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Medicaid

Medicaid Managed Care Evaluation Consumer Survey Report

**Results of the 2017 Survey of Iowa Medicaid Enrollees
Final Report to the Iowa Department of Human Services**

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Preface

This report presents the results of a study of how Iowa Medicaid managed care members in three Managed Care Organizations (MCOs) rated Medicaid, on a variety of measures, during the latter part of 2016 into early 2017. It was conducted at the request of the Iowa Department of Human Services as part of their continuing quality assurance activities.

The basis for the survey instrument was the Consumer Assessment of Healthcare Providers and Systems (CAHPS®), which is part of a national effort to evaluate health programs and provide consumers and purchasers with information about the quality of care provided through these programs.

CAHPS is sponsored by the Agency for Health Care Research and Quality (AHRQ). The CAHPS instrument was modified for use in this study by researchers at The University of Iowa Public Policy Center, in collaboration with the Iowa Department of Human Services (IDHS).

The core CAHPS survey instrument was modified to include additional questions about access to care, and how respondents received information if they had questions about the Medicaid program.

Researchers at The University of Iowa Public Policy Center conducted this study with funding provided by the Iowa Medicaid Enterprise (IME) and the US Department of Health and Human Services, Center for Medicare and Medicaid Services (CMS).

Information and conclusions presented in this report are the responsibility of the authors, and do not represent the views of the IME, the CMS, the health programs, or the University of Iowa.

Acknowledgments

The authors would like to thank staff at the Iowa Medicaid Enterprise, for their assistance completing this research and for creating an environment conducive to conducting this evaluation.

Special thanks to program assistant Chen Kong at UNI-CSBR. Also, we want to thank Dawn Johnson, project coordinator, at the University of Iowa Public Policy Center's Iowa Social Science Research Center who provided excellent research support throughout the project.

Executive Summary

This report presents the results of surveys concerning the health status, care delivery and health plan satisfaction for children and adults in the Iowa Medicaid program. This is the first evaluation of attitudes and experiences of Iowa Medicaid members that has been conducted by the University of Iowa Public Policy Center for the Iowa Medicaid Enterprise since the Medicaid modernization effort began on April 1, 2016. At that time, the care for virtually all services for the vast majority of Iowa Medicaid members was contracted to be delivered by three managed care organizations (MCOs): UnitedHealthcare, Amerigroup of Iowa and AmeriHealth Caritas of Iowa.

The *Survey of Iowa Medicaid (Title 19) Enrollees* was conducted during the Spring of 2017 using a mail-back survey methodology with an opportunity to complete the questionnaire online. It was mailed to a sample of 2000 adult and 2000 child members from each of the three Medicaid MCOs. An additional sample of 2000 adult and 2000 child members of the Supplemental Security Income (SSI) program, across the three MCOs was conducted. A twenty percent response rate for all of the surveys was received-consistent with previous surveys with Iowa Medicaid members and national surveys of Medicaid members.

Main conclusions

Child members

Health status of children

- Half of children were rated as having an *excellent* overall health status
 - The overall health status of all children in Medicaid was stable over the past few surveys

About one quarter of children (27%) had a special health care need. About four in ten children (39%) were rated as having an *excellent* oral health status—significantly lower than their general health. And almost one in three (30%) had their oral health rated as good, fair or poor

- About one in five children (19%) had some psychosocial problems, as defined by the parents' rating using the 17 item Pediatric Symptom Checklist (PSC 17)
- The most commonly reported chronic (medical or mental) health conditions were:
 - attention problems (14%)
 - behavioral or emotional problems (12%)
 - anxiety (11%)
- Behavioral/emotional health status of children was generally high, with 78% rated excellent or very good
 - However, about one in five (21%) of those who needed mental health counseling or treatment could not get the care they needed

Care delivery

- Five domains were measured to assess whether the child was being cared for in a medical home-like manner. Of note with regard to these, most of the children in Medicaid had a personal doctor (88%)
 - About three-fourths of parents reported that their child *always* (76%) received timely care
- About four in ten parents (41%) reported that children needed care right away in a clinic, ER, or doctor's office in the past 6 months
 - 22% of all children went to an ER in the past 6 months for care they needed right away
 - For two-thirds of these children, the parent said that this care could have been provided in a doctor's office rather than an ER
- Overall, the global ratings of the child's doctor, health care and health plan (i.e., the 2017 CAHPS ratings) was slightly better than in 2014

Issues by MCO

- In general, health status, health care and plan ratings did not differ across the three MCOs
 - The rating of the child's health plan (i.e., their Medicaid MCO) was similar to overall rating of Medicaid health plans in 2014 (52% vs. 56% rating of either a 9 or 10)
 - The plan ratings, however, were lower than the national rating for Medicaid plans (68%)
- About one-quarter of children (23%) switched personal doctor or did not have a personal doctor after enrolling in their MCO
- Parents with children in UnitedHealthcare were less likely to have changed their child's MCO after the initial ASSIGNMENT as compared to Amerigroup or AmeriHealth Caritas
- Among those parents that reported that their child needed care (35%), about one in ten (12%) reported that it was *sometimes* or *never* easy to get the care for their child
- Among those parents who reported that the child's care needed prior authorization (13%), more than one third of them reported that it was *somewhat hard* or *very hard* (39%) to get the authorization
- Among those parents who reported that they needed information (11%), about one third of them reported that it was *sometimes* or *never* (31%) easy to get the information

Adult Medicaid members

Health status of adults

- Less than half of adult reported that their health status was *Excellent* (15%) or *Very Good* (27%). About one in five (19%) reported that their health status was *Fair/Poor*
- About three-quarters (74%) had one or more chronic health conditions, with the most common being:
 - back/neck problems
 - allergies
 - overweight/obese
- Over half (53%) had one or more mental or emotional health conditions
 - The most common were: anxiety (43%) and depression (40%)

Care delivery

- There were six domains measured to assess the medical home. Of note:
 - 80% reported that they have a personal doctor
 - More than half (54%) reported that they *always* got timely care
 - About half (56%) reported that they *always* received proper care coordination
- One in five adults who takes medication had an unmet need for that drug (i.e. could not get it for some reason)
- One-third of adults visited an emergency department in the past 6 months
 - Almost two-thirds (59%) said that the care received in the ER could have been provided in a doctor's office
- Around half (48%) had a preventive visit in the past year
- Overall, the global ratings of their doctor, health care and health plan (i.e., the 2017 CAHPS ratings) was slightly better than in 2014

Issues by MCOs

- The rating of the health plan (i.e., their Medicaid MCO) was similar to overall rating of Medicaid health plans in 2014 (45% vs. 43% rating the program either a 9 or 10)
 - However, the rating was lower than the national rating for Medicaid health plans (57%)

- In general, health status, health care and plan ratings did not differ across the programs
- One third of adults switched their personal doctor after enrolling with their MCO
- Adults in UnitedHealthcare were less likely to have changed the MCO after the initial enrollment as compared to Amerigroup or AmeriHealth Caritas
- Just under one third (29%) said they had been required to receive care, tests, or treatment from their MCO
 - About one-third of these indicated it was *very hard* or *somewhat hard* to get prior authorization from their MCO, which varied by plan
 - Fewer adults in UnitedHealthcare said it was hard to get a prior approval (32%) as compared to those in Amerigroup (37%) or AmeriHealth Caritas (40%)
- Adults in AmeriHealth Caritas were more likely to have used transportation provided by the MCO

SSI Members vs. Medicaid Members

Child SSI members (Amerigroup, AmeriHealth Caritas, and UnitedHealthcare combined).

- Children in SSI (as might be expected by definition of the program):
 - had a lower health status
 - more chronic health conditions
 - were more likely to report needing health care
- Parents of children in SSI and Medicaid reported similar global ratings of their children's doctors, health care, and health plan (i.e., the CAHPS ratings), and the various components that make up care considered to represent medical home-like care

Adult SSI members (Amerigroup, AmeriHealth Caritas, and UnitedHealthcare combined).

- Adults in SSI (as might be expected by definition of the program)
 - had lower health status
 - more chronic conditions
 - were more likely to report need for care
- Medical home domains were rated similar to other adults in Medicaid
- Adults also provided similar global ratings of their doctor, health care and health plan (i.e., the CAHPS ratings) as other adults in Medicaid
- More than half of adults in SSI (58%) reported that they *always* got care as soon as needed
- Adults in SSI were significantly more likely to get needed care than adults in Medicaid (52%)

Chapter 1: Introduction and Methods

Introduction

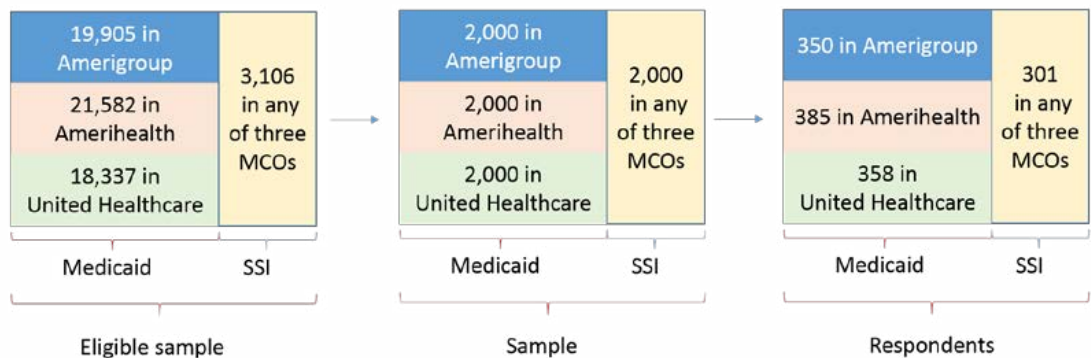
As part of the ongoing quality assurance activities of Iowa's Medicaid Managed Care Program IA Health Link, the Iowa Medicaid Enterprise (IME) contracts with researchers at The University of Iowa Public Policy Center to conduct a survey of non-institutionalized adults and parents/guardians of children enrolled in traditional Medicaid. Since the last survey report, the Medicaid program has changed significantly. Early in calendar year 2015, the state decided to place Medicaid members into one of three managed care plans beginning April 1, 2016. So, with the exception of a few populations not surveyed for this report, the vast majority of Medicaid members are currently managed by three private Managed Care Organizations (MCOs). These MCOs are:

- 1) Amerigroup Iowa, Inc. (Amerigroup)
- 2) AmeriHealth Caritas Iowa, Inc. (AmeriHealth)
- 3) UnitedHealthcare Plan of the River Valley, Inc. (UnitedHealthcare)

As of February 2017 (when the sample was drawn), there were 62,930 children (less than 18 years old) enrolled in the MCOs for at least 6 months. There were 19,905 children in Amerigroup, 21,582 children in AmeriHealth, and 18,337 children in UnitedHealthcare. In addition, 3,106 supplemental security income (SSI) eligible children were enrolled in one of the three MCOs — they were not separated by MCO for the SSI portion of this study.

Figure 1-1. Sample and respondents among children in one of the MCO's

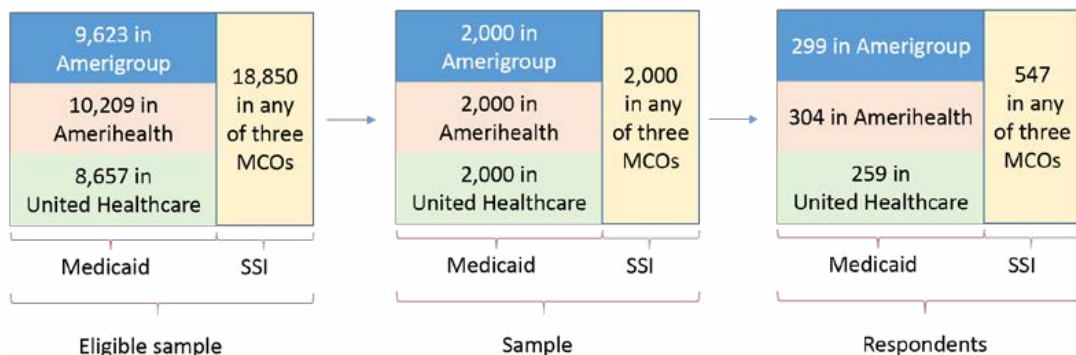
Number of children with 6 months of continuous enrollment in the MCO at the time of sampling (February of 2017)



As of February 2017 (when the sample was drawn), there were 47,339 adults enrolled in the MCOs for at least 6 months. There were 9,623 adults in Amerigroup, 10,209 adults in AmeriHealth, and 8,657 adults in UnitedHealthcare. In addition, 18,850 supplemental security income (SSI) eligible adults were enrolled in all three MCOs.

Figure 1-2. Sample and respondents among adults in one of the MCO's

Number of adults with 6 months of continuous enrollment in the MCO at the time of sampling (February of 2017)



Further information about the enrollment in MCOs can be seen at:
<https://dhs.iowa.gov/ime/about/performance-data>

The annual report of performance report can be seen at:
https://dhs.iowa.gov/sites/default/files/MCO_Annual_Report_Final_12-15-16.pdf

Data from past years, as well as information from the CAHPS online reporting system that contains National Comparative Data¹ (NCD) for the CAHPS health programs was used when appropriate.

Methodology

The *Survey of Iowa Medicaid (Title 19) Enrollees* was conducted during the Spring of 2017 using a mail-back survey methodology with an opportunity to complete the questionnaire online. Questionnaires were mailed to random samples of non-institutionalized medicaid members who had been continuously enrolled in their MCO at the time of sampling for at least six months. Children in HAWK-I were excluded from this study.

Random samples of children and adults were drawn from the three MCOs, from Medicaid enrollment data current as of February of 2017. Only one person was selected per household to reduce the relatedness of the responses and respondent burden. The samples were comprised of 8,000 children (2,000 each from SSI-all MCOs, Amerigroup, AmeriHealth, and UnitedHealthcare) and 8,000 adults (2,000 each from SSI-all MCOs, Amerigroup, AmeriHealth, and UnitedHealthcare).

In households with more than one child enrolled in Medicaid, one child was selected at random as the “participant child.” The survey was addressed to the parent or guardian with instructions to complete the survey based on their experiences obtaining health care for this child only. The initial mailing was sent to 8,000 adults and the parents/guardians of 8,000 children, followed by a reminder postcard seven days later. A second survey packet was sent to non-respondents four weeks after the reminder card mailing. All the mailings included instructions for an online version of the questionnaire.

To maximize response rates for the mailed survey, both a premium and an incentive were used during the first mailing. Each survey packet included a \$2 bill. In addition, survey respondents completing the questionnaire within the first two weeks of the study were entered into a random drawing for one of twenty \$25 Wal-Mart gift cards.

Survey responses were obtained for 1,394 children and 1,409² adults, for unadjusted response rates of 17% for the child and 18% for the adult (Table 1-1 and Table 1-2). After adjusting for members who were not eligible for the study (e.g., moved out of the state, invalid address), the response rates were 20%.

Table 1-1. Sampling and response rates: Children

Program	Number Sampled	Number of Respondents	Response Rate
SSI-all MCOs	2,000	301	15%
Amerigroup	2,000	350	18%
AmeriHealth	2,000	385	19%
UnitedHealthcare	2,000	358	18%
Total	8,000	1,394	17%
Adjusted Total*	6,883	1,394	20%

* Adjusted for ineligibles

1 Formerly known as National CAHPS Benchmarking Database (NCBD). The data is available at:
<https://www.cahpsdatabase.ahrq.gov/CAHPSIDB/Public/Measures.aspx>

2 There were 1,412 completed surveys and 3 of these surveys did not have an ID.

Table 1-2. Sampling and response rates: Adults

Program	Number Sampled	Number of Respondents	Response Rate
SSI-all MCOs	2,000	547	27%
Amerigroup	2,000	299	15%
AmeriHealth	2,000	304	15%
UnitedHealthcare	2,000	259	13%
Total*	8,000	1,409	18%
Adjusted Total**	7,084	1,412	20%

* Adjusted for ineligible

**Adjusted total include 3 respondents with missing program information

Survey instrument

The survey instrument was based on the most recent version (5.0) of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

A number of items were added to the CAHPS survey from a variety of sources as listed below.

- The CAHPS Patient-Centered Medical Home (PCMH) items were added. The PCMH items allow assessment of Medicaid enrollee experiences with their primary care providers.
- In the child survey, PCMH items assessed the following topic areas: 1) having a personal doctor, 2) timely access to care and use of services, 3) coordination of care, 4) communication with the doctor, 5) advice about their child's safety and health.
- In the adult survey, PCMH items assessed the following topic areas: 1) having a personal doctor, 2) timely access to care, 3) coordination of care, 4) communication with the doctor and interactions with staff, 5) comprehensive care, and 6) self-management and support.
- The Children and Youth with Special Health Care Needs (CYSHCN) screening instrument was developed by the Child and Adolescent Health Measurement Initiative (CAHMI), and
- The Pediatric Symptom Checklist with 17 items (PSC-17) generates 3 indicators identifying attention problems, impairment due to anxiety and/or depression, and conduct problems.

Data analysis

The data was weighted to control for potential systematic biases created from collecting data from a stratified sample by MCO enrollment. This simple weighting factor was added to make the data representative of all Medicaid members statewide and adjusted for the fact that there were not equal numbers of members in each MCOs.

The data contained 2 main groups of respondents. The first group was comprised of enrollees in the three MCOs who were enrolled in Iowa Medicaid, therefore, there were three distinctive sub-groups within the Iowa Medicaid group. The second group was comprised of SSI enrollees across all MCOs (see Figure 1.1).

Chapters two and three of this report focused on the Iowa Medicaid children and adults respectively, assessing possible sub-group differences across the MCOs. This section of the report also provided the comparison between Iowa Medicaid and the National Comparative Data (NCD) for the CAHPS health programs.

Chapters four and five focused on the experiences of child and adult SSI enrollees respectively. There were no separate SSI samples by MCO. The entire child and adult SSI population was instead compared to the Iowa Medicaid (enrollees in all MCOs combined).

Figure 1-3. Groups in the Medicaid analysis



Data were tabulated and bivariate analyses (i.e., chi-square, t-test and nonparametric tests for group differences) were conducted using SPSS. CAHPS composite ratings were analyzed with a SAS macro program developed by the CAHPS team. This program generates CAHPS results adjusted for case-mix variables such as use of health care services, age, education, and health status. The macro, accompanying programs, and documentation are available for download from the CAHPS Survey Users Network web site.

Limitations

There are some limitations of this study due to non-response bias.

In the adult sample, respondents were more likely to be women, white, and older than those who were non-respondents (see Table 1-3 and Table 1-4). However, similar relationships were found in adult SSI respondents vs. non-respondents for sex and age and race.

In the child sample, demographics of a respondent's child were more likely to be white than those children in MCOs whose parent did not participate in the study. However, there were not significant differences by child sex and age between children whose parents participated and those parents who did not participate in the study (see Table 1-5 and Table 1-6).

Table 1-3. Demographics of adult respondents and non-respondents in MCOs

Demographics	Non-respondent (n = 5,138)	Respondent (n = 862)	Total (n = 6,000)
Sex**			
Female	80%	84%	80%
Male	20%	16%	20%
Age***			
18-24	31%	21%	29%
25-34	40%	35%	39%
35-44	22%	28%	23%
45-54	6%	12%	7%
55-64	1%	4%	2%
Race***			
White	63%	71%	65%
Black	12%	6%	11%
American Indian, Asian and PI	3%	4%	3%
Hispanic (all races)	8%	5%	7%
Multiple races	2%	1%	2%
Unknown	12%	13%	12%

* $p < .05$, ** $p < .01$, and *** $p < .001$

Table 1-4. Demographics of SSI adult respondents and non-respondents in MCOs

Demographics	Non-respondent (n = 1,453)	Respondent (n = 547)	Total (n = 2,000)
Sex***			
Female	49%	59%	52%
Male	51%	41%	48%
Age***			
18-24	13%	4%	10%
25-34	20%	12%	17%
35-44	17%	14%	16%
45-54	23%	24%	23%
55-64	27%	47%	33%
Race*			
White	64%	70%	66%
Black	12%	9%	11%
Hispanic (all races)	2%	1%	2%
Other^	2%	1%	2%
Unknown	20%	19%	20%

* $p < .05$, ** $p < .01$, and *** $p < .001$

^ Includes Asian and PI, Native American, and multiple races

Table 1-5. Demographics of children in MCOs whose parent/guardian responded and those that did not respond

Demographics	Non-respondent (n = 4,907)	Respondent (n = 1,093)	Total (n = 6,000)
Sex			
Female	50%	48%	50%
Male	50%	52%	50%
Race***			
White	42%	50%	44%
Black	7%	4%	7%
American Indian, Asian and PI	3%	3%	3%
Hispanic (all races)	11%	9%	11%
Multiple races	3%	2%	3%
Unknown	34%	33%	34%
Age			
Mean	7.5 years	8.0 years	7.6 years

* $p < .05$, ** $p < .01$, and *** $p < .001$

Table 1-6. Demographics of SSI children in MCOs whose parent/guardian responded or did not respond

Demographics	Non-respondent (n = 1,699)	Respondent (n = 301)	Total (n = 2,000)
Sex			
Female	34%	36%	34%
Male	66%	64%	66%
Race**			
White	37%	48%	39%
Black	15%	7%	14%
Hispanic (all races)	7%	7%	7%
Other [^]	5%	4%	5%
Unknown	36%	34%	36%
Age			
Mean	9.7	9.8	9.8

* $p < .05$, ** $p < .01$, and *** $p < .001$

[^]Includes Asian and PI, Native American, and multiple races

Chapter 2: Child Results For 2017 (MCOs: Amerigroup, AmeriHealth Caritas, and UnitedHealthcare)

The following is a summary of results from the *Survey of Iowa Medicaid (Title 19) Enrollees* for non-institutionalized children enrolled in traditional Medicaid (0-18 years old, excluding HAWK-I) enrolled in MCOs: Amerigroup, AmeriHealth, and UnitedHealthcare who participated in this survey. Responses to each item in the questionnaire are in Appendix A.

Demographics of children in Medicaid

The demographic characteristics were similar to previous surveys (Table 2-1).

Table 2-1. Demographics of children in the Medicaid sample†

Characteristic	Iowa Medicaid 2017	Iowa Medicaid 2014	Iowa Medicaid 2013	Iowa Medicaid 2011
% Female	48%	49%	48%	52%
Average age in years	8	8	8	8
Race/ethnicity*				
Hispanic/Latino (all races)	12%	14%	13%	12%
Caucasian	80%	85%	79%	82%
African American	11%	14%	14%	14%
Asian/Pacific Islander	4%	3%	4%	1%
American Indian / Alaska Native	2%	4%	3%	2%
Other	1%	2%	5%	1%
Two or more races	11%	9%	8%	NA

†Un-weighted data

Race/ethnicity categories are not mutually exclusive.

Health status of children in Medicaid

Overall health status

Fifty-one percent of children in 2017 were reported to be in “excellent” health, which is similar to what was reported in previous years (Table 2-2).

Table 2-2. Health status of children

Global health rating	Iowa Medicaid 2017	Iowa Medicaid 2014	Iowa Medicaid 2013	Iowa Medicaid 2011*
Excellent	51%	49%	49%	49%
Very good	34%	36%	38%	37%
Good	14%	12%	11%	12%
Fair/poor	2%	3%	2%	2%
Special health care need	27%	29%	32%	28%

*2011 data include children in the SSI program who by definition will have lower health status

Children with special health care needs

About one in four children (27%) in Medicaid met screening criteria as being a Child or Youth with a Special Health Care Need (CYSHCN). There was no significant difference between children in Amerigroup (25%), AmeriHealth (31%), or UnitedHealthcare (27%).

Psychosocial indicators

The questionnaire assessed psychosocial problems using the 17-item Pediatric Symptom Checklist (PSC-17). The PSC-17 generates 3 indicators identifying attention problems, impairment due to anxiety and/or depression, and conduct problems for children who are 4 years or older.

- 10% of children were classified with attention problems
- 18% of children were classified with impairments due to anxiety and/or depression
- 14% of children were classified with conduct problems

There was no significant difference between children in Amerigroup, AmeriHealth, or UnitedHealthcare in the psychosocial indicators.

Chronic conditions

Almost half of parents (43%) reported that their child had one or more medical or mental health conditions that lasted or was expected to last for at least 3 months. The most common chronic health conditions are shown in Table 2-5.

About half of parents (47%) reported that their child had seen a doctor or other health provider 3 or more times for the same condition or problem and of those, 50% reported that their child had been taking prescription medication for at least 3 months for any of those conditions.

Table 2-3. Most commonly reported chronic health conditions

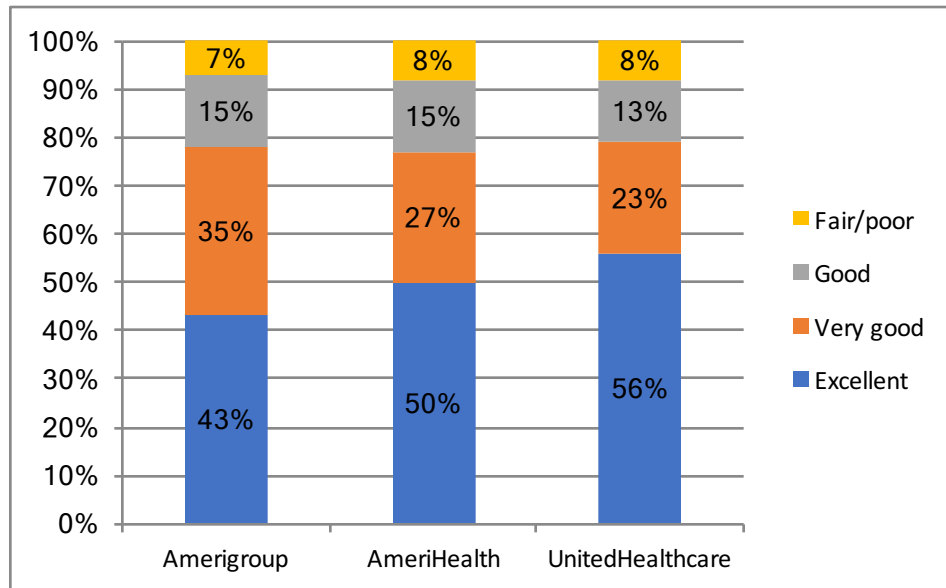
Chronic health conditions	Iowa Medicaid 2017
Attention problems	14%
Behavioral or emotional problems	12%
Anxiety	11%
Chronic allergies or sinus problems	9%
Asthma	9%
Vision problems	7%

Behavioral and emotional health care

To assess mental health status and access to care, parents were asked to rate their child's current overall mental and emotional health, the need for and receipt of any treatment or counseling, and the unmet need for treatment or counseling for mental or emotional health problems. Sixteen percent of parents reported that their children needed mental health counseling or treatment. Of the 16% who needed mental health counseling or treatment, 21% could not get the care they needed.

Behavioral/emotional health status was generally high with 78% rated *excellent* or *very good* (Figure 2-1). Children in the Amerigroup were less likely to be reported as having *excellent* behavioral/emotional health compared to children in AmeriHealth Caritas or UnitedHealthcare.

Figure 2-1. Behavioral/emotional health status by MCO



Attributes of a Medical Home of children in Medicaid

The child's access to a medical home was assessed by evaluating several domains: 1) having a personal doctor, 2) timely access to care and use of services, 3) coordination of care, 4) communication with the doctor, 5) advice about their child's development and preventive health.

Personal doctor

Parents were asked several questions about their child's personal doctor.

- 88% of children were reported to have a personal doctor
- 77% of children reported to have the same personal doctor as before enrolling in the MCO
- 49% of children have been going to the same personal doctor for three years or more
- There was not a significant difference across the MCOs

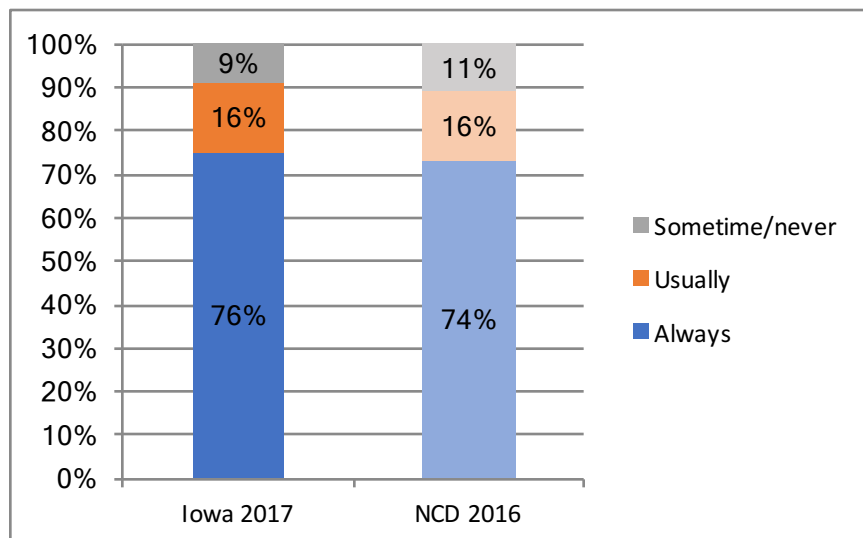
Access to timely care and use of services

Access to health care for children was assessed with five CAHPS items. The first two items resulted in the following findings.

- When the child needed care right away, 82% reported that they *always* received the care as soon as needed
- Not counting the time the child needed care right away, 68% reported that they *always* got an appointment for a check-up or routine care at a doctor's office as soon as needed

The CAHPS online reporting system that contains Comparative Data (NCD) for the CAHPS health programs uses these two items to assess getting care as soon as needed. About three-fourths of children (76%) always got care as soon as needed. This is similar to the national CAHPS-NCD data. The composite scores are shown in Figure 2-2. There were no differences across the MCOs.

Figure 2-2. Timely care (with 2 items) by children Medicaid and CAHPS-NCD

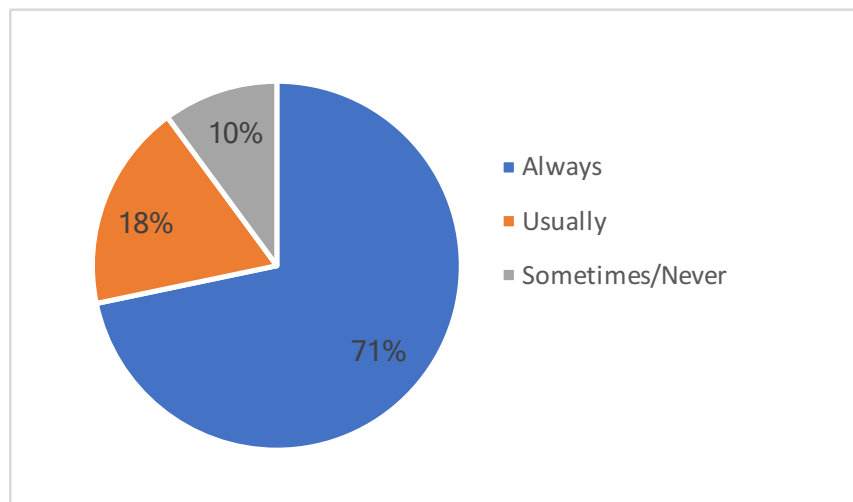


One additional CAHPS item was used to assess timely care.

- When they phoned the doctor's office during regular office hours, 62% reported that they *always* got answers for their medical questions or concerns in the same day

A composite score using CAHPS 3-items (including the first two) is shown in Figure 2-3. About seven in ten parents of children in Medicaid (71%) reported that they *always* got timely care for their child. However, 10% of parents reported that *sometimes* or *never* got timely care. There were no significant differences across the MCOs.

Figure 2-3. Timely care (with 3 items) of children in Medicaid



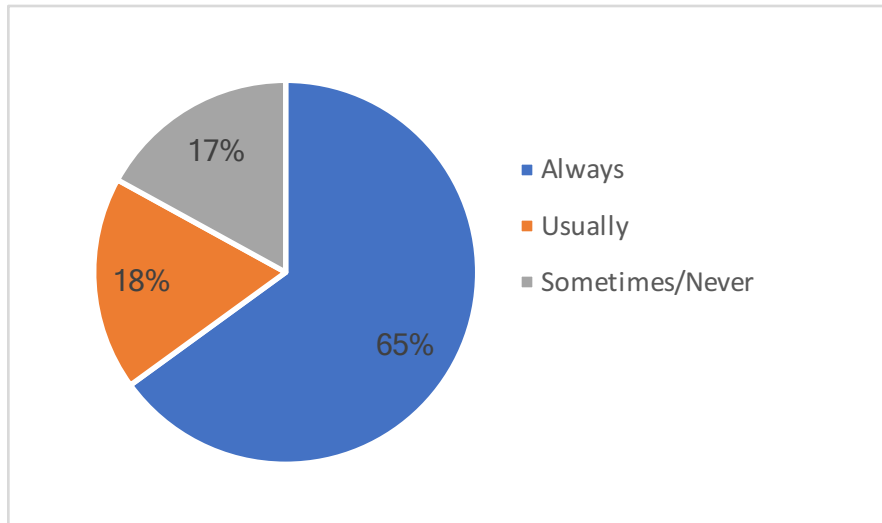
Coordination of care

Coordination of care for children was assessed with four CAHPS items regarding physician orders and care from a specialist.

- When the doctor's office ordered a blood test, x-ray, or other test for them, 77% reported that the doctor's office *always* followed up to give them the results
- 60% reported that the doctor's office *always* seemed informed and up-to-date about the care their child got from a specialist
- 72% reported that the child's personal doctor *always* seem to know the important information about their child's medical history
- 51% reported that someone from doctor's office *always* talked about all the prescription medicines their child was taking

The composite score for coordination of care is shown in Figure 2-4. About six in ten (65%) reported their children *always* received proper care coordination. However, 17% of parent reported that *sometimes* or *never* got care coordination. There was no difference by MCOs.

Figure 2-4. Care coordination of children Medicaid



Communication with the doctor and interaction with staff

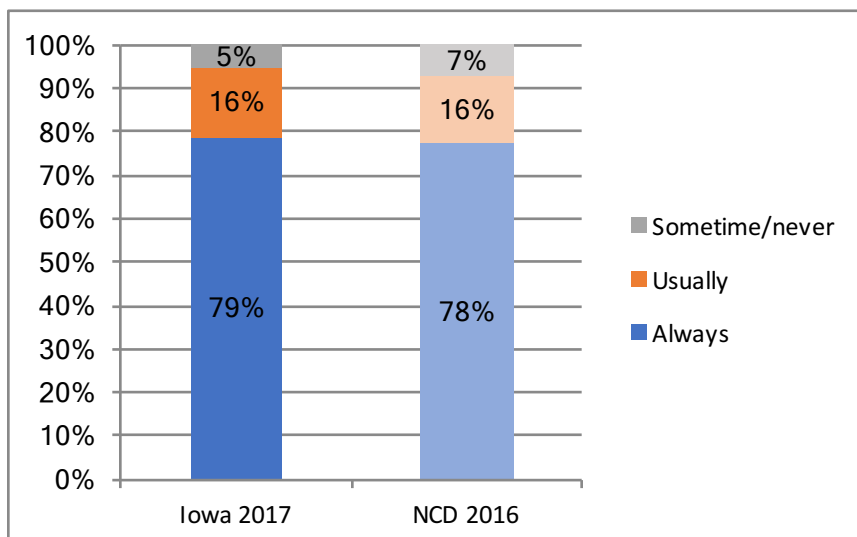
Eighty-eight percent of children had a personal doctor. Of those who had a personal doctor, 84% had visited the doctor in the last 6 months.

About three-fourths of parents reported their child's personal doctor *always* explained things in a way that was easy to understand (79%).

- 81% of parents reported their child's personal doctor *always* listened carefully to them
- 84% reported that their child's doctor showed respect for what they had to say
- 73% reported that their child's doctor spent enough time with their children

The CAHPS-NCD uses these four items to assess doctors' communication (Figure 2-5). About eight in ten (79%) reported that the child's doctor *always* communicated well. This is similar to the national CAHPS-NCD data, and there were no differences by MCO.

Figure 2-5. Communication with the child's personal doctor (4 items) of children in Medicaid and CAHPS-NCD



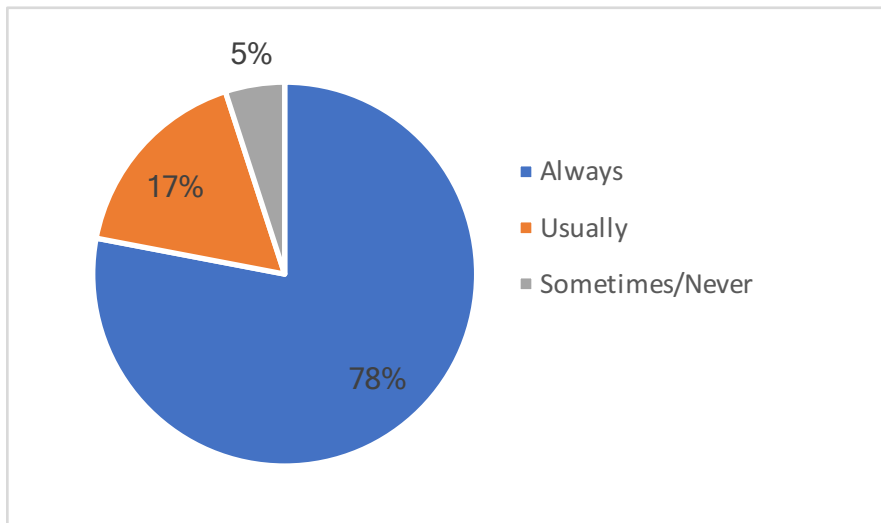
Two more CAHPS items were used to further assess doctors' communication.

About three-fourths of parents reported their child's personal doctor *always* listens carefully to their child (78%).

- 71% of parents reported their child's personal doctor *always* explain things in a way that was easy for their child to understand

A composite score using these six items (including the first four) is shown in the Figure 2-6. About eight in ten (78%) reported that the child's doctor *always* communicated well. This is similar to the national CAHPS-NCD data, and there were no significant differences by MCO.

Figure 2-6. Communication with the child's personal doctor (6 items) of children in Medicaid



Advice about their child's development and preventive health

Seven items assessed if the parent received advice about their child's development and preventive health while visiting the child's personal doctor.

Development

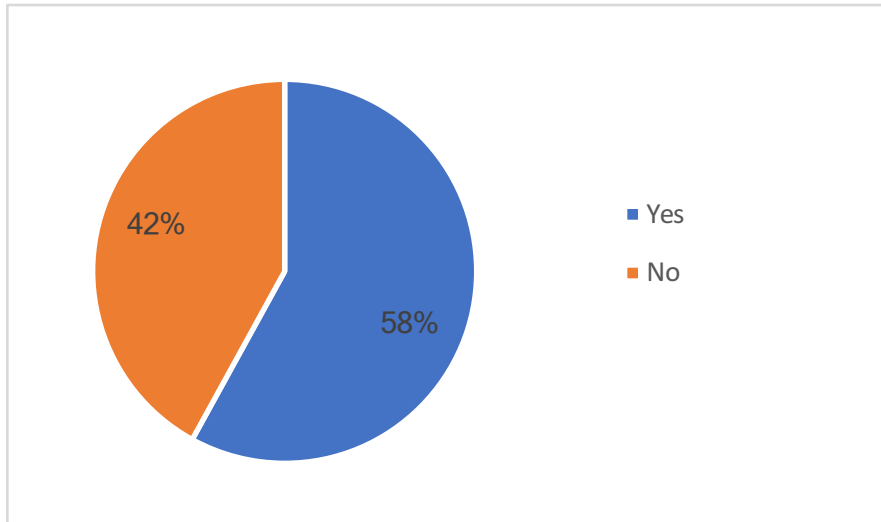
- About three-fifths of parents reported that they talked with someone from a doctor's office about the kinds of behaviors that are normal for their child at this age (61%).
- About two-thirds of parents reported that they talked with someone from a doctor's office about how their child's body is growing (69%).
- About one-half of parents reported that they talked with someone from a doctor's office about their child's moods and emotions (54%).
- About one-half of parents reported that they talked with someone from a doctor's office about how their child gets along with others (46%).

Preventive health

- About two-fifths of parents reported that they talked with someone from a doctor's office about things they could do to keep their child from getting injured (42%).
- About two-thirds of parents reported that they talked with someone from a doctor's office about how much or what kind of food their child eats (61%).
- About one-half of parents reported that they talked with someone from a doctor's office about how much or what kind of exercise their child gets (51%).

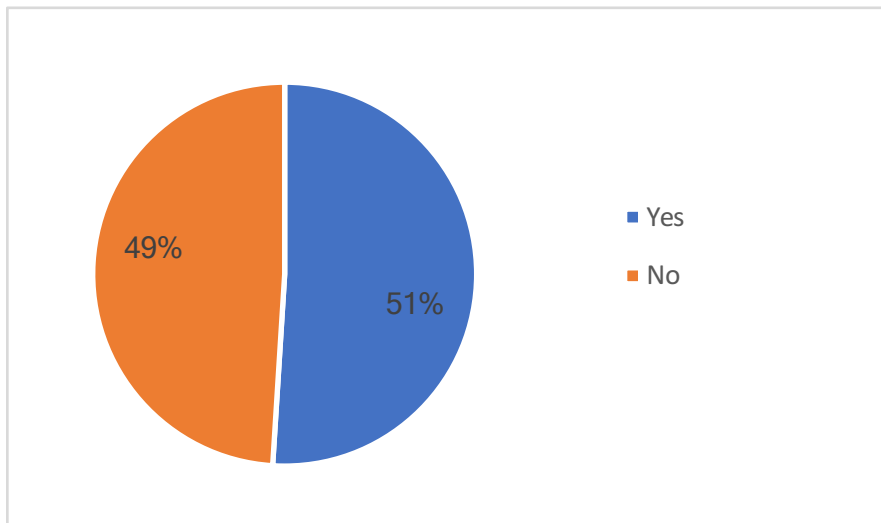
A composite score of interaction with the provider about their child's development using 4 items is shown in the Figure 2-7. About six in ten (58%) reported that they had received advice about their child's development. There were no significant differences by MCO.

Figure 2-7. Advice about child's development of children in Medicaid



A composite score of interaction with the provider about prevention in child's health using 3 items is shown in the Figure 2-8. Slightly more than half (51%) reported that they had talked about prevention in child's health. There were no significant differences by MCO.

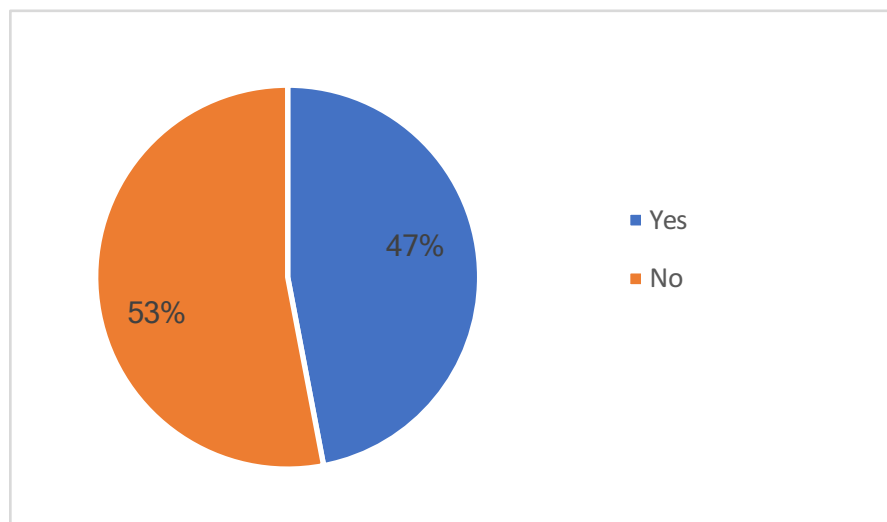
Figure 2-8. Advice about prevention in child's health of children in Medicaid



Information about care during evenings, weekends, and holidays

- About one-half of parents (47%) reported that their child's doctor's office gave them information about what to do if their child needed care during evenings, weekends, and holidays

Figure 2-9. Information about care during evening, weekends, and holidays of children in Medicaid



Health care of children in Medicaid in the last 6 months

Unmet need for care

Overall rates of unmet need for various types of health care among children in Medicaid ranged 2% to 5%. Unmet need for all types of care remained about the same compared to those in the last survey with an Iowa Medicaid population of children in 2014. Percent of unmet need was highest for routine care and prescription drugs (Table 2-6). These rates are for all children in Amerigroup, UnitedHealthcare, or AmeriHealth, whether they needed the service or not.

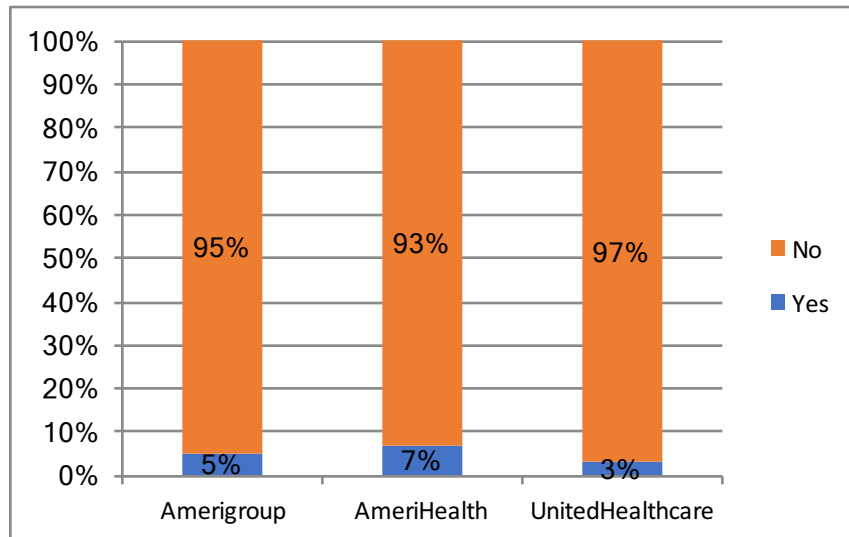
Table 2-4. Unmet health care needs among all children*

Type of care	Iowa Medicaid 2017	Iowa Medicaid 2014	Iowa Medicaid 2013	Iowa Medicaid 2011
Care right away	2%	3%	3%	NA
Care, tests or treatment	NA	NA	NA	5%
Routine care	5%	6%	9%	NA
Preventive health care	4%	4%	5%	2%
Specialty medical care	3%	1%	2%	3%
Dental care	4%	6%	6%	5%
Emotional, developmental, or behavioral care	3%	3%	2%	3%
Prescription drugs	5%	4%	5%	6%

*Unmet need was defined as couldn't get needed care sometime in last 6 months.

There was not a significant difference across the MCOs in these measures except the unmet need for a check-up or routine care. Parents with children in AmeriHealth Caritas (7%) were more likely to have had an unmet need for routine care as compared to children in Amerigroup (5%) and UnitedHealthCare (3%) (see Figure 2-10).

Figure 2-10. Unmet need for check-up or routine care by MCOs



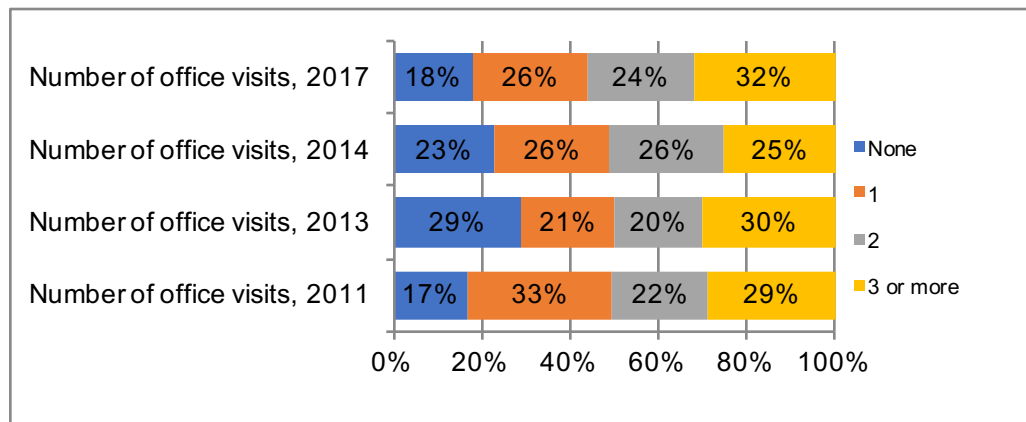
Outpatient visits

Office visits

Parents were asked about their child's health care in the last six months, not including overnight stays in a hospital or dental care visits.

- 82% of children had an office visit in the last six months (Figure 2-11)

Figure 2-11. Outpatient visits in the last six months of children in Medicaid



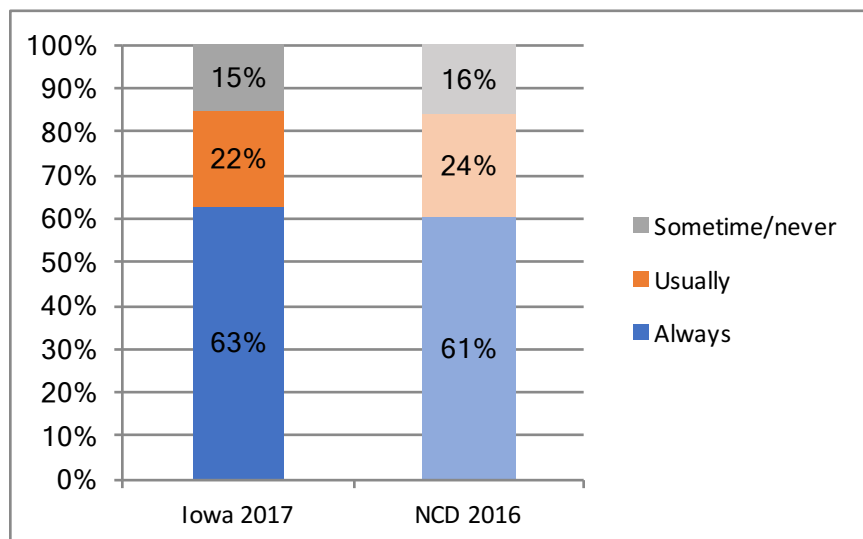
The vast majority of parents (95%) stayed in the exam room with their child. Of these, 55% reported that the doctor told them that they needed to do something to follow up on the care of their child and almost everyone (98%) received enough information about what they needed to do.

Getting needed care

Nearly two-thirds of parents (67%) reported that it was *always* easy to get the care, tests or treatment they thought their child needed. Also, 59% of parents reported they *always* got an appointment for their child to see a specialist as soon as he or she needed it.

The CAHPS-NCD uses these two items to assess access to needed care. A composite score using these items is shown in the Figure 2-12. Nearly two-thirds (63%) reported that they *always* got the care needed for their child as soon as needed. This is similar to the national CAHPS-NCD data, and there were no differences by MCO.

Figure 2-12. Getting needed care of children in Medicaid in the last 6 months and CAHPS-NCD

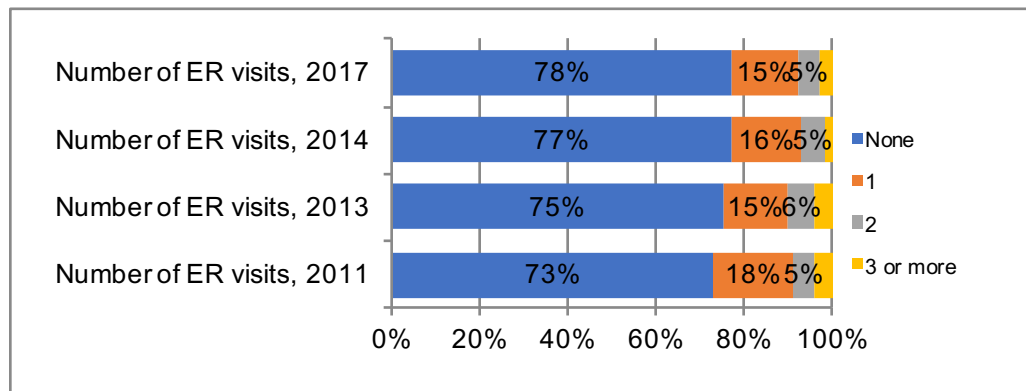


Care right away (including emergency care)

About four in ten parents (41%) reported that their child needed care right away in a clinic, emergency room (ER), or doctor's office.

Less than one in four children had visited an ER (22%) in the last six months (Figure 2-13) and the number of ER visits was similar to a survey with Iowa Medicaid enrolled children in 2014 data. Of these, about two-thirds of parents (66%) thought that the care their child received at his or her most recent visit to the ER could have been provided in a doctor's office if one was available at the time.

Figure 2-13. Emergency department visits of children in Medicaid in the last 6 months



The most common reasons for the most recent visit to the ER were their child's doctor office or clinic was not open when they needed care for their child (61%) and their child's health problems was too serious for the doctor's office or clinic (16%).

Table 2-5. Reasons for the most recent visit to the ER of children in Medicaid

	Iowa Medicaid 2017
My child's doctor's office or clinic was not open when my child needed care	61%
My child's health problem was too serious for the doctor's office or clinic	16%
My child's doctor, nurse, or other health care provider told me to go to an ER for my child's care	7%
My child's doctor's office or clinic was open, but I could not get an appointment for my child	7%
I had transportation problems getting my child to a doctor's office or clinic	1%
I did not have a doctor or clinic to go to	1%

Preventive care

Parents were asked about preventive health care services in the past 6 months and receipt of the flu shot.

- More than three-quarters of children (80%) had a preventive health visit in *past year*
- About half (47%) had a flu shot during the past flu season

Specialty care

Parents were asked if their children have seen a specialist for a particular health problems in the past 6 months.

- Seventeen percent of all parents indicated their children had seen a specialist in past six months

Hospital stay

Four percent (N=44) of all children stayed one or more nights in the hospital.

- Of the 44 children with a hospital stay, 7 went back to the hospital soon after being allowed to go home. These results should be interpreted with caution due to the low number of respondents

Prescription medication

Parents were asked about their child's need for prescription medicine, and times when the child was unable to get it for any reason.

- 47% of children needed a prescription medication in the last six months of these:
- 51% reported that someone in the provider's office *always* talked with them about all of the prescription medicines their child was taking
- 72% reported that it was *always* easy to get prescription medicine for their child through child's health plan
- 11% had an unmet need (I.E., could not get it for some reason)

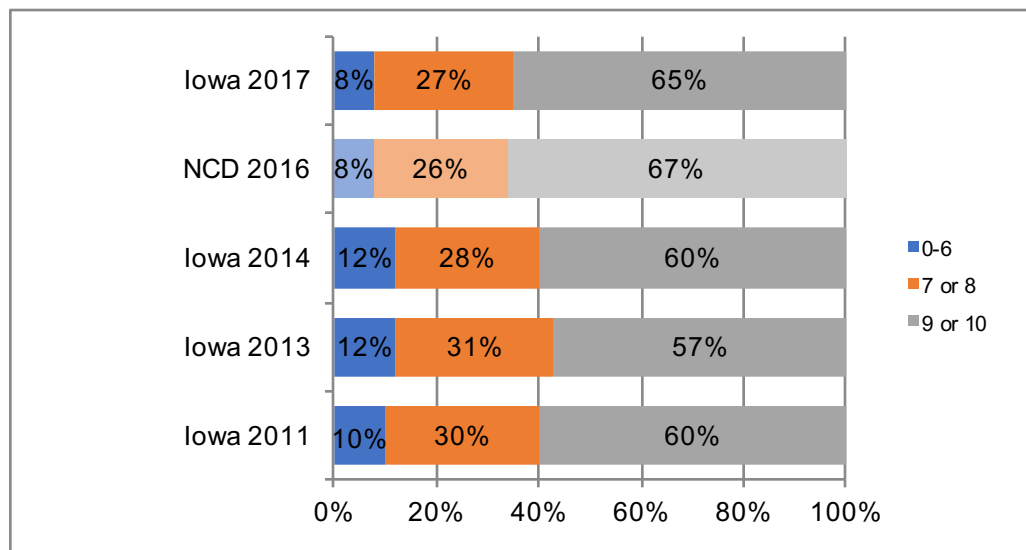
Quality of health care of children in Medicaid

Parents rated their child's health care, personal doctor and specialist (if applicable) on the CAHPS global rating scale, where 0 = worst possible and 10 = best possible health care.

Rating of all health care

Overall rating of the care that children received remained quite high (Figure 2-14). On a 0-10 scale, care for 65% of children was rated either a 9 or 10. Results were slightly lower than for children nationally. There was no difference in the rating by MCO.

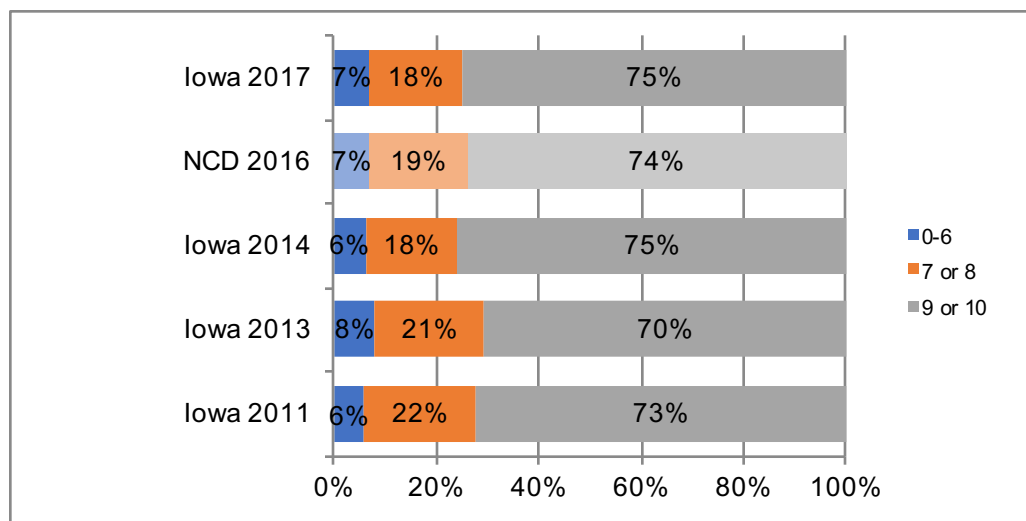
Figure 2-14. Rating of children's overall health care



Rating of child's personal doctor

Personal doctor ratings for children remained generally high, with more than seven in ten (75%) rating their child's doctor as a 9 or 10, similar to national data (Figure 2-15). There was no difference by MCO.

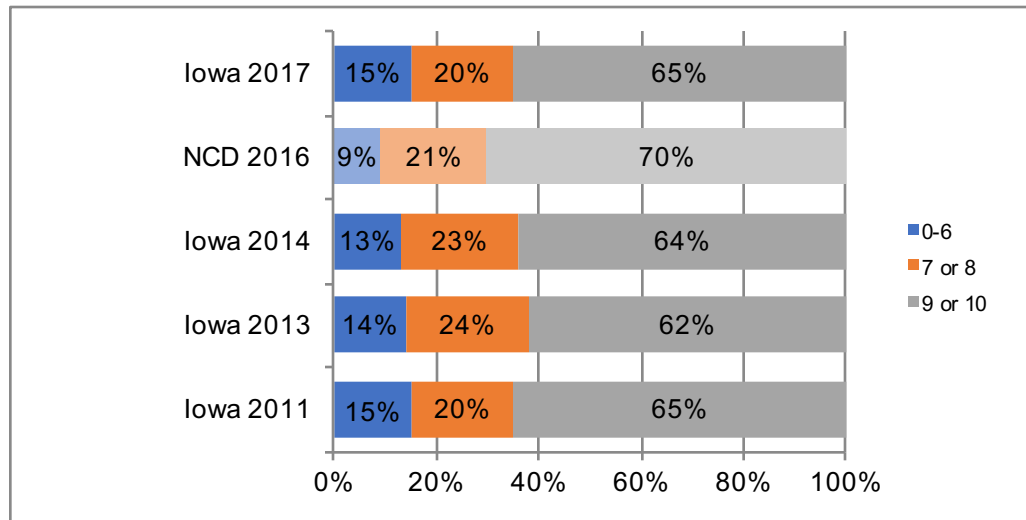
Figure 2-15. Rating of child's personal doctor



Rating of specialist child saw most often

Among children who saw a specialist, ratings of those specialists (65%) were slightly lower than the national data and the rating for personal doctors (Figure 2-16). There was no difference by MCO.

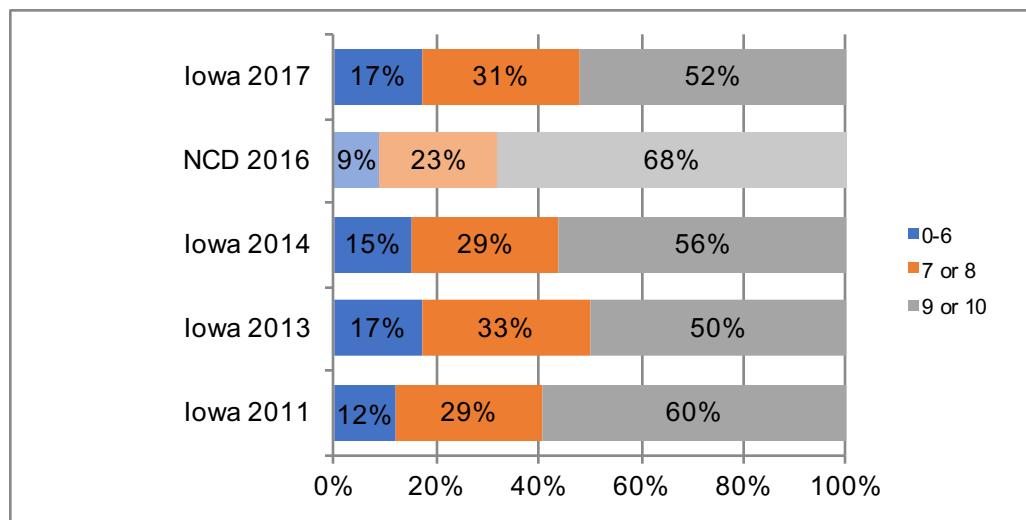
Figure 2-16. Rating of child's specialist



Rating of Medicaid MCO plan

The health program rating for 2017 was lower than in 2014. Also, the rating was lower than the national rating for Medicaid health plans (Figure 2-17). There was no difference by Medicaid MCO.

Figure 2-17. Rating of child's health program



Medicaid helpline & information (parents of children in Medicaid)

Parents were asked about their experience trying to find information or completing paperwork regarding their child's health program in the last six months.

- 42% were aware of the toll-free Enrollment Broker/IME Member Services Medicaid helpline
- 13% of those aware of the helpline had called for help or information
- Of those who called the Medicaid helpline, 40% *always* found the help or information needed
- 23% of parents had looked for information in written materials or the Internet about how their child's Medicaid program works
- Written materials from Medicaid (13%), written materials from the MCO (11%), and Doctor or office staff (9%) were most frequently used and were the most helpful sources, followed by Medicaid websites (6%), the MCO website (4%), Medicaid helpline (3%), calls to the MCO (3%), and friends and family (2%)

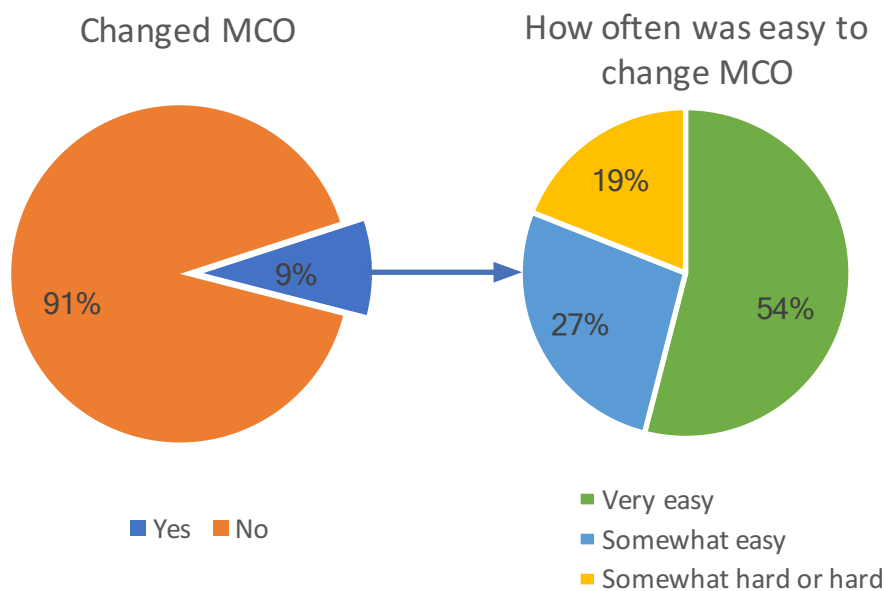
Experiences with the child's MCO in Medicaid

Parents were asked about their experience with the child's MCO in the last six months. The first issue had to do with changes they might have made between the MCO to which they were assigned. This change is only allowed during their first 90 days in the program, and annually during the open enrollment period.

- 9% had tried to change MCO after the initial assignment (see Figure 2-18)
- Of these, 81% said it was very easy or somewhat easy to change MCO
- 19% said it was somewhat hard or very hard to change MCO

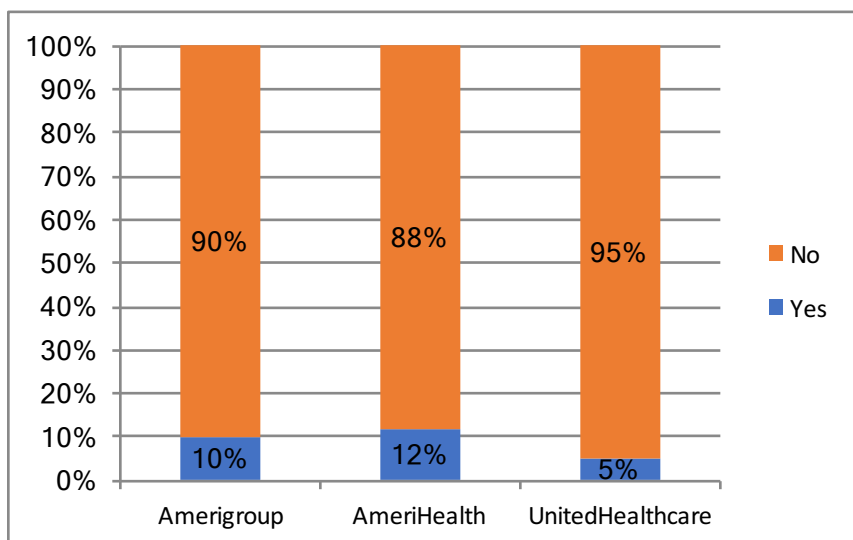
Even though less than 10% had tried to change MCOs, it is possible that some of those who said it was *somewhat* or *very* hard to change were impacted because they wanted to change during a time period when changing plans is not allowed.

Figure 2-18. Have changed the MCO after initial enrollment and how easy was to change the MCO



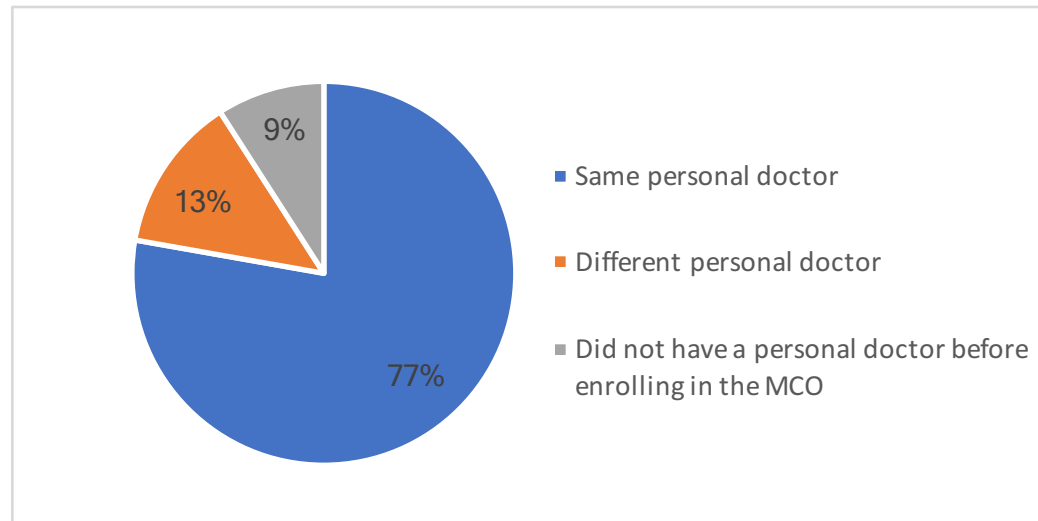
Children in UnitedHealthcare were less likely to have sought to change the MCO (see Figure 2-19).

Figure 2-19. Change of MCO after the initial enrollment



As stated previously, parents were asked a question if their child has the same personal doctor as before enrolling the MCO. Although 77% of children were reported to have the same personal doctor as before, 13% of parents reported that they needed to find a different personal doctor for their child after initial enrollment. Nine percent of children gained a personal doctor when they did not have one prior to enrolling with the MCO (see Figure 2-20).

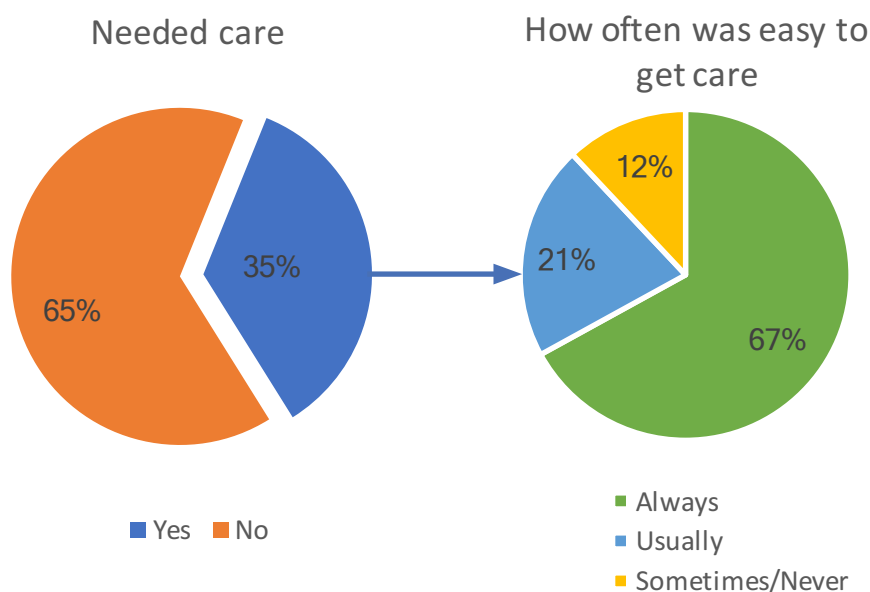
Figure 2-20. Same personal doctor thorough the MCO after the initial enrollment



Parents also reported their perception of care received through the MCO. There was not a significant difference in the responses by MCOs.

- About one third (35%) reported that they tried to get any kind of care, test, or treatment they thought their child needed through the MCO (see Figure 2-21).
 - Of those who tried to get care, 67% reported that it was *always* easy to get the care, test, or treatment they thought their child needed through the MCO. However, 12% of parents reported that it was either *sometime* or *never* easy to get care.

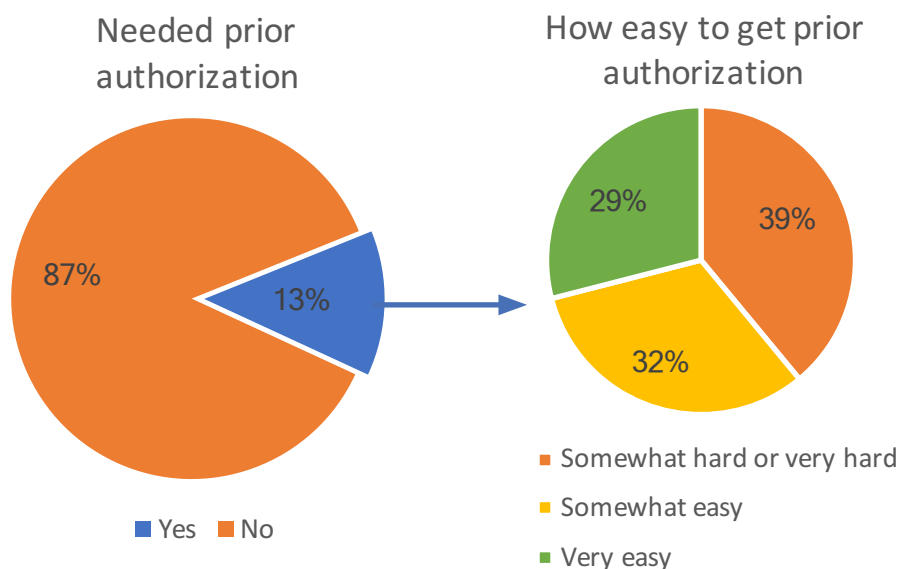
Figure 2-21. Getting care through the MCO and how easy was to get the care among those children in Medicaid who needed



- About one in eight (13%) reported that they needed prior authorization to get care for their child (see Figure 2-22).

- Of these who needed prior authorization, 29% reported that it was *very easy* to get prior authorization from their child's MCO. However, 39% of parents reported that it was either *somewhat hard* or *very hard* to get prior authorization.

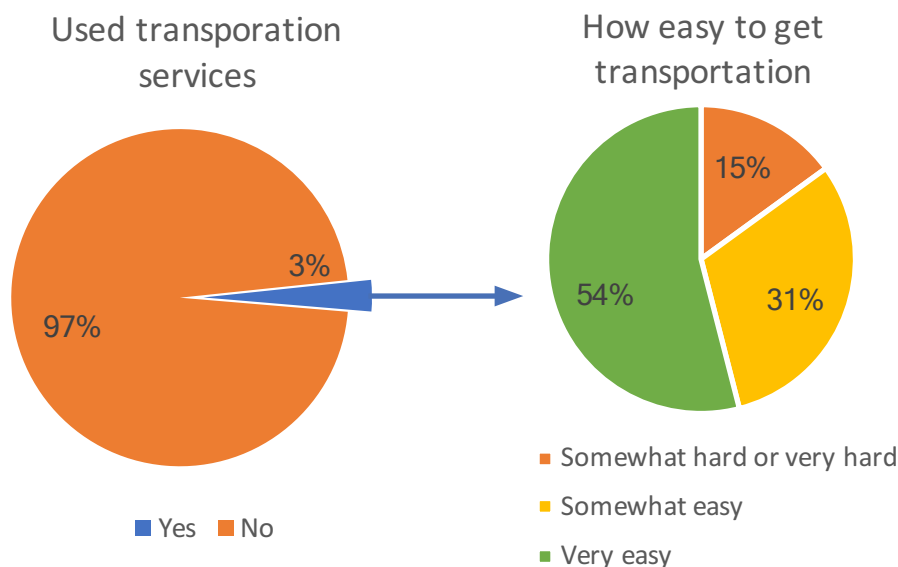
Figure 2-22. Needed prior authorization through the MCO and how easy was to get the authorization among those children in Medicaid who needed



Only 3% reported that they ever used transportation paid for by the MCO to take their child for a health care visit (see Figure 2-23).

- Of these who used transportation, 54% reported that it was *very easy* to get transportation services provided by their child's MCO. However, 15% of parents reported that it was either *somewhat hard* or *very hard* to get transportation services.

Figure 2-23. Used transportation services through the MCO and how easy was to get the transportation among those children in Medicaid who needed

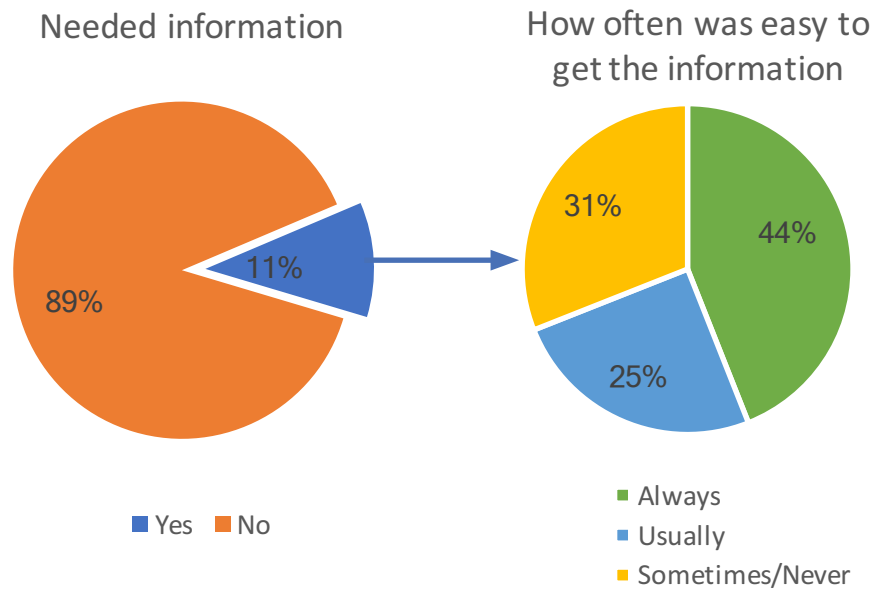


About one tenth (11%) reported that they needed to get information or help for their child from his/her MCO (see Figure 2-24).

- Of those who needed information or help, 44% reported that child's MCO *always* gave them

the information or help they needed. However, 31% of parents reported that it was either *sometime* or *never* easy to get care.

Figure 2-24. Getting information through the MCO and how easy was to get the information needed



Chapter 3: Adult 2017 Results (AmeriHealth, UnitedHealthcare, and Amerigroup)

The following is a summary of results from the *Survey of Iowa Medicaid (Title 19) Enrollees* for non-institutionalized adults enrolled traditional Medicaid in the MCOs: Amerigroup, UnitedHealthcare, and AmeriHealth who participated in this survey. Responses to each item in the questionnaire are in Appendix B.

Demographics of adults in Medicaid

About eight out of ten respondents were women. Overall, 82% were Caucasian (Table 3-1).

Table 3-1. Demographics of adult respondents

Characteristic	Iowa Medicaid 2017	Iowa Medicaid 2014	Iowa Medicaid 2013	Iowa Medicaid 2011
% Female	83%	83%	80%	82%
Race/ethnicity*				
Hispanic/Latino (all races)	7%	8%	7%	5%
Caucasian	82%	83%	82%	82%
African American	8%	11%	9%	11%
Asian/Pacific Islander	4%	4%	4%	2%
American Indian	2%	3%	2%	<1%
Other	1%	1%	NA	1%
Education				
<High School	13%	14%	13%	17%
High School/GED	38%	34%	33%	35%
Some college or 2-year degree or more	47%	53%	56%	48%

*Race/ethnicity categories are not mutually exclusive. There were 6% of respondents who self-identified with two or more races.

Health status of adults in Medicaid

Overall health status

Self-reported health status for adult Medicaid members was relatively low and reasonably stable since 2011 (Table 3-2).

Table 3-2. Health status of adults

Global health rating	Iowa Medicaid 2017	Iowa Medicaid 2014	Iowa Medicaid 2013	Iowa Medicaid 2011
Excellent	15%	10%	10%	11%
Very good	27%	30%	29%	30%
Good	39%	42%	39%	40%
Fair/poor	19%	18%	22%	16%

Chronic conditions

More than seven in ten (74%) reported that they had one or more chronic conditions that lasted or are expected to last for at least 3 months. The most common chronic physical health conditions are shown in Table 3-3. Thirty-two percent reported that they had seen a doctor or other health provider 3 or more times for the same condition or problem and of those, 82% reported that this was due to a chronic condition that lasted for at least 3 months.

Table 3-3 Most commonly reported chronic physical health conditions

Chronic health conditions	Iowa Medicaid 2017
Back or neck problems	32%
Allergies or sinus problems	31%
Overweight/obese	28%
Migraine headaches	25%
Dental, tooth, or mouth problems	20%
Arthritis, rheumatism, bone or joint problems	18%
Digestive diseases or stomach problems	15%
Asthma	15%
High blood pressure	13%
Bladder or bowel problems	9%

Overall mental and emotional health

To evaluate issues of mental and emotional health care, respondents were asked to rate their current overall mental and emotional health, the need for and receipt of any treatment or counseling.

- 26% of adults reported a need for mental health treatment or counseling in the last 6 months
 - Of adults reporting a need for mental health treatment or counseling, 79% received treatment or counseling
 - 49% found it was *always* easy to get needed treatment or counseling
- 46% of respondents reported their mental and emotional health was excellent or very good, 29% reported it as good, and 25% rated it as fair or poor (Table 3-4)

Table 3-4. Adult's mental health

Self-rating of mental health	Iowa Medicaid 2017	Iowa Medicaid 2014	Iowa Medicaid 2013	Iowa Medicaid 2011
Excellent	20%	23%	21%	25%
Very good	26%	24%	22%	26%
Good	29%	31%	33%	28%
Fair	19%	16%	21%	16%
Poor	6%	6%	3%	6%

About half of adults (53%) reported they had one or more mental or emotional health conditions that lasted or were expected to last for at least 3 months. The most common chronic mental or emotional health conditions are shown in Table 3-5. Anxiety and depression were the most common.

Table 3-5. Most commonly reported chronic mental or emotional health conditions

Chronic mental and emotional health conditions	Iowa Medicaid 2017
Anxiety	43%
Depression	40%
Emotional problems other than depression or anxiety	12%
Attention problems	10%
Post-traumatic stress disorder (PTSD)	10%

Functional health status

Self-rated functional health status was assessed in the survey by asking respondents how their physical health status affected a range of daily activities, ranging from simple daily life activities to activities required to function independently in the home.

- 24% reported that they have a physical or medical condition that seriously interferes with their ability to work, attend school, or manage their day-to-day activities
- 15% reported that they have a physical or medical condition that seriously interferes with their independence, participation in the community, or quality of life
- 12% reported that due to disability or other health problems, they need help with routine tasks such as everyday household chores, doing necessary business, shopping, or getting around
- 4% reported that due to disability or other health problems, they need help with their personal care such as eating, dressing, or getting around the house

Medical Home of adults in Medicaid

Access to a medical home was assessed with six domains: 1) having a personal doctor, 2) timely access to care, 3) coordination of care, 4) communication with the doctor and interactions with staff, 5) comprehensive care, and 6) self-management and support.

Personal doctor

Eighty percent of adults reported having a personal doctor. There was no significant difference of adult having personal doctor by MCOs.

Adults also reported if they have the same personal doctor before they enrolled in their MCO.

- 64% reported that they have the same personal doctor
- 16% reported that they have a different personal doctor
- 20% reported that they did not have a personal doctor before enrolling to the MCO

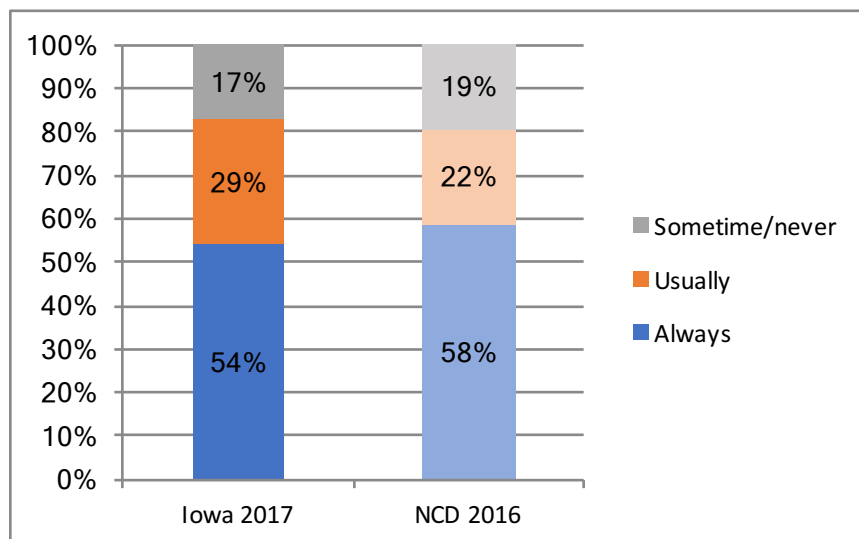
Access to timely care and use of services

Access to health care was assessed with two CAHPS questions.

- Counting only the times when they needed care right away, 56% *always* got care as soon as they needed it
- Not counting the times they needed care right away, 52% *always* got an appointment for a check-up or routine care at a doctor's office or clinic as soon as it was needed

The CAHPS health programs composite score uses these two items to assess getting care as soon as needed. About half of these adults (54%) always got care quickly. This is similar to the national CAHPS-NCD data. The composite scores are shown in the Figure 3-1. There were no differences across the MCOs.

Figure 3-1. Getting care as soon as needed (with 2 items) of adults in Medicaid and CAHPS-NCD

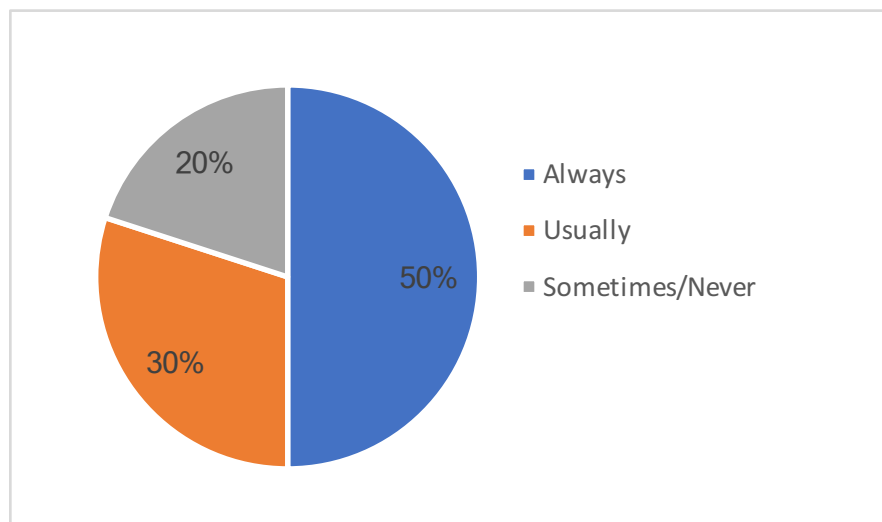


One more CAHPS item was used to further assess timely care.

- 43% *always* got an answer to their medical questions in the same day when they phoned a doctor's office during office hours

A composite scoring of these three items together (including the first two) shows that half of adults (50%) reported that they *always* got timely care. There was no significant difference between MCOs (Figure 3-2).

Figure 3-2. Getting care as soon as needed (with 3 items) of adults in Medicaid



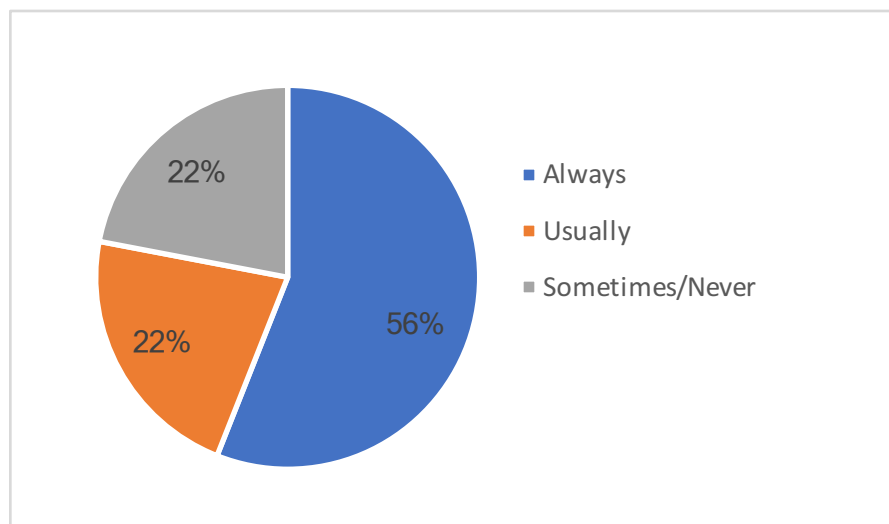
Coordination of care

Coordination of care was measured with four CAHPS items.

- 65% reported that when the doctor's office ordered a blood test, x-ray, or other test for them, the office *always* followed up to provide those results
- 47% reported that the doctor's office *always* seemed informed and up-to-date about the care they got from a specialist
- 63% reported that the doctor *always* seemed to know the important information about the medical history
- 49% someone at the doctor's office *always* talked about all the prescription medicine they were taking

A composite score of these 4 CAHPS items shows that more than half of adults (56%) received *always* coordination of care. There were no differences across the MCOs.

Figure 3-3. Coordination of care (4 items) of adults in Medicaid



Communication with the doctor

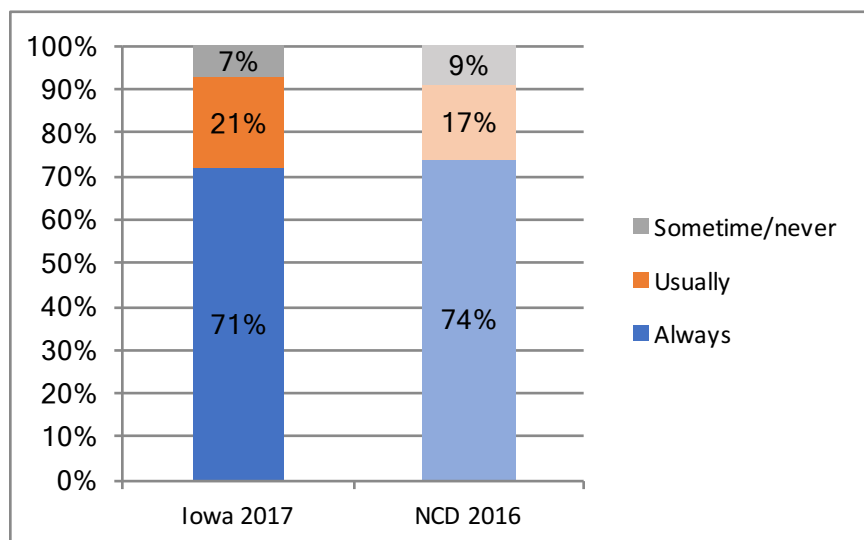
Eighty percent of adults had a personal doctor. Of those who had a personal doctor, 80% had visited the doctor in the last 6 months.

During their personal doctor visits:

- About three-fourths of adults (73%) reported their personal doctor *always* explained things in a way that was easy to understand
- 74% reported their personal doctor *always* listened carefully to them
- 78% reported their personal doctor *always* showed respect for what they had to say
- 61% reported their personal doctor spent enough time with them

The CAHPS uses these four items to assess doctor communication. About seven in ten adults (71%) reported that their doctor *always* communicated well. This is similar to the national CAHPS-NCD data. The composite scores are shown in the Figure 3-4. There were no differences across the MCOs.

Figure 3-4. Communication with the personal doctor (4 items) of adults in Medicaid and CAHPS-NCD

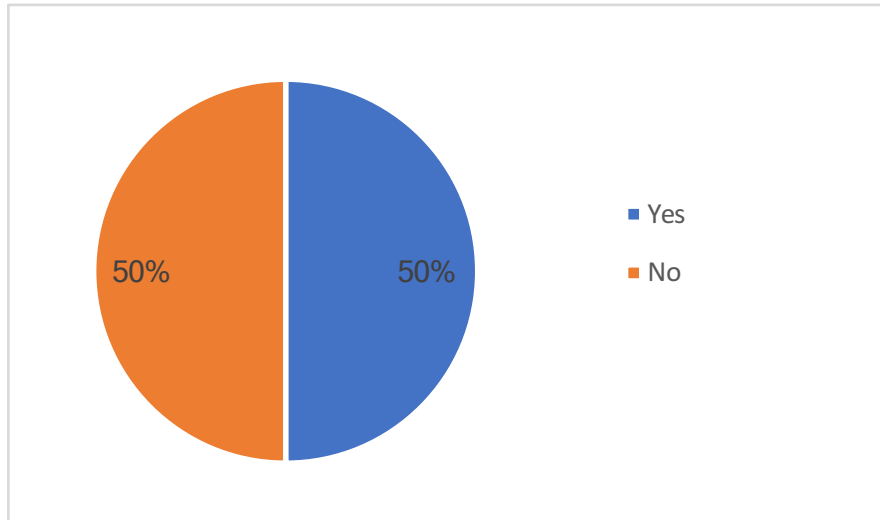


Information about after-hour care

Half of respondents (50%) reported that a doctor's office gave them information about what to do if they needed care during evenings, weekends, or holidays.

There were no significant differences by MCO.

Figure 3-5. Received information about after-hour care of adults in Medicaid



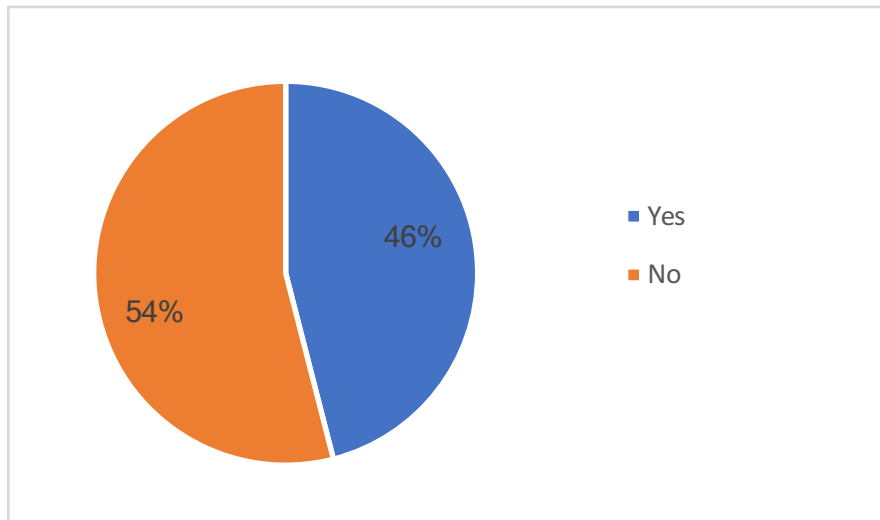
Comprehensive care

Comprehensive care means that the medical home provides services accounting for the majority of patient needs, including mental health. One item assessed if anyone in a doctor's office asked them about things that worry them or cause stress.

- 46% of adults reported that they talked with someone in a doctor's office about things that worry them or cause stress

There were no significant differences in this CAHPS measure by MCO.

Figure 3-6. Comprehensive care of adults in Medicaid



Self-management and support

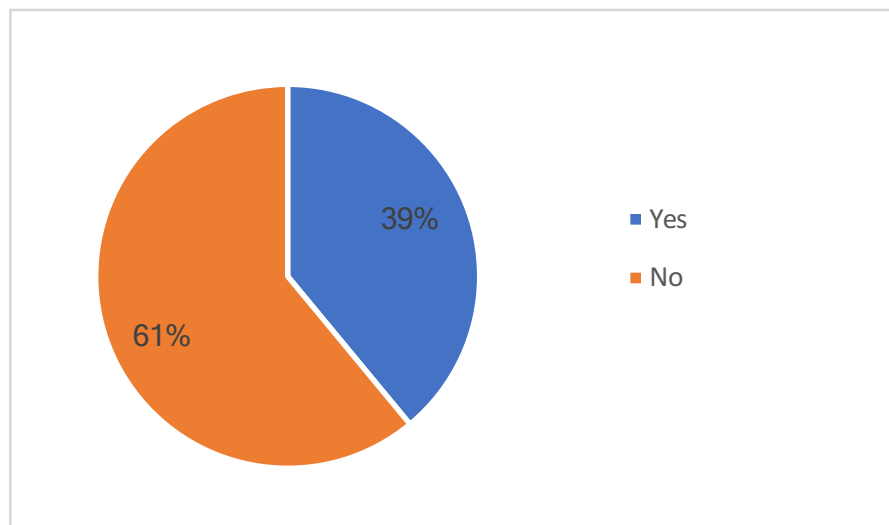
Two items assessed self-management and support.

- 50% reported that they talked with their health care providers about specific goals for their health

- 28% reported that they talked with their health care providers about things that make it harder for them to take care of their health

A little over one-third of adults (39%) met the CAHPS composite measure for self-management of health and support. There were no significant differences by MCO (Figure 3-7).

Figure 3-7. Self-management of health and support of adults in Medicaid



Health care of adults in Medicaid in the last 6 months

Any kind of care, tests, or treatment

About half of adults (47%) tried to get any kind of care, tests, or treatment through MCOs in the past 6 months.

Unmet need for care

- Rates of unmet need among adults varied by service area (Table 3-6) and were higher than for children in all areas
- About one in five adults (19%) had an unmet need for prescription medications
- One adult in eight (12%) had an unmet need for routine medical care

Table 3-6. Unmet health care needs among all adults* (percent of all respondents)

Type of service	Iowa Medicaid 2017	Iowa Medicaid 2014	Iowa Medicaid 2013	Iowa Medicaid 2011
Care right away	6%	10%	9%	NA
Care, tests or treatment	NA	NA	NA	16%
Routine care	12%	12%	9%	NA
Preventive health care	6%	8%	8%	8%
Specialty medical care	7%	8%	7%	9%
Dental care	NA	13%	12%	13%
Mental health care	8%	6%	7%	7%
Prescription medication	19%	17%	23%	26%

*Unmet need: not able to get needed care at some point in the last 6 months from the total sample

Outpatient visits

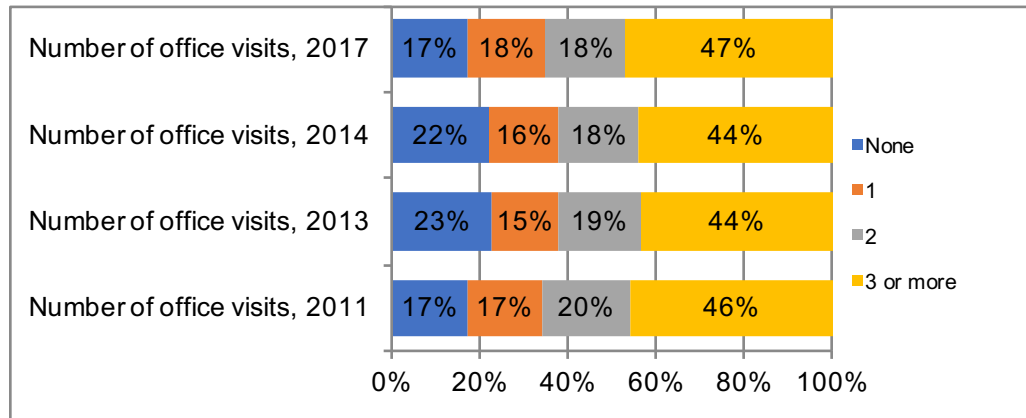
Medicaid adults were asked how many times they went to a doctor's office or clinic (not counting emergency department visits).

Office visits

Eighty-three percent of all adults had at least one visit to any doctor's office or clinic in the 6 months prior to the survey (Figure 3-8).

- 47% of all adults had three or more outpatient visits. Of these, 94% had visited their personal doctor in the last 6 months

Figure 3-8. Adult outpatient visits in the last 6 months

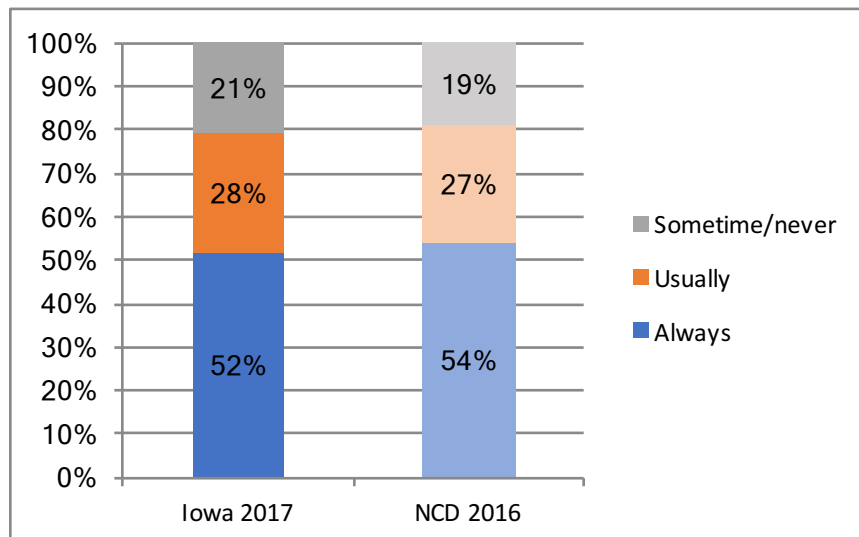


Getting needed care

Among adults who tried to get any type of care (47%), 51% said it was *always* easy to get the care, tests, or treatment they needed. Also, 53% of adults reported that *always* got an appointment to see a specialist as soon as needed.

The CAHPS-NCD uses these two items to assess access to needed care. A composite score using these items is shown in Figure 3-9. About half (52%) reported that they *always* got care as needed. This is similar to the national CAHPS-NCD data, and there were no differences by MCO.

Figure 3-9. Getting needed care (2 items) of adults in Medicaid and CAHPS-NCD

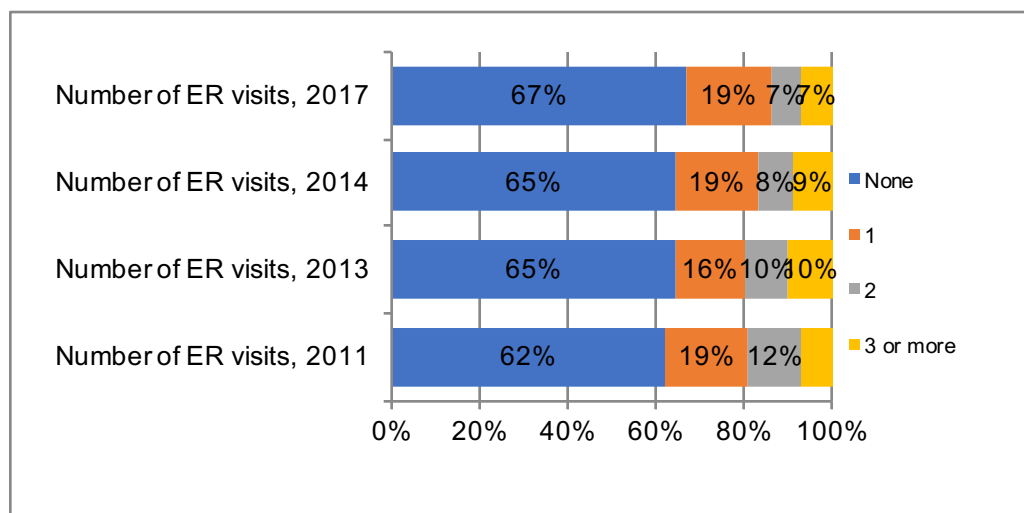


Emergency care

Thirty-three percent of adults had visited a hospital emergency department (ER) at least once in the last 6 months, which is comparable to previous years (Figure 3-10).

Of those who went to an ER, 59% said that the care received could have been provided in a doctor's office if one was available at the time.

Figure 3-10. Adult emergency department visits in the last 6 months



The most common reasons for the most recent visit to the ER were their doctor office or clinic was not open when they needed care (45%) and their health problems was too serious for the doctor's office or clinic (23%).

Table 3-7. Reasons for the most recent visit to the ER of adults in Medicaid

	Iowa Medicaid 2017
My doctor's office or clinic was not open when I needed care	45%
My health problem was too serious for the doctor's office or clinic	23%
My doctor's office or clinic was open, but I could not get an appointment	11%
My doctor, nurse, or other health care provider told me to go to an ER for this care	9%
I did not have a doctor or clinic to go to	6%
I had transportation problems getting to a doctor's office or clinic	2%

Preventive care

Regarding preventive care, respondents were asked about preventive health services in the past 6 months and receipt of a flu shot.

- 48% reported that they had a preventive visit, such as a physical exam or mammogram, within the last year
- About one-third of adults (36%) had a flu shot during the past flu season

Four questions were asked about smoking and their interactions with their doctor

- About four in ten adults (38%) smoke cigarettes
- 30% of adults who smoke *always* received advice to quit smoking
- 10% of adults who smoke *always* discussed or received recommendations on smoking cessation medication
- 10% of adults who smoke *always* discussed or received information on smoking cessation methods and strategies

Table 3-8. Smoking cessation of adults in Medicaid

	Advice quitting	Smoking cessation medication	Smoking cessation methods and strategies
Always	30%	10%	10%
Usually	14%	7%	5%
Sometimes	27%	19%	17%
Never	30%	64%	68%

Specialty care

Thirty percent of adults made an appointment to see a medical specialist in the last 6 months.

Hospital stay

Fifteen percent (N=128) of all adults stayed one or more nights in the hospital, and of these, 25 adults went back into the hospital soon after being allowed to go home.

Prescription medication

Respondents were asked about their need for any prescription medications. Two-thirds of adults (62%) needed or took a prescription medication. Additional results for adults needing or taking a prescription medication are:

- 49% *always* had someone in a provider's office talk to them at each visit about all the prescription medicines they were taking
- 29% needed prescription medication but could not get it for any reason
- 57% *always* got the prescription medicine easily through Medicaid

Transportation

Five questions asked about transportation used to get care.

- The most commonly reported way to get care was by driving their own car (72%) or have someone else drive them using driver's car (16%)
- About one in eight adults (13%) *always* needed assistance from other sources (such as friends, family, public transportation, etc.) to get to their health care visits
- Five percent of adults indicated they had ever used transportation paid by their MCO. Of those who used the transportation, 58% reported that was very easy to use the transportation services
- About one in ten adults (9%) worried *a great deal* about how to pay for their transportation
- Nearly one in eight adults (12%) needed transportation to or from a health care visit but could not get it

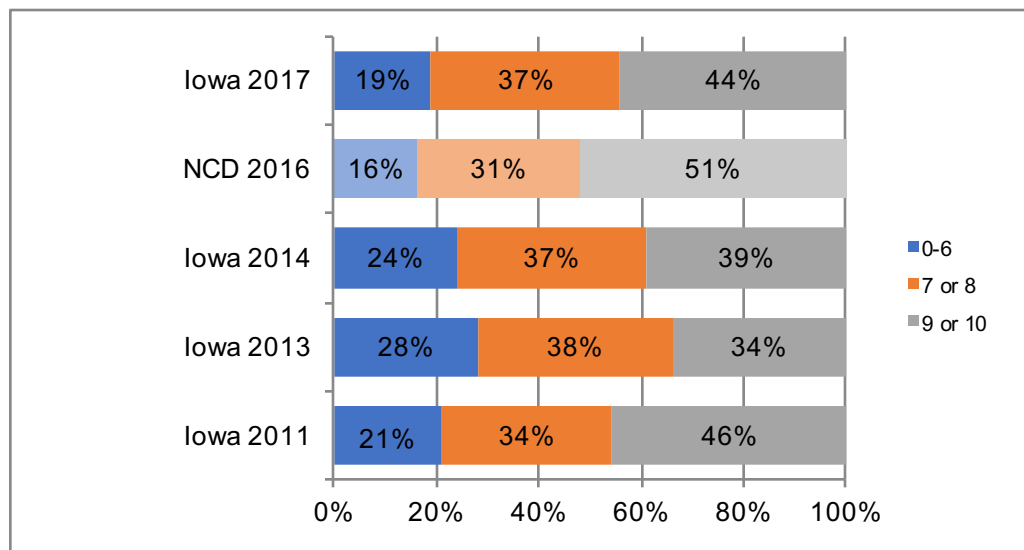
Quality of health care of adults in Medicaid

Adult Medicaid members rated their health care, personal doctor, and specialist (if applicable) on the CAHPS global 0-10 rating scale, where 0 = worst possible and 10 = best possible.

Rating of all health care

The overall rating of health care for adults was higher than the 2014 rating, but lower than the national data (Figure 3-11).

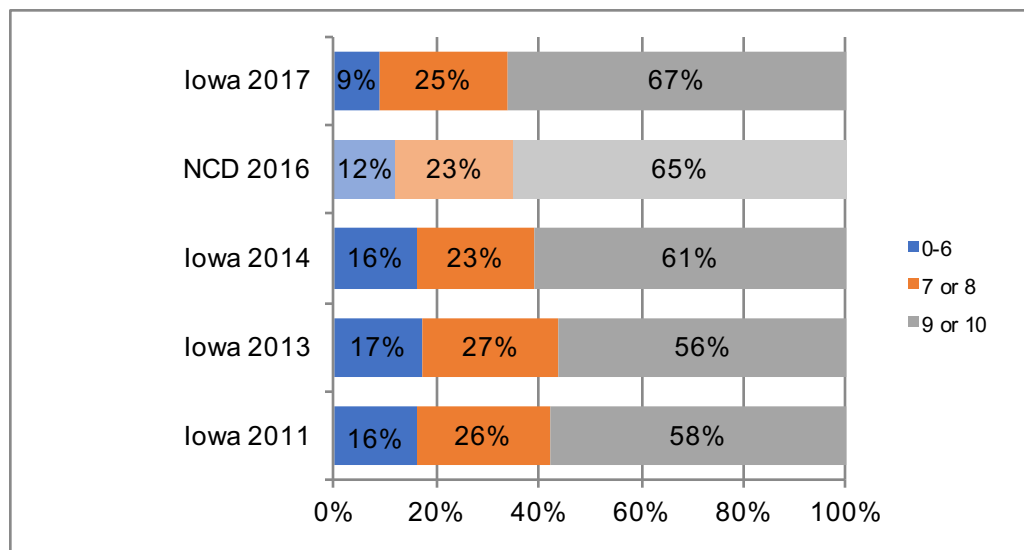
Figure 3-11. Rating of all health care of adults in Medicaid



Rating of personal doctor

The 2017 rating of personal doctors was higher than in 2014 with about seven out of ten rating their personal doctor as a 9 or 10. This was similar to national ratings for personal doctor (Figure 3-12).

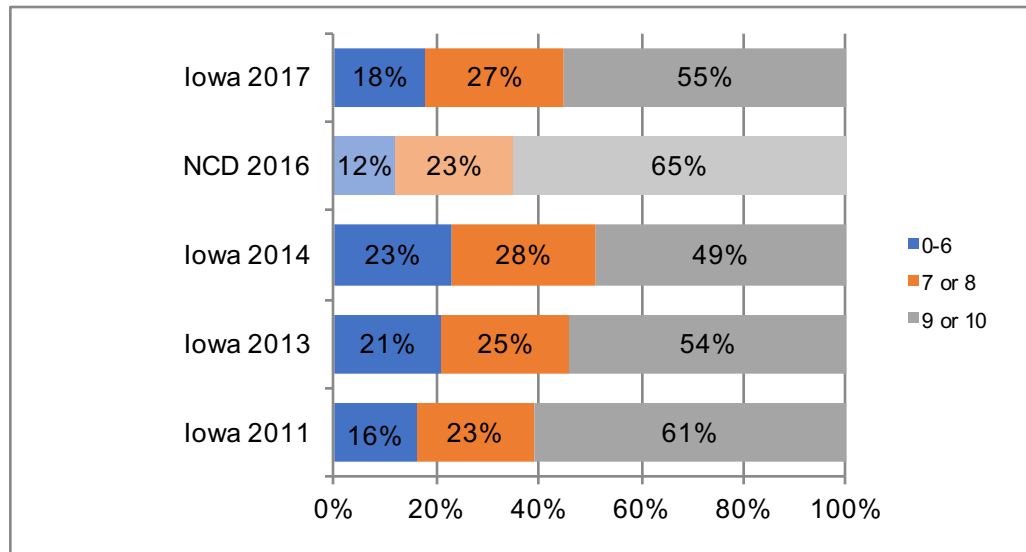
Figure 3-12. Rating of adult's personal doctor of adults in Medicaid



Rating of specialist adult saw most often

Rating of specialists was similar to 2014, with more than half of adults (55%) rating their specialist as a 9 or 10 (Figure 3-13). The rating was also lower than the national data for specialists. There were no differences by MCO.

Figure 3-13. Rating of adult's specialist* in Medicaid

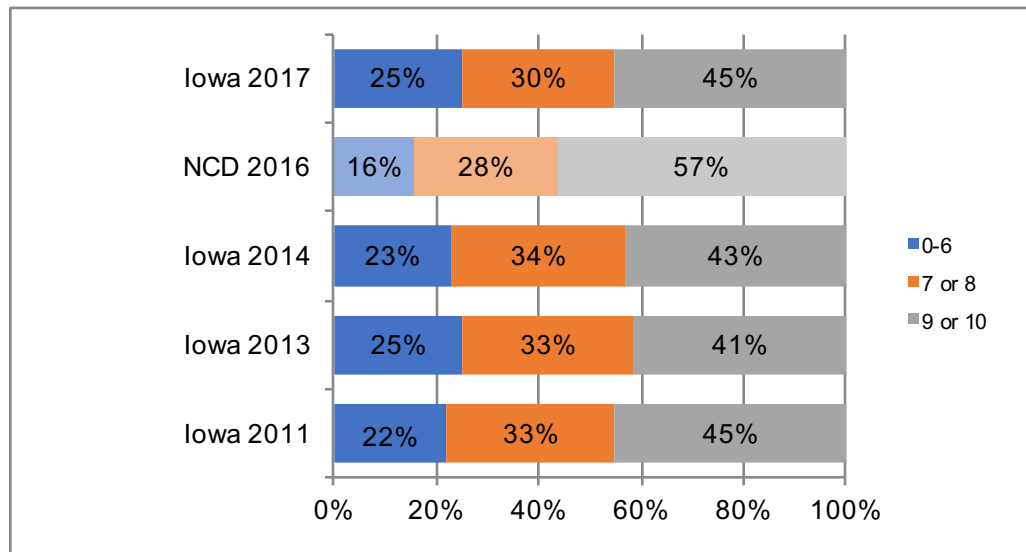


*The number of adults in each of MCO were fewer than 100 and readers should be cautious of using the information

Rating of Medicaid MCO health plan

Iowa's 2017 overall health MCO rating for adult Medicaid members was about the same (45%) as 2014, and lower than the national data for health MCOs (Figure 3-14). There were no differences by MCO.

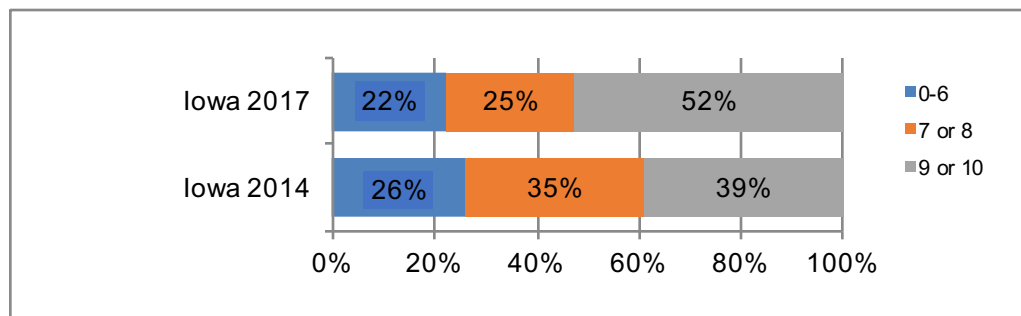
Figure 3-14. Rating of adult's health plan



Rating of treatment or counseling in mental health

Iowa's 2017 overall rating of treatment and counseling in mental health for adult Medicaid enrollees was 52% and it was higher than in 2014 (Figure 3-15). There were no differences by MCO.

Figure 3-15. Rating of treatment or counseling in mental health*



*The number of adults in each of MCO were fewer than 100 and readers should be cautious of using the information

Medicaid helpline & information (adults in Medicaid)

Respondents were asked about their experience trying to find information regarding their health program in the last six months.

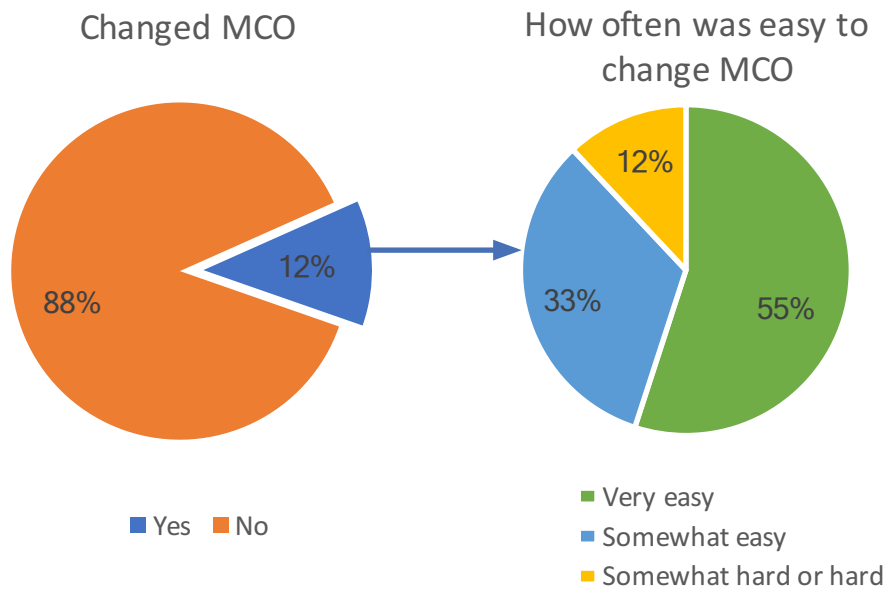
- 44% knew about the Medicaid Enrollment Broker/IME Member Services helpline
- 18% of those who knew about the helpline had called for information or help
- 50% of those calling for information or help reported they *always* got the information needed
- 26% of adults had looked for information on how their health program works and indicated which information source they found most helpful as listed below
- 17% DHS Medicaid/Health Link website
- 16% written materials
- 15% Respondent's MCO website
- 14% Written materials from respondent's MCO
- 9% Phone calls to the MCO
- 6% Doctor or office staff

Experiences with the adult's MCO in Medicaid

Respondents were asked about their experience with the MCO in the last six months.

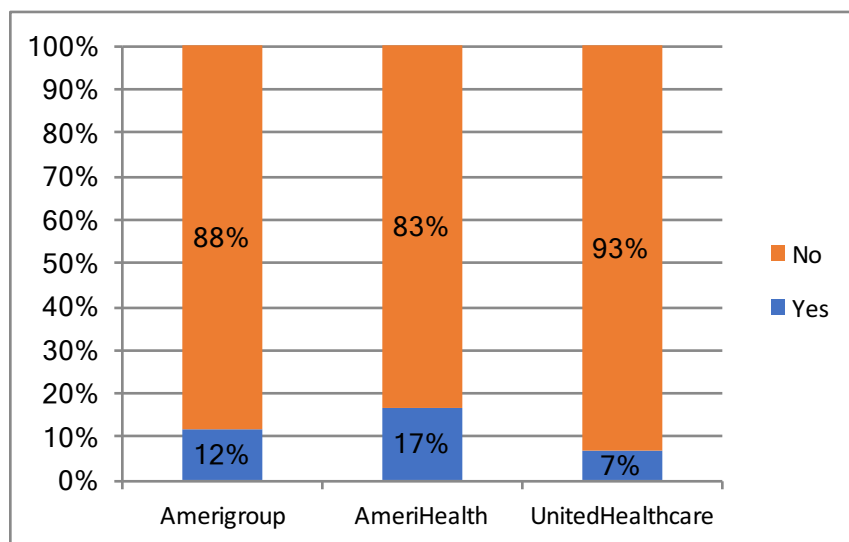
- 12% had tried to change MCO after the initial assignment (see Figure 3-16)
- Of these, 88% said it was *very easy* or *somewhat easy* to change MCO
- 12% said it was *somewhat hard* or *very hard* to change MCO

Figure 3-16. Have changed the MCO after initial enrollment and how easy was to change the MCO



Adults in UnitedHealthcare were less likely to have sought to change the MCO (see Figure 3-17).

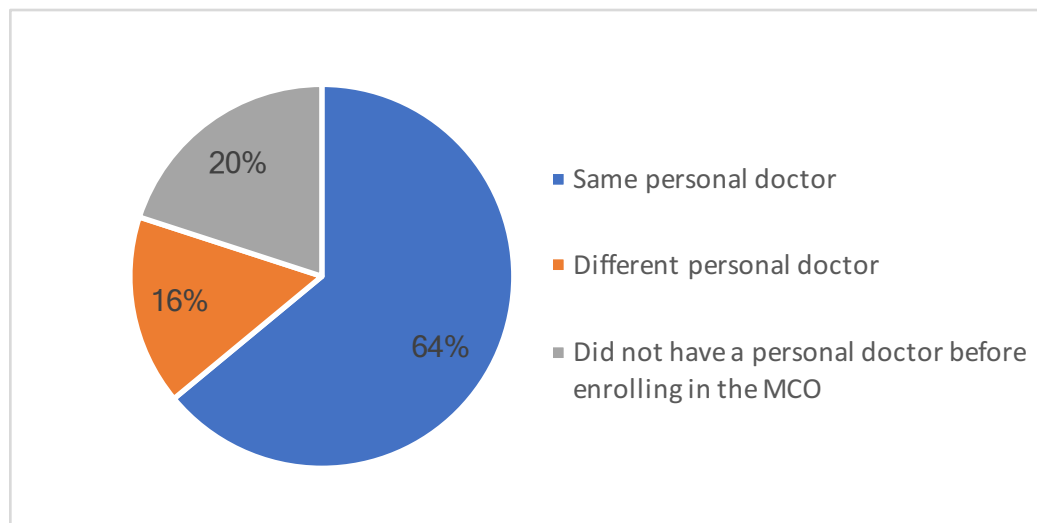
Figure 3-17. Change of MCO after the initial enrollment



As stated before, adults also reported if they have the same personal doctor before they enrolled in their MCO (see Figure 3-18).

- 64% reported that they have the same personal doctor
- 16% reported that they have a different personal doctor
- 20% reported that they did not have a personal doctor before enrolling to the MCO

Figure 3-18. Same personal doctor thorough the MCO after the initial enrollment

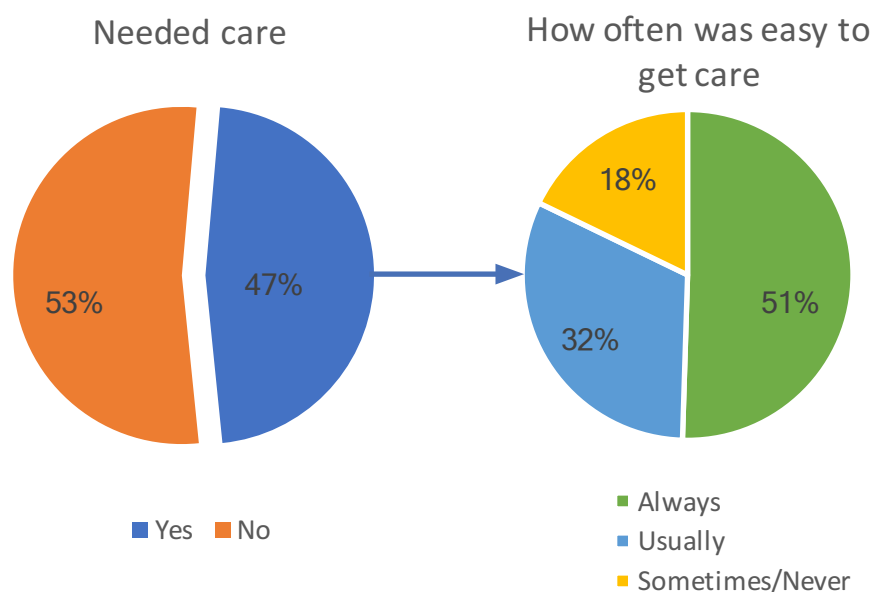


Respondents also reported their perception of care received through the MCO.

Getting any kind of care:

- About half of adults (47%) reported that they tried to get any kind of care, test, or treatment they thought they needed through the MCO
- Of those who tied to get care, 51% reported that it was *always* easy to get the care, test, or treatment they thought they needed through the MCO. However, 18% of adults reported that it was either *sometime* or *never* easy to get care (see Figure 3-19)
- There was not significant difference by MCOs

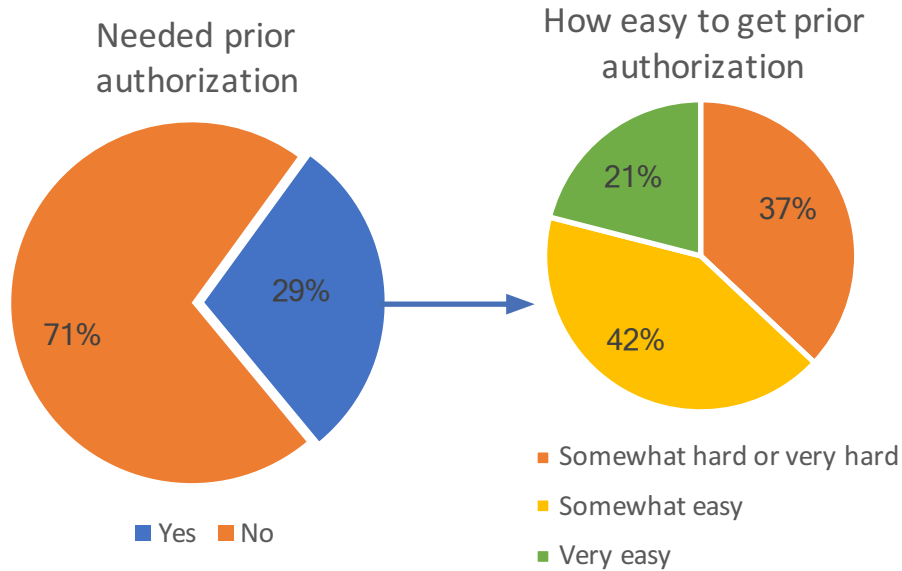
Figure 3-19. Getting care through the MCO and how easy it was to get the care among those who needed



Prior authorization:

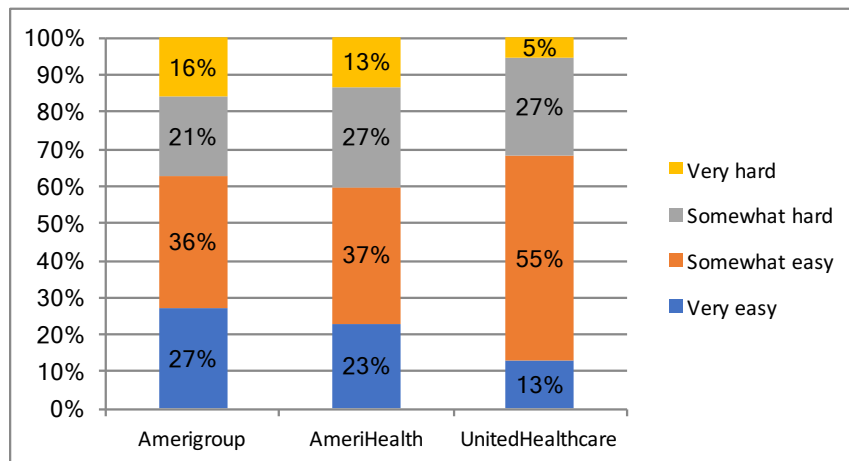
- About one third of adults (29%) reported that needed prior authorization to get care
- Of these who needed prior authorization, 21% reported that it was *very easy* to get prior authorization from their MCO. However, 39% of adults reported that it was either *somewhat hard* or *very hard* to get prior authorization (see Figure 3-20)

Figure 3-20. Needed prior authorization through the MCO and how easy was to get the authorization among those adults in Medicaid who needed



- Adults in AmeriGroup were most likely to report that it was *very easy* to get prior authorization and also most likely to report it was very hard (see Figure 3-21)

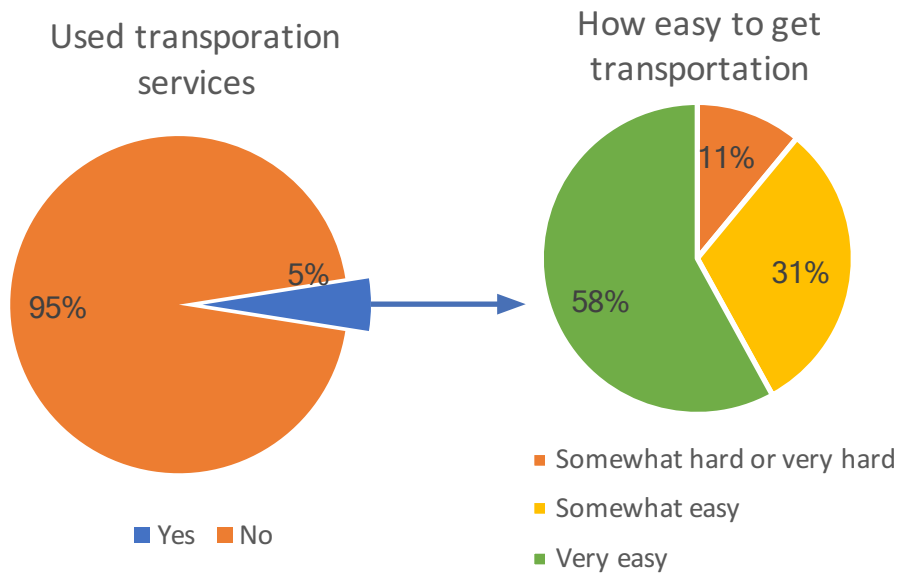
Figure 3-21. Easy to get prior authorization by MCOs



Paid transportation through the MCOS:

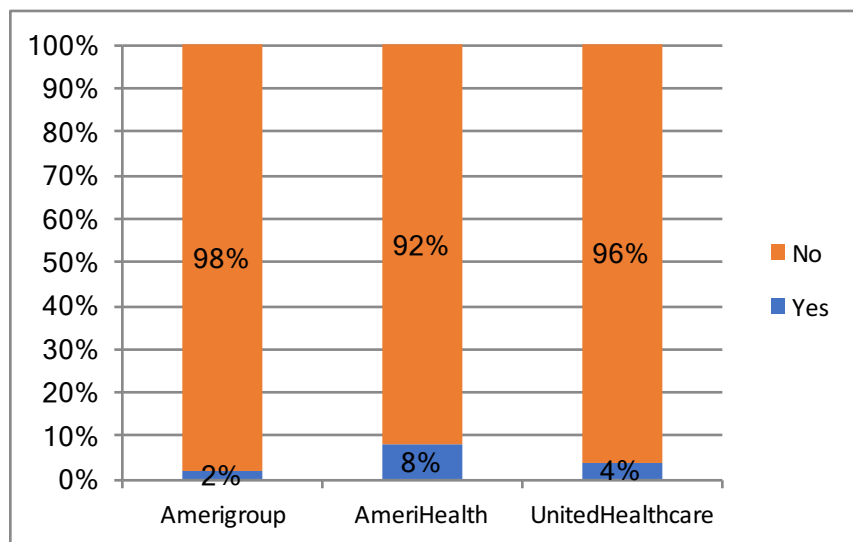
- Five percent of adults reported that they had ever used transportation paid for by the MCO
 - Of these who used transportation, 58% reported that it was *very easy* to get transportation services provided by their MCO (see Figure 3-22). However, 11% of adults reported that it was either *somewhat hard* or *very hard* to get transportation services

Figure 3-22. Used transportation services through the MCO and how easy was to get the transportation among those adults in Medicaid who needed



- Adults in AmeriHealth were more likely to report that they used transportation paid by the MCO (see Figure 3-23) than those in Amerigroup or UnitedHealthcare.

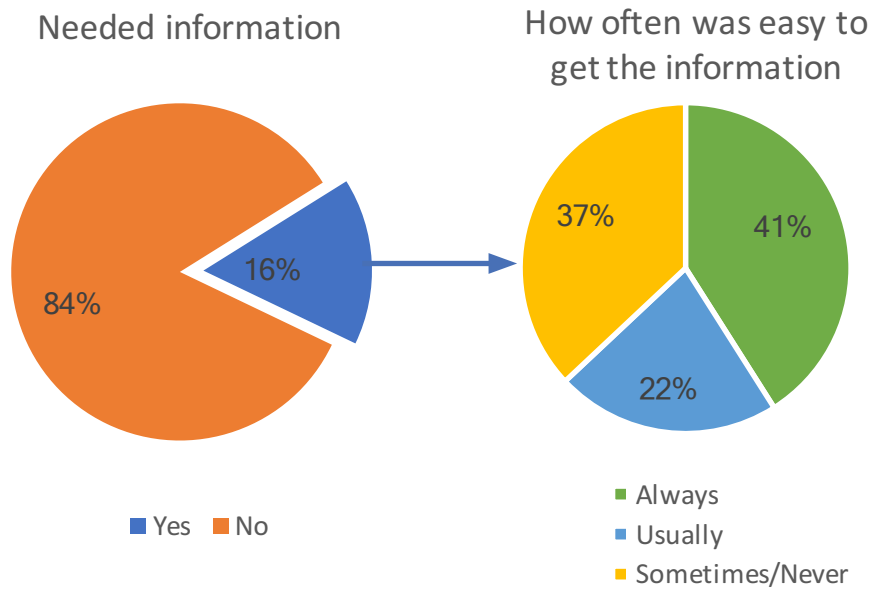
Figure 3-23. Usage of paid transportation by MCOs



Needed to get information or help of any kind from their MCO:

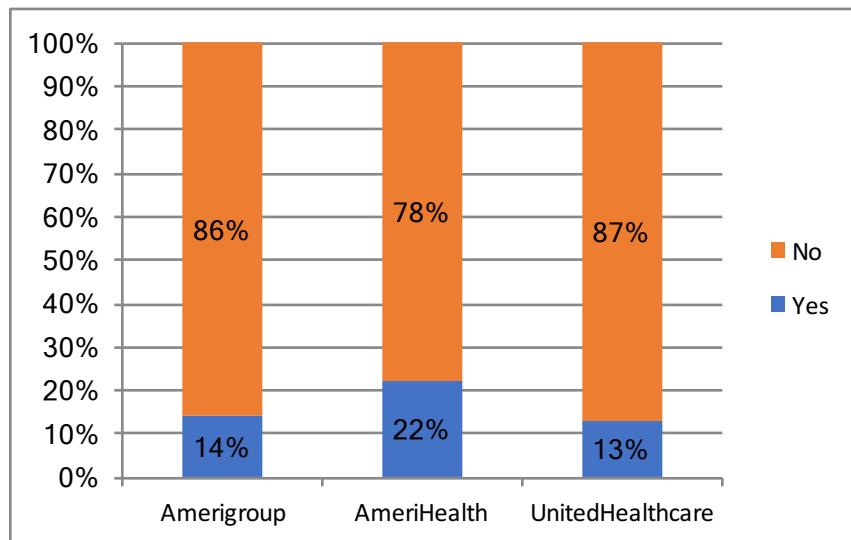
- About one sixth of adults (16%) reported that they needed to get information or help from their MCO
 - Of those who needed information or help, 41% reported that MCO *always* gave them the information or help they needed. However, 37% of adults reported that it was either *sometime* or *never* easy to get care (see Figure 3-24)

Figure 3-24. Getting information through the MCO and how easy was to get the information needed



- Adults in AmeriHealth were more likely to report that they needed to get information or help from their MCO (see Figure 3-25)

Figure 3-25. Needed to get information or help from the MCO by MCOs



Chapter 4: SSI Child Results For 2017

The Medicaid SSI program covers children who have a disability as defined by the Social Security Administration, and whose income is below 300% of the federal poverty level. The following is a summary of results from the *Survey of Iowa Medicaid (Title 19) Enrollees* for non-institutionalized children (0-18 years old) in the SSI program. The survey was sent to parents or guardians of a random sample of children enrolled in SSI using the same methods as for parents of children enrolled in other Medicaid programs. Where appropriate, comparisons are made with results from children in Amerigroup, AmeriHealth, and UnitedHealthcare. Responses to each item in the questionnaire are in Appendix A.

Demographics of SSI children in Medicaid

The demographic make-up of children in the Medicaid SSI program is significantly different from that of children in other Medicaid programs (Table 4-1). The upper threshold of the Medicaid SSI income limit is significantly higher than for children in other Medicaid programs. Also, because children must have a disability to qualify for SSI, more enrolled children have a special health care need. Additionally, it is noteworthy that about two-thirds of children in the SSI are male, thus, two-thirds of the parent/guardian respondents were representing male children.

Table 4-1. Demographics of RESPONDENT'S child in the Medicaid SSI †

Characteristic	Iowa SSI 2017	Iowa SSI 2014	Iowa SSI 2013	Iowa Medicaid 2017
% Female	36%	36%	38%	48%
Average age in years	10	9	9	8
Race/ethnicity*				
Hispanic/Latino (all races)	10%	11%	12%	12%
Caucasian	78%	82%	79%	80%
African American	22%	21%	21%	11%
Asian/Pacific Islander	2%	2%	2%	4%
American Indian	2%	-	1%	2%
Other	1%	2%	4%	1%
Two or more races	14%	7%	8%	11%

†Un-weighted data

*Race/ethnicity categories are not mutually exclusive.

Health status of SSI children in Medicaid

Because enrollment in SSI is dependent on having a disability, the health status of children is expected to be lower than in the regular medicaid child population. We would also expect to see more children in the SSI who meet the criteria for having a special health care need (Table 4-2).

Overall health status

Children in SSI were reported to have much lower health status than other children in Medicaid.

Table 4-2. Health status of SSI children

Global health rating	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid SSI 2011	Iowa Medicaid 2017
Excellent	20%	18%	18%	19%	51%
Very good	34%	28%	32%	32%	34%
Good	31%	42%	36%	35%	14%
Fair/poor	14%	12%	14%	13%	2%
Special health care need	86%	86%	89%	87%	27%

Children with special care needs

The vast majority of children (86%) in SSI met the screening criteria for Children or Youth with a Special Health Care Need (CYSHCN) compared to 27% of other children in Medicaid meeting the criteria.

Psychosocial indicators

The questionnaire assessed psychosocial problems using 17 items from the Pediatric Symptom Checklist (PSC-17). The PSC-17 generates 3 indicators identifying attention problems, internalizing problems with possible anxiety and/or depression, and externalizing conduct problems.

- 31% of children in SSI were classified with attention problems compared to 10% of other children in Medicaid
- 30% of children in SSI were classified with internalizing issues compared to 18% of other children in Medicaid
- 29% of children in SSI were classified with externalizing issues compared to 14% of other children in Medicaid

Chronic conditions

Nine in ten parents (90%) reported that their child had one or more chronic conditions that lasted or are expected to last for at least 3 months. This was significantly higher than the rate of chronic conditions among other Medicaid children (43%). The most common chronic physical health conditions are shown in Table 4-3.

Sixty-four percent of parents reported that their child had seen a doctor or other health provider 3 or more times for the same condition or problem and of those, 66% reported that their child has been taking prescription medication for at least 3 months for any of these conditions.

Table 4-3. Most commonly reported chronic physical health conditions

Chronic health conditions	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid 2017
A learning disability	45%	42%	5%
Attention problems	42%	40%	14%
Behavioral or emotional problems	40%	42%	12%
Developmental delays	39%	40%	3%
Speech or language problems	35%	31%	3%
Anxiety	27%	22%	11%
Vision problems	19%	15%	7%
Allergies and sinus	18%	11%	9%
Asthma	17%	18%	9%

Behavioral and emotional health care

To assess mental health status and access to care, parents were asked to rate their child's current overall mental and emotional health, the need for and receipt of any treatment or counseling, the degree to which their child was helped by the counseling or treatment they received, and the unmet need for a mental or emotional health problem.

- About one in five (19%) rated their child's behavioral and emotional care as *excellent*. This rate was significantly lower than for other children in Medicaid (Table 4-4)

Table 4-4. SSI Children's behavioral/emotional health status

Behavioral/emotional health rating	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid SSI 2011	Iowa Medicaid 2017
Excellent	19%	19%	17%	22%	50%
Very good	24%	24%	24%	19%	28%
Good	28%	26%	30%	33%	14%
Fair/poor	30%	31%	29%	26%	8%

- 40% of all SSI children were reported to need mental health counseling or treatment compared to 16% of Medicaid children and
- 24% of these could not get the care they needed. This was similar to other children in Medicaid (21%).

Medical Home of SSI children in Medicaid

Access to a medical home was assessed with five domains: 1) having a personal doctor, 2) timely access to care, 3) coordination of care, 4) communication with the doctor and interaction with staff, 5) advice about their child's development and preventive health.

Personal doctor

Parents were asked several questions about their child's personal doctor.

- 88% of children were reported to have a personal doctor
- 79% of children reported to have the same personal doctor as before enrolling in the MCO
- 55% of children have been going to the same personal doctor for three years or more

Access to timely care and use of services

Access to health care for children was assessed with two CAHPS items.

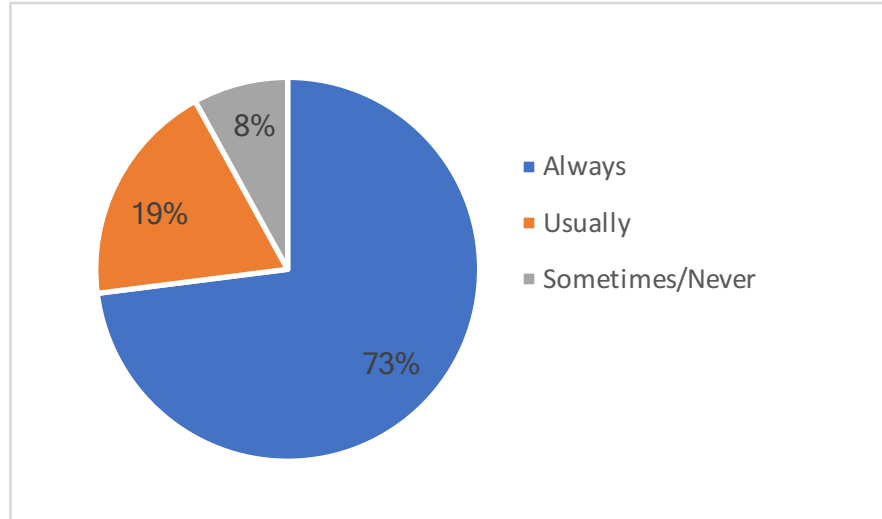
- When the child needed care right away, 79% of parents reported that they *always* received

care as soon as needed

- Not counting the times the child needed care right away, 67% reported that they *always* got an appointment for a check-up or routine care at their child's doctor's office as soon as needed

About seven in ten children in SSI (73%) always got care quickly. The composite scores are shown in Figure 4-1. There were no differences between children in SSI and other children in Medicaid.

Figure 4-1. Getting care quickly (2 items) of SSI children in Medicaid

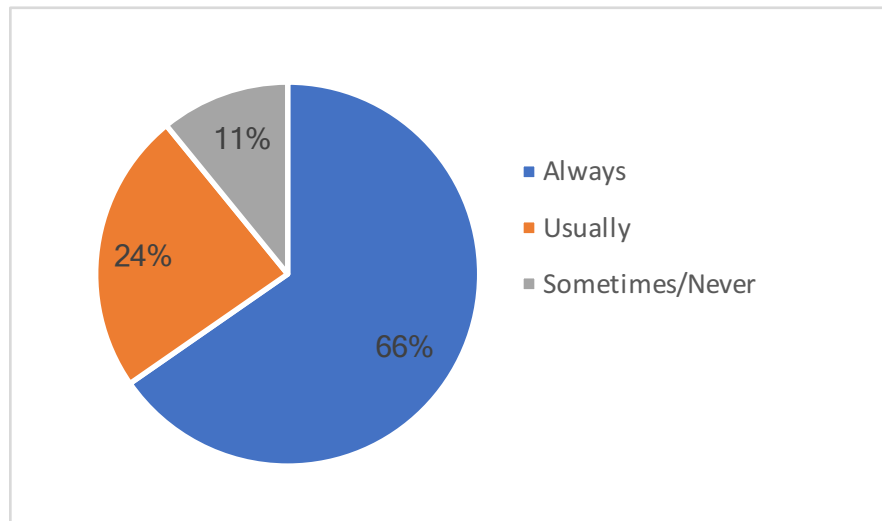


One additional CAHPS item was used to assess timely care.

- When they phoned the doctor's office during regular office hours, 51% reported that they *always* got answers for their medical questions or concerns in the same day.

A composite score using these three items is shown in Figure 4-2. Almost two-thirds parents of SSI children (66%) reported that they *always* got timely care. There were no differences between children in SSI and other children in Medicaid.

Figure 4-2. Getting care quickly (3 items) of SSI children in Medicaid



Coordination of care

Coordination of care for children was assessed with four CAHPS items regarding physician orders and care from a specialist.

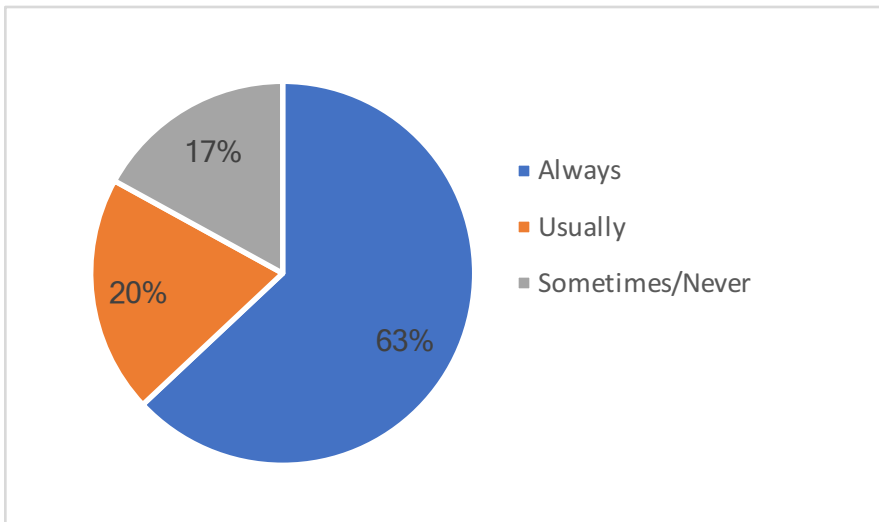
- When the doctor's office ordered a blood test, x-ray, or other test for them, 76% reported that

the doctor's office *always* followed up to give them the results

- 53% reported that the doctor's office *always* seemed informed and up-to-date about the care their child got from a specialist
- 68% reported that the child's personal doctor *always* seem to know the important information about their child's medical history
- 54% reported that someone from doctor's office *always* talked about all the prescription medicines their child was taking

The composite score for coordination of care is shown in Figure 4-3. About six in ten parents of children in SSI (63%) reported that their child *always* received proper care coordination.

Figure 4-3. Care coordination of SSI children in Medicaid



Communication with the doctor

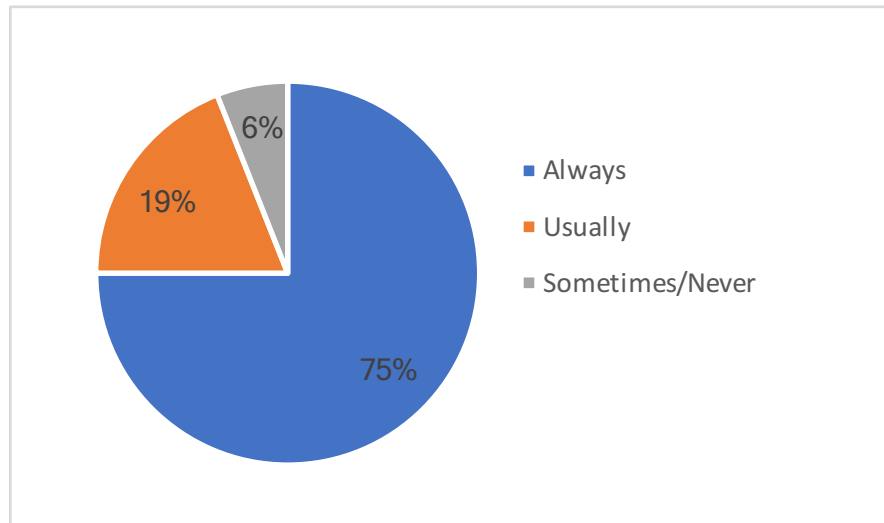
As mentioned, 88% of SSI children had a personal doctor. Of those who had a personal doctor 86% had visited the doctor in the last 6 months.

During these visits:

- About three-fourths of parents reported their child's personal doctor *always* explained things in a way that was easy to understand (77%)
- 79% of parents reported their child's personal doctor *always* listened carefully to them
- 79% reported that their child's doctor showed respect for what they had to say
- 68% reported that their child's doctor spent enough time with their children

A composite score using these four items is shown in the Figure 4-4. Three-fourths (75%) reported that the child's doctor *always* communicated well. There were no differences between children in SSI and other children in Medicaid.

Figure 4-4. Communication with the child's personal doctor (4 items) of SSI children in Medicaid

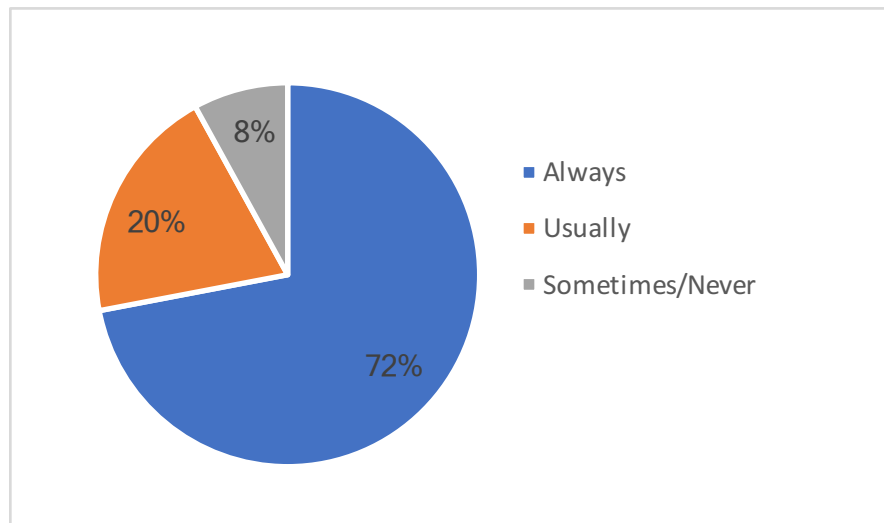


Two more CAHPS items were used to further assess doctors' communication.

- About three-fourths of parents reported their child's personal doctor *always* listens carefully to their child (71%)
- 59% of parents reported their child's personal doctor *always* explain things in a way that was easy for their child to understand

A composite score using these six items (including the first four) is shown in the Figure 4-5. Seven in ten parents (72%) reported that the child's doctor *always* communicated well. There were no differences between children in SSI and other children in Medicaid.

Figure 4-5. Communication with the child's personal doctor (6 items) of SSI children in Medicaid



Advice about their child's development and preventive health

Seven items assessed if the parent received advice about their child's development and preventive health while visiting the child's personal doctor.

Development

- About three-fifths of parents reported that they talked with someone from a doctor's office about the kinds of behaviors that are normal for their child at this age (60%)
- About two-thirds of parents reported that they talked with someone from a doctor's office

about how their child's body is growing (66%)

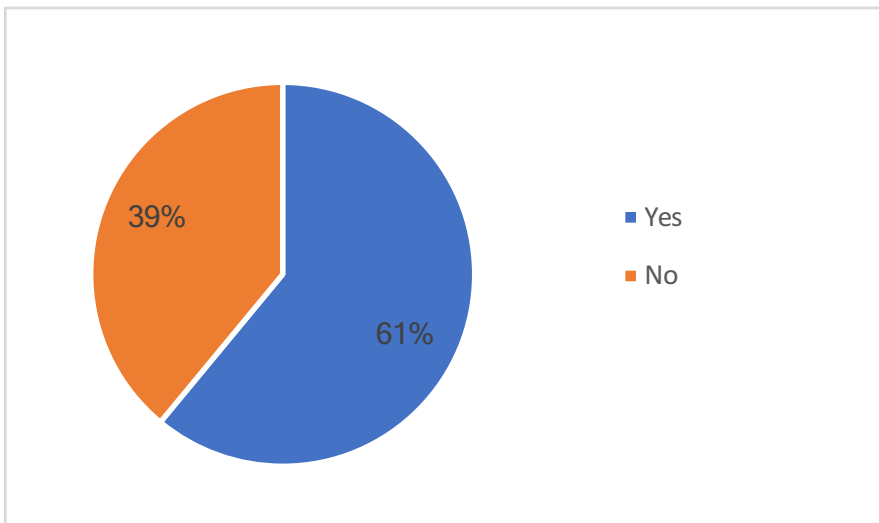
- About two-thirds of parents reported that they talked with someone from a doctor's office about their child's moods and emotions (63%)
- About one-half of parents reported that they talked with someone from a doctor's office about how their child gets along with others (53%)

Preventive health

- About two-fifths of parents reported that they talked with someone from a doctor's office about things they could do to keep their child from getting injured (41%)
- About two-thirds of parents reported that they talked with someone from a doctor's office about how much or what kind of food their child eats (62%)
- About one-half of parents reported that they talked with someone from a doctor's office about how much or what kind of exercise their child gets (50%)

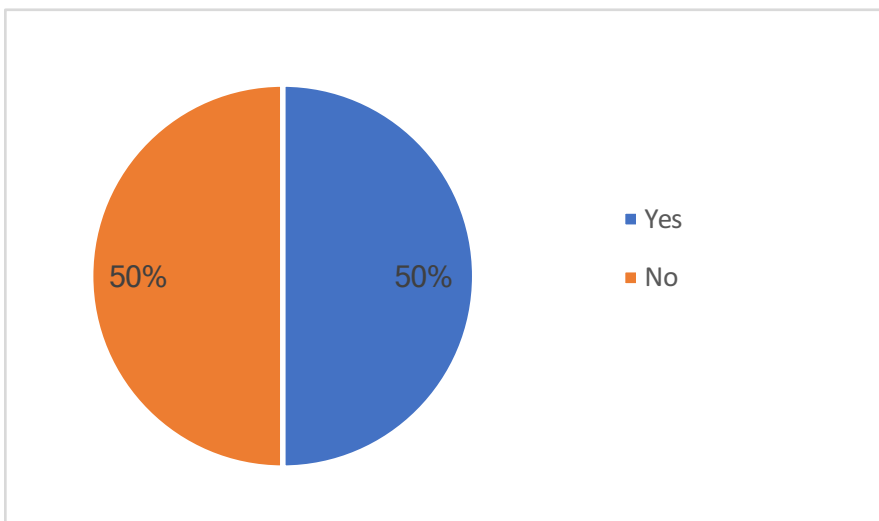
A composite score of interaction with the provider about child's development using 4 items is shown in the Figure 4-6. About six in ten (61%) reported that they had received advice about their child's development. There were no differences between children in SSI and other children in Medicaid.

Figure 4-6. Advice about child's development of SSI children in Medicaid



A composite score of interaction with the provider about prevention in child's health using 3 items is shown in the Figure 4-7. Half (50%) reported that they had talked about prevention in child's health.

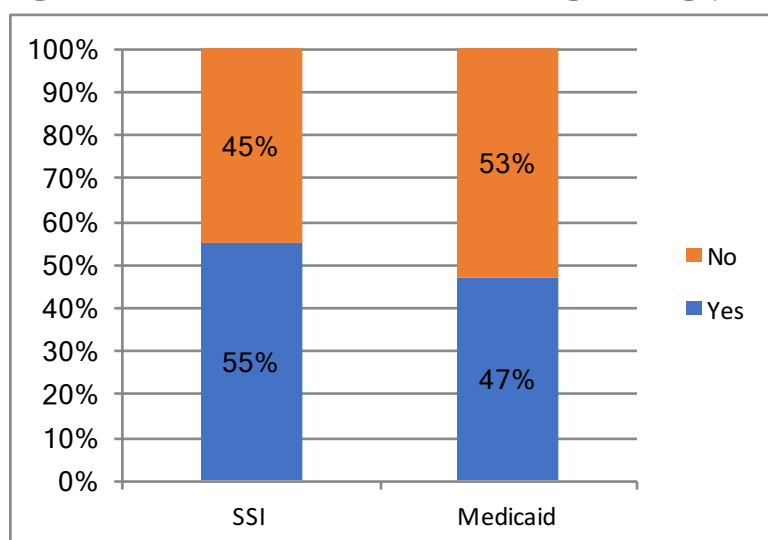
Figure 4-7. Advice about prevention child's health of SSI children in Medicaid



Information about care during evenings, weekends, and holidays

- About one-half of parents (55%) reported that doctor's office gave them information about what to do if their child needed care during evenings, weekends, and holidays
- Children in SSI were more likely than the children in Medicaid to receive this information

Figure 4-8. Information about care during evenings, weekends, and holidays



Health care of SSI children in Medicaid in the last 6 months

Unmet need for care

Overall rates of unmet need for various types of health care among children in SSI ranged from 5% to 9%. The proportion with unmet need was highest for mental health care services and prescription drugs (Table 4-5). These rates are for all children in SSI, whether they needed a particular service or not.

Table 4-5. Unmet health care needs among all SSI children* (percent of all respondents)[†]

Unmet service need	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid 2017
Care right away	3%	5%	4%	2%
Routine care	6%	7%	9%	5%
Preventive health care	4%	5%	7%	4%
Specialty medical care	6%	6%	6%	3%
Dental care	5%	8%	5%	4%
Mental health care	9%	9%	13%	3%
Prescription drugs	13%	9%	11%	5%

*Unmet need was defined as inability to get needed care sometime in last 6 months.

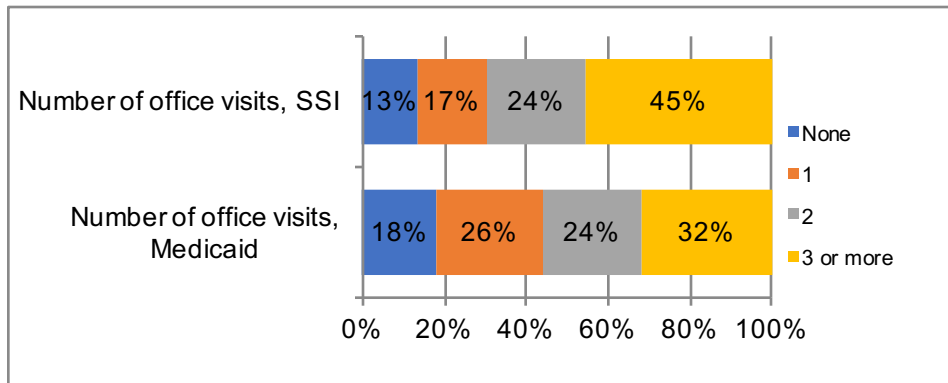
[†]Percentages are for all children in Medicaid, not just those reporting need for services

Outpatient visits

Parents were asked about their child's health care in the last six months, not including overnight stays in a hospital or dental care visits.

- 87% of children had an office visit in the last six months (Figure 4-9)

Figure 4-9. Outpatient visits in the last six months of SSI children in Medicaid



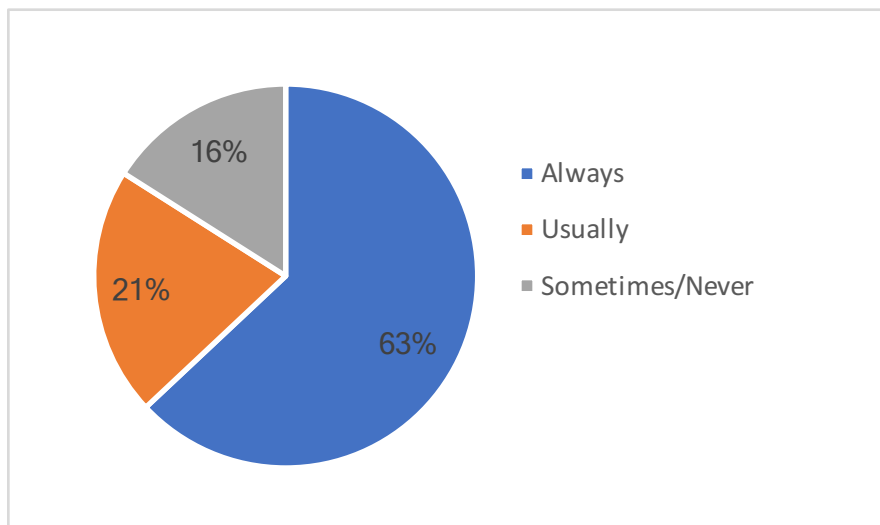
- The vast majority of parents (95%) stayed in the exam room with the child. Of these, 59% reported that the doctor told them that they needed to do something to follow up on the child's care, and of these, 98% received enough information about what they needed to do

Getting needed care

About half of parents (59%) reported that it was *always* easy to get the care, tests or treatment they thought their child needed. Also, 66% of parents reported that they *always* got an appointment for their child to see a specialist as soon as he or she needed one.

A composite score using the two items suggest that about six in ten (63%) reported that they *always* got the care needed for their child as soon as needed. There were no differences between children in SSI and other children in Medicaid.

Figure 4-10. Getting needed care (2 items) of SSI children in Medicaid

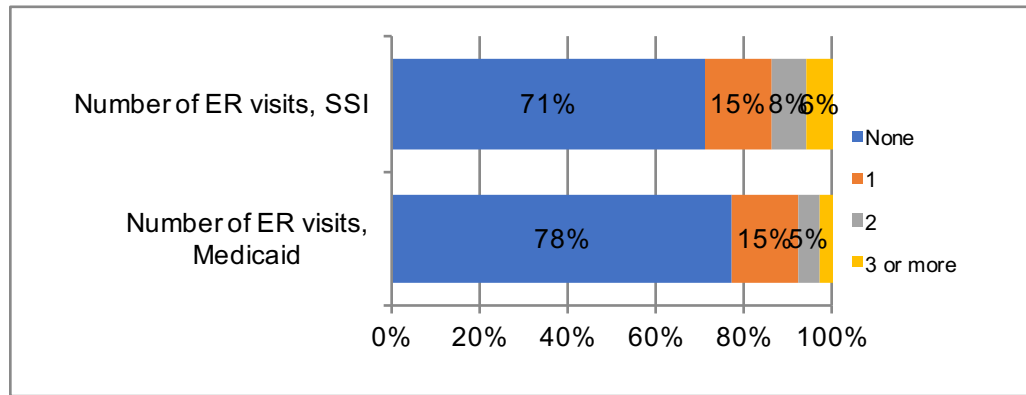


Care right away (including emergency care)

Half of parents (45%) reported that their child needed care right away in a clinic, emergency room, or doctor's office during the past six months.

More than one in four children had visited an ER (29%) in the last six months (Figure 4-11) and the number of ER visit was similar compared to 2014 data. Of these, more than half of parents (55%) thought that the care their child received at his or her most recent visit to the ER could have been provided in a doctor's office if one was available at the time.

Figure 4-11. Emergency department visits of SSI children in Medicaid in the last 6 months



The most common reasons for the most recent visit to the ER were their child's doctor office or clinic was not open when they needed care for their child (48%) and their child's health problems was too serious for the doctor's office or clinic (25%).

Table 4-6. Reasons for the most recent visit to the ER of SSI children in Medicaid

	Iowa Medicaid SSI 2017	Iowa Medicaid 2017
My child's doctor's office or clinic was not open when my child needed care	48%	61%
My child's health problem was too serious for the doctor's office or clinic	25%	16%
My child's doctor, nurse, or other health care provider told me to go to an ER for my child's care	9%	7%
My child's doctor's office or clinic was open, but I could not get an appointment for my child	9%	7%
I had transportation problems getting my child to a doctor's office or clinic	1%	1%
I did not have a doctor or clinic to go to	1%	1%

Preventive care

Parents were asked about preventive health care services in the past 6 months and receipt of the flu shot.

- More than three-quarters of children (78%) had a preventive health visit in past year
- About half (55%) had a flu shot during the past flu season

Specialty care

About four in ten children in SSI (41%) saw a specialist in past six months (compared to 17% of other children in Medicaid).

Hospital stay

Parents were asked if their child needed to stay in a hospital. Eight percent of all children in SSI stayed one or more nights in the hospital (N=23).

- Of children who stayed in the hospital, 5 children went back to the hospital soon after being allowed to go home

Prescription medication

Parents were asked about their child's need for prescription medicine, and times when the child was unable to get it for any reason.

- 69% of children needed a prescription medication in the last six months
- Of these, 54% reported that someone in the provider's office *always* talked with them about all of the prescription medicines their child was taking
- 61% reported that it was *always* easy to get prescription medicine for their child through child's health plan
- Among those who needed prescription medication, 19% could not get it for any reason

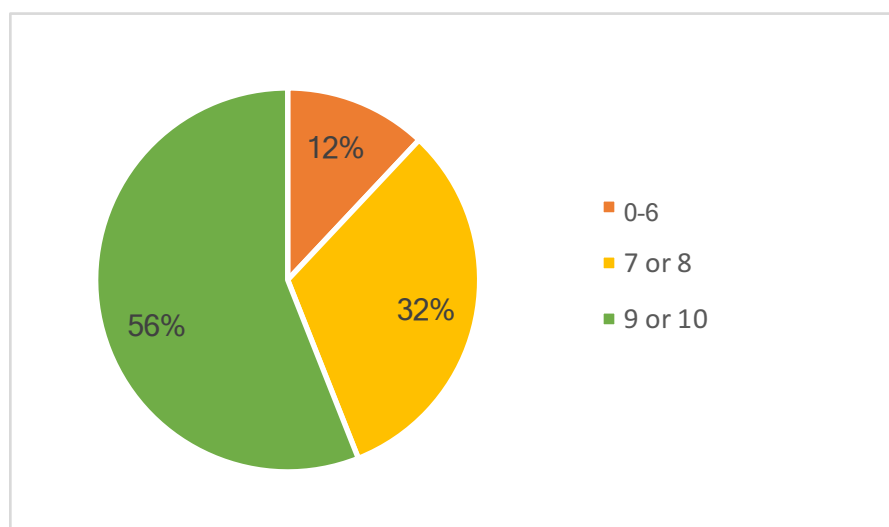
Quality of health care of SSI children in Medicaid

Parents rated their child's health care, personal doctor and specialist (if applicable) on the CAHPS global rating scale, where 0 = worst possible and 10 = best possible health care.

Rating of all child's health care

Over half of respondents (56%) rated their child's health care as either a 9 or 10. There were no differences between children in SSI and other children in Medicaid (Figure 4-12).

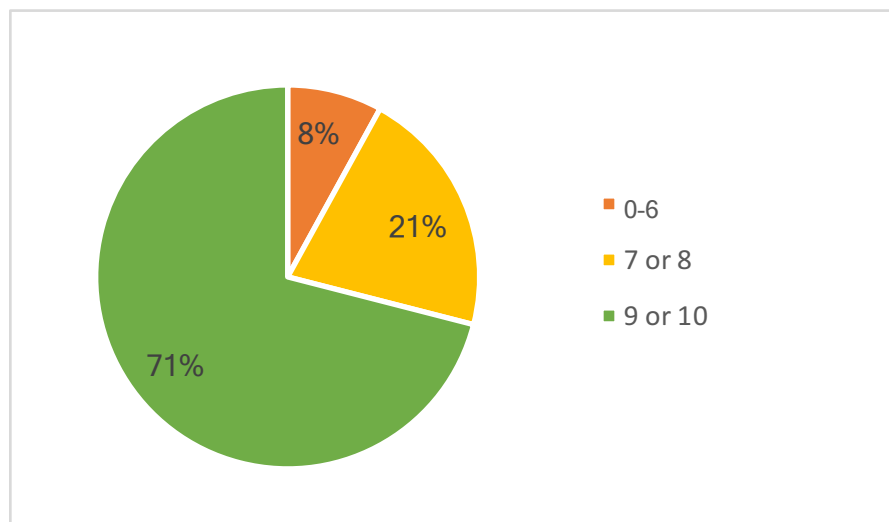
Figure 4-12. Rating of SSI children's overall health care



Rating of child's personal doctor

Parent ratings of the personal doctors of SSI children were generally high, with 71% rating them as a 9 or 10 (Figure 4-13). There were no differences between children in SSI and other children in Medicaid.

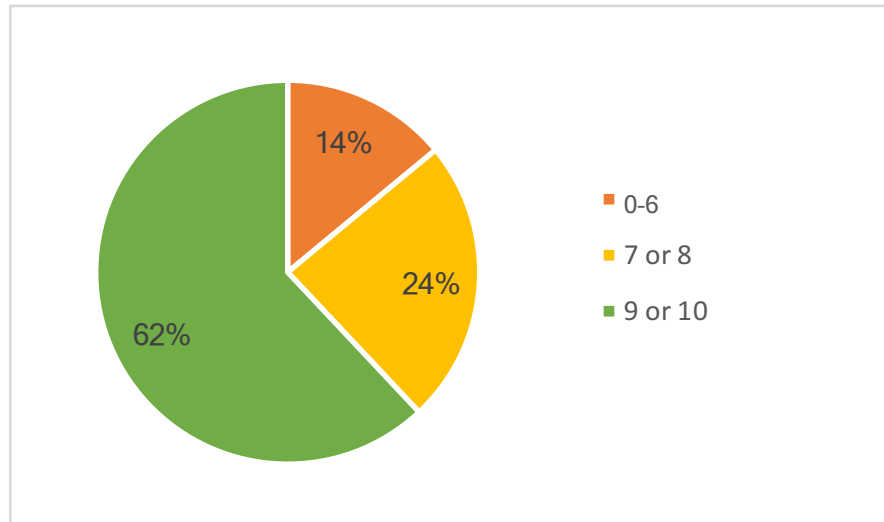
Figure 4-13. Rating of SSI child's personal doctor



Rating of specialist child saw most often

Among children in SSI who saw a specialist, ratings of those specialists were similar to other children in Medicaid, with two-thirds of parents (62%) rating their child's specialist as a 9 or 10 (Figure 4-14). There were no differences between children in SSI and other children in Medicaid.

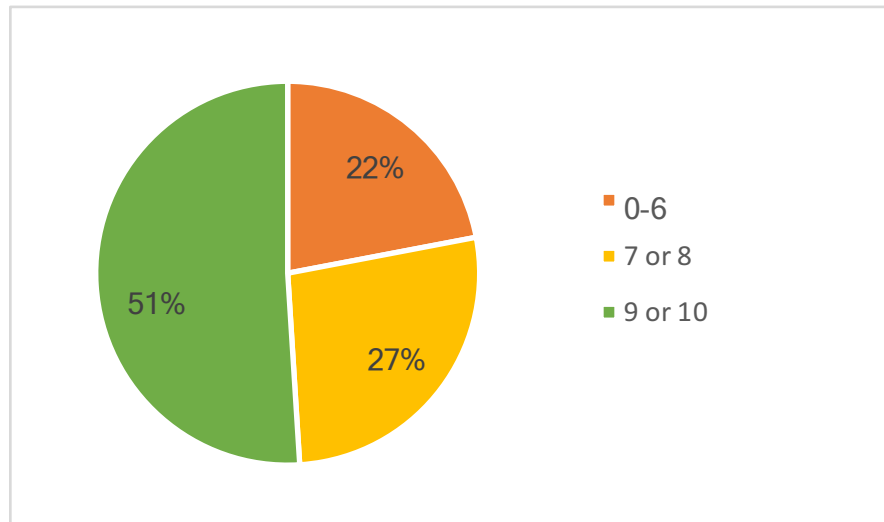
Figure 4-14. Rating of SSI child's specialist



Rating of Medicaid plan

Half of parents (51%) rated Medicaid as a 9 or 10 (Figure 4-15). There were no differences between children in SSI and other children in Medicaid.

Figure 4-15. Rating of SSI child's health plan



Medicaid helpline & information (parents of SSI children in Medicaid)

Parents were asked about their experience trying to find information or completing paperwork regarding their child's health program in the last six months.

- 47% were aware of the toll-free Medicaid Enrollment Broker/IME Member Services helpline
- 25% of those aware of the helpline had called for help or information
- Of those who called the Medicaid helpline, 46% *always* found the help or information needed
- 22% of parents had looked for information in written materials or the Internet about how

their child's Medicaid program works

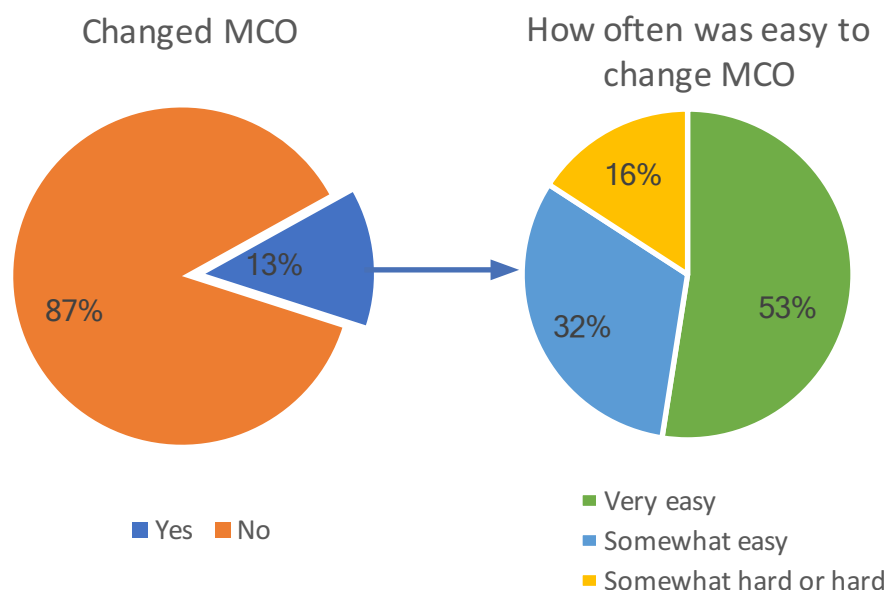
- Written materials from Medicaid (11%), written materials from the MCO (11%), and Doctor or office staff (7%) were most frequently used and were the most helpful sources, followed by Medicaid websites (5%), called to the MCO (5%), and the MCO website (3%)

Experiences with the SSI child's MCO in Medicaid

Parents were asked about their experience with the child's MCO in the last six months.

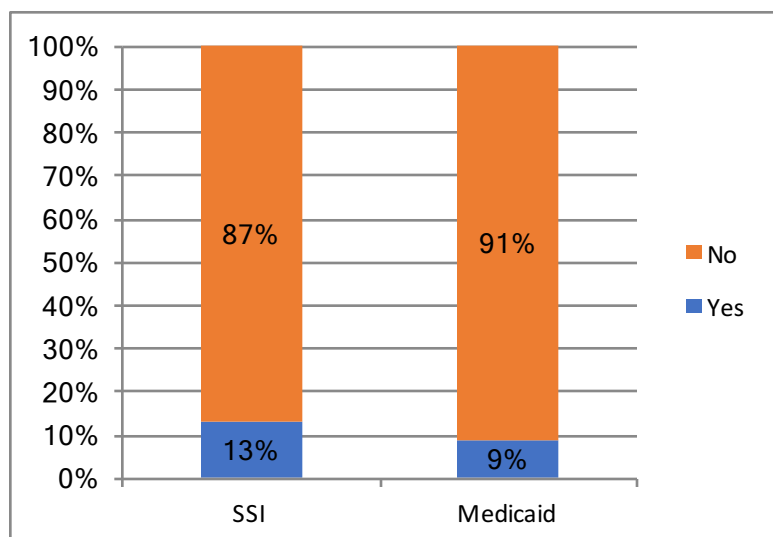
- 13% had tried to change MCO after the initial assignment (see Figure 4-16)
- Of these, 84% said it was very easy or somewhat easy to change MCO
- 16% said it was somewhat hard or very hard to change MCO

Figure 4-16. Have changed the MCO after initial enrollment and how easy was to change the MCO



Children in SSI were more likely than the children in Medicaid to have changed MCO after the initial enrollment (see Figure 4-17).

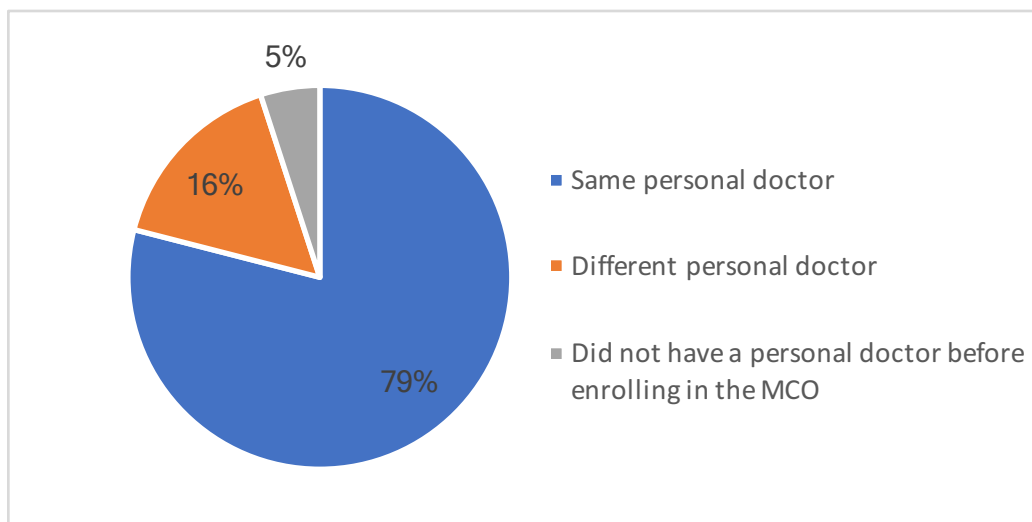
Figure 4-17. Change of MCO after the initial enrollment



As presented previously, parents were asked if their child has the same personal doctor as before enrolling with the MCOs. Although 79% of children reported to have the same personal doctor as

before enrolling in the MCO, 16% of parent reported that they needed to find a different personal doctor after initial enrollment, while 5% gained a personal doctor (see Figure 4-18).

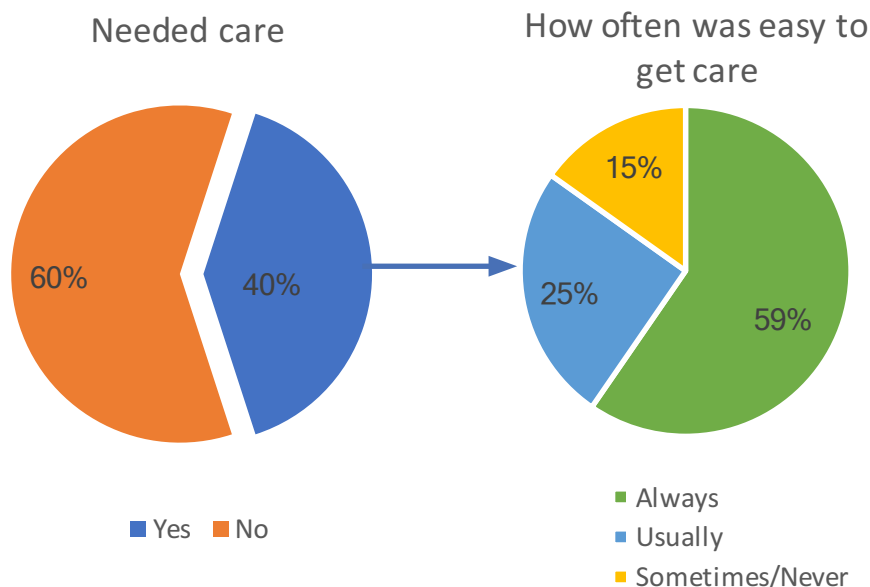
Figure 4-18. Same personal doctor thorough the MCO after the initial enrollment



Parent also reported their perception of care received through the MCO.

- Two-fifths (40%) reported that they tried to get any kind of care, test, or treatment they thought their child needed through the MCO (see Figure 4-19)
 - Of those who tied to get care, 59% reported that it was *always* easy to get the care, test, or treatment they thought their child needed through the MCO. However, 15% of parents reported that it was either *sometime* or *never* easy to get care

Figure 4-19. Getting care through the MCO and how easy was to get the care among those SSI children in Medicaid who needed



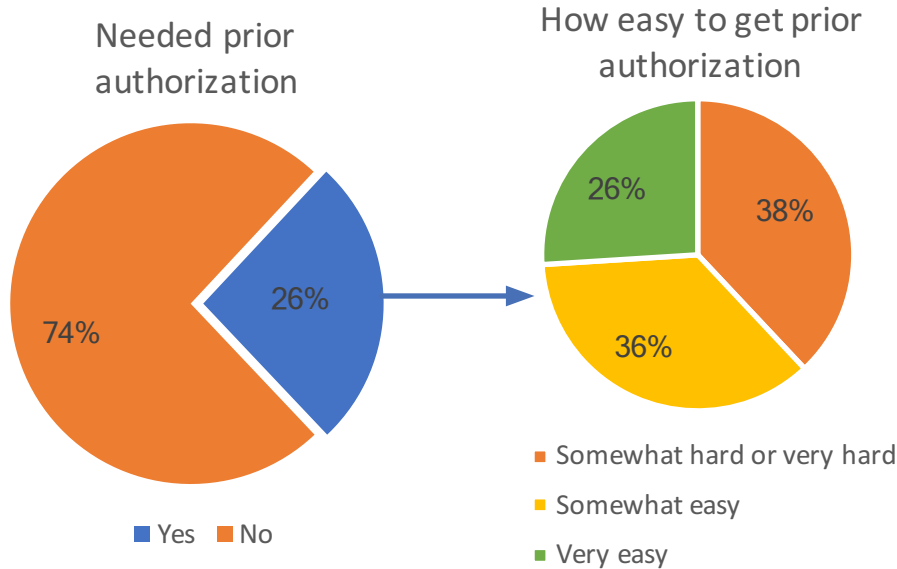
Prior authorization

About one in four (28%) reported that needed prior authorization to get care for their child (see Figure 4-20).

- Of these who needed prior authorization, 26% reported that it was *very easy* to get prior authorization from their child's MCO. However, 38% of parents reported that it was either

somewhat hard or very hard to get prior authorization

Figure 4-20. Needed prior authorization through the MCO and how easy was to get the authorization among those SSI children in Medicaid who needed

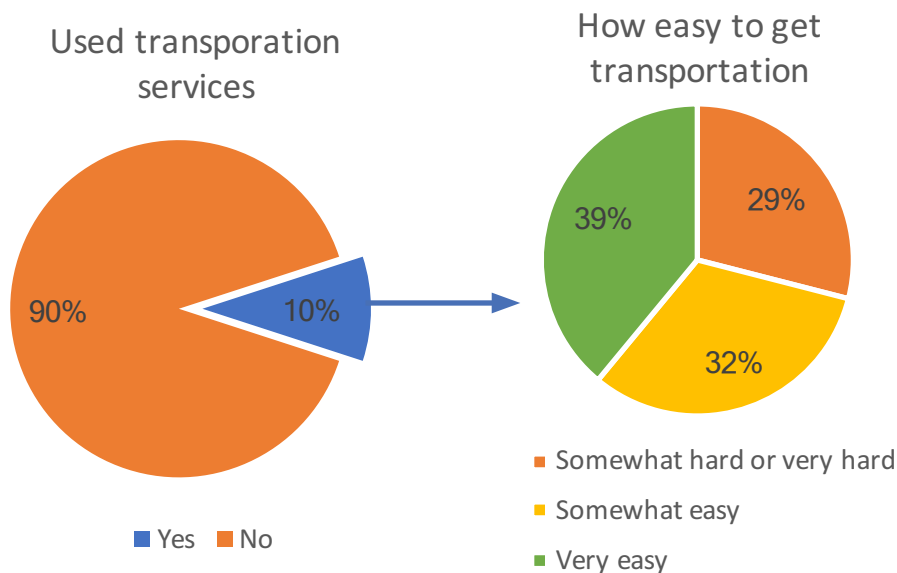


Used paid transportation

One in ten reported that they ever used transportation paid for by the MCO for their child's non-emergency health care (see Figure 4-21).

- Of these who used transportation, 39% reported that it was *very easy* to get transportation services provided by their child's MCO. However, 29% of parents reported that it was either *somewhat hard* or *very hard* to get transportation services

Figure 4-21. Used transportation services through the MCO and how easy was to get the transportation among those SSI children in Medicaid who needed

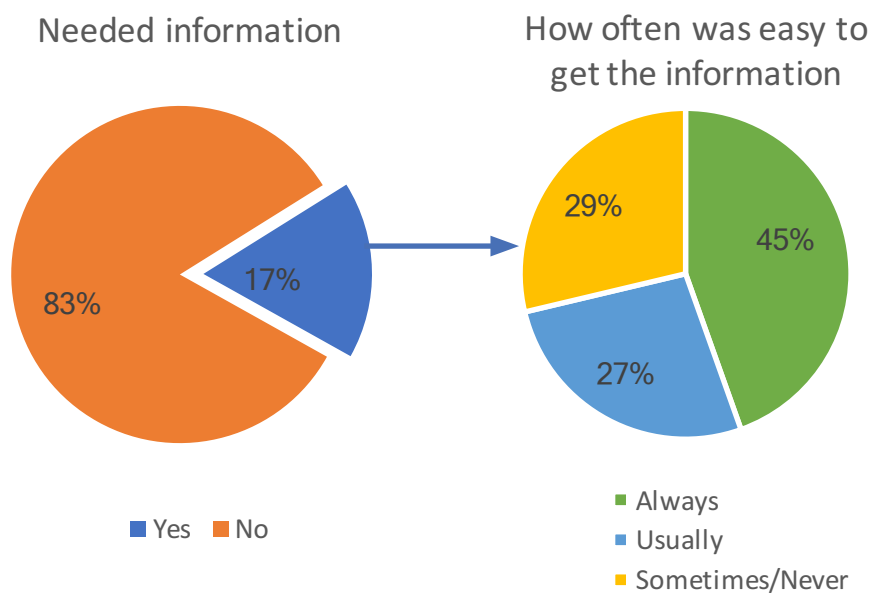


Needed to get information or help of any kind from their MCO:

- About one sixth (17%) reported that they needed to get information or help for their child from his/her MCO (see Figure 4-22)

- Of those who needed information or help, 45% reported that child's MCO *always* gave them the information or help they needed. However, 29% of parents reported that it was either *sometime* or *never* easy to get care

Figure 4-22. Getting information through the MCO and how easy was to get the information needed



Chapter 5: SSI Adult Results 2017

The Medicaid SSI program covers adults if they are low income and either³: 1) at least 65 years of age, and/or 2) blind or disabled. The following is a summary of results from the *Survey of Iowa Medicaid (Title 19) Enrollees* for non-institutionalized adults in the SSI program. Responses to each item in the questionnaire are in Appendix B.

Demographics of SSI adults in Medicaid

Over half of respondents were women. Overall, 83% were Caucasian (Table 5-1). Most of the respondents ranged in age from 18 to 64. The proportion with less than a high school education (29%) was significantly greater than the other adults in Medicaid.

Table 5-1. Demographics of SSI adult respondents

	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid 2017
% Female	59%	57%	56%	83%
Race/ethnicity*				
Hispanic/Latino (all races)	2%	3%	4%	7%
Caucasian	83%	85%	84%	82%
African American	10%	8%	9%	8%
Asian/Pacific Islander	1%	3%	2%	4%
American Indian	3%	3%	3%	2%
Other	1%	2%	NA	1%
Education				
<High School	29%	32%	32%	13%
High School/GED	45%	42%	42%	38%
Some college or 2-year degree	25%	25%	19%	47%

*Race/ethnicity categories are not mutually exclusive.

Health status of SSI adults in Medicaid

Overall health status

The health status of adults in the SSI program was significantly lower than that of other adults in Medicaid. Seventeen percent of adult Medicaid members in SSI rated their health as *excellent* or *very good* which was significantly lower than was reported by other adults in Medicaid (42%).

Table 5-2. Health status of SSI adults

Global health rating	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid 2017
Excellent	5%	7%	7%	15%
Very good	12%	8%	13%	27%
Good	31%	34%	34%	39%
Fair/poor	53%	51%	46%	19%

3 See updated report of Iowa Medicaid Program: Impact of ACA and health system change on the Iowa Safety Net.

Chronic conditions

More than nine in ten adults in SSI (91%) reported that they had one or more chronic conditions that lasted or are expected to last for at least 3 months. The most common chronic physical health conditions are shown in Table 5-3. About four in ten adults in SSI (46%) reported that they had seen a doctor or other health provider 3 or more times for the same condition or problem and of those, 90% reported that this was due to a chronic condition that lasted for at least 3 months.

Table 5-3 Most commonly reported chronic physical health conditions of SSI adults in Medicaid

Chronic health conditions	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid 2017
Back or neck problems	55%	47%	32%
Arthritis, rheumatism, bone or joint problems	50%	51%	18%
Allergies and sinus problems	38%	36%	31%
Overweight/obese	38%	33%	29%
High blood pressure	36%	39%	13%
A physical disability	33%	32%	4%
Stomach problems such as recurrent indigestion, heartburn, or ulcer	33%	31%	15%
Asthma	25%	24%	15%
Dental, tooth, or mouth problems	25%	24%	20%
Migraine headaches	23%	18%	25%
Bronchitis, emphysema, COPD, or other lung problems	23%	23%	5%
Diabetes	23%	20%	7%
Bladder or bowel problems	21%	19%	9%
Heart problems	17%	20%	4%
Hearing, speech, or language problems	15%	19%	3%

Overall mental and emotional health

To evaluate issues of mental and emotional health care, respondents were asked to rate their current overall mental and emotional health, and the need for and receipt of any treatment or counseling.

- 34% of adults in SSI reported a need for mental health treatment or counseling in the last 6 months, and of these
 - 79% received treatment or counseling
 - 64% found it was *always* easy to get needed treatment or counseling
- 28% of adults in SSI reported their mental and emotional health was excellent or very good, 28% reported it as good, and 44% rated it as fair or poor (Table 5-4)

Table 5-4. SSI Adult's mental health

Self-rating of mental health	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid 2017
Excellent	12%	14%	16%	20%
Very good	16%	17%	19%	26%
Good	28%	35%	32%	29%
Fair	34%	25%	25%	19%
Poor	11%	8%	7%	6%

Three fourths of adults in SSI (75%) reported that they had one or more mental or emotional health conditions that lasted or were expected to last for at least 3 months. The most common chronic mental or emotional health conditions are shown in Table 5-5.

Table 5-5 Most commonly reported chronic mental or emotional health conditions of SSI adults in Medicaid

Chronic mental and emotional health conditions	Iowa Medicaid SSI 2017
Depression	52%
Anxiety	50%
A learning disability	29%
Emotional problems other than depression/anxiety	23%
Attention problems	20%

Functional health status

Functional health status was assessed by asking respondents how their physical health status affected a range of daily activities from simple daily life activities to activities required to function independently in the home.

- 82% of adults in SSI reported that they had a physical or medical condition that seriously interfered with their ability to work, attend school, or manage their day-to-day activities. This was significantly higher than the rate reported by other adults in Medicaid (24%)
- 44% of adults in SSI reported that due to disability or other health problems, they need help with routine tasks such as everyday household chores, doing necessary business, shopping, or getting around. This was significantly higher than the rate reported by other adults in Medicaid (15%)
- 53% of adults in SSI reported that they have a physical or medical condition that seriously interferes with their independence, participation in the community, or quality of life. This was significantly higher than the rate reported by non-SSI adults (12%)
- 12% of adults in SSI reported that due to disability or other health problems, they need help with their personal care such as eating, dressing, or getting around the house. This was significantly higher than the rate reported by non-SSI adults (4%)

Medical Home of SSI adults in Medicaid

Access to a medical home was assessed with six domains: 1) having a personal doctor, 2) timely access to care, 3) coordination of care, 4) communication with the doctor and interactions with staff, 5) comprehensive care, and 6) self-management and support.

Eighty-nine percent of adults in SSI reported having a personal doctor. This was slightly higher than adults in Medicaid (80%).

Adults also reported if they have the same personal doctor before they enrolled in their MCO.

- 68% reported that they have the same personal doctor
- 19% reported that they have a different personal doctor
- 12% reported that they did not have a personal doctor before enrolling to the MCO

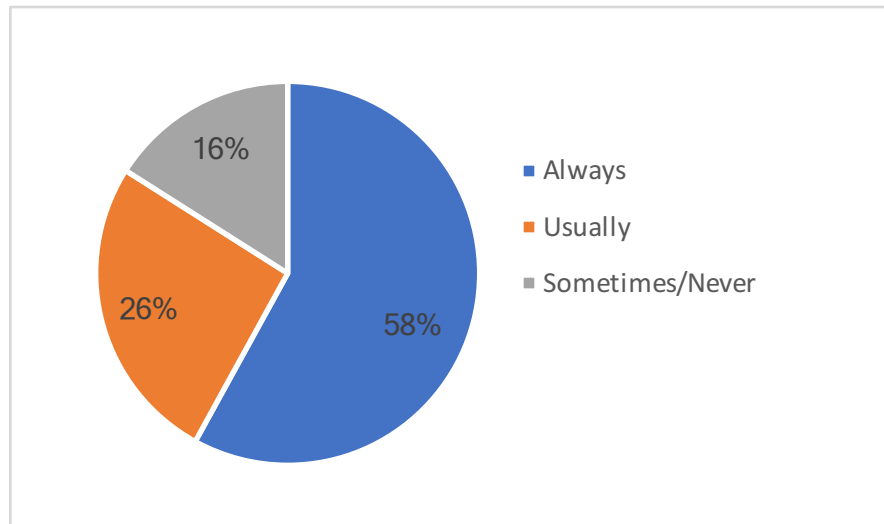
Access to timely care and use of services

Access to health care was assessed with two CAHPS questions.

- Counting only the times when they needed care right away, 59% *always* got care as soon as they needed it
- Not counting the times they needed care right away, 57% *always* got an appointment for a check-up or routine care at a doctor's office or clinic as soon as it was needed

The CAHPS health programs composite score uses these two items to assess getting care as soon as needed. About half of SSI adults (58%) always got care quickly. This is similar to non-SSI adults in Medicaid (54%). The composite scores are shown in the Figure 5-1.

Figure 5-1. Getting care quickly (with 2 items) of SSI adults in Medicaid

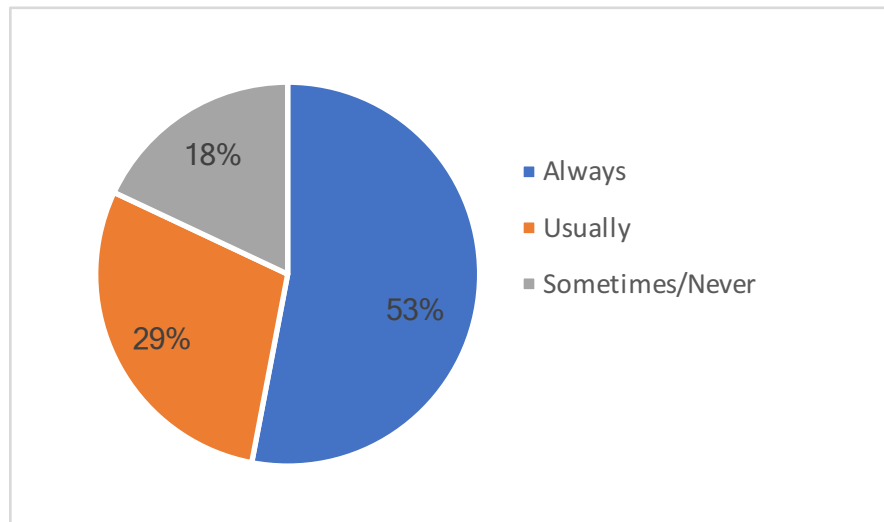


One more CAHPS item was used to further assess the timely care.

- 43% *always* got an answer to their medical questions in the same day when they phoned a doctor's office during office hours

A composite scoring of these three items together (including the first two) shows that half adults in SSI (53%) reported that they *always* got timely care. There were no significant differences between adults in SSI and other adults in Medicaid.

Figure 5-2. Timely care (with 3 items) of SSI adults in Medicaid



Coordination of care

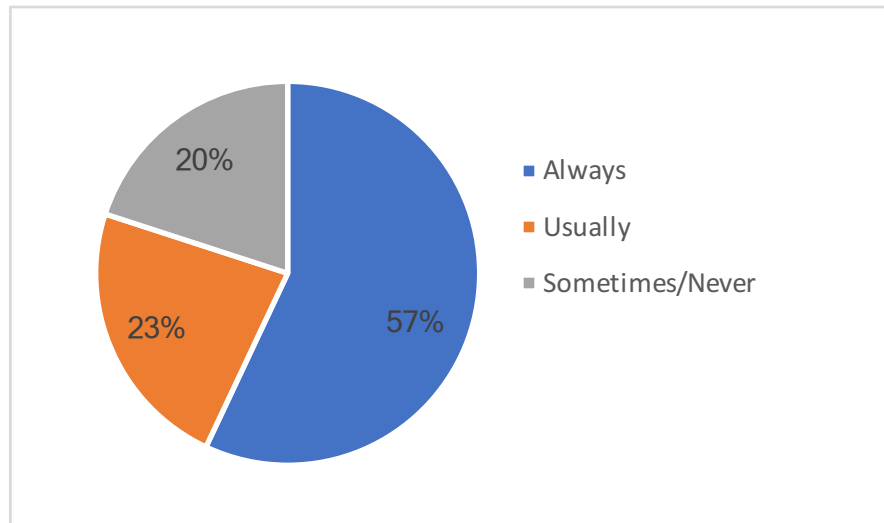
Coordination of care was measured with four CAHPS items.

- 66% of SSI adults reported that when the doctor's office ordered a blood test, x-ray, or other test for them, the office *always* followed up to give them those results
- 47% reported that the doctor's office *always* seemed informed and up-to-date about the care they got from a specialist
- 67% reported that the doctor *always* seemed to know the important information about the medical history
- 49% someone at the doctor's office *always* talked about all the prescription medicine they were taking

A composite score for coordination of care is shown in Figure 5-3. About half of adults in SSI (57%) reported that they *always* received proper care coordination. There were no significant differences

between adults in SSI and other adults in Medicaid.

Figure 5-3. Coordination of care of SSI adults in Medicaid



Communication with the doctor and interaction with staff

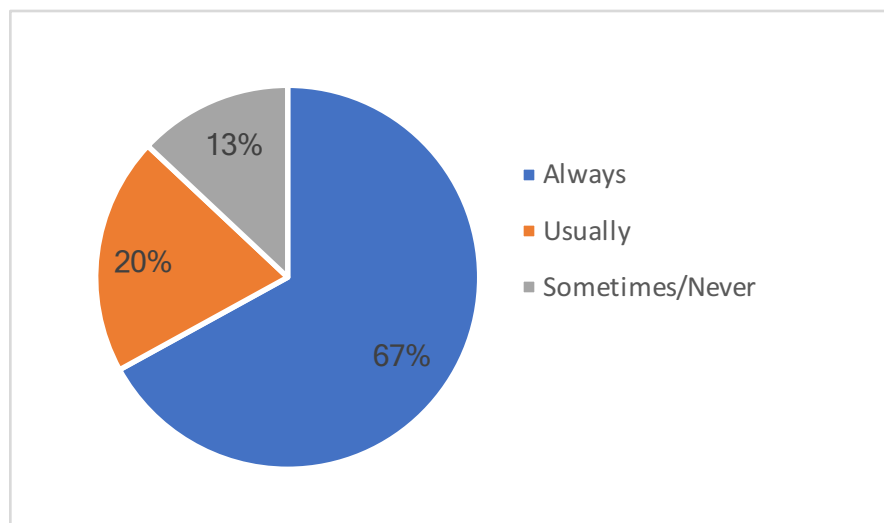
As mentioned, 89% of adults in SSI had a personal doctor. Of those who had a personal doctor, 89% had visited the doctor in the last 6 months.

During these visits:

- About two-thirds of adults (67%) reported their personal doctor *always* explained things in a way that was easy to understand
- 69% reported their personal doctor *always* listened carefully to them
- 72% reported their personal doctor *always* showed respect for what they had to say
- 62% reported their personal doctor spent enough time with them

The CAHPS uses these four items to assess doctor communication. About seven in ten adults in SSI (67%) reported that their doctor *always* communicated well. The composite scores are shown in Figure 5-4. There were no significant differences between adults in SSI and other adults in Medicaid.

Figure 5-4. Communication with personal doctor of SSI adults in Medicaid

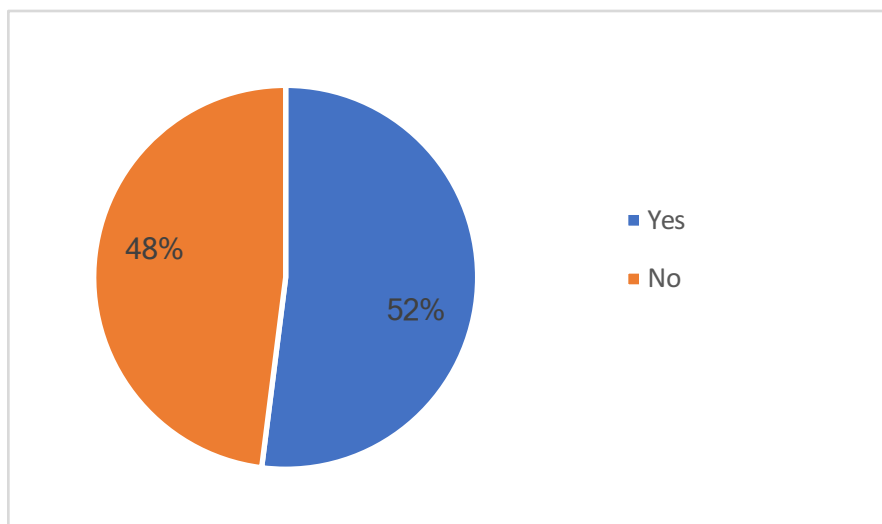


Information about after-hours care

Half of respondents (52%) reported that a doctor's office gave them information about what to do

if they needed care during evenings, weekends, or holidays. There were no significant differences between adults in SSI and other adults in Medicaid.

Figure 5-5. Received information about after-hours care of SSI adults in Medicaid



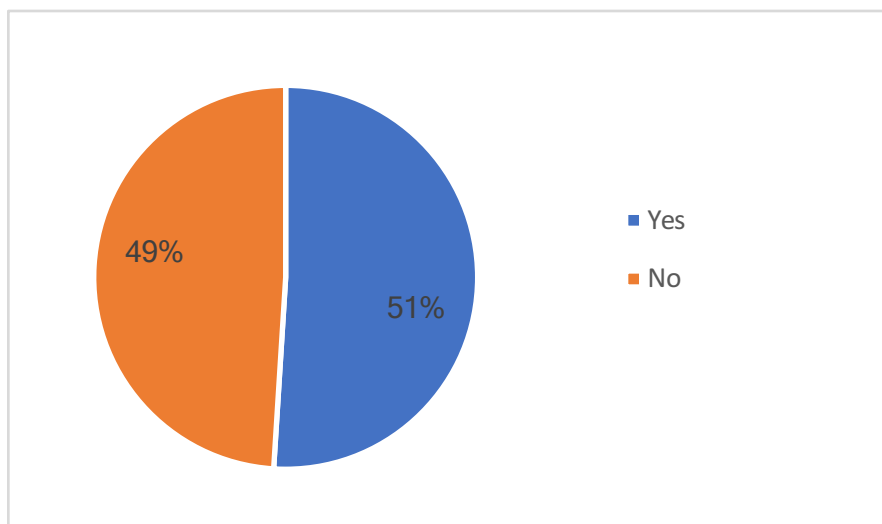
Comprehensive care

Comprehensive care means that the medical home provides services that account for the majority of patient needs, including mental health. One item assessed if anyone in a doctor's office asked them about things that worry them or cause stress.

- 51% of SSI adults reported that they were asked about things in their life that worry them or cause them stress

Score for comprehensive care is shown in Figure 5-6. Half of the adults in SSI (51%) had received comprehensive care in the past 6 months. There were no significant differences between adults in SSI and other adults in Medicaid.

Figure 5-6. Comprehensive care of SSI adults in Medicaid



Self-management support

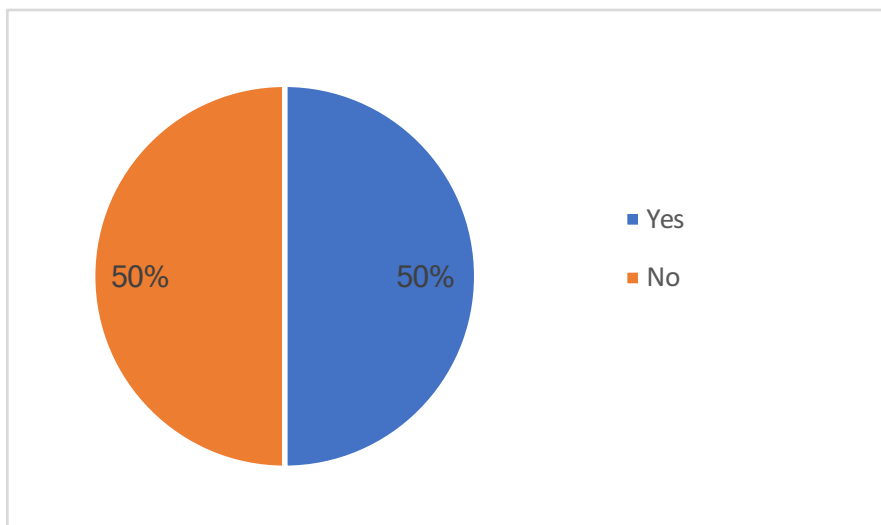
Two questions assessed the level of self-management support.

- 63% of SSI adults reported that they talked with their health providers about specific goals for their health
- 38% reported that they talked with their providers about things that make it harder for them

to take care of their health

A composite score for self-management support is shown in Figure 5-7. Half of the adults in SSI (50%) reported receiving support from their doctor's office for self-managing their health conditions. There were no significant differences between adults in SSI and other adults in Medicaid.

Figure 5-7. Support for self-management of health of SSI adults in Medicaid



Health care of SSI adults in Medicaid in the last 6 months

Any kind of care, tests, or treatment

About half of adults in SSI (51%) tried to get any kind of care, tests, or treatment through Medicaid in the past 6 months.

Unmet need for care

Rates of unmet need among adults in SSI varied by service area and were similar to those for other adults in Medicaid (Table 5-6).

- About one in four had an unmet need for prescription medications (24%)
- Unmet need for medical care is close to one in ten (e.g. routine care (12%))

Table 5-6. Unmet health care needs among SSI adults* (percent of all respondents)

	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid 2017
Care right away	10%	11%	11%	6%
Routine care	12%	11%	11%	12%
Preventive health care	11%	10%	8%	6%
Specialty medical care	9%	8%	8%	7%
Dental care	NA	9%	8%	NA
Mental health care	8%	7%	9%	8%
Prescription medication	24%	17%	22%	19%

*Unmet need: not able to get needed care at some point in the last 6 months from the total sample

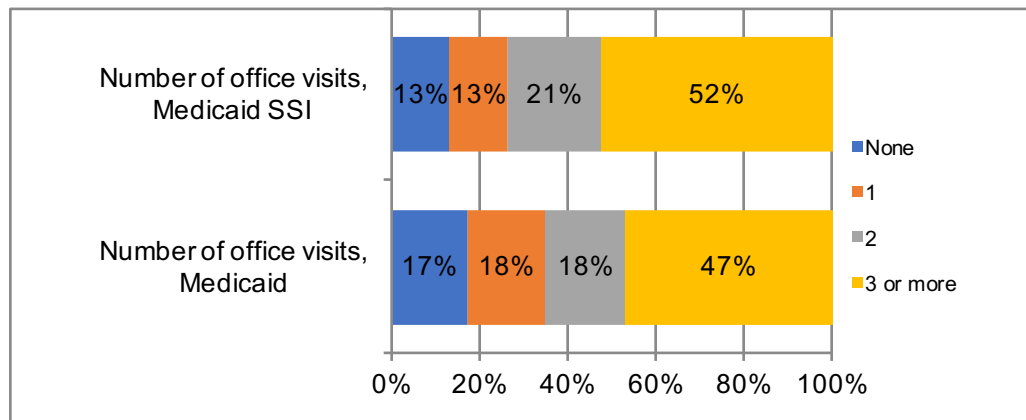
Outpatient visits

Adults in SSI were asked how many times they went to a doctor's office or clinic (not counting emergency department visits) for care.

Office visits

- 87% of adults in SSI had at least one visit to any doctor's office or clinic in the 6 months prior to the survey (Figure 5-8).
- 52% of adults in SSI had three or more outpatient visits. Of these, 97% had visited their personal doctor in the last 6 months.

Figure 5-8. SSI Adult outpatient visits in the last 6 months



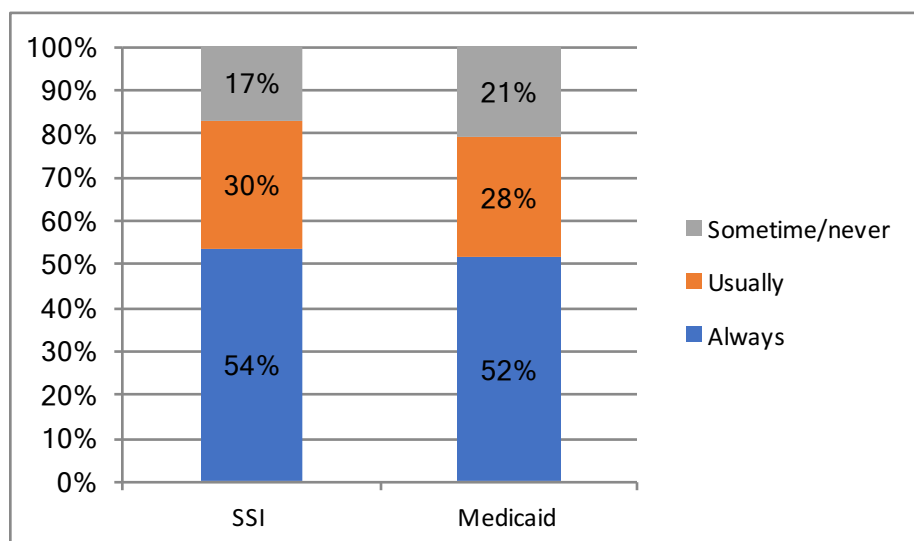
Getting needed care

As stated before, about half of the adults in SSI (51%) tried to get some type of care.

- Of those who tried to get care, 55% said it was *always* easy to get the care, tests, or treatment they needed.
- 52% of adults reported that they *always* got an appointment to see a specialist as soon as needed.

The CAHPS-NCD uses these two items to assess access to needed care. A composite score using these items is shown in the Figure 5-9. About half of adults in SSI (54%) reported that they *always* got care as soon as needed. Adults in SSI were significantly more likely to get needed care than adults in Medicaid.

Figure 5-9. Getting needed care (2 items) of SSI adults in Medicaid

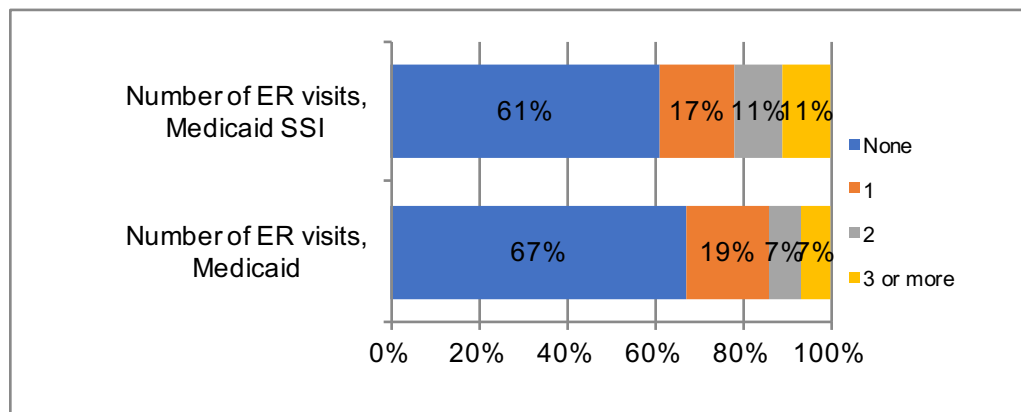


Emergency care

Thirty-nine percent of adults in SSI visited a hospital emergency department (ED) at least once in the last 6 months (Figure 5-10).

Of those who went to an ED, 57% said that the care received could have been provided in a doctor's office if one was available at the time.

Figure 5-10. SSI Adult emergency department visits in the last 6 months



NOTE: among the "3 or more" ER visits for the SSI population, the breakdown is: 3 times 6%; 4 times 3%; 5 to 9 times 2%; 10 or more times < 1%.

The most common reasons for the most recent visit to the ED were their doctor's office or clinic was not open when they needed care (37%) and their health problems were too serious for the doctor's office or clinic (23%).

Table 5-7. Reasons for the most recent visit to the ED

	Iowa Medicaid SSI 2017	Iowa Medicaid 2017
My doctor's office or clinic was not open when my child needed care	37%	45%
My health problem was too serious for the doctor's office or clinic	23%	23%
My doctor, nurse, or other health care provider told me to go to an ER for this care	18%	9%
My doctor's office or clinic was open, but I could not get an appointment	9%	11%
I had transportation problems getting to a doctor's office or clinic	7%	2%
I did not have a doctor or clinic to go to	5%	6%

Preventive care

Regarding preventive care, respondents - adults in SSI- were asked about preventive health services in the past 6 months and receipt of a flu shot.

- 58% reported that they had a preventive visit, such as a physical exam or mammogram, within the last year.
- Almost half of SSI adults (53%) had a flu shot during the past flu season.
- About half adults in SSI (46%) smoke cigarettes.
 - 38% of adults that smoke *always* received advice to quit smoking,
 - 14% of adults that smoke *always* discussed or received recommendations on smoking cessation medication, and
 - 11% of adults that smoke *always* discussed or received information on smoking cessation methods and strategies.

Table 5-8. Smoking cessation of SSI adults in Medicaid

	Advice quitting	Smoking cessation medication	Smoking cessation methods and strategies
Always	38%	14%	11%
Usually	19%	12%	14%
Sometimes	24%	26%	21%
Never	19%	48%	53%

Specialty care

About four in ten of adults in SSI (41%) had visited a specialist in the last 6 months. This was higher than the rate reported by other adults in Medicaid (30%).

Hospital stay

Fifteen percent of adults in SSI (n=81) stayed one or more nights in the hospital.

- Of these adults, 22 went back to the hospital within 30 days of being allowed to go home.

Prescription medication

- Respondents were asked about their need for any prescription medications. Three-fourths of adults in SSI (75%) needed or took a prescription medication. Additional results for adults needing or taking a prescription medication are:
- 49% *always* had someone in a provider's office talk to them at each visit about all the prescription medicines they were taking,
- 31% needed prescription medication but could not get it for any reason, and
- 61% *always* got the prescription medicine easily through Medicaid.

Transportation

Five questions asked about transportation used to get care.

- The most commonly reported way to get care was by having someone else drive them using driver's car (39%), or driving their own car (34%).
- About one third of adults in SSI (36%) *always* needed assistance from other sources (such as friends, family, public transportation, etc.) to get to their health care visits.
- Twelve percent of adults indicated they had ever used transportation paid by their MCO. Of those who used the transportation, 47% reported that was very easy to use the transportation services.
- About one in seven adults (15%) worried *a great deal* about how to pay for their transportation.
- Nearly one in five adults (22%) needed transportation to or from a health care visit but could not get it.

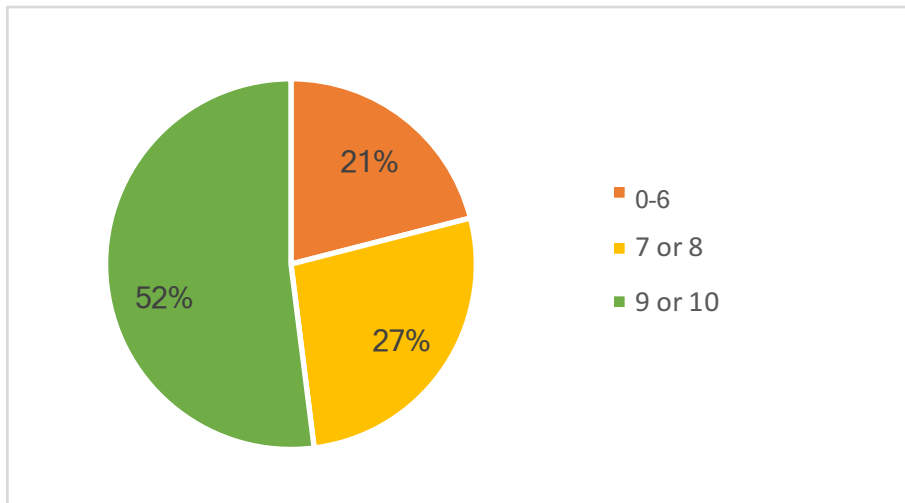
Quality of health care of SSI adults in Medicaid

Adult Medicaid members rated their health care, personal doctor and specialist (if applicable) on the CAHPS global 0-10 rating scale, where 0 = worst possible and 10 = best possible.

Rating of all health care

The overall rating of health care was moderate, with 52% of SSI adults rating either 9 or 10 for health care received in the past 6 months (Figure 5-11). There were no significant differences between adults in SSI and other adults in Medicaid.

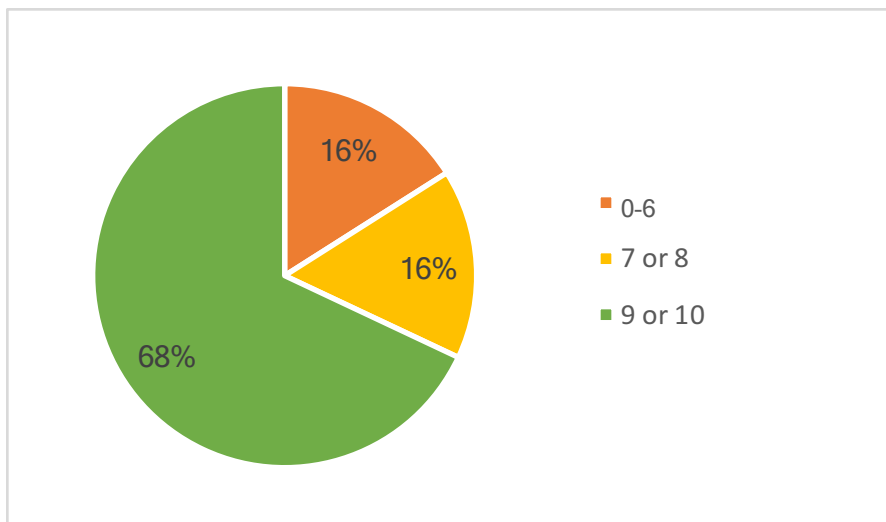
Figure 5-11. Rating of all health care for SSI adults



Rating of personal doctor

About seven in ten adults in SSI (68%) rated their personal doctor a 9 or 10 (Figure 5-12). There were no significant differences between adults in SSI and other adults in Medicaid.

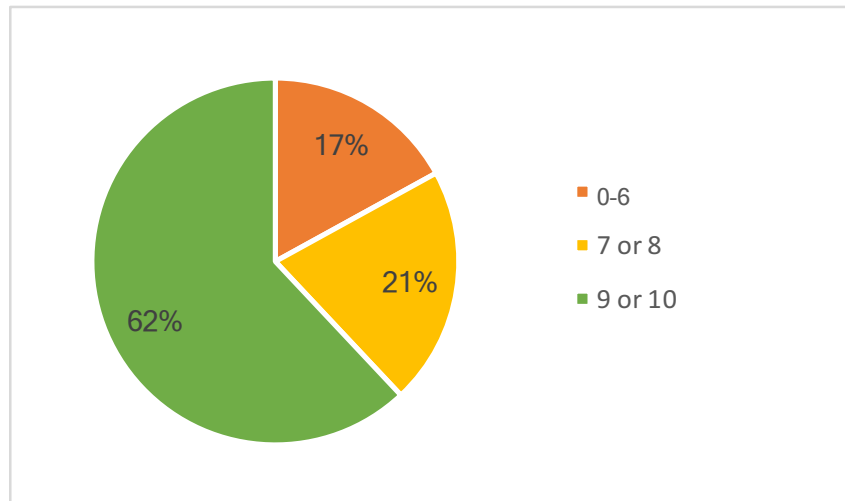
Figure 5-12. Rating of SSI adult's personal doctor



Rating of specialist adult saw most often

About six in ten SSI adults (62%) rated their specialists as a 9 or 10. There were no significant differences between adults in SSI and other adults in Medicaid.

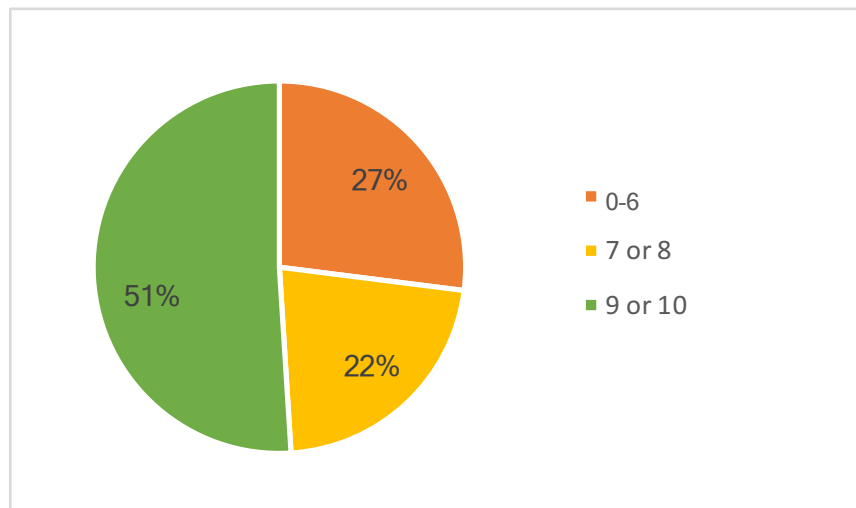
Figure 5-13. Rating of SSI adult's specialist



Rating of Medicaid

A little over half of adults in SSI (51%) rated Medicaid a 9 or 10. There were no significant differences between adults in SSI and other adults in Medicaid.

Figure 5-14. Rating of SSI adult's health program



Medicaid helpline & information (SSI adults in Medicaid)

Respondents - adults in SSI- were asked about their experience trying to find information regarding their health program in the last six months.

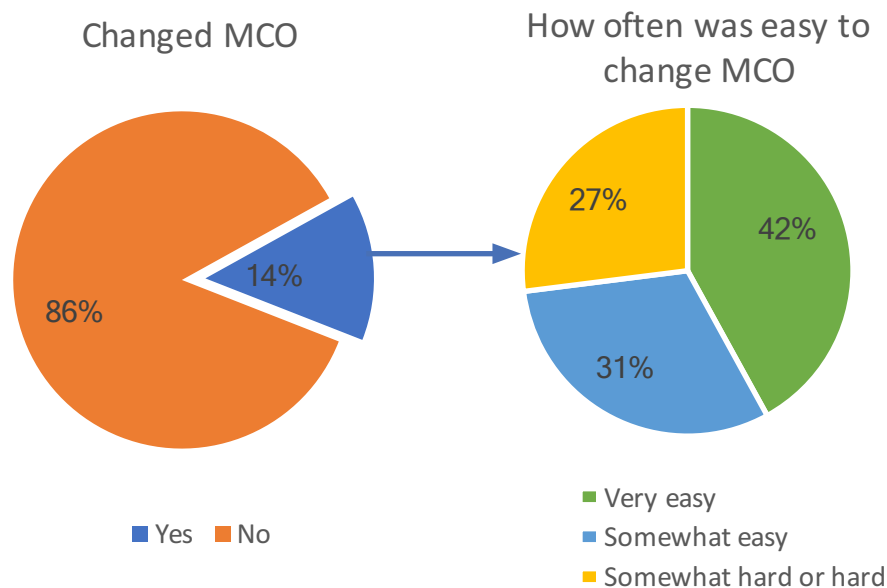
- 45% knew about the Medicaid Enrollment Broker/IME Member Services helpline.
- 19% of those who knew about the helpline had called for assistance
- 35% of those calling for information or help reported they *always* got the information needed.
- 19% of adults had looked for information on how their health program works and indicated which information source they found most helpful as listed below:
- 22% Written materials from respondent's MCO
- 17% written materials from Medicaid/Health Link
- 13% DHS Medicaid/Health Link website
- 7% Respondent's MCO website
- 7% Phone calls to the MCO
- 6% Doctor or office staff

Experiences with the SSI adult's MCO in Medicaid

Respondents - adults in SSI- were asked about their experience with the MCO in the last six months.

- 14% had tried to change MCO after the initial assignment.
- Of these, 42% said it was very easy to change MCO, while
- 27% said it was somewhat hard or very hard to change MCO (see Figure 5-15)

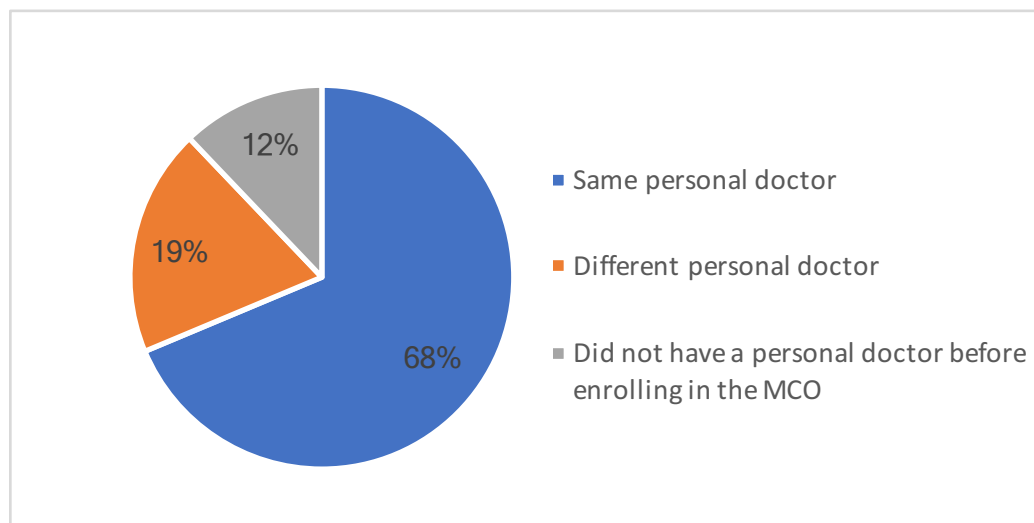
Figure 5-15. Have changed the MCO after initial enrollment and how easy was to change the MCO



As stated before, adults in SSI also reported if they have the same personal doctor before they enrolled in their MCO.

- 68% reported that they have the same personal doctor.
- 19% reported that they have a different personal doctor.
- 12% reported that they did not have a personal doctor before enrolling to the MCO.

Figure 5-16. Same personal doctor thorough the MCO after the initial enrollment

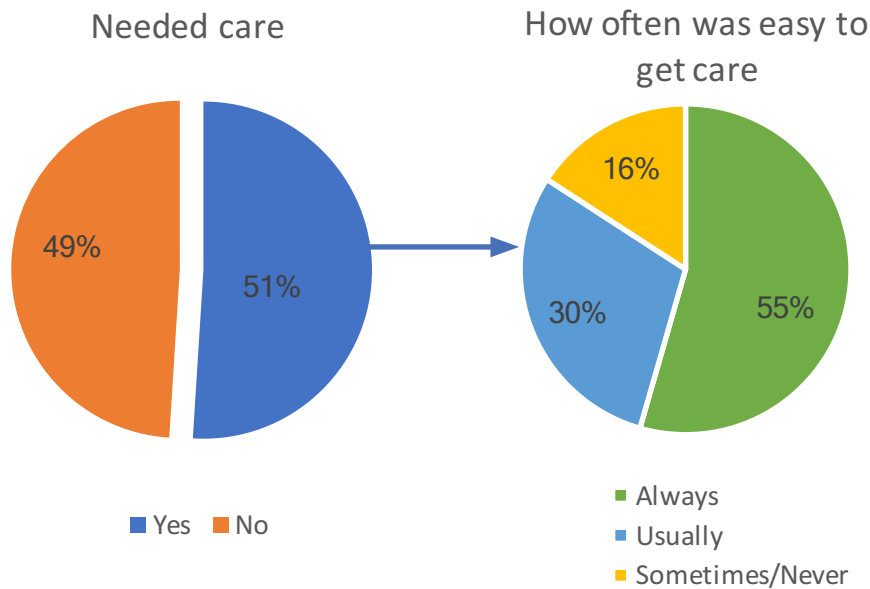


Respondents - adults in SSI- also reported their perception of care received through the MCO.

Getting any kind of care:

- About half of adults (51%) reported that they tried to get any kind of care, test, or treatment they thought they needed through the MCO.
- Of those who tried to get care, 55% reported that it was *always* easy to get the care, test, or treatment they thought they needed through the MCO. However, 16% of adults reported that it was either *sometime* or *never* easy to get care (see Figure 5-17).

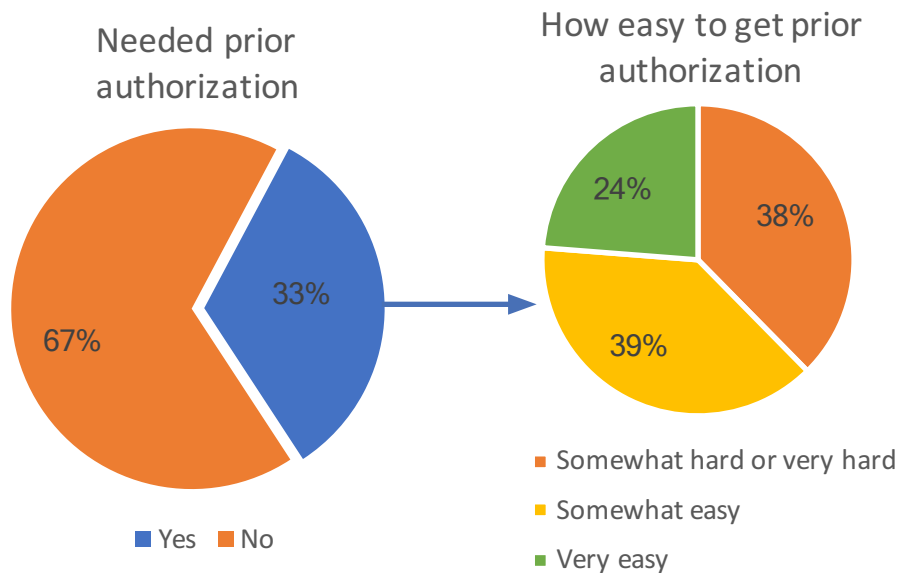
Figure 5-17. Getting care through the MCO and how easy was to get the care among those SSI adults in Medicaid who needed



Prior authorization:

- About one third of adults in SSI (33%) reported that needed prior authorization to get care.
- Of these who needed prior authorization, 24% reported that it was *very easy* to get prior authorization from their MCO. However, 38% of adults reported that it was either *somewhat hard* or *very hard* to get prior authorization (see Figure 5-18).

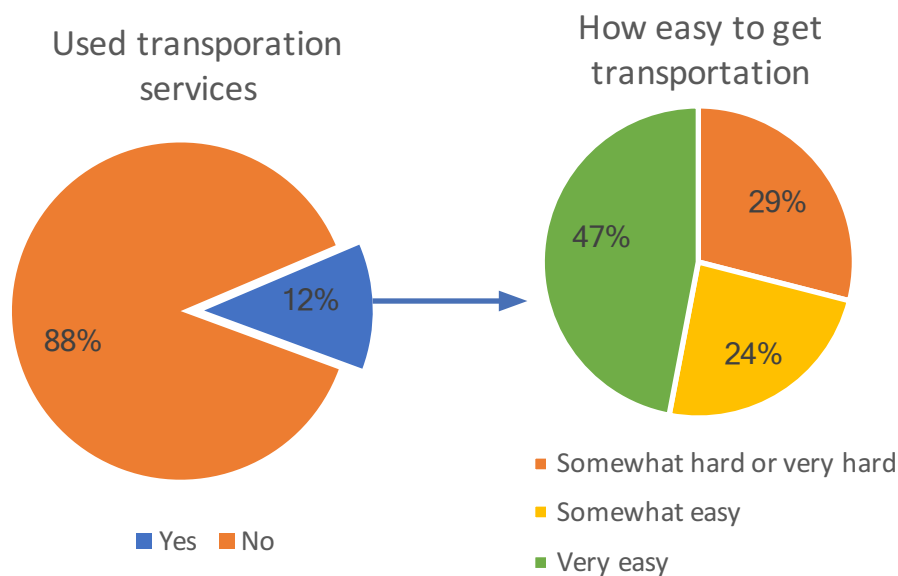
Figure 5-18. Needed prior authorization through the MCO and how easy was to get the authorization among those SSI adults in Medicaid who needed



Used paid transportation:

- Twelve percent of adults in SSI reported that ever used transportation paid for by the MCO (see Figure 5-19).
- Of these who used transportation, 47% reported that it was *very easy* to get transportation services provided by their MCO. However, 29% of adults reported that it was either *somewhat hard* or *very hard* to get transportation services.

Figure 5-19. Used transportation services through the MCO and how easy was to get the transportation among those SSI adults in Medicaid who needed

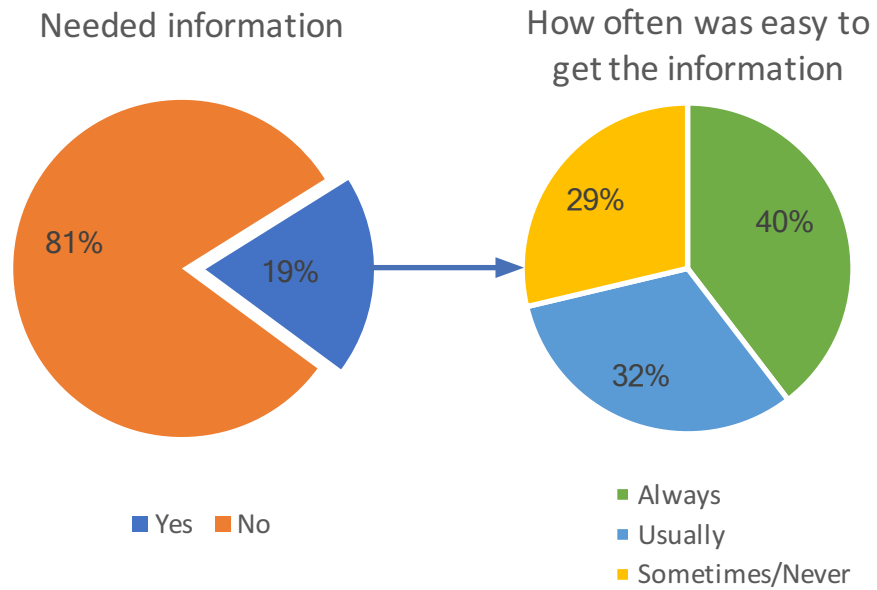


Needed to get information or help from their MCO:

- About one in five adults in SSI (19%) reported that they needed to get information or help from their MCO.
- Of those who needed information or help, 40% reported that their MCO *always* gave

them the information or help they needed. However, 29% of adults reported that it was either *sometime* or *never* easy to get care (see Figure 5-20).

Figure 5-20. Getting information through the MCO and how easy was to get the information needed



Chapter 6: Summary of Member Comments

Parent of a child in Medicaid comments

Methods

The final item on the Medicaid child survey was open-ended, and stated, *“Please tell us if there is anything else you like or dislike about your health plan or health coverage.”* Of the 1394 respondents who completed the survey, 366 provided a response.

The content in responses covered a range of topics and were organized into categories. Two coders examined the data, and developed general categories to organize and summarize the comments. A single coder used NVivo software to place each comment into corresponding categories. Coding the comments from the survey assists in the systematic identification and analysis of recurring themes. In many instances, a comment from an individual respondent covered more than one theme. An example of this is demonstrated in the following comment: *“I was getting prescriptions that worked for me, now I have to pay out of my pocket and can't only get what I have funds for and that don't even cover enough for the whole month and don't know where to go or call for help.”* The respondent described experiences with three themes: unmet need for medication, financial hardship, and out-of-pocket expenses. Within the 366 respondent comments, there were 499 pieces of material that represented distinct themes. A summary of the overall themes, including quotes from the commentary exemplifying the theme, are provided below. A listing of all of the comments can be found in Appendix D.

Health plan

264 members shared comments about experiences using their health plan in response to the final open-ended item.

Satisfactory

Of the 264 references to the Medicaid plan in the open comments, 129 members expressed satisfactory and positive experiences. A majority of the comments indicated a general satisfaction with the program. More specifically, Medicaid members reported being grateful for the program/coverage, and appreciating a variety of services that are available through the Medicaid program.

“I am happy that they have programs like this to help families like mine.”

“I appreciate all of the stress that this health plan has relieved from my family. Without it we would have serious trouble trying to get private insurance and paying our bills at the same time.”

“We are thankful to have this as an option. I am not able to work as much because of my health. So I feel blessed to have this for us. I hope and pray that we get to keep this in the future and many others do too.”

“My health coverage has never let me down. They always covered most if not all costs of any medical or therapeutic necessities either of my children have had. I'm very much grateful for all their help as well AEA's & any/all social workers who have helped me get [Child's name] what he needs.”

“We are retired & guardians of our now 5 year old greatgrandchild. Soc Sec doesn't take care of her needs. We have had her most of her life so this is her home. But while she was rejected by her parents she did play therapy and did 2 sessions of dinosaur school dealing with feelings. Without Medicaid we could not have had these extras. She is above her peers in being able to deal with things.”

“Our health plan has been great. We have never had any problems.”

Unsatisfactory

Sixty members expressed dissatisfaction with the health plan for various reasons, including communication issues, monthly payments/out-of-pocket expenses, complaints about the prior authorization processes, and concern/worry about future coverage.

“I have gotten bills in the mail that my healthcare provider should have covered, and I have to

go through a lot of phone calls and paperwork to get them covered. If not taken care of, they I have ended up paying 100% of the bill that insurance should have covered 100% of."

"We now have to pay a copay for his pull ups even though children aren't supposed to have copays."

"Long waits when calling about coverage issues."

"I dislike that they call trying to give health information as if they know my son. He has many doctors involved in his health who know him personally. They have no right trying offer advice based on algorithms."

"Making more understandable and easier to read information not so complicated flyers/hand-outs/info. To explain in a more simple way what the insurance covers and to which locations to go to and which other places to use."

"One concern I have is when you call in you must be persistent to get help. I fill it could be complicated to get assistance if you get easily frustrated & do not follow-up."

Managed Care organizations/transition

Of the 264 comments regarding the Medicaid plan, 38 members commented about the Managed Care Organizations (MCOs) which began in April 2016. Medicaid members reported being unsatisfied with the changes, specifically reduction in coverage, provider issues due to changes, and changes to the prior authorization process. Members also expressed general comments of satisfaction with the program, as well as confusion about the MCOs.

"I am not happy that my health plan doesn't pay for certain procedures. The paperwork the doctors have to file now seems to take longer, and is more painful for them that they seem to treat us a little differently because they know the amount of work it's going to take to handle our services. Is time consuming for them. I like the old Medicaid services much better."

"Had a problem getting his prescriptions for his ADHD meds, but switched over to Ameri-Group and have had no problems. The plan I had trouble with was United Health."

"Too many tests and meds are denied now even when they are medically necessary. Doctors need to have more control over tests and meds."

"I've never had any problems at all with AmeriHealth. They are so helpful and professional when I call for information or have questions. They seem to be focused on health choices, promoting benefits for entire family."

"When we were to pick the MCO we weren't given any information on what each covered. Picking one was blind sided so they picked for us."

Confusion

Of the 264 comments regarding experiences using their health plan, 17 described a lack of clarity concerning the coverage and details of their health plan. More specifically, Medicaid members reported questions about coverage and eligibility, difficulty finding information, and limited understanding of the plan coverage.

"Have only taken my children to the doctor a couple of times & was happy the insurance covered it. However, I don't understand if I am assigned a doctor & dentist or if I choose one myself. Unsure of how to find a dentist that would be covered. Received info in the mail but was a huge booklet of info & with 2 small children can't find time to go through all of the paperwork."

Access

Of the 366 responses, 87 Medicaid members reported various barriers that limited access to care.

Provider refusal/limited provider choices

Of the 87 comments regarding access to care, 65 members expressed difficulty finding providers who accept their insurance, as well as providers no longer accepting Medicaid.

"I don't like that my children are unable to go to a new doctor/dentist because NO ONE is accepting new Title 19 patients. Which I assume is because they are not being compensated (\$)"

fairly. It would be nice to have choices who my children are being treated by."

"My only complaint regarding our healthcare through medicaid is that when my daughter broke her arm (she broke both bones in her forearm), she had to wait 2 days for it to be treated because we couldn't find a facility that accepted Medicaid. It was only after my daughter's pediatrician "pulled strings" and made phone calls that she was able to be treated."

"It would be nice if all doctor offices took this health plan! Instead of having to travel 2 1/2 hours from home to go see doctor."

"When we were in Sioux City everything was wonderful all doctors and dentists were always available with United Healthcare. In May we moved to Durango and it took 3 months to get a doctor because no one near us would take state insurance because "they don't pay" They would make the appointment until they found out what insurance we had then tell me that they don't take that insurance, I now have to drive 50 mins to Manchester and to Waterloo for my sons braces. We had to go to the ER for anything we needed in those first 3 months or drive the 5 hrs back to Sioux City."

"Recently received letter saying our doctor may no longer be a member. We love our current doc and will be extremely upset if we have to change health care providers."

Delay to receive services/prior authorization

Twelve of the 87 comments regarding access described a delay experiences receiving services due to approval for medications, tests, and procedures.

"As of Feb 1st 2017 my daughters prescription medication that she's been on for years went to being only approved in 15 day supplies. This is a scheduled med for ADD therefor requires a hard copy prescription. This is very inconvenient."

"I have to get his prescriptions re pre approved every 3 months & it takes 1 full month for the process which means every 3rd prescription refill I have to pay out of pocket for."

Unmet need

Of the 366 responses, 39 Medicaid members reported interferences in receiving care because of limited plan coverage. Most frequently, respondents reported unmet need for dental care, medications, and vision coverage. Also reported were needs for additional coverage (such as mental health services).

"It is very difficult to get her to eat what she needs and have been unable to get the insurance to approve coverage for her Pediasure which helps me get her the added nutrition she needs."

"They no longer cover my glasses so an eye exam is a waste of time because I can't get glasses and they don't cover many prescriptions."

Experiences getting care

In response to the final open ended survey item, 35 respondents described experiences getting health care, both positive and negative.

Satisfactory

Of the 35 comments regarding experiences getting care, 18 members reported satisfactory and positive experiences.

"I do know that reimbursement to the clinic and hospital isn't the best it could be, but our providers have never denied us care and treat us very well."

"I am pretty satisfied with my healthcare. We love our clinics and our doctor and her nurse. They always take the time to make us feel comfortable. They are very friendly."

"We all love our doctor she is great."

Unsatisfactory

In contrast, 16 respondents reported dissatisfaction and negative experiences related to receiving care. Within this primary category, IHAWP members reported being dissatisfied with staff or providers, experiencing a long wait for appointments, and perceived different treatment from health

care providers.

"Despite her therapist being listed as a provider, the receptionist repeatedly turned us away, saying they weren't a provider. I had to get a representative from UHC to call them & force them to honor their contract. Getting mental health care is a nightmare."

"I feel since we have the medical card we get treated differently by doctors and others. The ones with better insurance get called back first. If you are already in the room their testing and stuff come first."

Chronic illness and social determinants of health

Twenty-three Medicaid members described their experience with mental/behavioral health concerns, and difficult circumstances, or social determinants of health, as barriers in their ability to receive care. Many members reported difficulty getting help/relief for their chronic illnesses, with several reporting chronic pain. Additionally, many members reported financial hardship, specifically being unable to obtain medication or treatment because of issues like unstable or limited income.

"She seems ok in health, we don't go to doctors much except well-child checks and emergencies. We are working with school on behavioral."

"No major concerns except very difficult when limited income and need to make up to 3 trips to appointments 3 hours away."

"Wish medical assistance was available for longer & income guidelines were better. Once I am kicked off I will be struggling to pay for our health insurance plus all other bills as a single mom; especially if she ends up needing more medical attention for her issues."

Adult in Medicaid comments

Methods

The final item on the Medicaid adult survey was open-ended, and stated, *"Please tell us if there is anything else you like or dislike about your health plan or health coverage."* Of the 1412 respondents who completed the survey, 380 provided a response.

The content in responses covered a range of topics and were organized into categories. Two coders examined the data, and developed general categories to organize and summarize the comments. A single coder used NVivo software to place each comment into corresponding categories. Coding the comments from the survey assists in the systematic identification and analysis of recurring themes. In many instances, a comment from an individual respondent covered more than one theme. An example of this is demonstrated in the following comment: *"I was getting prescriptions that worked for me, now I have to pay out of my pocket and can't only get what I have funds for and that don't even cover enough for the whole month and don't know where to go or call for help."* The respondent described experiences with three themes: unmet need for medication, financial hardship, and out-of-pocket expenses. Within the 380 respondent comments, there were 645 pieces of material that represented distinct themes. A summary of the overall themes, including quotes from the commentary exemplifying the theme, are provided below. A listing of all of the comments can be found in Appendix C-2.

Health plan

320 members shared comments about experiences using their health plan in response to the final open-ended item.

Satisfactory

Of the 320 references to the Medicaid plan in the open comments, 147 members expressed satisfactory and positive experiences. A majority of the comments indicated a general satisfaction with the program. More specifically, Medicaid members reported being grateful for the program/coverage, and appreciating a variety of services that are available through the Medicaid program.

"No comments really, the insurance is good, works well and I am in need and thank you."

"I like the support I have recently experienced. I wish I would have contacted my health care plan representatives sooner, cause I feel I would be on a faster recovery to a good healthier,

back on track happier and stronger person. Like I was before I got with the wrong doctors. I'm hoping I have found a good one again. Thanks for your help."

"We recently moved to Iowa after the birth of our first child to be near family. My husband and I each have advanced degrees and have been seeking professional positions in Des Moines. We appreciated the transitional policy through Medicaid that has allowed our family to receive quality care."

"Two years ago I was pre-diabetic. My insurance paid for a dietitian. I now have no sign of being diabetic. I lost over 100 pounds. I am very grateful of what my doctor does."

"I like having insurance that affords me to take care of my health."

"I am very appreciative to live in the USA where we receive medical coverage and dental plans. My quality of life is only successful due to healthcare I am currently receiving. Millions of people would otherwise suffer like those in Third World Countries. We are blessed to have any coverage at all."

Unsatisfactory

Seventy-eight members expressed dissatisfaction with the health plan for various reasons, including services or medications not being covered, monthly payments/out-of-pocket expenses, complaints about the prior authorization processes, and concern/worry about future coverage.

"I have been to a doctor twice since starting this plan and one of those visits was not covered at all, even though I was told over the phone by customer services that it would be."

"The pre-authorization for my insurance is slow, time consuming and ridiculous."

"Went to Dr. office and wouldn't take my insurance for a physical. Had to pay \$25.00 for my physical. I thought United Healthcare covered health physicals. Very unhappy w/the situation."

"Getting prescriptions can be difficult. Several times they've refused to cover one thing and my doctor has had to prescribe an alternative. They've been fussy about skin cream for dermatitis! They've tried to avoid paying for my migraine medications too, and only cover it because their preferred medications didn't help or just made things worse. They'd rather pay for opioid instead of Rizatripton. Seeing doctors or my therapist isn't a problem, but getting a prescription? That's tricky!"

"The only issues I've experienced are the changes, revisions, or end of covered medications. Some of this includes the changes and restrictions placed on same medications, but how they're disbursed such as dosage, quantity, and forms. Previous covered meds no longer covered, and not informed, or revised needing lengthy prior authorization that caused disruptions with intake that lasts weeks."

"The only thing is fear, worry that I will lose this Medicaid because of our new president's plans and spoken word. I worry what will I do? I need another knee replacement, but without Medicaid it would be impossible! Medicaid covers my mental/emotional etc. problems with an MD and a counselor. No Medicaid, no help. This is all very worrisome for me."

Managed Care organizations/transition

Of the 320 comments regarding the Medicaid plan, 57 members commented about the Managed Care Organizations (MCOs) which began Medicaid management in April 2016. Medicaid members reported being unsatisfied with the changes, specifically reduction in coverage, provider issues due to changes, and changes to the prior authorization process. Members also expressed general comments of satisfaction with the program, as well as confusion about the MCOs.

"I had United Healthcare but had to switch to AmeriHealth when I became pregnant. This was due to the fact that there wasn't an OBGYN in my area that accepted United Healthcare. I had to drive two hours one way to receive prenatal care until my plan switched over to AmeriHealth. This was very stressful and time consuming. I like my healthcare plan now but it is difficult to find a doctor who accepts it."

"I dislike that the MCO keeps negotiating contracts with my doctor and there is always risk of not being able to see my doctor."

"I feel that the State of IA should not have privatized Medicaid. I feel that AmeriHealth has

overall been good to work with. I have a son that has Amerigroup and they have been very difficult to work with in regards to mental health. I have had to follow-up and advocate for every med and service my son has gotten through Amerigroup Medicaid...The MCO's need to cooperate more with the doctors and places that rent out equipment. It takes too long for things to get approved. The doctors blame the MCO's, MCO's blame the doctor. I'm tired of hearing them blame each other."

"United Healthcare has been marvelous. In June we had a miscarriage. I had to have a D&C. I called to be sure the procedure was covered, the gal I spoke to was so compassionate she explained that it was covered and was honestly concerned about my health. About three days later I received a handwritten letter from her letting us know we were in her thoughts and prayers. She was a very special lady."

"My only complaint about the current coverage is that it was confusing to choose. I received 3 options with brochures, but no real information about the difference between the options. A list of available doctors would have helped. Otherwise, I don't feel there is a difference between my current plan and any other health insurance plan through an employer, other than the lack of co-pay."

Confusion

Of the 320 comments regarding experiences using their health plan, 23 described a lack of clarity concerning the coverage and details of their health plan. More specifically, Medicaid members reported questions about coverage and eligibility, difficulty finding information, and limited understanding of the plan coverage.

"It isn't very clear to me or my family about what our current plan offers or approves. There is a lot of treatment that I feel I need but do not know if it is covered by my plan. I would really appreciate a paper copy of a handbook regarding my plan."

Access

Of the 380 responses, 91 Medicaid members reported various barriers that limited access to care.

Provider refusal/limited provider choices

Of the 91 comments regarding access to care, 48 members expressed difficulty finding providers who accept their insurance, as well as providers no longer accepting Medicaid.

"Since I enrolled with this program. No one here accepts if my doctor, eye doctor or my dentist. So I would like to switch over to the Medicaid Dubuque accepts me and my kids need to be seen its been a year we need check-ups bad and I prefer not to change our doctor's at all."

"I dislike not having a regular doctor...no one wants to take state insurance. [Clinic name] takes medicade but if you need to be seen in a different department you can't."

"[O]ther than most doctors only accept so many patients so it's hard to find a good doctor. I had to settle for a PA not a regular doctor."

"Just received a letter saying my PCP won't be covered under my plan starting July 1st so have to now search for a new doctor."

Delay to receive services/prior authorization

Forty of the 91 comments regarding access described a delay experiences receiving services due to approval for medications, tests, and procedures.

"Unable to get migraine treatment even though the prior auths have been approved. The unit that deals with the medication refuses to send it out for some unknown reason. I have been trying to get the treatment for 11 months."

"My doctor has to jump through the hoops of Obama Care by having to try meds he already knows will not work well before finally being allowed to order the right meds that does work."

"I have been going to a pain clinic, but it took from Oct. until Feb. to get a nerve block approved."

"I don't feel every time I have an MRI or MRA which is every 6 months for a non-ruptured aneurism on my brain. My doctor has to fight w/medical after they have supplied their reason-

ing for the first one.”

Chronic illness and social determinants of health

Sixty-eight Medicaid members described their experience with chronic illness, and difficult circumstances, or social determinants of health, as barriers in their ability to receive care. Many members reported difficulty getting help/relief for their chronic illnesses, with several reporting chronic pain. Additionally, many members reported financial hardship, specifically being unable to obtain medication or treatment because of issues like unstable or limited income.

“Low income people sometimes get lost in the shuffle of health care, I have a rare ear disease, Meiners, and the P.A. I have now hasn’t offered any care, rare equals limited treatment, limited meds, tomorrow I’m telling her what I need, I’ve had it for 10+ years and have never had any meds to help with the constant chronic vertigo, pressure, ringing, I also have a rare skin disease H.D., which I’m healing with honey because no doctors have a clue, or even heard of it.”

“Insurance doesn’t pay for some of the meds that are needed. Can’t afford to pay out of pocket. I think insurance should pay full coverage no matter what the cost and what it’s for. Esp. for those who can’t even afford to pay (like myself).”

“If I have a health problem no matter what it is than I should be able to get the treatment I need but I can’t afford to pay the out of pocket cost of my treatment and I would think my MCO or insurance would pay for it, but it doesn’t and I go without treatment cause I can’t pay the amount out of pocket cause I’m broke. I live on a government income, SSI. I barely have enough money to live on now.”

Experiences getting care

In response to the final open ended survey item, 61 respondents described experiences getting health care, both positive and negative.

Unsatisfactory

Of the 61 comments regarding experiences getting care, 37 respondents reported dissatisfaction and negative experiences related to receiving care. Within this primary category, IHAWP members reported being dissatisfied with staff or providers, experiencing a long wait for appointments, and perceived different treatment from health care providers.

“I can never get an appointment with my doctor when I call on a daily basis trying to. They always tell me that they don’t have any appointments available for at least a week or two. But yet my brother in law who has private insurance and sees the same doctor as my family and I do and he can call and they always get him right in. Seems wrong to me.”

“Sometimes I feel they tell you what’s wrong, but don’t explain how to manage it or what may help/worsen the issue. A lot of times provide meds but nothing else, could be helpful to explain or give some knowledge on care.”

“[M]y clinic told me I was negative for STD when I had Trichomonas 3 times. I went to [hospital] and got treatment.”

Satisfactory

In contrast, 16 members reported satisfactory and positive experiences.

“I have recently change to a new health provider primary health provider. I have been receiving care for the past four months. She has been extremely helpful in my transition to her care. I appreciate her attention and commitment to my health.”

“My choice of doctor is wonderful, caring and always checks on me with new medicines”

Unmet need

Of the 380 responses, 57 Medicaid members reported interferences in receiving care because of limited plan coverage. Most frequently, respondents reported unmet need for medications. Also reported were needs for additional coverage (such as vision or dental).

“My psych doc prescribed it, her office performed the required PA. She even personally wrote

them a letter. If they don't pay for it as a very poor person, I literally can't get it."

"I have Diabetes (severe) so my doctor put me on the insulin pump due to me taking over 10 shots a day. The insulin pump has helped me manage my diabetes so much better. I now have an Animal Vibe pump that allows my blood sugar to be monitored on the minute. I have a 4 year old child to make sure I never go into low blood sugar spells around. My health plan does NOT cover the supplies for this pump! Very frustrating and not financially affordable for myself."

"They do not cover for glasses. That is a big problem."

"There are time when I have to go without because I can't afford it myself. Also time when it is less trouble to pay rather than to bother nurses and pharmacy repeatedly only to be turned down."

Appendices

Appendix A-1: Child Medicaid questionnaire

Appendix A-2: Adult Medicaid questionnaire

Appendix B-1: Child Medicaid questionnaire tables

Appendix B-2: Adult Medicaid questionnaire tables

Appendix C-1: Survey comments: children

Appendix C-2: Survey comments: adults

Appendix A-1: Child Medicaid questionnaire

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

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

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

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These 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.

2. 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?

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

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

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

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

- ¹☐ Yes
²☐ No

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

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

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

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

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

- ¹☐ Yes
²☐ No

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

- ¹☐ Yes
²☐ No

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

- ¹☐ Yes
²☐ No → If No, go to Question 11

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

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

EXPERIENCES AT YOUR CHILD'S DOCTOR'S OFFICE

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

- ⁰☐ None → Go to Question 22
¹☐ 1 time
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5 to 9
⁶☐ 10 or more times

12. In the last 6 months, did you and someone from a doctor's office talk about the kinds of behaviors that are normal for your child at this age?

¹☐ Yes
²☐ No

13. In the last 6 months, did you and someone from a doctor's office talk about how your child's body is growing?

¹☐ Yes
²☐ No

14. In the last 6 months, did you and someone from a doctor's office talk about your child's moods and emotions?

¹☐ Yes
²☐ No

15. In the last 6 months, did you and someone from a doctor's office talk about how your child gets along with others?

¹☐ Yes
²☐ No

16. In the last 6 months, did you and someone from a doctor's office talk about things you can do to keep your child from getting injured?

¹☐ Yes
²☐ No

17. In the last 6 months, did you and someone from a doctor's office talk about how much or what kind of food your child eats?

¹☐ Yes
²☐ No

18. In the last 6 months, did you and someone from a doctor's office talk about how much or what kind of exercise your child gets?

¹☐ Yes
²☐ No

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

¹☐ Yes
²☐ No ➔ If No, go to Question 21

20. 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?

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

21. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

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

YOUR CHILD'S PERSONAL DOCTOR

22. A personal doctor or nurse is the one your child would see if he or she needs a checkup or gets sick or hurt. Does your child have a personal doctor or nurse?

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

23. How long has your child been going to his or her personal doctor?

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☐ At least 3 years but less than 5 years
⁵☐ 5 years or more

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

⁰☐ None ➔ If None, Go to Question 37
¹☐ 1 time
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5 to 9
⁶☐ 10 or more times

25. In the last 6 months, did you ever stay in the exam room with your child during a visit to this doctor?
- ¹☐ Yes
²☐ No ➔ If No, Go to Question 29
26. Is your child able to talk with doctors about his or her health care?
- ¹☐ Yes
²☐ No ➔ If No, Go to Question 30
27. 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?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to your child?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
29. 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?
- ¹☐ Yes
²☐ No
³☐ I never left the exam room
30. 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?
- ¹☐ Yes
²☐ No ➔ If No, go to Question 32
31. Did your child's personal doctor give you enough information about what you needed to do to follow up on your child's care?
- ¹☐ Yes
²☐ No

32. 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?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
33. In the last 6 months, how often did your child's personal doctor listen carefully to you?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
34. 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
35. 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
36. 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

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 child's personal doctor?

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

PREVENTIVE CARE

38. When was the last time your child got any preventive care, such as a check-up, physical exam or vaccination shots?
- ¹ ☐ Less than 6 months ago
² ☐ At least 6 months but less than 1 year ago
³ ☐ At least 1 year but less than 3 years ago
⁴ ☐ At least 3 years but less than 5 years ago
⁵ ☐ 5 years ago or more
39. 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
40. Has your child had a flu shot since September 1, 2016?
- ¹ ☐ Yes
² ☐ No

EMERGENCY ROOM CARE

41. In the last 6 months, how many times did your child go to an emergency room (ER) for care?
- ⁰ ☐ None → If None, Go to Question 44
¹ ☐ 1 time
² ☐ 2
³ ☐ 3
⁴ ☐ 4
⁵ ☐ 5 to 9
⁶ ☐ 10 or more times
42. Do you think the care your child received at his or her most recent visit to the ER could have been provided in a doctor's office if one was available at the time?
- ¹ ☐ Yes
² ☐ No
43. 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.
- 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 child's doctor, nurse, or other health care provider told me to go to an ER for my child's care
⁴ ☐ My child's doctor's office or clinic was not open when my child needed care
⁵ ☐ My child's doctor's office or clinic was open, but I could not get an appointment for my child
⁶ ☐ I had transportation problems getting my child to a doctor's office or clinic
⁷ ☐ My child's health problem was too serious for the doctor's office or clinic
⁸ ☐ Other (describe): _____

GETTING HEALTH CARE FROM SPECIALIST

When you answer the next questions, do not include dental visits or care your child got when he or she 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.

44. In the last 6 months, was there any time when you or a doctor thought your child needed care from a specialist?
¹☐ Yes
²☐ No → If No, Go to Question 50
45. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as he or she needed?
¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
46. In the last 6 months, did you your child see a specialist for a particular health problem?
¹☐ Yes
²☐ No → If No, go to Question 49
47. In the last 6 months, how often did your child's doctor's office seem informed and up-to-date about the care your child got from specialists?
¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
48. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate your child's specialist?
⁰⁰☐ 0 Worst specialist possible
⁰¹☐ 1
⁰²☐ 2
⁰³☐ 3
⁰⁴☐ 4
⁰⁵☐ 5
⁰⁶☐ 6
⁰⁷☐ 7
⁰⁸☐ 8
⁰⁹☐ 9
¹⁰☐ 10 Best specialist possible
49. 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?
¹☐ Yes
²☐ No

HOSPITAL STAY

50. In the last 6 months, how many nights did your child spend in the hospital for any reason?
⁰☐ 0 nights → Go to Question 52
¹☐ 1 night
²☐ 2 nights
³☐ 3 nights
⁴☐ 4 or more nights
51. In the last 6 months, did your child ever have to go back into the hospital within 30 days of being allowed to go home because she/he was still sick or had a problem?
¹☐ Yes
²☐ No

YOUR CHILD'S MENTAL AND EMOTIONAL HEALTH CARE

52. In general, how would you rate your child's overall mental and emotional health?
¹☐ Excellent
²☐ Very good
³☐ Good
⁴☐ Fair
⁵☐ Poor
53. In the last 6 months, did you or a health provider believe your child needed any treatment or counseling for an emotional, developmental, or behavioral problem?
¹☐ Yes
²☐ No → If No, Go to Question 55
54. In the last 6 months, was there any time when your child needed treatment or counseling for an emotional, developmental, or behavioral problem but could not get it for any reason?
¹☐ Yes
²☐ No

PRESCRIPTION MEDICINE

55. In the last 6 months, was there any time when you or a health professional thought your child needed prescription medicine for any reason?
¹☐ Yes
²☐ No → If No, Go to Question 60

56. In the last 6 months, did your child take any prescription medicine?
¹☐ Yes
²☐ No
57. In the last 6 months, how often did you talk with someone from your doctor's office about all the prescription medicines your child was taking?
¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
58. In the last 6 months, how often was it easy to get prescription medicines for your child through your child's health plan?
¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
59. In the last 6 months, was there any time when your child needed prescription medicine but could not get it for any reason?
¹☐ Yes
²☐ No

YOUR CHILD'S DENTAL CARE

60. How would you rate your child's overall dental health?
¹☐ Excellent
²☐ Very good
³☐ Good
⁴☐ Fair
⁵☐ Poor
61. Is there one main place you usually take your child for dental care?
¹☐ Yes
²☐ No
62. In the last 6 months, how often were you able to get the dental care you or a dentist or other health provider thought your child needed?
¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

63. When was your child's last dental checkup?
¹☐ Within the last year
²☐ Between 1 and 2 years ago
³☐ More than 2 years ago
⁴☐ Never been to dentist
64. In the last 6 months, was there any time when you or a health professional thought your child needed dental care?
¹☐ Yes
²☐ No → If No, Go to Question 68
65. What kinds of dental care did your child need in the last 6 months?
Please check all that apply.
¹☐ Checkup and cleaning
²☐ Emergency dental care
³☐ Other treatment, such as fillings
66. We want to know your rating of all your experiences with your child's dental care in the last 6 months. Using any number from 0 to 10 where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate your child's dental care?
⁰⁰☐ 0 Worst dental care possible
⁰¹☐ 1
⁰²☐ 2
⁰³☐ 3
⁰⁴☐ 4
⁰⁵☐ 5
⁰⁶☐ 6
⁰⁷☐ 7
⁰⁸☐ 8
⁰⁹☐ 9
¹⁰☐ 10 Best dental care possible
67. In the last 6 months, was there any time when your child needed dental care but could not get it for any reason?
¹☐ Yes
²☐ No

YOUR CHILD'S MANAGED CARE ORGANIZATION (MCO)

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

68. Which Medicaid managed care organization (MCO) is your child currently enrolled in?
- ¹☐ Amerigroup Iowa Inc.
 - ²☐ UnitedHealthcare Plan Inc.
 - ³☐ AmeriHealth Caritas Iowa Inc.
 - ⁴☐ Unsure or Don't Know
69. Since first being assigned to one of the MCOs, did you ever decide to change your child to a different MCO?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 71
70. How easy was it for you to change from your child's assigned MCO to a different MCO?
- ¹☐ Very easy
 - ²☐ Somewhat easy
 - ³☐ Somewhat hard
 - ⁴☐ Very hard
71. Is your child's personal doctor the same person who was his/her personal doctor before you enrolled in the MCO?
- ¹☐ Yes, my child has the *same* personal doctor as before enrolling in the MCO
 - ²☐ No, my child has a *different* personal doctor than before enrolling in the MCO
 - ³☐ My child did not have a personal doctor before enrolling in the MCO
72. In the last 6 months, did you try to get any kind of care, tests, or treatment for your child through the MCO?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 74
73. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought your child needed through the MCO?
- ¹☐ Never
 - ²☐ Sometimes
 - ³☐ Usually
 - ⁴☐ Always
74. In the last 6 months, was there any time when you had to get prior authorization from your child's MCO to be able to get care, tests, or treatment for your child?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 76

75. In the last 6 months, how easy was it to get prior authorization from your child's MCO?
- ¹☐ Very easy
 - ²☐ Somewhat easy
 - ³☐ Somewhat hard
 - ⁴☐ Very hard
76. Since joining your MCO, have you ever used transportation paid for by your MCO to get to or from a health care visit for your child?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 78
77. How easy was it for you to use the transportation services provided by your MCO?
- ¹☐ Very easy
 - ²☐ Somewhat easy
 - ³☐ Somewhat hard
 - ⁴☐ Very hard
78. Did you know that there is a Medicaid helpline (1-800-338-8366) that you can call to get information or help for your child?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 81
79. In the last 6 months, did you try to get information or help for your child from the Medicaid helpline (1-800-338-8366)?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 81
80. In the last 6 months, how often did the Medicaid helpline give you the information or help you needed?
- ¹☐ Never
 - ²☐ Sometimes
 - ³☐ Usually
 - ⁴☐ Always
81. In the last 6 months, did you try to get information or help for your child from his/her MCO?
- ¹☐ Yes
 - ²☐ No → If No, Go to Question 83
82. In the last 6 months, how often did your child's MCO give you the information or help you needed?
- ¹☐ Never
 - ²☐ Sometimes
 - ³☐ Usually
 - ⁴☐ Always

83. In the last 6 months, did you look for any information in written materials or on the Internet about how your child's Medicaid managed care plan works?
- ¹ ☐ Yes
² ☐ No
84. In the last 6 months, which source of information was the **MOST** helpful for you in learning about how your child's Medicaid managed care plan works?
- Please check only one.*
- ¹ ☐ Did not look for information
² ☐ DHS Medicaid/Health Link websites
³ ☐ The MCO website
⁴ ☐ Other website
⁵ ☐ Written materials from DHS Medicaid/Health Link
⁶ ☐ Written materials from the MCO
⁷ ☐ Phone calls to the Medicaid helpline
⁸ ☐ Phone calls to the MCO
⁹ ☐ County DHS Medicaid office
¹⁰ ☐ DHS caseworker
¹¹ ☐ Friends or family who use Medicaid
¹² ☐ Doctor or office staff
¹³ ☐ Other (write in) _____
85. Using any number from 0 to 10, where 0 is the worst possible health plan and 10 is the best possible health plan, what number would you use to rate your child's Medicaid MCO health plan?
- ⁰ ☐ 0 Worst possible
¹ ☐ 1
² ☐ 2
³ ☐ 3
⁴ ☐ 4
⁵ ☐ 5
⁶ ☐ 6
⁷ ☐ 7
⁸ ☐ 8
⁹ ☐ 9
¹⁰ ☐ 10 Best possible

YOUR CHILD'S HEALTH

86. In general, how would you rate your child's overall health?
- ¹ ☐ Excellent
² ☐ Very good
³ ☐ Good
⁴ ☐ Fair
⁵ ☐ Poor

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

¹ ☐ Yes
² ☐ No → If No, Go to Question 88

- 87a. Is this because of any medical, behavioral, or other health condition?

¹ ☐ Yes
² ☐ No → If No, Go to Question 88

- 87b. Is this a condition that has lasted or is expected to last for at least 12 months?

¹ ☐ Yes
² ☐ No

88. 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?

¹ ☐ Yes
² ☐ No → If No, Go to Question 89

- 88a. Is this because of any medical, behavioral, or other health condition?

¹ ☐ Yes
² ☐ No → If No, Go to Question 89

- 88b. Is this a condition that has lasted or is expected to last for at least 12 months?

¹ ☐ Yes
² ☐ No

89. 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?

¹ ☐ Yes
² ☐ No → If No, Go to Question 90

- 89a. Is this because of any medical, behavioral, or other health condition?

¹ ☐ Yes
² ☐ No → If No, Go to Question 90

- 89b. Is this a condition that has lasted or is expected to last for at least 12 months?

¹ ☐ Yes
² ☐ No

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

¹☐ Yes

²☐ No → If No, Go to Question 91

90a. Is this because of any medical, behavioral, or other health condition?

¹☐ Yes

²☐ No → If No, Go to Question 91

90b. Is this a condition that has lasted or is expected to last for at least 12 months?

¹☐ Yes

²☐ No

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

¹☐ Yes

²☐ No → If No, Go to Question 92

91a. Has this problem lasted or is it expected to last for at least 12 months?

¹☐ Yes

²☐ No

92. In the past 6 months, about how many days did your child miss school because of illness or injury?

_____ days

⁰☐ My child is too young for school

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

93. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? (Please check all that apply)

⁰¹☐ Anxiety

⁰²☐ Asthma

⁰³☐ Attention problems

⁰⁴☐ Behavioral or emotional problems other than depression or anxiety

⁰⁵☐ Chronic allergies or sinus problems

⁰⁶☐ Chronic back, neck, bone or muscle problems

⁰⁷☐ Dental problems

⁰⁸☐ Depression

⁰⁹☐ Developmental delays or mental retardation

¹⁰☐ Diabetes

¹¹☐ Drug or alcohol related problems

¹²☐ Failure to thrive or eating disorder

¹³☐ Frequent bladder/bowel problems

¹⁴☐ Frequent ear infections

¹⁵☐ Hearing impairment or deafness

¹⁶☐ A learning disability

¹⁷☐ Overweight/Obese

¹⁸☐ Speech or language problems

¹⁹☐ Vision problems

²⁰☐ Any other chronic condition

(write in) _____

→ If your child does not have any of the conditions listed above, go to Question 96a.

94. 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 105?

¹☐ Yes

²☐ No

95. Has your child been taking prescription medicine for at least 3 months for any of the conditions from Question 93?

¹☐ Yes

²☐ No

→ If your child (from the cover letter) is younger than age 4, go to Question 97

96a. In the past 6 months, how often has your child felt sad or unhappy?

⁰☐ Never

¹☐ Sometimes

²☐ Often

96b. In the past 6 months, how often has your child felt hopeless?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96c. In the past 6 months, how often has your child been down on him/herself?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96d. In the past 6 months, how often has your child worried a lot?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96e. In the past 6 months, how often has your child seemed to be having less fun?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96f. In the past 6 months, how often has your child been fidgety or unable to sit still?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96g. In the past 6 months, how often has your child daydreamed too much?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96h. In the past 6 months, how often has your child been easily distracted?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96i. In the past 6 months, how often has your child had trouble concentrating?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96j. In the past 6 months, how often has your child acted as if driven by a motor?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96k. In the past 6 months, how often has your child fought with other children?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96l. In the past 6 months, how often has your child not listened to rules?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96m. In the past 6 months, how often has your child not understood other people's feelings?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96n. In the past 6 months, how often has your child teased others?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96o. In the past 6 months, how often has your child blamed others for his/her troubles?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96p. In the past 6 months, how often has your child refused to share?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

96q. In the past 6 months, how often has your child taken things that did not belong to him/her?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

ABOUT YOUR CHILD

97. What is your child's age?

- ⁰☐ Less than 1 year old
____Y YEARS OLD (Write in)

98. What is your child's gender?

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

99. What is your child's race or ethnicity?

Please check all that apply.

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

ABOUT YOU

100. What is your gender?

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

101. What is your age?

- 1 ☐ Under 18
2 ☐ 18 to 24
3 ☐ 25 to 34
4 ☐ 35 to 44
5 ☐ 45 to 54
6 ☐ 55 to 64
7 ☐ 65 or older

102. What is the highest grade or level of school 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

103. How are you related to the child?

- 1 ☐ Mother or father
2 ☐ Grandparent
3 ☐ Aunt or uncle
4 ☐ Older sibling
5 ☐ Other relative
6 ☐ Legal guardian
7 ☐ Someone else
(write in)

104. Did someone help you complete this survey?

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

105. How did that person help you?

Check all that apply.

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

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

[illegible]

THANK YOU!

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

Appendix A-2: Adult Medicaid questionnaire

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

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

2. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
¹☐ Yes
²☐ No → If No, Go to Question 5
3. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
4. In the last 6 months, was there any time when you needed care right away but could not get it for any reason?
¹☐ Yes
²☐ No
5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
¹☐ Yes
²☐ No → If No, Go to Question 7
6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

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

- ¹☐ Yes
²☐ No

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

- ¹☐ Yes
²☐ No

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

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

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

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

YOUR EXPERIENCES AT THE DOCTOR'S OFFICE

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

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

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

- ¹☐ Yes
²☐ No

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

YOUR PERSONAL DOCTOR

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

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

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

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

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

PREVENTIVE CARE

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

¹☐ Yes
²☐ No

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

¹☐ Yes
²☐ No

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

¹☐ Yes
²☐ No

EMERGENCY ROOM CARE

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

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

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

¹☐ Yes
²☐ No

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

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

GETTING HEALTH CARE FROM SPECIALISTS

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

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

32. In the last 6 months, was there any time when you or a doctor thought you needed care from a specialist?
- ¹☐ Yes
²☐ No → If No, Go to Question 38
33. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always
34. In the last 6 months, did you see a specialist for a particular health problem?
- ¹☐ Yes
²☐ No → If No, Go to Question 37
35. In the last 6 months, how often did your personal doctor's office seem informed and up-to-date about the care you got from specialists?
- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

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

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

37. In the last 6 months, was there any time when you needed care from a specialist but could not get it for any reason?
- ¹☐ Yes
²☐ No

HOSPITAL STAY

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

MENTAL AND EMOTIONAL HEALTH CARE

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

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

- ¹ ☐ Yes
- ² ☐ No

PRESCRIPTION MEDICINE

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

TRANSPORTATION

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

YOUR MEDICAID MANAGED CARE ORGANIZATION (MCO)

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

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

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

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

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

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

ABOUT YOU

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

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

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

¹ ☐ Yes
² ☐ No

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

¹ ☐ Yes
² ☐ No

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

¹ ☐ Yes
² ☐ No

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

¹ ☐ Yes
² ☐ No

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

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

Check all that apply

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

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

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

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

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

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

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

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

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

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

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

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

Do not include pregnancy or menopause.

- ¹ ☐ Yes
- ² ☐ No

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

Check all that apply.

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

(write in) _____

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

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

89. What is your age?

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

90. What is your gender?

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

91. What best describes your current employment status?

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

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

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

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

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

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

Appendix B-1: Child Medicaid questionnaire tables

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
My child did not have health insurance at all in 2016	0.9%	1.0%	0.6%	0.8%	1.7%
1-5 months with insurance	2.0%	2.6%	1.7%	2.1%	0.0%
6-11 months with insurance	5.5%	5.5%	5.1%	5.4%	1.0%
My child had insurance all of last year	91.7%	90.8%	92.7%	91.7%	97.3%
Total N	348	381	356	1085	299

2. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	36.2%	45.9%	40.0%	40.9%	44.9%
No	63.8%	54.1%	60.0%	59.1%	55.1%
Total N	348	381	355	1084	301

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	0.8%	0.6%	2.1%	1.1%	0.7%
Sometimes	4.9%	2.9%	5.0%	4.1%	3.7%
Usually	15.4%	10.3%	12.1%	12.3%	16.3%
Always	78.9%	86.2%	80.9%	82.4%	79.3%
Total N	123	174	141	438	135

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	4.1%	6.4%	4.3%	5.1%	6.7%
No	95.9%	93.6%	95.7%	94.9%	93.3%
Total N	123	172	139	434	135

5. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	74.3%	76.2%	75.5%	75.3%	81.4%
No	25.7%	23.8%	24.5%	24.7%	18.6%
Total N	350	382	355	1087	301

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	0.8%	1.4%	1.1%	1.1%	0.8%
Sometimes	9.3%	11.4%	15.5%	12.0%	11.0%
Usually	20.6%	19.4%	16.3%	18.8%	21.1%
Always	69.3%	67.8%	67.0%	68.1%	67.1%
Total N	257	289	264	810	237

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	4.9%	7.1%	3.1%	5.2%	5.7%
No	95.1%	92.9%	96.9%	94.8%	94.3%
Total N	347	379	353	1079	299

8. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	49.6%	46.1%	45.5%	47.1%	55.4%
No	50.4%	53.9%	54.5%	52.9%	44.6%
Total N	349	380	352	1081	298

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	39.0%	44.1%	39.4%	41.0%	45.3%
No	61.0%	55.9%	60.6%	59.0%	54.7%
Total N	346	381	353	1080	300

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	1.5%	1.8%	0.7%	1.4%	6.7%
Sometimes	9.6%	11.9%	14.6%	12.0%	9.7%
Usually	22.2%	22.0%	29.9%	24.4%	32.8%
Always	66.7%	64.3%	54.7%	62.3%	50.7%
Total N	135	168	137	440	134

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
None	18.9%	17.8%	16.3%	17.7%	13.3%
1 time	28.3%	22.0%	27.6%	25.8%	17.3%
2	22.9%	25.4%	24.2%	24.2%	24.3%
3	16.3%	13.6%	11.3%	13.8%	14.6%
4	7.4%	9.9%	10.1%	9.2%	10.3%
5 to 9	5.1%	9.9%	9.0%	8.1%	14.0%
10 or more times	1.1%	1.3%	1.4%	1.3%	6.3%
Total N	350	382	355	1087	301

12. In the last 6 months did you and someone from a doctor's office talk about: - The kinds of behaviors that are normal for your child at this age?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	62.3%	58.0%	63.6%	61.1%	59.8%
No	37.7%	42.0%	36.4%	38.9%	40.2%
Total N	281	314	297	892	261

13. In the last 6 months did you and someone from a doctor's office talk about: - How your child's body is growing?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	69.6%	65.6%	73.1%	69.3%	66.3%
No	30.4%	34.4%	26.9%	30.7%	33.7%
Total N	280	314	297	891	261

14. In the last 6 months did you and someone from a doctor's office talk about: - Your child's moods and emotions?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	55.0%	51.0%	56.2%	53.9%	63.2%
No	45.0%	49.0%	43.8%	46.1%	36.8%
Total N	282	314	297	893	261

15. In the last 6 months did you and someone from a doctor's office talk about: - How your child gets along with others?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	43.6%	43.9%	51.5%	46.2%	52.9%
No	56.4%	56.1%	48.5%	53.8%	47.1%
Total N	282	312	295	889	261

16. In the last 6 months did you and someone from a doctor's office talk about: - Things you can do to keep your child from getting injured?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	40.8%	40.6%	44.1%	41.7%	40.6%
No	59.2%	59.4%	55.9%	58.3%	59.4%
Total N	282	313	295	890	261

17. In the last 6 months did you and someone from a doctor's office talk about: - How much or what kind of food your child eats?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	57.1%	62.3%	62.7%	60.7%	61.5%
No	42.9%	37.7%	37.3%	39.3%	38.5%
Total N	282	313	295	890	260

18. In the last 6 months did you and someone from a doctor's office talk about: - How much or what kind of exercise your child gets?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	50.7%	46.3%	55.4%	50.6%	49.4%
No	49.3%	53.7%	44.6%	49.4%	50.6%
Total N	282	313	294	889	261

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	35.9%	43.8%	37.8%	39.3%	51.7%
No	64.1%	56.2%	62.2%	60.7%	48.3%
Total N	281	313	294	888	261

20. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	5.0%	2.9%	8.2%	5.1%	4.4%
Sometimes	5.9%	2.9%	7.3%	5.1%	6.7%
Usually	7.9%	17.5%	10.9%	12.7%	13.3%
Always	81.2%	76.6%	73.6%	77.1%	75.6%
Total N	101	137	110	348	135

21. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
0 - Worst health care possible	0.4%	0.0%	0.0%	0.1%	0.4%
1	0.0%	0.3%	0.0%	0.1%	0.8%
2	0.7%	0.3%	1.0%	0.7%	0.0%
3	1.4%	1.0%	0.0%	0.8%	1.5%
4	0.0%	1.3%	0.7%	0.7%	1.5%
5	3.2%	3.9%	3.4%	3.5%	3.1%
6	1.1%	1.9%	3.8%	2.2%	4.6%
7	7.5%	9.0%	8.6%	8.4%	10.4%
8	16.0%	22.2%	17.5%	18.7%	21.2%
9	26.0%	19.0%	20.9%	21.9%	18.1%
10 - Best health care possible	43.8%	41.2%	44.2%	43.0%	38.5%
Total N	281	311	292	884	260

**22. A personal doctor or nurse is the one your child would see if he or she needs a check-up or gets sick or hurt.
Does your child have a personal doctor or nurse?**

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	88.8%	88.0%	88.2%	88.3%	88.0%
No	11.2%	12.0%	11.8%	11.7%	12.0%
Total N	349	384	356	1089	301

23. How long has your child been going to his or her personal doctor?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Less than 6 months	7.5%	5.1%	8.1%	6.8%	9.8%
At least 6 months but less than 1 year	14.7%	16.4%	12.6%	14.7%	9.5%
At least 1 year but less than 3 years	29.6%	29.6%	29.0%	29.4%	26.1%
At least 3 years but less than 5 years	13.7%	15.8%	17.7%	15.7%	14.8%
5 years or more	34.5%	33.1%	32.6%	33.4%	39.8%
Total N	307	335	310	952	264

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
None	19.2%	14.2%	15.7%	16.3%	14.0%
1 time	33.9%	30.2%	30.1%	31.4%	25.4%
2	23.1%	25.4%	23.4%	24.0%	22.3%
3	11.4%	13.3%	14.1%	12.9%	13.6%
4	6.5%	7.7%	9.6%	7.9%	12.5%
5 to 9	4.9%	7.4%	6.1%	6.2%	9.1%
10 or more or times	1.0%	1.8%	1.0%	1.3%	3.0%
Total N	307	338	312	957	264

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	94.2%	96.5%	94.2%	95.1%	95.1%
No	5.8%	3.5%	5.8%	4.9%	4.9%
Total N	242	285	258	785	225

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	61.4%	65.5%	59.3%	62.3%		56.1%
No	38.6%	34.5%	40.7%	37.7%		43.9%
Total N	228	275	243	746		214

27. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	2.2%	2.2%	1.4%	2.0%		3.4%
Sometimes	7.2%	3.9%	4.3%	5.1%		11.9%
Usually	18.0%	22.9%	23.6%	21.5%		25.4%
Always	72.7%	70.9%	70.7%	71.4%		59.3%
Total N	139	179	140	458		118

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	0.7%	1.7%	0.0%	0.9%		0.0%
Sometimes	4.3%	3.4%	2.8%	3.5%		7.7%
Usually	16.5%	16.2%	19.9%	17.4%		21.4%
Always	78.4%	78.8%	77.3%	78.2%		70.9%
Total N	139	179	141	459		117

29. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	28.0%	28.2%	40.8%	31.9%		31.5%
No	4.0%	0.0%	4.5%	2.6%		2.3%
I never left the exam room	68.0%	71.8%	54.8%	65.6%		66.2%
Total N	150	188	157	495		130

30. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	53.3%	55.8%	57.0%	55.4%	58.5%
No	46.7%	44.2%	43.0%	44.6%	41.5%
Total N	240	285	258	783	224

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	97.6%	98.1%	98.6%	98.1%	98.4%
No	2.4%	1.9%	1.4%	1.9%	1.6%
Total N	127	159	147	433	129

32. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	0.8%	1.1%	0.8%	0.9%	0.9%
Sometimes	2.1%	3.5%	3.2%	3.0%	3.6%
Usually	15.9%	15.9%	20.2%	17.2%	18.8%
Always	81.2%	79.5%	75.9%	78.9%	76.8%
Total N	239	283	253	775	224

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	0.4%	0.7%	0.4%	0.5%	0.9%
Sometimes	4.2%	2.8%	3.5%	3.5%	5.4%
Usually	14.2%	14.4%	16.3%	14.9%	14.7%
Always	81.3%	82.1%	79.8%	81.1%	79.0%
Total N	240	285	257	782	224

34. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	1.7%	2.5%	1.2%	1.8%		2.2%
Sometimes	6.2%	5.6%	3.1%	5.0%		9.0%
Usually	21.2%	19.6%	22.6%	21.0%		20.6%
Always	71.0%	72.3%	73.2%	72.1%		68.2%
Total N	241	285	257	783		223

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	0.4%	0.7%	0.8%	0.6%		1.3%
Sometimes	3.3%	3.2%	3.5%	3.3%		3.6%
Usually	11.7%	14.7%	10.9%	12.6%		16.6%
Always	84.6%	81.4%	84.9%	83.5%		78.5%
Total N	240	285	258	783		223

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	1.3%	0.7%	1.9%	1.3%		1.4%
Sometimes	5.8%	7.4%	5.0%	6.2%		6.8%
Usually	22.1%	17.5%	19.8%	19.7%		24.3%
Always	70.8%	74.4%	73.3%	72.9%		67.6%
Total N	240	285	258	783		222

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 child's personal doctor?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
0 - Worst personal doctor possible	0.7%	0.3%	0.3%	0.4%	0.0%
1	1.0%	0.0%	0.0%	0.3%	0.0%
2	0.3%	0.0%	0.3%	0.2%	0.8%
3	1.0%	1.2%	0.7%	1.0%	0.4%
4	0.3%	0.9%	0.3%	0.5%	1.9%
5	2.3%	1.8%	2.3%	2.1%	1.5%
6	1.3%	3.0%	2.0%	2.1%	3.1%
7	5.0%	5.1%	6.5%	5.5%	7.6%
8	11.0%	12.7%	13.7%	12.4%	13.4%
9	20.7%	16.6%	18.2%	18.5%	18.3%
10 - Best personal doctor possible	56.3%	58.3%	55.7%	56.9%	53.1%
Total N	300	331	307	938	262

38. When was the last time your child got any preventive care, such as a check-up, physical exam or vaccination shots?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Less than 6 months ago	41.9%	39.7%	44.7%	42.0%	39.7%
At least 6 months but less than 1 year ago	37.2%	40.3%	36.2%	38.0%	38.0%
At least 1 year but less than 3 years ago	16.9%	15.8%	16.2%	16.3%	18.6%
At least 3 years but less than 5 years ago	3.2%	3.4%	2.3%	3.0%	3.7%
5 years ago or more	0.9%	0.8%	0.6%	0.7%	0.0%
Total N	344	380	351	1075	295

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	3.5%	5.0%	2.6%	3.7%	4.0%
No	96.5%	95.0%	97.4%	96.3%	96.0%
Total N	343	381	352	1076	298

40. Has your child had a flu shot since September 1, 2016?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	48.8%	44.9%	45.9%	46.5%	54.7%
No	51.2%	55.1%	54.1%	53.5%	45.3%
Total N	342	381	351	1074	296

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
None	81.4%	74.5%	76.8%	77.5%	71.4%
1 time	14.0%	14.7%	15.8%	14.8%	14.5%
2	3.2%	6.6%	4.6%	4.8%	8.1%
3	0.9%	2.1%	1.4%	1.5%	2.4%
4	0.6%	1.3%	0.6%	0.8%	2.4%
5 to 9	0.0%	0.5%	0.6%	0.4%	1.3%
10 or more times	0.0%	0.3%	0.3%	0.2%	0.0%
Total N	344	381	349	1074	297

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	69.4%	65.6%	63.2%	65.9%	55.3%
No	30.6%	34.4%	36.8%	34.1%	44.7%
Total N	62	96	76	234	85

43. 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. - Selected Choice

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
I did not have a doctor or clinic to go to	0.0%	2.2%	1.4%	1.3%	1.2%
My insurance plan would not cover the care if I went to a doctor's office	0.0%	0.0%	0.0%	0.0%	0.0%
My child's doctor, nurse, or other health care provider told me to go to an ER for my child's care	7.8%	8.6%	5.4%	7.4%	9.4%
My child's doctor's office or clinic was not open when my child needed care	54.7%	64.5%	63.5%	61.4%	48.2%
My child's doctor's office or clinic was open, but I could not get an appointment for my child	9.4%	6.5%	4.1%	6.6%	9.4%
I had transportation problems getting my child to a doctor's office or clinic	1.6%	1.1%	1.4%	1.3%	1.2%
My child's health problem was too serious for the doctor's office or clinic	15.6%	17.2%	13.5%	15.6%	24.7%
Other (describe)	10.9%	0.0%	10.8%	6.4%	5.9%
Total N	64	93	74	231	85

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	18.7%	24.8%	20.6%	21.5%	46.3%
No	81.3%	75.2%	79.4%	78.5%	53.7%
Total N	348	383	354	1085	300

45. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	10.9%	6.3%	11.3%	9.1%	6.6%
Sometimes	6.3%	11.6%	9.9%	9.5%	9.5%
Usually	21.9%	22.1%	22.5%	22.2%	17.5%
Always	60.9%	60.0%	56.3%	59.2%	66.4%
Total N	64	95	71	230	137

46. In the last 6 months, did your child see a specialist for a particular health problem?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	76.6%	80.0%	76.4%	78.0%		88.4%
No	23.4%	20.0%	23.6%	22.0%		11.6%
Total N	64	95	72	231		138

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	4.3%	8.2%	11.1%	7.9%		5.7%
Sometimes	4.3%	6.8%	7.4%	6.3%		11.5%
Usually	25.5%	20.5%	33.3%	25.7%		29.5%
Always	66.0%	64.4%	48.1%	60.1%		53.3%
Total N	47	73	54	174		122

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
0 - Worst specialist possible	0.0%	0.0%	0.0%	0.0%		0.0%
1	0.0%	1.3%	0.0%	0.6%		0.8%
2	0.0%	0.0%	0.0%	0.0%		2.5%
3	0.0%	1.3%	0.0%	0.6%		0.8%
4	4.3%	4.0%	0.0%	2.9%		0.8%
5	4.3%	6.7%	3.6%	5.1%		5.0%
6	4.3%	4.0%	9.1%	5.5%		3.3%
7	4.3%	8.0%	5.5%	6.2%		6.6%
8	14.9%	18.7%	7.3%	14.3%		17.4%
9	19.1%	20.0%	20.0%	19.8%		19.0%
10 - Best specialist possible	48.9%	36.0%	54.5%	45.0%		43.8%
Total N	47	75	55	177		121

49. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	11.1%	13.8%	13.9%	13.1%	13.8%
No	88.9%	86.2%	86.1%	86.9%	86.2%
Total N	63	94	72	229	138

50. In the last 6 months, how many nights did your child spend in the hospital for any reason?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
0 nights	97.4%	95.8%	94.6%	96.0%	92.3%
1 night	1.2%	1.3%	2.8%	1.7%	2.7%
2 nights	0.6%	0.8%	1.1%	0.8%	1.3%
3 nights	0.0%	0.8%	0.9%	0.5%	0.7%
4 or more nights	0.9%	1.3%	0.6%	0.9%	3.0%
Total N	347	384	352	1083	298

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	11.1%	13.3%	22.2%	16.4%	25.0%
No	88.9%	86.7%	77.8%	83.6%	75.0%
Total N	9	15	18	42	20

52. In general, how would you rate your child's overall mental and emotional health?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Excellent	43.2%	49.9%	56.3%	49.6%	18.7%
Very good	34.9%	27.3%	22.8%	28.4%	23.7%
Good	14.7%	14.8%	13.2%	14.3%	27.8%
Fair	5.5%	6.2%	6.8%	6.1%	23.1%
Poor	1.7%	1.8%	0.8%	1.5%	6.7%
Total N	347	385	355	1087	299

53. In the last 6 months, did you or a health provider believe your child needed any treatment or counseling for an emotional, developmental, or behavioral problem?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	16.0%	17.8%	14.1%	16.1%		40.3%
No	84.0%	82.2%	85.9%	83.9%		59.7%
Total N	349	382	348	1079		300

54. In the last 6 months, was there any time when your child needed treatment or counseling for an emotional, developmental, or behavioral problem but could not get it for any reason?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	21.8%	20.6%	20.8%	21.1%		23.5%
No	78.2%	79.4%	79.2%	78.9%		76.5%
Total N	55	68	48	171		119

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	43.3%	49.1%	50.0%	47.4%		69.4%
No	56.7%	50.9%	50.0%	52.6%		30.6%
Total N	349	385	350	1084		301

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	98.0%	98.4%	96.6%	97.7%		96.6%
No	2.0%	1.6%	3.4%	2.3%		3.4%
Total N	151	188	175	514		208

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	17.3%	15.4%	20.6%	17.7%		10.5%
Sometimes	20.7%	19.7%	19.4%	19.9%		18.2%
Usually	10.7%	11.7%	11.4%	11.3%		17.7%
Always	51.3%	53.2%	48.6%	51.1%		53.6%
Total N	150	188	175	513		209

58. In the last 6 months, how often was it easy to get prescription medicines for your child through your child's health plan?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	1.3%	1.1%	4.6%	2.3%	1.0%
Sometimes	7.3%	7.0%	8.6%	7.6%	9.6%
Usually	19.9%	15.5%	21.1%	18.6%	28.8%
Always	71.5%	76.5%	65.7%	71.5%	60.6%
Total N	151	187	175	513	208

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	12.8%	8.6%	12.6%	11.1%	18.9%
No	87.2%	91.4%	87.4%	88.9%	81.1%
Total N	149	186	175	510	206

60. How would you rate your child's overall dental health?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Excellent	36.6%	38.4%	41.4%	38.7%	26.5%
Very good	33.4%	33.7%	28.9%	32.1%	27.2%
Good	23.9%	20.6%	23.4%	22.6%	30.2%
Fair	4.0%	5.7%	4.9%	4.9%	13.8%
Poor	2.0%	1.6%	1.4%	1.7%	2.3%
Total N	347	383	350	1080	298

61. Is there one main place you usually take your child for dental care?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	83.8%	83.1%	79.5%	82.2%	80.8%
No	16.2%	16.9%	20.5%	17.8%	19.2%
Total N	346	379	351	1076	297

62. In the last 6 months, how often were you able to get the dental care you or a dentist or other health provider thought your child needed?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	13.8%	12.3%	12.0%	12.7%		9.8%
Sometimes	6.5%	4.8%	7.0%	6.0%		8.1%
Usually	15.3%	12.8%	14.9%	14.3%		15.6%
Always	64.4%	70.1%	66.1%	67.0%		66.4%
Total N	340	374	342	1056		295

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Within the last year	73.1%	75.1%	77.5%	75.2%		76.0%
Between 1 and 2 years ago	9.7%	7.3%	4.0%	7.1%		11.8%
More than 2 years ago	2.3%	2.1%	2.3%	2.2%		5.4%
Never been to dentist	14.9%	15.4%	16.1%	15.5%		6.8%
Total N	349	382	347	1078		296

64. In the last 6 months, was there any time when you or a health professional thought your child needed dental care?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	23.5%	20.6%	24.6%	22.8%		28.1%
No	76.5%	79.4%	75.4%	77.2%		71.9%
Total N	349	383	349	1081		299

65_1. What kinds of dental care did your child need in the last 6 months? :Check-up and cleaning

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	20.7%	20.5%	21.7%	21.0%		22.4%
Check-up and cleaning	79.3%	79.5%	78.3%	79.0%		77.6%
Total N	82	78	92	252		85

65_2. What kinds of dental care did your child need in the last 6 months? :Emergency dental care

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	91.9%	94.6%	97.7%	94.8%		89.6%
Emergency dental care	8.1%	5.4%	2.3%	5.2%		10.4%
Total N	74	74	86	234		77

65_3. What kinds of dental care did your child need in the last 6 months? :Other treatment, such as fillings

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	60.5%	50.0%	59.1%	56.6%	52.4%
Other treatment, such as fillings	39.5%	50.0%	40.9%	43.4%	47.6%
Total N	76	76	88	240	82

66. We want to know your rating of all your experiences with your child's dental care in the last 6 months. Using any number from 0 to 10 where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate your child's dental care?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
0 - Worst dental care possible	0.0%	1.3%	1.2%	0.8%	5.0%
1	1.3%	1.3%	2.4%	1.7%	1.3%
2	1.3%	2.7%	1.2%	1.7%	0.0%
3	1.3%	1.3%	1.2%	1.3%	1.3%
4	2.6%	2.7%	1.2%	2.2%	5.0%
5	6.4%	6.7%	4.9%	6.0%	6.2%
6	1.3%	1.3%	1.2%	1.3%	3.8%
7	9.0%	10.7%	11.0%	10.2%	7.5%
8	21.8%	12.0%	20.7%	18.2%	12.5%
9	17.9%	12.0%	12.2%	14.1%	15.0%
10 - Best dental care possible	37.2%	48.0%	42.7%	42.5%	42.5%
Total N	78	75	82	235	80

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	15.9%	16.9%	14.0%	15.6%	18.1%
No	84.1%	83.1%	86.0%	84.4%	81.9%
Total N	82	77	86	245	83

68. Which Medicaid managed care organization is your child currently enrolled in?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Amerigroup Iowa Inc.	91.6%	6.9%	2.3%	33.7%	33.2%
UnitedHealthCare Plan Inc.	2.3%	2.1%	92.4%	29.9%	28.1%
AmeriHealth Caritas Iowa Inc.	1.2%	84.9%	0.8%	31.1%	31.9%
Unsure or Don't Know	4.9%	6.1%	4.5%	5.2%	6.8%
Total N	345	377	353	1075	295

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	10.3%	11.5%	4.8%	9.1%	13.4%
No	89.7%	88.5%	95.2%	90.9%	86.6%
Total N	348	382	352	1082	299

70. How easy was it for you to change from your child's assigned MCO to a different MCO?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Very easy	50.0%	56.8%	53.3%	53.7%	52.6%
Somewhat easy	20.6%	31.8%	26.7%	26.9%	31.6%
Somewhat hard	20.6%	6.8%	20.0%	13.9%	13.2%
Very hard	8.8%	4.5%	0.0%	5.5%	2.6%
Total N	34	44	15	93	38

71. Is your child's personal doctor the same person who was his/her personal doctor before you enrolled in the MCO?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes, my child has the same personal doctor as before enrolling in the MCO	75.0%	77.8%	79.5%	77.4%	79.1%
No, my child has a different personal doctor than before enrolling in the MCO	14.8%	12.7%	12.8%	13.4%	15.8%
My child did not have a personal doctor before enrolling in the MCO	10.2%	9.5%	7.7%	9.2%	5.1%
Total N	344	379	351	1074	297

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	33.0%	39.6%	32.7%	35.3%	39.9%
No	67.0%	60.4%	67.3%	64.7%	60.1%
Total N	348	379	352	1079	298

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	1.8%	2.0%	3.6%	2.4%	3.4%
Sometimes	14.2%	10.0%	4.5%	9.8%	11.9%
Usually	14.2%	24.7%	23.2%	21.0%	25.4%
Always	69.9%	63.3%	68.8%	66.9%	59.3%
Total N	113	150	112	375	118

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	14.7%	12.9%	10.6%	12.8%	27.6%
No	85.3%	87.1%	89.4%	87.2%	72.4%
Total N	347	381	349	1077	297

75. In the last 6 months, how easy was it to get prior authorization from your child's MCO?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Very easy	34.0%	21.3%	32.4%	29.1%	26.3%
Somewhat easy	34.0%	25.5%	37.8%	32.0%	36.3%
Somewhat hard	24.0%	27.7%	16.2%	23.3%	30.0%
Very hard	8.0%	25.5%	13.5%	15.7%	7.5%
Total N	50	47	37	134	80

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	2.3%	2.9%	2.3%	2.5%	9.8%
No	97.7%	97.1%	97.7%	97.5%	90.2%
Total N	347	380	349	1076	296

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Very easy	50.0%	50.0%	62.5%	53.6%	39.3%
Somewhat easy	50.0%	30.0%	12.5%	31.4%	32.1%
Somewhat hard	0.0%	10.0%	0.0%	3.9%	17.9%
Very hard	0.0%	10.0%	25.0%	11.1%	10.7%
Total N	8	10	8	26	28

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	43.5%	41.2%	41.6%	42.1%	47.2%
No	56.5%	58.8%	58.4%	57.9%	52.8%
Total N	347	381	353	1081	299

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	10.7%	14.1%	13.4%	12.7%	25.2%
No	89.3%	85.9%	86.6%	87.3%	74.8%
Total N	149	156	142	447	139

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	6.3%	9.1%	16.7%	10.5%	5.7%
Sometimes	37.5%	18.2%	33.3%	28.5%	40.0%
Usually	18.8%	22.7%	22.2%	21.4%	8.6%
Always	37.5%	50.0%	27.8%	39.6%	45.7%
Total N	16	22	18	56	35

81. In the last 6 months, did you try to get information or help for your child from his/her MCO?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	12.4%	11.5%	8.9%	11.0%	16.8%
No	87.6%	88.5%	91.1%	89.0%	83.2%
Total N	348	381	350	1079	298

82. In the last 6 months, how often did your child's MCO give you the information or help you needed?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	4.7%	7.0%	19.4%	9.1%	6.1%
Sometimes	27.9%	18.6%	16.1%	21.5%	22.4%
Usually	23.3%	32.6%	16.1%	25.0%	26.5%
Always	44.2%	41.9%	48.4%	44.4%	44.9%
Total N	43	43	31	117	49

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	24.2%	21.7%	24.1%	23.3%	22.3%
No	75.8%	78.3%	75.9%	76.7%	77.7%
Total N	347	378	349	1074	300

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Did not look for information	42.3%	46.6%	46.7%	45.2%	44.8%
DHS Medicaid/Health Link websites	5.5%	4.5%	8.4%	6.0%	5.4%
The MCO website	3.5%	5.3%	3.5%	4.1%	3.4%
Other website	0.6%	0.8%	0.3%	0.6%	0.7%
Written materials from DHS Medicaid/Health Link	14.8%	12.2%	11.0%	12.7%	11.4%
Written materials from the MCO	12.2%	9.8%	11.0%	10.9%	11.1%
Phone calls to the Medicaid helpline	2.0%	4.0%	3.7%	3.3%	2.4%
Phone calls to the MCO	2.6%	3.2%	2.6%	2.8%	5.4%
County DHS Medicaid office	1.7%	0.5%	1.2%	1.1%	1.3%
DHS caseworker	1.2%	1.6%	1.2%	1.3%	1.7%
Friends or family who use Medicaid	1.7%	2.1%	2.0%	2.0%	1.0%
Doctor or office staff	11.3%	7.9%	8.1%	9.1%	7.1%
Other	0.6%	1.6%	0.6%	0.9%	4.4%
Type in the box below					
Total N	345	378	347	1070	297

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
0 - Worst possible	1.2%	0.5%	0.9%	0.8%	0.0%
1	0.0%	0.3%	0.0%	0.1%	0.7%
2	1.2%	0.8%	0.0%	0.7%	0.7%
3	0.6%	1.3%	1.1%	1.0%	2.7%
4	0.6%	1.6%	1.7%	1.3%	2.0%
5	8.7%	7.1%	9.5%	8.3%	8.7%
6	5.8%	6.1%	4.3%	5.4%	7.0%
7	13.3%	11.3%	10.0%	11.6%	13.1%
8	15.6%	22.1%	18.9%	19.0%	13.8%
9	19.7%	17.4%	17.2%	18.1%	18.1%
10 - Best possible	33.5%	31.6%	36.4%	33.7%	33.2%
Total N	346	380	349	1075	298

86. In general, how would you rate your child's overall health?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Excellent	50.4%	49.1%	52.6%	50.6%	20.4%
Very Good	34.8%	35.5%	30.7%	33.8%	34.4%
Good	12.8%	13.6%	15.1%	13.8%	30.8%
Fair	2.0%	1.8%	1.4%	1.8%	12.7%
Poor	0.0%	0.0%	0.3%	0.1%	1.7%
Total N	345	383	352	1080	299

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	26.7%	31.8%	28.1%	29.0%	65.7%
No	73.3%	68.2%	71.9%	71.0%	34.3%
Total N	348	381	352	1081	300

87_a. Is this because of any medical, behavioral, or other health condition?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	79.1%	82.5%	81.3%	81.1%	96.4%
No	20.9%	17.5%	18.8%	18.9%	3.6%
Total N	91	120	96	307	195

87_b. Is this a condition that has lasted or is expected to last for at least 12 months?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	91.5%	89.8%	89.7%	90.3%	97.8%
No	8.5%	10.2%	10.3%	9.7%	2.2%
Total N	71	98	78	247	183

88. 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?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	15.0%	15.7%	14.3%	15.0%	69.2%
No	85.0%	84.3%	85.7%	85.0%	30.8%
Total N	347	381	350	1078	299

88_a. Is this because of any medical, behavioral, or other health condition?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	86.3%	93.3%	92.0%	90.6%	97.1%
No	13.7%	6.7%	8.0%	9.4%	2.9%
Total N	51	60	50	161	206

88_b. Is this a condition that has lasted or is expected to last for at least 12 months?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	95.3%	94.5%	95.6%	95.1%	98.0%
No	4.7%	5.5%	4.4%	4.9%	2.0%
Total N	43	55	45	143	198

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Yes	5.5%	10.0%	8.3%	8.0%	65.2%
No	94.5%	90.0%	91.7%	92.0%	34.8%
Total N	347	380	351	1078	299

89_a. Is this because of any medical, behavioral, or other health condition?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	100.0%	65.8%	82.1%	78.5%		97.9%
No	0.0%	34.2%	17.9%	21.5%		2.1%
Total N	18	38	28	84		195

89_b. Is this a condition that has lasted or is expected to last for at least 12 months?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	100.0%	100.0%	87.0%	95.7%		97.4%
No	0.0%	0.0%	13.0%	4.3%		2.6%
Total N	18	25	23	66		190

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	5.8%	7.9%	6.8%	6.9%		51.5%
No	94.2%	92.1%	93.2%	93.1%		48.5%
Total N	347	380	352	1079		299

90_a. Is this because of any medical, behavioral, or other health condition?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	68.4%	71.4%	83.3%	74.4%		95.4%
No	31.6%	28.6%	16.7%	25.6%		4.6%
Total N	19	28	24	71		153

90_b. Is this a condition that has lasted or is expected to last for at least 12 months?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	84.6%	85.0%	85.0%	84.9%		97.9%
No	15.4%	15.0%	15.0%	15.1%		2.1%
Total N	13	20	20	53		146

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
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Yes	15.6%	18.7%	13.9%	16.2%		54.5%
No	84.4%	81.3%	86.1%	83.8%		45.5%
Total N	346	379	353	1078		299

91_a. Has this problem lasted or is it expected to last for at least 12 months?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	90.7%	89.4%	93.8%	91.0%		98.7%
No	9.3%	10.6%	6.3%	9.0%		1.3%
Total N	54	66	48	168		157

92. Is your child enrolled in school?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	62.2%	67.2%	63.8%	64.4%		51.4%
Yes	24.4%	21.9%	23.9%	23.4%		38.6%
No	1.7%	1.6%	2.9%	2.1%		2.9%
My child is too young for school	11.8%	9.4%	9.4%	10.2%		7.1%
Total N	119	128	138	385		70

92_textdays. In the past 6 months, about how many days did your child miss school because of illness or injury?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
0	30.8%	27.8%	28.9%	29.1%		25.9%
1	11.7%	11.9%	13.4%	12.3%		6.3%
2	18.6%	15.6%	19.1%	17.7%		13.8%
3	9.3%	10.0%	8.5%	9.3%		10.0%
4	6.9%	7.8%	5.3%	6.7%		5.9%
5	8.9%	5.6%	7.7%	7.3%		9.2%
6	2.4%	5.6%	5.3%	4.4%		4.2%
7	0.4%	3.3%	2.0%	2.0%		2.5%
8	2.8%	1.9%	1.2%	2.0%		2.5%
9	0.4%	1.1%	0.4%	0.7%		0.8%
10	3.2%	4.4%	2.8%	3.6%		5.4%
11	0.0%	0.4%	0.4%	0.3%		0.4%
12	0.8%	0.7%	0.4%	0.7%		0.8%
13	0.0%	0.7%	0.0%	0.3%		0.4%
14	0.0%	0.0%	0.4%	0.1%		0.0%
15	2.4%	0.4%	1.2%	1.3%		2.1%
16	0.0%	0.0%	0.4%	0.1%		0.0%

18	0.4%	0.0%	0.0%	0.1%		0.0%
19	0.0%	0.4%	0.0%	0.1%		0.0%
20	0.0%	1.1%	1.2%	0.8%		5.4%
21	0.0%	0.4%	0.0%	0.1%		0.4%
23	0.0%	0.0%	0.0%	0.0%		0.4%
25	0.0%	0.0%	0.0%	0.0%		0.4%
30	0.0%	0.0%	0.0%	0.0%		1.3%
35	0.0%	0.0%	0.0%	0.0%		0.4%
40	0.0%	0.0%	0.4%	0.1%		0.8%
45	0.0%	0.4%	0.0%	0.1%		0.0%
47	0.0%	0.4%	0.0%	0.1%		0.0%
48	0.0%	0.0%	0.4%	0.1%		0.0%
50	0.0%	0.4%	0.0%	0.1%		0.0%
53	0.4%	0.0%	0.0%	0.1%		0.0%
54	0.0%	0.0%	0.0%	0.0%		0.4%
57	0.0%	0.0%	0.4%	0.1%		0.0%
145	0.4%	0.0%	0.0%	0.1%		0.0%
Total N	247	270	246	763		239

**93_1. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Anxiety**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	88.7%	89.0%	90.8%	89.4%		73.2%
Anxiety	11.3%	11.0%	9.2%	10.6%		26.8%
Total N	310	353	315	978		280

**93_2. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Asthma**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	91.6%	92.9%	87.0%	90.7%		83.1%
Asthma	8.4%	7.1%	13.0%	9.3%		16.9%
Total N	309	352	316	977		272

**93_3. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Attention problems**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	87.1%	84.7%	87.8%	86.4%		58.5%
Attention problems	12.9%	15.3%	12.2%	13.6%		41.5%
Total N	309	353	312	974		284

**93_4. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Behavioral or emotional problems other than depression or anxiety**

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	87.7%	87.2%	89.7%	88.1%	59.6%
Behavioral or emotional problems other than depression or anxiety	12.3%	12.8%	10.3%	11.9%	40.4%
Total N	308	352	312	972	285

**93_5. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Chronic allergies or sinus problems**

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	91.3%	92.3%	90.7%	91.5%	82.5%
Chronic allergies or sinus problems	8.7%	7.7%	9.3%	8.5%	17.5%
Total N	310	351	313	974	274

**93_6. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Chronic back, neck, bone or muscle problems**

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	99.0%	96.6%	98.7%	98.0%	92.6%
Chronic back, neck, bone or muscle problems	1.0%	3.4%	1.3%	2.0%	7.4%
Total N	305	348	312	965	271

**93_7. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Dental problems**

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	93.8%	94.3%	96.5%	94.8%	91.6%
Dental problems	6.2%	5.7%	3.5%	5.2%	8.4%
Total N	305	349	310	964	273

**93_8. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Depression**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	93.5%	93.2%	94.6%	93.7%		84.8%
Depression	6.5%	6.8%	5.4%	6.3%		15.2%
Total N	308	351	314	973		276

**93_9. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Developmental delays or mental retardation**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	95.7%	98.0%	96.5%	96.8%		61.2%
Developmental delays or mental retardation	4.3%	2.0%	3.5%	3.2%		38.8%
Total N	305	349	312	966		281

**93_10. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Diabetes**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	99.0%	99.7%	99.7%	99.5%		99.3%
Diabetes	1.0%	0.3%	0.3%	0.5%		0.7%
Total N	305	349	310	964		269

**93_11. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Drug or alcohol related problems**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	99.3%	100.0%	99.0%	99.5%		98.9%
Drug or alcohol related problems	0.7%	0.0%	1.0%	0.5%		1.1%
Total N	305	348	310	963		269

**93_12. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Failure to thrive or eating disorder**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	98.7%	99.4%	99.0%	99.1%		95.2%
Failure to thrive or eating disorder	1.3%	0.6%	1.0%	0.9%		4.8%
Total N	306	349	311	966		271

**93_13. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Frequent bladder/bowel problems**

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	95.8%	98.0%	97.4%	97.1%	89.7%
Frequent bladder/bowel problems	4.2%	2.0%	2.6%	2.9%	10.3%
Total N	306	348	310	964	272

**93_14. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Frequent ear infections**

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	96.7%	96.3%	94.9%	96.0%	93.7%
Frequent ear infections	3.3%	3.7%	5.1%	4.0%	6.3%
Total N	305	350	312	967	270

**93_15. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Hearing impairment or deafness**

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	99.0%	98.9%	99.0%	99.0%	94.5%
Hearing impairment or deafness	1.0%	1.1%	1.0%	1.0%	5.5%
Total N	305	348	310	963	271

**93_16. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
A learning disability**

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	94.4%	94.9%	96.2%	95.1%	54.8%
A learning disability	5.6%	5.1%	3.8%	4.9%	45.2%
Total N	306	350	312	968	281

**93_17. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Overweight/Obese**

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	93.2%	96.3%	97.4%	95.6%	93.7%
Overweight/Obese	6.8%	3.7%	2.6%	4.4%	6.3%
Total N	308	348	311	967	269

**93_18. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Speech or language problems**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	97.7%	96.6%	96.2%	96.8%		64.8%
Speech or language problems	2.3%	3.4%	3.8%	3.2%		35.2%
Total N	306	350	312	968		281

**93_19. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Vision problems**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	93.5%	91.5%	93.6%	92.8%		81.2%
Vision problems	6.5%	8.5%	6.4%	7.2%		18.8%
Total N	307	352	312	971		276

**93_20. Does your child now have any medical or mental health conditions that have lasted for at least 3 months? :
Any other chronic condition**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Unchecked	93.8%	93.4%	92.5%	93.3%		71.5%
Any other chronic condition Type in the box below	6.2%	6.6%	7.5%	6.7%		28.5%
Total N	308	350	320	978		281

**94. In the last 6 months, has your child seen a doctor or other health professional more than twice for any of the
conditions you selected in the previous question?**

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	44.1%	47.6%	41.6%	44.7%		64.3%
No	55.9%	52.4%	58.4%	55.3%		35.7%
Total N	143	170	149	462		252

95. Has your child been taking prescription medicine for at least 3 months for any of the conditions you selected?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	46.2%	46.6%	49.7%	47.4%		65.3%
No	53.8%	53.4%	50.3%	52.6%		34.7%
Total N	145	174	155	474		268

96_a. In the past 6 months, how often has your child....? - felt sad or unhappy

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	35.2%	35.3%	43.4%	37.7%	26.6%
Sometimes	58.5%	55.5%	52.0%	55.5%	58.5%
Often	6.3%	9.2%	4.5%	6.9%	14.9%
Total N	253	283	244	780	248

96_b. In the past 6 months, how often has your child....? - felt hopeless

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	79.5%	80.9%	84.5%	81.5%	68.4%
Sometimes	17.7%	15.4%	13.9%	15.7%	25.7%
Often	2.8%	3.8%	1.6%	2.8%	5.9%
Total N	254	293	251	798	253

96_c. In the past 6 months, how often has your child....? - been down on him/herself

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	60.7%	61.9%	69.0%	63.6%	52.8%
Sometimes	33.7%	32.7%	28.2%	31.7%	38.2%
Often	5.6%	5.4%	2.7%	4.7%	9.1%
Total N	252	294	255	801	254

96_d. In the past 6 months, how often has your child....? - worried a lot

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	52.3%	58.1%	62.5%	57.5%	41.7%
Sometimes	38.7%	32.8%	31.6%	34.4%	40.2%
Often	9.0%	9.1%	5.9%	8.1%	18.1%
Total N	256	296	256	808	254

96_e. In the past 6 months, how often has your child....? - seemed to be having less fun

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	67.6%	67.8%	73.2%	69.3%	46.7%
Sometimes	28.9%	27.5%	23.2%	26.7%	45.9%
Often	3.5%	4.7%	3.5%	4.0%	7.5%
Total N	256	295	254	805	255

96_f. In the past 6 months, how often has your child....? - been fidgety or unable to sit still

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	60.3%	59.3%	63.3%	60.8%		32.3%
Sometimes	28.0%	29.2%	23.8%	27.2%		36.2%
Often	11.7%	11.5%	12.9%	12.0%		31.5%
Total N	257	295	256	808		257

96_g. In the past 6 months, how often has your child....? - daydreamed too much

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	75.0%	72.0%	74.1%	73.6%		55.7%
Sometimes	21.5%	24.9%	23.1%	23.3%		32.2%
Often	3.5%	3.1%	2.7%	3.1%		12.2%
Total N	256	293	255	804		255

96_h. In the past 6 months, how often has your child....? - been easily distracted

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	45.1%	44.4%	51.4%	46.7%		18.8%
Sometimes	41.2%	40.6%	32.2%	38.3%		40.6%
Often	13.6%	15.0%	16.5%	15.0%		40.6%
Total N	257	293	255	805		256

96_i. In the past 6 months, how often has your child....? - had trouble concentrating

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	53.3%	49.3%	58.6%	53.4%		19.9%
Sometimes	35.8%	41.5%	30.1%	36.2%		43.0%
Often	10.9%	9.2%	11.3%	10.4%		37.1%
Total N	257	294	256	807		256

96_j. In the past 6 months, how often has your child....? - acted as if driven by a motor

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Never	83.4%	79.8%	81.4%	81.5%		59.4%
Sometimes	11.9%	14.0%	11.1%	12.4%		26.1%
Often	4.7%	6.2%	7.5%	6.1%		14.1%
99	0.0%	0.0%	0.0%	0.0%		0.4%
Total N	253	292	253	798		249

96_k. In the past 6 months, how often has your child....? - fought with other children

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	56.3%	58.8%	65.5%	60.0%	43.3%
Sometimes	37.8%	35.4%	32.2%	35.2%	44.1%
Often	5.9%	5.8%	2.4%	4.8%	12.6%
Total N	254	294	255	803	254

96_l. In the past 6 months, how often has your child....? - not listened to rules

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	35.2%	31.5%	40.9%	35.5%	20.9%
Sometimes	53.4%	53.9%	47.5%	51.8%	49.6%
Often	11.5%	14.6%	11.7%	12.7%	29.5%
Total N	253	295	257	805	254

96_m. In the past 6 months, how often has your child....? - not understood other people's feelings

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	62.1%	63.4%	69.6%	64.8%	37.6%
Sometimes	32.4%	28.8%	25.7%	29.1%	42.4%
Often	5.5%	7.9%	4.7%	6.2%	20.0%
Total N	253	292	253	798	255

96_n. In the past 6 months, how often has your child....? - teased others

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	68.8%	68.8%	73.3%	70.2%	57.3%
Sometimes	28.5%	28.8%	23.5%	27.1%	34.0%
Often	2.8%	2.4%	3.1%	2.7%	8.7%
Total N	253	292	255	800	253

96_o. In the past 6 months, how often has your child....? - blamed others for his/her troubles

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	58.4%	58.2%	68.6%	61.4%	51.2%
Sometimes	33.3%	33.6%	25.5%	31.1%	34.8%
Often	8.2%	8.2%	5.9%	7.5%	14.1%
Total N	255	292	255	802	256

96_p. In the past 6 months, how often has your child....? - refused to share

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	65.9%	64.5%	63.6%	64.7%	46.7%
Sometimes	30.2%	31.4%	33.2%	31.5%	42.0%
Often	3.9%	4.1%	3.2%	3.8%	11.4%
Total N	255	293	253	801	255

96_q. In the past 6 months, how often has your child....? - taken things that did not belong to him/her

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Never	77.6%	77.4%	79.6%	78.1%	64.7%
Sometimes	19.2%	19.2%	17.6%	18.7%	29.4%
Often	3.1%	3.4%	2.7%	3.1%	5.9%
Total N	255	292	255	802	255

97. What is your child's age?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Less than 1 year old	2.9%	7.8%	6.3%	5.8%	1.0%
1 year old	7.7%	5.3%	9.1%	7.2%	4.4%
2 years old	8.0%	8.3%	7.6%	8.0%	4.1%
3 years old	5.1%	4.4%	6.3%	5.3%	3.4%
4 years old	5.4%	5.3%	4.8%	5.2%	4.8%
5 years old	4.2%	3.9%	5.4%	4.5%	5.1%
6 years old	5.1%	5.0%	4.5%	4.9%	5.1%
7 years old	4.8%	4.2%	7.6%	5.4%	8.9%
8 years old	6.7%	3.9%	6.3%	5.6%	4.1%
9 years old	5.4%	7.5%	4.2%	5.8%	4.8%
10 years old	8.3%	6.7%	5.1%	6.7%	6.1%
11 years old	4.5%	5.6%	3.0%	4.4%	7.5%
12 years old	2.6%	4.7%	3.6%	3.7%	2.7%
13 years old	6.1%	7.8%	5.4%	6.5%	7.8%
14 years old	6.4%	4.2%	3.6%	4.7%	7.8%
15 years old	6.7%	6.7%	7.6%	7.0%	7.5%
16 years old	5.1%	5.0%	4.5%	4.9%	8.5%
17 years old	4.2%	3.6%	4.8%	4.2%	6.1%
18 years old	0.6%	0.3%	0.0%	0.3%	0.0%
Total N	312	360	331	1003	293

98. What is your child's gender? -

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Male	50.6%	50.1%	53.9%	51.4%	64.3%
Female	49.4%	49.9%	45.8%	48.5%	35.7%
Other (type in):	0.0%	0.0%	0.3%	0.1%	0.0%
Total N	348	381	356	1085	297

99_1. What is your child's race or ethnicity? : American Indian/Alaska Native

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	97.1%	98.3%	97.7%	97.7%	98.1%
American Indian/Alaska Native	2.9%	1.7%	2.3%	2.3%	1.9%
Total N	306	348	311	965	270

99_2. What is your child's race or ethnicity? : Asian

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	97.1%	97.1%	93.0%	95.9%	98.1%
Asian	2.9%	2.9%	7.0%	4.1%	1.9%
Total N	306	349	314	969	270

99_3. What is your child's race or ethnicity? : Black/African American

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	84.6%	88.9%	90.1%	87.8%	76.8%
Black/African American	15.4%	11.1%	9.9%	12.2%	23.2%
Total N	311	350	313	974	280

99_4. What is your child's race or ethnicity? : Hispanic/Latino

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	85.2%	88.1%	85.0%	86.2%	89.7%
Hispanic/Latino	14.8%	11.9%	15.0%	13.8%	10.3%
Total N	311	352	319	982	271

99_5. What is your child's race or ethnicity? : Middle Eastern/North African

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	100.0%	100.0%	99.7%	99.9%	99.6%
Middle Eastern/North African	0.0%	0.0%	0.3%	0.1%	0.4%
Total N	305	348	310	963	269

99_6. What is your child's race or ethnicity? : Native Hawaiian or other Pacific Islander

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	100.0%	98.9%	99.4%	99.4%	100.0%
Native Hawaiian or other Pacific Islander	0.0%	1.1%	0.6%	0.6%	0.0%
Total N	305	349	310	964	269

99_7. What is your child's race or ethnicity? : White

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	18.2%	15.6%	20.5%	17.9%	19.3%
White	81.8%	84.4%	79.5%	82.1%	80.7%
Total N	340	379	347	1066	290

99_8. What is your child's race or ethnicity? : Other race or ethnicity

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Unchecked	99.0%	99.7%	98.4%	99.1%	98.9%
Other race or ethnicity Type in the box below	1.0%	0.3%	1.6%	0.9%	1.1%
Total N	306	348	310	964	270

100. What is your gender? -

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Male	8.9%	10.0%	9.8%	9.6%	11.1%
Female	91.1%	89.8%	90.2%	90.3%	88.2%
Other (type in):	0.0%	0.3%	0.0%	0.1%	0.7%
Total N	348	381	356	1085	296

101. What is your age?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Under 18	0.0%	1.6%	0.8%	0.8%	3.7%
18 to 24	7.2%	8.2%	7.3%	7.6%	3.7%
25 to 34	36.1%	38.8%	39.6%	38.1%	30.5%
35 to 44	35.2%	31.4%	30.6%	32.4%	37.3%
45 to 54	12.6%	14.5%	15.4%	14.2%	14.6%
55 to 64	6.0%	3.7%	3.9%	4.5%	8.1%
65 or older	2.9%	1.8%	2.2%	2.3%	2.0%
Total N	349	379	356	1084	295

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

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
8th grade or less	2.9%	1.8%	4.2%	2.9%	4.1%
Some high school, but did not graduate	7.5%	4.2%	7.6%	6.4%	15.4%
High school graduate or GED	27.5%	29.0%	27.5%	28.0%	28.8%
Some college or 2-year degree	46.5%	49.1%	44.7%	46.9%	35.6%
4-year college graduate	11.3%	11.1%	12.1%	11.5%	12.3%
More than 4-year college degree	4.3%	4.7%	3.9%	4.4%	3.8%
Total N	346	379	356	1081	292

103. How are you related to the child?

	Child AGI	Child ACIA	Child UHC	Total Medicaid	SSI-all MCOs
Mother or father	88.5%	92.7%	91.2%	90.8%	82.7%
Grandparent	6.3%	3.9%	5.4%	5.2%	6.8%
Aunt or uncle	1.1%	0.5%	0.3%	0.7%	0.7%
Older sibling	0.3%	0.0%	0.3%	0.2%	0.3%
Other relative	0.0%	0.0%	0.0%	0.0%	0.0%
Legal guardian	2.3%	2.4%	2.0%	2.2%	8.2%
Someone else	1.4%	0.5%	0.8%	0.9%	1.4%
Type in box below					
Total N	349	381	354	1084	294

104. Did someone help you complete this survey?

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Yes	2.9%	3.9%	7.4%	4.6%		7.7%
No	97.1%	96.1%	92.6%	95.4%		92.3%
Total N	349	381	351	1081		297

105_1. You said someone helped you complete this survey. How did that person help you? : Read the questions to me

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Did not respond	72.7%	68.4%	72.7%	71.4%		66.7%
Read the questions to me	27.3%	31.6%	27.3%	28.6%		33.3%
Total N	11	19	33	63		27

105_2. You said someone helped you complete this survey. How did that person help you? : Wrote down the answers I gave

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Did not respond	90.9%	73.7%	81.8%	80.9%		88.9%
Wrote down the answers I gave	9.1%	26.3%	18.2%	19.1%		11.1%
Total N	11	19	33	63		27

105_3. You said someone helped you complete this survey. How did that person help you? : Answered the questions for me

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Did not respond	100.0%	89.5%	87.9%	90.6%		81.5%
Answered the questions for me	0.0%	10.5%	12.1%	9.4%		18.5%
Total N	11	19	33	63		27

105_4. You said someone helped you complete this survey. How did that person help you? : Translated the questions into my language

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Did not respond	63.6%	78.9%	60.6%	66.9%		81.5%
Translated the questions into my language	36.4%	21.1%	39.4%	33.1%		18.5%
Total N	11	19	33	63		27

105_5. You said someone helped you complete this survey. How did that person help you? : Helped in some other way

	Child AGI	Child ACIA	Child UHC	Total Medicaid		SSI-all MCOs
Did not respond	81.8%	68.4%	90.9%	82.1%		77.8%
Helped in some other way Type in the box below	18.2%	31.6%	9.1%	17.9%		22.2%
Total N	11	19	33	63		27

Appendix B-2: Adult Medicaid questionnaire tables

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
I did not have health insurance at all in 2016	1.7%	0.7%	0.4%	0.9%	1.7%
1-5 months with insurance	2.0%	0.3%	0.8%	1.1%	1.3%
6-11 months with insurance	9.9%	8.4%	7.9%	8.8%	3.2%
I had insurance all of last year	86.3%	90.5%	90.9%	89.2%	93.8%
Total N	293	296	253	842	530

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	48.1%	48.7%	46.0%	47.7%	50.3%
No	51.9%	51.3%	54.0%	52.3%	49.7%
Total N	293	300	252	845	531

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	2.2%	0.7%	2.6%	1.7%	1.1%
Sometimes	13.7%	12.4%	16.4%	14.0%	13.8%
Usually	29.5%	28.3%	26.7%	28.2%	25.7%
Always	54.7%	58.6%	54.3%	56.0%	59.4%
Total N	139	145	116	400	261

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	14.3%	15.3%	11.2%	13.7%	21.4%
No	85.7%	84.7%	88.8%	86.3%	78.6%
Total N	140	144	116	400	262

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	71.4%	72.1%	72.9%	72.1%	81.8%
No	28.6%	27.9%	27.1%	27.9%	18.2%
Total N	294	301	255	850	534

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	1.5%	0.5%	3.2%	1.7%	2.8%
Sometimes	16.5%	19.6%	16.1%	17.5%	13.4%
Usually	30.6%	26.6%	31.2%	29.4%	27.3%
Always	51.5%	53.3%	49.5%	51.5%	56.5%
Total N	206	214	186	606	432

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	11.5%	12.8%	10.6%	11.7%	11.7%
No	88.5%	87.2%	89.4%	88.3%	88.3%
Total N	295	298	254	847	540

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	45.5%	52.7%	51.0%	49.8%	51.5%
No	54.5%	47.3%	49.0%	50.2%	48.5%
Total N	292	298	255	845	538

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	47.3%	50.8%	51.8%	49.9%	47.4%
No	52.7%	49.2%	48.2%	50.1%	52.6%
Total N	294	299	255	848	529

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	5.8%	3.3%	6.8%	5.2%	5.6%
Sometimes	18.0%	21.2%	18.9%	19.5%	17.1%
Usually	36.0%	33.8%	27.3%	32.4%	34.7%
Always	40.3%	41.7%	47.0%	42.9%	42.6%
Total N	139	151	132	422	251

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
None	17.1%	16.4%	17.8%	17.1%	13.4%
1 time	18.5%	16.4%	18.1%	17.6%	13.4%
2	16.1%	16.8%	21.6%	18.0%	21.0%
3	12.8%	16.8%	13.5%	14.4%	15.5%
4	8.7%	9.5%	10.0%	9.4%	12.7%
5 to 9	15.4%	13.8%	10.0%	13.2%	15.8%
10 or more times	11.4%	10.2%	8.9%	10.2%	8.2%
Total N	298	304	259	861	537

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	52.9%	47.8%	50.7%	50.4%	62.9%
No	47.1%	52.2%	49.3%	49.6%	37.1%
Total N	242	253	209	704	461

13. In the last 6 months, did anyone in a doctor's office ask you if there are things that make it hard for you to take care of your health?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	30.5%	25.5%	27.6%	27.8%	37.8%
No	69.5%	74.5%	72.4%	72.2%	62.2%
Total N	239	251	210	700	445

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	48.1%	43.2%	46.9%	46.0%	50.7%
No	51.9%	56.8%	53.1%	54.0%	49.3%
Total N	239	250	209	698	444

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	78.7%	68.7%	66.3%	71.3%	84.4%
No	21.3%	31.3%	33.7%	28.7%	15.6%
Total N	239	249	208	696	443

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	4.3%	9.5%	5.8%	6.5%	3.8%
Sometimes	8.0%	10.7%	10.9%	9.7%	11.0%
Usually	17.1%	20.1%	20.3%	19.1%	19.0%
Always	70.6%	59.8%	63.0%	64.7%	66.2%
Total N	187	169	138	494	373

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
0 - Worst health care possible	0.8%	0.0%	0.0%	0.3%	1.1%
1	0.4%	0.0%	0.0%	0.1%	0.9%
2	1.3%	0.4%	1.4%	1.0%	1.6%
3	2.1%	2.0%	1.0%	1.7%	1.1%
4	2.5%	2.8%	1.4%	2.3%	2.0%
5	2.9%	9.2%	6.2%	6.2%	9.2%
6	8.8%	7.6%	5.3%	7.3%	5.1%
7	18.0%	13.5%	14.4%	15.3%	11.2%
8	20.5%	19.1%	26.0%	21.6%	15.7%
9	17.2%	17.5%	14.9%	16.6%	14.5%
10 - Best health care possible	25.5%	27.9%	29.3%	27.5%	37.6%
Total N	239	251	208	698	447

18. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	81.2%	79.1%	80.8%	80.3%	88.9%
No	18.8%	20.9%	19.2%	19.7%	11.1%
Total N	293	301	255	849	522

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
None	18.6%	20.4%	20.9%	19.9%	11.4%
1 time	27.4%	20.4%	24.3%	24.0%	18.6%
2	19.4%	20.4%	19.4%	19.8%	27.9%
3	12.7%	15.3%	16.0%	14.6%	14.3%
4	7.2%	6.4%	7.3%	6.9%	12.1%
5 to 9	10.1%	12.3%	7.8%	10.2%	11.2%
10 or more or times	4.6%	4.7%	4.4%	4.6%	4.5%
Total N	237	235	206	678	463

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	2.1%	2.7%	3.1%	2.6%	1.7%
Sometimes	4.7%	3.8%	3.1%	3.9%	9.4%
Usually	20.9%	20.4%	20.4%	20.6%	21.5%
Always	72.3%	73.1%	73.5%	72.9%	67.4%
Total N	191	186	162	539	405

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	1.6%	1.6%	1.9%	1.7%	3.0%
Sometimes	5.2%	3.8%	6.2%	5.0%	10.1%
Usually	20.4%	19.4%	19.1%	19.7%	18.2%
Always	72.8%	75.3%	72.8%	73.7%	68.7%
Total N	191	186	162	539	406

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	2.6%	1.6%	2.5%	2.2%	3.2%
Sometimes	10.5%	9.2%	6.2%	8.7%	8.6%
Usually	27.2%	25.9%	25.5%	26.2%	21.6%
Always	59.7%	63.2%	65.8%	62.8%	66.6%
Total N	191	185	161	537	407

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	1.6%	1.1%	1.3%	1.3%	2.7%
Sometimes	4.2%	3.2%	5.0%	4.1%	8.4%
Usually	17.8%	15.1%	15.6%	16.2%	17.0%
Always	76.4%	80.6%	78.1%	78.4%	71.9%
Total N	191	186	160	537	406

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	1.6%	2.7%	2.5%	2.2%	2.9%
Sometimes	9.4%	7.0%	6.8%	7.8%	12.0%
Usually	30.4%	25.7%	31.5%	29.1%	23.4%
Always	58.6%	64.7%	59.3%	61.0%	61.7%
Total N	191	187	162	540	410

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
0 - Worst doctor possible	1.0%	0.5%	1.2%	0.9%	1.2%
1	0.5%	0.5%	0.0%	0.4%	0.7%
2	0.0%	0.0%	0.6%	0.2%	1.2%
3	2.1%	0.5%	0.6%	1.1%	1.5%
4	0.5%	2.1%	0.0%	0.9%	3.7%
5	2.1%	2.1%	3.1%	2.4%	5.1%
6	3.1%	4.3%	1.2%	3.0%	2.4%
7	6.8%	7.0%	11.1%	8.1%	5.6%
8	21.9%	11.2%	16.0%	16.4%	10.5%
9	21.4%	23.0%	21.6%	22.0%	15.9%
10 - Best doctor possible	40.6%	48.7%	44.4%	44.6%	52.1%
Total N	192	187	162	541	409

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	51.7%	46.8%	46.6%	48.4%	57.6%
No	48.3%	53.2%	53.4%	51.6%	42.4%
Total N	292	299	253	844	523

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	6.2%	8.3%	4.3%	6.4%	11.6%
No	93.8%	91.7%	95.7%	93.6%	88.4%
Total N	290	300	256	846	518

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	39.0%	34.7%	35.5%	36.4%	52.6%
No	61.0%	65.3%	64.5%	63.6%	47.4%
Total N	290	300	256	846	523

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
None	67.7%	64.9%	68.4%	66.9%	60.9%
1 time	15.8%	21.4%	19.5%	19.0%	16.6%
2	8.2%	5.7%	6.2%	6.7%	11.2%
3	5.2%	3.3%	2.0%	3.5%	6.0%
4	0.3%	2.3%	1.6%	1.4%	2.5%
5 to 9	2.7%	2.3%	1.6%	2.2%	1.9%
10 or more times	0.0%	0.0%	0.8%	0.2%	1.0%
Total N	291	299	256	846	519

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	56.4%	60.0%	61.7%	59.3%	56.6%
No	43.6%	40.0%	38.3%	40.7%	43.4%
Total N	94	105	81	280	198

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
I did not have a doctor or clinic to go to	5.3%	1.9%	11.4%	5.8%	5.0%
My insurance plan would not cover the care I needed if I went to a doctor's office or clinic	1.1%	1.9%	0.0%	1.1%	0.5%
My doctor, nurse, or other health care provider told me to go to an ER for this care	11.7%	9.6%	6.3%	9.4%	17.5%
My doctor's office or clinic was open, but I could not get an appointment	7.4%	10.6%	15.2%	10.9%	8.5%
My doctor's office or clinic was not open when I needed care	50.0%	51.0%	30.4%	44.7%	37.0%
I had transportation problems getting to a doctor's office or clinic	1.1%	2.9%	2.5%	2.2%	6.5%
My health problem was too serious for the doctor's office or clinic	20.2%	20.2%	30.4%	23.1%	22.5%
Other (type in):	3.2%	1.9%	3.8%	2.9%	2.5%
Total N	94	104	79	277	200

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	36.3%	35.4%	33.6%	35.1%	47.2%
No	63.7%	64.6%	66.4%	64.9%	52.8%
Total N	295	302	259	856	532

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	2.8%	6.6%	15.1%	7.8%	7.2%
Sometimes	17.9%	15.1%	15.1%	16.1%	10.8%
Usually	24.5%	27.4%	17.4%	23.5%	29.7%
Always	54.7%	50.9%	52.3%	52.7%	52.2%
Total N	106	106	86	298	249

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	87.7%	86.0%	84.7%	86.2%	90.0%
No	12.3%	14.0%	15.3%	13.8%	10.0%
Total N	106	107	85	298	250

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	16.3%	7.8%	9.9%	11.4%	9.1%
Sometimes	13.0%	18.9%	16.9%	16.3%	13.2%
Usually	25.0%	28.9%	22.5%	25.7%	30.6%
Always	45.7%	44.4%	50.7%	46.7%	47.0%
Total N	92	90	71	253	219

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
0 - Worst specialist possible	3.3%	5.4%	2.8%	3.9%	2.7%
1	0.0%	0.0%	2.8%	0.8%	1.3%
2	1.1%	1.1%	0.0%	0.8%	0.4%
3	2.2%	1.1%	0.0%	1.2%	1.3%
4	4.3%	2.2%	4.2%	3.5%	0.9%
5	5.4%	5.4%	4.2%	5.1%	6.7%
6	2.2%	2.2%	4.2%	2.7%	3.1%
7	7.6%	4.3%	8.3%	6.6%	8.1%
8	18.5%	19.6%	22.2%	19.9%	13.0%
9	15.2%	21.7%	13.9%	17.2%	16.1%
10 - Best specialist possible	40.2%	37.0%	37.5%	38.3%	46.2%
Total N	92	92	72	256	223

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	24.0%	20.4%	21.4%	21.9%	21.4%
No	76.0%	79.6%	78.6%	78.1%	78.6%
Total N	100	103	84	287	238

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
0 nights	83.7%	84.5%	87.2%	85.1%	84.7%
1 night	3.1%	3.3%	4.3%	3.5%	4.5%
2 nights	5.8%	4.3%	2.7%	4.3%	3.2%
3 nights	3.1%	4.6%	2.7%	3.5%	1.9%
4 or more nights	4.4%	3.3%	3.1%	3.6%	5.7%
Total N	295	303	258	856	530

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	22.9%	19.1%	15.6%	19.6%	27.5%
No	77.1%	80.9%	84.4%	80.4%	72.5%
Total N	48	47	32	127	80

40. In general, how would you rate your overall mental and emotional health now?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Excellent	19.2%	21.1%	19.3%	19.9%	12.4%
Very good	28.3%	26.4%	24.3%	26.4%	15.5%
Good	32.0%	29.0%	26.3%	29.2%	27.7%
Fair	14.5%	18.2%	23.6%	18.6%	33.8%
Poor	6.1%	5.3%	6.6%	5.9%	10.5%
Total N	297	303	259	859	541

41. In the last 6 months, did you or a health provider believe you needed any treatment or counseling for a mental or emotional health problem?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	23.2%	27.4%	26.4%	25.7%	34.2%
No	76.8%	72.6%	73.6%	74.3%	65.8%
Total N	297	303	258	858	535

42. In the last 6 months, did you get any treatment or counseling for a mental or emotional health problem?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	81.2%	79.5%	76.5%	79.1%	78.5%
No	18.8%	20.5%	23.5%	20.9%	21.5%
Total N	69	83	68	220	177

43. In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	1.8%	7.7%	3.8%	4.7%	4.3%
Sometimes	17.9%	7.7%	17.3%	13.8%	12.2%
Usually	33.9%	29.2%	36.5%	32.9%	19.4%
Always	46.4%	55.4%	42.3%	48.6%	64.0%
Total N	56	65	52	173	139

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
0 - Worst treatment or counseling possible	1.8%	0.0%	0.0%	0.6%	2.9%
1	1.8%	0.0%	0.0%	0.6%	0.7%
2	1.8%	0.0%	3.8%	1.7%	0.0%
3	5.4%	1.5%	1.9%	2.8%	1.5%
4	7.1%	7.6%	0.0%	5.2%	4.4%
5	8.9%	4.5%	7.7%	6.9%	6.6%
6	1.8%	4.5%	7.7%	4.6%	4.4%
7	8.9%	9.1%	13.5%	10.4%	13.9%
8	12.5%	9.1%	25.0%	15.0%	12.4%
9	17.9%	19.7%	3.8%	14.3%	10.9%
10 - Best treatment or counseling possible	32.1%	43.9%	36.5%	38.0%	42.3%
Total N	56	66	52	174	137

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	24.6%	33.7%	36.8%	31.9%	24.4%
No	75.4%	66.3%	63.2%	68.1%	75.6%
Total N	69	83	68	220	176

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	64.0%	67.0%	63.6%	64.9%	78.3%
No	36.0%	33.0%	36.4%	35.1%	21.7%
Total N	297	303	258	858	539

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	97.3%	96.5%	98.2%	97.3%	98.3%
No	2.7%	3.5%	1.8%	2.7%	1.7%
Total N	188	200	163	551	419

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	10.4%	10.5%	13.1%	11.2%	13.1%
Sometimes	21.9%	24.6%	17.5%	21.5%	18.0%
Usually	19.1%	15.2%	22.5%	18.7%	20.2%
Always	48.6%	49.7%	46.9%	48.5%	48.7%
Total N	183	191	160	534	411

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	3.7%	1.5%	1.2%	2.1%	1.2%
Sometimes	12.2%	13.9%	15.3%	13.8%	10.6%
Usually	28.0%	23.4%	30.7%	27.1%	27.7%
Always	56.1%	61.2%	52.8%	57.0%	60.5%
Total N	189	201	163	553	415

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	23.2%	30.3%	33.1%	28.8%	31.4%
No	76.8%	69.7%	66.9%	71.2%	68.6%
Total N	190	201	163	554	420

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
I do not have a reliable way to get to my health care visits	1.7%	2.3%	1.9%	2.0%	5.2%
I drive myself, using my own vehicle	73.6%	73.3%	70.2%	72.4%	33.6%
I drive myself, using someone else's vehicle	5.7%	5.0%	4.3%	5.0%	4.5%
Someone else (such as a friend, neighbor, or family) drives me	15.1%	15.5%	18.2%	16.2%	38.8%
I take a taxi cab	0.7%	0.3%	1.6%	0.8%	2.4%
I take public transportation (such as a bus or government-provided transit)	1.3%	3.0%	1.9%	2.1%	10.8%
I bike or walk	2.0%	0.7%	1.9%	1.5%	3.5%
Other (write in)	0.0%	0.0%	0.0%	0.0%	1.1%
Total N	299	303	258	860	536

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	60.7%	61.4%	62.4%	61.5%	31.6%
Sometimes	21.5%	21.5%	18.6%	20.6%	24.9%
Usually	4.4%	5.3%	5.0%	4.9%	7.8%
Always	13.4%	11.9%	14.0%	13.0%	35.7%
Total N	298	303	258	859	538

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	10.1%	13.6%	12.5%	12.1%	22.5%
No	89.9%	86.4%	87.5%	87.9%	77.5%
Total N	298	301	255	854	534

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Not at all	70.0%	65.1%	65.1%	66.8%	51.2%
A little	14.1%	14.6%	16.3%	15.0%	16.4%
Somewhat	7.1%	11.0%	10.5%	9.5%	17.2%
A great deal	8.8%	9.3%	8.1%	8.8%	15.1%
Total N	297	301	258	856	535

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Amerigroup Iowa Inc.	89.8%	7.1%	2.0%	33.5%	28.8%
UnitedHealthCare Plan Inc.	2.7%	2.4%	89.1%	29.0%	31.4%
AmeriHealth Caritas Iowa Inc.	2.0%	85.8%	1.6%	31.7%	29.9%
Unsure or Don't Know	5.4%	4.7%	7.4%	5.8%	9.9%
Total N	294	296	256	846	525

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	12.1%	16.6%	6.6%	12.0%	13.6%
No	87.9%	83.4%	93.4%	88.0%	86.4%
Total N	298	296	258	852	522

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Very easy	60.6%	55.1%	40.0%	54.6%	42.2%
Somewhat easy	30.3%	26.5%	60.0%	33.0%	31.3%
Somewhat hard	6.1%	8.2%	0.0%	6.2%	18.8%
Very hard	3.0%	10.2%	0.0%	6.2%	7.8%
Total N	33	49	15	97	64

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes, I have the same personal doctor as before enrolling in my MCO	63.6%	60.9%	69.2%	64.3%	68.4%
No, I have a different personal doctor than before enrolling in my MCO	14.5%	19.0%	12.8%	15.6%	19.4%
I did not have a personal doctor before enrolling in my MCO	21.9%	20.1%	18.0%	20.1%	12.2%
Total N	297	294	250	841	516

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	50.7%	45.2%	45.5%	47.1%	51.0%
No	49.3%	54.8%	54.5%	52.9%	49.0%
Total N	296	299	255	850	516

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	4.0%	2.2%	0.9%	2.5%	3.8%
Sometimes	10.7%	17.2%	18.1%	15.1%	11.9%
Usually	31.3%	26.9%	38.8%	32.0%	29.5%
Always	54.0%	53.7%	42.2%	50.5%	54.8%
Total N	150	134	116	400	261

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	27.1%	31.0%	30.0%	29.3%	33.4%
No	72.9%	69.0%	70.0%	70.7%	66.6%
Total N	299	297	257	853	518

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Very easy	27.2%	22.8%	13.0%	21.1%	24.0%
Somewhat easy	35.8%	37.0%	54.5%	42.1%	38.6%
Somewhat hard	21.0%	27.2%	27.3%	25.3%	29.8%
Very hard	16.0%	13.0%	5.2%	11.5%	7.6%
Total N	81	92	77	250	171

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	2.4%	7.7%	3.9%	4.7%	12.4%
No	97.6%	92.3%	96.1%	95.3%	87.6%
Total N	297	299	257	853	524

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Very easy	42.9%	63.6%	55.6%	58.0%	46.8%
Somewhat easy	57.1%	22.7%	33.3%	31.4%	24.2%
Somewhat hard	0.0%	13.6%	11.1%	10.6%	21.0%
Very hard	0.0%	0.0%	0.0%	0.0%	8.1%
Total N	7	22	9	38	62

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	41.6%	47.8%	41.5%	43.8%	45.2%
No	58.4%	52.2%	58.5%	56.2%	54.8%
Total N	298	301	258	857	526

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	14.3%	21.1%	16.2%	17.5%	18.9%
No	85.7%	78.9%	83.8%	82.5%	81.1%
Total N	119	142	105	366	227

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	5.9%	6.7%	11.8%	7.8%	16.3%
Sometimes	17.6%	23.3%	11.8%	18.8%	18.6%
Usually	17.6%	26.7%	23.5%	23.5%	30.2%
Always	58.8%	43.3%	52.9%	49.9%	34.9%
Total N	17	30	17	64	43

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	13.5%	21.6%	12.9%	16.2%	19.2%
No	86.5%	78.4%	87.1%	83.8%	80.8%
Total N	297	301	256	854	522

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	22.5%	15.4%	3.0%	14.4%	13.3%
Sometimes	12.5%	24.6%	30.3%	22.6%	15.3%
Usually	17.5%	20.0%	30.3%	21.8%	31.6%
Always	47.5%	40.0%	36.4%	41.2%	39.8%
Total N	40	65	33	138	98

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	29.6%	27.2%	21.5%	26.3%	19.0%
No	70.4%	72.8%	78.5%	73.7%	81.0%
Total N	297	301	256	854	532

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Did not look for information	40.8%	38.2%	46.9%	41.7%	46.3%
DHS Medicaid/Health Link websites	7.1%	6.0%	7.5%	6.8%	3.8%
Your MCO website	5.1%	7.0%	3.9%	5.4%	2.7%
Other website	1.0%	0.3%	0.4%	0.6%	0.8%
Written materials from Medicaid/Health Link	12.6%	9.6%	10.6%	10.9%	9.9%
Written materials from your MCO	12.2%	10.6%	7.9%	10.3%	10.3%
Phone calls to the Medicaid helpline	2.7%	4.0%	4.7%	3.8%	2.1%
Phone calls to your MCO	4.1%	7.6%	2.8%	5.0%	4.0%
Country DHS Medicaid office	1.7%	2.0%	0.8%	1.5%	1.5%
DHS caseworker	2.7%	1.3%	1.2%	1.8%	1.7%
Friends or family who use Medicaid	3.4%	5.0%	3.5%	4.0%	4.6%
Doctor or office staff	4.8%	8.3%	8.7%	7.2%	10.7%
Other (type in:)	1.7%	0.0%	1.2%	0.9%	1.7%
Total N	294	301	254	849	525

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	25.6%	11.4%	10.1%	15.8%	15.9%
No	74.4%	88.6%	89.9%	84.2%	84.1%
Total N	297	297	257	851	521

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	56.9%	44.1%	38.5%	49.8%	40.7%
No	43.1%	55.9%	61.5%	50.2%	59.3%
Total N	72	34	26	132	81

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
0 - Worst possible	1.4%	1.7%	0.4%	1.2%	1.2%
1	0.3%	0.7%	0.4%	0.5%	0.6%
2	1.0%	0.3%	1.6%	1.0%	1.9%
3	1.7%	2.7%	1.6%	2.0%	1.4%
4	3.1%	2.0%	3.2%	2.7%	2.1%
5	8.6%	11.4%	12.4%	10.8%	12.2%
6	7.2%	5.4%	7.2%	6.5%	7.4%
7	12.8%	9.4%	14.7%	12.1%	7.6%
8	19.7%	16.8%	17.1%	17.9%	14.7%
9	17.6%	16.4%	14.7%	16.3%	18.2%
10 - Best possible	26.6%	33.2%	26.7%	29.0%	32.8%
Total N	290	298	251	839	516

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Excellent	16.6%	15.0%	14.1%	15.2%	5.4%
Very Good	27.1%	27.6%	25.4%	26.8%	11.5%
Good	38.3%	37.9%	41.8%	39.2%	30.5%
Fair	13.6%	14.6%	16.8%	14.9%	37.8%
Poor	4.4%	5.0%	2.0%	3.9%	14.7%
Total N	295	301	256	852	537

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	22.2%	26.0%	24.0%	24.1%	82.3%
No	77.8%	74.0%	76.0%	75.9%	17.7%
Total N	293	300	254	847	525

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	13.7%	12.3%	10.2%	12.2%	44.1%
No	86.3%	87.7%	89.8%	87.8%	55.9%
Total N	292	300	254	846	526

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	3.7%	5.7%	1.9%	3.9%	12.1%
No	96.3%	94.3%	98.1%	96.1%	87.9%
Total N	295	299	257	851	529

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	13.4%	15.1%	16.3%	14.9%	52.7%
No	86.6%	84.9%	83.7%	85.1%	47.3%
Total N	291	298	251	840	512

80_1. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months?: Allergies or sinus problems

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	71.6%	68.4%	66.8%	69.0%	62.2%
Allergies or sinus problems	28.4%	31.6%	33.2%	31.0%	37.8%
Total N	282	285	241	808	521

80_2. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months?: Choice Arthritis, rheumatism, bone or joint problems

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	79.3%	83.0%	83.1%	81.8%	49.7%
Arthritis, rheumatism, bone or joint problems	20.7%	17.0%	16.9%	18.2%	50.3%
Total N	276	282	236	794	521

80_3. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months?: Asthma

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	86.2%	83.6%	86.1%	85.2%	74.9%
Asthma	13.8%	16.4%	13.9%	14.8%	25.1%
Total N	276	281	237	794	522

80_4. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : Back or neck problems

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	71.7%	65.6%	68.2%	68.4%	45.2%
Back or neck problems	28.3%	34.4%	31.8%	31.6%	54.8%
Total N	279	288	239	806	526

80_5. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : Bladder or bowel problems

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	92.3%	89.7%	91.5%	91.1%	79.2%
Bladder or bowel problems	7.7%	10.3%	8.5%	8.9%	20.8%
Total N	273	282	234	789	518

80_6. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : Bronchitis, emphysema, COPD, or other lung problems

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	95.9%	94.6%	93.2%	94.6%	76.7%
Bronchitis, emphysema, COPD, or other lung problems	4.1%	5.4%	6.8%	5.4%	23.3%
Total N	271	279	236	786	515

80_7. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months?: Cancer, other than skin cancer

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	99.3%	97.5%	99.1%	98.6%	96.7%
Cancer, other than skin cancer	0.7%	2.5%	0.9%	1.4%	3.3%
Total N	270	279	233	782	512

80_8. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : Dental, tooth, or mouth problems

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	77.1%	83.6%	78.3%	79.8%	74.9%
Dental, tooth, or mouth problems	22.9%	16.4%	21.7%	20.2%	25.1%
Total N	275	280	240	795	518

80_9. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : Diabetes

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	91.9%	93.6%	92.4%	92.7%	76.8%
Diabetes	8.1%	6.4%	7.6%	7.3%	23.2%
Total N	273	280	236	789	514

80_10. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : Migraine headaches

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	76.4%	73.0%	76.4%	75.1%	76.7%
Migraine headaches	23.6%	27.0%	23.6%	24.9%	23.3%
Total N	275	285	237	797	519

80_11. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? :Digestive disease or stomach problems such as recurrent indigestion, heartburn, or ulcers

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	86.9%	82.2%	85.7%	84.8%	67.3%
Digestive disease or stomach problems such as recurrent indigestion, heartburn, or ulcers	13.1%	17.8%	14.3%	15.2%	32.7%
Total N	274	281	238	793	517

80_12. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : Choice Overweight / obese

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	72.3%	68.6%	74.1%	71.5%	62.2%
Overweight / obese	27.7%	31.4%	25.9%	28.5%	37.8%
Total N	282	287	239	808	524

80_13. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : Hearing, speech, or language problems

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	97.0%	97.5%	97.0%	97.2%	84.6%
Hearing, speech, or language problems	3.0%	2.5%	3.0%	2.8%	15.4%
Total N	271	279	234	784	513

80_14. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : Heart problems

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	94.9%	96.1%	96.2%	95.7%	82.8%
Heart problems	5.1%	3.9%	3.8%	4.3%	17.2%
Total N	272	279	234	785	518

80_15. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : High blood pressure

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	89.9%	84.8%	86.9%	87.1%	64.2%
High blood pressure	10.1%	15.2%	13.1%	12.9%	35.8%
Total N	276	282	236	794	520

80_16. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : A physical disability

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	97.4%	94.3%	96.6%	96.0%	66.7%
A physical disability	2.6%	5.7%	3.4%	4.0%	33.3%
Total N	270	281	234	785	517

80_17. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? : Any other chronic physical health condition (do not include mental health)

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	87.5%	92.2%	89.5%	89.8%	86.2%
Any other chronic physical health condition (do not include mental health) Type in the box below	12.5%	7.8%	10.5%	10.2%	13.8%
Total N	273	282	238	793	521

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Every day	29.9%	25.9%	26.5%	27.4%	34.2%
Some days	10.2%	9.0%	12.8%	10.6%	11.7%
Not at all	59.9%	65.1%	60.7%	62.0%	54.2%
Total N	294	301	257	852	530

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	31.6%	30.8%	26.3%	29.7%	18.8%
Sometimes	25.6%	29.8%	24.2%	26.6%	24.2%
Usually	19.7%	10.6%	11.1%	14.0%	18.8%
Always	23.1%	28.8%	38.4%	29.8%	38.3%
Total N	117	104	99	320	240

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	67.8%	58.7%	63.6%	63.5%	48.1%
Sometimes	18.6%	21.2%	18.2%	19.3%	26.2%
Usually	5.9%	7.7%	7.1%	6.9%	12.2%
Always	7.6%	12.5%	11.1%	10.3%	13.5%
Total N	118	104	99	321	237

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	66.9%	63.5%	73.7%	67.9%	53.0%
Sometimes	18.6%	17.3%	15.2%	17.1%	21.2%
Usually	1.7%	10.6%	3.0%	5.0%	14.4%
Always	12.7%	8.7%	8.1%	9.9%	11.4%
Total N	118	104	99	321	236

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	34.5%	33.2%	29.3%	32.4%	46.0%
No	65.5%	66.8%	70.7%	67.6%	54.0%
Total N	293	301	256	850	520

86. You said you received health care 3 or more times for the same condition or problem. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	82.3%	79.8%	84.9%	82.1%	90.2%
No	17.7%	20.2%	15.1%	17.9%	9.8%
Total N	96	99	73	268	235

87_1. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? : Anxiety

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	57.4%	56.4%	57.1%	56.9%	50.0%
Anxiety	42.6%	43.6%	42.9%	43.1%	50.0%
Total N	277	291	247	815	532

87_2. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? : Depression

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	64.0%	59.7%	57.8%	60.5%	47.9%
Depression	36.0%	40.3%	42.2%	39.5%	52.1%
Total N	278	290	244	812	532

87_3. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? : Emotional problems other than depression or anxiety

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	89.1%	87.6%	86.5%	87.8%	77.2%
Emotional problems other than depression or anxiety	10.9%	12.4%	13.5%	12.2%	22.8%
Total N	274	283	237	794	518

87_4. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? : Drug or alcohol related problems

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	97.4%	97.8%	96.1%	97.2%	94.4%
Drug or alcohol related problems	2.6%	2.2%	3.9%	2.8%	5.6%
Total N	271	279	233	783	515

87_5. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? : Attention problems

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	92.3%	89.3%	87.0%	89.6%	80.1%
Attention problems	7.7%	10.7%	13.0%	10.4%	19.9%
Total N	274	281	238	793	518

87_6. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? : A learning disability

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	96.7%	93.5%	94.5%	94.9%	71.5%
A learning disability	3.3%	6.5%	5.5%	5.1%	28.5%
Total N	271	279	235	785	516

87_7. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? : Post-traumatic stress disorder (PTSD)

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	91.2%	87.5%	91.2%	89.9%	81.1%
Post-traumatic stress disorder (PTSD)	8.8%	12.5%	8.8%	10.1%	18.9%
Total N	272	281	238	791	519

87_8. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? : Bipolar disorder

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	91.6%	91.1%	89.5%	90.8%	84.5%
Bipolar disorder	8.4%	8.9%	10.5%	9.2%	15.5%
Total N	273	282	237	792	517

87_9. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? : Schizophrenia or Schizoaffective disorder

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	100.0%	98.9%	99.6%	99.5%	92.6%
Schizophrenia or Schizoaffective disorder	0.0%	1.1%	0.4%	0.5%	7.4%
Total N	270	280	234	784	517

87_10. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? : Any other chronic emotional or mental health condition

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	99.3%	98.9%	99.1%	99.1%	94.2%
Any other chronic emotional or mental health condition Type in the box below	0.7%	1.1%	0.9%	0.9%	5.8%
Total N	271	281	235	787	518

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

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Never	78.9%	74.3%	78.9%	77.3%	37.6%
Rarely	7.5%	8.3%	10.5%	8.7%	13.9%
Sometimes	7.1%	10.7%	8.2%	8.7%	24.6%
Often	2.4%	3.3%	1.2%	2.4%	10.0%
Always	4.1%	3.3%	1.2%	2.9%	13.9%
Total N	294	300	256	850	532

89. What is your age?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
18 to 24	18.4%	18.7%	22.6%	19.8%	3.9%
25 to 34	34.8%	36.0%	35.8%	35.5%	12.0%
35 to 44	31.7%	27.0%	24.1%	27.7%	12.7%
45 to 54	11.3%	13.0%	14.4%	12.8%	24.3%
55 to 64	3.8%	5.3%	3.1%	4.1%	46.5%
65 or older	0.0%	0.0%	0.0%	0.0%	0.6%
Total N	293	300	257	850	535

90. What is your gender?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Male	14.7%	15.0%	17.9%	15.8%	41.0%
Female	85.3%	84.7%	82.1%	84.1%	58.8%
Other (type in):	0.0%	0.3%	0.0%	0.1%	0.2%
Total N	293	301	257	851	536

91. What best describes your current employment status?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Employed full time	26.6%	22.9%	19.3%	23.1%	1.7%
Employed part time	21.5%	21.6%	29.9%	24.1%	6.0%
Out of work for less than 1 year	6.6%	8.0%	6.3%	7.0%	1.1%
Out of work for 1 year or more	7.3%	7.3%	6.7%	7.1%	4.9%
Homemaker	15.6%	17.9%	20.1%	17.8%	3.9%
Student	10.4%	8.0%	10.6%	9.6%	0.9%
Retired	1.0%	0.0%	0.4%	0.5%	3.8%
Unable to work	11.1%	14.3%	6.7%	10.9%	77.6%

Total N	289	301	254	844		532
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92. What is the highest grade or level of school that you have completed?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid		SSI-all MCOs
8th grade or less	2.4%	2.4%	1.9%	2.3%		7.3%
Some high school, but did not graduate	11.1%	9.1%	12.5%	10.8%		22.1%
High school graduate or GED	37.3%	37.8%	40.9%	38.6%		45.6%
Some college or 2-year degree	35.2%	39.9%	37.4%	37.5%		20.6%
4-year college graduate	9.8%	6.8%	4.3%	7.0%		3.4%
More than 4-year college degree	4.2%	4.1%	3.1%	3.8%		1.1%
Total N	287	296	257	840		535

93_1. What is your race or ethnicity? : American Indian/Alaska Native

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid		SSI-all MCOs
Unchecked	98.5%	97.5%	97.0%	97.7%		96.5%
American Indian/Alaska Native	1.5%	2.5%	3.0%	2.3%		3.5%
Total N	273	279	233	785		512

93_2. What is your race or ethnicity? : Asian

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid		SSI-all MCOs
Unchecked	94.9%	95.0%	97.4%	95.7%		99.4%
Asian	5.1%	5.0%	2.6%	4.3%		0.6%
Total N	272	280	234	786		513

93_3. What is your race or ethnicity? : Black/African American

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid		SSI-all MCOs
Unchecked	90.2%	90.7%	92.3%	91.0%		89.3%
Black/African American	9.8%	9.3%	7.7%	9.0%		10.7%
Total N	275	281	234	790		515

93_4. What is your race or ethnicity? : Hispanic/Latino

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid		SSI-all MCOs
Unchecked	93.1%	88.9%	94.0%	91.9%		98.2%
Hispanic/Latino	6.9%	11.1%	6.0%	8.1%		1.8%
Total N	274	280	234	788		512

93_5. What is your race or ethnicity? : Middle Eastern/North African

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	99.6%	99.6%	100.0%	99.7%	99.8%
Middle Eastern/North African	0.4%	0.4%	0.0%	0.3%	0.2%
Total N	270	279	232	781	512

93_6. What is your race or ethnicity? : Native Hawaiian or Other Pacific Islander

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	100.0%	99.6%	100.0%	99.9%	99.8%
Native Hawaiian or Other Pacific Islander	0.0%	0.4%	0.0%	0.1%	0.2%
Total N	270	279	233	782	512

93_7. What is your race or ethnicity? : White

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	17.4%	20.7%	12.1%	17.0%	16.1%
White	82.6%	79.3%	87.9%	83.0%	83.9%
Total N	293	299	256	848	542

93_8. What is your race or ethnicity? :

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Unchecked	99.3%	99.6%	99.6%	99.5%	98.8%
Other race or ethnicity Type in the box below	0.7%	0.4%	0.4%	0.5%	1.2%
Total N	271	279	234	784	514

94. Did someone help you complete this survey?

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Yes	6.6%	7.1%	5.4%	6.4%	27.5%
No	93.4%	92.9%	94.6%	93.6%	72.5%
Total N	288	294	257	839	527

95_1. You said someone helped you complete this survey. How did that person help you? : Read the questions to me

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Did not respond	52.6%	52.4%	50.0%	51.8%	37.2%
Read the questions to me	47.4%	47.6%	50.0%	48.2%	62.8%
Total N	19	21	14	54	145

95_2. You said someone helped you complete this survey. How did that person help you? : Wrote down the answers I gave

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Did not respond	73.7%	61.9%	71.4%	68.4%	54.5%
Wrote down the answers I gave	26.3%	38.1%	28.6%	31.6%	45.5%
Total N	19	21	14	54	145

95_3. You said someone helped you complete this survey. How did that person help you? : Answered the questions for me

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Did not respond	63.2%	66.7%	71.4%	66.7%	73.1%
Answered the questions for me	36.8%	33.3%	28.6%	33.3%	26.9%
Total N	19	21	14	54	145

95_4. You said someone helped you complete this survey. How did that person help you? : Translated the questions into my language

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Did not respond	94.7%	66.7%	85.7%	81.3%	93.1%
Translated the questions into my language	5.3%	33.3%	14.3%	18.7%	6.9%
Total N	19	21	14	54	145

95_5. You said someone helped you complete this survey. How did that person help you? : Helped in some other way

	Adult AGI	Adult ACIA	Adult UHC	Total Medicaid	SSI-all MCOs
Did not respond	84.2%	90.5%	71.4%	83.3%	94.5%
Helped in some other way Type in the box below	15.8%	9.5%	28.6%	16.7%	5.5%
Total N	19	21	14	54	145

Appendix C-1: Medicaid Child Member Comments

The final item on the Medicaid child survey was open-ended, and stated, *“Please tell us if there is anything else you like or dislike about your health plan or health coverage.”* Of the 1394 respondents who completed the survey, 366 provided comments in this section. Comments were grouped into the following categories:

- Health Plan
- Access
- Unmet Need
- Experiences Getting Care
- Chronic Illness issues and Social Determinants of Health
- Other Comments

Comments related to each topic are located under the table headers. Each row in the table indicates a comment from one individual that pertains to the topic area. It is important to note that one individual can have comments in different topic sections so summing up all of the rows will not equal to the number of individuals who provided comments (366). Comments that included identifying elements such as personal information of the respondent or names of providers of care have been redacted to ensure confidentiality and protect the privacy of the respondents. Additionally, 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.

Health Plan

Child Member Comments related to Health Plan
I dislike that I receive child support and instead of giving me options like how much that would cost me 10-20 dollars a month I didn't have a choice and have to pay 74 dollars a month taken automatically from the very little amount of support I receive. What happens if her father decides to stop paying support? Will my child be without health care because I cannot afford it?
have gotten bills in the mail that my healthcare provider should have covered, and I have to go through a lot of phone calls and paperwork to get them covered. If not taken care of, they I have ended up paying 100% of the bill that insurance should have covered 100% of. Plus her last name is Sanchez, and that typo (Sanchea) has made it difficult to get bills covered, and hard to get them to change the spelling as well.
They help most all the time but sometimes specially after 6:00 pm is hard to talk with someone for questions or help.
I am happy that they have programs like this to help families like mine.
Making more understandable and easier to read information not so complicated flyers/handouts/info. To explain in a more simple way what the insurance covers and to which locations to go to and which other places to use.
Long waits when calling about coverage issues. When calling about dental - I was given wrong info on doctors on his plan. When given current list - most were not accepting new patients.
There is nothing that I would like to say. Everything is good at this point and time.
Not knowing what is specifically covered for each type of care
dental insurance is not included

Child Member Comments related to Health Plan
Also, chiropractic and weight management need to be addressed. I find that neglecting the poor with regard to medical services costs more money than it saves. For example, if you were to offer laser surgery for eyes to patients, paying for eyeglasses each year would be unnecessary expenses.
Ryan had been in play therapy but therapist said he is doing so well, she doesn't need to see him unless that changes. Ryan has glasses to correct a "lazy" eye. The glasses frames are so fragile they break very easily. I have to pay to replace them. Before they were replaced by Medicaid. Also, the glasses are not shatter resistant. He's starting to get into sports and this is risky.
I am very satisfied with the coverage.
MCO is confusing/ I don't understand how it works/ what it is/ don't use.
I had no issues with the insurances.
Only with I was able to support and provide for my child, but due to my health I can't
So far very satisfied. Thanks.
I have had no problems at all with my child's insurance. Thank you.
My daughter was adopted at 4 1/2 from the Democratic Republic of Congo. She is a joy however has a best of issues most likely from undiagnosed brain damage. She was getting 4 days a week of speech therapy, because she has to learn the English language syllable by syllable. Her MCO cut has from 45 min 4x/week to 30 min 3x/week. All research shows children get the most progress when seen most frequently for apraxia. No matter which doctor I had call them they wouldn't increase.
Talking to a human regarding questions is not easy!
That they have a rewards program but its hard to get information on adding the funds for each participation, and appt to your card the customer service # tells you to list all appts they instead of 5-7 days they say up to 3 months. Also when emergency rides it has to be 2 days who knows
Very satisfied with his health coverage.
I hate how difficult it is to talk to the customer service agents with AmeriHealth Caritas. I almost always have to ask for a supervisor.
Personally have not had difficulties with this insurance.
Nothing. Everything is good.
Our family didn't have any problem with the United Healthcare Plan Inc. It is very helpful for us and thanks you very much for your service.
As a mother, I'm very fortunate & grateful my son has health coverage. He needs his Ritalin & Concerta everyday. And he's getting to see his psychiatrist on a regular basis.
My MCO has covered a workout expense for health at a local gym. We have enjoyed using this at the YMCA. It helps in the winter months and keeps us healthy physically and mentally. I hope we can continue to use it!
Overall very pleased.
Everything are completely very good.
Corrections in billing take months (4+) to fix. Unacceptable.
Pre authorization takes too long.
Don't understand it! All I know is it is Title 19 and they ask if its 1. United Health Care 2. Amerigroup 3. AmeriHealth. Don't know what United Healthcare is for!??
Privatization of Medicaid is a total rip-off of tax payers & people receiving Medicaid to the benefit of insurance companies & probably Brain dead's personal pocket! This was pushed through w/out enough protections of agencies or clients. There was inadequate time to prepare, lack of safeguards, and arrogance that it wouldn't matter.
I love our MCO because they are easy to understand and they have a great rewards program.
It can often be shady and (occasionally) gives me problems. Other than that its fine.

Child Member Comments related to Health Plan
I work for one the 3 MCO's so you won't get anything negative from me about my child's health plan or care. While it is a big change from "traditional" XIX - The MCO's are doing a lot of good things sadly all that is focused on are the negatives.
I dislike that they call trying to give health information as if they know my son. He has many doctors involved in his health who know him personally. They have no right trying offer advice based on algorithms.
The health plan is good
I have an older son in speech therapy & we're very grateful the state of IA & his MCO cover his speech therapy.
I did not have any issues w/my son's health coverage.
Have a good day and leave my children's insurance alone.
It's fine for now.
My plan is really nice. I really only have a plan through the state because my husband and I are both under our parents until we are 26.
I appreciate the ability to get needed medical help.
I have to get his prescriptions re pre approved every 3 months & it takes 1 full month for the process which means every 3rd prescription refill I have to pay out of pocket for.
Very pleased! I am a single mom and appreciate it. Thank you.
I honestly love the health plan I have.
Nope it seems fine for him.
I am not happy that my health plan doesn't pay for certain procedures. The paperwork the doctors have to file now seems to take longer, and is more painful for them that they seem to treat us a little differently because they know the amount of work it's going to take to handle our services. Is time consuming for them. I like the old Medicaid services much better.
He needs braces bad, and finding out now we will more than likely have to pay out of pocket, costing \$3,500 - \$4,800. Not happy about that.
I don't completely understand my health coverage.
My son has a different insurance than the rest of the family. It does make it difficult to keep track of all the different insurance papers. We cannot have the same kind according to DHS (a local) office.
I have no complaints.
All very well.
Other than that I like the coverage.
So far we have not had any problems with coverage for our children. We love how fast we are able to get appointments and like the well child reminders.
I won't know until I find out she's approved for braces she needs badly.
I have only had one problem with his healthcare and that was his medication is synthroid he can't have generic forms because he has reactions to them and his doctors are aware of that. He's been on thyroid medication since he was 1 week old. However the specialist's nurse and his insurance don't want to change synthroid so I had to change doctors and put him through a bunch of test to prove once again that he can't have generic.
No problems at this time. Have always been able to get appropriate care for him when needed.
Does not cover breast pumps when other states do.
The coverage has been good but the paperwork does get confusing. As an example, the state switched services (or something) and caused us to receive paperwork about switching and selecting a new plan. It all worked out, but the simpler the paperwork, the better. My favorite ones are the worksheets that say "If you are happy with the plan, do nothing."

Child Member Comments related to Health Plan
Extremely grateful for coverage. Only negative: all the paperwork you receive becomes confusing and seems difficult to get answers to questions at times. Have been transferred or given various telephone numbers when trying to attain answers. But (Amerigroup) MCO employees very nice
I am very grateful to have this coverage at this time when we need it. This coverage has been very helpful but also has turned out to be just as good the coverage we had with Blue Cross, Blue Shield before loosing our coverage.
The few things about this health coverage it does not coverage some medicine brands.
Everything is good coverage
Very happy with my son's doctor and health plan.
I dont like how there not enough information about coverage call the information line never can speak with a live person
It took me almost 2 yrs. to get a card a total stranger from a survey office not D.H.S. or Medicaid could get me one. She also found me a dentist who accepted the insurance.
So far it is working for everything we need.
It's fine.
We are satisfied with our coverage at this time.
I don't have any complaints about my daughter health plan coverage.
Information on vision limitations not readily available.
I have not really had to use it yet. For the minor uses my daughter has needed, I have not had any issues.
So far, so good. Very thankful for the coverage.
Mileage and meal reimbursement are extremely helpful for the out of town appointments.
We are so happy to keep our existing primary pediatric doctor for our son. He has been this doctor since birth and knows our son and his health history from newborn age. We have had to change our hospital choice-only to follow our sons pediatrician and we only use Mercy Hospital now for all his and our health needs! Thank you.
Great affordable care.
So far everything is going well. Thank you.
Too many tests and meds are denied now even when they are medically necessary. Doctors need to have more control over tests and meds.
I don't like this new Medicaid it used to have glasses, but now frames & lenses not included people don't always have money to buy frames or lenses.
I had to switch my MCO to continue my son seeing his primary Dr.
Everything is fine.
Coverage & plan are just fine. It functions as it should. It provides the means for my child's health care that she needs.
I do not like the fact that Dermatologist are not covered in my healthcare plan.
Have not had any problems.
Her health coverage is very good!!
My health coverage has never let me down. They always covered most if not all costs of any medical or therapeutic necessities either of my children have had. I'm very much grateful for all their help as well AEA's & any/all social workers who have helped me get [NAME] what he needs.
All ok.
The preauthorization for surgeries for his problems that have been on his records (medical) since he was 2 years old.
I would like to have more access to my personal child's doctor and I like going to Mercy Hospitals

Child Member Comments related to Health Plan
So far have had no problems or concerns.
I want to change my health plan to Caritas so I can take my child to her primary care doctor. I can't do it!
I like that I have easy access to information that I need.
Information for all benefits and programs my health plan approves of. Thank you.
As her doctors are in her medical plan, I have had no problems. All bills have been covered, I've never seen a bill.
I think it works pretty good for Miranda.
I think that other than that it works pretty good.
I just didn't like the changes made. Why worried about making changes to previous healthcare providers. If one has already chosen someone, there must be a reason for it.
It ok for now.
I thank God for the health plan coverage for my child.
I'm satisfied with my son's healthcare he has Asthma so his medicine is a must. With my healthcare I don't have money to make co-pays.
It's always a worry if she will get Medicaid based on our income. We can't make a lot of money because of the income guidelines. There's always inflation, but our income stays the same. We can't afford regular ins.
Boys & Girls Club benefit is great! My son uses this a lot.
The health coverage is good, I'm file with it.
more information on dental care on providers who accept Title 19
Is very good.
I love my daughter's health care plan.
I think the insurance is a good insurance to have.
Relatively neutral - what we need is covered.
Have only taken my children to the doctor a couple of times & was happy the insurance covered it. However, I don't understand if I am assigned a doctor & dentist or if I choose one myself. Unsure of how to find a dentist that would be covered. Received info in the mail but was a huge booklet of info & with 2 small children can't find time to go through all of the paperwork.
Everything seems to be just great so far!
but on the plus side love the YMCA membership.
Gov is doing Iowa a disservice by privatizing Medicaid.
I am happy with everything about our plan. We don't need it often but when we do we are taken care of. Thank you.
The people that answer for the Medicaid help line are rude. Our case worker never answers her phone and never calls back it's very rude and annoying.
It would be helpful for our family if we had better coverage for chiropractic care.
No concerns at this time.
[NAME] had a Bone Marrow Transplant done at the University of Minnesota Masonic Children's Hospital, October 2014. This past year, we went for his 2 year appointment and this was the first time we had problems with our health insurance. It was because they don't accept the MCOS. It was a DISASTER!! We first had United Healthcare, but had to switch because they wouldn't let us go to Sioux Falls, SD to the children's hospital, which is much closer and where we had already doctored. I just want a plan where my son can go to Sioux Falls check ups and then Minneapolis once a year. It is necessary and absolutely ridiculous since changing to MCOS very unhappy!
Is a big help for us. Thanks.

Child Member Comments related to Health Plan
The plan is great! My older son battled cancer so I lost my job due to him being hospitalized long. It's been great to have insurance during this hard time. Thank you!
Everything seems to be working as it should be. Thank you.
I like that UHC offers a cell phone plan and I will be working into that more as my kids get older.
I like my health plan for my family.
Nothing, all things considered, everything is going really well. Thank you.
No, everything is good.
Health plan is great haven't any issue with her Dr. or insurance.
It's fine.
This health coverage plan allows us to go to the doctors with no problem.
Can't get answers, can't get help we need on the mental health waiver.
I do like how convenient and easy it has been to apply for health coverage. And the price!! :)
I thank God for it. I'm a full time student it's nice to know if something happens he can get the care he needs.
I think over all good b/c have been able to have good primary, good psychiatrist counselor all on our plan. Never knew we could get help with transportation or other things besides just physicians like try chiropractic and acupuncture.
However, I do appreciate the help although you should charge like hawk too.
Everything is good for me and my health coverage is best for me.
We are happy with her health plan and happy that we have it for her. It helps out a lot. Thank you for all you do.
Orthopedic pre-authorizations are a pain. Especially with a child with dwarfism.
There is nothing I don't like about it. It is just perfect.
It's great! My older child battled cancer so my finances went down! Thanks.
It has been very helpful while I am unable to provide insurance for my daughter.
I like that we were able to keep all there of our regular doctors. United Healthcare Plan, Inc. has been very good to us. Thank you.
No complaints.
Nothing that I don't like but what I don't like about this Unit Health Plan is about my first child [NAME] it was almost a year without insurance but now I am glad I get one for her. Thank you so much for asking to know about my opinions.
Had a problem getting his prescriptions for his ADHD meds, but switched over to AmeriGroup and have had no problems. The plan I had trouble with was United Health.
MCO covers all of her needs. I appreciate the fact that I can take her anytime regardless if I have the money or not. I appreciate having Medicaid for her!!
Since being placed under the United Healthcare plan, we did have one issue. They sent out cards for all family members but our oldest child (16) never came. We tried requesting a new one, but regardless of it being lost in transit, they will not send a new card. We feel that is rather troublesome.
I don't like being told when my child needs to go to the doctor. We are not helpless unlike some people that are on this plan. We actually care about our children and take them to the doctor when they need it.
We are thankful to have this as an option. I am not able to work as much because of my health. So I feel blessed to have this for us. I hope and pray that we get to keep this in the future and many others do too.
Waiting at the doctor's office to see if I'm approved for the month. Also, there was a time when my health insurance kept switching back and forth and it was a struggle to get medications because of the ins. Company & health ins #'s changing all of the time.
I was skeptical when the MCOs took over but honestly, our care has been good.

Child Member Comments related to Health Plan
This year [NAME] ADHD medication he was on for 4 years became ineligible for coverage by United Healthcare. We spent 2 months and several doctor appointments to try to find a med that worked for him that would be covered.
Certain things are not covered on the MCO.
Keep up good work. Very helpful. Thanks.
Nothing, everything been good and they had helped me when I did need it.
No comments for now everything is ok for now.
I'm very happy with it.
They don't explain things very well.
I think I am good so far with everything. Thank you.
It's hard to find dentist in my area that will take my insurance so when I go or my child goes, I have to pay out of pocket when we go to dentist.
The OTC Healthy Rewards Program sucks rocks. All single mothers should receive 5 dollar gift card assistance every month until the child is 18. All single mothers with an income of \$25,000 a year or less should be considered. Please and thank you.
The plan was comprehensive, the mailed insurance handbook was the greatest help!
I seem to be having a misunderstanding about her maturity, and have asked the evaluation, not sure if it is doctor, AEA, School, or myself to set this up. Also wanted some intelligence testing. She is very smart and creative. I just want her to be the best [NAME] she can be. And want to help with that and know how to help.
The health coverage has been confusing. At times, It has "switched off" leaving us unable to get medicines, only to have to "fix itself" and turn back on that week, when I go to call about it. I have paid for at least 4 prescriptions full price because the insurance was being stupid, but we needed the meds right away. Often times, I get repeat "coverage" info in the mail waste of paper and makes it more confusing because they send multiples of the same thing!
Feel like I get the run around when trying to get coverage or find out where we need to go to be seen
I rarely use it, but when I have it's been good.
There is nothing I would change.
This health plan has been wonderful for us. We are caring for our grandson as our daughter has been unable due to poor life decisions and their consequences, so we are grateful for the help. Our grandson was diagnosed with frebile seizures when he was a little over 1 and we have received the best care from all the doctors we've had. Thank you so much for your help!!
Hard to contact the customer service.
Medicaid is our secondary or we would be in trouble! There is a reason Iowa is dead last in care. I don't see how this form will help.
Vision - dislike had to change eye Doctor & I had to pay out of pocket for my 10 yr old - had Down Syndrome & school lost her glasses & she could get covered on AmeriHealth until 2018.
I am very satisfied with my MCO and my child's Dr.
So far we have never had a problem from Medicaid or United Healthcare.
No issues.
We are offered very good coverage for our needs.
Too much money spent on mailings and having to change providers to remain covered. Loved our previous provider, but not going to grumble too much as I have been so thankful for the coverage!
The health plan is excellent. Thanks.

Child Member Comments related to Health Plan
Both my husband and I are very educated but very much needed this assistance for a short period of time. I truly believe all children should have free health care & I would help pay for that.
Certain bills don't get covered, then I have to pay for them and I do not understand why.
I neither like or dislike the health care program I am just glad my granddaughter is getting better care now than she was getting when she was with her mother. I hope at 14 months she is able to walk soon.
I'm so thankful for our insurance! I've never had any problems at all with AmeriHealth. They are so helpful and professional when I call for information or have questions. They seem to be focused on health choices, promoting benefits for entire family.
I love the healthcare plan.
My son needs braces and has been denied 2x. They want over \$5,000 to get braces. We can't afford that. We're living off of my social security disability right now.
Don't remember a name but a very nice lady called me and asked if there was anything we needed help with and if so to call them/her anytime very comforting to know she cared and I had options.
Prescription non generic coverage should better a lot better.
I didn't like being told I needed to switch doctors even though I signed up with our doctor as soon as I learned it was necessary. We got it corrected but because my hours at work are intense and during office hours, it was difficult.
Switching plan in April.
Have not had any problems with it so far.
I like the health coverage. Thank you.
I don't like having to have pre approval to see a good dentist for my child or having to drive over an hour to get to a dentist who will take the insurance.
1) They won't answer any question by phone you have to make an appointment. Runs up medical cost. 2) You have to go to family doctor to be sent to another doctor for specialist dental to go to a surgeon for tooth removal your dentist has to refer you. 3) When we were to pick the MCO we weren't given any information on what each covered. Picking one was blind sided so they picked for us. 4) We have 2 different MCO in one family. Each family should have the same one.
We are fortunate to have coverage and appreciate. It would be very difficult financially without it.
I dislike that Amerigroup won't cover my child's care at the moment because they say she has primary ins. Through her birth dad who has no rights to her & won't accept the adoption paperwork to close Tricare since birth dad refuses to.
I am very relieved that I can get health care for my granddaughter. Thank you.
I like that if there is a change I get a letter in mail letting me know.
Everything's good so far.
I just want to say "Thank You" for your help, support, for my son.
I wish my child's primary care giver would transfer when the Medicaid is renewed. I have to call each year to update. The personal doctor AmeriGroup assigned to my son is never his primary doctor and someone we have never heard of.
I think the plan is fairly decent. Have not had any problems with it since being on it.
The health plan and coverage is fine. It just takes forever to get a hold of people when you call!
They no longer cover my glasses so an eye exam is a waste of time because I can't get glasses and they don't cover many prescriptions.
Everything is going well with this health plan, nothing to complain about.
One concern I have is when you call in you must be persistent to get help. I fill it could be complicated to get assistance if you get easily frustrated & do not follow-up.

Child Member Comments related to Health Plan
I appreciate all of the stress that this health plan has relieved from my family. Without it we would have serious trouble trying to get private insurance and paying our bills at the same time.
Very happy with health plan and customer service has been very knowledgeable.
I am about midway with the insurance, I like and dislike it. I like that my children can get free health care since I can not afford it.
I think there should be a better Rx plan there are a lot of meds that my son was on that needed authorization and was not approved. I don't like Amerigroup we'll be change to America Health in April.
We have no complaints we are very grateful to have her covered and so far this has been a blessing to her and our family.
I am extremely unfamiliar with it. Like I said I didn't even know it switched. I have no idea what our insurance covers or if we have to go threw a different provider. And will we be covered if we happen to travel outside of the state? We also don't have insurance cards. We need some!
The Medicare plan has worked great and I have had no problems getting my son to doctor or specialists. He has Cerebral Palsy and was diagnosed at birth and has had to see specialists for his legs. Medicaid has been a big help with getting him treated.
We are retired & guardians of our now 5 year old greatgrandchild. Soc Sec doesn't take care of her needs. We have had her most of her life so this is her home. But while she was rejected by her parents she did play therapy and did 2 sessions of dinosaur school dealing with feelings. Without Medicaid we could not have had these extras. She is above her peers in being able to deal with things.
Our health plan has been great. We have never had any problems.
We are extremely happy with our doctor and our healthcare plan!
Of all the MCO's, United Health is the easiest to work with. As a case manager & mother with children on this program I see the pro's & cons of all. However, I will say UHC has been very good to us.
I need to know where to go for a doctor so my son can be seen for ADHD please send me thing and places so I can find out what is wrong with my son. Thank you.
We love Medicaid!!!
We now have to pay a copay for his pull ups eve though children aren't supposed to have copays.
We travel out of state. I wish we could see doctors there for normal care.
We were supposed to be contacted by Heartland to do a speech & behavioral health assessment and No-One ever made contact with us.
Wonderful!
You need prior authorization for crutches. This was not made aware to [Pharmacy] or myself at that time.
This is secondary insurance, primary is Blue Cross.
My daughter has medical insurance through my job, that Title 19 is horrible.
Right now have BC/BS as primary through husbands work with [County]. And we are satisfied with that. It is not cheap however. It keeps getting more expensive all the time.
We didn't really use this healthcare as it was a secondary so I rated it in the middle. Thank you.
I don't know much about it as it is his secondary insurance. But I know it wouldn't let me pick his primary physician that he has been with since birth and I refuse to see anyone else.
Medicaid is our secondary insurance. Main thing that is difficult is getting into a NEW doctor. But haven't even tried for over 5 years.
I was not aware that he was still getting Medicaid benefits as we do not use them. He has full coverage under private insurance. Thanks!
We have personal insurance through my husband's work that covers our personal doctor. The MCO won't pay her a fair reimbursement rate so we don't bother using it.
Coverage for medical was through Blue Cross. Medicaid was needed primarily for dental.

Child Member Comments related to Health Plan
When I was pregnant with our child I received phone calls about how to care for myself. I think it would be nice to receive a phone call about how is care for my children or what to expect just because it reminds you and keeps you on track or helps you feel better like you are doing things right or if you're not how to get help.
The worst part of this insurance is there is NO cost-no monthly - or doctor visit co-pay. A co-pay would help people not abuse it.
Just moved to Iowa a year ago so we haven't had a chance to use its services that much.

Limitations in Access to Care

Child Member Comments related to Access
I dislike the fact that hardly, if any eye doctor's accept this type of insurance, and those that do have a min of 3 months waiting period.
The medicine my daughter was prescribed was no longer available, she had to be given a higher dose amount and then could only administer half the new script. It was highly inconvenient.
Finding a dental provider that fits our family is challenging.
almost impossible to get things approved and takes forever.
I am upset that where we go to the doctor may not continue to accept our insurance.
Need help finding good dental care?
My child may need braces for her teeth but have a problem w/health clinics to except our health care insurance or the health care plan may think it unnecessary for braces.
Not knowing GOOD DENTISTS that take new patients with this health care coverage. You should keep track of Dentist that are accepting new patients. Having to drive 2 to 3 hours for Dental care is DUMB. People will just not go.
Every professional we have seen recommends ABA therapy but there is only ONE agency in Iowa that our insurance covers and we live too far away to receive it. So the therapy that my children NEED is not available to them.
Dental plan is only accepted by 1 local office and you can't get into his office he's booked
Mental health waiver takes too long to go through.
I received a letter that Mercy Health Network contract is up on 7/1/17 with AmeriHealth Caritas. I don't want to change any of my daughter's Healthcare Providers at Mercy. I will take immediate action with different health insurance to keep my daughter's Mercy doctors if contract doesn't renew.
No major concerns except very difficult when limited income and need to make up to 3 trips to appointments 3 hours away.
I don't like having to have pre approval to see a good dentist for my child or having to drive over an hour to get to a dentist who will take the insurance.
Dislike that my children's doctors don't accept the plan that we are on. So may have to switch plans.
[NAME] had a Bone Marrow Transplant done at the [HOSPITAL NAME], October 2014. This past year, we went for his 2 year appointment and this was the first time we had problems with our health insurance. It was because they don't accept the MCOS. It was a DISASTER!! We first had United Healthcare, but had to switch because they wouldn't let us go to Sioux Falls, SD to the children's hospital, which is much closer and where we had already doctored. I just want a plan where my son can go to Sioux Falls check ups and then Minneapolis once a year. It is necessary and absolutely ridiculous since changing to MCOS very unhappy!
more information on dental care on providers who accept Title 19
But no dentist, so far, where we live we'll except our insurance.

Child Member Comments related to Access
Dental appointments are real hard to find for my children they keep saying they are not taking anymore Title 19 patients? Really my daughter's face was swollen! So they sent us to the ER!! Really!? They told us to give her Motrin and Tylenol no pain meds cause of the drug addicts out here!! Really.
My eye doctor is not covered under this plan.
Sometimes it takes a long time to OK a appointment even though I have a medical card they have to call and OK it. It seem we have to wait on the phone for ever!
Mental health counselors are often booked so fully that it is difficult to get an appointment less than ten days out. Need more mental health counselors!
I don't like that my children are unable to go to a new doctor/dentist because NO ONE is accepting new Title 19 patients. Which I assume is because they are not being compensated (\$) fairly. It would be nice to have choices who my children are being treated by.
No dental insurance or office walk in take our insurance.
I dislike that when my daughter went in for routine vaccines that she had to wait because the Medicaid approved one wasn't in yet even though they technically had the vaccine she needed on hand. We had to wait a month for the right Medicaid approved brand came in.
Too much money spent on mailings and having to change providers to remain covered. Loved our previous provider, but not going to grumble too much as I have been so thankful for the coverage!
No where in my area will take my children for dental care.
I wish MCO was accepted by all medical providers.
I also hate that we no longer have an ENT because they don't take our MCO. Had things been left alone my child would still have regular hearing tests.
I wish we had more dentist who accepted the insurance in town.
The orthopedist he saw in the past in Des Moines does not take his insurance. Even though we had an appointment scheduled-they did not contact me to tell me they cancelled his appointment due to his insurance. I did not know his insurance all of a sudden was not taken by the doctor-No information ever given that they no longer accepted United Healthcare!
We have not had any problems except this child needs a crown on his front tooth that has not been approved.
Don't use transportation services anymore to go to Dr. 4 hours away as I will not subject my child to a public bus when I can drive him!
We had to change to a different eye doctor because ours doesn't take our insurance.
When found - there was up to 3 month wait for dental appts.
MCO/Amerigroup: Hard to find openings for therapy for family or place that takes MCO. Hard to find dentist for myself, [NAME].
Having to travel 2 hrs to see specialty physicians who do not travel to our area once a month within the Avera Health System.
It would be considerably easier to get dental care if more dentist accepted state covered insurance. Also, more dental coverage would help with the dental health of both children and adults. Thanks!
It would be nice if all doctor offices took this health plan! Instead of having to travel 2 1/2 hours from home to go see doctor.
As of Feb 1st 2017 my daughters prescription medication that she's been on for years went to being only approved in 15 day supplies. This is a scheduled med for ADD therefor requires a hard copy prescription. This is very inconvenient.
It would be great if the health plan was more widely accepted by all physicians.
I have to get his prescriptions re pre approved every 3 months & it takes 1 full month for the process which means every 3rd prescription refill I have to pay out of pocket for.

Child Member Comments related to Access
It would be a lot easier for everyone if there was a orthodontist and dentist for that matter closer to us that took this insurance because of the distance and all the trips it causes children to miss a lot of school. I believe that is why most people do not even put the time and effort into taking the child to get the children's dental and ortho needs addressed. Thank you!
The possibility of losing Mercy as a provider. [NAME] currently goes to [CLINIC] for occupational therapy & has been for 4 years. To have to start with someone new would set her back in progress.
Issue with something on the gum & must travel to Iowa City for appointments & surgery. Does not seem to many dentists like to do Medicaid patient.
Hard to find Doctor that takes new patients!!
A lot of dental places refuse to accept my plan.
My only complaint regarding our healthcare through medic aide is that when my daughter broke her arm (she broke both bones in her forearm), she had to wait 2 days for it to be treated because we couldn't find a facility that accepted Medicaid. It was only after my daughter's pediatrician "pulled strings" and made phone calls that she was able to be treated.
I had trouble getting medicine for my son when he had the flu. The insurance would not cover what he needed. It took extra time to get a replacement.
The most difficulty I have had in the last 6 mo with this childcare has been to find a maxillofacial dentist to evaluate him for wisdom teeth extraction, who accepts Medicaid and who is well thought of by his regular dentist.
Not many options for dentists with Medicaid. Looking into adding him onto another dental plan so I can take him to the dental provider I want (they don't accept Medicaid). Currently, Mercy and AmeriHealth Caritas are figuring out if they will continue to contract together or not. Come June I'll learn if I'll need to switch MCO as I love his doctor that I want to keep with his doctor.
There is no mental health place in case of emergency for a child to go. When we need it there were no beds available.
It's really hard to find a dentist
I wish that more dentist were in the program and if they are I can't seem to find one with any openings.
The preauthorization for surgeries for his problems that have been on his records (medical) since he was 2 years old.
Very dissatisfied with the wait time for the special needs waiver. I will never be able to work full time to further my career & get a promotion unless I can obtain childcare! HUGE BARRIER & I'm an overwhelmed single parent of a special needs child & I work 20 hours per week. Testing & prescriptions have been hard to obtain! He needs more than what standardly covered.
It should have been expanded. Availability of mental health care in Iowa is deplorable! Not enough beds, quality treatment.
I wish there were more dentist to chose from instead of very limited dentist.
It's hard to find dentist in my area that will take my insurance so when I go or my child goes, I have to pay out of pocket when we go to dentist.
We live in a small town and it only has 1 dentist. [DENTAL CLINIC] does not take our MCO, so I have to take the kids at least 45 minutes away to go to the dentist. Also not enough dentist take Medicaid.
I need to know where to go for a doctor so my son can be seen for ADHD please send me thing and places so I can find out what is wrong with my son. Thank you.
I just don't like that a lot of dental offices won't take their insurance because I want to switch their dentist but don't feel I have any options.
The only problem that I have had is trying to find a dentist that takes Medicaid.
United Healthcare is not accepted by a lot of specialist. We have not had to use any but if we needed to it would be more difficult.

Child Member Comments related to Access
We need an after hours clinic besides an Emergency room.
I am not happy that my health plan doesn't pay for certain procedures. The paperwork the doctors have to file now seems to take longer, and is more painful for them that they seem to treat us a little differently because they know the amount of work it's going to take to handle our services. Is time consuming for them. I like the old Medicaid services much better.
It would be nice if my child was able to get MRI, X-rays or whatever he needs without waiting on prior authorization. Sometimes we have to wait a full days or two.
When we were in Sioux City everything was wonderful all doctors and dentists were always available with United Healthcare. In May we moved to Durango and it took 3 months to get a doctor because no one near us would take state insurance because "they don't pay" They would make the appointment until they found out what insurance we had then tell me that they don't take that insurance, I now have to drive 50 mins to Manchester and to Waterloo for my sons braces. We had to go to the ER for anything we needed in those first 3 months or drive the 5 hrs back to Sioux City.
When call the phone # for someone in our network for braces the #'s they gave me don't even accept the insurance. Need more orthodontist that take AmeriHealth.
just the dental plan sucks. Hardly no one accepts the dental plan in our area most dentist are private.
She has hearing aids and no one is accepting the insurance anymore and I can't get her in audiologist to get her aids fixed/ new ones cause no one is accepting the insurance anymore. Need new updated numbers of clinic some that are accepting this insurance so we can get her hearing aids up to date and working properly.
I have only had one problem with his healthcare and that was his medication is synthroid he can't have generic forms because he has reactions to them and his doctors are aware of that. He's been on thyroid medication since he was 1 week old. However the specialist's nurse and his insurance don't want to change synthroid so I had to change doctors and put him through a bunch of test to prove once again that he can't have generic.
We are rural & have excellent doctors, but not enough to meet needs of patients.
My only issue is with finding a dentist that takes title 19. I had one who said they couldn't take anymore title 19 patients, so I am currently looking to drive further to find another one.
Some medications take a long time to process.
Recently received letter saying our doctor may no longer be a member. We love our current doc and will be extremely upset if we have to change health care providers.

Unmet Need

Child Member Comments related to Unmet Need
Needs dental work but denied.
My son needs braces and has been denied 2x. They want over \$5,000 to get braces. We can't afford that. We're living off of my social security disability right now.
Wouldn't pay for skin medication.
For the most part it's ok, but it did not cover her braces for her teeth. It's really hard to make payments for that.
The only issue I've come across is that insurance won't cover polycarbonate lenses for children over age 8, and my son has such a strong prescription that glass lenses would be so heavy they would fall off his face. Otherwise no issues for his coverage!
Her siblings have serious mental health needs and there is NO help. Very sad.
I my child needs a med it's not always available because it's not covered!

Child Member Comments related to Unmet Need
I would like to be able to receive respite care for him. As well as would like to get [NAME] involved in Courage League of Iowa for physical activities that he is able to participate in.
My son was refused behavior therapy by insurance. When he has Down Syndrome! But he is okay to take occupational, physical & speech therapy. We see a lot of specialty Drs
I really don't have any complaints other than vision coverage. My son is extremely hard on his glasses and was due for new lenses and frames at his last appt/exam. Got the new glasses and broke them within a week. I took them in to see if they could be repaired/replaced and I was told no. "Only 1 pair per 2 years is what he is covered for." So now he wears his old prescription until I can afford new frames.
Would like to have "family counseling" where all family members can attend.
I wish they accept all medication that doctor feels is best.
Can't get answers, can't get help we need on the mental health waiver.
Hard to get dental braces.
It would be considerably easier to get dental care if more dentist accepted state covered insurance. Also, more dental coverage would help with the dental health of both children and adults. Thanks!
Too many tests and meds are denied now even when they are medically necessary. Doctors need to have more control over tests and meds.
The plan should be more inclusive of dental and vision.
Only one issue insurance wouldn't cover her monthly prescription when it was re-prescribed due to being gone because it hadn't been 31 days since last fill.
I don't like this new Medicaid it used to have glasses, but now frames & lenses not included people don't always have money to buy frames or lenses.
I do not like the health plan because it excludes my son's growth hormone medication. How can they say his medication is not necessary to live. He's been through cancer treatment since he's been 8 yrs. old and been through more than anyone should endure and they claim his growth medication isn't necessary! \$80/daily! He's a foot shorter than his classmates! 15 & only 4' 11"! And didn't cover braces or eye exams!
Vision - dislike had to change eye Doctor & I had to pay out of pocket for my 10 yr old - had Down Syndrome & school lost her glasses & she could get covered on AmeriHealth until 2018.
It's hard to find dentist in my area that will take my insurance so when I go or my child goes, I have to pay out of pocket when we go to dentist.
She has hearing aids and no one is accepting the insurance anymore and I can't get her in audiologist to get her aids fixed/ new ones cause no one is accepting the insurance anymore. Need new updated numbers of clinic some that are accepting this insurance so we can get her hearing aids up to date and working properly.
More coverage to see a psychiatrist from trauma through an 8 year custody legal case.
but sometime Medicaid doesn't cover for prescription at Walgreen pharmacy store?
& the eyeglass frames provided through insurance are outdated and don't offer more current frame styles.
Adult dental plan lacks major plans of care like root canals. Need previous visits etc..
Mental health care is hard to get thru.
I think my vision part of the MCO sucks it covers very little. I think just the exam no breakage or glare protection not even contacts
They no longer cover my glasses so an eye exam is a waste of time because I can't get glasses and they don't cover many prescriptions.
My daughter needs braces and we cannot get help cause we are 3 damn points off. Who are you to say my daughter isn't qualified, you haven't even received a note from her ear specialist that also says she needs braces.
It is very difficult to get her to eat what she needs and have been unable to get the insurance to approve coverage for her Peditasure which helps me get her the added nutrition she needs.

Child Member Comments related to Unmet Need
We need better dental coverage.
When your child needs Pediasure shakes for growth. He has an eating disorder. Therapy is helping with getting him to eat I'm helping & school. He eat not enough to grow right. His shakes helped him to gain the weight he needed, then the insurance took all shakes away. I am very worried about my grandson. He has pica and other disorders too.

Experiences Getting Care

Child Member Comments related to Experiences Getting Care
We are so happy to keep our existing primary pediatric doctor for our son. He has been this doctor since birth and knows our son and his health history from newborn age. We have had to change our hospital choice-only to follow our sons pediatrician and we only use Mercy Hospital now for all his and our health needs! Thank you.
We love how fast we are able to get appointments and like the well child reminders.
only with the local convenient care was more efficient. We had an emergency and was not able to get in in a timely manner.
I don't wait for preauthorization & Dr. is kind enough to all me to make payments until it comes through.
I choose my healthcare plan only because our family physician was accepting this plan at her clinic. She provides excellent care to our entire family.
When found - there was up to 3 month wait for dental appts.
1) They won't answer any question by phone you have to make an appointment. Runs up medical cost. 2) You have to go to family doctor to be sent to another doctor for specialist dental to go to a surgeon for tooth removal your dentist has to refer you.
We are extremely happy with our doctor and our healthcare plan!
My doctors/daughter's pediatrician is amazing. All care she has received in Iowa City has been the best
I feel since we have the medical card we get treated differently by doctors and others. The ones with better insurance get called back first. If you are already in the room their testing and stuff come first.
Travel so much for this service but the problem with Dr. How they use it? To get much money and don't see this payment after my child done his visit. That'll mean Dr. tool money and advantage from health plan. Advise: 1) For all medical staff training to improve customer service skills. 2) Be patient with kids and communicate with them nicely. 3) Give time to follow up and communicate with their parents. Example: I requested dental appt. no one let me know about the date. It was so urgent!! (I took him to ER) 1) Great customer service. 2) Make child comfortable if he scared and provided toys to forget his pain. 4) Smile to patients and respect him because he's Doctor not means the patient nothing or uneducated.
Phone trees at [CLINIC] should be abolished. The clinics should make their own appts. Yelling at people for not saying the exact right words for "emergent" need didn't happen before phone tree we know them, they knew us.
I am pretty satisfied with my healthcare. We love our clinics and our doctor and her nurse. They always take the time to make us feel comfortable. They are very friendly.
My child's pediatrician is amazing!
The orthopedist he saw in the past in Des Moines does not take his insurance. Even though we had an appointment scheduled-they did not contact me to tell me they cancelled his appointment due to his insurance. I did not know his insurance all of a sudden was not taken by the doctor-No information ever given that they no longer accepted United Healthcare!
I really like to coordinator, IDHP program mgr. [NAMES]

Child Member Comments related to Experiences Getting Care
Love the doctor & health prog for [NAME] @ [CLINIC]. The one visit for specialist at UTHC was amazing.
Despite her therapist being listed as a provider, the receptionist repeatedly turned us away, saying they weren't a provider. I had to get a representative from UHC to call them & force them to honor their contract. Getting mental health care is a nightmare.
We like our providers because they know how they can take care for our children every time we explain to them. Thanks
very unhappy with our medicare provider.
He has always had good care from the [CLINIC]
Love our Dr. Not so fond of dentist.
But in a way I don't because there are places you can go to be seen. And because you have a certain kind of insurance they don't seem to put as much effort into stuff as they normally would. My two year old daughter at the time had 4 teeth pulled because her dentist said that's what she needed. Later I found out from other dentist that it was something that could have been fixed months prior when I had originally asked. It can be disappointing at times.
Individuals with medicade receive less care than people with private insurance. We are often denied office visits, counseling by medical professionals, and referrals so those with private insurance can fill the spots.
Very happy with my son's doctor and health plan.
Mental health counselors are often booked so fully that it is difficult to get an appointment less than ten days out. Need more mental health counselors!
I am very satisfied with my MCO and my child's Dr.
I do know that reimbursement to the clinic and hospital isn't the best it could be, but our providers have never denied us care and treat us very well.
I feel I get treated different because of my health plan.
Dental coverage is a huge problem. I was able to get her orthodontist care which is great, however her dentist since she was 4 has severe health problems & has been unable to keep appts. This of course is not his fault and he is a wonderful dentist but finding a replacement has been hugely inconvenient & difficult.
I love her doctor and hope it never changes.
We all love our doctor she is great.

Chronic Illness issues and Social Determinants of Health (SDH)

Child Member Comments related to Chronic Illness and SDH
My son needs braces and has been denied 2x. They want over \$5,000 to get braces. We can't afford that. We're living off of my social security disability right now.
My daughter has developmental delays and struggles in school. She also has an oral Aversion that affects her eating.
My 13 yr. old is on disability because he has a low (IQ) and he was diagnosed with mild mental retardation and ADHD. But I choose not to give medicine for ADHD because I do not like the side effects.
When your child needs Pediasure shakes for growth. He has an eating disorder. Therapy is helping with getting him to eat I'm helping & school. He eat not enough to grow right. His shakes helped him to gain the weight he needed, then the insurance took all shakes away. I am very worried about my grandson. He has pica and other disorders too.
My son has bardet-beidel syndrome it causes many problems. So far he has micro penis, hydrophrinosis, polydactyly, arachnoid cyst, glaucoma, obesity, swallowing deficiency, orthotic shows for his ankles, hypogonadism, mental delays, and more.

Child Member Comments related to Chronic Illness and SDH
[NAME] was born with congenital cataracts.
It's always a worry if she will get Medicaid based on our income. We can't make a lot of money because of the income guidelines. There's always inflation, but our income stays the same. We can't afford regular ins.
[NAME] needs changed to help his charge syndrome he has a lot of outburst where his grandmother has injuries (have to go to ER) & throws things all over the house. I ask for help & none there [NAME] from [CLINIC] helps a lot, she is a consultant to help talk to [NAME]
[NAME] mother was murdered by his father then he killed himself. I'm [NAME] was 3 1/2 at the time. He's doing well. Thank you.
[NAME] is a very well adjusted little boy just has an issue with controlling his anger.
Child has been diagnosed with ADHD since the age of 6.
Wish medical assistance was available for longer & income guidelines were better. Once I am kicked off I will be struggling to pay for our health insurance plus all other bills as a single mom; especially if she ends up needing more medical attention for her issues.
No major concerns except very difficult when limited income and need to make up to 3 trips to appointments 3 hours away.
My child has only needed to visit the doc office for her physicals. She had at the beginning of the year. They diagnosed her with "Social Anxiety Disorder" The doc for that counseling her hours would take her out of school so I discontinued those extra services.
I think that I should be able to receive health care help with my child and myself. I barely go to the doc but my deductible is huge so I pay & have a full time job and can't afford bills.
My daughter has nonverbal autism with sensory processing disorder and an intellectual disability.
I will like to take my kids to the GYM I have 2 autistic kids 1 is extremely hyper active and my daughter has depression and both have to be doing something..
[NAME] was diagnosed with Autism at age 2. Would like assistance in getting him a therapy dog for safety.
She seems ok in health, we don't go to doctors much except well-child checks and emergencies. We are working with school on behavioral.
His health is overall good. But his ADHD, Learning & Behavioral limits him in school. Due to his bad attitudes with authority & teachers.

Other Comments

Child Member Other Comments
My son was born at 27 weeks and 3 days. He is a beautiful genius! He gets sick a bit more than other kids & is a bit smaller but he is amazing and mentally I think he is right with or better than kids his age. Thank you.
I confused a little with this questionnaire, my son [NAME] of newborn operated there and my experience there was good except by the social workers I did not like and now my son is big and healthy and my other son [NAME] recently operated it has 4 years and is in recovery and treatment all well with all very professional and good and I will come back. Thanks.
I did not include chiropractic care in any of my responses. We don't have one particular medical (clinic) provider. We see whomever is available at our clinic.
We worked on [NAME] health all the time.
Thank you!
Since this survey is only for the last 6 months and my child has not needed much medical care during that time, I find it difficult to assess her MCO. In her first 1 1/2 yrs. of life, she did require many more services, specialists and monitoring and I'm not sure how easy it would have been to access the care she needed had she been on this MCO.

Child Member Other Comments
He wears glasses. Goes to eye doctor every 2 yrs. Hates going to dentist and refuses to go.
Many of the questions I didn't answer because I didn't understand them.
I dislike you asked question about me, I'm not the one you ask a 100 question about my gender, age or if I completed school is not your concern.
None. Thank you!
I hope my participation has helped. Thank you!
No
This form helped me to know about healthcare.
I dislike this survey. I was very confused throughout it. I feel the last page should be the first page. Some of the questions were confusing and I did not understand.
Nothing that I don't like but what I don't like about this Unit Health Plan is about my first child [NAME] it was almost a year without insurance but now I am glad I get one for her. Thank you so much for asking to know about my opinions.
Very hyper, sleeps very little. Always on the go.
I do it by myself.
Nothing right now.
I don't have anything else, all I just want to say is thank you for your kindness, and God bless you all.
this survey is confusing Answered the best i could with the options available
Our whole family has AmeriGroup. We have had no issues with the child this survey was addressed to, but have had issues with our 9 yo who has mental health needs and medication. Also had issues with pre approval for my husband and I for different things.
Thank you for the \$2 bill my daughter thought it was so cool. She had never seen one in real life she said. Have a good day.
Nothing that I can think of.
Please send next survey in Spanish!
nothing else to discuss.
Their nothing else just will like to inform my address.
My son.
Thank you for the \$2.00.
I read the questions and have answered them for her and our 17 month old son. I do not receive Medicaid they both do.
I just want to say "Thank You" for your help, support, for my son.
Answers to 9ba, 9bq are solely in relation to puberty and common middle school transitions.
Thank you for the chance at a \$25.00 Walmart card or \$25.00 card for what you listed. Blessings. If you have any questions email: saz314@yahoo.com
Thank you!
I work with the insurance on the provider end. It would be interesting to ask the providers about their satisfaction level. I'm sure the response would not be as positive.
I am not speak English but I ask my friend to help out. I am answering my best to the question. I have a new phone number if you would like to communicate here is my phone number [NUMBER]
I don't like a hundred questions to fill out.
9th grade
Thanks for caring so much about my child. I am sorry for running late to complete this survey. I wish it were a bit shorter, though I do understanding your goal to make it as inclusive as possible. Thanks.

Child Member Other Comments
Thanks. Have a Blessed day.
Dr. [NAME] @ [CLINIC] is [CHILD NAME] primary doctor. [NAME] is his primary allergist.
I just want to make a note my son was born 4 months early. I based the answers to these questions on the date we brought him home, Dec. 28th 2016 to present. Thanks!
Not any at the moment.
Not at this time.
Hope this wasn't too late.
Thank you!
Just seems confusing.
I dislike the questions and surveys.
Maybe with this survey you should distinguish the child's age before answering the questions. Some don't apply but I still answered them to the best of my knowledge.
#42 her doctor is at [HSOPITAL] so if that office had been open I suspect we would have been served just fine kid needed MRI for possible head injury. #96a-q she is a teenager so many of the questions could happen at anytime. I see nothing that gives me worry about her state of mind though.
[NAME] is 10 months old. Some of these questions did not pertain to him at all. However, he is a healthy thriving boy. He is active and ahead in many areas of development but slow in other minor areas.
Thanks for allowing me to complete a survey to better help you all.

Appendix C-2: Medicaid Adult Member Comments

The final item on the Medicaid adult survey was open-ended, and stated, *“Please tell us if there is anything else you like or dislike about your health plan or health coverage.”* Of the 1412 respondents who completed the survey, 380 provided comments in this section. Comments were grouped into the following categories:

- Health Plan
- Access
- Chronic Illness issues and Social Determinants of Health
- Experiences Getting Care
- Unmet Need
- Other Comments

Comments related to each topic are located under the table headers. Each row in the table indicates a comment from one individual that pertains to the topic area. It is important to note that one individual can have comments in different topic sections so summing up all of the rows will not equal to the number of individuals who provided comments (380). Comments that included identifying elements such as personal information of the respondent or names of providers of care have been redacted to ensure confidentiality and protect the privacy of the respondents. Additionally, 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.

Health Plan

Adult Member Comments related to Health Plan
Something that I dislike about my MCO is that they called me at the beginning of coverage and told me they were not going to cover any of my doctors or case managers, like my impact team who are all based at University of Iowa Hospital. And the woman put me on hold, and then a minute or two later came back and said, I spoke with your doctor and she said she is not going to accept us for payment. Of course this frightened and upset me. And then I realized that there is no way she spoke with my doctor, because you always have to leave a message for her nurse, no one answers the phone there, and then I spoke to my psychiatrist, who said there is no way the U of IA Hospital would not accept all 3 MCOs. And how sorry she was that I got scared that I would lose all of my care.
I like my health plan
I dislike the fact that because of my insurance, I am not considered for treatments that are afforded to those without money.
At first I didn't have my primary doctor with the new plan, but it was very easy to call and have it changed. Thank you.
I like my health coverage. I can't think of any changes.
Just if there are ways you can have help with getting back and forth to doctor.
I have nothing to say about it I love my health plan, no complaint.

Adult Member Comments related to Health Plan
Providers don't tell you there is a copay, then you get a bill in mail months later for over 300.00. I'm not paying this (these) bills. At times I have to call doctor to get new auth only to find out that I have to go see doctor for same problem over and over again now how many times do you all want to pay for the same office call?
The only good thing I can say about it is that if you need it you can get transportation to go to the doctor or the pharmacy. Plus if you have a way to get to these various things you can get mileage
So far very pleased with my health plan.
Hey. I really like my health plan, and I'm a wake person for my health. I'm happy for it.
My health plan offers a free one year gym membership. Love it.
Provide counseling without having to fill out forms for some sort of waiver thru Title 19. Very confusing. Still haven't found a way to get approved for services even with the advice of my doctor?
I spent about 8 years with no health care coverage which led to some of my health problems I have now. I'm very thankful to have coverage and help with some of my issues. The coverage has been great
It's a very nice coverage to have.
i have had no complaints for the services rendered or information given by my health mmcp. anytime I needed information or assistance in a certain area they were always very knowledgeable and forthcoming with basic information as well offering other assistance within there abilities!!
It's all good right now.
What does not make sense to me is how they can be for profit without affecting care the patients received. I am worried about if I do need ER care.
Too expensive. Meds are too costly.
. Otherwise all is great!
It is difficult to get medications that were once affordable (generic) and have now sky rocketed to where it's not even affordable to pay for out of pocket. For example Clindamycin was \$10 and insurance paid. It is now (generic) \$90 and insurance won't pay or needs pre-auth which we usually don't get!
Our coverage is great for our situation,
I go to a chiropractor on a regular basis but AmeriGroup will not pay for it. It is a great help for my mobility and pain level. Staying aligned makes a big difference.
And I hate how they always send paperwork in the mail every time a service was provided and paid for.
Waiting 1 year to finish foot fungus treatment. Mayo Clinic is not covered under my plan.
I dislike that I can't transport my son with me if I need to use transportation from my health plan.
Other than that, the doctors I have been to and the coverage I have, I am very happy with and I have received wonderful care from my providers. Thank you!
Health plan is okay. It takes care of my husband Chris, Chloe our daughter and myself. No complaints. My husband would like to do these surveys also.
I use my insurance to pay for a ride to and from my specialist. I like taking the bus better than the cab with the cab I feel obligated to give a tip with the bus I do not.
I need some test done and they won't cover the blood test that need done.
I really haven't had any problems with my plan for my kids or I.
Not satisfied with MCO or insurance pushed on.
I'm a disabled Veteran so I use the VA for most of my medical care. But if there comes a point that the VA can't provide care I will use medicade/MCO.
I need Medicaid and they or you guys are taking it away.

Adult Member Comments related to Health Plan
Learn on who I need to care to get into my PCP. Where it's at. I need to get into a regular routine of visiting my PCP and getting regular check-ups. Overall I'm a healthy person. Don't ever go to the doctor's unless I'm very sick.
I like it fine.
I have never had a problem with any of it.
3) Access to dental care. What I don't like - 1) Harder to get diagnostic tests.
My dental care has been excellent. I choose the U of I dental school and am very glad I can go there.
Thankful for it because parents policy denied coverage at 18.
The only thing is fear, worry that I will lose this Medicaid because of our new president's plans and spoken word. I worry what will I do? I need another knee replacement, but without Medicaid it would be impossible! Medicaid covers my mental/emotional etc. problems with an MD and a counselor. No Medicaid, no help. This is all very worrisome for me.
My chiropractor doesn't accept my insurance, who do I have to talk to about switching so I can go to my chiropractor.
It isn't very clear to me or my family about what our current plan offers or approves. There is a lot of treatment that I feel I need but do not know if it is covered by my plan. I would really appreciate a paper copy of a handbook regarding my plan.
I also don't like my medical won't cover surgery until my brain aneurysm burst which could kill me.
Wonderful secondary insurance to help pay for the birth of our 4th child. I just wish it would have been offered to me with my other children before.
I was unable to refill my medications at Walmart in Colorado while on an extended stay away from Iowa and could not get my meds. Medicaid wouldn't do it. I couldn't afford to pay for all of them out right and had to go without my meds that help my day to day function with side effects from TBI. Now still suffering since Sept 2015. Thanks!
I like that I get rewards.
We recently moved to Iowa after the birth of our first child to be near family. My husband and I each have advanced degrees and have been seeking professional positions in Des Moines. We appreciated the transitional policy through Medicaid that has allowed our family to receive quality care.
I never had a problems with the health plan it heath coverage.
I recently received a letter from my MCO that there is a possibility that they will no longer work with Mercy doctors. This upsets me because my doctor is thru Mercy and my children's mental health doctors are thru Mercy. As they are Autistic and ADHD this is disconcerting for me that after all these years I will have to find new doctors for them. I understand that seems simple enough, but in the grand skim of things it is not. A lot of time and research went into who I took my children to. So unless I can switch our MCO to a company that will work with Mercy. We will be a bit SOL for a bit.
Everything is good.
I've had no problems with my healthcare so far.
My insurance does not cover my thyroid medication and eventhough I have tried what is reccommended by the insurance first and had horrible side effects they still wont cover the medication that is working well for me. There are time when I have to go without because I can't afford it myself.
Thankfully, we are pretty healthy in my household. I've only received my birth control on my insurance.
I'd rather they mail insurance cards out.
I don't want to lose my health coverage. Because I won't be able to get my hearing aide fix.
My health care is okay. I haven't had any ussue my health so far.
Would like transportation reimbursement

Adult Member Comments related to Health Plan
I know very little about it where do I find information
I like everything I am offered.
1) Like - Availability of health care through the State of Iowa.
More than once he has been unable to get prescribed medications we badly needed because of required prior authorization that always got denied.
No, my health insurance is good.
I prefer to coordinate my care with my local health home, they seem to do a better job than my MCO with this, and their records are accurate.
Grateful I am able to get coverage for my serious health conditions.
Either more dental options and/or more dental providers.
The new Medicaid MCO's seem to promote good health and get you what you need beyond that. I especially like that AmeriHealth makes it so no child has to go without good health or preventative medicine because of their parents transportation availability or understanding of what is needed. I would like to see AmeriHealth cover exams at the chiropractor 99212/99213 and re-exams 99202/99203. Other than that, I like their aggressive approach on chiropractic care.
I like the plan, the family and I only go when needed. I do not want to take advantage of the plan (save tax payers money).
Over 2 years ago I had been tested for MTHFR Deficiency. Deplin and Fetzima were doing great, and had been receiving through previous NPA. Medicaid will not cover, we've tried a few times to get approved, I had a psychiatrist put me on a lot of different meds, when the NPA, found the info in my blood work-up and it worked very well for me. I struggle at times and wish I could get back on that anti-depressant. Finally something worked and it's not covered. I stay on anxiety medicine and try to cope, using therapy and visits to doctor. Would appreciate if my life could be looked at to approve what worked for me for the depression and severe lack of focus.
I like everything about my health coverage. I very seldom use it. The last time was for a wellness check-up for children when I was 17 years old. My parents can not afford health coverage elsewhere. This helps a lot.
Don't send me anymore of these things. There a waste of time I haven't been to the doctor in years. Thank you.
All is good, thanks.
I have problem every time get prescription I have to wake until they get approval and it takes time to get medicine sometimes two unto three days. Later in I be in pain. Why? So long, but everything else it's being good.
No, it's fine.
So far, I've had no reasons to complain. I've always had what I needed for my health care. I must comment the [clinic name] for an excellent job with my original problem that put me in this program. They honestly saved my life. I owe them my gratitude. My wife on the other hand, well, that is an entirely different store. I'd like to do a documentary on that!
I wouldn't mind knowing more about the rewards I could get for my family and I threw my MCO.
I am currently looking for employment. I am loosing Medicaid because I am now off of SSI eventhough I have not found a job and cannot work full time.
The only thing I didn't like about it is that it doesn't cover LASIK. Other than that, I am not aware of a problem, and it was very helpful.
Have been denied test because insurance won't cover it, or they thought it wasn't necessary.
I would like to know more about dental insurance and what they pay for. I need dentures and pull my old teeth out (what's left).

Adult Member Comments related to Health Plan
Great coverage, better copays \$0, & prescription copays \$0, can continue to see regular doctors. Better coverage than when I was purchasing coverage through my employer.
Amerigroup made it very hard to get an MCO in my area for my daughter, which led her not going to the doctor for 5 months when she should have had check ups every two months. AmeriHealth is much more helpful and convenient.
There needs to be help with receiving weight loss medications, help w/gym costs. Free counseling.
I love it, they do me excellent.
I have never been 8nfirmed about what all my insurance can do for me it seems as when I do need help through insurance they don't help me.
I love my health plan wouldn't change.
I tried to use Amerihealth Caritas programs for nutritionist and Weight Watchers, but they told me that the Weight Watchers program was not available in Iowa at this time. I chose that insurance company specifically for that program and found that they should not advertise a non-existent program. They also said that they sent my some nutrition information, but I never got any in the mail. Fairly disappointed with that part of the company.
I am recently divorced and now a single mom of 2 boys. Health insurance through my job is unaffordable and I have appreciated coverage through AmeriHealth. I do not doctor often but appreciate that when I do, AmeriHealth is accepted through the clinic/hospital that I use. Thank you!
We like our health care plan.
I lost my insurance when I got divorced. I decided to go back to college. This insurance is wonderful since I am unable to obtain insurance elsewhere because of expense.
I don't have any complaints. I am very happy with all my health care right now.
I am a single mother. I'm thankful I don't have copays or very expensive pharmacy meds.
I wish the dental portion would cover more to fix my teeth.
16. Doctor ordered, insurance would not cover.
I am very happy with current health plan.
Very satisfied.
I know things are messed up on occasion, it happens, we're human. I am very appreciative of this health coverage. It also helps with my daughter.
It is harder to get prior authorization. Before, on Medicaid, it would take 1-2 days or weeks, not it is sometimes MONTHS for things I need sooner.
I was wondering if any of the weight loss surgeries are covered by my health coverage.
I'm pretty satisfied with my health plan right now.
I have had no problems so far with my health coverage. I am thankful for having it because without my family would not have health insurance.
Would like doctors to call for rides. I forget, then I miss appointments. They need at least 2 days ahead for a ride and a call they day you need to be ready. Come to door to pick you up not sit on their butt in their bus and honk their horn. I came from Washington State, the driver came to the door and got you, they help you in and out of the bus and walked you to the door again. They were gentleman.
Most of the healthcare is good.
would like if United also offered the gym membership.
The health plan I have is wonderful.
Like that I don't have to pay any co pays or bills because I can't afford them anyway

Adult Member Comments related to Health Plan
I changed MCOs because my current one does not approved of certain op therapist that my son was referred to.
We have fortunately haven't had to use the health care plan much at all.
I've had difficulty in signing up for the rewards program. I thought I had done so, but I've received no confirmation or benefit as a result.
It's okay.
Like health plan.
What I like - 1) No copay for prescriptions. 2) No limit on prescriptions
No comments really, the insurance is good, works well and I am in need and thank you.
Just wish they were more quicker sending things like reward cards and updated cards.
I haven't had any problems with this plan.
Need help with hearing aids and glasses.
I would like to know what all I am eligible to receive from my health care provider insurance coverage. Because no one else ever provided me with this information.
Please give me my Medicare card to me. I need it for insurance.
It would be helpful if my orthodontic treatment would be fully or partially covered.
I forgot to clarify on the form that while I did receive a flu shot, (because work requires it but doesn't pay for it), my doctor in town doesn't carry it for Medicaid patients so I do pay for it out of pocket (personal cash). I feel the doctors should get enough money to carry it and pay for their time to give it and not lose money...so the survey didn't really have that scenario (yes got the flue shot not by Medicaid). Thank you.
My doctor has not been paid for any of visit to him this year and last 2016-2017. MCO has not filled 15 medicines my doctor wants me to take.
Would like to have a membership to a gym or a health work out center, ex. YMCA.
I like my health plan and coverage.
I like it all, now I need to get some new teeth top and bottom.
Some people don't like to make phone calls, and it would be nice to have a print out of all places, doctors, dentists, specialists, chiropractic, etc. of who is in network with my insurance. Phone calls take a lot of time, and I'm a busy mom.
Right now conditions are under control much better than not long ago.
Have not used it.
They're horrible! Short answer: MCO's need to die in flames! They suck! Private companies have no business running healthcare!
My only complaint about the current coverage is that it was confusing to choose. I received 3 options with brochures, but no real information about the difference between the options. A list of available doctors would have helped. Otherwise, I don't feel there is a difference between my current plan and any other health insurance plan through an employer, other than the lack of co-pay.
Everything is fine so far. Thank you.
I would like to go to a specialty clinic such as the Steidler Clinic but it is not in the plan.
If my health insurance goes up at work to \$600.00 for family, am I eligible for Title 19 to cover the rest of my insurance payments.
Not being informed of the rewards programs
Actually it was very good, have been cover and approved for x-ray or test.

Adult Member Comments related to Health Plan
When I was prescribed a med for depression, Amerigroup called me to make sure I knew how to use it, what to expect while starting it, and that counseling may be available for me. It was a recording, but it was more than I expected from Medicaid. Good job Amerigroup.
At this time everything seems to be good.
I feel blessed that there is a program to address my son's needs. I don't know what would have happened to him without access to the U of I.
The providers on their website are NOT current. Almost all of the dentist and optometrist will no longer take AmeriHealth/Medicaid, or only in special circumstances.
Love my plan, never been turned down for anything or had anyone say we don't take that insurance.
This coverage saved my life, when my insurance refused to pay, they covered my chemotherapy tests and surgeries.
I am deeply grateful. I have health coverage.
We are just thankful it is available to us. Also thank you for the \$2.00 bill. I had a wallet about 10 years ago that I left on the top of my car. It was turned into the police but not before they took the \$2.00 bill in it. It made me smile!
The health care is working for me right now.
I've been having migraines and the only meds that work cost \$30 something a pill my Medicaid is over in June and I can't afford the medicine and I can't afford insurance. I don't get help from the state and I'm a single mom providing for my child by myself. I have no idea what I'm going to do when my insurance is over. I feel the state makes it hard to want to work full time and try to provide for your child w/the guidelines. I make \$90 gross pay over the limit to have help w/childcare but I'm still working full time and making it work by pinching pennies to pay bills.
I hate calling for transportation, needing to give ID #, age, address, and all that info so time consuming.
Sorry, I have not to date, contacted a doctor or clinic concerning any health matters. I have phobias and mental distrust for or involving all medical institution (or mental).
That not all methods of birth control are covered. It was very hard for the doctors to find a pill the insurance covered.
I appreciate the fact that if you need transportation to get to the doctor it is available.
I like my health plan. I have no problem with my health plan. When I die, I'd like to donate my body to science, I'm an organ donor.
It works well. I don't need a lot of care, my health status is very good. It provides me with what I need.
I like and I'm pleased with my health plan and the health coverage it gives me. My doctors are very helpful and I'm pleased with services rendered to me.
Changes have been made in my prescription coverage without notification, causing me to have to pay out of pocket for important prescriptions. Seems to be a lack of communication between agencies.
Also I'm only 18 and needed a fake tooth and didn't/couldn't receive one plus it took months just to receive a no.
The prescription coverage is wonderful.

Adult Member Comments related to Health Plan
Magellan was not perfect but I saw all my doctors, specialists, and therapists plus got all my needed prescriptions. This MCO thing is ridiculous, things I've had continuous coverage for (like therapy and prescriptions) prior to the MCO now require endless calls to and from the medical/therapist office, the MCO, speaking w/at least 3 supervisors at the MCO's who do nothing but read a damn script and don't help AT ALL and then trying Iowa Medicaid, and getting a jerk who again-doesn't help-actually refuses to help and doesn't even have the decency to let me talk to a supervisor. It's a flipping mess, way worse than it's been since I got Medicaid in 2012! I can't ever reach someone who is willing or can help now even though my doctors and their offices are going above and beyond to ensure care.
I like my plan just fine.
When I first picked my health plan, they called me up and asked me a lot of questions and she told me she would send information on certain things and I never got them.
The monthly co-pays that I don't have money for paying it every month.
I don't like my medication getting changed when I have been on it for a long time because insurance won't pay, and I don't like getting prescribed a medication that no drug store carries.
I'm happy with my health plan and with the coverage that I get.
I wish it will be easy going to dermatologist if needed.
I love the help, care and coverage I am getting now. It helps a lot being a single mom!
You're a blessing at the right time when I needed help. I would be in a wheelchair otherwise or worse.
I am impressed by the choices of health care insurance available. It makes it feel like I am still in control and not grouped into one big lump of Title 19. I also enjoy the rewards programs.
I wish the prior authorizations would go thru faster. Last time it took a week to go thru on my medication.
Two years ago I was pre-diabetic. My insurance paid for a dietitian. I now have no sign of being diabetic. I lost over 100 pounds. I am very grateful of what my doctor does.
Amerigroup & Medicare seems to change meds. They won't cover that I need. Have a lot of pain that regular over counter pain meds does not help.
So far everything is okay.
Overall, the Medicaid changes have been awful.
Couldn't tell you, I try not to use it unless absolutely necessary.
I was prescribed a medication that I've had before, that Medicaid has ALWAYS paid for prior to this in Jan. My MCO is still refusing it and now I'm going thru a complicated and pretty unclear appeals process because they still haven't approved it. Thank God for good psychiatrists and samples. Also the MCO's "sorry not authorized letter was (expletive). "We're not saying you can't get this medication, we're just saying AmeriGroup won't pay for it". It's on the approved meds list!
I love this health coverage. Don't have anything to complain about yet.
Love my health plan and never want to lose it or the coverage I have.
I'm not sure about the mco. I don't know what it is. If it's medicaid there's not many providers in my area that accept it.
The pre-authorization for my insurance is slow, time consuming and ridiculous.
I really like my health care plan. Thank you!
I like that since it is an insurance company, Hy-Vee pharmacy will auto-renew my Rx's (they won't for Medicaid).
2) I have been cut-off from 1/3 of care through AmeriHealth Caritas. Though I am thankful for all I do receive. 3) Dislike - Unable to freely get care and ability to get all the care I have received for 12 years at Mayo in MN.
I dislike the fact that I am eligible for insurance but not my husband who works.

Adult Member Comments related to Health Plan
otherwise great coverage and really like a lot.
I would like them to pay for all my meds and me not having to take it out of my SSI \$735.00 a month.
My MCO has covered EVERYTHING from routine check-ups to prescription medication for my bipolar II.
I have insurance and MCO, which is best care of insurance. For now everything looks good.
No problems. Thank you for the \$2.00!
I love the health plan.
The MCO's are confusing and are cutting more and more benefits. The doctors are getting fed up with them and are wanting to get rid of patients with them. Iowa tax payers are not reaping the benefits.
I think utilizing technology like skype and facetime for mental health counseling would be great it would help prevent medical bankruptcy if emergencies outside of the state were covered if someone were traveling. Comprehensive chiropractic coverage would be beneficial.
The coverage is great
Needing referrals to see a specialist.
I was getting prescriptions that worked for me, now I have to pay out of my pocket and can't only get what I have funds for and that don't even cover enough for the whole month and don't know where to go or call for help.
Thank you for the help it gives me.
Did not know about rewards programs, will now look into them.
Well thank you all for the care.
I'm fine, my health plan is complete, everything I needed.
I got carpel tunnel surgery that did not work because my MCO said I had to try the cheap, quick procedure when I needed the extensive full surgery. My MCO treated me like a minor case. I've been suffering with carpel tunnel for 12 years.
. Other than that I have no complaints.
My mother was on the same plan but she found out last week the local hospital doesn't take it anymore, so they helped her with the paperwork to change it. The next time I need to go in I will need to change as well.
Everything is good and I like my health plan.
If I have a health problem no matter what it is than I should be able to get the treatment I need but I can't afford to pay the out of pocket cost of my treatment and I would think my MCO or insurance would pay for it, but it doesn't and I go without treatment cause I can't pay the amount out of pocket cause I'm broke. I live on a government income, SSI. I barely have enough money to live on now.
I'm very happy with my health care. I love it. Thank you. It's well needed. I have 3 doctors.
That I don't have to pay for doctor's bills or medicine.
The one thing I don't like is that chiropractic care isn't covered and I believe that would help me and maybe other people out a lot. Maybe they need to look into covering that for people, only dislike
I am satisfied with my current plan, thank you.
When needing a question answered, we usually have to stay on phone for a very long period of time.
I was declined further medical assistance by the Mayo Clinic in Rochester (as not being important enough - for "potential auto-immune disorder possibly affecting neuropathy") , after being referred by the Neurology specialist here locally. I believe my medical coverage has been good for my family in many ways, however, I am thinking there may be limitations that have prevented this appointment from being made and carried through.
I like my health plan.

Adult Member Comments related to Health Plan
I may just check into another insurance company for their programs that are existent.
I really appreciated that it helped pay for my annual eye exam. Thank you for this program my son has Type 1 diabetes and it has eased the cost of all his medication. Literally, saving his life. Thank you!
Went to Dr. office and wouldn't take my insurance for a physical. Had to pay \$25.00 for my physical. I thought United Healthcare covered health physicals. Very unhappy w/the situation.
Needs to go back to regular Title 19. I don't like how my son and I are on two different MCO's.
It needs to be approved on medicaid they always oked them. Now nothing.
I wish that it was easier to figure out who you could go to for things like the dentist. It would also be nice if enrollment was easier like if it could be done online and if it was easier to get a hold of someone to help when you have a question. I have been taking ADD medications for years now and it's very annoying when they make it hard to get my medicine because I am a full time college student and need it to do well in school.
I think it's best ever care I had in my life. Thanks for all your helping.
I feel that the State of IA should not have privatized Medicaid. I feel that AmeriHealth has overall been good to work with. I have a son that has Amerigroup and they have been very difficult to work with in regards to mental health. I have had to follow-up and advocate for every med and service my son has gotten through Amerigroup Medicaid. I'm very upset with the way the dental companies have decided they will not take new Medicaid dental patients and in our case, our dentist of years decided that they wouldn't take Medicaid and we paid them cash for years so we struggled to find a new dentist, and it was not easy. The MCO's need to cooperate more with the doctors and places that rent out equipment. It takes too long for things to get approved. The doctors blame the MCO's, MCO's blame the doctor. I'm tired of hearing them blame each other.
Very happy with current coverage.
I dislike that the MCO keeps negotiating contracts with my doctor and there is always risk of not being able to see my doctor.
No it's all fine.
I have gone to the dentist and thought my Medicaid covered it. But I received a \$190.00 bill for it which I cannot afford.
Loved it! Medicaid allows my prego self and my 3 year old to go to dentist and doctor. We are not able to go to dentist w/o Medicaid and our doctor visits are limited even if we need them when we don't have it because our regular insurance doesn't cover enough and bills pile up.
I like having insurance that affords me to take care of my health.
United Healthcare has been marvelous. In June we had a miscarriage. I had to have a D&C. I called to be sure the procedure was covered, the gal I spoke to was so compassionate she explained that it was covered and was honestly concerned about my health. About three days later I received a handwritten letter from her letting us know we were in her thoughts and prayers. She was a very special lady.
I dislike how hard it is to find information about this health plan, and what it covers.
I have been to a doctor twice since starting this plan and one of those visits was not covered at all, even though I was told over the phone by customer services that it would be.
The only issues I've experienced are the changes, revisions, or end of covered medications. Some of this includes the changes and restrictions placed on same medications, but how they're disbursed such as dosage, quantity, and forms. Previous covered meds no longer covered, and not informed, or revised needing lengthy prior authorization that caused disruptions with intake that lasts weeks. I love the added benefits for reward incentives like the reward cards credit for completing and participating in preventative/wellness services.
Cover more things to help plantar fasciitis sufferers like me.

Adult Member Comments related to Health Plan
I called about my pregnancy recently. Both people I talked to were super friendly and very helpful. They sounded like they enjoyed their job and understood the insurance well. The calls left me feeling pleased w/the benefits and service I receive and I'm very grateful! Thank you!
No copays on prescriptions has been great
I want to know how I can get health so I can get off all these meds. I need to stop smoking and exercise, need a gym membership just don't know how to get it.
I believe my health care is wonderful, but health care should be free because I know some people can not afford it.
Getting prescriptions can be difficult. Several times they've refused to cover one thing and my doctor has had to prescribe an alternative. They've been fussy about skin cream for dermatitis! They've tried to avoid paying for my migraine medications too, and only cover it because their preferred medications didn't help or just made things worse. They'd rather pay for opioid instead of Rizatripton. Seeing doctors or my therapist isn't a problem, but getting a prescription? That's tricky!
I have been confused in the past year if I have health coverage or not. So I generally don't go to doctor unless absolutely necessary. My doctor office has always been great about letting me know if there were any changes or what I need to do if there were any issues.
I want to know how long I can be on this insurance. I am 18 and still living at home. Can I still have this insurance in college.
I like being able to go to the Dr if needed. I totally appreciate the fact that I paid \$0 for OPEN HEART SURGERY.
I am very appreciative to live in the USA where we receive medical coverage and dental plans. My quality of life is only successful due to healthcare I am currently receiving. Millions of people would otherwise suffer like those in Third World Countries. We are blessed to have any coverage at all.
I like the support I have recently experienced. I wish I would have contacted my health care plan representatives sooner, cause I feel I would be on a faster recovery to a good healthier, back on track happier and stronger person. Like I was before I got with the wrong doctors. I'm hoping I have found a good one again. Thanks for your help.
I like my health plan and find it very easy to find doctors that accept my health plan.
The fact that I live alone with my 5 children and was just told this past month that because my estranged husband filed joint taxes that kids and I have a year to find another health coverage instead of AmeriHealth. This causes great distress.
I have not used it yet.
I like it because I don't have to worry about seeing a doctor.
All is well.
I had United Healthcare but had to switch to AmeriHealth when I became pregnant. This was due to the fact that there wasn't an OBGYN in my area that accepted United Healthcare. I had to drive two hours one way to receive prenatal care until my plan switched over to AmeriHealth. This was very stressful and time consuming. I like my healthcare plan now but it is difficult to find a doctor who accepts it.
Medicaid was great for me and my children while working and they were young and even after I became unemployed. The cost of health care was very expensive when I worked full time and wasn't able to afford it. Hawkeye was great for covering yearly physicals and dentist visits. After I was unemployed and going back to school it eased my worries about not being covered IN CASE of a medical emergency. [CLINIC NAME] is great. Pediatric clinic a little too hard to get into. But our overall health coverage and care was there when we needed it. Thank you!
I like my health coverage. I feel it's the right coverage I need in my life at this time, my choice of doctor is wonderful, caring and always checks on me with new medicines.

Adult Member Comments related to Health Plan
My chiropractor had so many issues with the insurance that they no longer accept my insurance so I have to pay out of pocket for chiropractic care. My daughter was on a cough medicine and insurance will not pay for any cough medicine. It cost my \$78 out of pocket for a cough medicine. That's crazy.
Not any problem at the moment.
My son has a connective tissue disorder and it's very hard to get him all the care he needs due to the insurance we have. I filled these out for myself and 2 kids under the age of 18.
everything is great so far
I have a great health plan.
The rest is good
I am okay with everything.
Don't understand my coverage.
Very thankful for the insurance for myself and my family.
My sister filled this out for me. I have had nearly no medical services. The provider's office here in our rural area say they are not taking any new patients.
I like being able to look up providers online.
I am a 40 year smoker and i wanted to quit. So I decided on the patch. It helped for a couple of months and then I went in to get a refill for my script and amerigroup insurance wouldn't pay for it. So I am back to smoking.
I think laser eye and teeth surgeries should be included in the health plan. The reason once you get laser eye surgery you will have 20/20 vision. Laser teeth and implants would be very well appreciated from the recipients.
Because I lost SSI I lost my insurance, but I was reinstated, was scared because health issues and meds but DHS helped me to get it worked out! Thanks.
Otherwise, so very grateful for everything Medicaid has provided.
I absolutely loved having my own personal nurse throughout my pregnancy from my MCO. She was amazing and super helpful.
Better information as to what is covered. A book would be great. AmeriHealth website is NOT user friendly.
There is one complaint I have and that is if you don't have an MCO you can't get any help with transportation to the doctor.
1) More options for our children with Autism. 2) Genetic testing coverage.

Limitations in Access to Care

Adult Member Comments related to Access
The worst part is getting test done and approved for new meds.
Just received a letter saying my PCP won't be covered under my plan starting July 1st so have to now search for a new doctor.
My sister filled this out for me. I have had nearly no medical services. The provider's office here in our rural area say they are not taking any new patients.

Adult Member Comments related to Access
However, it was impossible to find a provider who was accepting Medicaid and the online registry of available doctors was out of date. I eventually had to use personal contacts to find a doctor at all and then get referred to a psychiatrist to treat my bipolar disorder. After that, the care was excellent. Similarly, finding a dentist who accepts adult Medicaid patients is impossible! I have not yet had my routine dental check up b/c I can't find a provider.
I wish the prior authorizations would go thru faster. Last time it took a week to go thru on my medication.
Having a hard time finding the right doctor.
On my meds that I take United Health will cover payments for 90 days at a time but title 19 says no way.
Would like transportation reimbursement
I couldn't get eye care on AmeriHealth from my regular ophthalmologist.
Med refills take 2 to 3 days to get filled. Doctors auth's take forever through the pharmacy.
I don't feel every time I have an MRI or MRA which is every 6 months for a non-ruptured aneurism on my brain. My doctor has to fight w/medical after they have supplied their reasoning for the first one.
I wish that it was easier to figure out who you could go to for things like the dentist. It would also be nice if enrollment was easier like if it could be done online and if it was easier to get a hold of someone to help when you have a question. I have been taking ADD medications for years now and it's very annoying when they make it hard to get my medicine because I am a full time college student and need it to do well in school.
Can't find a dentist for my kids because of our insurance.
Also the fights with medical getting my eye injections or drops paid for. Never had these issues before Amerigroup took over.
Dislike that it takes so much time and work to get a filling. Most dentist offices don't take madicaid.
2) I was disappointed when I was late one month picking up thyroid med because I was sick, the next month they made me come back (even though I had to travel for work) later for the Rx. So when I was sick I couldn't take the med (ill) but I ended up not having the med when I needed it and could take it.
other than most doctors only accept so many patients so it's hard to find a good doctor. I had to settle for a PA not a regular doctor.
I tore the meniscus in my knee, went to Thursday now have to get to wait to get approval for MRI to confirm problem. Will also have to wait for approval for surgery. Always waiting for something.
3) Unable to get dental coverage anywhere. Called places on list, won't accept it. Have to drive an hour to go to the dentist.
I have not seen my doctor because there has been no need to. I don't like the fact that there is only one choice.
We need more medical doctors in our county hospital not just nurse practitioners or physicians assistants.
My chiropractor had so many issues with the insurance that they no longer accept my insurance so I have to pay out of pocket for chiropractic care.
I had United Healthcare but had to switch to AmeriHealth when I became pregnant. This was due to the fact that there wasn't an OBGYN in my area that accepted United Healthcare. I had to drive two hours one way to receive prenatal care until my plan switched over to AmeriHealth. This was very stressful and time consuming. I like my healthcare plan now but it is difficult to find a doctor who accepts it.
My chiropractor doesn't accept my insurance, who do I have to talk to about switching so I can go to my chiropractor.
I dislike not having a regular doctor...no one wants to take state insurance. medical associates takes medicade but if you need to be seen in a different department you can't
Unable to get migraine treatment even though the prior auths have been approved. The unit that deals with the medication refuses to send it out for some unknown reason. I have been trying to get the treatment for 11 months.

Adult Member Comments related to Access
You need to make it simple to get a PCP, or mental health provider maybe if you sent a packet of names addresses and numbers of doctors that accepts our insurance when somebody is approved for medical. I still need a PCP please send me a pamphlet on internal med doctors. Thanks.
Either more dental options and/or more dental providers.
Learn on who I need to care to get into my PCP. Where it's at. I need to get into a regular routine of visiting my PCP and getting regular check-ups. Overall I'm a healthy person. Don't ever go to the doctor's unless I'm very sick.
Difficult to go to a dermatologist because none take my insurance in the office.
Faster getting back on coverage for medicines.
The only issues I've experienced are the changes, revisions, or end of covered medications. Some of this includes the changes and restrictions placed on same medications, but how they're disbursed such as dosage, quantity, and forms. Previous covered meds no longer covered, and not informed, or revised needing lengthy prior authorization that caused disruptions with intake that lasts weeks.
Cannot change hospitalist. No one else will cover.
This MCO thing is ridiculous, things I've had continuous coverage for (like therapy and prescriptions) prior to the MCO now require endless calls to and from the medical/therapist office, the MCO, speaking w/at least 3 supervisors at the MCO's who do nothing but read a damn script and don't help AT ALL and then trying Iowa Medicaid, and getting a jerk who again-doesn't help-actually refuses to help and doesn't even have the decency to let me talk to a supervisor. It's a flipping mess, way worse than it's been since I got Medicaid in 2012! I can't ever reach someone who is willing or can help now even though my doctors and their offices are going above and beyond to ensure care. I'm also pretty ticked off at the lack of help I had in finding a primary care doctor w/the switch over. The MCO's site was NEVER up to data and frequently tried to refer me, an adult woman, to a pediatrician. Get rid of MCO's. They haven't done ANY good, they are the literal worst! Every damn thing now requires prior authorization which wastes my and the office's time! I was prescribed a medication that I've had before, that Medicaid has ALWAYS paid for prior to this in Jan. My MCO is still refusing it and now I'm going thru a complicated and pretty unclear appeals process because they still haven't approved it. Thank God for good psychiatrists and samples. Also the MCO's "sorry not authorized letter was (expletive). "We're not saying you can't get this medication, we're just saying AmeriGroup won't pay for it". It's on the approved meds list!
but dislike that I have a hard time with the dental portion on who accepts it and getting into appointments
Dental care is hard to get in Fort Madison, IA.
My doctor has to jump through the hoops of Obama Care by having to try meds he already knows will not work well before finally being allowed to order the right meds that does work.
I was not informed of available doctors or clinic that accept this plan.
I have to have upper back surgery and skin removal due to my gastric bypass surgery and I know the insurance will fight both surgeries that are needed ASAP.
When getting prescriptions when block on insurance cause of change of primary and try to get script filled on weekend can't cause of temp block on account and no one available to ok it! Frustrating.
Very hard to find a dentist that takes Medicaid.
My biggest frustration was and is my Rx, because many times they are rejected even though we have told you many many times I have no Rx private insurance.
I'm not sure about the mco. I don't know what it is. If it's medicaid there's not many providers in my area that accept it.
I used this plan twice (kids) for urgent care in Mason City, IA and now the plan might not include Mercy Hospitals anymore after July 2017. That eliminates two ER places for people to go to in that area.

Adult Member Comments related to Access
except I'm having a very hard time finding a dentist who will accept Medicaid as payment. A lot of dentists don't accept Medicaid.
I like it I just wish there were doctors that you can trust that will take your insurance. I have really bad disorders and a Autistic child on top of all my problems. I have no insurance at all to help me.
No dental. Myself, 2 teenagers, can't find dentist in a hundred mile radius that takes our insurance.
I have been going to a pain clinic, but it took from Oct. until Feb. to get a nerve block approved.
Also time when it is less trouble to pay rather than to bother nurses and pharmacy repeatedly only to be turned down.
I feel that the State of IA should not have privatized Medicaid. I feel that AmeriHealth has overall been good to work with. I have a son that has Amerigroup and they have been very difficult to work with in regards to mental health. I have had to follow-up and advocate for every med and service my son has gotten through Amerigroup Medicaid. I'm very upset with the way the dental companies have decided they will not take new Medicaid dental patients and in our case, our dentist of years decided that they wouldn't take Medicaid and we paid them cash for years so we struggled to find a new dentist, and it was not easy. The MCO's need to cooperate more with the doctors and places that rent out equipment. It takes too long for things to get approved. The doctors blame the MCO's, MCO's blame the doctor. I'm tired of hearing them blame each other.
They should send a list of doctors every month that they can so we don't have to look them up or get stock paying a 1000 bill because we didn't know that the insurance didn't cover it.
Also I'm only 18 and needed a fake tooth and didn't/couldn't receive one plus it took months just to receive a no.
Only Abbe Center takes my insurance and going there is VERY stressful.
Prior to your 6 months timeline I had difficulty getting a prescription authorized by oncologist. MCO would not allow it, wanted doctor to prescribe another one, which they approved. But took 2-3 weeks to get it, with many phone calls by me and office staff. Why?
It is difficult to get medications that were once affordable (generic) and have now sky rocketed to where it's not even affordable to pay for out of pocket. For example Clindamycin was \$10 and insurance paid. It is now (generic) \$90 and insurance won't pay or needs pre-auth which we usually don't get!
Just if there are ways you can have help with getting back and forth to doctor.
I have problem every time get prescription I have to wake until they get approval and it takes time to get medicine sometimes two unto three days. Later in I be in pain. Why? So long, but everything else it's being good.
My doctor sent a prescription for a Nicotine patch and the pharmacy says they are still today waiting on approval from my MCO before they can fill it. I have been waiting for 3 months. So getting an approval for those patches might help me quit the last 4-5 cigs a day I smoke now.
they have to take forever for me to get an MRI because of my health care.
I would like to keep my same social worker.
It's hard to find dental care.
I go to a pain management doctor for chronic back and neck pain and I hardly get approval for my injections.
They don't offer dental care and nobody but the dental college (which takes 2-3 more appointments for the same treatment) accepts Medicaid. Specialty (like prosthetics) are hard to get covered.
I can't find dental coverage.
I don't like how impersonal the system is. It's hard to find a private facility. I don't like that you have to jump through hoops to see a doctor and that chiropractor aren't on the plan.
Lost service to at least 5 doctors (specialists) due to them saying they won't take my insurance.

Adult Member Comments related to Access
It is difficult to find a provider for vision.
Just have to wait until they have been approve before you get treatment.
Since I enrolled with this program. No one here accepts if my doctor, eye doctor or my dentist. So I would like to switch over to the Medicaid Dubuque accepts me and my kids need to be seen its been a year we need check-ups bad and I prefer not to change our doctor's at all.
My only concern is that there are limited places for eye care and dental.
But the dental care is a joke. There isn't a dental office in a 50 mile radius that will accept this new insurance. I have teeth rotting out of my head and can't get them fixed.

Chronic Illness issues and Social Determinants of Health (SDH)

Adult Member Comments related to Chronic Illness issues and SDH
Also that they don't cover any weight loss pills to a better way of living it's not that I'm fat but would like to lose weight and get some help other the diets and workouts. I've took Prednisone for over 6 months, and if my side effects is weight gain so when I lose weight I get sick and get put on Prednisone for my Asthma so it makes me hard to lose it and keep it off. Therefore I think Medicaid should cover it.
Every time they renew my coverage DHS keeps trying to get me to go back to work, which my doctors will not let me work.
I tried a couple of times to get disability for the arthritis in my hips and legs, because it hurts me to walk or stand sometimes and they hurt when I try to sleep. I've had 2 back surgeries and a few other surgery. I would like some help with that.
I wish doctors would stop making you fill like a drug or buzzer when I'm not. When you're in pain and they don't give you pain meds so I cry myself to sleep if any sleep at all.
I would like to find out why with all my physical condition, back, knee and ankle condition they had red flag me for my Percoced 10/325. when I moved here I had that does of Percoced 3 o 4 year and with my morvid obesity of 414 lb that is the only that help me with the pain I will appreciate to find and provide me with who or why this happenned.
Our coverage is great for our situation, I have two young girls, one in Pre-K and one stays home. I suffer chronic back/neck pain and between daycare cost and pain it is easier to stay home with my girls than to be at work right now. I'm going back to school and I use the chiropractor as well as main and specialist doctors for both me and my daughters.
I have just started smoking again after 9 years, for the last year my depression and stress have been so bad that I became so weak. I lost the battle. Trying to get on Chantix (having a hard time) affecting my breathing a lot and having a lot more and worst chest pain and tightening.
Over 2 years ago I had been tested for MTHFR Deficiency. Deplin and Fetzima were doing great, and had been receiving through previous NPA. Medicaid will not cover, we've tried a few times to get approved, I had a psychiatrist put me on a lot of different meds, when the NPA, found the info in my blood work-up and it worked very well for me. I struggle at times and wish I could get back on that anti-depressant. Finally something worked and it's not covered. I stay on anxiety medicine and try to cope, using therapy and visits to doctor. Would appreciate if my life could be looked at to approve what worked for me for the depression and severe lack of focus.
I am unable to work due to headaches. I have migraines but also issues with my neck. I would like to go to a specialty clinic such as the Steidler Clinic but it is not in the plan. I have been going to a pain clinic, but it took from Oct. until Feb. to get a nerve block approved. The pain keeps me from working which has led to weight gain and depression to worsen.
The fact that my sister helps me with doctor appointments and medicines with ease. 100% disabled.

Adult Member Comments related to Chronic Illness issues and SDH
I go to a chiropractor on a regular basis but AmeriGroup will not pay for it. It is a great help for my mobility and pain level. Staying aligned makes a big difference.
I need a good doctor that will help me with my pain that I have every day.
Having a chronic condition of Hepatitis C and being on Medicaid, I am not able to receive the treatment for my condition unless I pay out-of-pocket or my Medicaid is cancelled and I receive private insurance. I am disappointed that I am not able to receive treatment for this condition, which can eventually be life threatening, while receiving Medicaid.
I was getting prescriptions that worked for me, now I have to pay out of my pocket and can't only get what I have funds for and that don't even cover enough for the whole month and don't know where to go or call for help.
My therapist is new to me only seen twice so far. To explain is I have a fear of leaving home. Fear of other things such as taking any kind of medication. Can't eve be alone.
I was hit by a semi in 2014 and had severe injuries and put on disability.
If I have a health problem no matter what it is than I should be able to get the treatment I need but I can't afford to pay the out of pocket cost of my treatment and I would think my MCO or insurance would pay for it, but it doesn't and I go without treatment cause I can't pay the amount out of pocket cause I'm broke. I live on a government income, SSI. I barely have enough money to live on now.
I don't like that because I'm disabled, I cannot get married, have any other income without the government taking it or threatening to take away my health care. I live off of 735 dollars a month and if I get any other money they take it. I live in poverty because I'm disabled and that is my complaint.
Amerigroup & Medicare seems to change meds. They won't cover that I need. Have a lot of pain that regular over counter pain meds does not help.
Low income people sometimes get lost in the shuffle of health care, I have a rare ear disease, Meiners, and the P.A. I have now hasn't offered any care, rare equals limited treatment, limited meds, tomorrow I'm telling her what I need, I've had it for 10+ years and have never had any meds to help with the constant chronic vertigo, pressure, ringing, I also have a rare skin disease H.D., which I'm healing with honey because no doctors have a clue, or even heard of it.
S.S.I. isn't enough to even live on. I certainly don't have the necessary money to pay for dental care. Medicare doesn't do dental care either which is so stupid. It's past time for Iowa to get their shit together and get this straightened out
The monthly co-pays that I don't have money for paying it every month.
I am currently looking for employment. I am loosing Medicaid because I am now off of SSI eventhough I have not found a job and cannot work full time.
I can't work because of my health problems. I need good health coverage.
Really need help loosing weight.
[NAME] has had problems with his ear since he was little. He has lost some hearing because of it 40% lost.
I am a shy person, so it's never been easy to talk about my weight. But I do know I am slightly over-weight. I wish that more doctors offered advice, pamphlets or anything to assist and recommendations for better weight managing.
I have Diabetes (severe) so my doctor put me on the insulin pump due to me taking over 10 shots a day. The insulin pump has helped me manage my diabetes so much better. I now have an Animal Vibe pump that allows my blood sugar to be monitored on the minute. I have a 4 year old child to make sure I never go into low blood sugar spells around. My health plan does NOT cover the supplies for this pump! Very frustrating and not financially affordable for myself.
Right now conditions are under control much better than not long ago.

Adult Member Comments related to Chronic Illness issues and SDH
I have severe allergies to medicines and can't take a lot. I need shots for inflammation in my back and hips which is always turned down! It needs to be approved on medicaid they always oked them. Now nothing. Bending and lifting are very painful and I need help to laundry and certain cleaning but have none. Also I have tried 3 to 4 times to get partials 4 the left side of my mouth and have no teeth on that side they will give only 1 partial which makes no sense I can't chew on the left side at all. I have bad headaches due to that and TMJ.
I get confused easy which I still try. Just getting around people. Your life with people hard. But I try but with all be problems I just keep trying.
I was billed for ambulance. I needed it very bad. The insurance won't pay. I refused to pay the bill. The ambulance says I didn't need it. But I did. Was in chronic back pain wanted to go to the hospital bad. Then I didn't have transportation.
I am disabled due to back and neck surgery. I am making it, but it's hard due to SSI money paid to me. It's not enough money.
I need to go to doctor but don't like doctors.
Health care doesn't pay my rent or bills or make my life any better. A lot of psych problems stem from a failed governmental system.
Sorry, I have not to date, contacted a doctor or clinic concerning any health matters. I have phobias and mental distrust for or involving all medical institution (or mental).
I was declined further medical assistance by the Mayo Clinic in Rochester (as not being important enough - for "potential auto-immune disorder possibly affecting neuropathy") , after being referred by the Neurology specialist here locally.
When I first picked my health plan, they called me up and asked me a lot of questions and she told me she would send information on certain things and I never got them. I raise my granddaughter and I tried getting her a new pair of glasses and it took me at least 3 weeks because they kept telling me she doesn't have any insurance, I finally got them but she went 3 weeks without her glasses. I go to a pain management doctor for chronic back and neck pain and I hardly get approval for my injections.
My [DOCTOR NAME] is very professional and is very caring about my Diabetes and about trying to get it under control. My specialist [DR. NAME] also is a good doctor. I try real hard to deal with this disease which is why I had a heart attack.
I just want somebody to find out what's wrong with me. Instead of getting the run around. It's been 2 to 3 years now.
Insurance doesn't pay for some of the meds that are needed. Can't afford to pay out of pocket. I think insurance should pay full coverage no matter what the cost and what it's for. Esp. for those who can't even afford to pay (like myself).
I have Fibromyalgia, I am in a lot of pain, the doctor tells me she doesn't want to give pain medicine for it, that is the only thing that helps and smoking weed, telling me people are abusing them that's other people. They need to find out what they can do because this is a pain that keeps you in pain, sometimes I can't get out of bed.
Loved it! Medicaid allows my prego self and my 3 year old to go to dentist and doctor. We are not able to go to dentist w/o Medicaid and our doctor visits are limited even if we need them when we don't have it because our regular insurance doesn't cover enough and bills pile up.
I am not getting anything for pain, I can't walk, it hurts so bad, my back, neck, legs, feet, hands, and my knees. I need help, doctors won't give anything to help with the pain, just a water pill to take water off my knee. I need help for the pain I live with, I am not lying about any of this. I am living like this from 2000 to now 2017. I need someone to come see me about this and see for yourself and if you can have someone to come and see me for yourself. I need help at my house, can call me at my brother's phone. I live next door, he will bring phone for me.
I would like them to pay for all my meds and me not having to take it out of my SSI \$735.00 a month.

Adult Member Comments related to Chronic Illness issues and SDH

I have residual health issues left over from cancer treatment. 1) Bone pain. 2) Fatigue. 3) Dry eye syndrome. 4) Acid reflux. 5) Numbness. 6) Rectum prolapse (surgically fixed), but causes issues.

Well b/c I am a recovering addict as I mentioned before t's much harder to get adequate health care. No matter where I go I'm always up front about my addiction with all doctors and I used to not be. It's frustrating not being able to get the same care as others b/c of something that you did in your PAST! How is that even fair. I'm not one of those that's trying to play the system, doctor shop or hit every emergency room in own town. I'm not trying to get addicted to pills but when I'm sick and in pain treat my pain like you do others! I'm human and I hurt, I get sick, I stress, cry, scream, get frustrated, I love and I'm human. As for my family doctor I love him, but it's not so thorough like I think it should be. I should be seeing a psych doctor but family doctor don't ask about my home situation, depression, etc. I bring it all to them first. That's why I really love the [CLINIC] and my one-on-one counseling sessions with [NAME] my counselor, he listens, ask questions and helps me cope with life. Maybe if I would had more involvement w/fam doctor the problems wouldn't have evolved so quickly at all. I've been using drugs since I was about 14 years of age and I was given my first taste of alcohol by my grandmother at the age of 4 years, so you tell me what I am. I didn't know any better at the age of 4 and I didn't ask for that drink but at 14 I knew better. So now I'm an addict b/c it became a necessity, and a need to function on a daily basis, not just a mere recreational past time with the buddies anymore. 1) As I have gone through treatment and centers over the years I have taken a lot of info in from counselors whom I am grateful for. They saved my life and continue to help save my life every day. Because of the [CLINIC NAMES], hospitals, and clinics, doctors, nurses, and counselors that make drug and alcohol treatment facilities and services possible is the reason that my daughter has a mother and father in her life. I'm a better person, I don't steal anymore, or have to lie, I know how to map out a situation and look at all angles and outcomes so I don't make bad choices. My counselor helps me keep a clear head and gives me coping tools for grief and sadness and how to not use every day. They are helping me learn about me and I'm discovering who I am; sober today. And the methadone a lot don't agree with but if my health care providers were to cover even a small percentage of the fee so clients/recovering addicts had help to pay for dosing fees. I feel that you shouldn't have to have terminal cancer or be on your death bed to get your morphine and pain management methadone paid for. If you have cancer you get a script for as much methadone or morphine, etc. as you can get, go to your local pharmacy/Walgreens and "BOOM", that'll only be \$4.00 charge for methadone. But me, an addict, who is working very hard to stay sober and I take methadone so I'm not out there sticking a needle in my arm filled with pure heroine. The methadone taken and regulated very closely makes all cravings to use subside and at the same time you're not getting high either. The methadone program is saving my life today. One other time before was my longest length of sobriety and again it was methadone that helped keep me sober. I didn't use one time in almost 2 years on methadone and my daughter whom was born while I was in methadone did great after she was born. It was hard watching my baby girl in the NIC unit detoxing the methadone however, that is my one regret about the decision of treatment using methadone. But again I refused for [CHILD NAME] to be born on Heroine. I had to get help (CONTINUED FROM PREVIOUS PAGE) and the [CLINIC] was a life saving option for [CHILD NAME]. And like I said I'm ashamed b/c I put my flesh and blood through detoxing and withdrawal but I saved our lives. Knock me if you want to, whom ever you are that is reading this, judge me, curse me up and down. If you were able to meet my beautiful 20 month old daughter today you would never know that she was put through my (expletive), (excuse my language). [CHILD NAME] is beautiful and perfect. She was born [DATE]. She was delivered by her father and doctor. She weighed 7 lbs. 5 oz. and she was 21 inches long. She spent 8 days in the NIC unit at [HOSPITAL]. 2) I guess what I'm saying is that insurance should cover methadone maintenance, especially if the person is a female, pregnant, addicted to opiates/heroin. I feel this is a much better option than street drugs or self medicating. Today I am back on methadone, but I have to pay out of pocket as usual but so far I'm clean and sober, but anything can happen when insurance isn't an option. I

Adult Member Comments related to Chronic Illness issues and SDH

fight every day for sobriety and by grace and God I make it, I suppose. I wish however that people would take something's into way more consideration when it comes to this war on drugs and alcohol. Helping the addict helps them to stop. Not just turn them away. Hopefully but I doubt that my input will make any bit of difference nor will the insurance companies take my opinion into consideration what-so-ever. So I'm not even sure why I wasted my time writing this let alone filling this but I can only hope that one day, on just one thing that my opinion would count and matter just one time, or have some kind of luck, just to win the lottery, just once to be set financially for my lil girl. But again I'll never be lucky either. They say if you want it bad enough, go for it to make it yours. So how do I make the Powerball mine if you never win and insurance cover methadone when politicians and drug manufacturers are greedy, money hungry, beasts, controlling people w/medicine that helped me stay sober, allowing me to function in daily life, be a great, wonderful mother who wants my baby to come first. She can't come first if I can't stay sober. 3) All I want is the chance to say hey, I now feel strong enough to detox the methadone and I don't need this anymore either. And right now the methadone helps with the cravings and urges. It really does. By the time I detoxed the last time I was on Methadone I detoxed slowly and I felt very good by the time I did the administrative detox and the correct support system and help at home the last several weeks and I was just fine. Any who I'm sending this out now. Thank you.

Experiences Getting Care

Adult Member Comments related to Experiences Getting Care

but dislike that I have a hard time with the dental portion on who accepts it and getting into appointments

If my daughter needs care over the weekend because she is sick and her doctors office is closed they have to contact someone before she can be seen at an urgent care. I have also been told that if I don't get her provider switched over to being them they will not see her anymore. I only take her there when her original office is closed and she needs care not like it's all the time.

I just feel that people on government insurance are treated differently and do not receive the same care as private insurance carriers.

I am having issues with my family doctor and been thinking of changing my family doctor.

I am in the process of getting a new Dr. and Specialists starting May 1st. I was never made aware of what was being used when going to my Dr. or a Specialist. My Drs. Office set all of that up for me.

insurance and going there is VERY stressful

Unfortunately I have answered questions that are not applicable to me. I have recently change to a new health provider primary health provider. I have been receiving care for the past four months. She has been extremely helpful in my transition to her care. I appreciate her attention and commitment to my health.

CHC, never makes appointments, if lucky they put you on waiting list but don't hold breath waiting for them to call you and if you call them very, very rude!

I live in a rural area too but thank God for clinics that are close-8 miles.

The healthcare provider on my card will not take me. Let me see the other doctor in the office. Since the other is a male, my healthcare have not been met. I have expressed my reasoning for needing the female doctor that is on my card, but there was no budge or understandings. So my health suffers because I am very uncomfortable with a male doctor. This has to do with my PTSD as well. Men.

My doctor is great and medical staff that I deal with. What they have to deal with concerning the insurance I don't know.

Adult Member Comments related to Experiences Getting Care
I desperately needed antibiotics and it took 2 1/2 months, multiple visits, and 4 different doctors to finally get it, and then I was completely better after 24 hours of being on the antibiotic. They should not base care needs on the type of insurance you have. They have the resources and still get paid its awful to make people suffer through illnesses because they are placed in a category.
Doctors suck, it's not the insurance it's the doctors, they either won't do anything or even fix the problem, or they want to keep doing surgeries to spend money.
Try to get a new doctor at a different clinic for my breathing and because my oxygen connector to my Cpap broke, my old doctor has bad business time, can't get into see him. Getting the run around from new place. Keep calling, but nurse don't call back so at night I'm only on the Cpap and can't use the oxygen.
I actually try not to go to the doctor. But when I do and they tell me that my meds need updated I don't seem to get any help getting my med renewed.
My health care is okay. I haven't had any ussue my health so far.
It's even hard to change doctors and even more hard to find a doctor that will work with you and listen and help with each problem that you have.
I don't find it to be as bad as some people say. I just don't care much for doctors personality but I know I can switch with no big hassle.
I do NOT like how [clinic name] is a "band-aid" hospital/clinic
Otherwise, I am very pleased with the healthcare I receive overall.
my clinic told me I was negative for STD when I had Trichomonasis 3 times. I went to [HOSPITAL] and got treatment.
One number in my lab work was up so they said I was diabetic, that number is down and the doctor just say so what. She said if I get the numbers below 7 for longer than 6 months, she would take me off those meds. It has not happen yet.
Thankful for the medical staff who provide quality care for us!
I like that I don't have to pay or cover a balance of some sort, but hate how some look at me differently compared to others who actually have money or good insurance. I can tell just by how I get greeted compared to others.
My health care is good.
Most doctors, NOT ALL, treat you like you owe them because you're disabled and you're on government help to have health care. Some times you have to keep pushing to have a doctor to work with you to have things looked at and sometimes by the time the doctor does look at the problem it's worst than what it was in the beginning
I just believe they need to check the doctors that are in my area, [County], IA for the way they doctor. My doctor wanted me mentally evaluated when I told him about drug use in my small town the strange things that people were doing outside my house. Because I new too much, instead of helping me he just assumed I was insane. I had to get a hold of my neurologist from Sioux Falls, South Dakota and he drew all new blood work from a different lab to find out that my major organs and no drugs were found or any signs of damage to my organs, as he had not been checking this for over a year and a half. There had been no communication between Doctor [NAME] (my MD) or Dr. [NAME] (my neurologist) at any time. When Dr. E had lead me to believe he had spoken with him way back in 2016 when I first began seeing him.
I do not care for the attitude of a few of the staff members. I feel they should be shoveling (expletive) instead of practicing medicine. That's my opinion for which I am titled!
I'm pregnant and will now start seeing OBY/GYN for the next year. Just had my first appointment and my treatment was excellent.
I have been confused in the past year if I have health coverage or not. So I generally don't go to doctor unless absolutely necessary. My doctor office has always been great about letting me know if there were any changes or what I need to do if there were any issues.

Adult Member Comments related to Experiences Getting Care
I can never get an appointment with my doctor when I call on a daily basis trying to. They always tell me that they don't have any appointments available for at least a week or two. But yet my brother in law who has private insurance and sees the same doctor as my family and I do and he can call and they always get him right in. Seems wrong to me..
I wish doctors would stop making you feel like a drug or buzzer when I'm not. When you're in pain and they don't give you pain meds so I cry myself to sleep if any sleep at all.
I just want somebody to find out what's wrong with me. Instead of getting the run around. It's been 2 to 3 years now.
So far, I've had no reasons to complain. I've always had what I needed for my health care. I must comment the [clinic name] for an excellent job with my original problem that put me in this program. They honestly saved my life. I owe them my gratitude. My wife on the other hand, well, that is an entirely different store. I'd like to do a documentary on that!
Just the lousy excuse for a doctor, write her a letter and tell her I should have got her for attempted murder. I'M SERIOUS. My excellent doctor I saw for 35 years retired and I was pushed off on a so called doctor's assistant, her first question was "how do I know you are disabled". I'd been disabled for 28 years, I don't know what to say. I thought before a so called physician read your medical records I was mistaken she cut off all the meds that made my life bearable. I suffered with her for a solid year before the Ibuprofen call. It sounds like a joke but I'm a better doctor than her and I can't even open a band aid. Maybe you people in IA City can write her a nasty letter on my behalf. I really suffered at her hands, she needs a wake up call!
My Dr. [NAME] is very professional and is very caring about my Diabetes and about trying to get it under control. My specialist Dr. [NAME] also is a good doctor. I try real hard to deal with this disease which is why I had a heart attack.
I realize that unfortunately money isn't every notion, there are many wonderful people in the medical profession. I have met them, and personally believe they are genuine. Obviously there's greed and skable and about monies they make it life. Some are just (expletive) who took school to make money. It's the American dream. No one person can change it. But I believe the good Lord gave me sense to gut it out. Thank and my doctors and nurse's and staff and ER. God bless!
I haven't had any problems with this plan. Just some of the doctors.
I changed personal doctors within the last 6 months. My old doctor was horrible and my new doctor is much better. My psychologist is hard to get in to see so I often lapse off my pills for my mental health. It is hard to get mental help in Iowa. The help I do get is very impersonal.
Right now conditions are under control much better than not long ago.
Well b/c I am a recovering addict as I mentioned before t's much harder to get adequate health care. No matter where I go I'm always up front about my addiction with all doctors and I used to not be. It's frustrating not being able to get the same care as others b/c of something that you did in your PAST! How is that even fair. I'm not one of those that's trying to play the system, doctor shop or hit every emergency room in own town. I'm not trying to get addicted to pills but when I'm sick and in pain treat my pain like you do others! I'm human and I hurt, I get sick, I stress, cry, scream, get frustrated, I love and I'm human. As for my family doctor I love him, but it's not so thorough like I think it should be. I should be seeing a psych doctor but family doctor don't ask about my home situation, depression, etc. I bring it all to them first. That's why I really love the [CLINIC] and my one-on-one counseling sessions with [NAME] my counselor, he listens, ask questions and helps me cope with life. Maybe if I would had more involvement w/fam doctor the problems wouldn't have evolved so quickly at all.
I'm not very pleased with how female nurses/staff are RUDE! P.S. Never going to Mercy for any hospital visits. Very unprofessional and rude. BAD ATTITUDES!
Doctor was just very rude.

Adult Member Comments related to Experiences Getting Care
I dislike the fact that because of my insurance, I am not considered for treatments that are afforded to those without money.
Medical equipment in doctor office. Have to make trip to hospitals.
Sometimes I feel they tell you what's wrong, but don't explain how to manage it or what may help/worsen the issue. A lot of times provide meds but nothing else, could be helpful to explain or give some knowledge on care.
Low income people sometimes get lost in the shuffle of health care, I have a rare ear disease, Meiners, and the P.A. I have now hasn't offered any care, rare equals limited treatment, limited meds, tomorrow I'm telling her what I need, I've had it for 10+ years and have never had any meds to help with the constant chronic vertigo, pressure, ringing, I also have a rare skin disease H.D., which I'm healing with honey because no doctors have a clue, or even heard of it. We have to take our health care in our own hands, I visit a surgeon and a P.A., once a year, and twice a year to surgeon for spine injections.
I been going to the same doctor for years, 10 or more, and they not certified, how is that, not understand.
Two years ago I was pre-diabetic. My insurance paid for a dietitian. I now have no sign of being diabetic. I lost over 100 pounds. I am very grateful of what my doctor does.
Very satisfied with doctor and small town hospital.
my choice of doctor is wonderful, caring and always checks on me with new medicines
To get an appointment quickly when my kids or I are very sick take days/sometimes a week.
I had one doctor call me a liar and said that he had to operate on me because he took the medical oath but he never did operate on me and I still to this day have problems with my colon.

Unmet Need

Adult Member Comments related to Unmet Need
I dislike not having a regular doctor...no one wants to take state insurance. medical associates takes medicade but if you need to be seen in a different department you can't
I go to a pain management doctor for chronic back and neck pain and I hardly get approval for my injections.
16. Doctor ordered, insurance would not cover.
Lancets for lancing devices should be provided for Type 1 diabetics that use Dexcom blood glucose monitors. As are still adviced to prick finger. Insulin pens should be covered as well as the syringes.
We have health insurance but it does not cover what we need.
I need a good doctor that will help me with my pain that I have every day.
I dislike the fact or my health plan or health coverage does not pay for certain medications we need when it is prescribed by a doctor.
I have severe allergies to medicines and can't take a lot. I need shots for inflammation in my back and hips which is always turned down!
Also I have tried 3 to 4 times to get partials 4 the left side of my mouth and have no teeth on that side they will give only 1 partial which makes no sense I can't chew on the left side at all. I have bad headaches due to that and TMJ.
Have been denied test because insurance won't cover it, or they thought it wasn't necessary.

Adult Member Comments related to Unmet Need
<p>2) I guess what I'm saying is that insurance should cover methadone maintenance, especially if the person is a female, pregnant, addicted to opiates/heroin. I feel this is a much better option than street drugs or self medicating. Today I am back on methadone, but I have to pay out of pocket as usual but so far I'm clean and sober, but anything can happen when insurance isn't an option. I fight every day for sobriety and by grace and God I make it, I suppose. I wish however that people would take something's into way more consideration when it comes to this war on drugs and alcohol. Helping the addict helps them to stop. Not just turn them away. Hopefully but I doubt that my input will make any bit of difference nor will the insurance companies take my opinion into consideration what-so-ever. So I'm not even sure why I wasted my time writing this let alone filling this but I can only hope that one day, on just one thing that my opinion would count and matter just one time, or have some kind of luck, just to win the lottery, just once to be set financially for my lil girl. But again I'll never be lucky either. They say if you want it bad enough, go for it to make it yours. So how do I make the Powerball mine if you never win and insurance cover methadone when politicians and drug manufacturers are greedy, money hungry, beasts, controlling people w/medicine that helped me stay sober, allowing me to function in daily life, be a great, wonderful mother who wants my baby to come first. She can't come first if I can't stay sober</p>
<p>Having a chronic condition of Hepatitis C and being on Medicaid, I am not able to receive the treatment for my condition unless I pay out-of-pocket or my Medicaid is cancelled and I receive private insurance. I am disappointed that I am not able to receive treatment for this condition, which can eventually be life threatening, while receiving Medicaid.</p>
<p>I have Diabetes (severe) so my doctor put me on the insulin pump due to me taking over 10 shots a day. The insulin pump has helped me manage my diabetes so much better. I now have an Animal Vibe pump that allows my blood sugar to be monitored on the minute. I have a 4 year old child to make sure I never go into low blood sugar spells around. My health plan does NOT cover the supplies for this pump! Very frustrating and not financially affordable for myself.</p>
<p>Over 2 years ago I had been tested for MTHFR Deficiency. Deplin and Fetzima were doing great, and had been receiving through previous NPA. Medicaid will not cover, we've tried a few times to get approved, I had a psychiatrist put me on a lot of different meds, when the NPA, found the info in my blood work-up and it worked very well for me. I struggle at times and wish I could get back on that anti-depressant. Finally something worked and it's not covered. I stay on anxiety medicine and try to cope, using therapy and visits to doctor. Would appreciate if my life could be looked at to approve what worked for me for the depression and severe lack of focus.</p>
<p>Will not ok Nexium.</p>
<p>Would like some medicines to be covered that aren't.</p>
<p>Only complaint is the medicine I needed to be able to function completely I was going to get charged 140.00 for 1 month supply so could not get medicine.</p>
<p>My daughter was on a cough medicine and insurance will not pay for any cough medicine. It cost my \$78 out of pocket for a cough medicine. That's crazy.</p>
<p>I answered this for myself. However I have kids on this as well, and have had difficulty with meds that they have been on for years, having to be changed by dosage. Because the insurance would not cover the dosage. I don't feel as a health care provider myself that insurance should be able to put dosage restrictions on meds, as they are not doctors.</p>
<p>I would like them to pay for all my meds and me not having to take it out of my SSI \$735.00 a month.</p>
<p>Too expensive. Meds are too costly.</p>
<p>Not able to get the same medication in different doses from different providers at the same time. It affects my mental illness due to not having my meds that I need to take on a every day basis.</p>
<p>Plus, they should help with paying for vitamins. Iron pills, heart burn pills, etc. a lot of people don't take them because they can't afford them. You have to pay for them yourself (I think that's wrong).</p>

Adult Member Comments related to Unmet Need
Amerigroup & Medicare seems to change meds. They won't cover that I need. Have a lot of pain that regular over counter pain meds does not help.
What I do not like about the health care plan is being controlled on what medicines I can and cannot use. The doctor prescribes the medicine and over half the time it gets denied. They are not doctors that makes these kinds of decisions, they do not know what is going on with my body, but yet it's all about the money of politics. Health care should be health care about taking care of a human to the best fullest potential. Yet, ii know by trying the least expensive drugs, that end up down the road being too late to fix the matter. Do you want to make this a better country? Then get on the pharmaceutical companies to cut their costs. Ridiculous on what they charge!
The fact that they don't pay for some of the meds that my doctors feel like I need to be on.
Just that I can't get some medicine that I need because my health care does not cover it. Also that they don't cover any weight loss pills to a better way of living it's not that I'm fat but would like to lose weight and get some help other the diets and workouts. I've took Prednisone for over 6 months, and if my side effects is weight gain so when I lose weight I get sick and get put on Prednisone for my Asthma so it makes me hard to lose it and keep it off. Therefore I think Medicaid should cover it.
I was prescribed a medication that I've had before, that Medicaid has ALWAYS paid for prior to this in Jan. My MCO is still refusing it and now I'm going thru a complicated and pretty unclear appeals process because they still haven't approved it. Thank God for good psychiatrists and samples. Also the MCO's "sorry not authorized letter was (expletive). "We're not saying you can't get this medication, we're just saying AmeriGroup won't pay for it". It's on the approved meds list!
MCO has not filled 15 medicines my doctor wants me to take.
I wish they covered tobacco quitting products. I have tried several times to quit on my own and haven't been successful.
Dislike that it only covers glasses less than \$28.
They won't cover all meds or smoking patches.
Changes have been made in my prescription coverage without notification, causing me to have to pay out of pocket for important prescriptions. Seems to be a lack of communication between agencies.
They do not cover for glasses. That is a big problem.
If I have a health problem no matter what it is than I should be able to get the treatment I need but I can't afford to pay the out of pocket cost of my treatment and I would think my MCO or insurance would pay for it, but it doesn't and I go without treatment cause I can't pay the amount out of pocket cause I'm broke. I live on a government income, SSI. I barely have enough money to live on now.
Insurance doesn't pay for some of the meds that are needed. Can't afford to pay out of pocket. I think insurance should pay full coverage no matter what the cost and what it's for. Esp. for those who can't even afford to pay (like myself).
The only issues I've experienced are the changes, revisions, or end of covered medications. Some of this includes the changes and restrictions placed on same medications, but how they're disbursed such as dosage, quantity, and forms. Previous covered meds no longer covered, and not informed, or revised needing lengthy prior authorization that caused disruptions with intake that lasts weeks.
My psych doc prescribed it, her office performed the required PA. She even personally wrote them a letter. If they don't pay for it as a very poor person, I literally can't get it.
They also said the edema I have could not be helped except by painful wrapping or (illegible) but the medication they would cover I can not take leaving me with nothing effective.

Adult Member Comments related to Unmet Need
Getting prescriptions can be difficult. Several times they've refused to cover one thing and my doctor has had to prescribe an alternative. They've been fussy about skin cream for dermatitis! They've tried to avoid paying for my migraine medications too, and only cover it because their preferred medications didn't help or just made things worse. They'd rather pay for opioid instead of Rizatripton. Seeing doctors or my therapist isn't a problem, but getting a prescription? That's tricky!
It is difficult to get medications that were once affordable (generic) and have now sky rocketed to where it's not even affordable to pay for out of pocket. For example Clindamycin was \$10 and insurance paid. It is now (generic) \$90 and insurance won't pay or needs pre-auth which we usually don't get!
I wish that it was easier to figure out who you could go to for things like the dentist. It would also be nice if enrollment was easier like if it could be done online and if it was easier to get a hold of someone to help when you have a question. I have been taking ADD medications for years now and it's very annoying when they make it hard to get my medicine because I am a full time college student and need it to do well in school.
I am a 40 year smoker and i wanted to quit. So I decided on the patch. It helped for a couple of months and then I went in to get a refill for my script and amerigroup insurance wouldn't pay for it. So I am back to smoking.
Need new mammogram machine for 2 spots in right breast, but had to go with regular mammogram because I didn't know if my insurance paid for it and was in mammogram room when informed. Need more doctors.
With America dealing with morbid obesity, insurances should look at covering more weight loss aids. Primary care physicians are wanting their patients to take weight loss drugs that are known to be effective, but insurances are refusing to accept the medications. It may be necessary to look at this more closely, in order to prevent further medical problems (i.e.: depression, CHF, HTN).
There are time when I have to go without because I can't afford it myself. Also time when it is less trouble to pay rather than to bother nurses and pharmacy repeatedly only to be turned down.
4) Being sent out of hospital still feeling sick and in need of more care. 5) Not able to get care because of how much I need, specifically in ER. 6) Unable to get pain medicine at doctor's office and hospital.
I get turned down for meds, I get what they choose or nothing at all.
I have learned in the last couple months that my health ins doesn't pay or help pay for some of my medicines
Tell me why I can't get dental, my vision or eye glasses once every 2 years don't help.
Some prescription prescribed by doctor didn't cover. That medicine is important to my health.
My Adderall prescription is not covered or approved and my doctor has put in every word and things for pharmacy. It's ridiculous, I've always been covered by other HMO's.
Ortho shoes 2 a year why has it stopped? I was told I can't get dental care, it doesn't cover me with no dependents in my home. I was getting prescriptions that worked for me, now I have to pay out of my pocket and can't only get what I have funds for and that don't even cover enough for the whole month and don't know where to go or call for help.
I have ED and can't get (blue pill) Viagra, the health plan won't cover. That's depression and emotional!

Other Comments

Adult Member Other Comments
Thanks for the \$2.00 bill.
I just use insurance when needed.
This is the 2nd survey you have sent me. I sent the 1st one back. The MCO's say they are losing so much money--why the state of IA wasting money on sending duplicate surveys. Something to think about! We are wasting money by sending duplicate surveys. Just something to think about. What a shame the state of Iowa is so wasteful.
Still attending high school.

Adult Member Other Comments
Too long.
No thank you. Have a nice day.
Not at this time, I will let my doctor know if I need help.
Thank you for your health concerns, nice of you to ask. Have a good day.
There really isn't anything.
I had bronchitis, Feb. 17 for 3 1/2 weeks coughing and wheezing.
Great over all experience with Iowa City.
Car ride.
Graduate May 2017.
Every excellent good.
I don't feel as if my concerns are being taken seriously.
Learning it, haven't had that long.
No not at all. Thank you for sending it to me.
Need health coverage this year.
Was wanting to get phone service threw in.
Too many questions.
Thank you so much for care about us. Appreciate. God bless you.
Really enjoyed this survey.
Need to see doctor for my eyes again. Need to see a dentist.
I asked him the questions and he answered them and I wrote down what he told me to. I am his wife.
I have free membership at the YMCA. I feel better when I exercise.
Thank you for asking these questions.
Thank you so much for allowing me to participate in this survey.
Thank you!
GREAT.
I'm good!
Haven't had enough time to voice a knowledgeable opinion on it yet.
Please! Your survey is too long. And so many question is just a repeat after repeat. So make it short with specific question. Thanks.
Thank you.
Thank you for checking up on me.
Survey needs to be shorter. It's way too long.
Thanks you for \$2 bill. We were just talking about a \$2 bill with kids.
Don't really know the specifics or differences between them.
Thank you for picking me. I found this to be educational and fun.
P.S.: keep your \$25 gift card that's not going to help fix my life.
Don't send me anymore of these things. There a waste of time I haven't been to the doctor in years. Thank you.
I answered this for myself.
I'm done. Yay!
No problems. Thank you for the \$2.00!