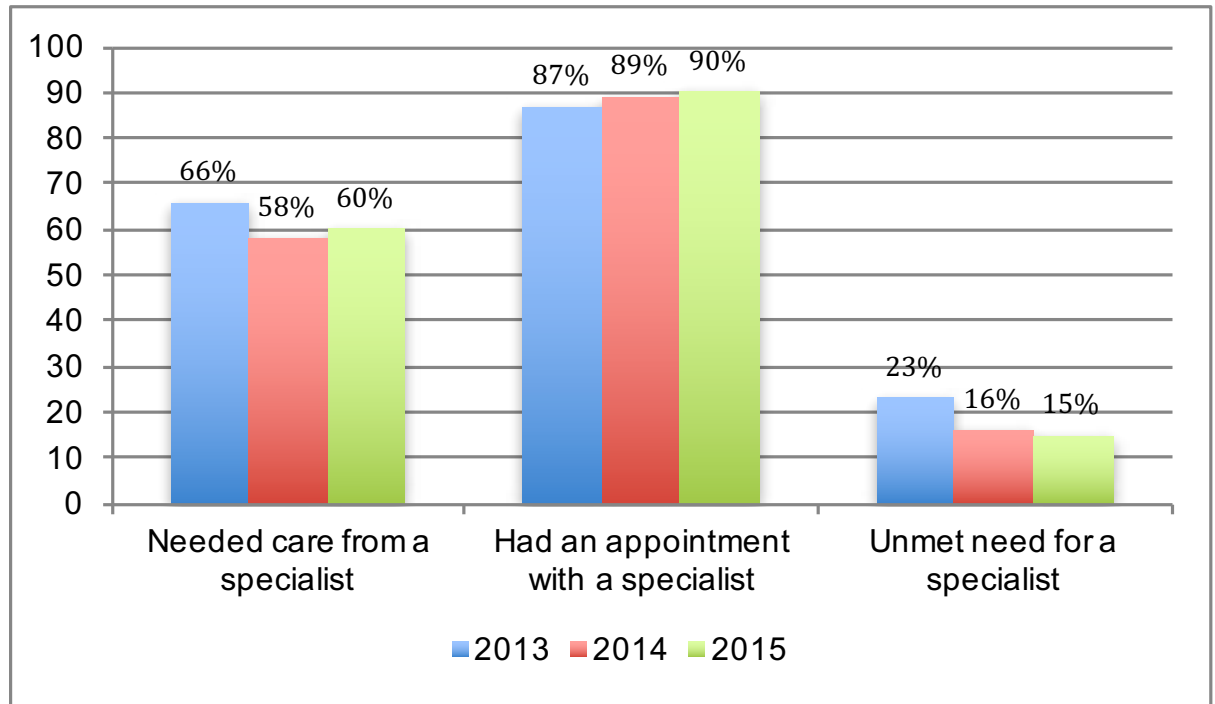
The percentage of MHH adults who reported a time when they needed preventive care, but were unable to receive it for some reason has been trending down, from 14% in 2013 to 11% in 2014 to 8% in 2015. This was not a significant decrease from 2013 to 2014 but was a statistically significant decrease from 2013 to 2015.

### Specialty care: Visits and Unmet Need

The percentage of MHH adults who reported a need for specialist care within six months of the survey was significantly less in the post-enrollment periods (58% in 2014 and 60% in 2015) when compared to the 2013 (66%) (Figure 8). Consistent with earlier time periods, the vast majority of adults in 2015 (90%) had seen a specialist for a particular health problem in the previous six months.

Unmet need for specialty care was defined as a time when specialty care was needed, but the enrollee could not receive it for some reason. The percentage of MHH adults who reported having a time when they needed to see a specialist but could not, declined from 23% in 2013 to 16% in 2014 and remained consistent in 2015 (15%).

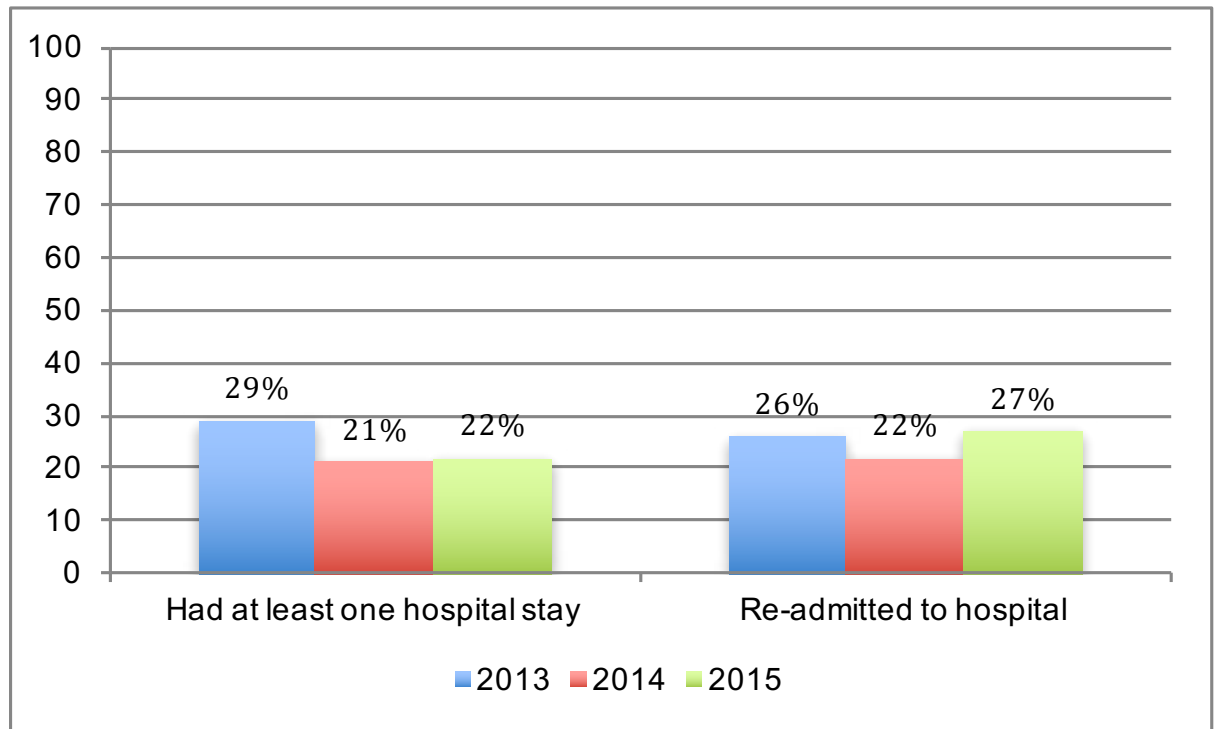
**Figure 8. Utilization of specialty providers by Adult MHH Enrollees**



## Hospitalizations

As shown in Figure 9, there was a significant decline ( $p=.003$ ) in the percentage of MHH adults who reported having been hospitalized overnight at least once in the six months prior to the survey, from 29% in 2013 to 21% in 2014 and 22% in 2015. The percentage of those who were hospitalized and who reported needing to return to the hospital soon after being discharged because they were still sick or had a problem was comparable across the three periods 26% in 2013, 22% in 2014 and 27% in 2015.

**Figure 9. Hospital Stays for Adult MHH Enrollees**

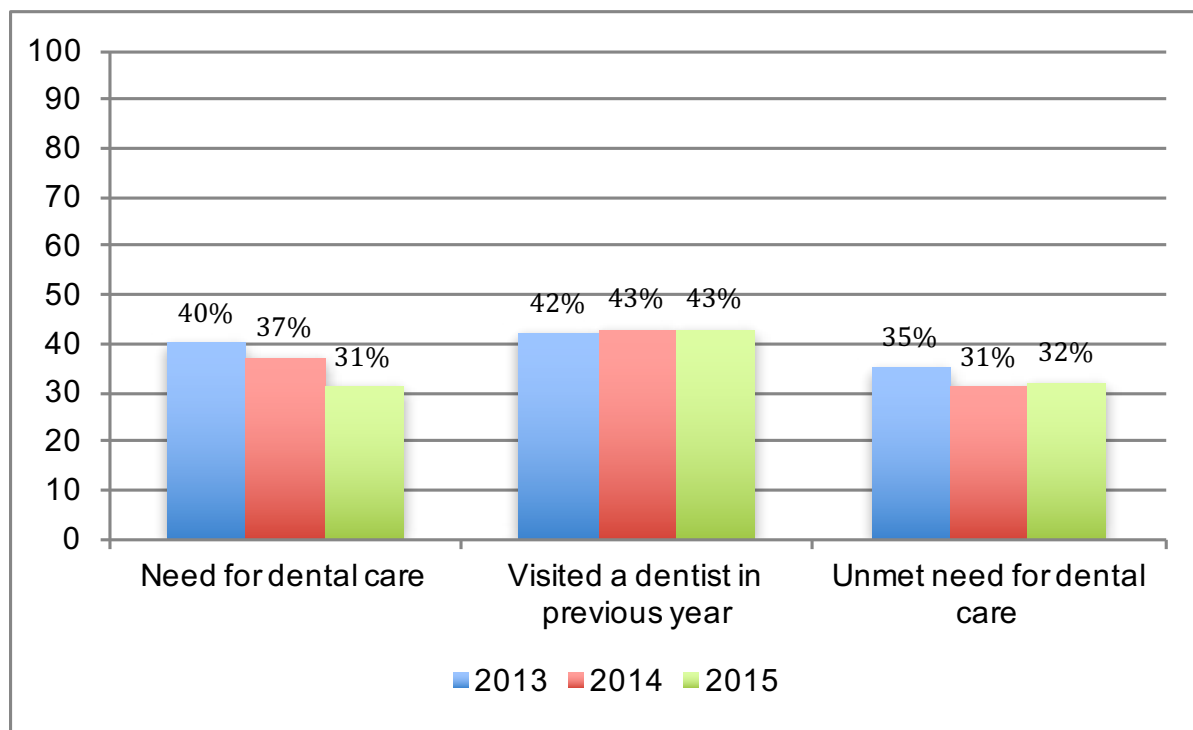


## Dental Care

Reported need, use, and unmet need for dental care was comparable across time periods for MHH adults, as shown in Figure 10. The reported need for dental care has been trending down since the start of the Health Home program from 40% in the 2013 to 37% in 2014 (not statistically different from

2013) and 31% in 2015 (statistically different from 2013 at  $p<.001$ ). The percentage who reported having seen a dentist within the prior year was consistent across the periods at around 43%. In addition, around one-third reported an unmet need for dental care at each time period (35% in 2013, 31% in 2014, and 32% in 2015).

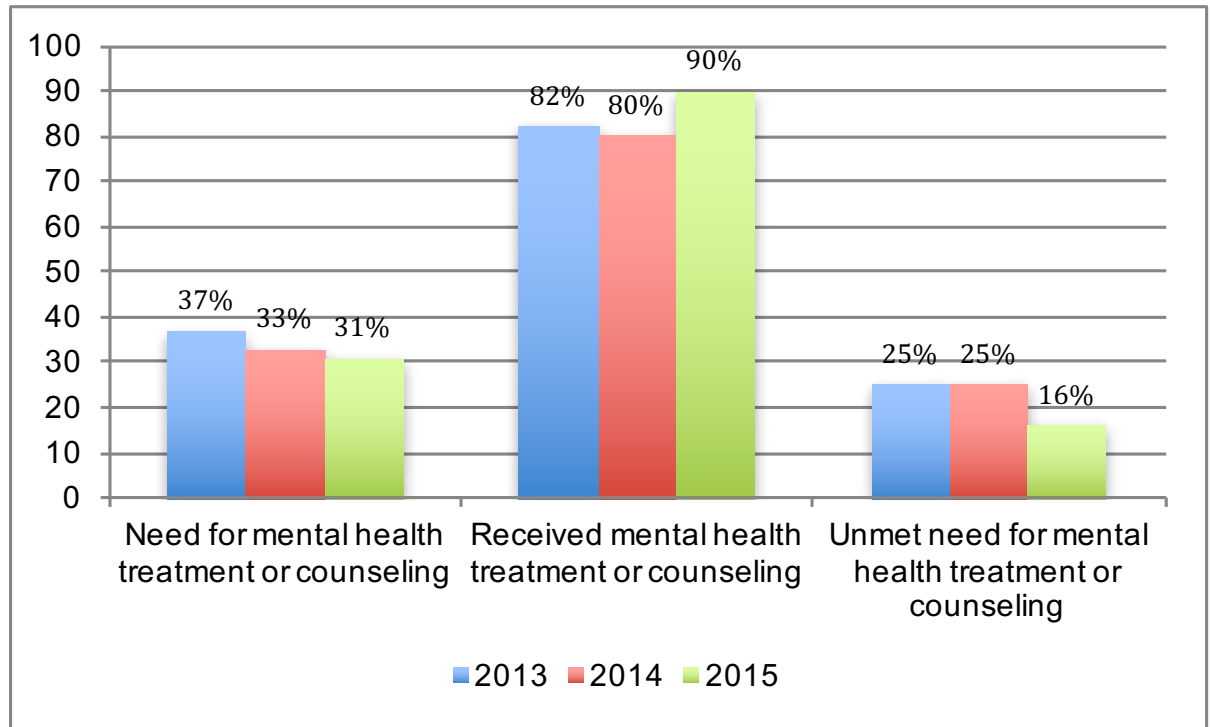
**Figure 10. Dental Care for Adult MHH Enrollees**



## Mental and Emotional Health Care

Figure 11 provides a look at the mental and emotional care needs of adult MHH enrollees. While the need for mental health treatment or counseling was comparable between 2013 (37%) and 2014 (33%), there was a statistically significant decrease ( $p=.02$ ) from 2013 to 2015 (31%). And, of those with need, around 80% in 2013 and 2014 received treatment or counseling for their mental or emotional problem. However, in 2015, this increased to 90%. Similarly, among those who believed they needed treatment or counseling for a mental health problem, 25% in 2013 and 2014 experienced a time when they were unable to receive this care for some reason; this significantly ( $p=.01$ ) decreased to 16% who experienced an unmet need for mental health care in 2015.

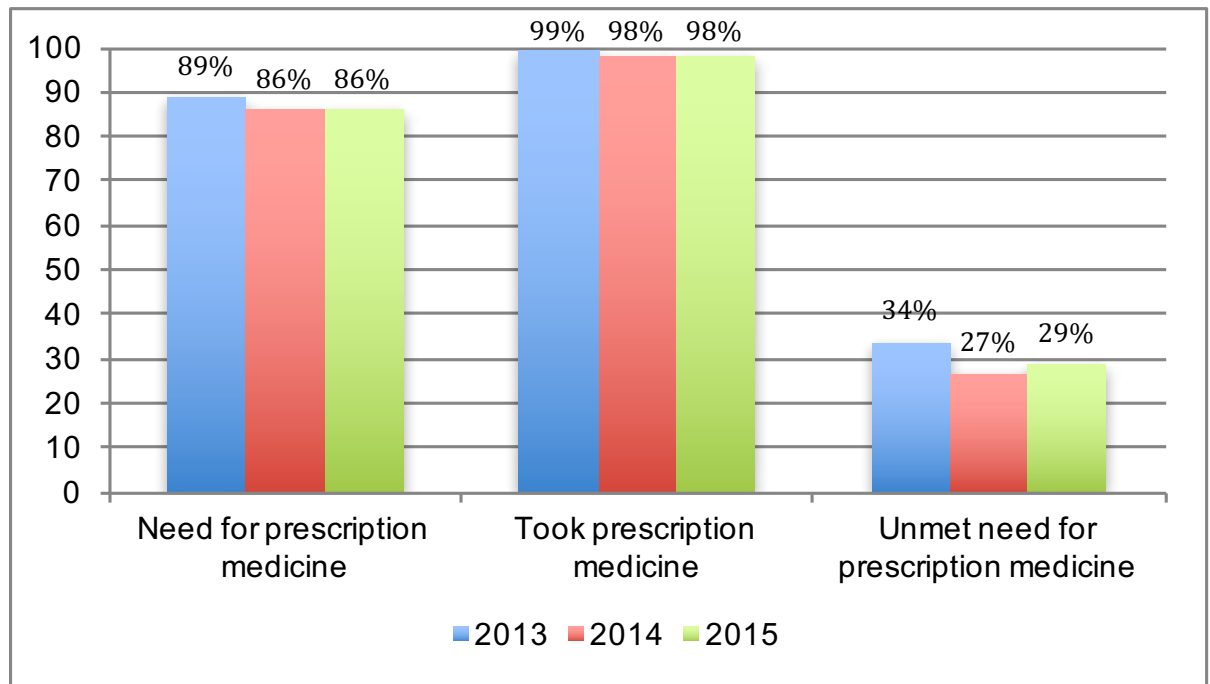
**Figure 11. Mental Health Care for Adult MHH Enrollees**



### Prescription Drugs

As indicated in Figure 12, in each time period, a majority of adult MHH enrollees reported needing prescription medicine in the six months prior to the survey and all but a handful of respondents at each time period reported having taken a prescription medicine during that time. Notably, the percentage of adult MHH enrollees who reported having had a time in the previous six months when they could not get a prescription for some reason significantly dropped from 34% in 2013 to 27% in 2014 ( $p=.02$ ) but increased to 29% in 2015 (which was not significantly different from 2013).

**Figure 12. Utilization of Prescription Medicine by Adult MHH Enrollees**





# Health Home Attributes

We assessed adult MHH enrollee experiences with several domains of the medical home model of health care delivery: 1) identification of a personal doctor; 2) enhanced communication with a personal doctor; 3) coordination of care; 4) timely access to care; 5) information about care; 6) comprehensiveness of care; 7) self-management support; and, 8) shared decision-making.

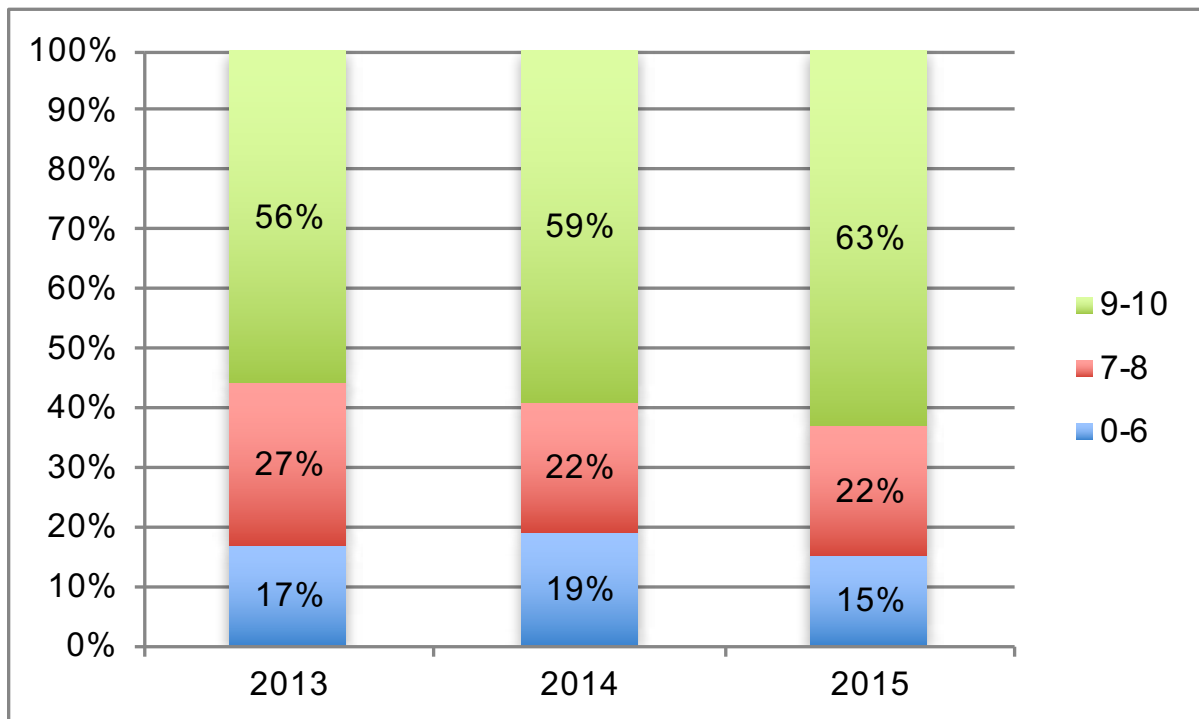
## Personal Doctor

Ideally, utilization of medical services starts with having a personal doctor. Since enrollment into the Health Home program is initiated by the Medicaid member's provider, we might expect the enrollee to be able to identify a personal doctor and maintain contact with that doctor. Enrollees in the survey were asked the following questions regarding personal doctors: 1) if they had a doctor that they thought of as their personal doctor; 2) if that person was located in the office that introduced them to the Medicaid Health Home program; 3) how often they visited their personal doctor in the previous six months; and, 4) to rate the quality of their personal doctor (if they had one).

In the 2013, 11% of adult MHH respondents could not identify a provider they considered to be their personal doctor; that percentage declined to 8% in 2014 and to 6% in 2015. Around 60% of MHH adults in each post-enrollment period (2014 & 2015) responded that their personal doctor was located in the office that introduced them to the Health Home program which is a decline from the 72% who reported in 2013 that their personal doctor was their Medicaid Health Home provider.

Those enrollees who indicated they had a personal doctor were asked to rate this person on a zero to ten scale (0 is the worst doctor possible and 10 is the best doctor possible). While the percentage of respondents who gave their personal doctor a nine or ten rating in 2013 (56%) was comparable to 2014 (59%), there was a significant increase ( $p=.009$ ) from 2013 to 2015 (63%) (Figure 13).

**Figure 13. Adult MHH Enrollees' Rating of Personal Doctors**

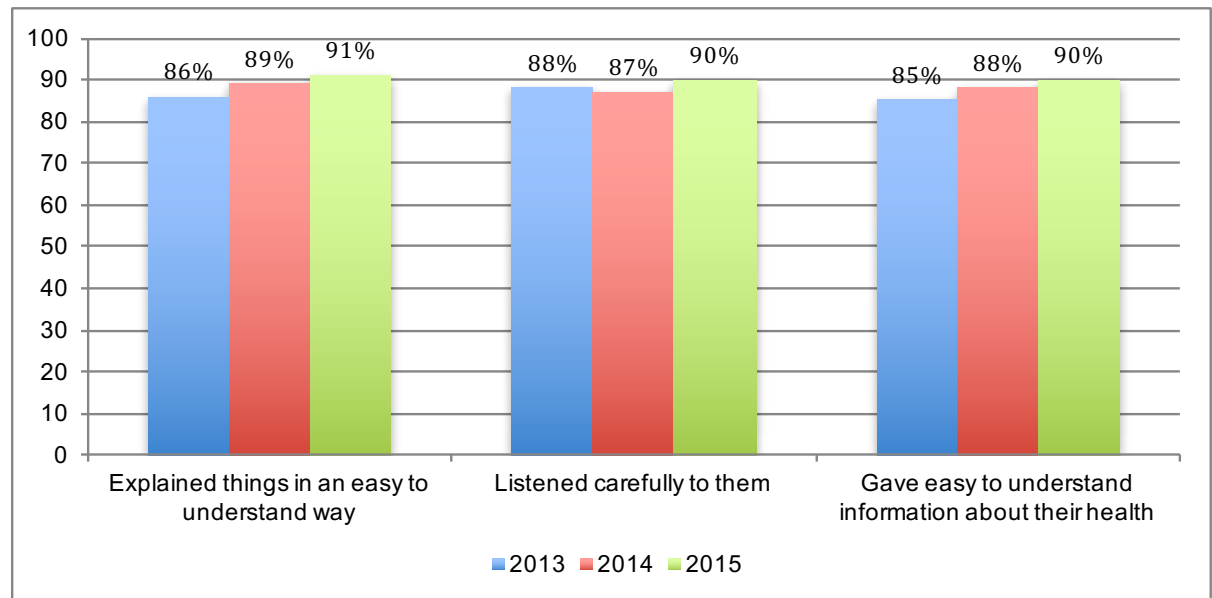


## Communication with a Personal Doctor

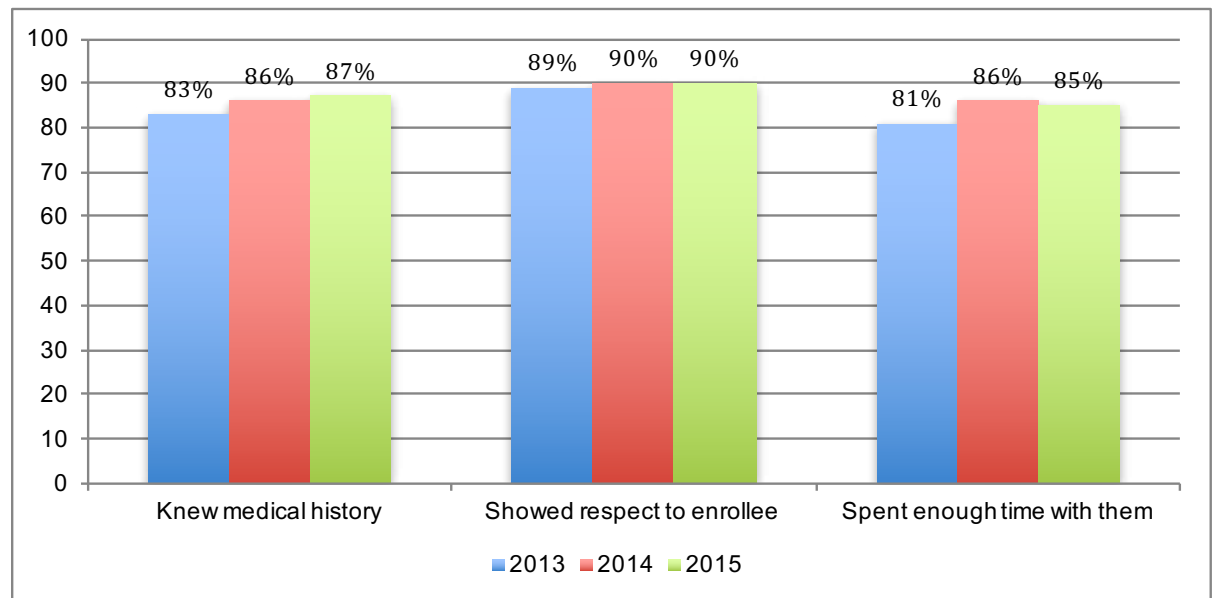
A Health Home should promote enhanced communication between the patient and the physician. Enrollees were asked several questions to assess how well their personal doctors communicated with them during their visits, including questions about how often their personal doctor: 1) explained things in a way that was easy to understand; 2) listened carefully to them; 3) gave them easy to understand information about their health questions or concerns; 4) knew the important information about their medical history; 5) showed respect for what the enrollee had to say; and 6) spent enough time with them. Figure 14a and 14b provide the responses to each of these questions by survey year.

Overall, adult MHH enrollees rated their experiences communicating with their personal doctors very highly, with their responses in 2014 & 2015 (with the exception of listening carefully) being slightly higher than in 2013.

**Figure 14a. Adult MHH Enrollees' Experiences Communicating with Personal Doctor**



**Figure 14b. Adult MHH Enrollees' Experiences Communicating with Personal Doctor**



## Care Coordination

The Health Home population is made up, by design, of a population of the sicker Medicaid members. Such illness burden often results in the use of a variety of different health services aside from those provided by the member's personal doctor. In the six months prior to completing the 2015 survey, 90% of these respondents had seen a specialist for a particular health problem, 90% had received treatment or counseling for a mental or emotional health problem, 22% had been hospitalized at least once, and all but a few of them had taken a prescription medication.

For those with multiple chronic illnesses who are likely to access many different areas of the health care delivery system, care coordination and communication between providers and others involved in their health care becomes critically important. We asked respondents several specific questions to evaluate how well their care is coordinated. These included:

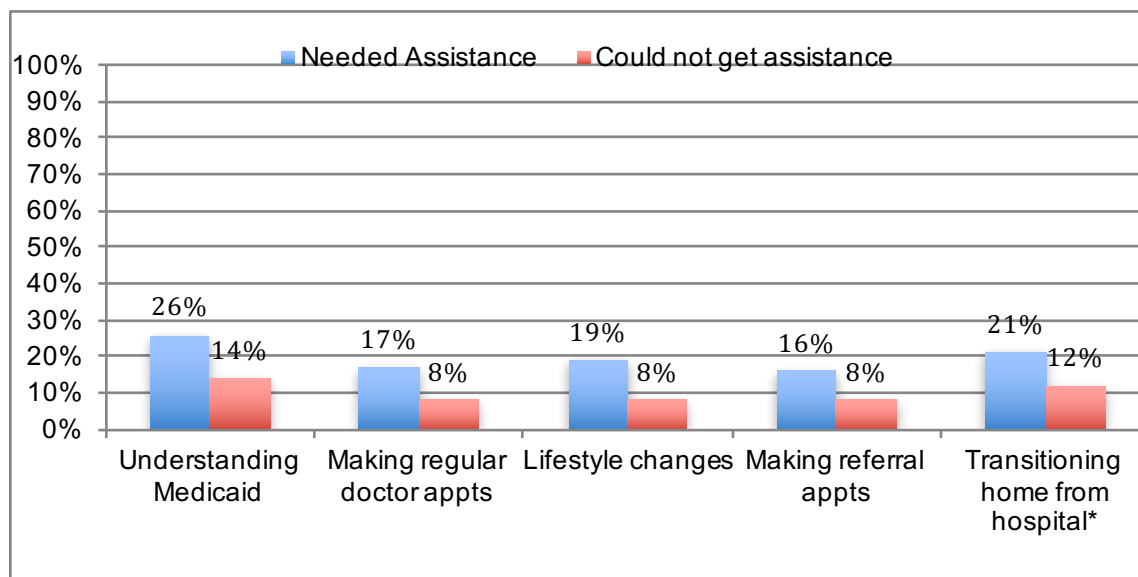
- How often their doctor's office followed-up with them regarding test results
- How often their doctor's office seemed informed and up-to-date about their specialist care

- Need for assistance with a variety of potential health services and if these needs were met
- Need for information about specific health service provisions communicated back to their personal doctor and if these needs were met

The vast majority of the MHH adults in 2015 (88%) reported that their doctor's office ordered a blood test, x-ray, or other test for them in the six months prior to the survey. Most (85%) reported that someone from that office usually or always followed-up with them to give them the results. Over three-quarters (79%) reported that their doctor's office usually or always seemed informed and up-to-date about the care they received from specialist.

Figure 15 summarizes, from the 2015 survey, the need for assistance with particular health care services and whether or not respondents were able to get the needed assistance. Less than 20% of these enrollees reported needing assistance with modifying their lifestyle or behaviors to be healthier (19%), making regular doctor appointments (17%), and help making appointment after a referral (16%) and these percentages are almost equivalent to what was reported in 2014. There was a marked increase in enrollees reporting they needed help understanding their Medicaid coverage (from 19% in 2014 to 26% in 2015). This finding is not entirely unexpected because, as noted previously, at the time of the 2015 survey the Medicaid program was in the process of transitioning to a fully managed care model. With regard to the service helping transition enrollees from hospital to home, for those who had at least one hospital stay (n=241), 21% reported a need for help with their transition home from the hospital. In each instance, fewer than 15% reported that they could not get the assistance that they needed.

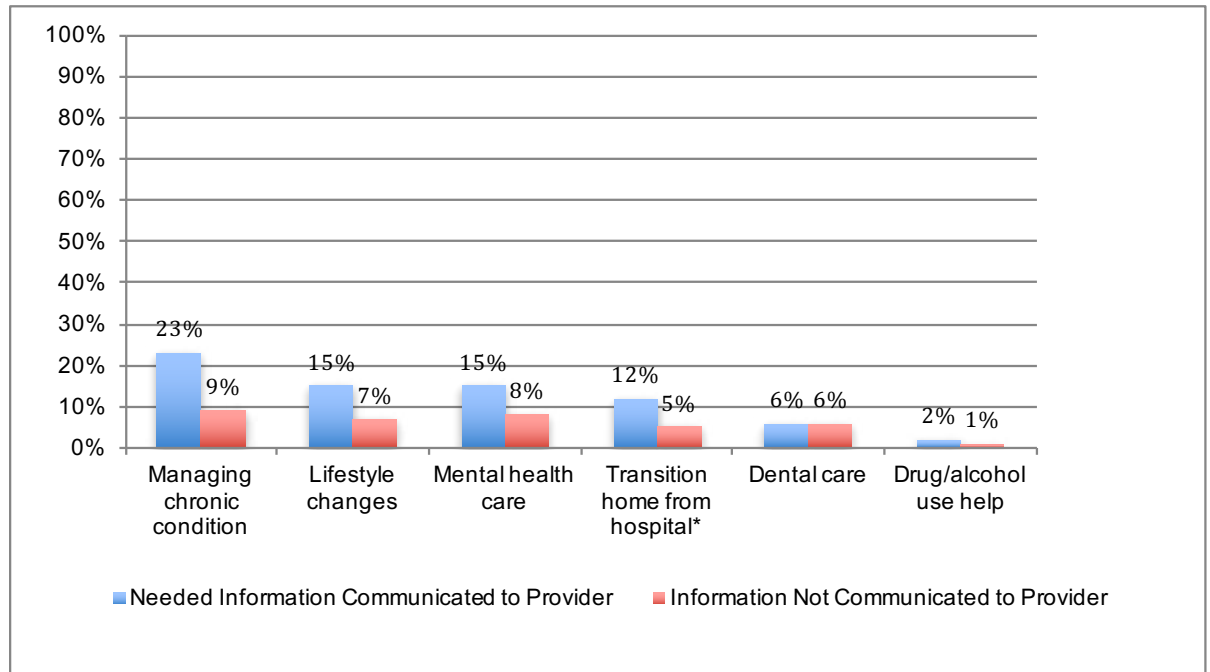
**Figure 15. Need and Unmet Need for Specific Care Coordination Services (2015 only)**



\* Calculated for those who responded that they had at least one hospital stay in the six months prior to the survey (n=241 respondents)

Figure 16 summarizes the need and unmet need for the communication of information between the respondents' personal doctors and other care providers in the community. Almost one-quarter (23%) of respondents reported needing information about management of their chronic health problem communicated back to their personal doctor. For the rest of the services, less than 20% of enrollees reported a need for information to be communicated back to their provider. And, 10% or fewer respondents reported that their need to have information communicated back to their personal doctor was met.

**Figure 16. Need and Unmet Need for Communication between Providers (2015 only)**



\* Calculated for those who responded that they had at least one hospital stay in the six months prior to the survey (n=241).

## Access to Care

Several survey items explored enrollee experiences with accessing care. These included enrollee assessments of the following: 1) ability to get urgent care when needed; 2) ability to get routine care; 3) ability to get needed care after-hours (on evenings, weekends, or holidays); 4) same day response to regular office hour phone calls; 5) response to after office hours phone calls; and 6) ability to see a provider within 15 minutes of their appointment time.

Figure 17 shows the experiences of health home enrollees as they tried to access particular types of care (urgent, routine, and after-hours care). With both routine and urgent care, the majority of enrollees reported usually or always being able to access the care they needed and this percentage increased from 2013 to 2015. A little over half (51%) of enrollees in 2015 reported usually or always being able to access after-hours care which was somewhat higher than reported previously. However, consistent with prior years, almost one-third (30%) reported that they never were able to access care after regular business hours.



**Figure 17. Adult MHH Enrollees Experiences Usually or Always Being Able to Access Care**

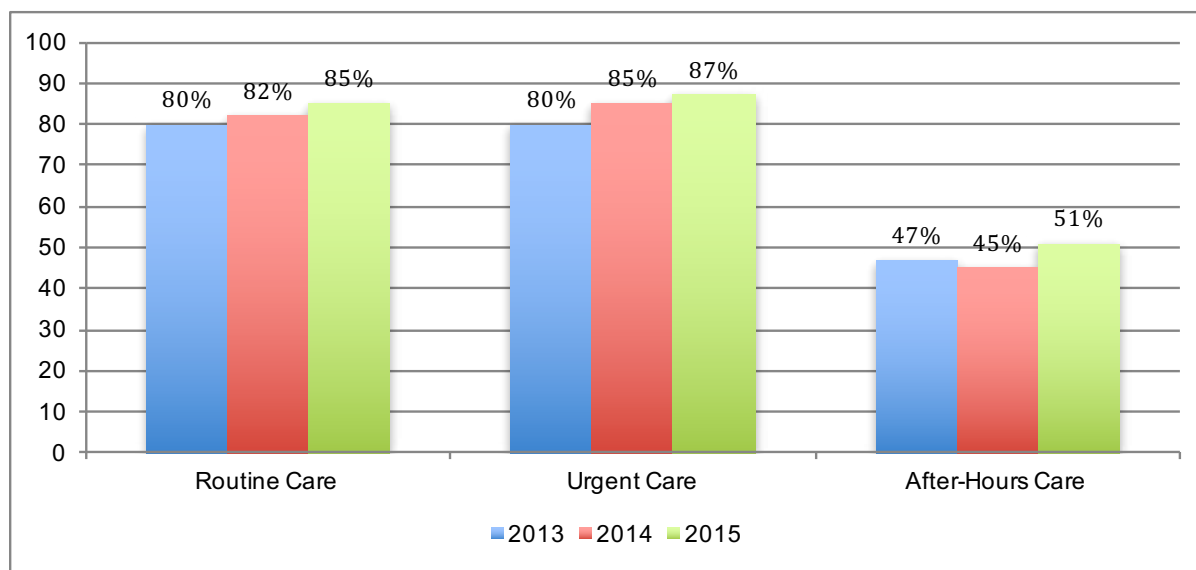
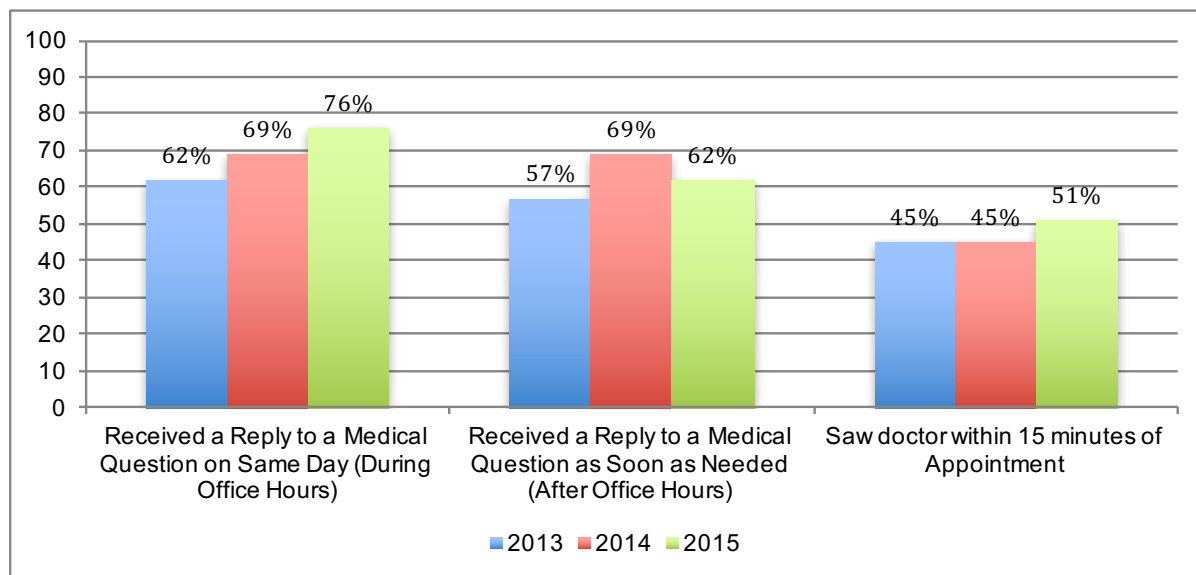


Figure 18 shows MHH enrollees' experiences with timeliness of care. For those enrollees who contacted their doctor's office with a medical question during regular office hours (60% in 2015; 55% in 2014; 57% in 2013), over three-quarters (76%) in 2015 usually or always got an answer to their question on the same day as their call. This is significantly ( $p < .05$ ) higher than reported in 2014 (69%) or 2013 (62%). Far fewer enrollees reported contacting a doctor's office with a medical question after regular office hours (19% in 2013; 13% in 2014; and 14% in 2015). For those who did, 57% in 2013, 69% in 2014, and 62% in 2015 reported usually or always getting an answer to their medical question as soon as they needed; the differences were not statistically significant. Less than half of enrollees in 2013 and 2014 (45%) reported that they usually or always saw a doctor within 15 minutes of their appointment time. In 2015, 51% reported usually or always seeing a doctor within 15 minutes and this was a statistically significant increase ( $p = .002$ ) from 2013.

**Figure 18. Adult MHH Enrollees Experiences with Timely Access to Care**



## Information about care and appointments

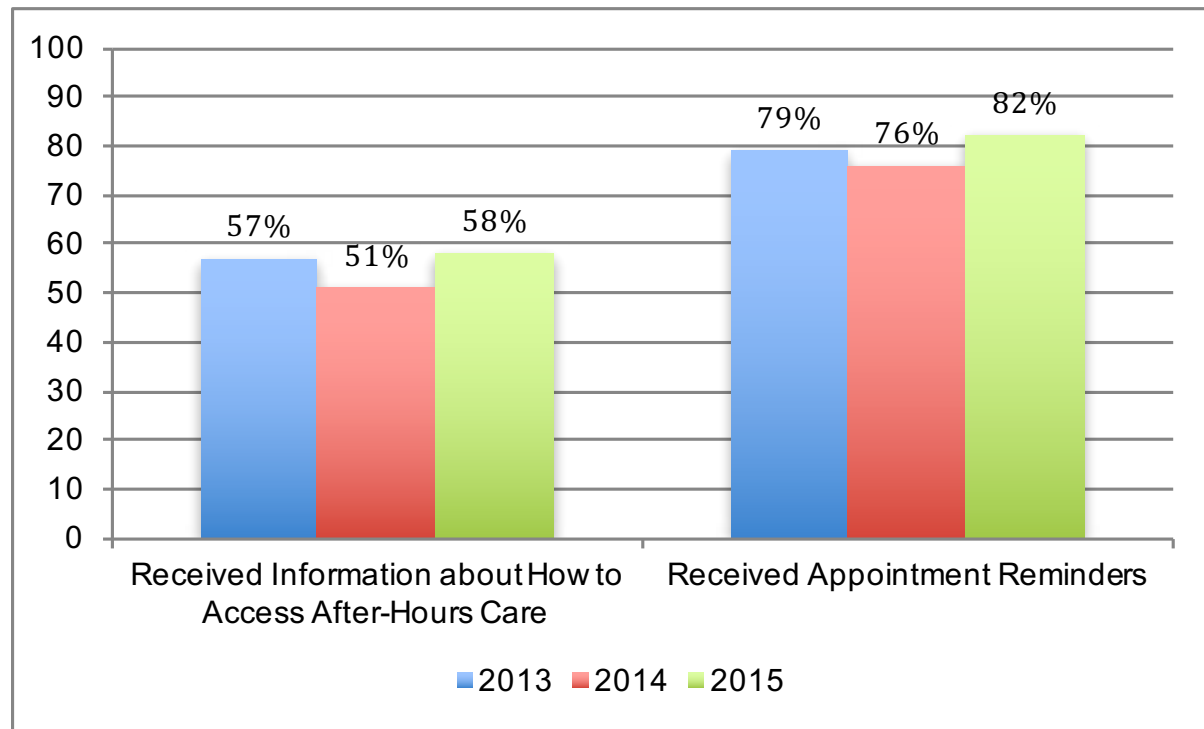
A Health Home works to promote increased access to and increased quality of care by providing timely information to patients regarding their health care and appointments. In the surveys, the following two items were used to assess the experience of timely information provided to patients:

- 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 (after-hours)?

- In the last 6 months, did you get any reminders from a doctor's office between visits?

Figure 19 provides the experiences of adult MHH enrollees with regard to their receipt of timely information regarding their health care. Over one-half of enrollees reported they received information about getting care after-hours (57% in 2013; 51% in 2014; 58% in 2015); there were no significant differences over time. And, over three-quarters of enrollees each year reported receiving appointment reminders (79% in 2013; 76% in 2014; 82% in 2015); there were no significant differences over time.

**Figure 19. Information about Care and Appointments: Adult MHH Enrollees**



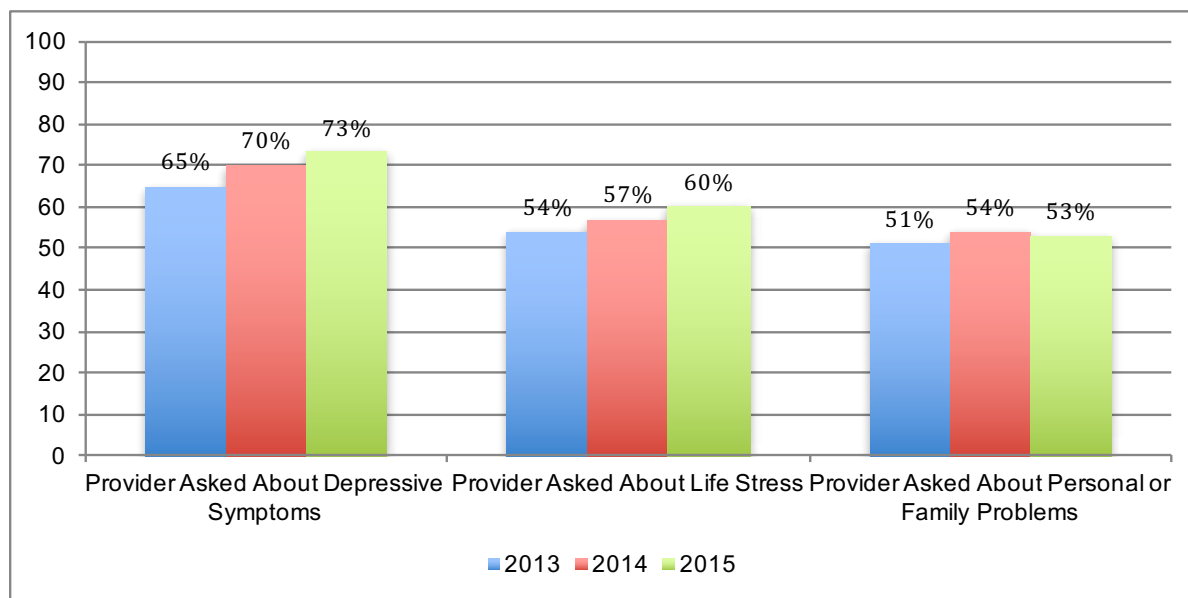
## Comprehensive Care

Comprehensive care means the Health Home provides services that account for the majority of patient needs, including mental health. In the adult MHH enrollee surveys, questions about comprehensiveness of care (regarding their mental and emotional health) were asked of those who reported having visited a doctor's office or clinic for care at least once in the six months prior to the survey. These included:

- In the last six months, did anyone in a doctor's office ask you if there was a period of time when you felt sad, empty, or depressed? [Depressive Symptoms]
- In the last six months, did you and anyone in a doctor's office talk about things in your life that worry you or cause you stress? [Life Stress]
- In the last six months, did you and anyone in a doctor's office talk about a personal problem, a family problem, alcohol use, drug use, or a mental or emotional illness? [Personal or Family Problems]

As seen in Figure 20, over time, more adult MHH enrollees reported having someone from their provider's office ask them about depressive symptoms and stressful life events. In 2015, 73% of enrollees reported that someone from their doctor's office asked if they experienced depressive symptoms (feeling sad, empty, or depressed) and this was a significant ( $p=.002$ ) increase from 2013 (65%). And, 60% of enrollees in 2015 reported that someone from their doctor's office talked to them about things in life that were a worry or caused stress which was also a significant ( $p=.04$ ) increase from 2013 (54%). The proportion of enrollees who reported that a provider talked to them about personal or family problems remained consistent over time (51% in 2013, 54% in 2014, 53% in 2015).

**Figure 20. Adult MHH Enrollees and Comprehensive Mental/Emotional Health Care**



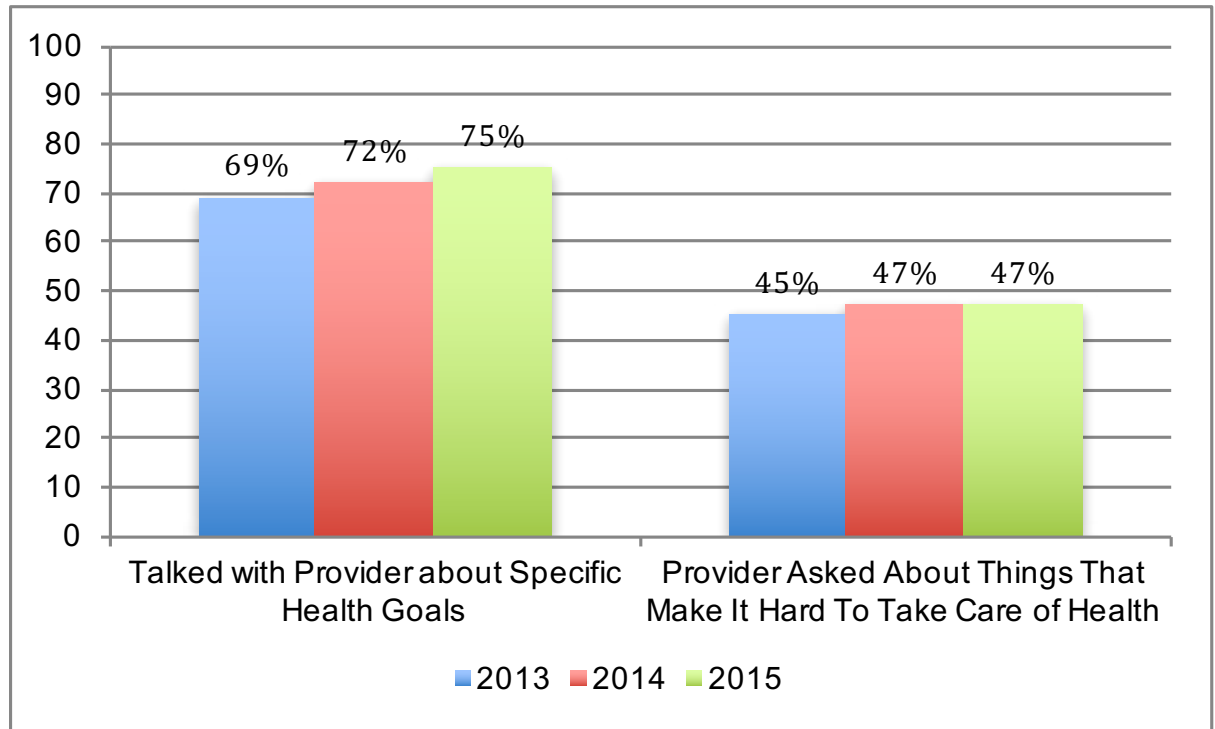
## Self-Management Support

Self-management support is the care and encouragement provided to people with chronic conditions to help them understand their central role in managing their illness, make informed decisions about care, and engage in healthy behaviors. In this survey, two items were asked of those who had at least one office visit to assess adult Health Home enrollees' perceptions about whether or not a doctor's office supported them in taking care of their own health:

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

As seen in Figure 21, over time, more adult MHH enrollees reported having someone from their provider's office ask them about their specific health goals. In 2015, 75% of enrollees reported that someone from their doctor's office asked about their health goals and this was a significant ( $p=.03$ ) increase from 2013 (69%). Yet, the proportion of enrollees who reported that a provider asked them about things that made it hard for them to take care of their health remained consistent over time (45% in 2013, 47% in 2014, and 47% in 2015).

**Figure 21. Self-Management Support: Adult MHH Enrollees**



### Shared Decision Making

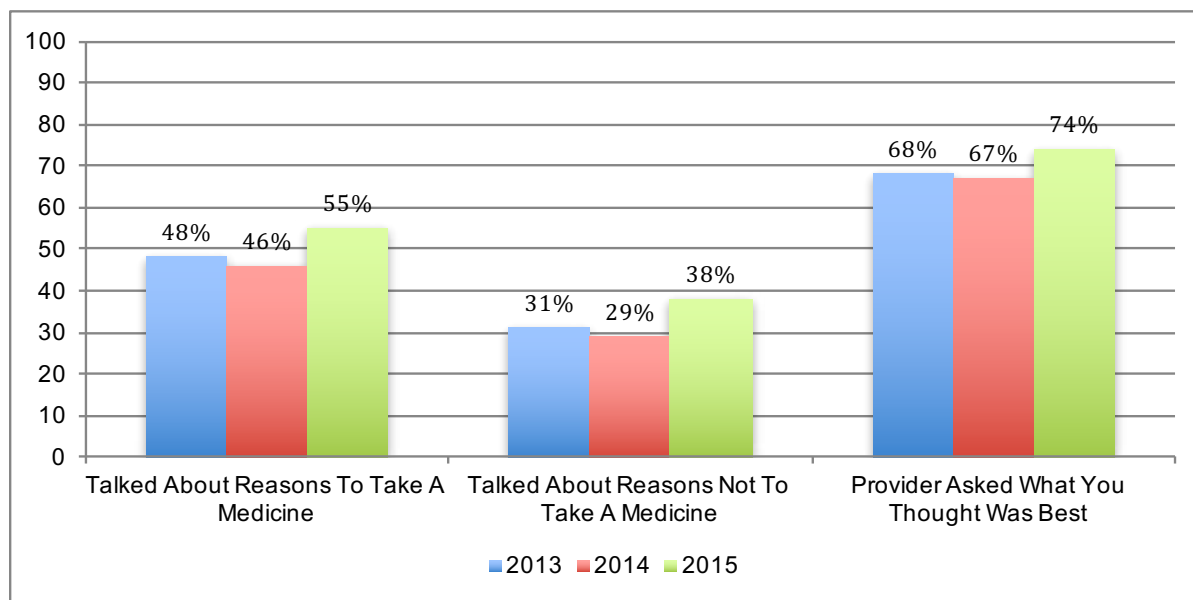
One component of a health home is patient-centered care, which is the provision of care while taking into account the patient's preferences and values. Shared decision making between the patient and the provider is a core feature of the patient-centered approach to care.

In the surveys, three items were asked that focused on how a provider included their adult patients in the decision-making process when starting or stopping a prescription medication. This is especially pertinent since almost all of the respondents at all survey time periods reported having taken a prescription medicine at some point in the six months prior to the survey. The following items were included for those who reported having a conversation with their provider about starting or stopping a prescription medication:

- When you talked about starting or stopping a prescription medicine, how much did the doctor or other health care provider talk about the reasons you might want to take a medicine? [Percent who responded "A lot"]
- When you talked about starting or stopping a prescription medicine, how much did the doctor or other health care provider talk about the reasons you might not want to take a medicine? [Percent who responded "A lot"]
- When you talked about starting or stopping a prescription medicine, did the doctor or other health care provider ask you what you thought was best for you? [Percent who responded "Yes"]

As seen in Figure 22, in 2015 (over two years after the start of the MHH program), there was a slight increase from previous years in MHH enrollees who reported attributes of shared decision making with their provider about their prescriptions (although the increases were not statistically significant). Around one-half (48% in 2013, 46% in 2014, 55% in 2015) reported having talked to their health care provider a lot about reasons to take a medicine, around one-third (31% in 2013, 29% in 2014, 38% in 2015) reported having talked a lot about reasons not to take a medicine, and over two-thirds (68% in 2013, 67% in 2014, and 74% in 2015) reported their health provider asked them what they thought was best for them regarding their use of prescription medications.

**Figure 22. Adult MHH Enrollees and Shared Decision Making Regarding Prescriptions**



## Children in the MHH-Experiences of Parents/Legal Guardians (2015)

The following is a summary of results from the 2015 survey of parents of Child Enrollees into the Iowa MHH program. The experiences reported by the parents of these children include their health status, utilization of and unmet need for care, and experiences with the components of the Health Home. A summary of the 2015 open-ended comments from parents of MHH children is in Appendix C.

Because the number of respondents to the 2013 (n=85) and 2014 (n=38) surveys was so low, we did not conduct comparisons of the 2015 responses to earlier surveys. Findings from the 2013 and 2014 surveys can be found here:

2013: <http://ppc.uiowa.edu/publications/baseline-evaluation-experiences-iowa-medicaid-health-home-program-enrollees>

2014: <http://ppc.uiowa.edu/publications/post-enrollment-experiences-iowa-medicaid-health-home-program-adults-and-children>

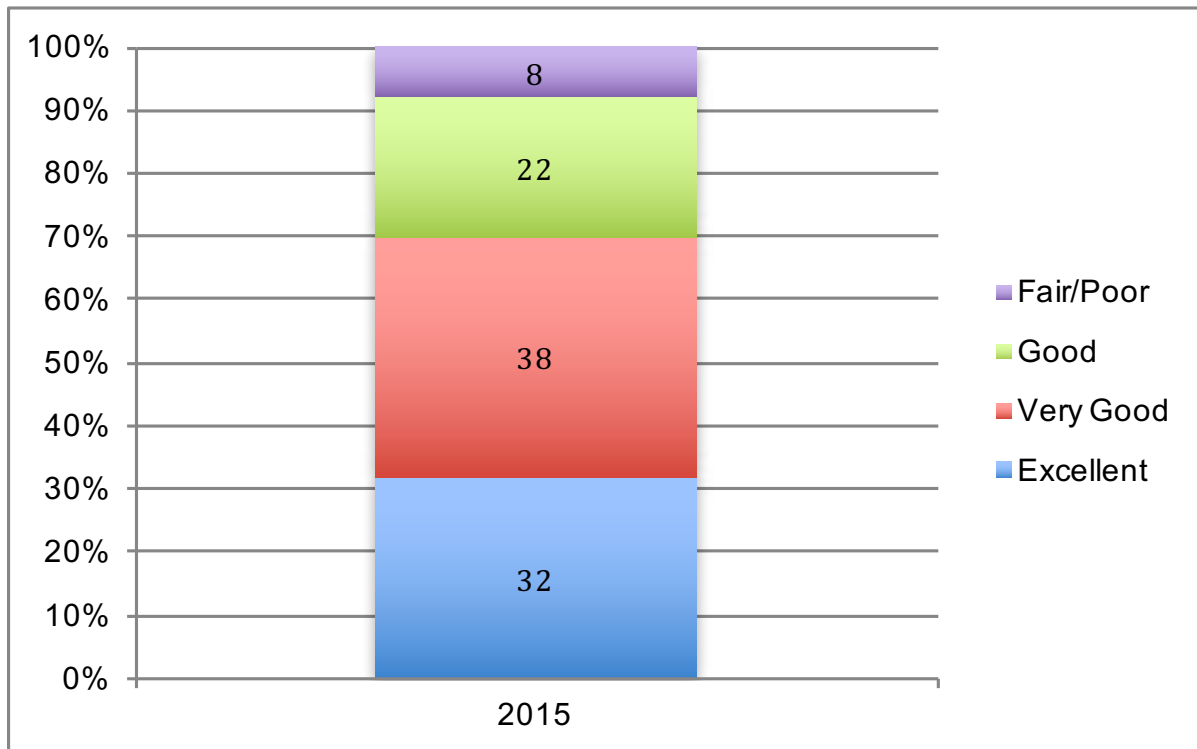
## Health Status of Children in the MHH

Several indicators of the child's health status were measured by the survey including overall physical and mental health status, chronic physical and mental health conditions, and special health care needs status.

### *Physical Health & Special Needs*

Almost one-third (32%) of MHH children in 2015 were reported to be in excellent physical health. Around 8% were reported to be in fair or poor physical health, as shown in Figure 23.

**Figure 23. Self-Reported Health Status of Child MHH Enrollees (2015)**



In 2015, 56% of children whose parent responded to the survey met the criteria for being a child with a special health care need (CSHCN). Within the CSHCN screener, there are three subdomains that address: 1) dependency on prescription medications; 2) service use above that considered usual or routine; and, 3) functional limitations. In 2015, less than half (44%) of these children met the definition for having dependency on prescription medications, 43% used more services (such as medical care, mental health services, or educational services) than considered usual for children of about the same age, and 21% screened as having significant functional limitations.

### *Chronic Physical Health Conditions*

Poor health status was also evident in the reported chronic health conditions. Sixty percent of child MHH enrollees in 2015 had at least one chronic physical health condition with 14% having had three or more. The most common chronic physical health conditions reported for child MHH enrollees in 2015 are presented in Table 8.



**Table 8. Most Commonly Reported Chronic Physical Health Conditions of Child MHH Enrollees (2015)**

Chronic Health Condition	2015 N=254
Asthma	24%
Allergies or sinus problems	24%
Vision problems	16%
Speech or language problems	12%
Overweight or obese	11%
Dental problems	11%
Frequent bladder or bowel problems	5%
Back, neck, bone, or muscle problems	4%
Failure to thrive or eating disorder	3%
Frequent ear infections	2%
Hearing impairment or deafness	2%
Diabetes	1%

Almost one-quarter of children in the MHH were reported to have asthma (24%) and allergies or sinus problems (24%). Fewer children had problems with their vision (16%). Right around 10% were reported to have speech or language problems (12%), dental problems (11%), or weight problems (11%).

In 2015, the school aged children in the MHH program averaged 4 missed school days in the six months prior to the survey because of illness or injury.

### *Overall Emotional and Behavioral Health*

The overall emotional and behavioral health of children in the MHH was assessed using the Pediatric Symptom Checklist (PSC). The PSC is a parent-completed screening questionnaire designed to identify children's emotional and behavioral problems and psychosocial functioning.<sup>2</sup> We evaluated three subscales of the PSC used to identify problems with attention, internalizing (depression/anxiety), and externalizing (behavior). In this group of children enrolled in the MHH in 2015, 22% were identified as having significant impairments because of depression and/or anxiety, 21% with significant problems with conduct/behavior, and 16% with significant impairments in attention.

### *Chronic Mental Health Conditions*

At least one chronic mental health condition was reported for 47% of the children enrolled in the MHH in 2015. The most frequently reported chronic mental health problems are presented in Table 9.

**Table 9. Most Commonly Reported Chronic Mental Health Conditions of Child MHH Enrollees (2015)**

Chronic Mental Health Condition	2015
Attention problems	30%
Behavioral or emotional problems other than depression or anxiety	26%
Anxiety	20%
A learning disability	17%
Depression	10%
Developmental delays or mental retardation	7%
Drug or alcohol related problems	1%

Almost one-third (30%) of the MHH children in 2015 were reported to have attention problems. Around 1 in 4 were reported to have behavioral/emotional problems aside from depression or anxiety (26%) and 1 in 5 children were reported to have anxiety (20%).

<sup>2</sup> Jellinek MS, Murphy JM, Robinson J, et al. The Pediatric Symptom Checklist: screening school-age children for psychosocial dysfunction. *Journal of Pediatrics*. 1988;112:201-209.

# Utilization of and Unmet Need for Care

The use of services by children enrolled in the MHH was explored with questions related to: 1) personal doctor and routine care; 2) preventive care; 3) telephone medicine; 4) dental care, 5) prescription drugs, 6) urgent care, 7) emergency department use, 8) specialty care; 9) mental health care; and 10) hospitalizations.

## *Personal Doctor*

The percentage of children in the MHH who were reported to have made at least one visit to their personal doctor was 79% in 2015. Less than half (44%) of children were reported to have made 2 or more visits to their personal doctor in the previous six months.

## *Primary Care Medical and Dental Services – Need and Unmet Need*

Figure 24 provides the level of need and unmet need for several primary care and dental care services for children in the MHH.

### 1) Routine medical care

Around three-quarters (76%) had an appointment for routine care in the six months prior to the survey (76%). An unmet need for routine care was defined as enrollees who needed care, tests or treatment in the last six months but could not get it for any reason; 6% of children in the MHH were reported to have an unmet need for routine medical care.

### 2) Preventive Care

Use of preventive services was evaluated by asking parents for information about their child's last preventive health visit, which could have included a check-up, physical exam, or vaccination shots. Almost two-thirds (65%) of these children had a preventive visit in the six months prior to the survey. Only 4% of parents of children in the MHH reported a time when their child needed preventive care, but they were unable to receive it for some reason. Less than half of parents (44%) reported that a health professional had encouraged them to take any type of preventive health steps for their children (such as watching what their child eats or using bicycle helmets or car seats).

### 3) Prescription Drugs

Almost two-thirds of children enrolled in the MHH in 2015 (64%) had a reported need for prescription medicine in the six months prior to the survey with almost all of those with a need (98%) reported to have taken a prescription medicine. Twenty (12%) of the 161 children who were reported as needing prescription medication had a time in the previous six months when their parent could not get a prescription for them for some reason.

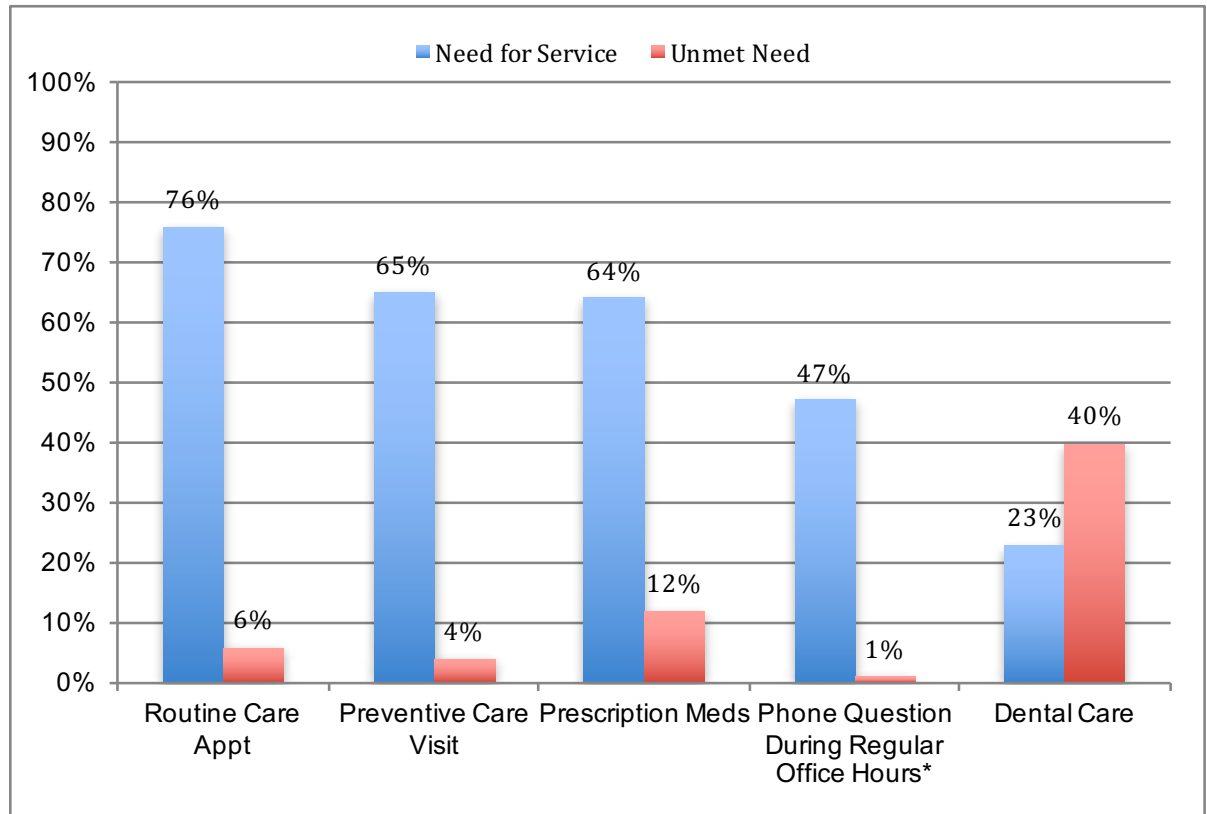
### 4) Telephone Medicine

Less than half of the parents of these child enrollees (47%) had called a doctor's office with a medical question about their child during *regular* business hours in the previous six months. A vast majority (86%) reported *usually* or *always* getting an answer to their medical question the same day of the call. Only 1 parent (< 1%) reported never getting an answer on the same day of the call.

### 5) Dental Care

Most MHH children (87%) had seen a dentist in the year prior to the survey. Over 1 in 5 (23%) parents reported that there was a time in the six months before the survey when their child needed dental care; of those who did (n=58), 40% (n=23) reported that their child had been unable to receive dental care when it was needed.

**Figure 24. Need and Unmet Need<sup>a</sup> for Primary Care Medical and Dental Services  
Child MHH Enrollees (2015)**



<sup>a</sup> Unmet need for is calculated only for those who reported a need for the particular service.

\* Unmet need is defined as never receiving a call back to answer a medical question during regular office hours.

### *After-hours, Urgent, and Emergent Medical Care*

This study explored MHH children's need for after-hours care, emergent care (usually received from a hospital emergency department), and urgent care, typically received from either an emergency department or clinic. Figure 25 provides the level of need and unmet need for these types of services for children in the MHH.

#### 1) After-Hours Care

Over one-quarter (27%) of children were reported to need care during evenings, weekends, or holidays (after-hours) within the past six months; 68% reported *usually* or *always* were able to get care for their child after-hours. Only 11% of parents of these child enrollees had called a doctor's office with a medical question about their child *after regular* business hours in the previous six months. However, of those who did (n=27), most (78%) reported *usually* or *always* getting the help they needed when calling *after regular* business hours.

#### 2) Urgent Care

A little under half of child enrollees (43%) had a need for urgent care in the six months prior to the survey. The majority (96%) of children who needed this urgent care either *usually* (10%) or *always* (86%) received it as soon as their parent thought they needed it. Unmet need for urgent care was defined as enrollees who had an illness, injury or condition that needed care right away in the last six months, but who were not able to get it for any reason. Of those who had a reported need for urgent care (n=107), relatively few (8%) were reported to have had an unmet need for urgent medical care.

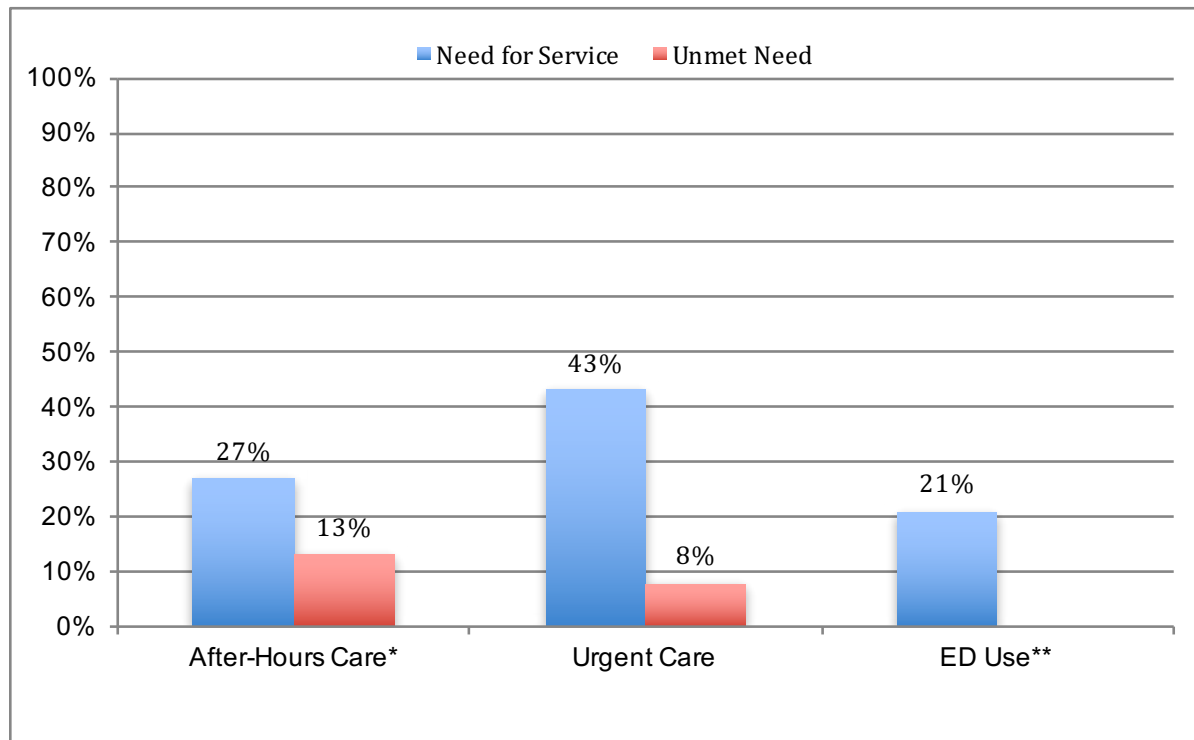
#### 3) Emergency Department (ED) Visits

In 2015, 21% of the children enrolled in the MHH were reported to have visited an ED in the previous six months. Of those children who had visited an ED at least once

during the previous six months (n=52), 56% of their parents reported that the care their child received in the ED could have been provided in a doctor's office if one had been available at the time.

There was also an item in the survey that asked (of those who went to an ED) for the main reason they did not go to a doctor's office for the care their child received. A little over half (n=28; 54%) reported that their doctor's office or clinic was not open when their child needed care and around one-third (n=16; 31%) reported that their child's health problem was too serious for the doctor's office or clinic.

**Figure 25. Need and Unmet Need<sup>a</sup> for After-Hours and Urgent Medical Care Services Child MHH Enrollees (2015)**



<sup>a</sup> Unmet need for is calculated only for those who reported a need for the particular service.

\* Unmet need is defined as never being able to get care for their child from a doctor's office during evenings, weekend, or holidays.

\*\* ED use is defined as reporting at least 1 visit to an emergency room in the previous six months. Unmet need is not applicable to ED services.

### *Specialized care*

Several areas of specialized care were explored in this survey including the use of specialists, mental health providers, and hospital care. Figure 26 provides the levels of need and unmet need for these types of specialized care.

#### 1) Specialist Providers

Over one-quarter (27%) of the children were reported to have a need for specialist care in the six months prior to the survey. The vast majority (87%) of these children (n=58/67) had seen a specialist for a particular health problem during the same time period. Unmet need for specialty care was defined as a time when specialty care was needed, but the enrollee could not receive it for any reason. Of the 67 children with a reported need for specialist care, 18% were reported to have had a time when they needed to see a specialist but could not for some reason.

#### 2) Behavioral or Emotional Health Care

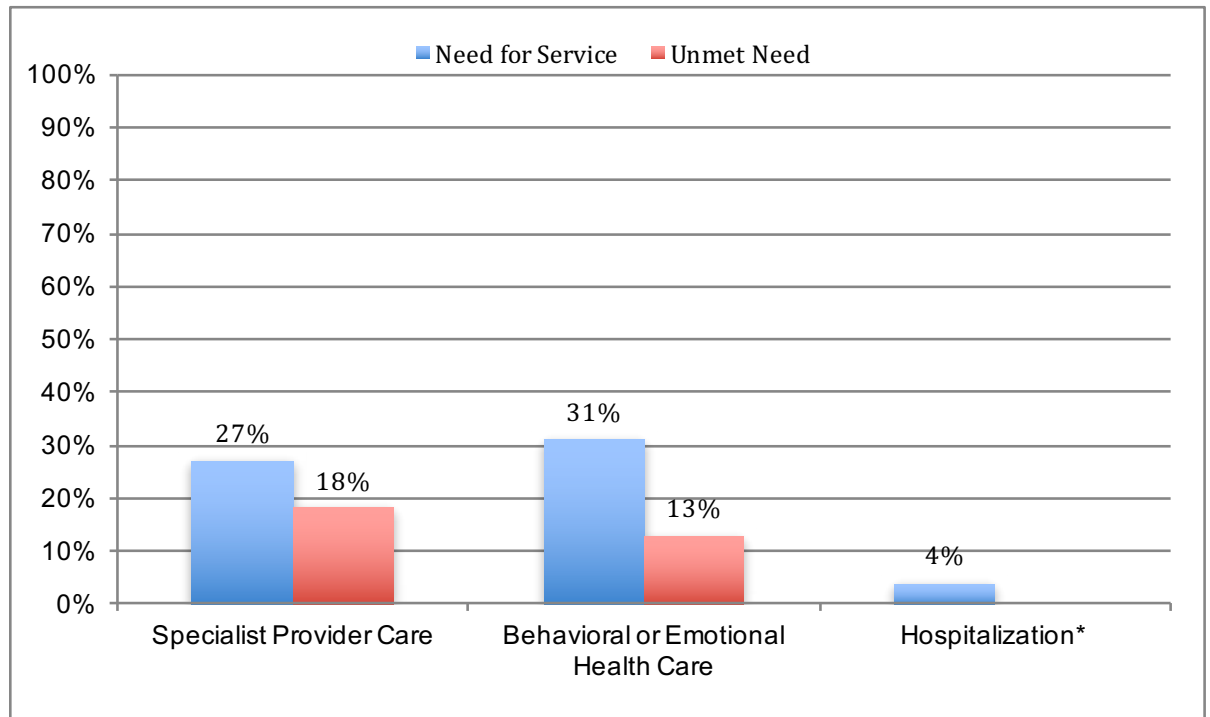
Almost one-third of MHH children (31%) had a need for care for a behavioral or emotional problem in 2015. Of those children with a need (n=78), 13% of parents

reported experiencing a time when they were unable to get this care for their child for some reason.

### 3) Hospitalizations

Few (4%; n=9) children enrolled in the MHH had spent at least one night in a hospital. Of these nine children, four (44%) were reported as needing to return to the hospital within 30 days of being discharged because they were still sick or had a problem.

**Figure 26. Need and Unmet Need<sup>a</sup> for Specialized Medical Care Services  
Child MHH Enrollees (2015)**



<sup>a</sup> Unmet need for is calculated only for those who reported a need for the particular service.

\* Hospitalization is defined as reporting that the child had at least 1 hospital stay in the previous six months. Unmet need is not applicable to hospitalization.

# Experiences with Health Home Attributes

In the 2015 survey, we assessed several domains of the medical Health Home model of health care delivery: 1) identification of a personal doctor; 2) enhanced communication with a personal doctor; 3) coordination of care; 4) timely access to care; 5) information about care; 6) comprehensiveness of care; 7) self-management support; and, 8) shared decision-making. The following provides the experiences of parents of children in the MHH with these attributes of the health home.

## *Personal Doctor*

The following questions were asked of respondents regarding the child's personal doctor: 1) if they had a doctor that they thought of as their child's personal doctor; 2) if that person was located in the office that introduced them to the Health Home program; 3) how often their child visited their personal doctor in the previous six months; and, 4) to rate the quality of their child's personal doctor.

Ninety-six percent of parents could identify a provider they considered to be their child's personal doctor or nurse. A little over half (55%) had a personal doctor that was located in the office that introduced them to the Health Home program. Four out of five children had visited their personal doctor at least once during the previous six months (79%).

Parents were asked to rate their child's personal doctor on a zero to ten scale (0 is the worst doctor possible and 10 is the best doctor possible). Over three-quarters (77%) of respondents to the 2015 survey gave their child's personal doctor a nine or ten rating.

## *Communication with a Personal Doctor*

Respondents were asked about their own experiences communicating with their child's personal doctor as well as their child's experiences interacting with his/her personal doctor. Parents of enrollees were asked how well their personal doctors communicated with them during their visits, including questions about how often their child's personal doctor: 1) explained things in a way that was easy to understand; 2) listened carefully to them; 3) gave them easy to understand information about their health questions or concerns about their child; 4) knew the important information about their child's medical history; 5) showed respect for what they had to say; 6) spent enough time with them; and, 7) gave them enough information about what they needed to do to follow up on their child's care.

Overall, parents of children enrolled in the MHH rated their experiences communicating with their child's personal doctors very highly. They reported that their child's personal doctor *usually* or *always*:

- Showed respect for what they had to say (94%)
- Listened carefully to them (95%)
- Gave them easy to understand information about health concerns they had about their child (94%)
- Explained things in a way that was easy to understand (94%)
- Knew the important information about their child's medical history (93%)
- Spent enough time with them (94%)
- Gave them enough information to be able to provide follow up care for their children (97%)

Parents were also asked how well their child's personal doctor communicated with their child. They were asked: 1) if their child was able to talk with the provider about his or her health care, 2) how often the provider explained things to the child in a way that was easy for the child to understand and, 3) how often the provider listened carefully to the child.

Again, personal doctors were rated highly regarding their skills at communicating with their child patients.

Parents reported that their child's doctor *usually* or *always*:

- Explained things clearly (92%)

- Listened carefully to their child (96%)
- Felt that their child was able to talk with the provider about their own health care (75%)

### Care Coordination

As the Health Home population consists, by design, of a population of the Medicaid members most in need of health care, care coordination can be important. As mentioned earlier, over half (56%) of the children enrolled in the program in 2015 screened as having a special health care need with 14% reported to have 3 or more chronic physical conditions. And, in the six months prior to the 2015 survey, 87% of these children who had a need to see a specialist had seen one for a particular health problem and 98% of those with a need for prescription medicine take them. Children with special health care needs are likely to access many different services in the health care delivery system, so care coordination and communication between providers and others involved in their health care becomes critically important. We asked respondents several specific questions to evaluate how well their child's health care has been coordinated. These included:

- How often their child's doctor's office followed-up with them regarding test results
- How often their child's doctor's office seemed informed and up-to-date about the care their child received from specialists
- Need for assistance with a variety of potential health services and if these needs were met
- Need for information about specific health service provisions communicated back to their child's personal doctor and if these needs were met

Of the 70 respondents who reported that their child's doctor's office ordered a blood test, x-ray, or other test for their child in the six months prior to the 2015 survey, most (90%) reported that someone from that office *usually* or *always* followed-up with them to give them the results. And, of the 53 respondents whose children received specialist care, 68% reported that their child's doctor's office *usually* or *always* seemed informed and up-to-date about the care their child received from a specialist.

Figure 27 summarizes the need for assistance with particular health care services and whether or not respondents were able to get the assistance they needed for their child. Overall, few parents report needing assistance with these particular health care services. Around 10% of parents reported needing assistance with each of the following: modifying their child's lifestyle or behaviors to be healthier (8%), understanding their Medicaid coverage (10%), making referral appointment (8%), or making regular doctor appointments (9%). In each instance, less than 5% reported that they could not get the assistance that they required.



**Figure 27. Need and Unmet Need for Specific Care Coordination Services for Children Enrolled in the MHH (2015)**

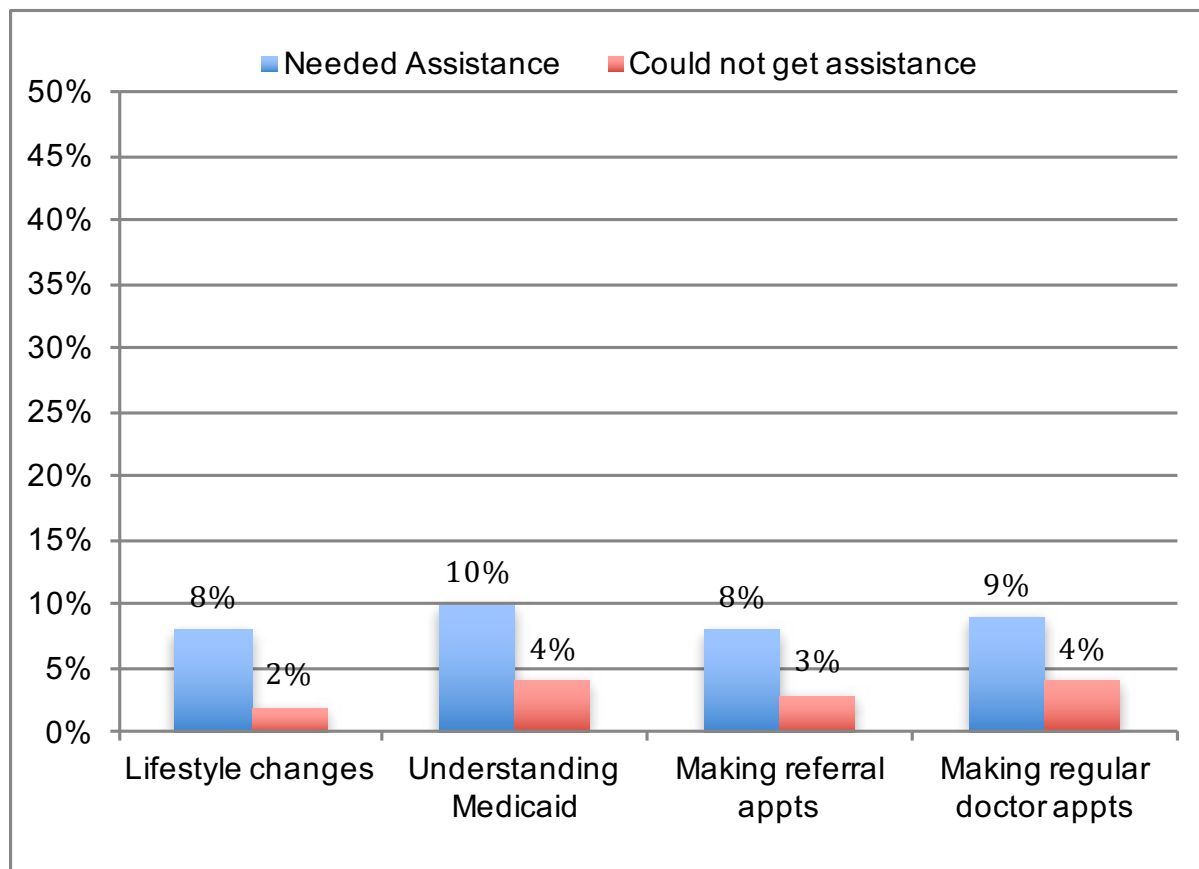
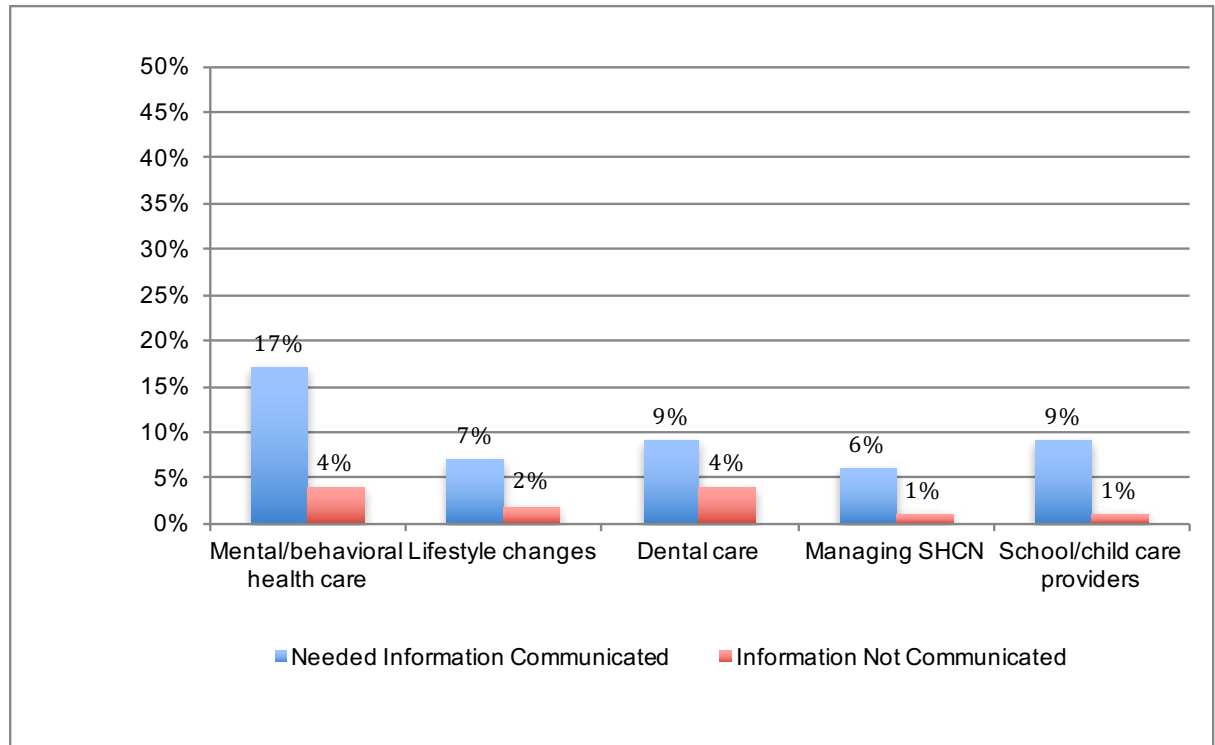


Figure 28 summarizes the need and unmet need for the communication of information between the child enrollees' personal doctors and other care providers in the community from the 2015 survey. About 17% of parents responded that they needed information about their child's mental/behavioral health care communicated back to the child's doctor but only 4% reported that need to be unmet. And, 7% reported needing information communicated back to their child's personal doctor about help they received modifying their child's lifestyle or behaviors to improve their health. About their child's dental care and school/child care providers, 9% of respondents reported needing information communicated back to their child's personal doctor while 6% of respondents reported needing information communicated about help they received managing their child's special health care need (SHCN). For each service, the majority of respondents reported that their need to have information communicated back to their child's personal doctor was satisfied.

**Figure 28. Need and Unmet Need for Communication between Providers for Children Enrolled in the MHH (2015)**



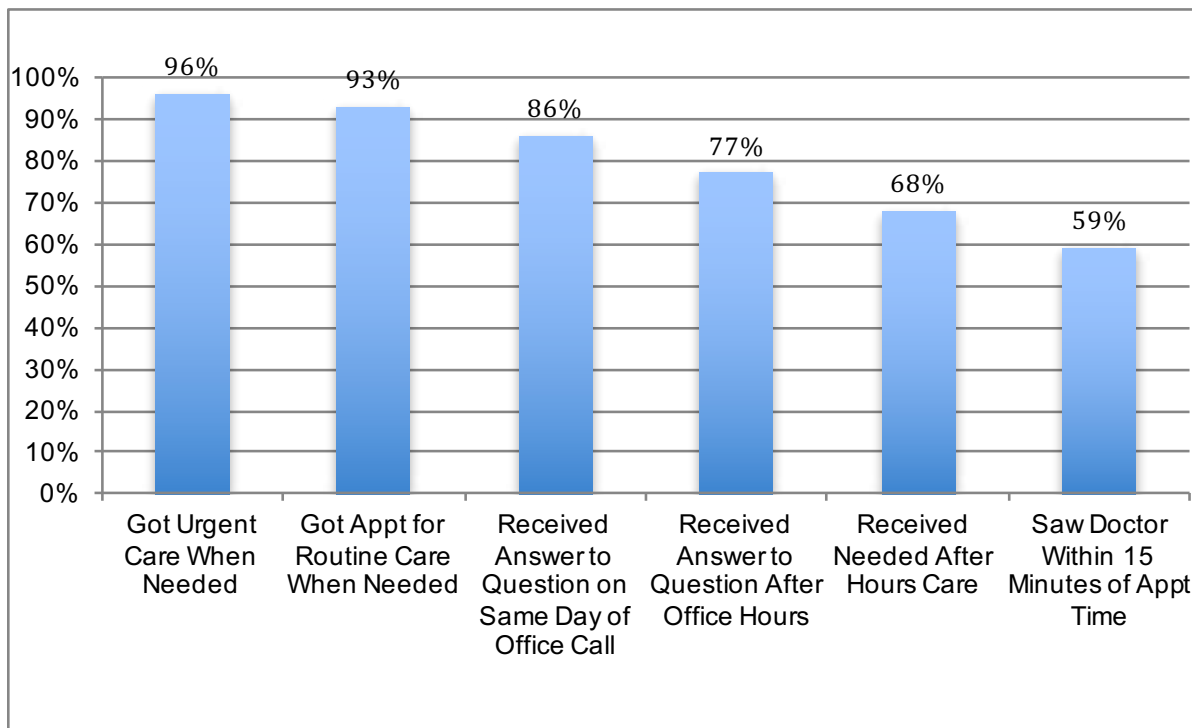
### Access to Care

Several 2015 survey items explored access to care for children enrolled in the MHH. These included assessments of the following: 1) ability to get urgent care when needed; 2) ability to get routine care; 3) same day response to regular office hour phone call; 4) response to after office hours phone call; 5) ability to see a provider within 15 minutes of their appointment; and, 6) ability to get needed care on evenings, weekends, or holidays.

As seen in Figure 29, for the children enrolled in the MHH at least six months:

- About 96% of those who needed urgent care (n=106) were reported to have *usually* or *always* obtained urgent care as soon as they needed it.
- About 93% of those who needed routine care (n=192) were reported to have *usually* or *always* obtained an appointment for routine care as soon as they needed it.
- A majority (86%) of the 117 respondents who called their child's doctor during regular office hours reported *usually* or *always* receiving an answer to a medical question about their child on the same day if they left a phone message.
- Only 27 respondents contacted their child's doctor's office after office hours with a medical question about their child. But, of those, over three-quarters (77%) reported *usually* or *always* getting an answer to their medical question as soon as they needed.
- Of the 68 respondents whose children needed care during evenings, weekends, or holidays, 68% reported *usually* or *always* being able to get the care their child needed from a doctor's office.
- With regard to office visits, 59% of children were reported as *usually* or *always* seeing their doctor within 15 minutes of their appointment time

**Figure 29. Components of Access to Care for Children Enrolled in the MHH (2015)**



### *Information about care and appointments*

A Health Home works to promote increased access to and increased quality of care by providing timely information to patients regarding their health care and appointments.

For the children enrolled in the MHH:

- About half of parents (49%) in 2015 reported that a doctor's office gave them information about what to do if their child needed care during evenings, weekends, or holidays
- Well over half (62%) of parents in 2015 reported that they received reminders about their child's care from a doctor's office between visits

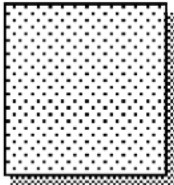
### *Self-Management Support*

Self-management support is the care and encouragement provided to parents of children with chronic conditions to help them understand their role in managing their children's illnesses, making informed decisions about their care, and engaging their children in healthy behaviors. In the 2015 survey, two items assessed respondent perceptions about whether or not a doctor's office supported them in taking care of their child's health:

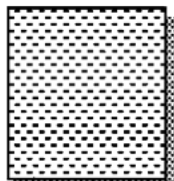
- 53% reported that someone from a doctor's office talked with them about specific goals for their child's health
- 15% reported being asked if there were things that made it hard for them to take care of their child's health



# Survey of Iowa



## Medicaid



## 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 Medicaid 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.**

Winter 2016

First Mailing

1. Our records show that you are a member of the Medicaid Health Home Program. Is that right?

- 1 ☐ Yes  
2 ☐ No  
3 ☐ Don't Know/Unsure

2. How many months or years in a row have you been in Medicaid?

- 1 ☐ Less than 6 months  
2 ☐ At least 6 months but less than 1 year  
3 ☐ At least 1 year but less than 3 years  
4 ☐ 3 years or more

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### YOUR HEALTH CARE IN THE LAST 6 MONTHS

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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.

3. 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 6

4. 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

5. 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

6. 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 8

7. 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

8. 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

9. 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

10. In the last 6 months, did you need care for yourself during evenings, weekends, or holidays?

- 1 ☐ Yes  
2 ☐ No → If No, go to Question 12

**11. In the last 6 months, how often were you able to get the care you needed from a doctor's office during evenings, weekends, or holidays?**

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

**12. 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 14

**13. 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

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

- ☐ 1 Yes
- ☐ 2 No → If No, go to Question 16

**15. In the last 6 months, when you contacted a doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?**

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

**16. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from a doctor's office between visits?**

- ☐ 1 Yes
- ☐ 2 No

**17. 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 → Go to Question 26
- ☐ 1 1 time
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 5 to 9
- ☐ 6 10 or more times

**18. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see a doctor within 15 minutes of your appointment time?**

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

**19. 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

**20. 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?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**21. In the last 6 months, did anyone in a doctor's office ask you if there was a period of time when you felt sad, empty, or depressed?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**22. In the last 6 months, did you and anyone in a doctor's office talk about things in your life that worry you or cause you stress?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**23. In the last 6 months, did you and anyone in a doctor's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**24. In the last 6 months, did anyone in a doctor's office order a blood test, x-ray, or other test for you?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, go to Question 26

**25. 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?**

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

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### **YOUR PERSONAL DOCTOR**

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**26. 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?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, go to Question 38

**27. Is your personal doctor located in the office that introduced you to the Medicaid Health Home program?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>3</sup> ☐ Don't Know/Unsure

**28. How long have you been going to your personal doctor's office?**

<sup>1</sup> ☐ Less than 6 months

<sup>2</sup> ☐ At least 6 months but less than 1 year

<sup>3</sup> ☐ At least 1 year but less than 3 years

<sup>4</sup> ☐ At least 3 years but less than 5 years

<sup>5</sup> ☐ 5 years or more



**29. In the last 6 months, how many times did you visit your personal doctor to get health care for yourself?**

- <sup>0</sup>☐ None → **Go to Question 37**  
<sup>1</sup>☐ 1 time  
<sup>2</sup>☐ 2  
<sup>3</sup>☐ 3  
<sup>4</sup>☐ 4  
<sup>5</sup>☐ 5 to 9  
<sup>6</sup>☐ 10 or more times

**30. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?**

- <sup>1</sup>☐ Never  
<sup>2</sup>☐ Sometimes  
<sup>3</sup>☐ Usually  
<sup>4</sup>☐ Always

**31. In the last 6 months, how often did your personal doctor listen carefully to you?**

- <sup>1</sup>☐ Never  
<sup>2</sup>☐ Sometimes  
<sup>3</sup>☐ Usually  
<sup>4</sup>☐ Always

**32. In the last 6 months, did you talk with your personal doctor about any health questions or concerns?**

- <sup>1</sup>☐ Yes  
<sup>2</sup>☐ No → **If No, go to Question 34**

**33. In the last 6 months, how often did your personal doctor give you easy to understand information about these health questions or concerns?**

- <sup>1</sup>☐ Never  
<sup>2</sup>☐ Sometimes  
<sup>3</sup>☐ Usually  
<sup>4</sup>☐ Always

**34. In the last 6 months, how often did your personal doctor seem to know the important information about your medical history?**

- <sup>1</sup>☐ Never  
<sup>2</sup>☐ Sometimes  
<sup>3</sup>☐ Usually  
<sup>4</sup>☐ Always

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

- <sup>1</sup>☐ Never  
<sup>2</sup>☐ Sometimes  
<sup>3</sup>☐ Usually  
<sup>4</sup>☐ Always

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

- <sup>1</sup>☐ Never  
<sup>2</sup>☐ Sometimes  
<sup>3</sup>☐ Usually  
<sup>4</sup>☐ Always

37. Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best 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

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38. 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

39. 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

---

### EMERGENCY ROOM CARE

---

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

0 ☐ 0 times → Go to Question 43  
1 ☐ 1 time  
2 ☐ 2  
3 ☐ 3  
4 ☐ 4  
5 ☐ 5 to 9  
6 ☐ 10 or more times

41. 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

42. What was the main reason you did not go to a doctor's office for the care you received at your most recent visit to the ER? Choose only one answer.

1 ☐ I did not have a doctor or clinic to go to  
2 ☐ My insurance plan would not cover the care if I went to a doctor's office  
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 not open when I needed care  
5 ☐ My doctor's office or clinic was open, but I could not get an appointment  
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 (describe): \_\_\_\_\_

---

## GETTING HEALTH CARE FROM SPECIALISTS

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When you answer the next questions about specialist care, 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.

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

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, go to Question 49

44. In the last 6 months, did you make any appointments to see a specialist?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, go to Question 48

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

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

46. How many specialists have you seen in the last 6 months?

- <sup>1</sup> ☐ 1 specialist  
<sup>2</sup> ☐ 2  
<sup>3</sup> ☐ 3  
<sup>4</sup> ☐ 4  
<sup>5</sup> ☐ 5 or more specialists

47. 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?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

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

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

---

## HOSPITAL CARE

---

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

- <sup>0</sup> ☐ 0 nights → Go to Question 51  
<sup>1</sup> ☐ 1 night  
<sup>2</sup> ☐ 2 nights  
<sup>3</sup> ☐ 3 nights  
<sup>4</sup> ☐ 4 or more nights

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

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

---

## MENTAL OR EMOTIONAL HEALTH CARE

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51. In the last 6 months, did you or a health care provider believe you needed any treatment or counseling for a mental or emotional health problem?
- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, go to Question 54
52. In the last 6 months, did you get any treatment or counseling for a mental or emotional health problem?
- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No
53. 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?
- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

---

## PRESCRIPTION MEDICINE

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54. During the last 6 months, was there any time when you or a health professional thought you needed prescription medicine for any reason?
- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, go to Question 57
55. In the last 6 months, did you take any prescription medicine? Do not include birth control.
- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

56. In the last 6 months, was there any time when you needed prescription medicine but could not get it for any reason?
- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No
57. In the last 6 months, did you and a doctor or other health care provider talk about starting or stopping a prescription medicine?
- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, go to Question 61
58. When you talked about starting or stopping a prescription medicine, how much did the doctor or other health care provider talk about the reasons you might want to take a medicine?
- <sup>1</sup> ☐ Not at all  
<sup>2</sup> ☐ A little  
<sup>3</sup> ☐ Some  
<sup>4</sup> ☐ A lot
59. When you talked about starting or stopping a prescription medicine, how much did the doctor or other health care provider talk about the reasons you might not want to take a medicine?
- <sup>1</sup> ☐ Not at all  
<sup>2</sup> ☐ A little  
<sup>3</sup> ☐ Some  
<sup>4</sup> ☐ A lot
60. When you talked about starting or stopping a prescription medicine, did the doctor or other health care provider ask you what you thought was best for you?
- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

---

## DENTAL CARE

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**61. When was your last dental check-up?**

- <sup>1</sup> ☐ Within the last year
- <sup>2</sup> ☐ Between 1 and 2 years ago
- <sup>3</sup> ☐ More than 2 years ago
- <sup>4</sup> ☐ I've never been to a dentist

**62. During the last 6 months, was there any time when you or a health professional thought you needed dental care for any reason?**

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No → If No, go to Question 64

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

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No

---

## COORDINATING YOUR CARE

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**64. In the last 6 months, was there any time when you needed assistance coordinating any of the following services for any reason?**  
(Check all that apply)

- <sup>1</sup> ☐ Making regular doctor appointments
- <sup>2</sup> ☐ Making appointments after being referred by your doctor
- <sup>3</sup> ☐ Understanding your Medicaid coverage
- <sup>4</sup> ☐ Help with your transition home from the hospital
- <sup>5</sup> ☐ Modifying your lifestyle or behaviors to be healthier
- <sup>6</sup> ☐ Other (write in) \_\_\_\_\_

**65. In the last 6 months, was there any time when you needed assistance coordinating any of the following services but could not get it for any reason?** (Check all that apply)

- <sup>1</sup> ☐ Making regular doctor appointments
- <sup>2</sup> ☐ Making appointments after being referred by your doctor
- <sup>3</sup> ☐ Understanding your Medicaid coverage
- <sup>4</sup> ☐ Help with your transition home from the hospital
- <sup>5</sup> ☐ Modifying your lifestyle or behaviors to be healthier
- <sup>6</sup> ☐ Other (write in) \_\_\_\_\_

---

## COMMUNICATING BACK TO YOUR DOCTOR

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The next two questions ask about the communications that might have occurred between your personal doctor and other care you received in the community.

**66. In the last 6 months, was there any time (for any reason) when you needed information about any of the following services communicated back to your personal doctor?**  
(Check all that apply)

- <sup>1</sup> ☐ Mental/behavioral health care
- <sup>2</sup> ☐ Dental care
- <sup>3</sup> ☐ Nursing home care
- <sup>4</sup> ☐ Help with managing your chronic health problem
- <sup>5</sup> ☐ Drug/alcohol use help
- <sup>6</sup> ☐ Help with your transition home from the hospital
- <sup>7</sup> ☐ Help with modifying your lifestyle or behaviors to be healthier

**67. In the last 6 months, was there any time when you received any of the following services but this information was not communicated back to your personal doctor?**  
(Check all that apply)

- ☐ 1 Mental/behavioral health care
- ☐ 2 Dental care
- ☐ 3 Nursing home care
- ☐ 4 Help with managing your chronic health problem
- ☐ 5 Drug/alcohol use help
- ☐ 6 Help with your transition home from the hospital
- ☐ 7 Help with modifying your lifestyle or behaviors to be healthier

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### YOUR HEALTH

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**68. In general, how would you rate your overall physical health?**

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

**69. In general, how would you rate your overall mental or emotional health?**

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

**70. 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

**71. 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

**72. 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

**73. 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 health problems that can last a long time.

**74. 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)**

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

**75. 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)**

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

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**ABOUT YOU**

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

- <sup>1</sup> ☐ Never
- <sup>2</sup> ☐ Rarely
- <sup>3</sup> ☐ Sometimes
- <sup>4</sup> ☐ Often
- <sup>5</sup> ☐ Always

**77. What is your age?**

- <sup>1</sup> ☐ 18 to 24
- <sup>2</sup> ☐ 25 to 34
- <sup>3</sup> ☐ 35 to 44
- <sup>4</sup> ☐ 45 to 54
- <sup>5</sup> ☐ 55 to 64
- <sup>6</sup> ☐ 65 to 74
- <sup>7</sup> ☐ 75 or older



**78. Are you male or female?**

- 1 ☐ Male  
2 ☐ Female

**79. 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

**80. Are you of Hispanic or Latino origin or descent? (Optional)**

- 1 ☐ Yes, Hispanic or Latino  
2 ☐ No, not Hispanic or Latino

**81. What is your race? Mark one or more. (Optional)**

- 1 ☐ White
- 2 ☐ Black or African American
- 3 ☐ Asian
- 4 ☐ Native Hawaiian or other Pacific Islander
- 5 ☐ American Indian or Alaska Native
- 6 ☐ Other (write in) \_\_\_\_\_

**82. Did someone help you complete this survey?**

- 1 ☐ Yes
- 2 ☐ No → **Go to Comments on the next page.**

**83. 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 the Medicaid Health Home program.

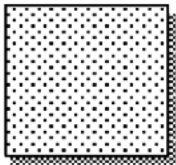
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# THANK YOU!

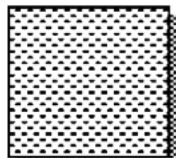
**Please return the completed survey in the postage-paid envelope.**



# Survey of Iowa



## Medicaid



## Enrollees

This survey asks you about your experiences with your child's health care through Medicaid. This information will give policymakers an idea of how well Medicaid is meeting your child's needs and how things can be improved.

**Please fill out this survey thinking about the Medicaid experiences of the child named on the cover letter.**

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.**

Winter 2016

First Mailing

Please answer the questions for the child listed on the cover letter. Please do not answer for any other children.

---

1. Our records show that your child is a member of the Medicaid Health Home Program. Is that right?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No  
<sup>3</sup> ☐ Don't Know/Unsure

2. How many months or years in a row has your child been in Medicaid?

- <sup>1</sup> ☐ Less than 6 months  
<sup>2</sup> ☐ At least 6 months but less than 1 year  
<sup>3</sup> ☐ At least 1 year but less than 3  
<sup>4</sup> ☐ 3 years or more

---

### YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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The first series of questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

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

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, go to Question 6

4. In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as he or she needed?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

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

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

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

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, go to Question 8

7. In the last 6 months, when your child needed an appointment for a check-up or routine care, how often did your child get the care as soon as your child needed?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

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

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

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

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

10. In the last 6 months, did your child need care during evenings, weekends, or holidays?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, go to Question 12

11. In the last 6 months, how often were you able to get the care your child needed from a doctor's office during evenings, weekends, or holidays?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

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

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, go to Question 14

13. 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?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

14. In the last 6 months, did you contact a doctor's office with a medical question about your child after regular office hours?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, go to Question 16

15. In the last 6 months, when you contacted a doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

16. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders about your child's care from a doctor's office between visits?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

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

<sup>0</sup> ☐ 0 times → Go to Question 23

<sup>1</sup> ☐ 1 time

<sup>2</sup> ☐ 2

<sup>3</sup> ☐ 3

<sup>4</sup> ☐ 4

<sup>5</sup> ☐ 5 to 9

<sup>6</sup> ☐ 10 or more times

**18. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see a doctor within 15 minutes of your appointment time?**

- ☐ <sup>1</sup> Never
- ☐ <sup>2</sup> Sometimes
- ☐ <sup>3</sup> Usually
- ☐ <sup>4</sup> Always

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

- ☐ <sup>1</sup> Yes
- ☐ <sup>2</sup> No

**20. 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 child's health?**

- ☐ <sup>1</sup> Yes
- ☐ <sup>2</sup> No

**21. In the last 6 months, did anyone in a doctor's office order a blood test, x-ray, or other test for your child?**

- ☐ <sup>1</sup> Yes
- ☐ <sup>2</sup> No → If No, go to Question 23

**22. In the last 6 months, when that doctor's office ordered a blood test, x-ray, or other test for your child, how often did someone from that doctor's office follow up to give you those results?**

- ☐ <sup>1</sup> Never
- ☐ <sup>2</sup> Sometimes
- ☐ <sup>3</sup> Usually
- ☐ <sup>4</sup> Always

---

## YOUR CHILD'S PERSONAL DOCTOR

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**23. A personal doctor is the one your child would see if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?**

- ☐ <sup>1</sup> Yes
- ☐ <sup>2</sup> No → If No, go to Question 42

**24. Is your child's personal doctor located in the office that introduced you to the Medicaid Health Home program?**

- ☐ <sup>1</sup> Yes
- ☐ <sup>2</sup> No
- ☐ <sup>3</sup> Don't Know/Unsure

**25. How long has your child been going to his or her personal doctor's office?**

- ☐ <sup>1</sup> Less than 6 months
- ☐ <sup>2</sup> At least 6 months but less than 1 year
- ☐ <sup>3</sup> At least 1 year but less than 3
- ☐ <sup>4</sup> At least 3 years but less than 5
- ☐ <sup>5</sup> 5 years or more

**26. In the last 6 months, how many times did your child visit his/her personal doctor for care?**

- ☐ <sup>0</sup> 0 times → Go to Question 41
- ☐ <sup>1</sup> 1 time
- ☐ <sup>2</sup> 2
- ☐ <sup>3</sup> 3
- ☐ <sup>4</sup> 4
- ☐ <sup>5</sup> 5 to 9
- ☐ <sup>6</sup> 10 or more times

**27. In the last 6 months, did you ever stay in the exam room with your child during a visit to this doctor?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, go to Question 31

**28. Is your child able to talk with doctors about his or her health care?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, go to Question 32

**29. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?**

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

**30. In the last 6 months, how often did your child's personal doctor listen carefully to your child?**

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

**31. Did this doctor give you enough information about what was discussed during the visit when you were not in the exam room with your child?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>3</sup> ☐ I never left the exam room

**32. Did your child's personal doctor tell you that you needed to do anything to follow up on the care your child got during the visit?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, go to Question 34

**33. Did your child's personal doctor give you enough information about what you needed to do to follow up on your child's care?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**34. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?**

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

**35. In the last 6 months, how often did your child's personal doctor listen carefully to you?**

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

**36. In the last 6 months, did you talk with your child's personal doctor about any questions or concerns you had about your child's health?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, go to Question 38

**37. In the last 6 months, how often did your child's personal doctor give you easy to understand information about these health questions or concerns?**

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

**38. In the last 6 months, how often did your child's personal doctor seem to know the important information about your child's medical history?**

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

**39. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?**

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

**40. In the last 6 months, how often did your child's personal doctor spend enough time with your child?**

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

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

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

---

### PREVENTIVE CARE

---

**42. In the last 6 months, did your child get any preventive care, such as a check-up, physical exam, or vaccination shots from a provider's office?**

- ☐ 1 Yes
- ☐ 2 No

**43. In the last 6 months, was there any time when your child needed preventive care but could not get it for any reason?**

- ☐ 1 Yes
- ☐ 2 No

**44. In the last 6 months, has a health professional encouraged you to take any type of preventive health steps for your child such as watching what your child eats or using bicycle helmets or car seats?**

- ☐ 1 Yes
- ☐ 2 No

---

## EMERGENCY ROOM CARE

---

**45. In the last 6 months, how many times did your child go to an emergency room (ER) for care?**

- ☐ 0 times → **Go to Question 48**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

**46. Do you think the care your child received at his/her most recent visit to the ER could have been provided in a doctor's office?**

- ☐ Yes
- ☐ No

**47. What was the main reason you did not go to a doctor's office for the care your child received at his/her most recent visit to the ER? Choose only one answer.**

- ☐ I did not have a doctor or clinic to go to
- ☐ My insurance plan would not cover the care if I went to a doctor's office
- ☐ My doctor, nurse, or other health care provider told me to go to an ER for my child's care
- ☐ My doctor's office or clinic was not open when my child needed care
- ☐ My doctor's office or clinic was open, but I could not get an appointment for my child
- ☐ I had transportation problems getting my child to a doctor's office or clinic
- ☐ My child's health problem was too serious for the doctor's office or clinic
- ☐ Other (describe): \_\_\_\_\_

---

## GETTING HEALTH CARE FROM SPECIALISTS

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**When you answer the next questions about specialist care, do not include dental visits or care your child got during a hospital stay.**

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

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

- ☐ Yes
- ☐ No → **If No, go to Question 54**

**49. In the last 6 months, did you make any appointments for your child to see a specialist?**

- ☐ Yes
- ☐ No → **If No, go to Question 53**

**50. In the last 6 months, how often did you get appointments for your child to see a specialist as soon as he or she needed?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

**51. How many specialists has your child seen in the last 6 months?**

- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists



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

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

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

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

---

### HOSPITAL STAYS

---

54. In the past 6 months, how many nights did your child spend in the hospital?

- <sup>0</sup> ☐ 0 nights → Go to Question 56  
<sup>1</sup> ☐ 1 night  
<sup>2</sup> ☐ 2 nights  
<sup>3</sup> ☐ 3 nights  
<sup>4</sup> ☐ 4 or more nights

55. In the last 6 months, did your child ever have to go back into the hospital within 30 days after being allowed to go home because he/she was still sick or still had a problem?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

---

### BEHAVIORAL OR EMOTIONAL HEALTH CARE

---

56. During the last 6 months, was there any time when you or a health professional thought your child needed care for behavioral or emotional problems?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → Go to Question 58

57. In the last 6 months, was there any time when your child needed care for behavioral or emotional problems but could not get it for any reason?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

---

### PRESCRIPTION MEDICINE

---

58. During the last 6 months, was there any time when you or a health professional thought your child needed prescription medicine for any reason?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → Go to Question 61

59. In the last 6 months, did your child take any prescription medicine?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

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

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

61. In the last 6 months, did you and anyone in a provider's office talk at each visit about all the prescription medicines your child was taking?

- <sup>1</sup>☐ Yes  
<sup>2</sup>☐ No

---

### DENTAL CARE

---

62. When was your child's last dental check-up?

- <sup>1</sup>☐ Within the last year  
<sup>2</sup>☐ Between 1 and 2 years ago  
<sup>3</sup>☐ More than 2 years ago  
<sup>4</sup>☐ My child has never been to a dentist

63. During the last 6 months, was there any time when you or a health professional thought your child needed dental care for any reason?

- <sup>1</sup>☐ Yes  
<sup>2</sup>☐ No → Go to Question 65

64. In the last 6 months, was there any time when your child needed dental care but could not get it for any reason?

- <sup>1</sup>☐ Yes  
<sup>2</sup>☐ No

---

### COORDINATING YOUR CHILD'S CARE

---

The next two questions ask about assistance you may have needed coordinating your child's care.

65. In the last 6 months, was there any time when you needed assistance coordinating any of the following services for your child for any reason? (*Check all that apply*)

- <sup>1</sup>☐ Making regular doctor appointments  
<sup>2</sup>☐ Making appointments after being referred by your child's doctor  
<sup>3</sup>☐ Understanding your child's Medicaid coverage  
<sup>4</sup>☐ Help with your child's transition home from the hospital  
<sup>5</sup>☐ Modifying your child's lifestyle or behaviors to be healthier  
<sup>6</sup>☐ Other:  
(write in) \_\_\_\_\_

66. In the last 6 months, was there any time when you needed assistance coordinating any of the following services for your child but could not get it for any reason? (*Check all that apply*)

- <sup>1</sup>☐ Making regular doctor appointments  
<sup>2</sup>☐ Making appointments after being referred by your child's doctor  
<sup>3</sup>☐ Understanding your child's Medicaid coverage  
<sup>4</sup>☐ Help with your child's transition home from the hospital  
<sup>5</sup>☐ Modifying your child's lifestyle or behaviors to be healthier  
<sup>6</sup>☐ Other:  
(write in) \_\_\_\_\_

---

## COMMUNICATING BACK TO YOUR CHILD'S DOCTOR

---

The next two questions ask about the communications that might have occurred between your child's personal doctor and other care you received in the community.

**67. In the last 6 months, was there any time (for any reason) when you needed information about any of the following services communicated back to your child's doctor?**

*(Check all that apply)*

- ☐ 1 Mental/behavioral health care
- ☐ 2 Dental care
- ☐ 3 School/child care providers
- ☐ 4 Help with managing your child's special health care need
- ☐ 5 Drug/alcohol use help for a family member
- ☐ 6 Help with your child's transition home from the hospital
- ☐ 7 Help with modifying your child's lifestyle or behaviors to be healthier

**68. In the last 6 months, was there any time when you received any of the following services but this information was not communicated back to your child's doctor? *(Check all that apply)***

- ☐ 1 Mental/behavioral health care
- ☐ 2 Dental care
- ☐ 3 School/child care providers
- ☐ 4 Help with managing your child's special health care need
- ☐ 5 Drug/alcohol use help for a family member
- ☐ 6 Help with your child's transition home from the hospital
- ☐ 7 Help with modifying your child's lifestyle or behaviors to be healthier

---

## YOUR CHILD'S HEALTH

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The next series of questions ask about your child's health. Please answer the questions the best you can even if some questions may not seem quite right if your child is very young.

Please answer the questions for the child listed on the cover letter.

**69. In general, how would you rate your child's overall physical health now?**

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

**70. In general, how would you rate your child's overall behavioral or emotional health?**

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

**71. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?**

- ☐ 1 Yes
- ☐ 2 No → **Go to Question 72**

**71a. Is this because of any medical, behavioral, or other health condition?**

- ☐ 1 Yes
- ☐ 2 No → **Go to Question 72**

**71b. Is this a condition that has lasted or is expected to last for at least 12 months?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**72. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → Go to Question 73

**72a. Is this because of any medical, behavioral, or other health condition?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → Go to Question 73

**72b. Is this a condition that has lasted or is expected to last for at least 12 months?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**73. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → Go to Question 74

**73a. Is this because of any medical, behavioral, or other health condition?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → Go to Question 74

**73b. Is this a condition that has lasted or is expected to last for at least 12 months?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**74. Does your child need or get special therapy, such as physical, occupational, or speech therapy?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → Go to Question 75

**74a. Is this because of any medical, behavioral, or other health condition?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → Go to Question 75

**74b. Is this a condition that has lasted or is expected to last for at least 12 months?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**75. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → Go to Question 76

**75a. Has this problem lasted or is it expected to last for at least 12 months?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**76. In the last 6 months, about how many days did your child miss school (K-12) because of illness or injury?**

\_\_\_\_\_ days

<sup>999</sup>☐ My child is not in school

**The following is a list of health problems that can last a long time in children.**

**77. Does your child now have any of the following conditions that have lasted for at least 3 months? (Please check all that apply)**

- <sup>01</sup>☐ Anxiety
- <sup>02</sup>☐ Asthma
- <sup>03</sup>☐ Attention problems
- <sup>04</sup>☐ Autism spectrum disorder
- <sup>05</sup>☐ Behavioral or emotional problems other than depression or anxiety
- <sup>06</sup>☐ Chronic allergies or sinus problems
- <sup>07</sup>☐ Chronic back, neck, bone or muscle problems
- <sup>08</sup>☐ Dental problems
- <sup>09</sup>☐ Depression
- <sup>10</sup>☐ Developmental delays or mental retardation
- <sup>11</sup>☐ Diabetes
- <sup>12</sup>☐ Drug or alcohol related problems
- <sup>13</sup>☐ Failure to thrive or eating disorder
- <sup>14</sup>☐ Frequent bladder/bowel problems
- <sup>15</sup>☐ Frequent ear infections
- <sup>16</sup>☐ Hearing impairment or deafness
- <sup>17</sup>☐ A learning disability
- <sup>18</sup>☐ Overweight/Obese
- <sup>19</sup>☐ Speech or language problems
- <sup>20</sup>☐ Vision problems
- <sup>21</sup>☐ Any other chronic condition

\_\_\_\_\_ (write in)

<sup>999</sup>☐ My child has no conditions that have lasted 3 months. → **Go to Question 80**

**78. In the last 6 months, has your child seen a doctor or other health professional more than twice for any of the conditions from Question 77?**

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No

**79. Has your child been taking prescription medicine for at least 3 months for any of the conditions from Question 77?**

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No

**If your child (from the cover letter) is younger than age 4, go to Question 81**

**80a. In the past 6 months, how often has your child felt sad or unhappy?**

<sup>0</sup>☐ Never

<sup>1</sup>☐ Sometimes

<sup>2</sup>☐ Often

**80b. In the past 6 months, how often has your child felt hopeless?**

<sup>0</sup>☐ Never

<sup>1</sup>☐ Sometimes

<sup>2</sup>☐ Often

**80c. In the past 6 months, how often has your child been down on him/herself?**

<sup>0</sup>☐ Never

<sup>1</sup>☐ Sometimes

<sup>2</sup>☐ Often

**80d. In the past 6 months, how often has your child worried a lot?**

<sup>0</sup>☐ Never

<sup>1</sup>☐ Sometimes

<sup>2</sup>☐ Often

**80e.**In the past 6 months, how often has your child seemed to be having less fun?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80f.**In the past 6 months, how often has your child been fidgety or unable to sit still?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80g.**In the past 6 months, how often has your child daydreamed too much?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80h.**In the past 6 months, how often has your child been easily distracted?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80i.**In the past 6 months, how often has your child had trouble concentrating?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80j.**In the past 6 months, how often has your child acted as if driven by a motor?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80k.**In the past 6 months, how often has your child fought with other children?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80l.** In the past 6 months, how often has your child not listened to rules?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80m.**In the past 6 months, how often has your child not understood other people's feelings?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80n.**In the past 6 months, how often has your child teased others?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80o.**In the past 6 months, how often has your child blamed others for his/her troubles?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80p.**In the past 6 months, how often has your child refused to share?

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

**80q. In the past 6 months, how often has your child taken things that did not belong to him/her?**

- <sup>0</sup>☐ Never  
<sup>1</sup>☐ Sometimes  
<sup>2</sup>☐ Often

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**ABOUT YOUR CHILD LISTED ON THE COVER LETTER**

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**81. What is your child's age now?  
(Child listed on cover letter)**

\_\_\_\_\_ YEARS OLD (*Write in*)

<sup>999</sup>☐ Less than 1 year old

**82. Is your child male or female?**

- <sup>1</sup>☐ Male  
<sup>2</sup>☐ Female

**83. Is your child of Hispanic or Latino origin or descent? (Optional)**

- <sup>1</sup>☐ Yes, Hispanic or Latino  
<sup>2</sup>☐ No, not Hispanic or Latino

**84. What is your child's race? Mark one or more. (Optional)**

- <sup>1</sup>☐ White  
<sup>2</sup>☐ Black or African American  
<sup>3</sup>☐ Asian  
<sup>4</sup>☐ Native Hawaiian or Other Pacific Islander  
<sup>5</sup>☐ American Indian or Alaska Native  
<sup>6</sup>☐ Other (write in ) \_\_\_\_\_

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**ABOUT YOU**

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The following questions apply to the person filling out this survey.

**85. Are you one of this child's main caregivers?**

- <sup>1</sup>☐ Yes  
<sup>2</sup>☐ No

**86. How are you related to the child referred to in this survey?**

- <sup>1</sup>☐ I am the child's parent or stepparent  
<sup>2</sup>☐ I am the child's grandparent  
<sup>3</sup>☐ I am another relative of the child (e.g., aunt, uncle)  
<sup>4</sup>☐ I am the child's legal guardian but am not related to the child  
<sup>5</sup>☐ Other (*write in*) \_\_\_\_\_

**87. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your child's provider?**

- <sup>1</sup>☐ Never  
<sup>2</sup>☐ Rarely  
<sup>3</sup>☐ Sometimes  
<sup>4</sup>☐ Often  
<sup>5</sup>☐ Always

**THANK YOU!**

**Please write any comments you might have about Medicaid on the back of this questionnaire then return it in the enclosed postage-paid envelope.**

**Comments:** Please tell us if there is anything else you like or dislike about the Medicaid Health Home Program.

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**THANK YOU!**

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



### Appendix B

#### **Respondent Comments: Adult Enrollee Perspectives about the Iowa Medicaid Health Home Program**

*The survey provided a space for respondents to give feedback about the Medicaid Health Home Program in his/her own words. The responses were compiled and assigned to a category based on the content of the comment. Some responses contained statements that fit multiple categories and in those cases, the comment was split apart and assigned to the appropriate categories. Comments that contained no information, such as: "No Comment" or "No" were removed. The categories below are presented in an order based on the number of comments in the respective categories.*

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Part 1. Positive Comments About Medicaid
It worked very well for me. Thanks.
I am a S.S./disability recipient as is my wife. My benefit check is \$746.00 each month and Medicare supplemental part B and Part D copays are, primary care provider visit \$10, specialist \$45, E.R. visit \$75. AARP United Health Care Medicare complete plan 2 (HMO). My Medicare helps with paying the copays and prescription costs I can't pay with my small income, without Medicaid Home Health Health Care would not be a luxury. I can afford without being homeless. God bless Medicaid. Thank you for honoring me with this survey, the privilege was mine.
Medicaid support has led to nearly a 100 percent change for the better in the management of these chronic conditions, for which I am forever grateful; but these are 2pprox.2ating conditions that can be managed not cured. These chronic health concerns, no matter how well managed, will never lead to regular employment when an employer has to choose the best candidate gleaned from a large file of job applications on their dek, plus including the discriminating factor of age. My goal for my health program would be full time employment in order to fully support myself, and to be healthy and not suffer any pain everyday. It is a good goal, but not realistic; but I still work oward it.
5 Stars
All is good for me at this time.
Although I've only used their services two times and for relatively short terms, I think they do a wonderful job.
Always been there for my health problems.
As far as I know I have always got the best care I could possibly get.
Because of my financial situation my car breaks down often and it takes some time to save to get it fixed, so I like the fact that if I would ever need a ride to the doctors, I could get one.
Being able to choose my own doctor is what I like.
XXXX. "My personal doctor", XXXX I have always been treated excellent. Thank you!
Can't say that I have any other complaints with my Medicaid.
Convenience of treatments at home any hour of the day or night.
Everything good.
Everything is fine. I have nothing negative to report. I'm satisfied with the clinic and my doctor.
Everything seems to be okay. I haven't had any problems.
Good.
I like doctor XXXX in XXXX in XXXX he is very detailed, listens, observes and fits to what I need and helps greatly with my blood pressure. Going to hospital not having my regular doctor.
Helped out very much with bills.
Helps with all of my health expenses. Thank you very much.
I am 87 years old. Everything ok.
I am blessed to be in a Medicaid program. Whatever help our people in Iowa is a good thing, we have people who care about people in this world. May God bless Medicaid health program.
I am blessed to have Medicaid health care. I really don't think I can get better care anywhere else. I just am happy they care for me.
I am happy with having Medicaid in addition to Medicare. Some extra things are covered. I don't recall a health home being in its description.

I am in good health and am very satisfied with the care I receive.
I am in XXXX County and I think XXXX Hospital is one of the finest in the XXXX.
I am really happy and satisfied with the services you provide for my health.
I am totally satisfied, grateful, thankful for everything that the program does for me. I dearly love my personal doctor. Doctor XXXX is tops, very thorough and caring. She has my best interests for my well being and is on top of my handicap and watches my medication level closely. Thank you.
I am very fortunate that I have that help. My husband passed away 3 years ago and with my bills I have monthly it is very nice to have help in paying.
I am very satisfied with Medicaid health home program. I couldn't do without it. Thanks!
I am well satisfied. I have received help for a number of years, in my home, 5 years ago I spent a night on the floor, after 22 days in the hospital, home makers immediately came in to help, personal care and help with laundry, continuing at the present time. I have someone in twice weekly and a nurse every 2 weeks. All I need. I am quite independent. I set up my own medicine, live alone in senior apartment and get along FINE!
I appreciate any help I can get.
I believe it's a great program and more people need to know and be on this program!
I can't think of any other program that is better. Thank you.
I could not get the services or medicine without it.
I do the best I can when sick. I can't pay for my medicine. All thing hope a let so thank you so much XXXX, hospital care, to the dental care, for my health.
I don't have any complaints. I receive the pull-ups and blue shucks to lay on my bed. I thank you for the service and I hope others appreciate it too. I never expected to have to wear adult pull-up, or some call it diapers. It protects my clothes and I am on my second new bed, if you come up with a better resource please let me know.
I don't have anything bad to say about this program, my doctor she's a wonderful doctor, if they gave out rewards for best doctors my doctor would get it. Thanks for the 2 dollar bill. Have a blessed year!
I have a good doctor so I like the MHHP. Thank you.
I like my doctor a whole lot.
I have been happy with my Medicaid coverage
I have been seeing doctor XXXX for approximately 3-4 years. He and his staff of nurses are incredible. Nothing but plus 10's. They are a God send. And the receptionists on both floors are the best. Thank you. P.S. and the pharmacy dept.
I have been very lucky to have a great doctor. She listens to me. And has the nurse respond to me in a timely manner.
I have no complaints, actually since moving from Nevada back home to Iowa my health care experience has been very good. I love my doctor, who really cares understands and spends quality time with me figuring out new things for my chronic IBS-D. My therapist is also awesome and were working hard controlling my anxiety (due to no bowel control) so I am very pleased with this program.
I have not had any problems with Medicaid health program.
I have the best doctor!

I haven't had any problems with this program.
I know it saved my life. I would have been dead in 3 years from now if it wasn't for Medicaid.
I like everything about my Medicaid.
I like everything about this program. Thank you so much for caring about my health. I really appreciate it and my God Bless you guys.
I like how easy it is to use.
I like it helps and wish covered more dental.
I like it, good program.
I like it.
I like Medicaid program, it is a good program and it helps me out a lot. I'm glad that there is a Medicaid program to help out with the doctors and other things that I need.
I like my doctors, they help me with medical problems and my prescriptions.
I like the doctor I have. The way things are working for me.
I like the fact that I don't have to worry about bills pay in for my insulin and other prescriptions. Also they help me with rides to my appointments.
I like the meals I get from XXXX. Need better *illegible*. I like the ride I get from SWIT. They are all good people from "XXXX".
I like the Medicaid health home program. They help me a lot and wonderful to me.
I like the no co pays. Not sure what else we will see.
I love my home health team and that fact that Medicaid is there for me. I don't know what I would do without Medicaid or Medicare!
I love my medical insurance!
I really like Medicaid I get what I need for everything.
I strongly prefer to keep my long-time physician, and like that option.
I thank you for it.
I think it is a great problem, I wouldn't know what to do without it.
I think it is great and I am happy to have it to help take care of my medical issues and am very happy with the medical professionals that help me.
I think it's a good program. Thanks to the help me get out of the hospital. I love you guys. Thank you from my love, I mean that.
I think the Medicaid health home program is good for those of us who don't have much money and need help getting medication or help. There are still people out here who needs help and can't get it because of one thing or the other!
I think they do a fine job considering how many people they have to work with and the help they have, on staff. It must be an overwhelming work place. They do the best they can, I am pleased I am able to have health care. "God bless America".
I think this program runs smooth. It is better put together. It doesn't take as long to have your medication pre authorized. Program has more to offer.
I wish Medicaid would give the doctors more praise at what they do. I have a great caring doctor. My knees are bone on bone pain and he always cares about my knees and my health. And I thank God for him. He is my doctor, my granddaughter's doctor, and my daughter's doctor and was my husband's doctor. I would not ask for no other doctor.
I'm fine with what I got now. I have no complaints.

I'm grateful that there is a program/insurance that is out there to help provide healthcare for people like myself. I believe that there are people who abuse this privilege. I just want those who make it possible for Medicaid and Medicare to be available to those of us who really need it. Thank you so much, and to those who work in said departments.
I'm happy with your help.
I'm just happy for this program, it lets me see the doctors that I need to see and get my meds in the city.
I'm really satisfied with my care.
I'm satisfied.
I'm very satisfied with the program, it helps to pay my bill, doctor and medicine. I'm very satisfied to have people to translate Spanish language.
I'm very thankful they allowed me to take bone shot forteo \$28.00 and 28 days, but has made a 80% improvement of my pain that I went down going on morphine. This medicine was okayed and I thankful for USA help. Thank you so much. God bless Medicare for understanding my poor bones.
I've been very happy with the Medicaid program.
It has been very good to me and has covered all my expense so far, except co-pay for dentist.
It has helped me out a lot to my needs to keep me alive. Thank you.
It is ok.
It works just fine for me. Thanks. At this time I'm struggling with getting use to a new doctor because my 8 year doctor moved to smaller town. It's really bothering me, but my pain is getting harder to deal with, so I'll be going to XXXX real soon to checkout who took his place.
It's a great thing for people that can't afford health insurance.
It's a very good program and it's helped me a lot in many ways. Thank you for all your help.
It's helped me a lot to discover what's wrong with me and not hiding it from my family and my mom. Also able to find a medical place and doctors, which will help me and listen to me. Also to get back on medications to help me get better for myself and my family. Also to make myself feel better for myself. We kept stuff bottled up about myself, from my mom, my kids and friends for years, until my family told me last year, that I needed to find a doctor to find out what was wrong with me because they need me to stay around for them and they want me healthy.
Like: It has been such a blessing, paying for all my doctor visits.
Medicaid has been the most helpful thing in my senior years.
Medicaid is the best thing that happen for when I fell down and my heart stop. If was not for Medicaid help me pay my bills I guess I just would of just die. I want you all to know XXXX in XXXX has came a long way in its days. I think it's the best hospital you can go to! They did not turn me away when I needed help when I run out of insurance the other hospital did.
My comments to you and all are very good. I have nothing bad to say about anything. I myself enjoy writing so thank you all very much and may God bless.
My husband and I have a good doctor and their plans help us a lot. They are always on top of what is going on with our health.
My wife says we like the Medicaid we have.
No comments. I have seen my regular doctor over 25 years and she is excellent.
No complaints as of yet.
No, everything it's fine. They are a great service on Medicaid, thank you.
Nothing, I think it's a really nice program.

Overall I am happy with my health program and the doctors involved!
Satisfied.
So far I have had no problems and I've only had one doctor I did not care for and visa/versa, but he is gone back to Africa or elsewhere! I think he was very very unhappy here! I love my doctors and they take very good care of me.
So far, so good!
Thank you for asking, but I do like the way you people are taking care of people who are on the program!
Thank you for caring.
Thank you for health care.
Thank you for sending me this survey.
Thank you for the \$2.
Thank you very much for worry about me.
Thank you.
Thanks for the survey.
Thanks just for asking.
Thanks.
That there is Medicaid to help with bills and coverage for admitants to hospitals.
I appreciate Medicaid life would be more difficult without it.
The only health care I've ever had. They fixed a bad hip that had me in extreme pain 24-7. Still stiff but don't hurt. My doc monitors my diabetes and promotes weight loss. Always concerned about everything.
The program is ok for now.
They have been good for me but I need more information about the Medicaid.
They helped by drawing blood and sending to XXXX in clinic when I had no transportation. They helped me to set up medication for me and my husband.
To date program has worked good.
Very good.
Very happy with my doctors and hospital, they are very helpful with my medical needs.
Very happy with my personal doctor.
We are doing good now with Doctor XXXX, he is my age. He knows I'm XXXX and my husband is XXXX and he has a blood disease!
What I like is being able to get physicals and medication and treatment for my epilepsy. I also am thankful for my other medication for high blood pressure and heartburn and allergies. By seeing my doctor regularly I think I am keeping myself healthier.
What I like is how XXXX helps and takes me seriously. Also how they refer me to specialists for life-threatening issues and I get in right away. Otherwise Medicaid is great! Thank you.
Overall Medicaid Health Home program is excellent.
When they helped me transition from hospital about 2 years ago when I had drabble pneumonia they were wonderful.
Whether it is good or bad it seems to be the same.

Without it I would “never” be able to afford all my meds, and I would die, it scares me daily our new president will change our coverage and I will be in big trouble. So will a lot of people that is counting on their meds to help keep them alive as well. Thank you for that very much.
Without Medicaid I was dead long time ago. Thanks Medicaid for help not only me, but all persons who qualify for it.
Wonderful program
Works fine.
Yes, I think so, is very good. Sorry I can write well, only try.
Nope very satisfied.
Reliability of the program. Extra help with unpaid expenses in which Medicare did not cover.

## Part 2. Problems with Access to Care/Need Additional Coverage

I love the Medicaid Health Home program and am very grateful for it and the excellent healthcare providers that I have. In the past four years it seems like the program is always changing and it is difficult to know what procedures or medications are covered. My cataracts make my life difficult but a severe condition is required in order to obtain better vision. I have four chronic conditions, but every year it is required to reapply as if the first time.
But on Medicaid in general, it is becoming increasingly difficult to receive dental care as well as mental health services. I do not like this tele-med stuff that is taking over.
Please read my comments. I wish I could work and do things. Because of Sen. Grassley and the medical changes when it comes to pain meds I'm dying! They don't care! I take way too much Tylenol/acetaminophen just to get by daily because they took away the pain meds I was on for 17 years. 17 years of no abuse problems or side effects. Why because of scared doctors and new laws.
When I moved to Iowa after my divorce I signed up for Iowa Cares and paid a fee. My first mammogram found breast cancer. So they put me in government program for 5 years. I am very concerned when this runs out. I have HPV not been treated, it causes cervical cancer. Got PVD veins too small and collapse. I work part time at HyVee and receive alimony. I will not qualify for any programs after 5 years and I live in poverty level. So have no ideal how or what to do then. Can't get any answers. Which is worse of 2 evils? I live with my mother because of her medical conditions. They would rather me move out so would have higher rent to keep insurance.
It's starting to get crazy because now we have to get another insurance along with Medicare to cover things. When you need extra like: breathing machines, wheelchairs, it has to be okayed, it takes forever.
Did not cover medical equipment I needed even when I had a prescription for the equipment.
Can't have certain necessary procedures done because Medicaid continues to deny a CT scan and other tests.
Dental care, I need 2 crowns it took over 4 months to get the approval for the 1st crown.
Dental needs to be more than just if you have a bad tooth for adults. My teeth are all bad and I have gum disease but can't get them pulled and new ones.
Don't like that it's hard to get to some places cause they're further away and I don't have transportation.
I hope to get a ride to doctor appointment as have problems getting rides. Also don't have a cell phone if I have an appointment, no way to let people know when I'm ready to leave.

Don't understand when your meds need prior authorization, why it takes so much to get it approved.
Finding a doctor's office besides XXXX and XXXX.
Hard to find a dentist that will take it close to where I live. Need dental badly. Please advise.
Have a problem getting prescriptions from ER/specialist, they said it's because the only scripts they can process has to come from my doctor due to Medicaid. I can't fill scripts from any other provider even though I need to see a specialist.
How sometimes you have to try several different medications before you can get one your doctor wants you to have.
I can't get dental care.
I didn't know I no longer had dental insurance. Made appointment and they couldn't see me.
I dislike because it does not pay for a lot of medicines that people can have but can't. It is frustrating for both doctors and patients.
I don't like how long it takes to get medicine approved, especially for diabetics.
I don't like that only certain meds are paid for by Medicaid, cough syrup it's the only thing that allows me to sleep at night. Promethazine/w codeine and I have to come out of pocket/which I don't mind. But I'm only allowed very little when I need a sufficient amount to get me through the month.
I don't totally understand it. I need dental work real bad, can't get it at clinic, because I missed 1 appointment 5 years ago or more. I don't think it's fair. Don't they take a Hippocratic oath.
I feel that sometimes Medicaid pays for some things but does not do the follow up to correct the problem. Such as cataract surgery but won't pay for glasses after or hearing tests but won't cover hearing aids. Seems a waste of money to do one and not the other as you still have the original problem.
Need help from TMS to make medical appointments as I don't drive.
I guess for the most part it is good. But I need some dental work and it takes so long to find out about if they will take care of it. If Medicaid will not cover getting 2 crowns, I will not ever or for a long time be able to afford it.
I have a hard time getting to my doctor's appointments. It would be nice if there was some kind of assistance I could get helping with a ride.
I have a recent pacemaker implant. I received a pacemaker communicator, but do not have the means to purchase land line service due to my inability to work, also awaiting social security claim. The communicator is a necessity in order for the hospital to track my pacemaker activity. I'm worried a little bit.
The first two years out of the past four years in the program led to no help. The third year and the third personal doctor (which was assigned by the program) finally led to seeing a specialist after lengthy demands and complaints by myself. Since then I have been in the care of three specialists, (for three separate things) and my health has really improved. I have been much happier, but things only go better because I pressed and begged my regular provider for the specialized assistance. I was very reassured to find that my health concerns were real health conditions, and not due to "depression" as the
I need a trusty vehicle and a scooter cart. I can not walk far. I get worse as time passes. Tear in my thecal sac that surrounds your spinal cord. Can't grow shut or sew shut. It leaks fluid as time passes. Need a trusty vehicle with an electric cart to go grocery shopping or to doctors. Need to haul cart with me.



I need an MRI done on my back and they expect me to take physical therapy first when I am in constant pain! I don't believe I need physical therapy I believe I need an MRI to find out immediately what is wrong.
I need help managing things I need to get done. I need help finding a part time job so I have money for things I need, rent, utilities, gas, tags, insurance, household items.
I need in-patient physical therapy to walk again. I had 2 strokes but Medicaid won't pay for it.
I need more help to get around and carry things.
I was referred to a specialist. The XXXX in XXXX. From an ER visit doctor for my hand, but they told me that they didn't take my medical. It cause a severe delay in getting to another specialist that was needed. This was an accident at a local business, so I had to get (ok) from them for a specialist that was not on the ER visit referral.
I wish a person can get help with the dentist. I have teeth that have to be fix and can't get any help for them.
I wish I could get my Lyrica covered by this program.
I wish there was a way to help people with transportation to and from the hospital closes to their home with all payments going to that hospital so there are not appointments that are important missed.
I would love to get some new teeth. Lost mine about six years ago. I do need teeth. Please help!
I'm an addict, been clean almost 3 years, but I'm getting punished by being clean. And after suffer chronic pain at times with nothing. They won't prescribe me a narcotic pain med. So when in pain is depression. Really bad at times. Someone please help me with my pain.
it is very difficult to get a doctor to write an Rx. The pharmacy contacts the doctor. Then doctor responds to pharmacy. There has been several times where I was out of meds because of this system. What ever happened to doctor to patient to pharmacy? Doctor offices are lazy.
Also, on many of the medications we are on they can't fill them till they are almost gone. We live in a small town and have to travel 20 miles to our pharmacy. If weather is bad or I can't get in it's very hard! Wish they could be filled a few more days ahead.
It's hard to get transportation if a doctor needs you to come in the same day. They won't provide transportation unless they have 48 hour notice.
Just need more dentists that take.
Just the dental, we have to wait to get help with dental work. 2 teeth cleanings which you have to only get 1 every 6 months so a year before they will be able to fix your issue. Unable get cups of partials until two years of cleanings, like really so people are stuck waiting of have to have their teeth pulled because insurance can't cover it until 2 years of cleanings, like really.
Dislike: I don't like the prior authorizations. I realize you may not be able to change that but that doesn't mean I have to like it, right?
My daughter applied for medical waiver for me so she can get paid for care that she provides for me and I got denied because in the beginning I could get dress by myself but now she does everything for me. I am very upset because of that. I cannot pay her because I only live of \$799 SD per month. They did not gave us guidelines of what it's need it to get approved. I feel bad for my daughter because she holds two households, it is very hard for her and she is the only one working and bringing money into house, and that money from my waiver would help her a lot. Very sad that some people get it easy but I could not.

My husband was disabled and was using Medicaid and when he had a heart attack and then we found out he needed a transplant and because Medicaid did not pay for the LAVD pump I lost my husband. He was sent home from hospital more or less to die and he did so you don't want to know what I think of the program. We both worked most of our lives living pay check to pay check and when we really needed help it was not there!
My main problem is transportation to appointment and back! Just switched doctors, hope things get better! Two months ago.
Need talking glucose meter due to being visually impaired and have had two doctors call it in and still have not received!
Need to have insurance pay to dispose of my diabetic needles and strips. I asked the pharmacist if he could, he told me no. There is a kit they sell. I'm broke right now and I am even afraid to see how much it costs, but I will venture inside the store to check it out.
Not getting needed prescriptions on time as needed due to "lock in" program.
Not issuing medication because of drug use and depression problems. Keeping medical private problems with patients not concerned about people's depression issues. Strongly down on people using drugs to cope with depression and pain that's deeply a problem. I understand street drugs are a problem but depression and deep pain needs someone to help and understand a person. I have a life threatening illness and I need help dealing with it. It's hard being me and just coping with life in general. Thanks for your time.
Medications that I need are not always covered so I sometimes don't get what the doctor prescribes or I have to pay for it out of my own pocket.
Dislike: Medicaid manual says I am entitled to 2 hearing aids (one for each ear) every 4 years. My audiologist says I can only get 1 every 4 years and that she has tried to get me the second one (I don't know if he tried or not).
Sometimes we can't get our medicine it has to be changed.
Telling me what drugs I can take. Doctor orders but Medical says no so I can't have.
That they need to tell you what they cover when a doctor has a hard time getting some meds approved or that they don't always cover name brand meds when the alternative makes you sick and can't take the cheaper ones. And why when a personal doctor tries to get you to see a specialist and they're not approved. I wish it would get easier to get the meds you need and to see special doctors when needed and not be rejected.
The system does not provide adequate health care to me. How they could put me in a lock in program just by listening to what the DHS and Medicaid flagged as reasons and not even looking in to my responses is a complete lack of proper oversight into the overall Medicaid program. Without getting the proper medical care that I had previously received, my health has steadily declined and I am rapidly deteriorating in day to day living. I want desperately to be taken off of this lock in program, which I was told would last 2 years. It has been 2 years now and I have not even had the courtesy of the Medicaid people to contact me.
There are some medications that are a pain to get approved by my insurance, but everything so far has worked out.
There have been a couple of times, (not recently) over the last couple of years when I felt as if I was sent home from the hospital too soon when my COPD was acting up. I'm on Medicare and Medicaid. So I'm not sure which it was because of, but I asked to stay another day once and they said my medical insurance wouldn't allow it.

There is no eye care available. I have dry eye disease and can't get help, also no vitamin being covered, fish oil helps dry eyes. Vitamin D helps with depression. I can understand some vitamins not being covered, but some vitamins do have values that are overlooked!
There needs to be more help for adults trying to learning disability diagnosis. Like my dyslexia, I can't find a place to get tested as an adult.
They don't pay for dentures. I can't afford them.
They don't pay for meds and other things.
They refuse to pay for Adderal because they don't believe a 44 year old has ADHD.
They will not pay for labs at times. I have to get one of my meds re-approved every year.
Trouble with getting prescriptions and refills approved.
Trying to find a care provider who accepts insurance.
We need more mental health providers. I need to see a doctor that will write prescriptions for my antidepressant meds but can't get an appointment with one that takes Medicaid.
What it costs to get help with husband and housework. It takes me 1 hour to vacuum my room, sweeping takes longer, and making bed is almost impossible at times. I can't change my husband's bed because it is too big for me to deal with. The last time I checked it would cost me 264 a month. So now I have to get my granddaughter when available to help or my oldest son, if I could pay them they would help more.
Why is it that when a doctor prescribes a medicine to help the patient get well or better then Medicaid says no, they won't pay for it. How does that work? I would think the doctor would know what would work the best for the patient not the people sitting in an office chair that have no doctor's degree, now don't you think? Take for instance I am allergic to a lot of meds so I haven't got a lot of choices as to what I can get, like when I have Pneumonia, they have a pill I can take for my bad cough that works called Benzonatate 100 mg, if I can and have the money I can get them (I can't take cough syrups or codeine, so they are my only option but if I don't have the money then I can't get them, I just have to suffer). Any more questions please feel free to call me I would be more than glad to answer them for you. Thanks. P.S. thank you for the 2.00 bill.
Wish more doctors would take the insurance. Also some of the dentists, don't take our insurance or hard to get into dentist that do.
Won't cover physical therapy or housekeeping (maid services).
Would like to go to the hospital in my town, to have done what I need to help me get around better.
Certain drugs not being covered, that I may need and other drugs substituted because they "may help some".
I need a back and a knee brace, but Title 19 will pay for it.
Doesn't cover much for optometrist or dental care.
I have a hard time concentrating. I do need help with my money like when I shop. I don't know if they give me the right change or not. I have bad feet, can't walk that far, my shoulder hurts all the time. I did have surgery on my right shoulder. I have bad eye too.
I have physical and mental disability. Now I am getting SSI for my living. I need help with everything at home. Can't read and write.
Someone to understand the pain I'm going thru. Can anyone help with taking the pain and ease the wanting to give up.

### Part 3. Concerns about Changes to the Medicaid Program

Changes to Medicaid will prevent me from getting my monthly disability bus pass so I can go to appointments and run errands. I get my bus pass from TMS (transportation management services).

Don't understand new Medicaid that starts on March 1, 16 and haven't received anything over mail.

Everyone seems ok with the change except doctor XXXX! I do not want to start this all over with someone new. Is anyone hearing me?

Have not figured out the privatizing of Medicaid and the benefits of the different carriers.

I am very pleased with the current Medicaid program and concerned about the privatization of Medicaid. I am not sure I could qualify and I can't afford insurance. I have high blood pressure and diabetes and the prescriptions to manage the diabetes would be very expensive. I pray that the program can continue successfully as it has been. I don't see why they (Gov. Branstad) want to change it. It works! Thank you.

I dislike Governor Brandstad attempt to privatize the system.

I dislike the new changes, it was better before. If it's not broke don't fix it.

I do not trust Iowa's new managed health care system!

I have a lot of anxiety and frustration about the privatized Medicare plan IA. Unsure whether my doctor will still be available. No emergency care in area.

I have been very pleased with Iowa Health and Wellness, Medicaid program. I am very apprehensive and concerned about privatizing the system. I have established relationships w/my providers for chronic conditions, including some that make change very difficult.

I have no problem with Medicaid, just don't see is any good privatizing it. I'm afraid people won't get the care they need.

I just don't know if the new Medicaid coverage will be really good. I don't like it being changed and I don't want to have any of my doctors changed. I hope our Medicaid plan coverage doesn't make it hard to live with, and that we get the same care.

I like Medicaid, now they are changing me to someone else.

I would like to be informed if this survey is about old Medicaid before the new choice of privatizing by Governor Branstad by March 1, 2016. I really love getting help but I am concerned that the new form of Medicaid might change the care of doctors and service I receive.

I'm concerned with upcoming changes April 1.

I'm not really sure if my program is Health Home. The Medicaid people chose United Health Care for me. I have NO idea if my good XXXX doctors participate w/United or not. I have called and called the Medicaid hotline since Dec. 15. I have been on hold for over an hour. No one live has ever answered. I'm at a lost and afraid. I'm not stupid, I have been told by my doctors that I need to be out on SSI. XXXX has helped me file 2 times. The gov. says "no". Do I have to stop my meds or what to get my SSI? I have worked for 35 years and I love my XXXX doctors. All of them. They have saved my life. But are they on my program? I can't reach anyone to ascertain this.

It has saved my life but do not understand the changes.

Just hope I will get the medical services including prescriptions I have been getting for the past 4 years

Just that I know it's changing and that I know absolutely nothing about how it will affect me and my life!

Leave it the same, don't change anything.

Medicaid is a needed program that helps millions of people and should never be changed or given to private companies who decide what care we get.
Medicaid is good so far, worried about politicians cutting off funding of ACA.
My health care providers do an excellent job with me. However, the State of Iowa is doing a HUGE dis-service to the poor people of Iowa by privatizing health care. NO ONE, even doctors, understand the changes. We will be getting less care because of this change! Money speaks loudly, and we are no longer important in Iowa!
No one seems to understand what this "new" system will be. We just pray we can continue w/my pain doctors!
Not knowing what coverage I have or that I was being moved from one program to another.
Not so sure about benefits when Iowa Health link changes on July 1 2016.
October 21, 2015. I had a stroke that impedes my understanding, eye-hand coordination, ability to write numbers/words, and limits my mobility. When the health-link was initiated, my insurance agent, health-care nurse, and many other services seemed as unsure as I, about how to choose. Internet information was muddled on the sites listed.
Once things get ironed out between whether different forms of therapy, dental care, and other conditions are covered by AmeriGroup/Iowa or Medicaid, it will make life a lot easier for not only myself, but countless individuals and families across the State of Iowa.
Please do not change to privatized companies. What we have now may not be perfect but it's a whole lot better than what's being offered. Also we need more for mental health. There's a waiting list, too few professionals, too few facilities with adequate care. Too many people are having mental issues and we need more research to find out why and how to fix whatever is going wrong to cause this.
Privatization of Medicaid, is a concern.
I don't like the idea of the privatization of the Medicaid program in Iowa. Don't know what doctors/hospitals are going to contract with what provider of if I will have to have different doctors or hospital.
Right now everything is good. If it changes March 1st, I will be devastated. I want to see my doctor and if I can't, it will be ruined.
Some of my current doctors are not accepting Medicaid under Iowa's new managed care program: Iowa Health Link. I am having problems finding new doctors that accept Medicaid to replace them. If I want to continue my current level of health care, I will have to pay for more of it out of pocket. This is something I can not afford to do.
Still don't understand some of the programs and what they cover or understand the changes that are being made.
That they are adding a IA health link to help out Medicaid but it is not working for the people, we still don't know if all our doctors and hospitals will carry the one group that they picked for me. Plus we weren't given much information about it.
That they are not changing the health care to private ones.
They are going to privatize Medicaid on March 1st. I am afraid I will not get the same good care I am getting now.
This PPO is very confusing, not sure which one will cover all my specialists.
Understanding and access to changes in the program and what will be covered for me.
I don't understand any of this program, why, or what one to chose and is the very best for me and my medical problems, along with my medicines if and when need be! Thanks.

Worried about the privatization of coverages. Keeping doctors, coverage, paying claims, etc. I checked on the internet and all three private companies offered had many problems and very low ratings. Cutting coverage, refusing to pay premiums, etc. I've talked to several physicians and nurses and secretaries, accountants and everyone was worried that patients and coverage are going to suffer greatly. How can Medicare pay 3 companies to manage care and not cut coverages while staying with budget restrictions without cutting coverage at the expense of life and wellbeing suffering.

#### Part 4. Negative Experiences with Care/Providers

Most doctors at my treatment center are rude and unknowledgeable. I also have a very hard time obtaining test results. My family avoids going to doctor because they never do anything to help.

Dentist named XXXX tried to milk your Medicaid by messing up your dental health care! Said I had cavities and was filling them and went to another dentist and told me that my teeth were cracked and didn't have any cavities. Did your teeth once and haven't been back since he fixed my teeth! Thank you for your time!

Doctor is so busy thanks to other MD retirements due to Obama Care that appointments I used to get in 1 or 2 days now take 2 weeks or more.

Doctors not communicating with each other about the treatments I receive. Doctor not telling me why certain test are ordered. Not being told of results of said test. Doctors who treat me like I'm annoying them with questions and not getting complete and honest answers.

I am dealing with a lot of back issue but no doctor is willing to help me. I had back injection, physical therapy and nothing has worked. I still have a whole lot of lower back pain. I am also in a lock in with a doctor, because I went to different doctor trying to get help for my back. I need help! Thank you for your time.

I do not have in home care now, but when I did (in XXXX Co.) I felt as if I was being belittled.

I don't like the fact that I am in a lock in program. I want to change doctors cause I don't like the treatment I get now.

I hate my health care provider. I never have the same doctor and feel uncared for. Also I was placed on the "Lock In" program, 2 months after I got drug free. It has caused so many problems with getting my meds filled. No script, no PAs closed at 3:30 pm, closed weekend and holidays. Why have a nurse practitioner ok meds from psychiatrist.

I have M.S. and my hospital is not really good with M.S.

I never see my doctor I always see her colleagues.

I was put on lock-in for no purpose and I was forced to have a doctor I didn't choose and getting my prescriptions filled often took an entire day if not two. Unreal. Very unhappy about the entire lock-in process. No good at all.

I would like to go to a different primary doctor. CHC always lets me run completely out of my medication I've been taking for awhile. Wish my doctor was more attentive than they are.

I'm not happy with my doctor. I go to see her for one thing and she is interested in something totally different than what I made the appointment for or lecturing me and treating me like I'm a child. Not a good idea I'm in my 50's.

It takes too long to coordinate with specialists, obtain medical records or have them sent where they need to go so that you can get treatment that is needed. 2 or 3 months, or more, is too long to wait. Doctors accept no responsibility or put forth any effort to get information from another doctor. The patient has to do all the leg work and I didn't even know where to begin. If records are over 6 months old, it's nearly impossible to obtain or transfer them. No one is accountable!
It's been more than 6 months ago but I've been to many different specialists and have been treated differently and just kind of brushed off like they would spend more quality time with other patients and they got called in the office before me. But my family doctor and cardiologist is great!
Medicaid has been a blessing as well as a curse. I am thankful to have medical help, but I also feel it puts me in a category of being "less then" when being treated by the medical community. They are more anxious to wait and see rather than giving the help right away. This has caused me a great deal of agony in the past, and by the time I'm done waiting, things got worse.
My 33 year old son would like to come over and help with house cleaning and laundry, cook if needed. I have been on Morphine 200 mg a day. We started dropping dosage, down to 30 mg, every time I drop UA always come back with Morphine until on day doctor XXXX said I can't have a refill, then he said no Morphine, funny thing is I've been dropping UA and never had problem, so how can a doctor have their own cap.
Our last hospital visit was terrible ad it needs addressed. XXXX.
People (doctors) and hospitals treat people on Medicaid like *****! I've been sick since I was born and, trust me I wish I could work instead of being disabled! I can't so I'm poor! And when you're poor people treat you differently!
Quality of care, sometimes the specialists I get referred to aren't that good, they don't take the time to really know what's going on. I feel some unnecessary procedures have been done because I didn't get a second opinion.
The doctors, and getting help with health problems. I have purple legs that hurt, have had for 3 years and doctor won't do anything. Also have back problems that are getting worse and doctor won't do it. I made appointment to get bypass surgery. Not my doctor.
The main thing is doctors need to take time for each patient and actually listen to what they say not treat them like they are crazy. We know our bodies. We live in them 24-7.
The office my children go to is horrible. So I'm changing them to XXXX. Doctor XXXX, she is a great doctor.
They need to know when patients in advance if their physicians or physicians assistance will be rotating. It's hard to go to doctor and meet a new one and spend your allotted 40 minutes going over a history that's 2-5 years long and then spend 5 minutes getting meds and other treatment.
They send different nurses and I prefer my nurse. I understand there's times I won't get her but some of the others aren't educated, they put my cholesterol meds in the a.m. supposed to take at night as that is when we produce cholesterol. Just one of many examples.
This is not about the Medicaid program, but the XXXX Center in XXXX. Loses doctors very often, I have had 4 doctors in 3 years because they always leave the clinic. Dentists also. So I feel a doctor doesn't really get to know me or my medical history because I never have them long.
Waiting room time takes too long to be seen, about 1 hour to see the doctor which I dislike as I always get a ride to the doctor and do not drive.
Was going to one doctor for like 15 years but she wasn't helping me or listening to what my problem was. Like I had an ears hurt, problem and she didn't even check my ears when that's what I went to see her. Now I go to new doctor and so far ok.



What I dislike is E.R. (XXXX) does not take me serious until they see the hives (their under clothes), they treat people rudely in E.R. most of the time like I'm lying when it's on my charts my throat and swell up when I have hives.
When you're on Medicaid you don't get the same respect as you would if you have a private medical insurance. 1) Don't get you into see someone as fast. 2) Wait times are longer in office. 3) Don't ask you questions or stay so you can ask questions. 4) Talk to you like you're stupid or you discuss them. 5) Don't call back with important test results. I had to go to the ER in pain for them to look and tell me I needed surgery gallbladder, appendix, etc.
Yes, XXXX Health Center in XXXX is not worth your time or money, neither is XXXX Hospital, no real doctors only ANARP's, they are not real doctors they guess at your health or throw medicine, don't check you to see if your okay and when they give you medicine refills the pharmacy calls you every 3 days to come get the same medicine taking the refills you just got within a month.
You can't ever talk to your doctor on the phone, you have to make an appointment or talk to the nurse.

<b>Part 5. Confusion about Health Home/Medicaid Program</b>
I have never benefited from this program. I forgot that I even had it. I don't really know what it does or what it can do for me. No one has ever contacted me about it or/and I wouldn't know who to contact or why. Glad I could help with your study.
How do I contact the Medicaid Health Home Program.
I have Medicaid insurance, but do not home health program.
I would like to participate in a health home care program. It's getting too hard for me to get out more to see a doctor or a nurse!
All the Medicaid and health programs are just confusing for me.
Do not understand the changes. Name change confusing (health home program) sounds like you are receiving outside healthcare in your home.
Frankly I do not know what it is!
What's this for.
Don't really understand what it all covers.
Don't know what plan I am in, Medicaid just tells me I have Medicaid. I know this what plan?
I actually do not know exactly what the program is about, or what it entails. Thank you!
I do not understand it would like some help to understand.
I don't even know what I'm on for sure.
I don't have any home health programs.
I don't know anything about it.
I don't know anything about MHH program. I don't know what it is. I just go to the doctor and I know I'm on Medicare because of social security disability and Medicaid too.
I don't know that.
I don't know what you are talking about.
I don't use home health.
I think I had it but got kicked off by my provider, not sure why.



I would like to know what Medicaid health home program is.
I'm not even sure what the "health home program" is.
I'm not in this program I don't think
I'm not sure what health home means.
I'm not sure what insurance I'm blessed with, but I'm so very blessed to have it. It covers all my doctor, dental and prescriptions. I'm so very blessed, but I'm not quite sure what I have.
Medicaid health home program. I am enrolled in Medicaid program, I don't know what Medicaid health home program is. Is this where they can come in home and help with service you need?

<b>Part 6. Problems with Cost of Medicaid Program</b>
80% Medicare, 20% suppose to be picked up by Medicaid. I (wife) still pay out of pocket for meds after ins.
Cost of living 5.00. Payment 2.00. Balance cash 3.00
Don't like the cost of meds keep going up.
Having no dental coverage after 65 having to pay out of pocket. Sometimes having to pay \$1.00 for prescriptions and other times up to 810.00 not consistent.
Having to pay co-pays for medicine.
I am disabled, I gross 8,000 per year. I resent any co-pay.
I do not understand why my medicine costs so much. Thank you.
I am sad that we have to pay for subutex because I am not allowed to take diazepam for anxiety if I take suboxone or subutex because Medicaid does not allow it.
I think it needs to rop the copay. Reason a lot of the times if on a fix income in the middle of the month a lot of times we don't have the money to pay for copays.
It is sometimes an inconvenience when I ask a doctor for a prescription drug and my Medicaid says my insurance will not cover for it and I have to pay out of pocket for the whole thing. What good is my copay!
My pills aren't covered, having to pay more. I'm getting bills to pay like \$200 for a physical. I never paid any medical. Used to pay \$1.20 up to \$330 for my pills.
Need cheaper meds to be covered, like Lyrica in a generic form to be covered for Fibromyalgia, which I need, but, can not get because it costs too much.
Never know if we have to plan for copay. When we don't get raises very often.
That when you are on Medicare and Medicaid together that Rx's copays are not covered my copays jumped from \$1 each to 6 each and at 6 per I pay \$32 a month. Now and is hard to pay for them now.
They have recently not pain for a couple of visits that they usually do cover.
When I had a cold another doctor called in a prescription and couldn't pay 20.00 so I didn't get any medicine. I need to pay \$1.00 for a med.
Co-pay goes up. I only get \$726 a month. It is hard for me. I should change programs anytime I choose. If it does not fit my liking then I can change it.

## Part 7. General Negative Comments about Medicaid

I don't see how it helped me.

Iowa Title 19 program employs an HMO style architecture, therefore a guarantee that care is decided based on cost, not need or preference, 5th grade economics: if it's cheap, it's cheap. Patients get only sub-par health treatment from providers that don't care as much as they ought to. P.S.: Thanks for the mail reminder!

My dislikes are that Medicaid recipients pay less than Medicare recipients. It should be the other way. Seniors need more help than younger people.

Feel as a single man that I don't get the same benefits as a women. i.e. can't get pills to help with sexual dysfunction and yet a woman can get birth control pills, creams for vaginal dryness etc.

The health home program I was enrolled in with my physical doctor would only call to ask questions about my health. I was then approached by someone at my mental health doctor's office which provided more programs I could participate in, so I changed to that program.

The state won't no longer allow my Home Health Aid or the company I'm with (XXXX) take me to doctor appointments.

Everybody needs dental plans. And a plan for middle class income that are retired. Give people for low income pay plans and for old people.

How long it takes someone to be approved to become a CDAC provider.

## Part 8. Communication Problems with Medicaid Program or Providers

When specialist order lab work to my primary doctor it takes too long to get results (3-7 days).

Medicaid confuses us with all the paper work and recertifications.

Don't like the information they send out because it's not easy to understand. I don't have time to call and have info explained to me in "Laymen's" terms. Also if you do call in you have to have the time to wait on HOLD!

I don't like the fact that no only do I not understand what my coverage is when I call the number provided for assistance they don't really explain or understand my coverage either. I very much appreciate the Medicaid assistance but I feel like I have an extremely hard time getting true help from a doctor. I'm not sure if that's related to Medicaid though.

I have asked several times for a copy of my daughter's health insurance card and have not received it. That's my only complaint. Thank you!

It is very hard to get questions answered or talk to a "real" person if you do call in for something. I hate having to try to call in.

More attention made explaining benefits and limits to the program, especially to those who don't own a computer and have disabilities that make it difficult to understand.

Given that I know next to nothing about the program, I'm not sure that it is working very well. I personally coordinate feedback and communications between my specialists and personal doctor. I make sure all test results are sent to ALL my doctors as well as myself. I take an active part in my care, asking questions, research my concerns and insuring open communication for my whole team. My biggest issue is I have to use at least 3-4 separate portals which are proprietary and do not communicate with each other even though it IS technologically possible without violating HIPA. That is the one thing that would make communication between multiple doctors in different practices cleaner, clearer, and more open. This technology is widely used in Boston and NY, it should be used here!

## Part 9. Other Comments

The only thing else would be housing for disabled/low rent would help

Cosmetic things.

Dislike when I have to keep taking meds for so long and they don't work for me.

Don't like do this.

Don't like Obama Care.

Don't understand how it works unless it is the same as I have had for the last 10 years.

Everything I mark is fine and true as I understand cause I mark about my life and the problems that I am going through. I have had surgery in XXXX on my left shoulder, my doctor was XXXX. I still need to come back to XXXX Hospital.

Have to explain questions to me.

Hope this helped! Most of the questions were not pertaining to me.

I am 60 and at 17 I came to be Schizophrenia. I tell you find a really good doctor. I thought if you need to take any medicines is a good idea to get enough meds to take, be sure to take the meds the times the doctor orders. But the one thing that really does help after care leaving hospital.

I am in the early stages of Parkinson's disease.

I am overweight and I joined a gym to help get more exercise. It is expensive. I don't know if Medicaid pays part of my membership. I can't find the answer.

I am seeing another doctor, at my doctor's office, I have seen before because my doctor had a heart attack and retired.

I can not speak English very well or read. I quit studied last year. Too many people take their own measurement about immigrants, special Bosnian. In their eye we are mudjahedins terrorist, I felt that I am not welcome in the US. I have too many bad situation then I start drinking too much. 2010 I lost an eye, it was mystery, fever and it's gone I have diabetes because of XXXX criminal medical center. They never give to me right result of blood test, they never give to me medicine and I becoming diabetic. XXXX Att steal all my benefits. Impairment for both hands, carpal tunnel. 5% for whole body impairment. I do not work 100 weeks, because of a lot of discrimination in my life I do not know what I can say about new program. I guess it is good.

I can't see out my left eye, I have know prefovion and night blindness so my husband does all the driving so I can do a job to keep my medical assistance eligibility card. Even when I was going through cancer treatments DHS if I didn't make some money they would take this care away from me. I still see my cemaie, my radiation-oncology every other, I see one then the other for the rest of my life.

I completed it myself and know comments.

I don't get approved from my doctor regarding my citizen.
I sure hope there's someone who can rub my feet and my shoulders and neck cause I have no one who can do that for me. My son is now dead, he could rub my feet so good he would put momma to sleep. I miss him so much.
I don't want you to send me this anymore (research study).
I filled out all by myself. I hope I don't regret filling this out.
I go to XXXX Hospital to see my doctor and to get any other medical care I see the internal medical doctor I get mam there the get eye exam there I see spicailset there
I got nothing to say! It's finally done.
I had eye surgery, heart problems, sleep problems, broken ankle foot, monitor for my heart, diabetes.
I have 2 daughters that help me when need in my home. I feel metal he put in my back and want to have it taken out.
I have a slow learning problem and unable to understand English words at all, my wife help me!
I have been disabled for six years and have been denied S. S. benefits. I was a paramedic and was signed up for med school but became too ill and weak to do anything. I do not leave my house. I have been diagnosed with lupus, rheumatoid arthritis, lyme disease, Fibromyalgia, carpal tunnel, low testosterone, severe anxiety and depression, addicted to opioids. Am being treated for everything. Have not used opioids for 3-4 years. Rheumatoid specialist stated I have a genetic disorder but does not believe it would be cost effective to find out which one it is. Also I have high liver enzymes and many other issues.
I have been trying for 5 years to get help cleaning through the MS society and through the State without getting help; my balance is not always good. I had always been very organized, neat and clean home. Since on O2, weakness, balance issues and forgetting things, we have to move this year. I don't know how I will be able to do it. I had always left places in better condition than when moved into. It really disturbs me to not have a clean home or to be able to clean it or pack when we have to move.
I have Fibromyalgia and I have epilepsy and have panic attack from Dismet abuse.
I haven't actually had anyone come to my home for health care since using a would vac in 2006.
I hope it lasts a long time.
I hope my answers will help.
I just want get well that's all I ask.
I like but it's hard for me because I do not read and write.
I like go to people care and to the hospital want I need help bad.
I need a doctor to sign a letter saying my disability I have so I can get my student loans for given.
I need help with this one.
I take whatever given to me. Don't like too many changes. I have to ask friend to read and translate for me.
I think I got them all. If not I'm sorry.
I'm good but do I get the 25.00 Walmart card, ha ha.
Info - cf - you go to another state.
Iowa ***** and don't care about disabled people.
Did not understand any of this. Filled it out the best I could. Got very confused with this. But here it is what you wanted.

Last year (2014) I had my gallbladder removed and hysterectomy, and have wore glasses all my life, dentures since 2012. That's all for now
Like the form and its contents. Since there is space for health conditions not list in the categories #74. Diabetes type 1 and type 2. Overweight 10-20, 20-50, 50-100, 100 and over. These two questions can be looked at for future reference to health issues/conditions.
Like to know more.
My family has the health care at the XXXX in Davenport. From here I always have a good survey.
No one helped me fill this out.
No one helped me with this. Thank you.
No, I done it by myself as I do a lot of things and I try to be independent.
None that I know of. I feel very good about all of my health issues.
Question 40 - One ER visit, one urgent care visit. Doctor's office was closed both times. ER visit was at night, urgent care visit was on a Sunday.
She called me when she set it up and has called once since then, she is getting paid to do nothing!
Some questions are the same. I can read very well.
Sorry that I was late sending this back to you. I was having a mental health problem.
That I was put on IA Wellness.
The restrictions about not allowed to go any place except the doctor, church, store, no shopping for necessities. No visiting.
The staff was very informative and respectful.
The survey needs to have a question about all vitamins personal take daily.
There isn't anything else that I need to ask or dislike about the Medicaid Health Home program. I didn't see an enclosed \$2. Thank you.
There sense of humor.
What about the homeless people like me. What are you going and willing to do!
Did not understand.
You people asked good answer. You care about people life. Thank you very much.

## Appendix C

### **Respondent Comments: Perspectives of the Parents/Guardians of Child Enrollees about the Iowa Medicaid Health Home Program**

*The survey provided a space for respondents to give feedback about the Medicaid Health Home Program in his/her own words. The responses were compiled and assigned to a category based on the content of the comment. Some responses contained statements that fit multiple categories and in those cases, the comment was split apart and assigned to the appropriate categories. Comments that contained no information, such as: "No Comment" or "No" were removed. The categories below are presented in an order based on the number of comments in the respective categories.*

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## Part 1. Positive Comments About Medicaid

I appreciate that this service was available to my family while I was going through nursing school. It's great to have help when trying to better yourself and your family. Thank you!

I have been pleased with my son health insurance, his doctors and all the extra care he has needed.

There's nothing i dislike about it.

Our Medicaid insurance has provided great coverage. My husband carried primary insurance for us until he lost his job 6 months ago. Our children are adopted and have had Medicaid since birth.

It is helpful

I love this medical insurance.

Everything is okay.

I ain't got no problems with it right now.

This program has been great for my child and a real life saver so to speak.

I have been very pleased with all the health care I have received for my daughter, all my questions are always answered explained to me and given help for me to help her live a healthier life. She loves to go see her doctor/nurses. This makes me at ease when she is comfortable seeing her doctor.

I have pretty much happy with the services.

We have been very happy with ease of getting medical assistance, Rx, etc. No complaints.

I have not found it necessary to be enrolled, but our child's primary doctor tried to refer us to Iowa City for his asthma, and this program put us in touch with someone local that we love and trust. We think our primary doctor is great, but he was not as knowledgeable about asthma as we needed.

I like the program. I am thankful with God and you for help to us. God bless you each one. Thanks.

I think it is wonderful because we are retired and it helps us and if he wasn't on his medication he probably wouldn't do as well as he does.

I handle all their health care. I'm fine with it, I'm grateful for it.

I would not know what to do without Medicaid Health Program. Thank you.

Medicaid has been a God send for us when I lost my job. The only bad thing is that I feel ashamed for having to use it. There is 7 in my family (wife + 5 kids) and we all are currently under Medicaid!

I think they do a great job.

I like the program

Their good.

Everything is good I just want to say thank you!

I don't have any problems with it.

No. So far we've been okay with it.

I think it's fine.

I like the service with Medicaid.

## Part 2. Problems with Access to Care/Need Additional Coverage

The only time we have had a problem was when he wasn't able to get a flu shot unless we made him an appt to see his doctor for another reason; like a year check up; because he received this insurance other child were given it before state insurance children. Why my kids are as important as the other children it's not there fault I don't made enough to cover them.

On Medicaid; it would be nice if medical transportation coverage was more readily available, but thanks for all the help in the past.

Sometimes generic medicine doesn't work as well as the original one.

That I can not get in to get braces for my son. We have been trying for two years.

It only pays for certain meds, not all of them.

If they switch his medicine I have to wait an entire month to get it because it's a controlled substance, and he needs it.

The whole fact that if an emergency I have to go to Iowa City. Why do I have to drive that far? There's hospitals and doctor's offices around here I can take him to.

My daughter needs braces and by the point scale she couldn't get them which I think is wrong. If she needs them then she should be able to get them.

Coverage for medicines are not sufficient. Durable medical supplies are not sufficient.

Just would be nice if there were a stomach specialist in the area.

Limited places you can use Medicaid in Sioux city Comm health center is too busy takes a month or more to get in to a doctor. Lucky they have urgent care

I dislike the fact that a lot of people won't take my insurance, and that makes it hard to get health care. Recently it was with the dentist [respondent also mentioned that she couldn't get her children in to see a dermatologist because none will accept Medicaid].

I dislike how they will not cover medications that are prescribed by the doctor. When going to urgent care because we could not get into the doctor's office Medicaid did not pay because they said it wasn't urgent. Clarification as to what is urgent and what is not would be helpful.

I would probably say we appreciate- when I had the concerns about her being self-harming I had the referrals from her doctor but then I couldn't get an appointment for a long time. Then not having another appointment for another month. It gets back to the point where I would be concerned for her safety. As far as availability.

My only other concern is that because I live in rural Iowa, we don't have any therapist that works with children who are 15. To get any quality care I have to drive 3 or 4 hours that doesn't work as a single parent. Living where we live we only have one provider for this area within 100 miles who treats behavioral or emotional disorders.

Referring to p. 9, her primary dentist has been saying she needs braces for her teeth but got denied by Medicaid. Also her optometrist has tested her and would have her take ChromaGen glasses plus eye strengthening session, (she's very slow and skips a lot while reading, affecting her reading and learning ability) but those too weren't covered by Medicaid.



### **Part 3. Communication Problems with Medicaid Program or Providers**

The only thing I really do not like is the way when I call about changes being made to services for my children I get put on hold a lot and get sent to many different people who all say something different.

If it is possible to send me information in Spanish?

I like how they go back every three months, and i get the reverification forms and they still pay for it, so if i get the form filled out within the 3 months then they'll pay for it. I wish when that time came up that you'd get a call instead of a letter.

I dislike the program due to never understanding information.

Right now I don't understand all what it's covering, I'm not sure if there's online resources or something that we can log on and get more information. That would be easier for me so I can know who to contact, maybe just a webpage where you can log on and look for stuff.

### **Part 4. Negative Experiences with Care/Providers**

I dislike the attitude providers can have towards people on Medicaid. I work full time and hold a BA degree. People often treat you as if you are less than because of the services you receive. I feel this is very sad and I should be treated with respect. When I use my personal insurance (Blue Cross) through my employer for myself, I am treated totally different!

I could be wrong in my opinion, but even though we are treated well, I feel that we get no respect from health care providers since we are on Medicaid.

I dislike being spoken down to by nurses making reminder calls or follow-up calls. Not everyone whose children are on Medicaid is poorly educated.

## Part 5. Concerns about Changes to the Medicaid Program

I do not like that insurance companies have been inserted into the equation. The transition to private insurance companies running Medicaid in Iowa is a crime. Our health care will surely suffer.

I don't know anything about it. This new Medicaid system has completely changed and since I have been laid off... my son has moved in with his dad. His dad does not believe he needs ADHD medication... and I don't for my other kids I am constantly calling[for information]. Before the system was one insurance and now there are several to choose from. I was on the phone for hours with a lady and she was awesome about the websites but there are some kinks that need to be fixed. I think I feel like the old system was designed better because you didn't have all these choices. You want the best healthcare for your kids. It should just be written up as this is what your kids need. Some of these are geared toward different things and I don't want to choose a different program for each kid. Don't get me wrong... being laid off I am so appreciative that the health care is there. I don't know what it's [the healthcare program] is called. He [son] moved in with his dad recently and I got laid off and lost my insurance. I don't get any [healthcare] information. Like with the schools when you are divorced send each parent information separately... it would be good if they did that. His dad will call and ask ME questions about the health coverage and it is probably sitting in his mailbox. I didn't get the information. When he is with me I just always know to take him to the ER or the urgent care.[Q43] We don't know how to use the insurance or what is covered. He [son] has ADHD and he was so thin and not sleeping through the night. A parent doesn't want to see their kid go through that. His dad agreed to take him and home school him but he took him off the [ADHD] medicine. Which I agree with but he still needs something.. a therapist or alternative to the medicine... he is affected socially. I have looked for therapists in his dad's area but he doesn't think his son needs it. [Dad doesn't follow through.] When [son] hurt his back his dad took him to a chiropractor. I don't think that is covered ... so I think he ended up pay

With the changes taking place and everyone doesn't know what is going on you should call in 6 months and my answers may have changed. It is just a sudden change. They changed everything overnight. That is not right. Employer's even give you 90 days then people rush and panic because they don't know what will be covered. So you rush out and get what you can. Dental care eyes checked etc... People don't know what will happen. I rushed out and got all the appointments taken care of so I can be on the safe side. Because you don't know.

## Part 6. Confusion about Health Home/Medicaid Program

Myself and my child have always been on Medicaid. However, I don't know what Medicaid health home program is.

I don't even know what the Medicaid health home program is to tell you the truth. Send me some information about it please and thank you.

## Part 7. Problems with Cost of Medicaid Program

I have been on Medicaid, well my kids have for many years and never was there a co-pay. Out of the blue I was asked to make a payment. I was never notified prior to that doctor's appointment. No letter, no phone call, nothing. It caused me to have payments sent to collection! Not happy about that. Other than that, I am very grateful for our Medicaid coverage. Thank you.

## Part 8. Other Comments

My child has epilepsy we can not get under control. MRI, EEG (irregular), cat scans, 911 calls, lots of medical and medication cause behavioral issues (side effect).

Only the complicated stuff. I think, you know I have two kids and [name] is my easier one. The other one has autism so I'm a busy mother and there is just so much. I don't know what to do with it. It's so complicated.

I have a normal 13 year old active boy who is very healthy. That is my son here on the answers. I also have an 8 year old son who has asthma and gets sick easy around others.