

Iowa Wellness Plan Consumer Survey

2018 Report

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EXECUTIVE SUMMARY

Introduction

The Iowa Wellness Plan (IWP) is Iowa's version of the Medicaid expansion with the intent of providing comprehensive health care coverage to low income adults who were not previously eligible for Medicaid (e.g., low income single adults). The Medicaid expansion began on January 1, 2014 and has had several significant changes in organization and care provision in the last five years [\[see Background on page 9\]](#) leading to the current structure where the Iowa Medicaid Enterprise is contracting for all Medicaid services through two different managed care companies.

This report presents the results of surveys with IWP members about their experiences with the program, including their access to care, utilization and ease of using the program. This research is part of an evaluation of the IWP being conducted by the University of Iowa Public Policy Center for the US Department of Health and Human Services, Center for Medicare and Medicaid Services. These surveys were conducted in the fall/winter 2018-9 when the two managed care companies providing care to IWP members were UnitedHealthCare Plan of the River Valley and Amerigroup Iowa. The experiences of IWP members are compared throughout to those of other adults in the Medicaid program. In addition, there is a chapter specific to the experiences of adults in the Supplemental Security Income (SSI) program compared to adults in Medicaid. The SSI program is primarily for those with significant, often disabling health issues.

Methods

Surveys were mailed to a random sample of IWP members during the early fall of 2018 who had been in their current plan for at least the previous six months. Potential respondents also had an opportunity to complete the survey online. As part of a separate Medicaid evaluation, we also conducted a survey of traditional Medicaid State Plan members during this same period of time, using the same methodology. This population is used as a comparison group for this report. An additional random sample of adult members of the Supplemental Security Income (SSI) program were also surveyed; the results of this survey are included in Chapter 3. The survey instruments were based on the most recent versions of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0 Health Plan survey and the CAHPS Clinician and Group Survey. A number of items were added to provide additional information. The findings in this report are based on the experiences of 1704 respondents to the IWP survey, 1401 respondents to the Medicaid State Plan survey, and 2134 SSI respondents to the Medicaid State Plan survey.

Key Findings from the 2018-19 surveys

In general, for those in IWP, member experiences were similar regardless of which MCO they were enrolled in. Most of the key findings reported below are differences in experiences between IWP and Medicaid members. However, pertinent key differences by MCO are noted.

Demographics and Health Status

- Members of the IWP were older and more likely to be male compared to those in traditional Medicaid, which is consistent with the expectations of the Medicaid expansion program. [\[see Table 2-1 on page 15\]](#)
- IWP members were more likely to have a lower health status (25% reported fair or poor physical health) than Medicaid members (20% reported fair or poor physical health). [\[see Figure 2-1 on page 16\]](#)
- IWP and Medicaid members were comparable with regard to mental/emotional health with 26% of IWP and 25% of Medicaid members reporting fair or poor mental health. [\[see Figure 2-2 on page 17\]](#)
- IWP members were more likely to report having a physical or mental conditions that seriously interfered with their ability to work, attend school, or manage day-to-day activities (33%) or interfere with their independence, participation in the community, or quality of life (22%) than Medicaid members (23% and 14% respectively). [\[see Figure 2-3 on page 17\]](#).

Access and Utilization

- The vast majority of both IWP and Medicaid members reported having insurance coverage for all of the previous year (83% and 85% respectively). [\[see Figure 2-5 on page 19\]](#)
- Slightly fewer IWP members reported use of routine care compared to Medicaid members (73% and 78% respectively). [\[see Figure 2-6 on page 20\]](#)
- Significantly more IWP members (79%) reported that a doctor's office ordered tests for them when compared to Medicaid members (72%). [\[see Figure 2-10 on page 22\]](#)
- IWP members were significantly more likely to report that they needed a prescription medicine (70%) when compared to Medicaid members (66%), although a similar proportion of IWP and Medicaid members were able

to receive the prescription medication that they needed (66% and 63% respectively, of all members). Among those with a need for prescription medication, roughly 3 in 10 reported an unmet need for a prescription medication at some point in the last six months. [\[see Figure 2-11 on page 23\]](#)

- Slightly more IWP members than Medicaid members indicated that they needed care from a specialist in the last six months (40% and 36% respectively). More IWP members than Medicaid members reported having seen a specialist (34% and 30% respectively, of all members). Among those with a need for specialist care, nearly 1 in 5 reported an unmet need (17% IWP, 19% Medicaid). [\[see Figure 2-12 on page 24\]](#)
- IWP and Medicaid members reported similar rates of need, utilization and unmet need when asked about mental health care, with around one quarter (24% IWP, 26% Medicaid) reporting a need for mental health treatment, around one-fifth of the whole population reporting use of mental health treatment (17% IWP, 20% Medicaid), and just under a third (28% IWP, 29% Medicaid) reporting unmet need for mental health treatment among those who needed the treatment. [\[see Figure 2-13 on page 25\]](#)
- Fewer IWP members reported a need for urgent care (41%) when compared to Medicaid members (45%). Among those with a need for urgent care, IWP and Medicaid members reported similar rates of unmet need for urgent care (16% IWP, 17% Medicaid) [\[see Figure 2-14 on page 26\]](#)
- A smaller proportion of IWP members used the Emergency room (26% at least once; 11% two or more times) than Medicaid members (32% at least once, 14% two or more times). [\[see Figure 2-20 on page 33\]](#)

Transportation issues

- Transportation assistance was an identified need for about 1/3 of all adult members with about 1/3 of those who needed it not being able to get it at some point in the year (no significant differences between the groups. [\[see Figure 2-15 on page 28\]](#)
 - More IWP members (36%) reported needing transportation assistance compared to Medicaid members (33%)
 - 10% of IWP and Medicaid members needed transportation to or from a health care visit but could not get it
 - Over a third of both IWP and Medicaid members (35% for both) reported that they worried “a little,” “somewhat,” or “a great deal” about paying for the cost of transportation to or from a health care visit
 - Relatively few Medicaid and IWP members used transportation paid for by their MCO to get to health appointments with significantly more Medicaid members (6%) compared to IWP members (4%) using the benefit
 - For those who did use the benefit, a majority (85% IWP, 81% Medicaid) reported that it was ‘very easy’ or ‘somewhat easy’ to use the transportation services provided by their MCO

Quality

- A little less than half of all adult members rated their overall health care favorably (48% and 43% respectively). [\[see Figure 2-22 on page 35\]](#)
- The majority of adult members had a personal doctor; however, significantly more IWP members (83%) reported having a personal doctor than Medicaid members (77%).
 - Significantly fewer IWP members (54%) than Medicaid members (56%) reported having the same personal doctor before and after enrollment in their MCO
 - 21% of IWP members and 16% of Medicaid members changed personal doctors after MCO enrollment
 - Around a quarter (25% IWP, 28% Medicaid) gained a personal doctor after enrollment in their MCO when they did not have one before enrollment
- Significantly fewer IWP members (41%) reported being informed by their doctor’s office about what to do if they needed after hours care than Medicaid members (47%) [\[see Figure 2-16 on page 30\]](#)
- Significantly more IWP members (49%) than Medicaid members (39%) reported receiving self-management support from their provider [\[see Figure 2-17 on page 31\]](#)
- Medicaid members were more likely to use the emergency department (ED) than IWP members.
 - Of those who used the ED, significantly more Medicaid members (46%) than IWP members (37%) reported that the care they received in the ED could have been provided in a doctor’s office. [\[see Figure 2-20 on page 33\]](#)
- Significantly fewer IWP members (9%) than Medicaid members (16%) reported any hospital stays in the six month period. However, there were no significant differences between IWP and Medicaid members with regard to potentially avoidable readmissions. [\[see Figure 2-22 on page 35\]](#).

Experiences with Medicaid and Medicaid Managed Care

- About 7% of survey respondents were unsure which MCO they were enrolled in.
 - And, most accurately self-reported the MCO in which they were enrolled (92% Amerigroup, 89% UnitedHealthCare). [\[see Awareness of MCO Assignment on page 35\]](#)
- Less than 15% of members decided to change from their assigned MCO
 - Significantly more Medicaid members (11%) decided to change MCOs compared to IWP (8%).
 - Of those who decided to change MCOs, around two-fifths (44% IWP, 42% Medicaid) reported that it was 'very easy' to change.
 - 29% of IWP and 30% of Medicaid members reporting that it was 'somewhat to very hard' to change. [\[see Changing MCO Assignment on page 35\]](#)
- Around 30% of IWP and Medicaid members reported having to get prior authorization from their MCO to get care, tests, or treatment. [\[see Getting Care through MCO Health Plan on page 35\]](#)
 - Of those, around two-thirds reported that it was 'somewhat or very easy' to get the prior authorization they needed from their MCO to get care, tests, or treatment (70% IWP, 66% Medicaid)
 - More IWP members in Amerigroup than UnitedHealthCare reported needing prior authorization (35% and 29%), and this difference was found to be significant.

Healthy Behaviors Program

- More than half (55%) of IWP members were NOT aware they would have to pay a premium if they did not get a medical or dental check-up and complete a health risk assessment (HRA). [\[see Figure 2-23 on page 37\]](#)
- Around 70% of IWP members reported that they would be worried about paying a premium (70% UnitedHealthCare, 73% Amerigroup)
- Slightly fewer Amerigroup members (64%) than UnitedHealthCare members (70%) reported completing or intending to complete the HRA
- The vast majority of IWP members reported having or intending to complete a well-visit (94% Amerigroup, 95% UnitedHealthCare)
 - The most frequently reported barriers to getting a medical check-up was that the respondent did not believe they needed a medical check-up, that s/he was unsure where to go, did not currently have a doctor, or disliked getting a check-up [\[see Table 2-5 on page 38\]](#);
 - The most frequently reported barrier to getting a dental check-up was that the respondent did not currently have a dentist. [\[see Table 2-6 on page 38\]](#)
- Significantly fewer UnitedHealthCare IWP enrollees (20%) were aware of the ED use co-payment compared to Amerigroup (41%) enrollees. [\[see Figure 2-24 on page 39\]](#)
- Almost one quarter of IWP members in Amerigroup (22%) were aware of rewards programs offered by their MCO which was significantly more than UnitedHealthCare (12%);
- Of those who were aware of the program, there was no observed statistically significant difference in participation among IWP members. [\[see Rewards Programs for Healthy Behaviors \(IWP and Medicaid\) on page 39\]](#)

Adult SSI Members

- SSI members (as might be expected by definition of the program)
 - Had lower health status than Medicaid members [\[see Table 3-2 on page 48\]](#)
 - Had more chronic conditions than Medicaid members [\[see Chronic Conditions on page 48\]](#)
 - Reported significantly higher rates of medical conditions interfering with daily activities and ability to function independently than Medicaid members [\[see Functional Health Status on page 49\]](#)
 - Were more likely to report a need for prescription medications than Medicaid members [\[see Prescription Medication on page 55\]](#)
- The proportion receiving care from a medical home-like environment was similar for SSI members as for other adults in Medicaid [\[see Medical Home of SSI Members on page 49\]](#)
- Around half of adults in SSI (53%) reported that they always got care as soon as needed [\[see Figure 3-1 on page 50\]](#)
- While both SSI and traditional Medicaid members reported similar numbers of hospital stays in the previous six months, significantly more SSI members reported going back to the hospital within 30 days of being released

(30% SSI, 19% Medicaid) [\[see Hospital Stay on page 55\]](#)

- SSI members also provided similar global ratings of their doctor, health care and health plan (i.e., the CAHPS ratings) as other adults in Medicaid [\[see Quality of Health Care of SSI Members on page 56\]](#)

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BACKGROUND

The Iowa Health and Wellness Plan (IHAWP) is Iowa's version of the Medicaid expansion, approved by the federal government under a Section 1115 Demonstration waiver. Enrollment into IHAWP began on January 1, 2014. Originally, the IHAWP included two separate plans: 1) the Wellness Plan (WP) and the Marketplace Choice Plan (MPC). The WP was a more traditional, Medicaid-like program for adults with incomes from 0-100% of the Federal Poverty Level (FPL) who were not eligible for Medicaid through a categorical program such as Family Medical Assistance Plan (FMAP) or Medicaid for Employed People with Disabilities (MEPD). It was operated by the Iowa Medicaid Enterprise (IME) and each member (depending on their county of residence) received care from one of three programs: a) traditional Fee-for-Service (FFS) non-managed care, b) managed care (Primary Care Case Manager-PCCM), or c) a health maintenance organization (HMO). In the MPC, individuals selected a Qualified Health Plan (QHP) from eligible private plans in the Health Insurance Marketplace. Medicaid paid the health plan premiums for members in the MPC. Marketplace Choice members originally could choose from two QHPs: CoOpportunity Health, a non-profit health co-op, and Coventry Health Care of Iowa, a national managed care company based in Bethesda, MD. More information regarding the formulation and implementation of the Iowa Health and Wellness Plan can be found online at <http://dhs.iowa.gov/ime/about/initiatives/iowa-health-and-wellness-plan>. IHAWP member experiences in 2014 and 2016 have been reported previously and can be found online at <http://ppc.uiowa.edu/health/study/evaluation-iowas-medicaid-expansion-iowa-health-and-wellness-plan>.

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

The IHAWP has been modified in significant ways since the program began. The first major change occurred within the MPC plan. CoOpportunity Health withdrew as an option for MPC members at the end of November 2014.¹ Approximately 9,700 CoOpportunity Health members were automatically transitioned (while retaining their designation as MPC members) to WP providers on December 1, 2014. MPC members who were not in CoOpportunity Health remained in Coventry, the other QHP available to MPC members.

The second major change affected almost all Medicaid members in Iowa, including IHAWP members. Early in calendar year 2015, the state placed all Medicaid members into one of three managed care plans beginning January 1, 2016.

As a result of this change, three Medicaid MCOs began operation in Iowa on April 1, 2016: Amerigroup Iowa, Inc., AmeriHealth Caritas Iowa, Inc., and UnitedHealthCare Plan of the River Valley, Inc. Effective December 2017, AmeriHealth withdrew from the program, leaving two MCOs managing the population. With the exception of a few small Medicaid populations, all Iowa Medicaid members (including IHAWP members) were enrolled in one of the two MCOs. The 1115 waiver for the MPC program was not renewed and the IHAWP became the Iowa Wellness Plan (IWP). Iowa's Medicaid managed care program (in its entirety) is commonly referred to as "IA Health Link" in correspondence and information provided by DHS.²

This report presents the results of surveys with IWP members about their experiences with the program, including their access to care, utilization and ease of using the program. This research is part of an evaluation of the IWP being conducted by the University of Iowa Public Policy Center for the US Department of Health and Human Services, Center for Medicare and Medicaid Services. These surveys were conducted in the fall/winter 2018-9 when the two managed care companies providing care to IWP members were UnitedHealthCare Plan of the River Valley and Amerigroup Iowa. The experiences of IWP members are compared throughout to those of other adults in the Medicaid program. In addition, there is a chapter specific to the experiences of adults in the Supplemental Security Income (SSI) program compared to adults in Medicaid. The SSI program is primarily for those with significant, often disabling health issues.

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

² A Health Link. Iowa Department of Human Services. Available at: <https://dhs.iowa.gov/iahealthlink>. Accessed July 10, 2019.

METHODS

The 2018 Survey of IWP members was conducted during the winter and fall/winter of 2018/2019 using a mixed-mode mail methodology. Surveys were mailed to a random sample of IWP members who had been in their current plan for at least the previous six months.

As part of a separate Medicaid evaluation, we also conducted a survey of traditional Medicaid State Plan members during this same period of time, using the same methodology. This population is used as a comparison group for this report. The comparison does not include those with disabilities who are enrolled in the Supplemental Security Income (SSI) program; the results from those individuals are reported in a separate chapter.

The random samples for each survey were drawn from IWP and Medicaid enrollment data current as of September 2018. Only one person was selected per household to reduce the relatedness of the responses and respondent burden. The sample was comprised of 7500 IWP members and 15500 adult Medicaid members; 7500 in SSI and 8000 from the traditional Medicaid plan.

Surveys were first sent by mail on September 26, 2018. Respondents were given the option to complete the survey on paper or online by entering a unique access code. A reminder postcard was sent one week after the initial mailing. Five weeks after the first mailing (October 31, 2018), a second mailing was sent to those who had not responded to the initial mailing. Nominal monetary pre-incentives are utilized to maximize response rates for mailed surveys. The efficacy of pre-incentives was tested in the IWP group and the sample was randomly assigned to three incentive groups: one which received the standard \$2 bill, one which received a \$1 bill, and one which received no pre-incentives. The entire Medicaid sample (traditional and SSI) received the standard \$2 bill pre-incentive. Both a premium and an incentive were used in the first mailing: each initial survey packet included a \$2 bill, and respondents who completed and returned the survey within two weeks of the mailing were entered into a random drawing for one of ten (for each program) \$100 Wal-Mart gift cards.

Survey Instrument

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

- Need and Unmet Need for Health Care Services (derived from NHIS⁴)
- Quality of Primary Care Delivery (derived from the CAHPS Patient-Centered Medical Home Item Set and Original items⁵)
- Continuity of Care with a Primary Care Provider (Original items)
- Emergency Room Care and Hospitalizations (Original items)
- Mental Health and Emotional Health Care (Original Items)
- Non-Emergent Medical Transportation (Original Items)
- Behavior Change Initiatives (Original Items – IWP only)
- Functional Limitations (derived from the Behavioral Risk Factor Surveillance System (BRFSS⁶))
- Chronic Physical and Mental Health Conditions (Original Items)
- Smoking Status and Smoking Cessation (Original Items)

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

Response Rates

There were 1704 IWP members and 1401 non-SSI adult Medicaid members who responded to the survey for overall adjusted response rates of 26% for the IWP sample and 20% for the Medicaid sample. There were 2134 SSI respondents for an overall adjusted response rate of 33%. The samples for each group were selected randomly but are presented in Tables 1-1 through 1-3 below by plan type (MCO or Fee for Service). Respondents were given the option to complete the survey by paper or go online to complete it. Of the 1704 IWP members who completed a survey 12% (205) completed the online survey, 18% (255 of 1401) of non-SSI adult Medicaid and 6% (132 of 2134) of SSI respondents chose to complete the survey online. Response rates were adjusted by removing from the denominator those ineligible to complete a survey because of

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

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

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

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

undeliverable survey, out-of-state addresses, or because the intended respondent was deceased or incarcerated.

Table 1-1. IWP Survey Response Rates

MCO group	Total Sampled	Completed*	Response Rate
Amerigroup Iowa, Inc.	2215	533	24%
UnitedHealthCare Plan of the River Valley, Inc.	5052	1136	22%
Fee for Service	233	35	15%
Total	7500	1704	23%
Adjusted* Total	6461	1704	26%

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

Table 1-2. Medicaid Survey Response Rates

Plan Group	Total Sampled	Completed	Response Rate
Amerigroup Iowa, Inc.	2534	445	18%
UnitedHealthCare Plan of the River Valley, Inc.	5314	940	18%
Fee for Service	136	16	12%
Total	8000	1401	18%
Adjusted* Total	7000	1401	20%

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

Table 1-3. SSI Survey Response Rates

Plan Group	Total Sampled	Completed*	Response Rate
Amerigroup Iowa, Inc.	2556	729	29%
UnitedHealthCare Plan of the River Valley, Inc.	4753	1370	29%
Fee for Service	191	33	17%
Total	7500	2134	25%
Adjusted** Total	6392	2134	33%

* The total number of completes from the three groups does not add up to 2,134 because we were unable to identify the MCO of enrollment for two respondents.

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

Analyses

The primary analyses were comparisons between members of IWP and non-SSI adult members of the traditional Medicaid program. A secondary analysis was conducted looking at potential differences among the two MCOs for IWP members only. A small portion of respondents (3% of the IWP sample and 2% of IWP respondents) were not assigned to one of the two MCOs but were enrolled in “Fee for Service” (FFS) as indicated by enrollment information. When the analysis for MCO differences within the IWP program were conducted, these FFS respondents were excluded. Additionally, a separate analysis of the SSI population was conducted, comparing this group to the traditional Medicaid members (when applicable). Data were tabulated and bivariate analyses (i.e., chi-square and t-tests for group differences) were conducted using SAS. Group differences are considered statistically significant if the p-value is less than 0.05. When there are statistically significant differences, they will be noted in the text and under the relevant tables and figures.

The data was weighted to control for potential response biases. We used a simple weighting factor to make the data representative of all IWP and Medicaid members statewide. Thus, the percentages reported were weighted to reflect the statewide membership in each group.

Appendix C provides the unweighted responses to each question in the IWP and Medicaid survey by group: IWP, Medicaid, and SSI members.

The final item on the IWP and Medicaid surveys was open-ended, and stated, “Please tell us if there is anything else you like or dislike about your health plan or health coverage.” Qualitative analyses were conducted using the comments given by the members in this item. The content in responses covered a range of topics and were organized into categories. Two coders examined the data, and developed general categories to organize and summarize the comments. A single coder used NVivo software to place each comment into corresponding categories. This process of categorizing individual comments allows for a comprehensive depiction of overall themes. A summary of the themes derived from this analysis can be found in the “Summary of IWP and Medicaid Member Comments” and “Summary of SSI Member Comments” sections of the report. A comprehensive listing of all of the comments (separated by program) can be found in Appendices D through F.

Limitations

There are some limitations with survey research that can affect the interpretation of the results. First, those who choose to respond to the survey may be different from those who choose not to respond and this can create biased results. In this evaluation, respondents in all three groups (IWP, traditional Medicaid, and SSI) were more likely to be female, white, and older than those who did not respond to the surveys [See Tables 1-4, 1-5 and 1-6]. Second, respondents may have difficulty accurately remembering events which may introduce recall bias. This risk may not be high because of the relatively short time period for recalling events (6 months).

Table 1-4. Demographic Characteristics of IWP respondents and non-respondents*

Demographics	Respondent (n=1704)	Non-respondent (n=5796)	Total (n=7500)
Age in Years†			
18-34	29%	48%	44%
35-54	37%	39%	38%
55-64	33%	13%	18%
65 and older	1%	<1%	1%
Sex†			
Female	62%	54%	56%
Race/Ethnicity†			
White	70%	65%	66%
Black or African American	4%	9%	8%
Hispanic/Latino (all races)	3%	5%	5%
Other^	4%	5%	5%
Unknown	19%	16%	16%

* Demographic information is taken from Medicaid Eligibility data and does not necessarily match the self-reported demographic information provided by survey respondents

† Statistically significant difference at $p < .05$

^ Includes American Indian, Asian, Pacific Islander and multiple races

Table 1-5. Demographic Characteristics of Medicaid Respondents and non-respondents*

Demographics	Respondent (n=1401)	Non-respondent (n=6599)	Total (n=8000)
Age in Yearst			
18-34	60%	68%	67%
35-54	37%	31%	32%
55-64	3%	1%	2%
65 and older	0%	<1%	<1%
Sex†			
Female	85%	79%	80%
Race/Ethnicity†			
White	71%	62%	64%
Black or African American	6%	11%	10%
Hispanic/Latino (all races)	6%	9%	8%
Other^	4%	6%	6%
Unknown	13%	12%	12%

* Demographic information is taken from Medicaid Eligibility data and does not necessarily match the self-reported demographic information provided by survey respondents

† Statistically significant difference at p<.05

^ Includes American Indian, Asian, Pacific Islander and multiple races

Table 1-6. Demographic Characteristics of SSI respondents and non-respondents

Demographics	Respondent (n=2132**)	Non-respondent (n=5368)	Total (n=7500)
Age in Yearst			
18-34	19%	30%	27%
35-54	36%	40%	39%
55-64	44%	29%	33%
65 and older	2%	1%	1%
Sex†			
Female	60%	53%	55%
Race/Ethnicity†			
White	70%	64%	66%
Black or African American	8%	14%	12%
Hispanic/Latino (all races)	2%	2%	2%
Other^	2%	3%	3%
Unknown	18%	18%	18%

* Demographic information is taken from Medicaid Eligibility data and does not necessarily match the self-reported demographic information provided by survey respondents

**Two SSI respondents returned their survey with survey ID removed thus eligibility information is unavailable

† Statistically significant difference at p<.05

^ Includes American Indian, Asian, Pacific Islander and multiple races

CHAPTER 2: RESULTS FOR IWP AND MEDICAID MEMBERS

The following chapter presents the results from the 2018 IWP Consumer Survey for non-institutionalized adults enrolled in the IWP and traditional Medicaid programs. Responses to each item in the questionnaire are in Appendix C.

Please note: Among IWP members, there were very few statistically significant differences between members in UnitedHealthCare and those in Amerigroup. Differences will be noted in the text and figures/tables in the Chapter where found in our analyses

Demographics

IWP members were significantly older than Medicaid members with nearly three-quarters of IWP members (70%) and a little under one-half of Medicaid members (38%) being 35 years of age or older. IWP members were less likely to be female (62%) compared to Medicaid members (85%). Medicaid members were more likely to report Black or African American (11%) and Hispanic/Latino (8%) as a racial or ethnic identity than IWP members (6% and 5% respectively). Medicaid members were more likely to report being a homemaker or student (56%) compared to IWP members (23%) yet IWP members were more likely to report being unable to work (48%) compared to Medicaid members (19%). And, IWP members were more likely to report needing help when reading instructions, pamphlets, or other written material from their doctor (21%) when compared to Medicaid members (16%) [Table 2-1]. IWP members did not vary by MCO enrollment with regard to age, sex, race/ethnicity, employment status, or health literacy. Significantly fewer ($p < .05$) IWP members in Amerigroup (48%) had more than a high school degree when compared to members in UnitedHealthCare (55%).

Table 2-1. Demographic Characteristics of IWP and Medicaid Members

Demographics	IWP N=1704	Medicaid N=1401
Age in Years*		
8-34	30%	62%
35-54	37%	35%
55-64	33%	3%
Sex*		
Female	62%	85%
Race/Ethnicity†		
White	89%	88%
Black or African American*	6%	11%
Hispanic/Latino*	5%	8%
Asian	2%	2%
American Indian/Alaska Native	4%	2%
Middle Eastern/North African	<1%	<1%
Native Hawaiian or other Pacific Islander	<1%	<1%
Other	1%	1%
Education*		
> High School Degree	52%	57%
Employment Status		
Employed Full or Part-Time	58%	58%
Unemployment circumstances*		
Homemaker or Student	23%	56%
Unable to Work/Retired	48%	19%
Temporarily laid off/looking for work	29%	25%
Health Literacy*		
Sometimes/Usually/Always Needs Help Reading Materials from Doctor	21%	16%

* Statistically significant difference at $p < .05$

† Race/Ethnicity categories are not mutually exclusive

Note: Three members in IWP and one Medicaid member indicated age 65 or older; these were excluded from this comparison. "Other" was also offered as an option for sex; >1% of respondents selected this option.

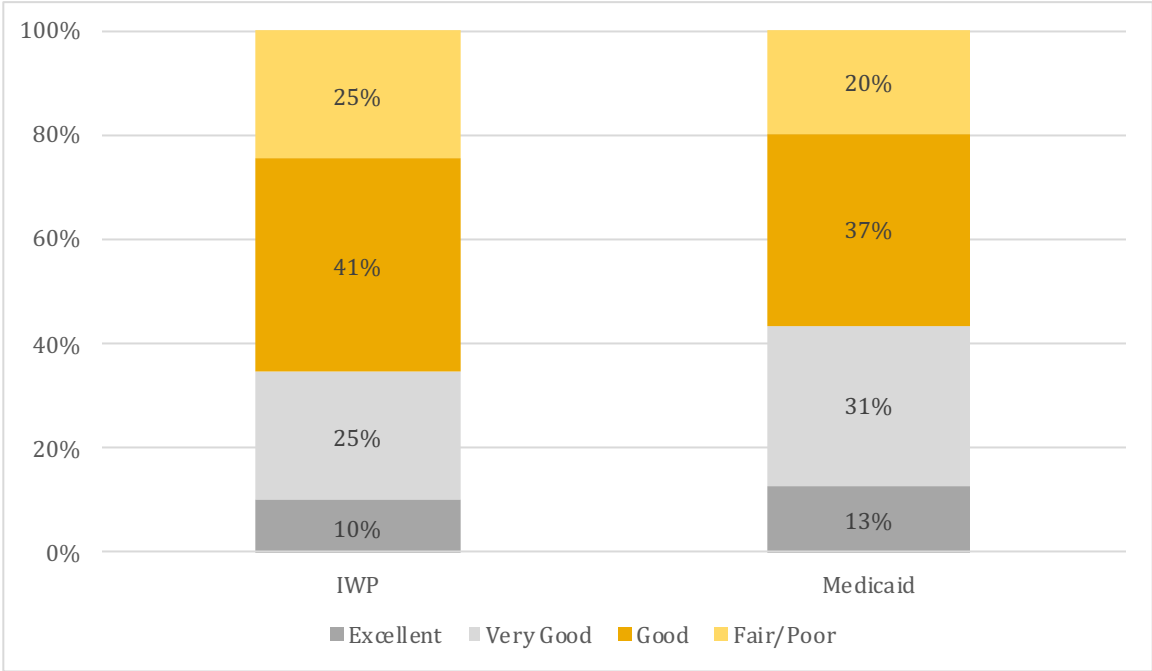
Health Status

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

Physical Health

In general, IWP members report poorer physical health status than Medicaid members [Figure 2-1]. IWP members (25%) were more likely to report being in fair or poor physical health than Medicaid members (20%) and reported an average of three chronic physical health conditions which is significantly higher than Medicaid members who averaged around two. The most common chronic physical health conditions are shown in Table 2-2.

Figure 2-1. Overall Physical Health: IWP vs Medicaid Members*



*Statistically significant difference at $p < .05$

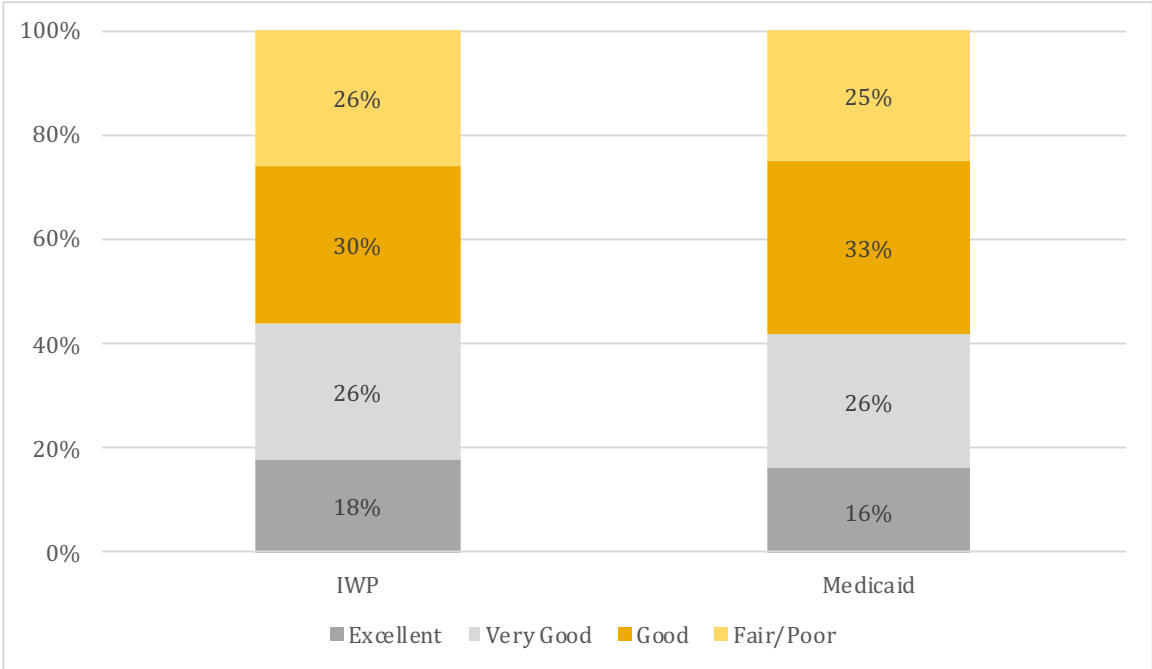
Table 2-2. Most Commonly Reported Chronic physical health conditions (IWP and Medicaid Members)

Health Condition	IWP N=1704	Medicaid N=1401
Back or Neck Problems	35%	32%
Allergies and sinus problems	32%	36%
Arthritis, rheumatism, bone or joint problems	31%	18%
Overweight/Obese	29%	29%
High Blood Pressure	28%	12%
Dental, tooth, or mouth problems	21%	21%
Stomach problems such as recurrent indigestion, heartburn or ulcer	20%	16%
Migraine headaches	17%	24%

Mental/Emotional Health

There were no significant differences between IWP and Medicaid members in overall mental/emotional health status. Each group averaged around 1 chronic mental or emotional health condition. [Figure 2-2]. The most commonly reported mental health conditions were anxiety (42% IWP, 50% Medicaid) and depression (40% IWP, 43% Medicaid); Medicaid members reported these conditions at significantly higher rates.

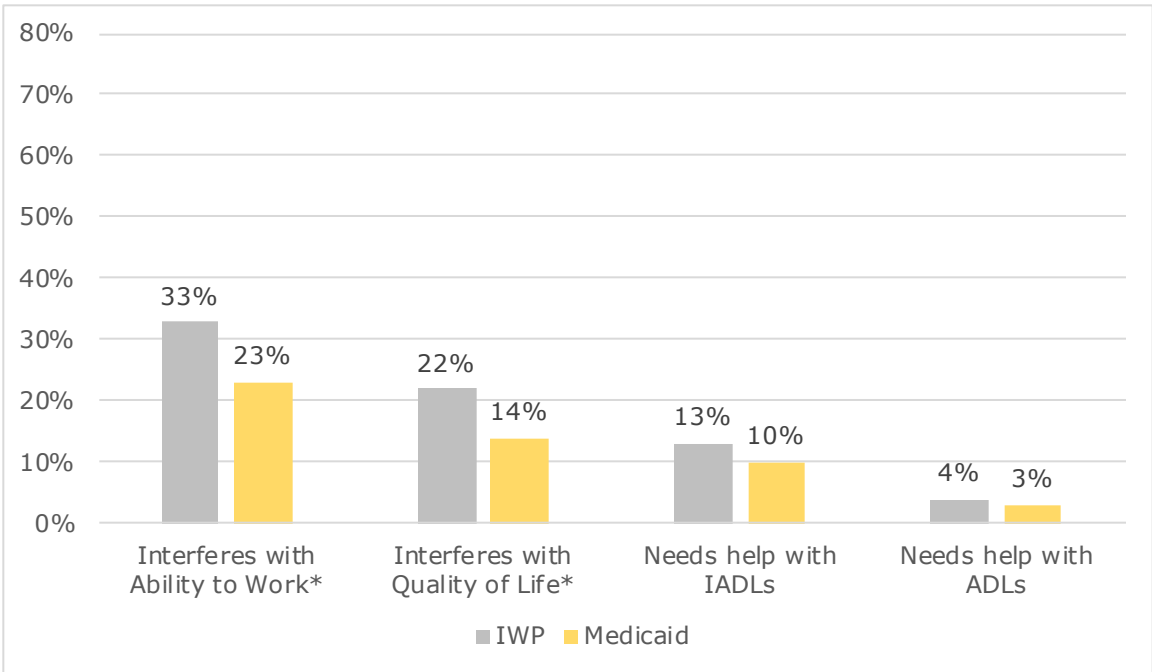
Figure 2-2. Overall Mental/Emotional Health of IWP vs Medicaid Members



Functional Limitations

Self-rated functional health was assessed in the surveys by asking respondents a series of questions about how their physical health affected certain daily life activities ranging from interference with work or social activities to more serious problems with ability to function independently in the home [Figure 2-3]. One-third of IWP members (33%) reported that their medical conditions interfered with their ability to work, attend school, or manage day-to-day activities, significantly higher than reported by Medicaid members (23%). Over one-fifth of IWP (22%) reported that their medical conditions interfered with their independence, participation in the community, or quality of life and this was significantly higher than reported by Medicaid members (14%). IWP and Medicaid members were similar with respect to their self-reported limitations with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Figure 2-3. Functional Limitations Reported by IWP vs Medicaid Members



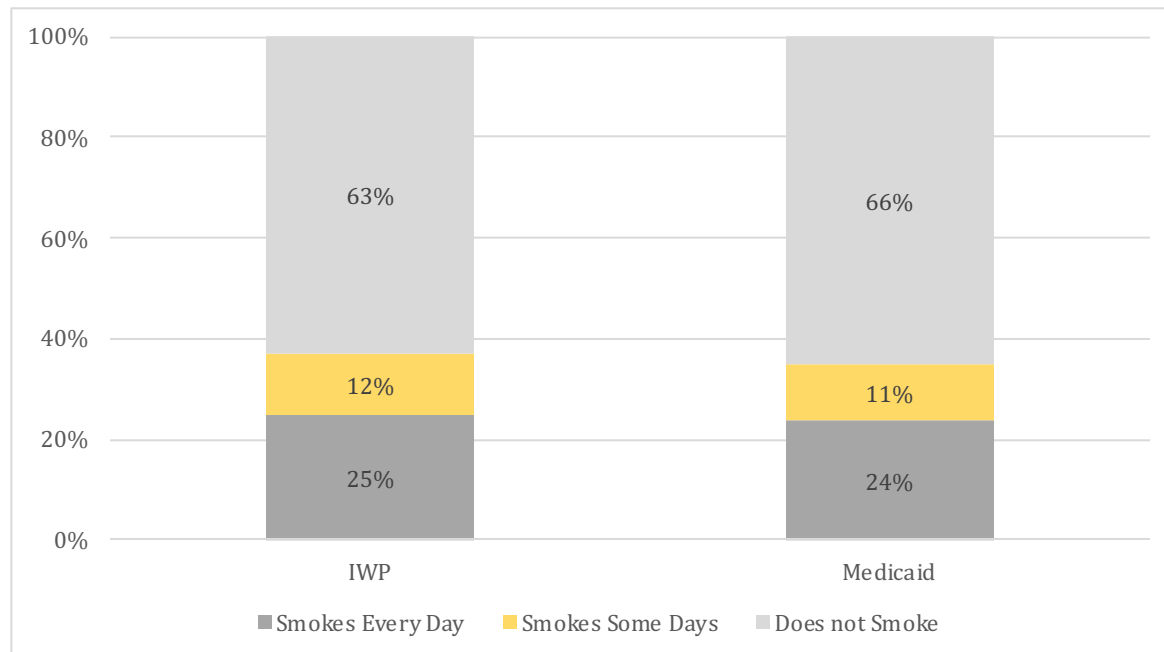
* Statistically significant difference at $p < .05$

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

Behaviors: Smoking

We asked members whether they currently smoked cigarettes or used tobacco every day, some days, or not at all. Overall, 37% of IWP members smoked at least some days compared to 34% of Medicaid members and this was not a statistically significant difference. [Figure 2-4]. Within IWP, more Amerigroup members reported smoking at least some days (around 40%) when compared to UnitedHealthCare members (35%) and this difference was found to be statistically significant ($p < .05$).

Figure 2-4. Smoking Status of IWP vs Medicaid Members



Access to and Utilization of Health Care

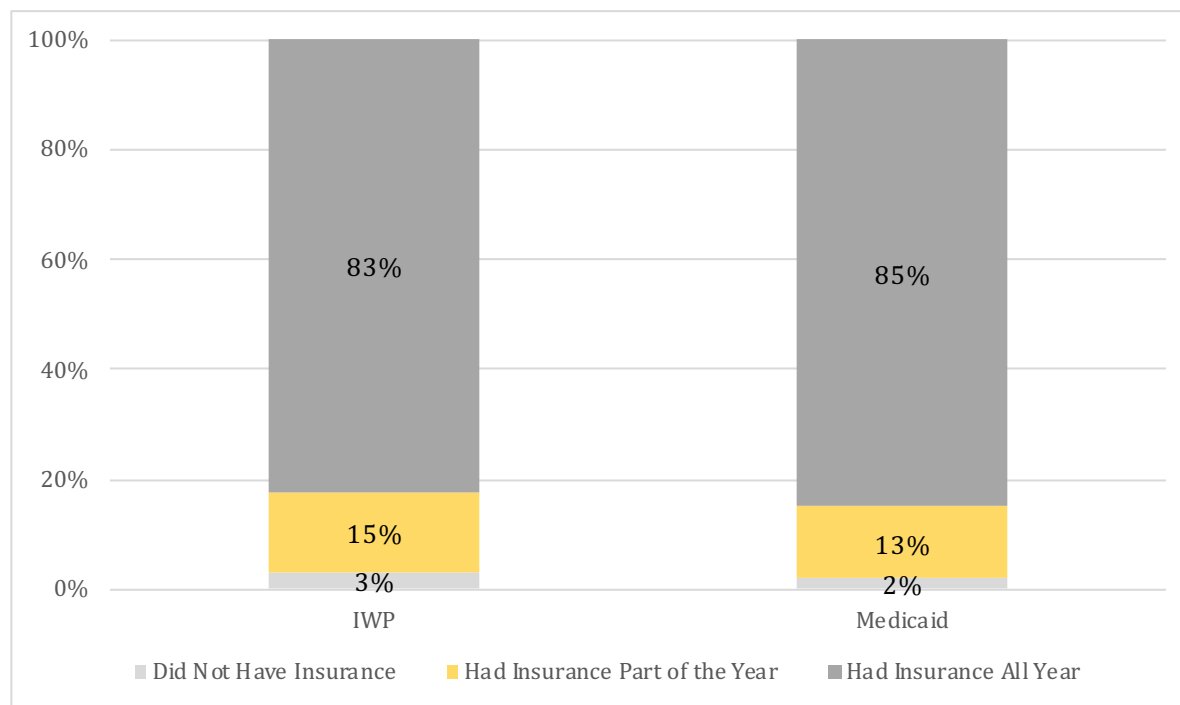
We assessed members' utilization and access to health care services/issues including:

- Insurance Coverage
- Primary Care Services
- Diagnostic or Treatment services
- Specialty Care Services

Insurance Coverage

We asked IWP and Medicaid members how many months of the previous year did they have health insurance coverage [Figure 2-5]. The vast majority of IWP and Medicaid members had insurance for all or part of the previous year. Over four-fifths had insurance for all twelve months of the prior year (83% IWP, 85% Medicaid). There was a significant difference by MCO enrollment for IWP members with partial and all year insurance coverage. Amerigroup members were more likely to report having insurance all year when compared to members in UnitedHealthCare (86% and 82% respectively).

Figure 2-5. Prior Insurance Experience of IWP and Medicaid Members



Primary Care Services

Use of and access to primary care and related services were assessed by asking about respondent experiences with:

- Check-up or routine care
- Preventive care
- Office/clinic visits and personal doctor visits (if they identified having one)
- Diagnostic or treatment services (including prescribed medications)

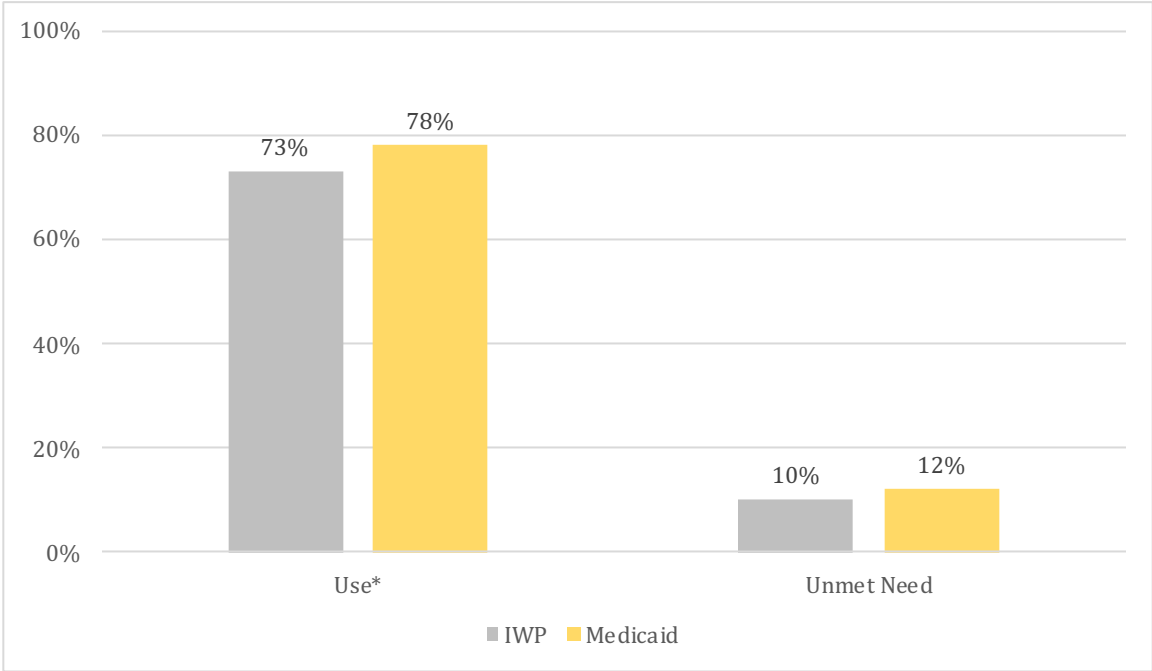
Check up and routine care

Member experiences with check-up or routine care were assessed by asking respondents if, in the last six months, they:

- Made an appointment for a check-up or routine care
- Had a time when check-up or routine care was needed but they were unable to get it

Figure 2-6 provides a comparison between IWP and Medicaid members' utilization of and unmet need for check-up or routine care. Slightly fewer IWP members reported use of routine care compared to Medicaid members (73% and 78% respectively). Overall, around one-tenth reported an unmet need for routine care, with no significant differences between IWP and traditional Medicaid members.

Figure 2-6. Utilization and Unmet Need for Check-up or Routine Care (IWP vs Traditional Medicaid)



* Statistically significant difference at $p < .05$

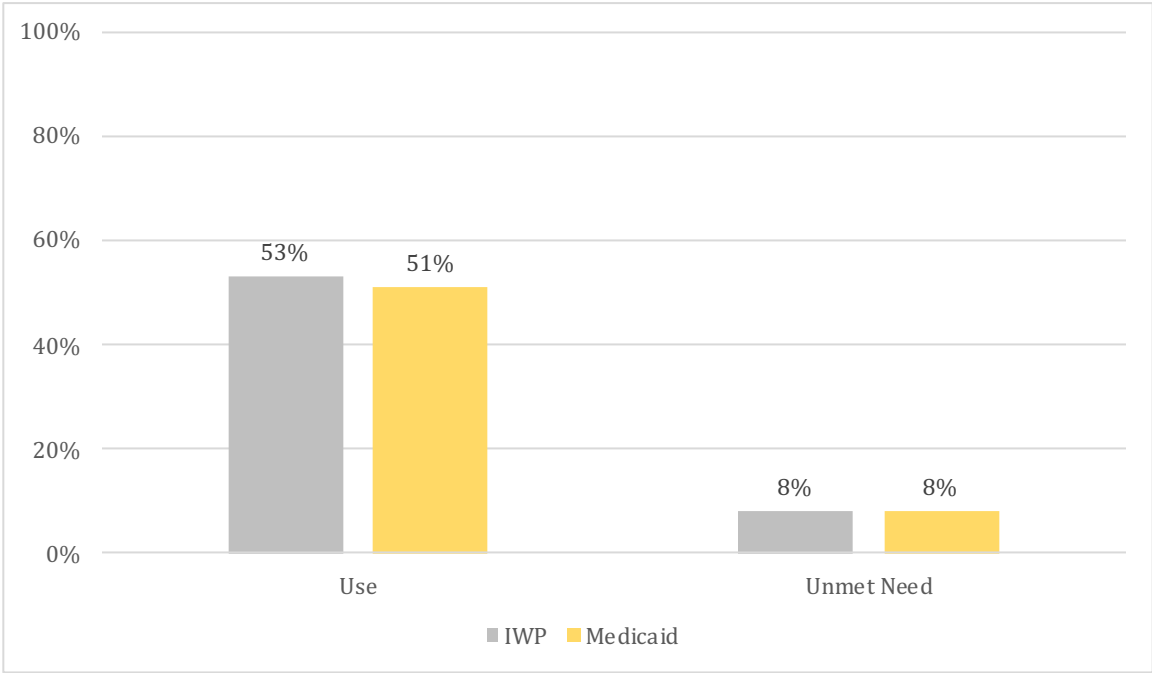
Preventive Care

Member experiences with preventive care were assessed by asking respondents if, in the last six months, they:

- Got preventive care, such as a check-up, physical exam, mammogram, or Pap smear test
- Had a time when preventive care was needed but they were unable to get it]

Slightly over half of both IWP and Medicaid members (53% and 51%) reported receiving preventive care [Figure 2-7]. Less than one-tenth (8%) of both IWP and Medicaid members reported not being able to get preventive care when it was needed.

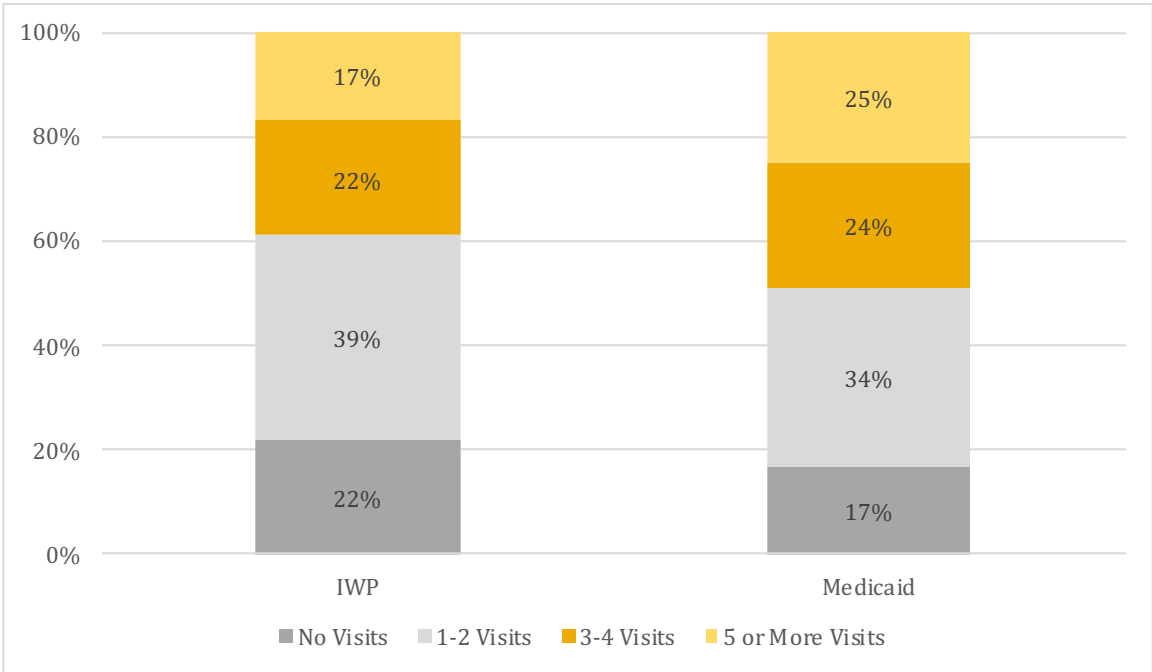
Figure 2-7. Utilization and Unmet Need for Preventative Care (IWP vs Traditional Medicaid)



Office/Clinic Visits and Personal Doctor Visits

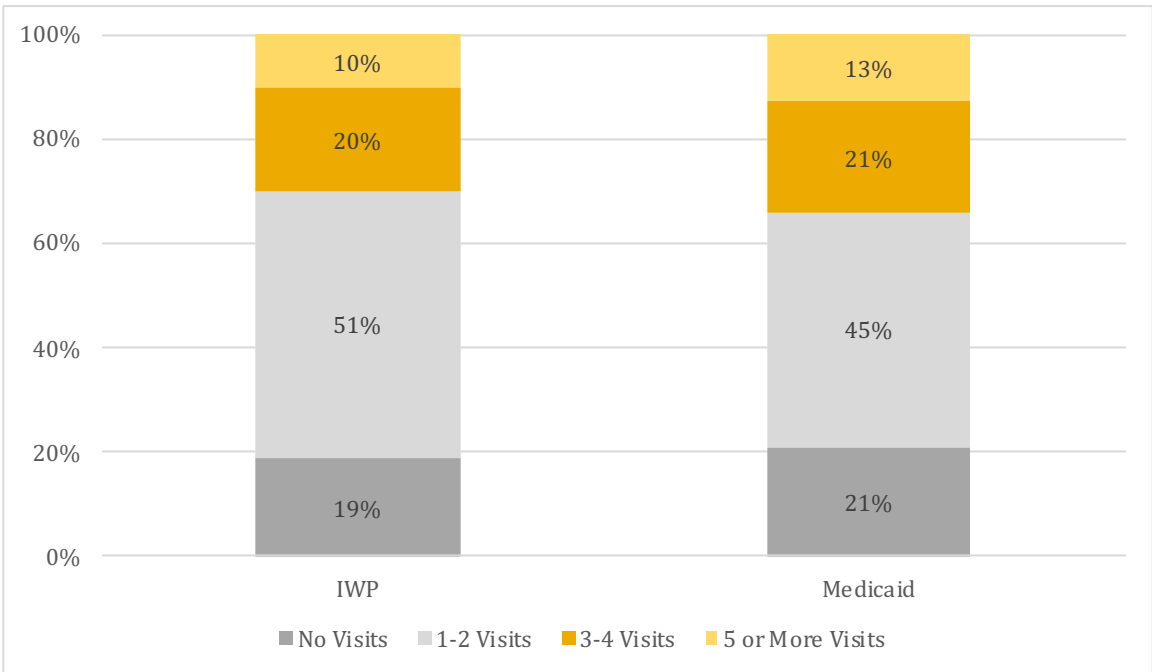
Members were asked how many times in the last six months they went to a doctor's office clinic or clinic and how many times they visited their personal doctor (if they identified having one). IWP members reported statistically significantly fewer office/clinic visits when compared to Medicaid members, with almost two-fifths reporting 1 to 2 visits, compared to one-third of Medicaid members [Figure 2-8]. Medicaid members reported significantly higher number of visits, with nearly half (49%) indicating 3 or more visits, compared to IWP (39%). A slight majority (51%) of IWP members reported 1 to 2 visit(s) with their personal doctor; significantly different from Medicaid members, of whom 45% reported 1-2 visits [Figure 2-9].

Figure 2-8. Distribution of Office or Clinic Visits (IWP vs Traditional Medicaid)*



* Statistically significant difference at $p < .05$

Figure 2-9. Distribution of Personal Doctor Visits (IWP vs Traditional Medicaid)*



* Statistically significant difference at $p < .05$

Note: Only members who reported having a personal doctor (n=1,396 IWP and n=1054 Medicaid members) were asked about visits to their personal doctor.

Diagnostic or Treatment Services

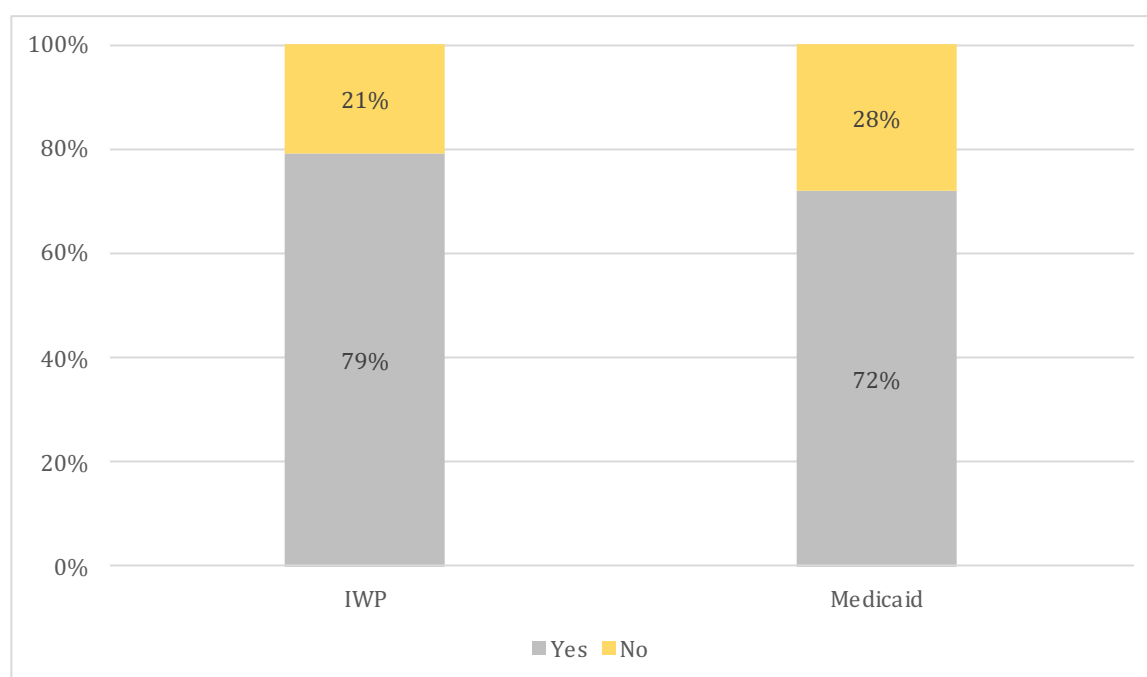
We assessed members' need for and use of diagnostic or treatment services including:

- Testing
- Care for a chronic condition
- Prescription medication

Testing

Testing was assessed by asking the members who had reported on the survey that they had a visit to a doctor's office or clinic to get health care, if anyone at a doctor's office had ordered a blood test, x-ray, or other test in the last six months. Significantly more IWP members (79%) reported that a doctor's office ordered tests for them when compared to Medicaid members (72%) [Figure 2-10].

Figure 2-10. Testing Services Used by IWP vs Medicaid Members*



* Statistically significant difference at $p < .05$

Care for a Chronic Condition

To assess members ability to get care for a chronic condition, members were asked if they had received health care 3 or more times for a condition or problem that had lasted for at least 3 months. More IWP members received health care for a chronic condition (29%) than Medicaid members (26%) and this difference was significant.

Prescription Medication

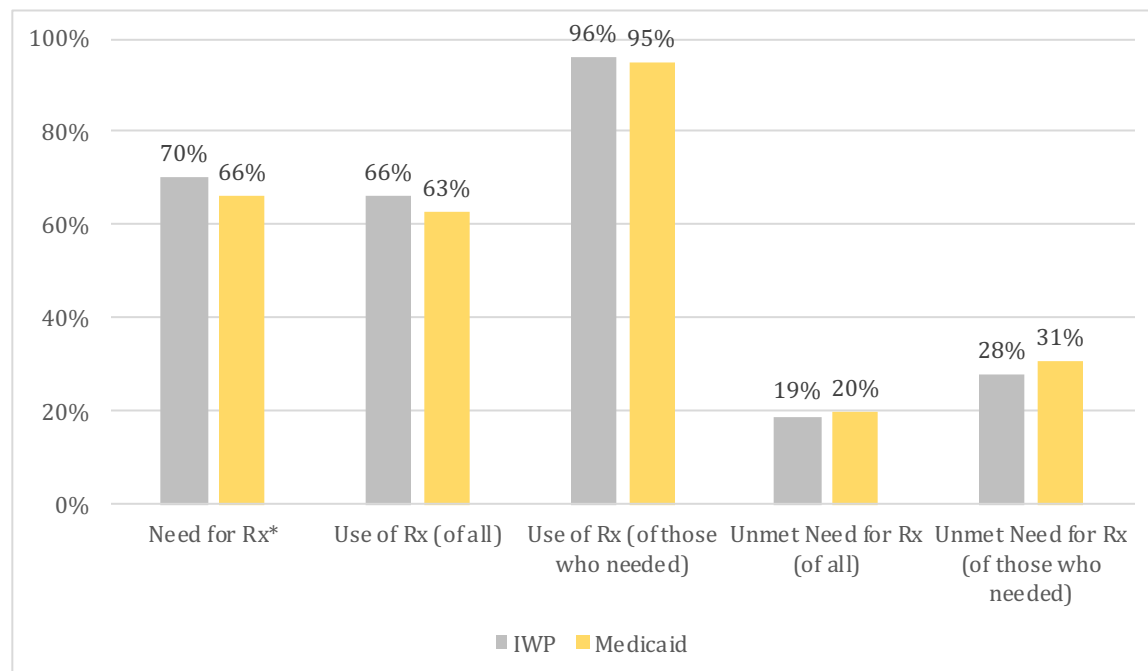
Member experiences with prescription medication were assessed by asking respondents if, in the last six months:

- They (or a doctor) thought they needed prescription medication [Need]
- They took any prescription medication, excluding birth control [Use]
- There was a time when prescription medication was needed but they were unable to get it [Unmet Need]

Figure 2-11 provides the results of the comparison between IWP and Medicaid member responses regarding prescription medication. Significantly more IWP members (70%) than Medicaid members (66%) reported needing prescriptions in the last six months. When looking at the proportion of use of prescription medication for the overall respondent group, over three-fifths indicated use of prescriptions, with no significant differences between IWP and Medicaid. The vast majority of those who expressed a need for prescriptions, indicated use of prescription medication, again with

no difference between IWP and Medicaid members. Unmet need for prescription medication was also reported with similar rates in both member groups. About one-fifth of members overall indicated that there was a time when they needed prescriptions but were unable to get them. The proportion of those with unmet need for prescription medication among those who indicated a need for them in the past six months with just under one-third expressing an unmet need.

Figure 2-11. Access to and Use of Prescription Medicaid (IWP and Medicaid)



* Statistically significant difference at $p < .05$

Specialty Care

Use of and access to specialty care were assessed by asking about respondent experiences with:

- Specialist care
- Mental health care
- Urgent care

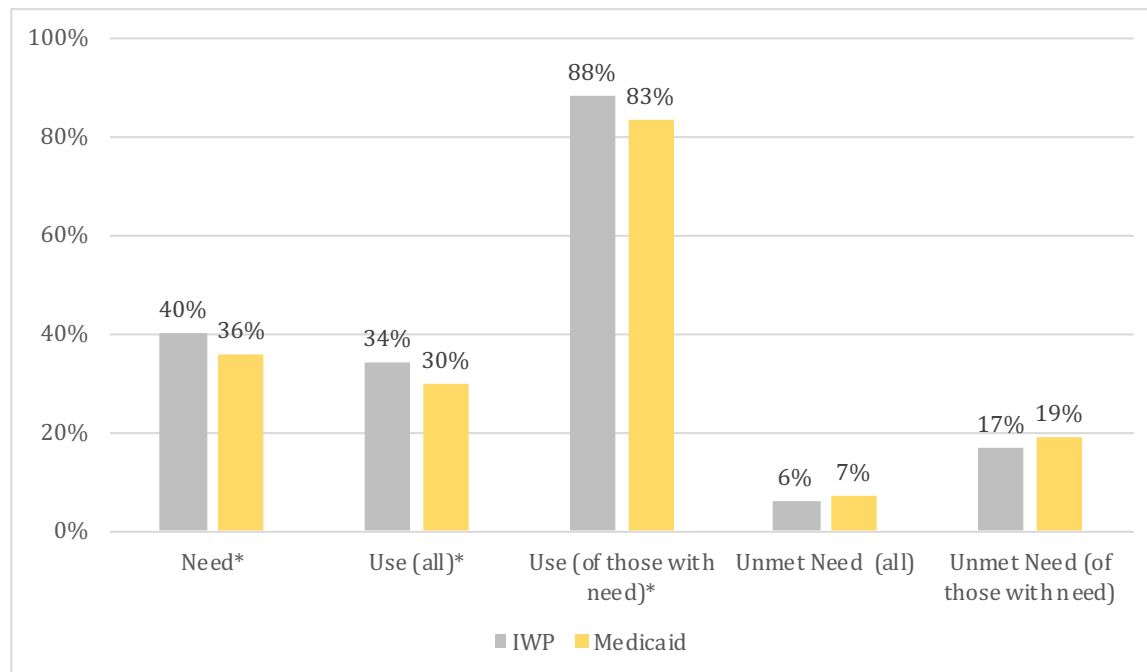
Specialist Care

Member experiences with specialist care (defined as doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care) were assessed by asking respondents if, in the last six months, they:

- (Or a doctor) thought they needed care from a specialist
- Saw a specialist for a particular health problem
- Had a time when care from a specialist was needed but they were unable to get it

Figure 2-12 provides a summary of the responses regarding specialist care. Slightly more IWP members than Medicaid members indicated that they needed care from a specialist in the last six months (40% and 36% respectively). Regarding members' use, slightly more IWP members saw a specialist in the last six months; 34% compared to 30% of Medicaid members, when looking at all members who completed a survey. Of the members who indicated a need for specialist care, IWP members were more likely to have had an appointment with a specialist (88% and 83% respectively). Unmet need for specialist care was similar among both IWP and Medicaid members, with just under one-fifth of those who expressed a need for specialist care reporting an unmet need. When looking at the members overall, less than 10% reported an unmet need for specialist care [Figure 2-12]. Within the IWP program, Amerigroup-covered members reported significantly higher need for specialist care (45%) than UHC-covered members (39%). Additionally, Amerigroup-covered members reported higher use (among those who indicated a need for specialist care) than UHC-covered members (38% and 33% respectively).

Figure 2-12. Access to and Utilization of Specialist Care (IWP and Medicaid)



* Statistically significant difference at $p < .05$

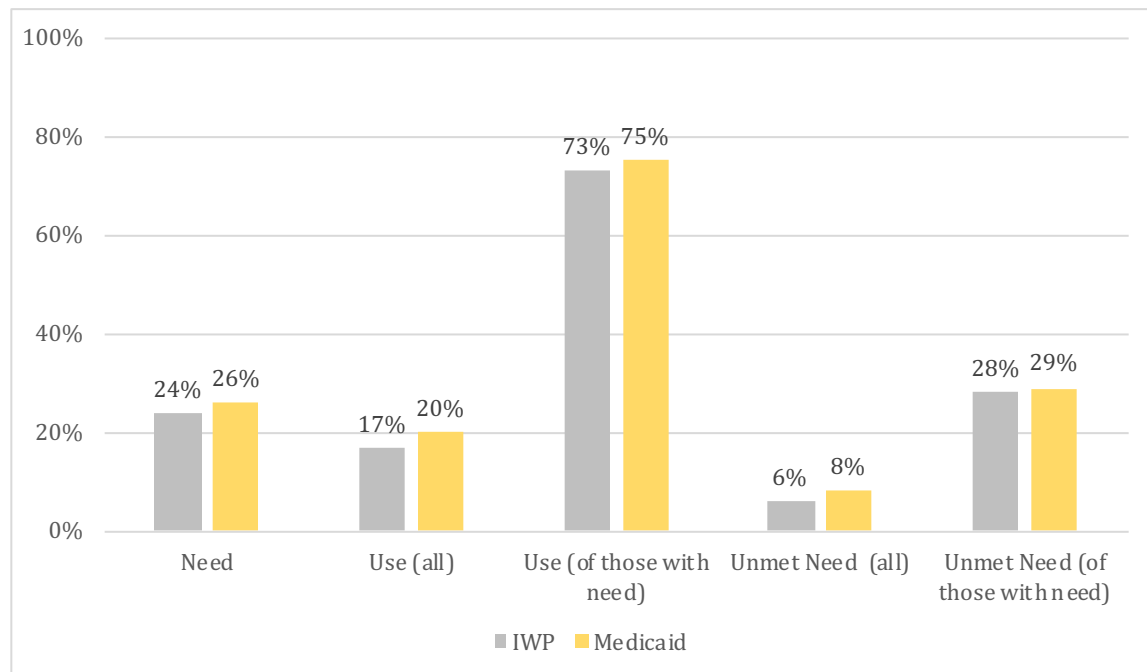
Mental Health Care

Member experiences with mental health care were assessed by asking respondents if, in the last six months, they:

- (Or a doctor) thought they needed treatment or counseling for a mental or emotional health problem
- Received any treatment or counseling for a mental or emotional health problem
- Had a time when treatment or counseling for mental or emotional health problem was needed but they were unable to get it

Member experiences in both IWP and Medicaid programs were similar with regard to mental health access and utilization [Figure 2-13]. There were no statistically significant differences found between the two programs. About one quarter of members reported a need for treatment or counseling for a mental or emotional health problem. Around a fifth of all IWP (17%) and Medicaid (20%) members reported receiving treatment for a mental or emotional problem. Three-fourths of members in IWP (73%) and Medicaid (75%) who reported needing treatment for a mental or emotional problem reported getting the needed care. The rate of unmet need reported among all members in both programs was less than ten percent. Slightly less than one-third of members (28% IWP, 29% Medicaid) who reported a need for treatment for a mental or emotional problem expressed that there was a time when they were unable to obtain the care.

Figure 2-13. Access to and Utilization of Mental Health Care (IWP and Medicaid)



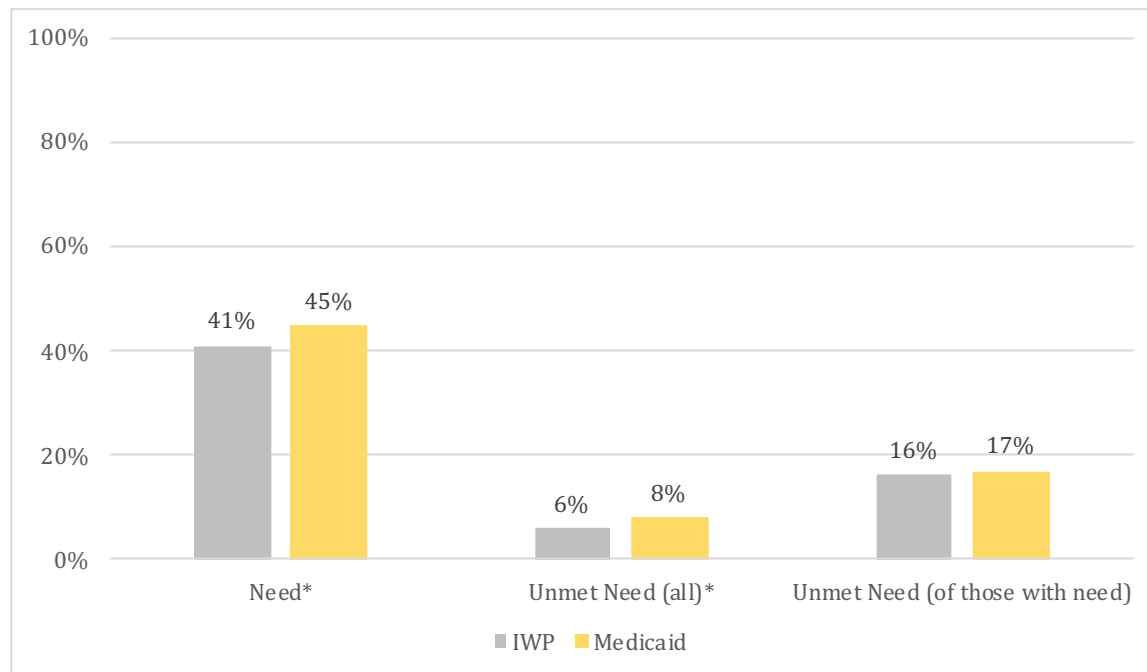
Urgent Care

Member experiences with urgent care were assessed by asking respondents if, in the last six months, they:

- Had an illness, injury or condition that needed care right away in a clinic, emergency room, or doctor's office
- Had a time when they needed care right away but were unable to get it

Slightly fewer IWP members reported a need for urgent care (41%) than Medicaid members (45%) and this difference was found to be statistically significant. Significantly fewer IWP members overall reported unmet need when compared to Medicaid members overall (6% and 8% respectively). However, IWP and Medicaid members who reported a need for urgent care reported unmet need in similar rates: a little under one-fifth of IWP and Medicaid members reported being unable to obtain needed urgent care at some point in the last six months [Figure 2-14].

Figure 2-14. Access to Urgent Care by IWP vs Medicaid Members



* Statistically significant difference at $p < .05$

Non-Emergency Medical Transportation (NEMT)

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

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

Mode of Transportation to Health Care Visits

In the surveys, members were asked: "When you need to get health care, what is the type of transportation you use most often to get to your visit? (Please choose only one answer.)" The majority of respondents of both groups drove or were driven by others to their health care appointments (92% IWP, 94% Medicaid, though IWP members reported a higher dependence on others to drive them (16% IWP, 11% Medicaid). Overall, few members reported not having a reliable way to get to health care visits; 2% of both IWP and Medicaid members [Table 2-3].

Table 2-3. Modes of Transportation to Health Care Visits (IWP vs Medicaid)

IWP	Medicaid	Modes of Transportation
76%	83%	I drive myself (using my car or someone else's car)
16%	11%	Someone else (such as a friend, neighbor, or family) drives me
3%	3%	I take a taxi cab or public transportation (including government-provided transit)
2%	1%	I bike or walk
2%	2%	I do not have a reliable way to get to my health care visits

NEMT Assistance Issues

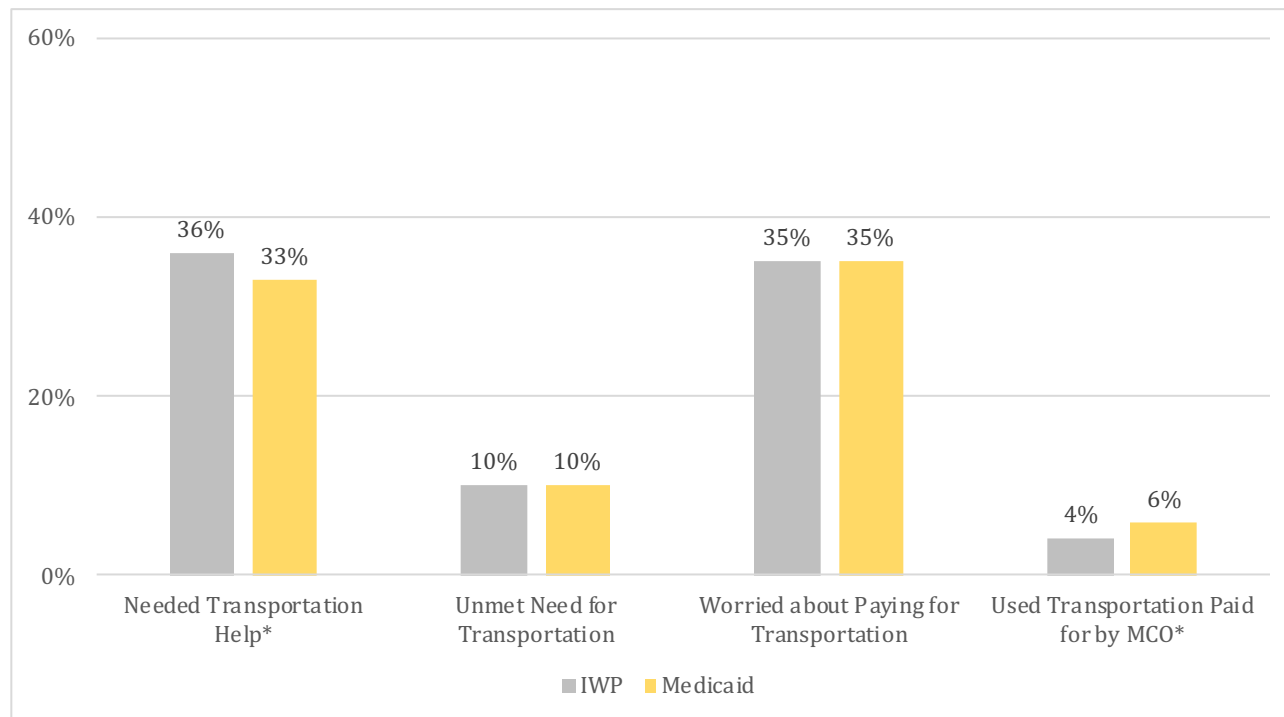
Four questions were specific to transportation assistance issues:

1. In the last 6 months, how often did you need assistance from other sources (such as friends, family, public transportation, etc.) to get to your health care visit? *Note: Those who answered "Sometimes" "Usually" or "Always" were coded as having a need for assistance.*
2. In the last 6 months, was there any time when you needed transportation to or from a health care visit but could not get it for any reason?
3. In the last 6 months, how much, if at all, have you worried about your ability to pay for the cost of transportation to or from a health care visit? *Note: Those who answered "A little" "Somewhat" or "A great deal" were coded as expressing worry over their ability to pay for transportation.*
4. Since joining your MCO, have you ever used transportation paid for by your MCO to get to or from a health care visit? If yes, how easy was it for you to use the transportation services provided by your MCO?

Figure 2-15 summarizes the responses to these questions for IWP and Medicaid members. Significantly more IWP members (36%) reported needing help from other sources to get to health care visits compared to Medicaid members (33%). The reported unmet need for transportation was the same for both IWP and Medicaid members (10%). There was no statistical difference between Medicaid and IWP in reported worry about the cost of transportation with 35% of each reporting that they worried about their ability to pay for the cost of transportation to or from a health care visit [Figure 2-15].

Although a small proportion overall, significantly more Medicaid members (6%) reported having used transportation paid for by their MCO to get to or from a health care visit when compared to IWP members (4%) [Figure 2-15]. For those who did use transportation paid for by their MCO, over four-fifths of Medicaid and IWP members reported that it was either "somewhat easy" or "very easy" to use the transportation services provided by their MCO (85% IWP, 81%).

Figure 2-15. Transportation Issues Experienced by IWP vs Medicaid Members



* Statistically significant difference at $p < .05$

Transportation Problems as a Barrier to Specific Health Care Services

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

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

- Do you think the care you received at your most recent visit to the ER could have been provided in a doctor's office if one was available at the time? If so,
 - What was the main reason you did not go to a doctor's office or clinic for this care [care received at the emergency room (ER) that could have been provided at a doctor's office or clinic]?
Transportation-related response option: "I had transportation problems getting to a doctor's office or clinic"
- Few members cited transportation issues as the main reason for using the ED instead of their doctor's office; 4% of both IWP and Medicaid members reported transportation problems as the main reason for using the emergency room instead of their doctor's office.
- A programmatic difference between IWP and Medicaid is the expectation of IWP members that they will get either a medical check-up or dental check-up in order to keep from having to pay a premium for their health care. Due to this difference, the following two questions were only included on the IWP surveys:
 - Do you think any of the following would keep you from getting a medical check-up this year?
Transportation-related response option: "Getting transportation to my doctor's office is hard"
 - AND
 - Do you think any of the following would keep you from getting a dental check-up this year?
Transportation-related response option: "Getting transportation to my dentist's office is hard"

For IWP members, transportation difficulties were the fifth most reported barrier to obtaining a medical check-up (11% Amerigroup, 9% UnitedHealthCare) and the fifth most reported barrier to obtaining a dental check-up for Amerigroup (7%) and sixth most reported barrier for UnitedHealthCare (7%).

Quality of Care

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

Attributes of Quality Primary Care

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

1. Personal Doctor
 - Identification Of
 - Continuity With
2. Experiences with the Doctor's Office
 - Access to Care: Timely Access to Care
 - Access to Care: After-Hours Care
 - Care Coordination: Follow Up with Results of Testing
 - Care Coordination: Informed about Care with Specialists
 - Care Coordination: Provider Knowledge of Patient Medical History
 - Care Coordination: Provider Talked with Patient about Medications
3. Experiences During Office Visits
 - Communication with Personal Doctor
 - Comprehensive Care: Provider Talked with Patient about Stresses
 - Comprehensive Care: Preventive Care – Receipt of Flu Shot
 - Comprehensive Care: Smoking Cessation
 - Self-Management Support

Personal Doctor

All respondents were asked “Do you have a personal doctor [A personal doctor is the person you would see if you need a check-up, want advice about a health problem, or get sick or hurt.]?” A significantly higher number of IWP members reported having a personal doctor; 83% IWP and 77% of Medicaid members.

For those with a personal doctor, members were asked “Is your personal doctor the same person who was your personal doctor before you enrolled in your MCO?” Response options included: Yes, I have the same personal doctor, No, I have a different personal doctor, and I did not have a personal doctor before enrolling in my MCO. Continuity with a personal doctor was defined as having had the same personal doctor before and after enrollment in their MCO.

Significantly fewer IWP members (54%) than Medicaid members (56%) reported continuity with the same personal doctor ($p < .05$). One in five IWP members (21%) had a different personal doctor after enrolling in their MCO compared to 16% of Medicaid members. And, around a quarter (25% IWP, 28% Medicaid) of members reported not having a personal doctor before enrolling in their MCO.

Experiences with the Doctor's Office

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

- When you needed care right away, how often did you get care as soon as you needed?
- How often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

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

- When you phoned a doctor's office during regular office hours, how often did you get an answer to your medical question that same day?

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

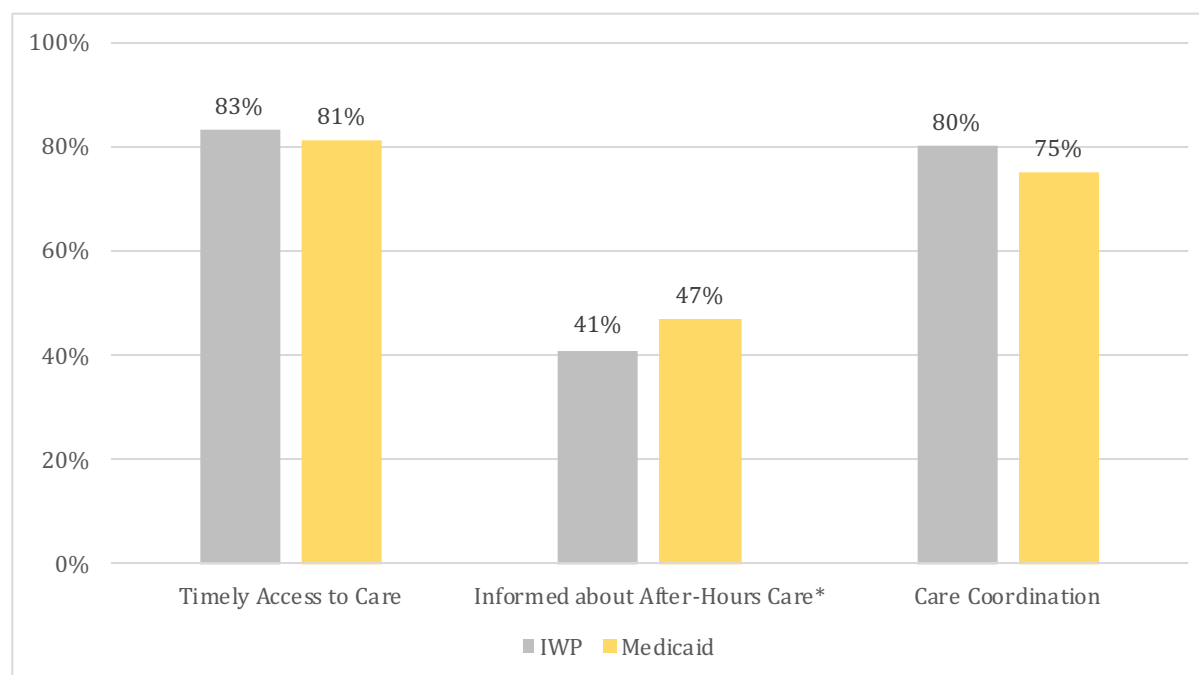
- Did a doctor's office give you information about what to do if you needed care during evenings, weekends, or holidays?

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

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

Figure 2-16 provides a summary of the percentage of respondents who reported "usually" or "always" to the above measures assessing experiences with their doctor's office, with the exception of "Informed about After-Hours Care"; this item provides the percentage of members who responded affirmatively ("Yes"). IWP and Medicaid members' experiences were similar with regard to timely access to care (83% IWP, 81% Medicaid) and care coordination (80% IWP, 75% Medicaid). There was a statistically significant difference between IWP and Medicaid members in their reporting of their doctor's office seeming informed or up-to-date about their specialist care (one of the items within the "Care Coordination" measure); over three-quarters (77%) of IWP members reported their doctor's being "usually" or "often" informed about their specialist care, while 66% of Medicaid members reported this ($p < .05$). Additionally, around 50% of Medicaid members (47%) reported receiving information from their doctor's office about what to do if they needed care after-hours which was significantly higher than reported by IWP members (41%).

Figure 2-16. IWP and Medicaid Member Experiences with their Doctor's Office



* Statistically significant difference at $p < .05$

Experiences during Office Visits

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

- How often did your personal doctor explain things in a way that was easy to understand?

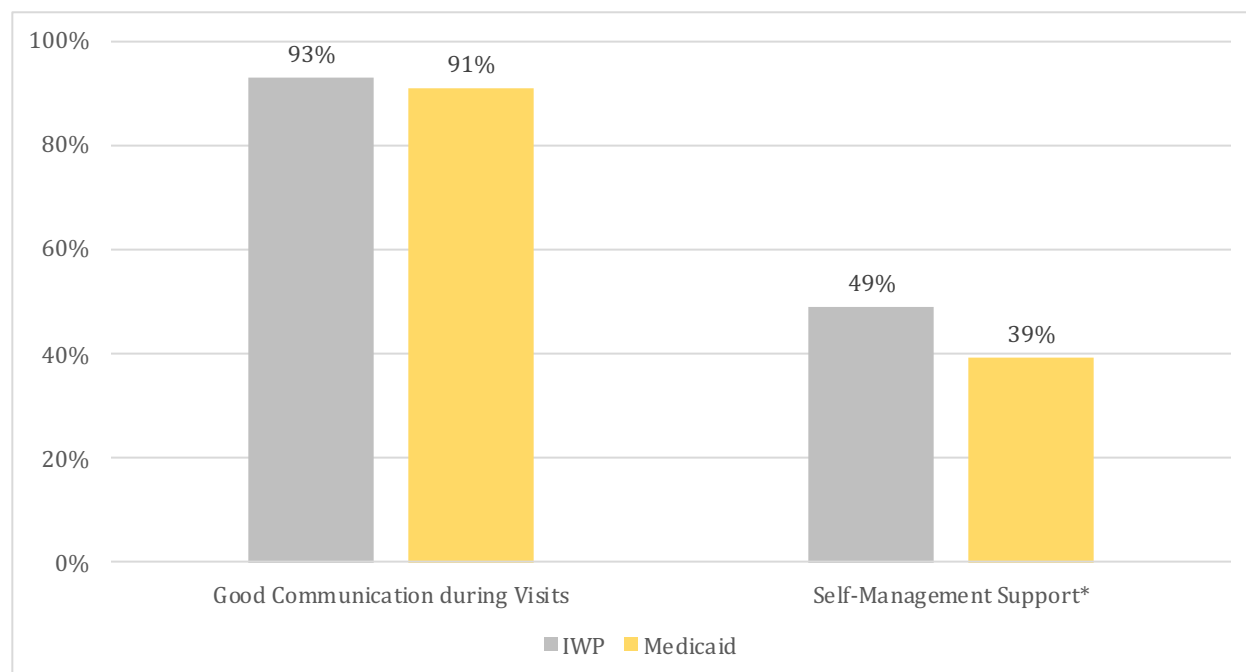
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor show respect for what you had to say?
- How often did your personal doctor spend enough time with you?

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

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

Figure 2-17 provides a summary of the findings for IWP and Medicaid member experiences with communication with their provider and receipt of self-management support. The vast majority of IWP (93%) and Medicaid members (91%) reported good communication ('usually' or 'always' communicated well) with their provider during their office visits. Significantly more IWP members (49%) compared to Medicaid members (39%) reported receiving self-management support from their provider.

Figure 2-17. IWP and Medicaid Member Experiences with Communication and Self-Management Support



* Statistically significant difference at $p < .05$

Comprehensiveness of Care was assessed using the following items:

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

Around one-half of IWP and Medicaid members reported talking with someone from their doctor's office about things in life that worried them or caused them stress and a little over one-third of both IWP and Medicaid members received a seasonal flu shot [Figure 2-18].

Figure 2-18. IWP and Medicaid Member Experiences with Comprehensive Care

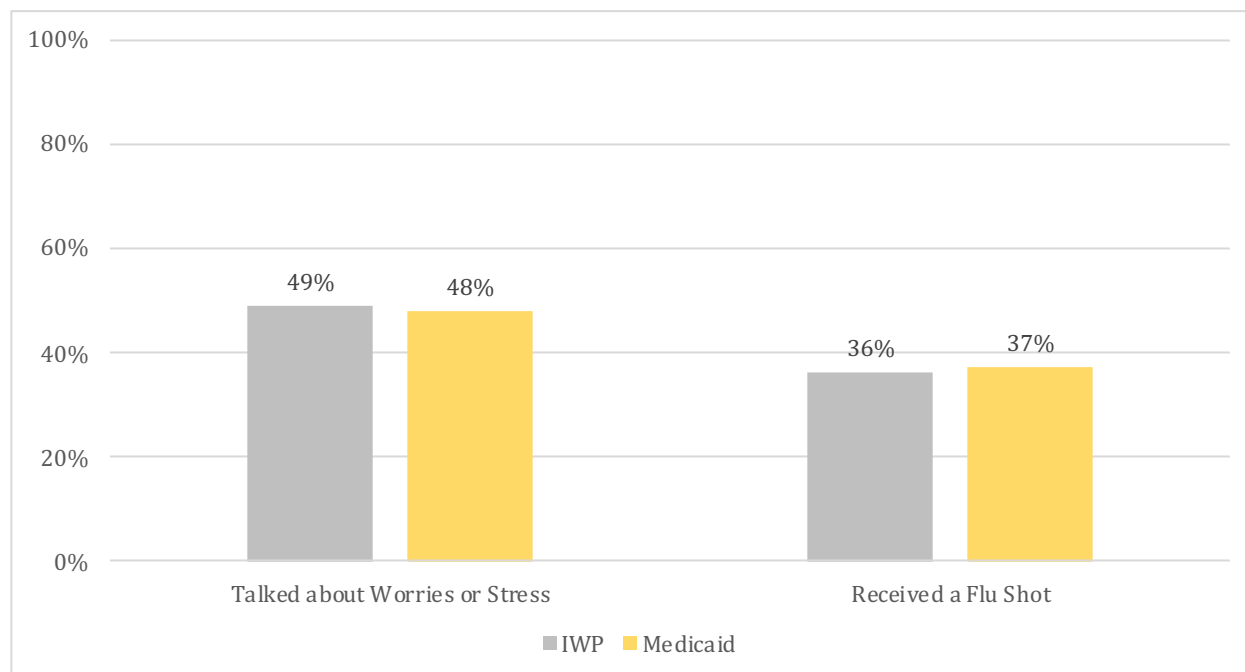
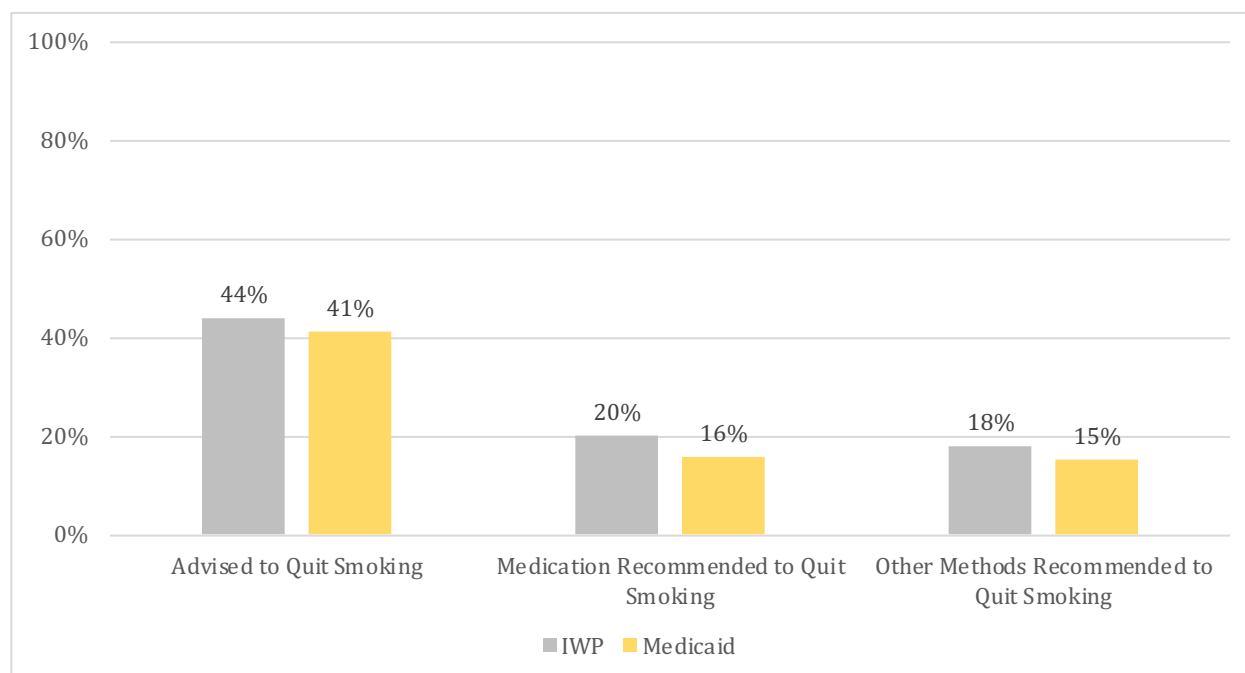


Figure 2-19 provides a summary of the finds for IWP and Medicaid member comprehensive care among those who reported smoking cigarettes or using tobacco at least some days. As reported earlier, around a third IWP (37%) and Medicaid (35%) members reported smoking cigarettes or using tobacco at least some days. Of these, similar rates of IWP and Medicaid members reported “usually” or “always” being advised to quit, and recommended strategies to quit; there were no statistically significant differences between the two groups.

Figure 2-19. IWP and Medicaid Member Experiences with Comprehensive Care (Among Smokers)



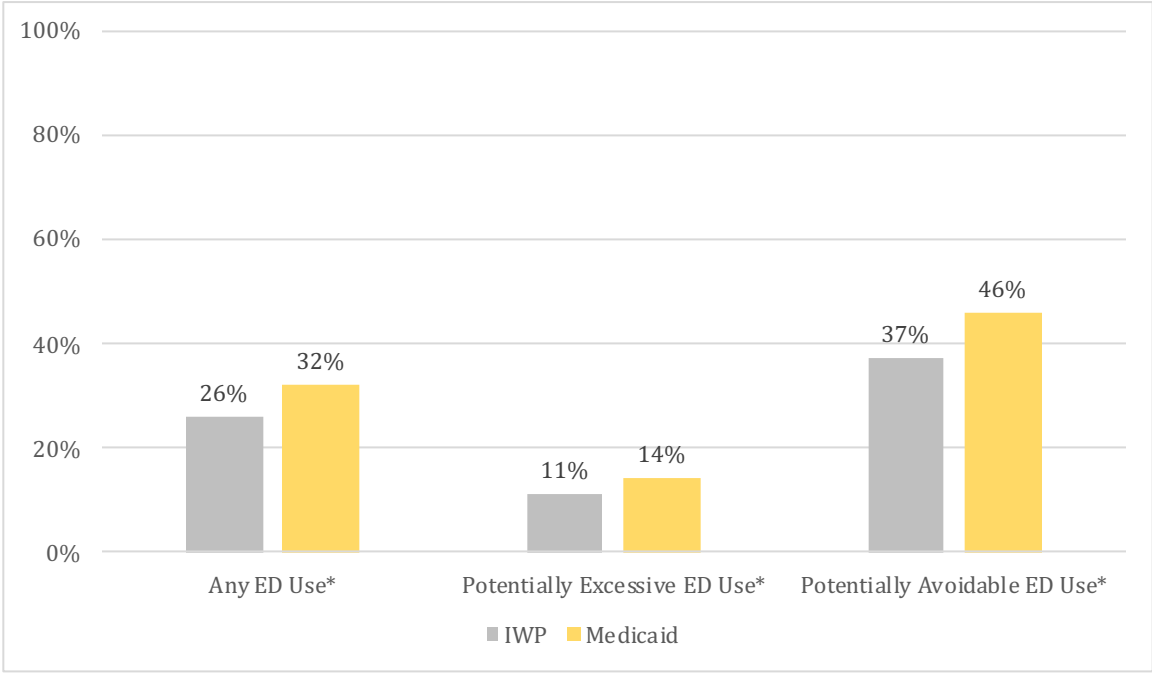
Emergency Department Use and Hospitalizations

There were several questions in the survey that tried to assess “appropriate” emergency department (ED) use. In addition to reporting any ED use, we defined potentially “excessive” ED use if the respondent reported using the ED two or more times in the previous six months. The surveys included a question asking those with at least one ED visit if the

care from their most recent ED visit could have been provided in a doctor’s office if one was available at the time. Affirmative responses to that question defined potentially “avoidable” ED use.

Figure 2-20 provides the ED experiences of IWP and Medicaid members. Around one-third of Medicaid members (32%) and around one-quarter (26%) of IWP members used the ED at least once in the six month period, and that difference was significant. Significantly fewer IWP members (11%) than Medicaid members (14%) reported two or more visits to the ED in a six month period. Also, significantly fewer IWP members (37%) compared to Medicaid members (46%) reported that the care at their last visit to the ED could have been provided in a doctor’s office.

Figure 2-20. Emergency Department Use by IWP and Medicaid Members



* Statistically significant difference at $p < .05$

As a follow-up to the assessment of potentially avoidable ED use, IWP and Medicaid members were asked about barriers to their ability to go to a doctor’s office instead of the ED for their health care [Table 2-4]. Around two-fifths of IWP (38%) and Medicaid (39%) members reported using the ED instead of the doctor’s office or clinic because the doctor’s office or clinic was not open when they needed care. Nearly one-third (IWP 32%, Medicaid 29%) reported that their health problem was too serious for the doctor’s office (i.e., they needed to use the ED). A healthcare provider advised ED use for 11% of IWP and 13% of Medicaid members and inability to get an appointment at the doctor’s office was reported by 7% of IWP and Medicaid members.

Table 2-4. Barriers to Going to a Doctor’s Office Instead of the ER for Health Care

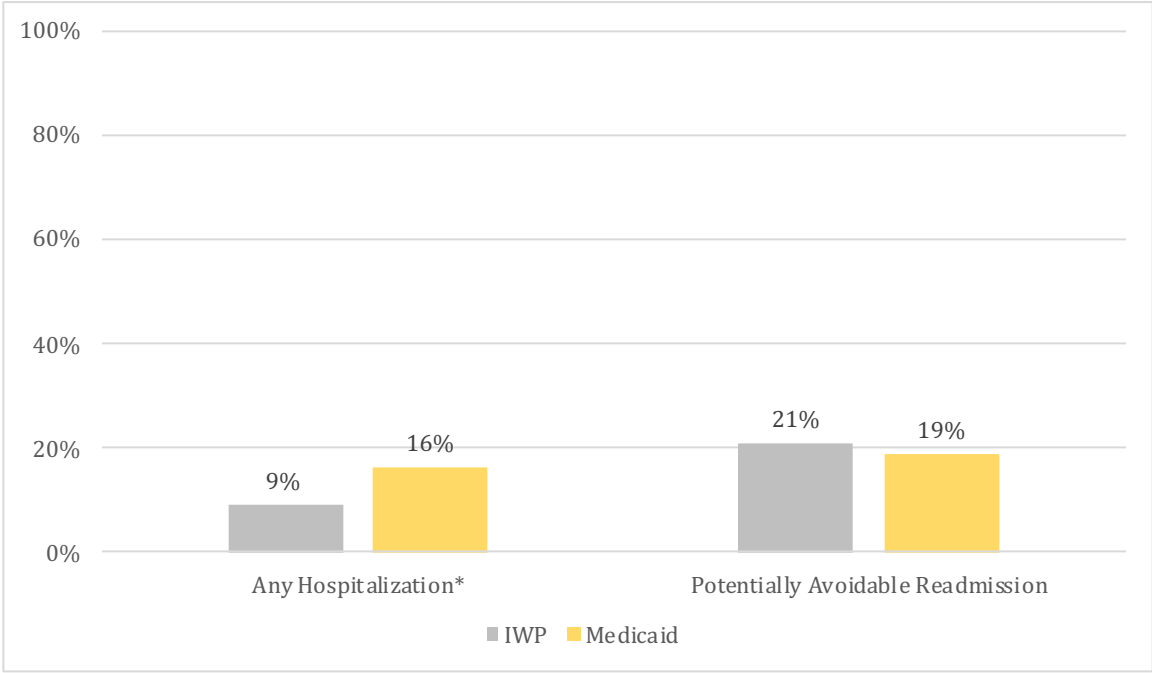
IWP (n=418)	Medicaid (n=429)	Response Options
38%	39%	A doctor’s office or clinic was not open when I needed care
32%	29%	Health problem was too serious for the doctor’s office
11%	13%	Healthcare provider told them to go to the ER for care
7%	7%	Could not get an appointment with the doctor’s office or clinic
5%	6%	Did not have a doctor or clinic to go to
4%	4%	I had transportation problems getting to a doctor’s office or clinic

The results of two questions asking about hospital stays are summarized in Figure 2-21. The first asked how many

nights the respondent spent in the hospital for any reason in the six months prior to the survey. The second was used to get a sense of potentially “avoidable” readmissions to the hospital and asked respondents who had reported a hospitalization if they ever had to go back into the hospital within 30 days of being allowed to go home because they were still sick or had a problem.

Significantly fewer IWP members (9%) than Medicaid members (16%) reported any hospital stays in the six month period. However, there were no significant differences between IWP and Medicaid members with regard to potentially avoidable readmissions.

Figure 2-21. Hospitalization and Readmission by IWP and Medicaid Members



* Statistically significant difference at $p < .05$

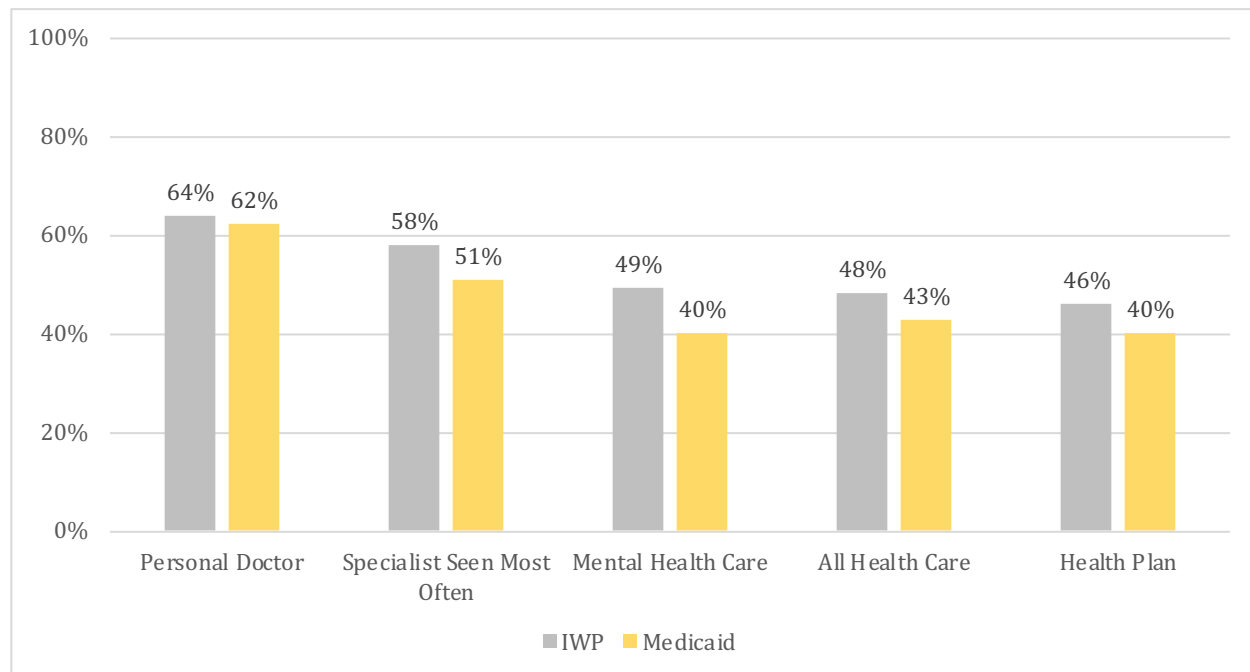
Ratings of Care and Plan

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

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

Figure 2-22 provides a summary of the percentage of respondents who rated each of these areas as a ‘9’ or ‘10’ which indicates the highest possible ratings. Nearly two-thirds of respondents rated their personal doctor as a ‘9’ or ‘10’ and there was no significant difference between IWP (64%) and Medicaid (62%). There were no statistically significant differences between IWP and Medicaid members in their ratings of their care or plan.

Figure 2-22. High Ratings of Care and Health Plan Quality for IWP and Medicaid



Experiences with Medicaid and the Medicaid Managed Care Organizations

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

Awareness of MCO Assignment

The survey asked each respondent “Which Medicaid managed care organization (MCO) are you currently enrolled in?” Overall, respondents were able to identify which MCO they were enrolled in. Only around 7% of respondents were unsure which MCO they were enrolled in. IWP and Medicaid members were able to change their MCO assignment during defined “Open Choice Periods” as well as for “Good Cause” throughout the year. Based on the administrative data current at the beginning of the survey period, around 90% of respondents were able to correctly identify their MCO (92% Amerigroup, 89% UnitedHealthCare).

Changing MCO Assignment

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

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

Significantly fewer IWP members (8%) decided to change MCOs compared to Medicaid members (11%). Of those who decided to change, around two-fifths (IWP 44%, Medicaid 42%) reported that it was ‘very easy’ to change to a different MCO. Almost a third of IWP and Medicaid members reported it to be ‘somewhat to very hard’ to change MCOs.

Getting Care through MCO Health Plan

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

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

Significantly more IWP members (52%) than Medicaid members (47%) tried to get care, tests, or treatment through their MCO within the past six months. Of those who did, the majority (87% IWP, 84% Medicaid) ‘usually’ or ‘always’ found it easy to do so.

Around a third of IWP and Medicaid (31% for both groups) members reported having to get prior authorization from their MCO to get care, tests, or treatment. More IWP members in Amerigroup than UnitedHealthCare reported needing prior authorization (35% and 29%), and this difference was found to be significant. Of the IWP and Medicaid members who reported a need for prior authorization, around two-thirds reported that it was ‘somewhat or very easy’ to get the prior authorization they needed from their MCO to get care, tests, or treatment (70% IWP, 66% Medicaid).

Obtaining Information or Help from the MCOs

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

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

Around 20% of members reported trying to get help or information from their MCO in the previous six months with around two-thirds (68% IWP, 66% Medicaid) of those who tried to get help reporting that they ‘usually’ or ‘always’ got the help they needed. More than half of members (58%) reported that they looked for information about how their care plan works. The most helpful sources for learning about how their Medicaid managed care plan worked included the written materials from DHS Medicaid/HealthLink, their doctor or office staff, written materials from their MCO, phone calls to their MCO or Medicaid, and the DHS Medicaid/HealthLink website.

Medicaid Helpline

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

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

A little under one-half of IWP members (49%) knew that there was a Medicaid helpline they could call to get information or help which was significantly different for Medicaid members, 44% of whom reported awareness of the helpline. There was no difference in helpline awareness among IWP members. Of those who knew about the helpline, around one in five (19% IWP, 20% Medicaid) had tried to get information or help from the Medicaid helpline in the previous six months. Of those who had tried, around two-thirds (65% IWP, 68% Medicaid) reported ‘usually’ or ‘always’ getting the information or help they needed by using the Medicaid helpline.

Behavior Change Initiatives

Several state Medicaid programs have established programs (Healthy Behavior Initiatives - HBIs) under the Affordable Care Act (ACA) of 2011 in which individuals are given incentives to perform and maintain recommended behaviors related to preventive care, chronic disease management, and use of health care services.⁸ As part of the IWP, members are encouraged to participate in its healthy behaviors program (HBP) and some of the program components include: 1) a wellness exam (a medical or dental check-up) and health risk assessment (HRA) to avoid paying a premium, 2) co-payments for inappropriate use of the emergency department, and 3) rewarding healthy behaviors. In the IWP surveys, we were able to assess members’ knowledge of and experiences with these three components designed to encourage wellness by influencing member behavior.

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

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

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

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

fee (depending on your income) in the following year.”

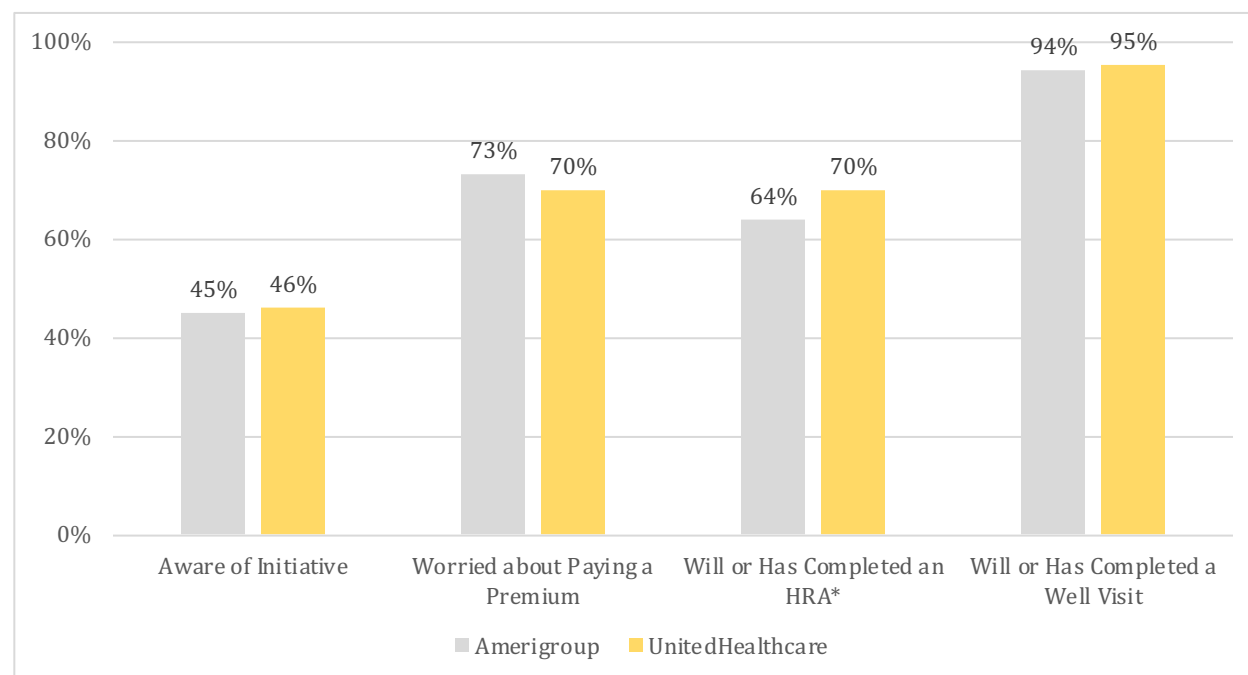
Members were then asked the following:

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

Figure 2-23 provides a summary of the findings related to the HBP premium avoidance incentives. Overall, around nearly half of IWP members were aware that they would have to pay a premium if they did not get a medical or dental check-up and complete an HRA in the year of their enrollment (45% Amerigroup, 46% UnitedHealthCare). Nearly three-quarters of IWP members in both MCOs reported that it would worry them ‘a little, somewhat, or a great deal’ if they had to pay a monthly premium.

Significantly more UnitedHealthCare (70%) enrollees reported potential or realized HRA completion when compared to Amerigroup enrollees (64%). Additionally, slightly fewer Amerigroup members were aware of what the HRA was (28% and 23% respectively). The vast majority of IWP members, regardless of MCO enrollment (94%-95%), reported either having already obtained a medical or dental check-up or intent to get one.

Figure 2-23. Healthy Behaviors Program Premium Avoidance Incentives within IWP by MCO



* Statistically significant difference at $p < .05$

Table 2-5 provides a summary of the barriers to obtaining a medical check-up reported by IWP members. Around 56% of IWP members reported that they had already obtained a medical check-up. Nearly two in ten members (14-16%) reported not believing they needed a medical check-up, not being sure where to go to get a medical check-up, being without a doctor and dislike of getting a medical check-up as barriers to obtaining a medical check-up.

Table 2-5. Barriers to Obtaining a Medical Check-Up

Amerigroup	UHC	Response options
16%	16%	I don't believe I need a medical check-up
16%	15%	I am not sure where to go to get a medical check-up
14%	16%	I don't currently have a doctor
15%	14%	I don't like getting a medical check-up
11%	9%	Transportation to my doctor's office is hard
9%	11%	I can't get the time off of work/can't get child care
8%	8%	It is hard to get an appointment for a medical check-up from my doctor
7%	5%	I don't like my current doctor

Table 2-6 provides a summary of the barriers to obtaining a dental check-up reported by IWP members. Slightly fewer than half (44%) of IWP members reported that they had already obtained a dental check-up. Access to a dentist was the most common reason reported by IWP members for not being able to get a dental check-up (31% Amerigroup, 32% UnitedHealthCare). Around a quarter (24%) of both MCO groups reported not being sure about where to go to get a dental check-up. Other common reasons included dislike of getting a dental check-up, and "other" reasons.

Table 2-6. Barriers to Obtaining a Dental Check-Up

Amerigroup	UHC	Response options
31%	32%	I don't currently have a dentist
24%	24%	I am not sure where to go to get a dental check-up
14%	15%	Other reasons
13%	14%	I don't like getting a dental check-up
7%	8%	I don't believe I need a dental check-up
7%	7%	Getting transportation to my doctor's office is hard
6%	7%	I can't get time off from work/can't get child care
5%	8%	It is hard to get an appointment for a dental check-up from my dentist
4%	4%	I don't like my current dentist

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

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

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

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

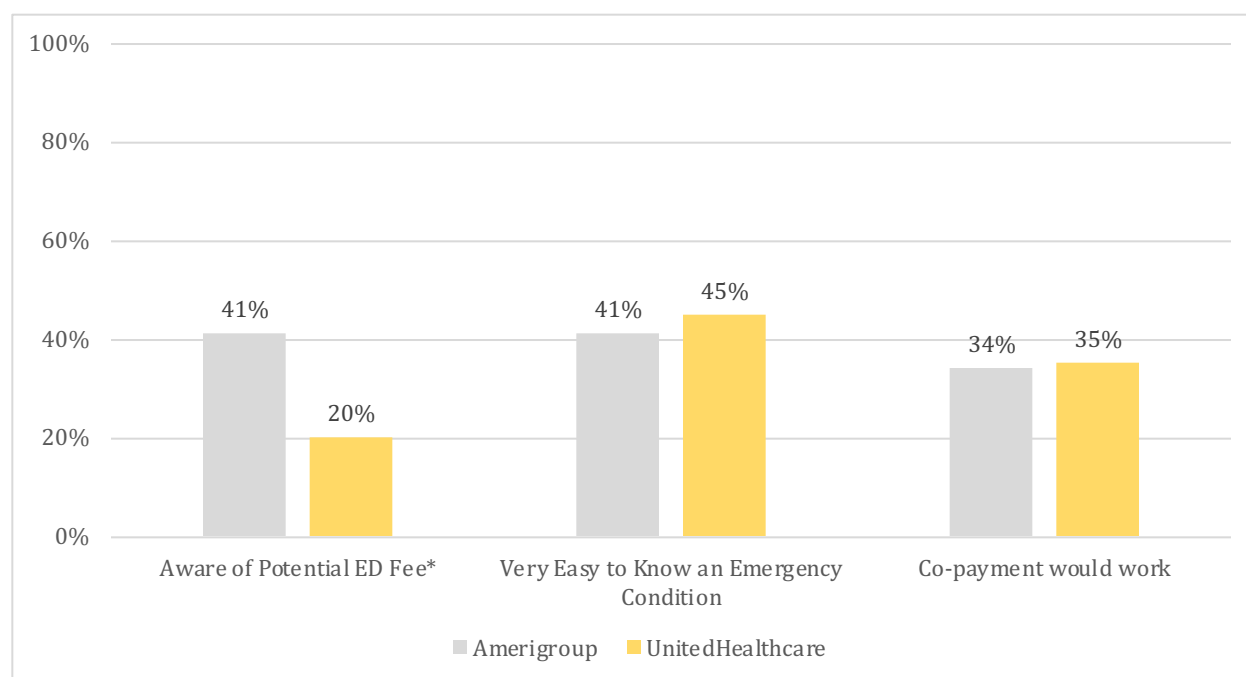
They were then asked the following:

- Did you know that you may have to pay an \$8 fee anytime you use the emergency room when your health condition is not an emergency, beginning one year after you started in this program? [Awareness of initiative]
- How easy do you think it would be to know when your health condition would be considered an emergency? [Ease of complying]

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

Figure 2-24 provides a summary of the findings related to the non-emergent ED use co-payment. While two-fifths of Amerigroup (41%) enrollees reported being aware of the ED use co-payment, significantly fewer UnitedHealthCare enrollees (20%) reported awareness of the co-payment potential. Around 45% of IWP members, regardless of MCO enrollment, reported that it would be 'very easy' and around 5% reported that it would be 'very hard' to know when a health condition would be considered an emergency. And, around one third of all IWP enrollees reported that an \$8 co-payment would keep them from going to the ED for a health condition that could have been treated in a doctor's office instead.

Figure 2-24. Non-Emergent ED Use Disincentives within IWP by MCO



* Statistically significant difference at $p < .05$

Rewards Programs for Healthy Behaviors (IWP and Medicaid)

Following Medicaid Modernization in Iowa and the subsequent shift to MCO management of Medicaid, the MCOs offered "value added services" that included member rewards programs with the objective of incentivizing members (both traditional Medicaid and IWP) to complete particular healthy behaviors.⁹ The rewards programs are described in the comparison chart in the following manner for each MCO:

Amerigroup Iowa, Inc.

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

UnitedHealthCare Plan of the River Valley, Inc.

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

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

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

The vast majority of members were not aware of any rewards programs offered by their MCOs (85%)—only 15% of IWP and Medicaid members reported awareness of rewards programs. Of those who were aware of the programs, IWP members reported significantly less participation in rewards programs offered by their MCO when compared to Medicaid members (43% and 55% respectively).

⁹ Iowa Department of Human Services. IA Health Link Member Resources. "MCO Comparison Chart for Value-Added Services" Available at <https://dhs.iowa.gov/iahealthlink/resources/member-specific> Accessed June 19 2019.

For IWP members, there was a significant ($p < .05$) difference in awareness depending on MCO enrollment. Around one in five IWP members in Amerigroup (22%) were aware of rewards programs, however, around one in nine members in UnitedHealthCare (12%) reported being aware of awards programs. Of those who were aware of the program, there was no observed statistically significant difference in participation among IWP members based on their MCO enrollment.

Summary of IWP and Medicaid Member Comments

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

IWP

The final question of the IWP survey was open-ended, and stated, “Please tell us if there is anything else you like or dislike about your health plan or health coverage.”

Of the 1704 IWP respondents who completed the survey, 521 provided comments in this section.

Health Plan

In response to the final open-ended survey item, 259 respondents commented on their experiences with their health plan.

Satisfaction

Of the 259 respondents who commented on their experiences with their health plan, 170 commented on the satisfactory or positive experience with their health plan. The respondents comments included an appreciation for the coverage, feelings of happiness ($n = 127$), and having ‘no problems’ with the health plan ($n = 38$). Positive MCO customer service experiences ($n = 4$), and having a clear understanding of their health plan are also included ($n = 1$).

“I really appreciated having healthcare that was affordable to me during a time of unemployment, post surgery and not longer qualifying for insurance under my parents”

“This health plan allowed me to continue well checkups after I turned 26 and had to come off my mom’s insurance”

“Being surrounded by medical family I understood the importance wellness checkups and had knowledge of this program. I was able to continue my healthy checkups to ensure prevention and medical care was available for me”

“I was excited to know or find out that I was qualified for Medicaid. It’s been a blessing. I would never say anything bad about a free medical.”

“I like that there is a healthcare plan assistance for low income individuals. For this I have no complaints, just grateful to have what I have”

Dissatisfaction

However, of these 259 respondents who commented on their experiences with their health plan, seventy-four commented of the dissatisfactory or negative experience with their health plan. This theme included comments about feelings of anger or frustration towards frequent changes and unknown services ($n = 15$), negative comments towards MCO customer services ($n = 29$), and unknown monthly payments or co-pays ($n = 17$).

“Few choices. Monthly penalty. Health assessments. Dental assessments. Lengthy Medicaid paperwork review at holiday time! And short time to return! Being threatened to be dropped by health and dental if assessments are not completed! Assessments asking unnecessary questions!”

“Hate how hard it is to call your MCO about a bill that didn’t get covered and they won’t cover it for whatever the reason is and you can’t afford to pay it so it goes to collections. And nothing has changed so there is no reason why it’s not covered!”

Confusion

Of the 259 respondents who commented on their experiences with their health plan, fifteen responded having feelings of confusion as it relates to their healthcare coverage. This theme includes not knowing of their healthcare plan, having no contact with the MCO's and not using their healthcare plan.

"Better contact with how to get help. What is covered? Make it easier to understand. Follow up contact from Iowa City on seeing my survivorship clinic please. And appointments."

Barriers to Care

In response to the final open-ended survey item, 97 respondents commented on the barriers that are faced when trying to access health care.

Provider Denial

Forty-two IWP members reported that there are not enough healthcare providers in their area that accept Medicaid insurance. This theme draws on the lack of mental health, medical, dental and specialist providers that accept state provided insurance.

"I wish some high quality practitioners would be able to accept Medicaid. The therapist I wanted to see was not able to take me as a patient because I am on Medicaid."

"My dentist I trusted gave up Delta due to non-payment and other issues as have almost all dentists."

Personal Hardships

Of the 97 respondents who commented on the barriers to care, forty-two commented on having personal hardships that prevented them from accessing care. These hardships include having financial hardships, physical or mental health disabilities, and struggles to find care for children or dependent adults.

"I dislike that dentist treat us like cattle by not letting us schedule appointments. Instead, we have to go on the 1 day they designate for patient with "that insurance" and wait from 7am until seen once 40 patients are seen. Then you are told to try next month. I am self-employed and co-caregiver for 3 disabled family members that live with us. I don't have time to waste!"

"I have filed for disabilities due to multiple chronic health conditions that caused my last employer to fire me after 19 and a half years of working there. I also have glasses and hearing aids that are not covered by my Medicaid. I cannot hear much of anything without these \$5,000 worth of hearing aids. When the ones I have fail I won't be able to afford to replace them."

Distance

Of the 97 respondents, thirteen commented on the travel distance between their local area and the doctor or dentist that they had to visit. This theme includes struggles with travel expenses, difficulties driving due to scheduling or care needs, and fears of driving.

"It is hard for me to get up to Iowa City, because of work and picking up my kids from school."

Social Determinants of Health

Of the 521 respondents, 115 members reported having difficult situations, social determinants of health, which act as a barrier to care. Members report not being able to attend appointments due to low income or unstable income and being unable to pay co-pays (n=33). Having no means to find transportation or lack in gas or bus passes to attend appointments (n=18), as well as having little to no communication between provider and themselves (n=35). Members also report having troubles being 'kicked off' of their health insurance due to making too much income, even though it is not enough to cover expenses (n=30).

"The biggest problem is the Medicaid did not pay hospital bills. I had to pay them or they would go to collections. The Medicaid provider claimed I had an old insurance policy that was cancelled three years prior. The Medicaid provider lied in order not to pay a hospital bill."

"The only thing is it's kind of hard to get my monthly bus pass sent to my mailbox because every time I call to get it sent to me every customer service representative says different things. My bus pass means a lot to me because sometimes I won't have any other way to get to my appointments and I recently

broke my leg, so I need to get to my doctors appointments and physical therapy.”

“I found out that as of November 1, 2018 because I make \$150 too much I will no longer have Medicaid.”

“All three give me a run around and say it is the others responsibility. I feel I have to jump through hoops and red tape to simply get what I rightly deserve, since I do exactly what I’m expected to do for waving \$100 yearly premium and healthy rewards.”

“We could not afford other health insurance. We farm and work and try our hardest to make ends meet.”

Limitations

Of the 521 respondents, 106 commented on the limitations that have been set by insurance companies through authorizations and co-pays. This is seen specifically with prescription medication (n=40), glasses (n=34), and recommended treatments, including alternative treatment methods (n=17). It also includes a lack of dental care (n=11).

“I’ve been waiting four months for approval to receive a medication recommended by my neurologist. Apparently it comes in two parts, but I only get approved for the first part. Specifically they approve the drug, but not the only procedure to get it into my body”

“I, being on a health and wellness plan do not have coverage for vision hardware, i.e. I am required corrective lenses by law and not able to afford (restriction on my drivers license). I think that’s complete crap.”

“I need info on wellness programs of and preventative wellness programs as well as any incentive programs available.”

“Having trouble obtaining prescriptions ordered by doctor. The insurance won’t ok it. Doctor would like to see me every 3 months, insurance will not OK it. It will only OK every 6 months”

“Coverage for orthodontic work would be great - many people would benefit physically (and emotionally) from having straighter (easier to clean) teeth”

Experience Receiving Care

In response to the final open-ended survey item, seventy-one members responded about their experience receiving care from healthcare professionals, both positive and negative.

Satisfactory

Of the seventy-one members who commented on the care they received, eleven members commented on the positive experiences they had while receiving care. This theme includes having positive outcomes after receiving care, having feelings of happiness, positive relationship between the provider and the patient, and feeling like their concerns were being heard.

“Everyone that I have had to see over the past couple of years has been so helpful and caring overall and explaining what I need to do before, during or after procedures - and it is greatly appreciated.”

Unsatisfactory

However, twenty-eight of these members reported having a negative experience while receiving care. This includes comments of negative outcomes after receiving care, having feelings of mistrust or no comfortability towards the provider, and feeling like their concerns are not being heard. Feeling judged and that treatment changes based on insurance is also included.

“When healthcare workers find out my insurance is Medicaid, their treatment of me and my condition changes (I am treated as if I am under-educated, lazy, or mentally disabled) and treatment goes from attempting to figure out what’s wrong to a quick “pill” or OTC Med to treat symptoms only.”

“I can’t connect with my primary health provider. I’m sure in my heart he is a good professional doctor, however he clearly is uncomfortable talking about mental illness. He told me “quote, unquote” he doesn’t deal with that kind of thing. It was hurtful”

Types of Care

Of the seventy-one members who commented on receiving care, thirty-two members commented on receiving care at other hospital settings instead of their primary care provider (PCP) due to varying conditions or inability to obtain enough coverage at their PCP. These settings include emergency or urgent care, chronic health care and preventative care settings. This theme also includes chronic conditions that have little coverage for care, and force members to seek out emergency help.

"I have had back pain for 10 plus years. Due to my L4 and L5 bulging my doctor will only give me meds that don't help at all and give me 800 mg. Ibuprofen and knows I can't take them due to bleeding ulcers. I was hospitalized twice in December for my back and sent home from the ER the other 12 times. I need help dealing with my back pain so I'm able to keep on working."

"It took four months to get help. You act like I'm taking advantage of program. I can't help my health is going down. I don't go to the doctor unless I'm dying because of coverage and all questions you have to answer. I live with a lot of problems because our program questions you too much."

Suggested Improvements

Due to their experiences, thirteen IWP members recommended potential changes to improve the IWP health plan and health care. These suggestions included ways to improve communication between the MCO and the members, and potential options of online versions of all paperwork. Members also suggest different areas that they would like to see more emphasis or coverage. Members suggested ways that could be considered less stressful for both the insurance companies and the members themselves.

"I would like more information about my MCO and plan coverage. Rewards program information and transportation. Dentists who are covered by my health plan I am unsure of, also."

Medicaid

The final question of the Medicaid 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 1401 respondents who completed the survey, 325 provided comments in this section.

Health Plan

In response to the final open-ended survey item, 226 respondents commented on their experiences with their health plan.

Satisfaction

Of the 226 respondents who commented on their experiences with their health plan, 106 commented on the satisfactory or positive experience with their health plan. The respondents comments included an appreciation for the coverage, feelings of happiness (n= 75), and having 'no problems' with the health plan (n=20). Positive MCO customer service experiences (n=9), and having a clear understanding of their health plan are also included (n=2).

"I feel happy with my health care needs and try to utilize the preventative health care. I just think it's best to plan ahead on health care, so I really never had problems getting help from my providers. In my opinion it's working well for me."

"I love that people from the insurance company called after I had my youngest and he was diagnosed with a CHD, they wanted to not only inform me of other things I could try to apply for but also to make sure we were doing good. Sometimes you feel bad about not having money to pay for private insurance, but they remind you you're still doing good."

"This insurance is great for us as we are farmers and the cheap crop prices have us struggling to make ends meet. The other healthcare options are insane for us when we only have insurance for the "what ifs".

"I want you to know how grateful I am for the health coverage I do have. I have a background in employee benefits and prior to going on LTD, had great benefits/private insurance"

"I have always had a friendly and helpful conversation with an MCO or Medicaid worker when necessary to resolve problems or answer inquiries via the telephone. Each was professional and kind."

Dissatisfaction

However, of these 226 respondents who commented on their experiences with their health plan, ninety-seven commented of the dissatisfactory or negative experience with their health plan. This theme included comments about feelings of anger or frustration towards frequent changes and lack of wellness benefits (n=59), negative comments towards MCO customer services (n=25), and unknown monthly payments or co-pays (n=13).

"Since the MCO and privatization of Medicaid I have experienced issues in receiving care that was standard before the privatization."

I dislike the fact that they have non-medical employees making decisions to allow test. I have a serious health issue and am very worried they will deny coverage, because of lack of medical knowledge. I have to go to an out-of-state hospital for life-saving surgery. They will more than likely deny. It's beyond frustrating."

"1) I have reached out to multiple offices seeking counseling and have been unable to get an appointment due to them having a limit on the number of Medicaid patients they can see. This is unfair and unsatisfactory. 2) I was unable to get a flu shot at my regular doctor's office because she did not have it available for adults on Medicaid."

"Constantly denies anything that needs prior approval. I cannot find a local PCP due to them not paying providers, so to see my PCP it's a 3 hour round trip. Get rid of these companies, because of them our health care sucks!"

Confusion

Of the 226 respondents who commented on their experiences with their health plan, twenty-three responded having feelings of confusion as it relates to their healthcare coverage. This theme includes not knowing of their healthcare plan, having no contact with the MCO's and not using their healthcare plan.

"I don't understand it. I'm always unsure of what's covered and still get medical bills so I stopped going to the doctors."

Barriers to Care

In response to the final open-ended survey item, 109 respondents commented on the barriers that are faced when trying to access health care.

Provider Denial

Sixty-six IWP members reported that there are not enough healthcare providers in their area that accept Medicaid insurance. This theme draws on the lack of mental health, medical, dental and specialist providers that accept state provided insurance.

"It is very difficult to find doctors that accept my insurance. I am currently searching for a dentist for an oral appliance to begin to treat my sleep apnea. I also struggle with eye doctors. If I do find eye doctors the appointments are months away."

"I haven't seen a dentist in over 4 years because nobody takes my insurance. We have also relocated and finding a dentist for my kids with the same insurance as myself is impossible in our area."

"Getting a provider for dental care of an adult who is on Medicaid has proven difficult. The provider I had left his clinic in Story County and I've not been able to locate a provider that accepts Medicaid for adults."

Personal Hardships

Of the 109 respondents who commented on the barriers to care, twenty-eight commented on having personal hardships that prevented them from accessing care. These hardships include having financial hardships, physical or mental health disabilities, and struggles to find care for children or dependent adults.

"Somebody input a code on my account that halted my coverage because they thought I was a convict or living in a halfway house. That messed up my coverage for a long time. And when AmeriHealth was dropped, my son and I tried to switch to Amerigroup. I was stuck in limbo for a while with just Title 19, confusing receptionists and pharmacists for months. Then I was put in UHC. I don't mind UHC, it's just more confusing being in a different MCO than my son."

“My primary care physician whom I have had since I was 15 years old no longer takes Medicaid. So now I have to be a cash client which is not easy because he starts at \$130.00 for a general unit. He no longer takes Medicaid because he doesn’t get paid out enough. I need to get in to see him but have to wait because of the money.”

Distance

Of the 109 respondents, fifteen commented on the travel distance between their local area and the doctor or dentist that they had to visit. This theme includes struggles with travel expenses, difficulties driving due to scheduling or care needs, and fears of driving.

“Having to go places far from home for care instead of closer to home. Makes it difficult for parents to get off time from work when it takes a whole day just for travel.”

Social Determinants of Health

Of the 325 respondents, 84 members reported having difficult situations, social determinants of health, which act as a barrier to care. Members report not being able to attend appointments due to low income, or unstable income, and being unable to pay co-pays (n=20). Having no means to find transportation or lack in gas or bus passes to attend appointments (n=15), as well as having little to no communication between the provider and themselves (n=34). Members also report having troubles being ‘kicked off’ of their health insurance due to making too much income, even though it is not enough to cover expenses (n=15).

“I really need new contacts. Mine are over 4-5 years old. One recently shattered in my eye and no one will help me. Says I have to pay over \$1,000 for them. I cannot afford that and I’m going blind.”

“Since having breast cancer in 2015 I was unemployed for 11 months. During that time I really needed help with gas to go back and forth for multiple appointments a week. I turned in mileage for over a year and never was or received any help at all. Then I went back to work and have lost 3 jobs over 2 years due to short-term memory loss.”

“Shouldn’t have to fight so hard to get a medication or procedure done if it could truly help a person. Nor should someone on a fixed income have to find extra funds to pay for medications or be denied them because they can’t afford them.”

“I dislike how I am losing the insurance because I make too much and my work don’t offer insurance.”

Limitations

Of the 325 respondents, 110 commented on the limitations that have been set by insurance companies through authorizations and co-pays. This is seen specifically with prescription medication (n=44), glasses (n=5), and recommended treatments (n=18), including alternative treatment methods (n=18). It also includes a lack of dental care (n=9).

“Limited chiropractic visits. I’m pregnant and my plan only allows 24-28 visits per year. I’ve had to go twice a week the past few months, which adds up quickly. I need to go right now, but I have to wait until my appointment in 3 days, otherwise, I’ll use up my visits. I’ve had really bad hip and lower back pain.”

“That it doesn’t pick up all medical bills like when I gave birth to my last child they didn’t pay for delivery or circumcision and I didn’t know. So I now owe over \$800 and collections for it and I had Medicaid at the time of delivery and before.”

“It was difficult to get diagnostic tests paid for and approved by the insurance company but eventually my doctor got it done – just hated going through that knowing I needed the test to see if the cancer had spread but it was delayed a bit, other than that there was one medication I couldn’t get because the insurance wouldn’t pay for it but the pharmacy tried to help”

“I do not like the benefits for eye care. I wear glasses and get no extra help towards glass if or when I need a new pair.”

“I dislike the fact that they have non-medical employees making decisions to allow test. I have a serious health issue and am very worried they will deny coverage”

Experience Receiving Care

In response to the final open-ended survey item, forty-seven members responded about their experience receiving

care from healthcare professionals, both positive and negative.

Satisfactory

Of the forty-seven members who commented on the care they received, fifteen members commented on the positive experiences they had while receiving care. This theme includes having positive outcomes after receiving care, having feelings of happiness, positive relationship between the provider and the patient, and feeling like their concerns were being heard.

"I feel like my primary care doctor genuinely listens and cares for my health and encourages me to be healthy and maintain healthy habits, is very knowledgeable about why I am there and thoroughly explains everything"

Unsatisfactory

However, twenty-five of these members reported having a negative experience while receiving care. This includes comments of negative outcomes after receiving care, having feelings of mistrust or no comfortability towards the provider, and feeling like their concerns are not being heard. Feeling judged and that treatment changes based on insurance is also included.

"In regards to regular doctor, I had to insist numerous times that I needed an x-ray for a broken toe. It took 1 and a half years to finally get it. When she received results she said it was ok. I knew it was broke and insisted on going to a specialist whom agreed it was very broke and needed surgery. The waiting list for new doctor is 8 months to 1 year for Medicaid, so I'm forced to stay with half-assed doctor."

"The only thing I dislike about this healthcare plan was the fact I could no longer see my normal doctor. I had to transfer to a primary health center and I'm seen by a different doctor and nurses every time. I feel like I'm explaining myself over and over again. And looked at like I'm making my problems up."

Types of Care

Of the forty-seven members who commented on receiving care, seven members commented on receiving care at other hospital settings instead of their primary care provider (PCP) due to varying conditions or inability to obtain enough coverage at their PCP. These settings include emergency or urgent care, chronic health care and preventative care settings. This theme also includes chronic conditions that have little coverage for care, and force members to seek out emergency help.

"Using Medicaid have had to suffer excruciating pain for months and were forced to travel long distances to find care and were provided dental care at U of I that was completely ineffective and prolonged the agony and pain, because of their Medicaid insurance. This eventually pushed them into emergency dental surgery"

"I don't have a regular doctor. Cannot find one who takes my card. These answers are from when I did. I need a primary doctor. I get bronchitis a lot but have to go to ER since I don't have one."

Suggested Improvements

Due to their experiences, seventeen IWP members recommended potential changes to improve the IWP health plan and health care. These suggestions included ways to improve communication between the MCO and the members, and potential options of online versions coverage options. Members also suggest different areas that they would like to see more emphasis or coverage.

"I wish their website had more info about what specifically is covered. For example, during my pregnancy I could not find what my labor and delivery options were."

CHAPTER 3: SSI MEDICAID MEMBER EXPERIENCES

The Medicaid SSI program covers adults if they are low income and either¹⁰: 1) at least 65 years of age, and/or 2) blind or disabled. The following is a summary of results from the 2018 IWP Consumer Survey for non-institutionalized adults in the SSI program. Responses to each survey item for SSI members are compared to Medicaid members throughout this Chapter (unweighted frequencies for SSI members can be found in Appendix C).

Please note: Significant differences between SSI and traditional Medicaid members will be noted in the text and figures/tables in the Chapter where found in our analyses.

Demographics of SSI Members

Nearly 60% of SSI respondents were female, which was significantly less than the traditional Medicaid respondents (85%). Overall, 84% were Caucasian [Table 3-1]. Most of the respondents ranged in age from 18 to 64 (see Table 1-6 for age distribution). SSI respondents indicated lower educational attainment than Medicaid respondents, with 24% reporting less than a high school education, which was significantly greater than the traditional Medicaid respondents.

Table 3-1. Demographics of SSI and traditional Medicaid survey respondents

Demographics	Iowa Medicaid SSI 2018	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid 2018
Sex†					
Female	59%	59%	57%	56%	85%
Race/ethnicity*					
Caucasian†	84%	83%	85%	84%	88%
Black/African American	11%	10%	8%	9%	11%
American Indian†	5%	3%	3%	3%	2%
Hispanic/Latino†	3%	2%	3%	4%	8%
Asian/Pacific Islander	1%	1%	3%	2%	2%
Other	1%	1%	2%	NA	2%
Education†					
<High School	24%	29%	32%	32%	9%
High School/GED	49%	45%	42%	42%	34%
High School Degree	27%	25%	25%	19%	57%

*Race/ethnicity categories are not mutually exclusive

† Statistically significant difference at p<.05

Health status of SSI Members

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 traditional Medicaid members (44%). Table 3-2 provides the distribution among SSI and traditional Medicaid members from this survey period in addition to SSI members from prior year surveys.

¹⁰ See updated report of Iowa Medicaid Program: Impact of ACA and health system change on the Iowa Safety Net.

Table 3-2. Health status SSI and traditional Medicaid members

Global health rating	Iowa Medicaid SSI 2018	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid 2018
Excellent	5%	5%	7%	7%	13%
Very good	12%	12%	8%	13%	31%
Good	33%	31%	34%	34%	37%
Fair/poor	51%	53%	51%	46%	20%

Chronic Conditions

More than nine in ten SSI members (91%) reported that they had one or more chronic conditions that lasted or are expected to last for at least 3 months, which was significantly more than traditional Medicaid members, 73% of whom reported having one or more chronic conditions. SSI members, on average, reported 4 chronic conditions, which was significantly more than traditional Medicaid members, who reported an average of 2 chronic conditions. The most common chronic physical health conditions are shown in Table 3-3. About four in ten SSI members (45%) 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 3-3. Most commonly reported chronic physical health conditions of SSI Members

Chronic health conditions	Iowa Medicaid SSI 2018	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid 2018
Back or neck problems	49%	55%	47%	32%
Arthritis, rheumatism, bone or joint problems	47%	50%	51%	18%
Allergies and sinus problems	39%	38%	36%	36%
Overweight/obese	37%	38%	33%	29%
High blood pressure	36%	36%	39%	12%
A physical disability	32%	33%	32%	4%
Stomach problems such as recurrent indigestion, heartburn, or ulcer	31%	33%	31%	16%
Asthma	25%	25%	24%	15%
Bronchitis, emphysema, COPD, or other lung problems	25%	23%	23%	4%
Dental, tooth, or mouth problems	24%	25%	24%	21%
Migraine headaches	22%	23%	18%	24%
Diabetes	22%	23%	20%	6%
Bladder or bowel problems	21%	21%	19%	9%
Heart problems	15%	17%	20%	4%
Hearing, speech, or language problems	15%	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. 26% of SSI members rated their mental and emotional health as being “excellent” or “very good” [Table 3-4] which is significantly less than Medicaid members (42%). Around one third (35%) of SSI members reported a need for mental health treatment or counseling in the last 6 months. Of those who reported a need for mental health treatment or counseling:

- 84% received treatment or counseling
- 29% reported a time when they needed mental health treatment or counseling but could not get it
- 59% found it was *always* easy to get needed treatment or counseling

Table 3-4. SSI Adult's mental health

Self-rating of mental health	Iowa Medicaid SSI 2018	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid SSI 2018
Excellent	10%	12%	14%	16%	16%
Very good	16%	16%	17%	19%	26%
Good	32%	28%	35%	32%	34%
Fair	31%	34%	25%	25%	20%
Poor	10%	11%	8%	7%	5%

Over three in four SSI members (78%) reported that they had one or more mental or emotional health conditions that lasted or were expected to last for at least 3 months. SSI members, on average, reported two chronic mental or emotional health conditions. The most common chronic mental or emotional health conditions are shown in Table 3-5.

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

Chronic mental and emotional health conditions	Iowa Medicaid SSI 2018
Anxiety	57%
Depression	56%
A learning disability	26%
Emotional problems other than depression/anxiety	21%
Attention problems	21%
Bipolar Disorder	21%
Post-traumatic stress disorder (PTSD)	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.

- 83% of SSI Members 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 (23%)
- 50% of SSI Members 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 (10%)
- 53% of SSI Members 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 (14%)
- 14% of SSI Members 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 (3%)

Medical Home of SSI Members

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-eight percent of members in SSI reported having a personal doctor. This was significantly higher than what traditional Medicaid members reported (77%).

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
- 22% reported that they have a different personal doctor

- 14% reported that they did not have a personal doctor before enrolling in the MCO

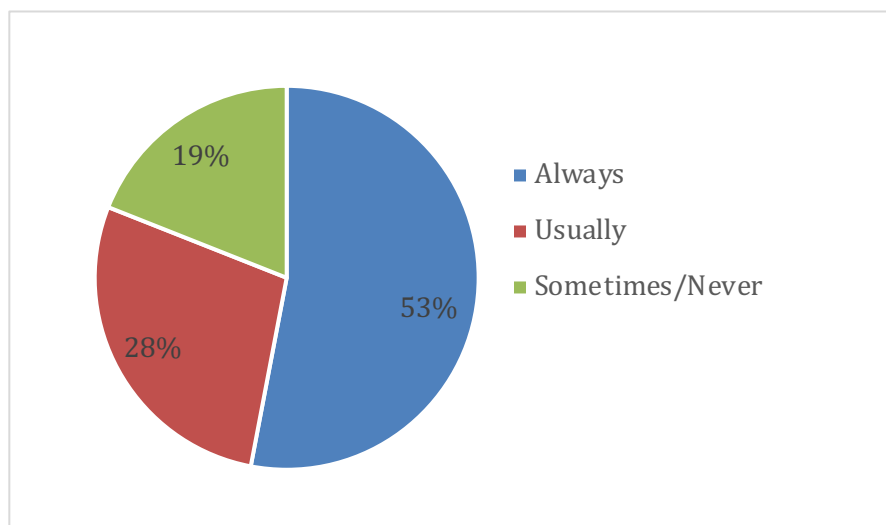
Access to Timely Care and Use of Services

Access to health care was assessed with three CAHPS questions.

- Counting only the times when they needed care right away, 60% *always* got care as soon as they needed it
- Not counting the times they needed care right away, 56% *always* got an appointment for a check-up or routine care at a doctor's office or clinic as soon as it was needed
- 42% *always* got an answer to their medical questions in the same day when they phoned a doctor's office during office hours

The CAHPS health programs composite score uses these three items to assess timely access to care. About half of SSI adults (53%) always got care quickly. This is similar to traditional Medicaid members (51%). The composite scores are shown in Figure 3-1.

Figure 3-1. Timely care (with 3 items) of SSI Members



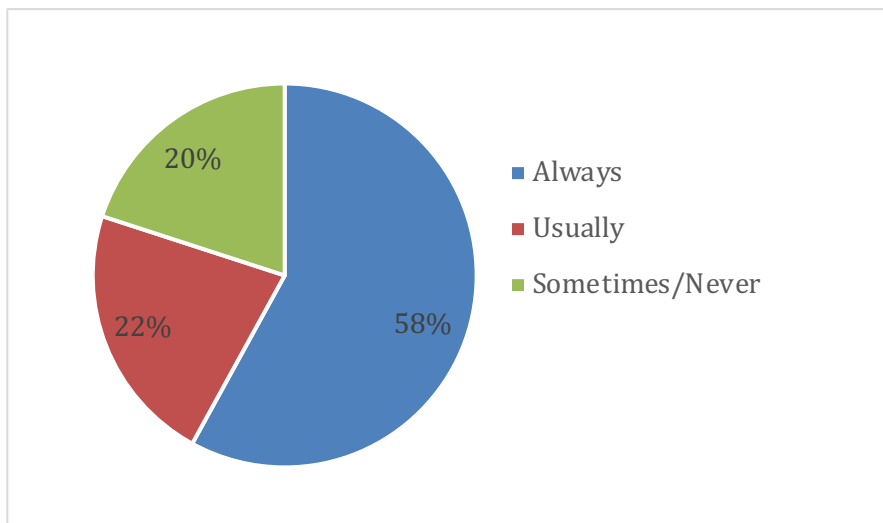
Coordination of Care

Coordination of care was measured with four CAHPS items.

- 68% 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
- 53% reported that the doctor's office *always* seemed informed and up-to-date about the care they got from a specialist
- 64% reported that the doctor *always* seemed to know the important information about the medical history
- 46% 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 3-2. About half of SSI Members (58%) reported that they *always* received proper care coordination. This was significantly higher than what traditional Medicaid members reported (54%).

Figure 3-2. Coordination of care of SSI Members



Communication with the Doctor and Interaction with Staff

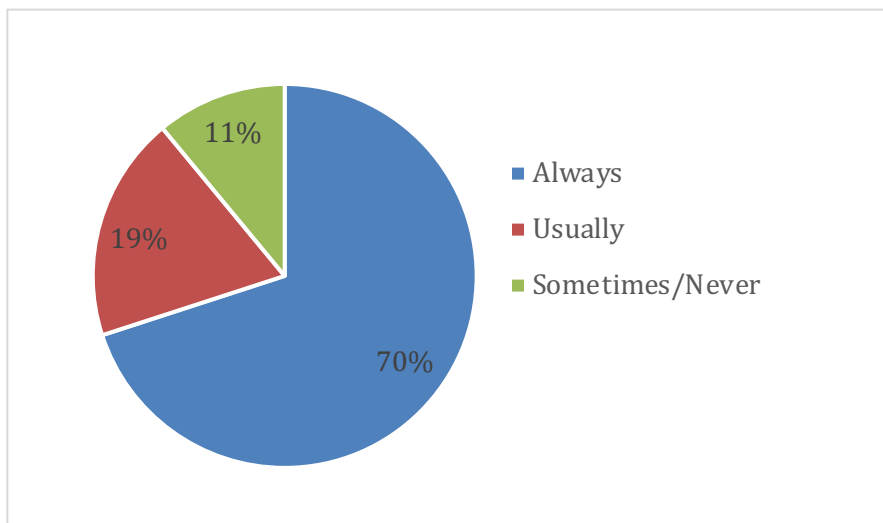
As mentioned, 88% of SSI Members had a personal doctor. Of those who had a personal doctor, 89% had visited the doctor in the last 6 months.

During these visits:

- About two-thirds of SSI members (70%) reported their personal doctor *always* explained things in a way that was easy to understand
- 70% reported their personal doctor *always* listened carefully to them
- 75% reported their personal doctor *always* showed respect for what they had to say
- 64% reported their personal doctor spent enough time with them

CAHPS uses these four items to assess doctor communication. Seven in ten SSI Members (70%) reported that their doctor *always* communicated well. The composite scores are shown in Figure 3-3.

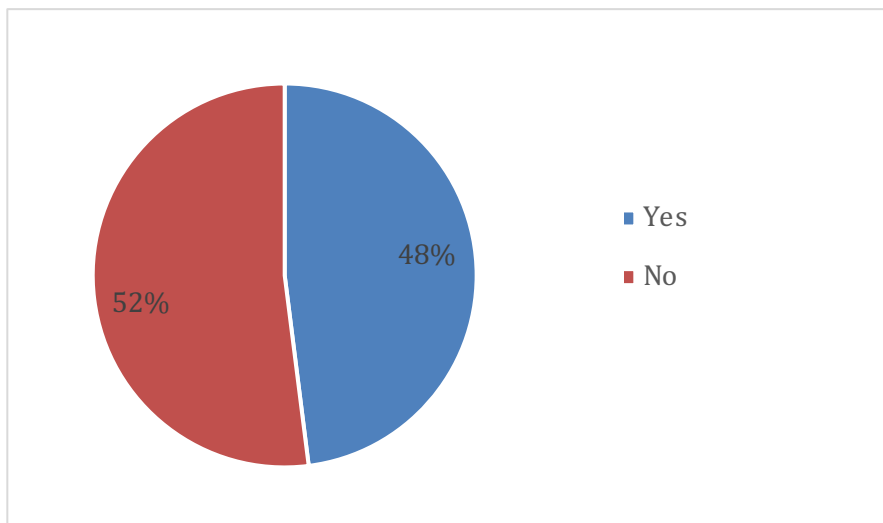
Figure 3-3. Communication with personal doctor of SSI Members



Information about After-Hours Care

Nearly half of respondents (48%) reported that a doctor's office gave them information about what to do if they needed care during evenings, weekends, or holidays [Figure 3-4].

Figure 3-4. Received information about after-hours care of SSI Members

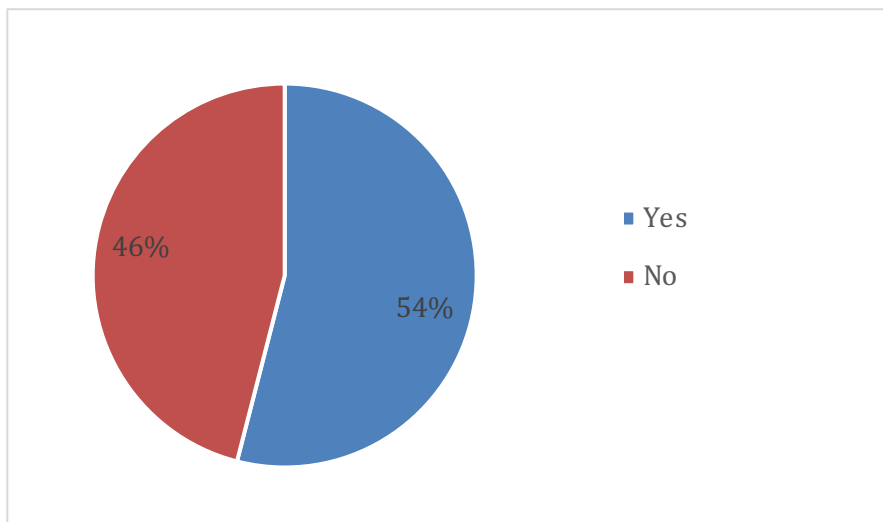


Comprehensive Care

Comprehensive care means that the medical home provides services that account for the majority of patient needs, including mental health. CAHPS assessed “comprehensive care” with one item: if anyone in a doctor’s office asked them about things that worry them or cause stress.

- 54% of SSI members reported that they were asked about things in their life that worry them or cause them stress
- The score for comprehensive care is shown in Figure 3-5. Over half of the SSI Members (54%) had received comprehensive care in the past 6 months.

Figure 3-5. Comprehensive care of SSI Members



Self-management Support

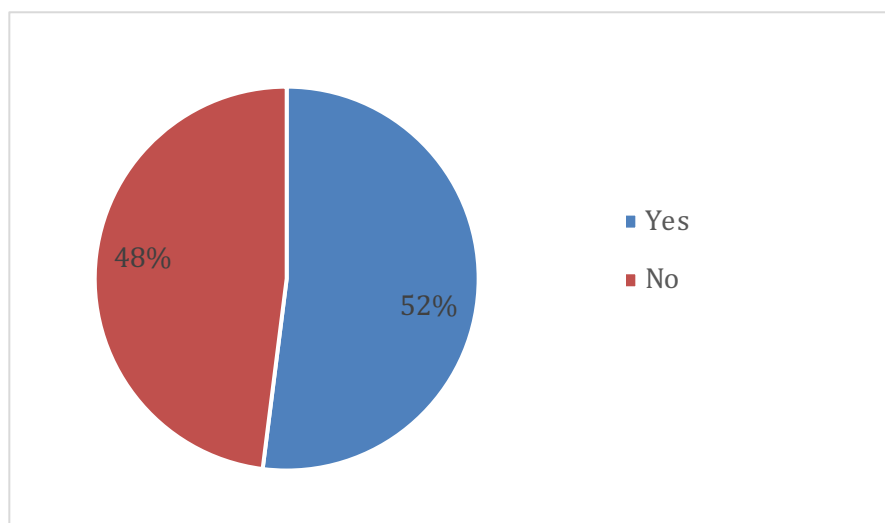
Two questions assessed the level of self-management support of those who visited a doctor’s office or clinic in the last six months.

- 65% of SSI members reported that they talked with their health providers about specific goals for their health
- 39% 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 2-6. Half of SSI members (52%) reported receiving support from their doctor’s office for self-managing their health conditions. This was significantly higher than tradi-

tional Medicaid members reported (39%).

Figure 3-6. Support for self-management of health of SSI Members



Health care of SSI Members in the last 6 months

Any Kind of Care, Tests, or Treatment

About half of SSI Members (53%) tried to get any kind of care, tests, or treatment through Medicaid in the past 6 months.

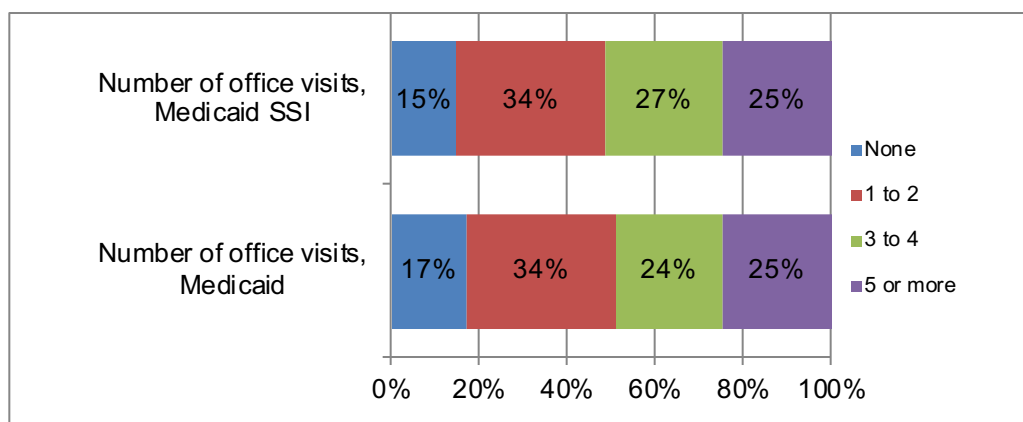
Outpatient Visits

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

Office Visits

- 85% of SSI Members had at least one visit to any doctor's office or clinic in the 6 months prior to the survey [Figure 3-7]
- 52% of SSI Members had three or more outpatient visits

Figure 3-7. SSI and Medicaid member outpatient visits in the last 6 months



Getting Needed Care

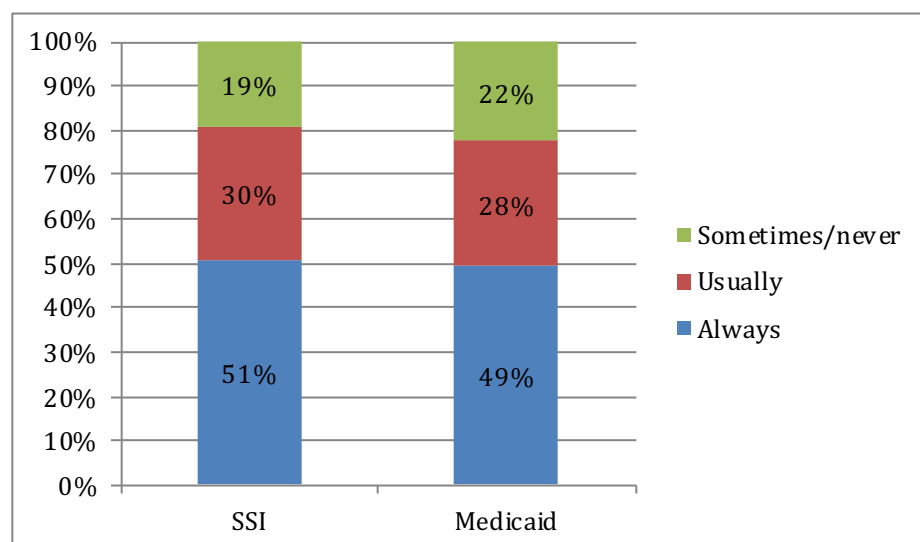
As stated before, about half of the SSI Members (53%) tried to get some type of care.

- Of those who tried to get care, 51% said it was *always* easy to get the care, tests, or treatment they needed

- 51% of SSI members 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 3-8. About half of SSI Members (51%) reported that they *always* got care as soon as needed.

Figure 3-8. Getting needed care (2 items) SSI and Medicaid Members

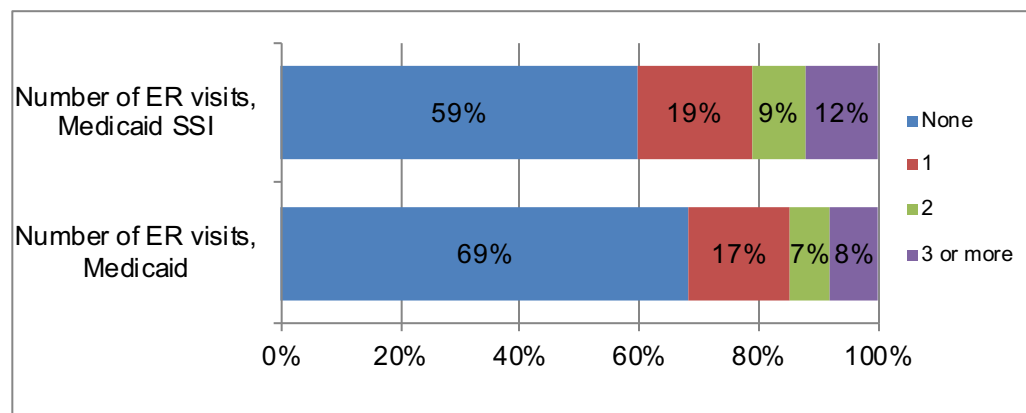


Emergency Care

Forty-one percent of SSI members reported going to a hospital emergency department (ED) at least once in the last 6 months [Figure 3-9]. This was significantly higher than traditional Medicaid members (32%).

Of those who went to an ED, 38% said that the care received could have been provided in a doctor's office if one was available at the time.

Figure 3-9. SSI 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 5%; 4 times 3%; 5 to 9 times 3%; 10 or more times 1%.

The most common reasons SSI members reported for using the ED at their most recent visit instead of a doctor's office or clinic were because the doctor's office or clinic was not open when care was needed (35%) and that their health problem was too serious for the doctor's office (32%). The responses are summarized in Table 3-6.

Table 3-6. Reasons for the most recent visit to the ED

Reason	Iowa Medicaid SSI 2018	Iowa Medicaid SSI 2017	Iowa Medicaid 2018
My doctor's office or clinic was not open when I needed care	35%	37%	39%
My health problem was too serious for the doctor's office or clinic	32%	23%	29%
My doctor, nurse, or other health care provider told me to go to an ER for this care	13%	18%	13%
My doctor's office or clinic was open, but I could not get an appointment	8%	9%	7%
I had transportation problems getting to a doctor's office or clinic	7%	7%	4%
I did not have a doctor or clinic to go to	3%	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.

- 59% reported that they had a preventive visit, such as a physical exam or mammogram, within the last year
- Almost half of SSI adults (45%) had a flu shot during the past flu season
- A little under half of SSI respondents reported smoking cigarettes (45%); every day (33%) or some days (12%)
 - 41% of those who reported smoking every/some days indicated that they *always* received advice to quit smoking by a doctor or other health provider
 - 18% reported that a doctor or health provider *always* discussed or recommended smoking cessation medication(s)
 - 12% reported that a doctor or health provider *always* discussed or provided information on smoking cessation methods and strategies

Table 3-7. Smoking cessation recommendations from doctor or health provider

Frequency	Advised quitting	Smoking cessation medication	Smoking cessation methods and strategies
Always	41%	18%	12%
Usually	18%	13%	13%
Sometimes	23%	22%	18%
Never	18%	47%	57%

Specialty Care

About two in five SSI members (42%) had visited a specialist in the last 6 months. This was significantly higher than the rate reported by other adults in Medicaid (30%).

Hospital Stay

Eighteen percent of SSI members reported staying one or more nights in a hospital. This was not significantly different from traditional Medicaid members (16%).

- Of those SSI members who stayed in a hospital, 30% went back to the hospital within 30 days of being allowed to go home
 - This was significantly higher than traditional Medicaid members reported (19%)

Prescription Medication

Respondents were asked about their need for any prescription medications. Four-fifths of SSI members (81%) needed or took a prescription medication, which was significantly higher than traditional Medicaid members (66%). Of those SSI respondents who had a need for or were taking a prescription medication:

- 46% *always* had someone in a provider's office talk to them at each visit about all the prescription medicines they were taking

- 28% needed prescription medication but could not get it for any reason
- 60% *always* got the prescription medicine easily through Medicaid

Transportation

Five questions asked about transportation used to get care.

- The most commonly reported modes of transportation were driving (one's own or someone else's vehicle) or being driven (37% both modes) to a visit
- About one third of SSI members (36%) reported *always* needed assistance from other sources (such as friends, family, public transportation, etc.) to get to their health care visits
- A little over one in five SSI members (22%) indicated they had ever used transportation paid by their MCO
 - Of those who used the transportation, 52% 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

Unmet Need for Care

Rates of unmet need among SSI Members varied by service area and were similar to those for other adults in Medicaid (Table 3-8).

- About one in four had an unmet need for prescription medications (23%)
- Unmet need for medical care is close to one in ten (e.g. routine care [13%])

Table 3-8. Unmet health care needs among SSI adults* (percent of all respondents)

Unmet Care Category	Iowa Medicaid SSI 2018	Iowa Medicaid SSI 2017	Iowa Medicaid SSI 2014	Iowa Medicaid SSI 2013	Iowa Medicaid 2018
Care right away	9%	10%	11%	11%	8%
Routine care	13%	12%	11%	11%	12%
Preventive health care	10%	11%	10%	8%	8%
Specialty medical care	10%	9%	8%	8%	7%
Mental health care	10%	8%	7%	9%	8%
Prescription medication	23%	24%	17%	22%	20%

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

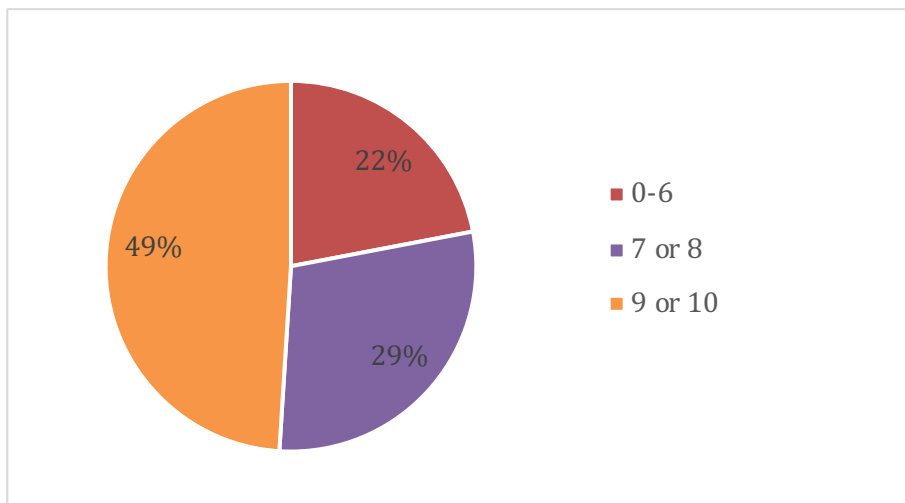
Quality of Health Care of SSI Members

SSI members were asked to rate 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 49% of SSI adults rating either 9 or 10 for health care received in the past 6 months [Figure 3-10].

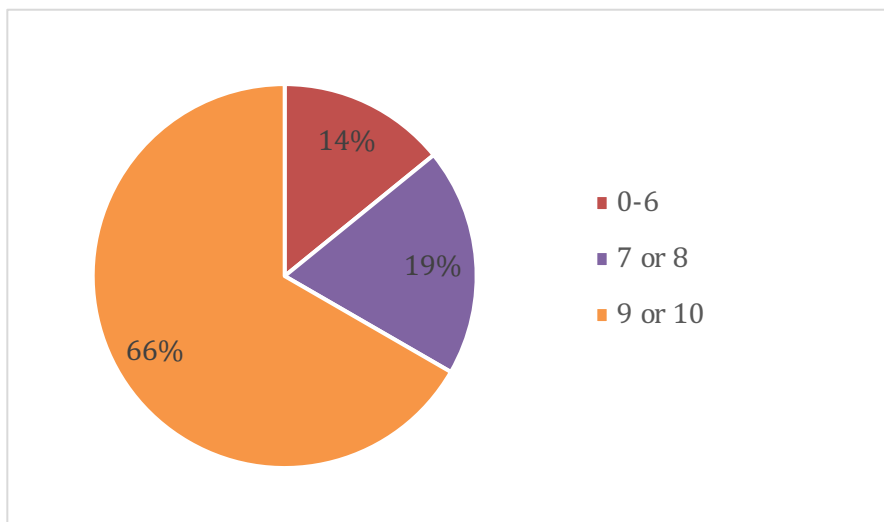
Figure 3-10. Rating of all health care for SSI adults



Rating of Personal Doctor

About two in three SSI members (66%) rated their personal doctor a 9 or 10 [Figure 3-11].

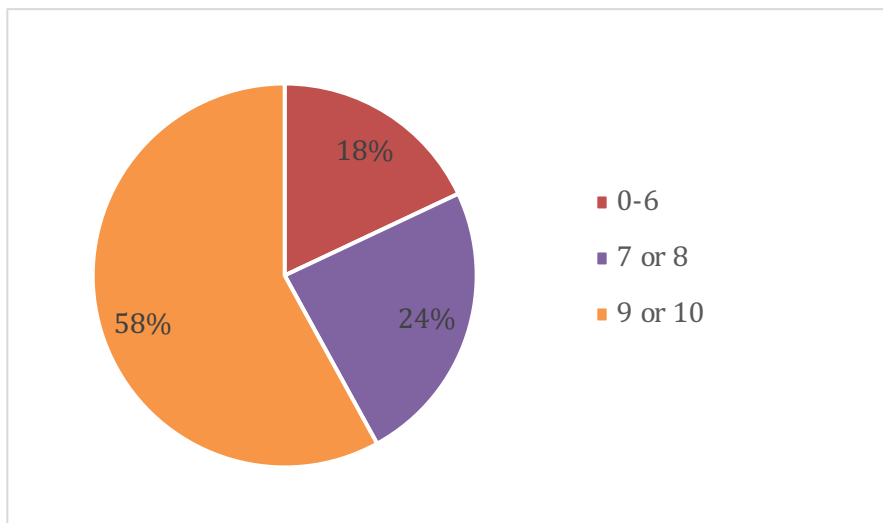
Figure 3-11. Rating of SSI adult's personal doctor



Rating of Specialist Adult Saw Most Often

About six in ten SSI members (58%) rated their specialists as a 9 or 10 [Figure 3-12].

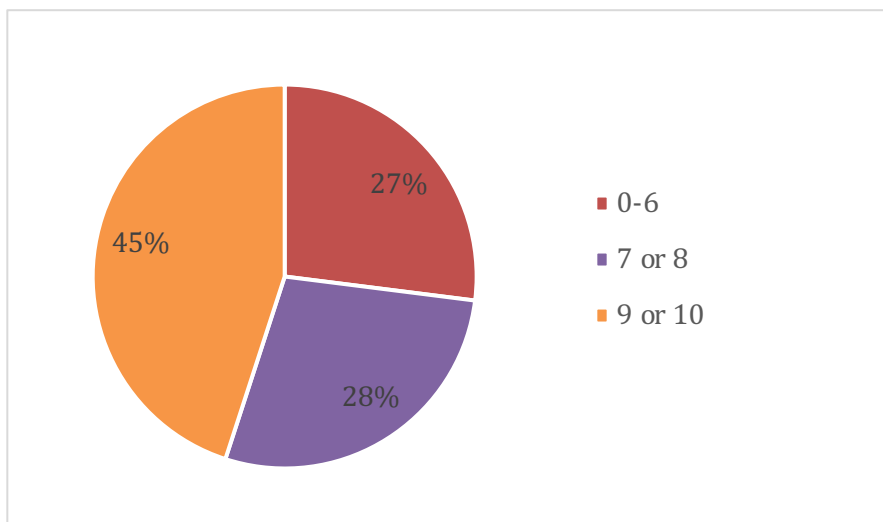
Figure 3-12. Rating of SSI adult's specialist



Rating of Medicaid

A little under half of SSI Members (45%) rated Medicaid a 9 or 10 [Figure 3-13]. There were no significant differences between SSI and traditional Medicaid members.

Figure 3-13. Rating of SSI adult's health program



Medicaid Helpline & Information (SSI members)

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

- 44% knew about the Medicaid Member Services helpline
- 23% of those who knew about the helpline had called for assistance
- 43% of those calling for information or help reported they *always* got the information needed
- 55% of SSI members had looked for information on how their health program works and indicated which information source they found most helpful:
 - 23% Doctor or office staff
 - 17% Written materials from DHS Medicaid/Health Link
 - 14% Written materials from respondent's MCO

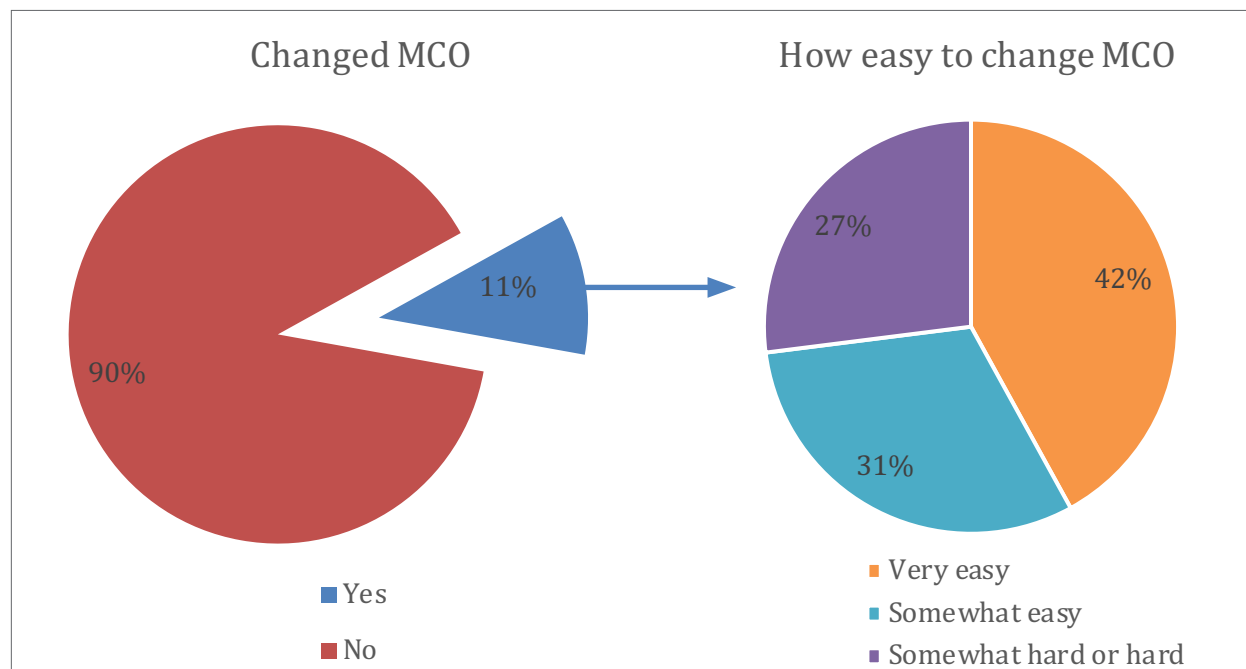
- 9% Friends or family who use Medicaid
- 8% Phone calls to MCO
- 7% Phone calls to the Medicaid helpline

SSI Member Experiences with MCOs

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

- 11% had tried to change MCO after the initial assignment, and of those:
 - 42% said it was very easy to change MCO
 - 27% said it was somewhat hard or very hard to change MCO [see Figure 3-14]

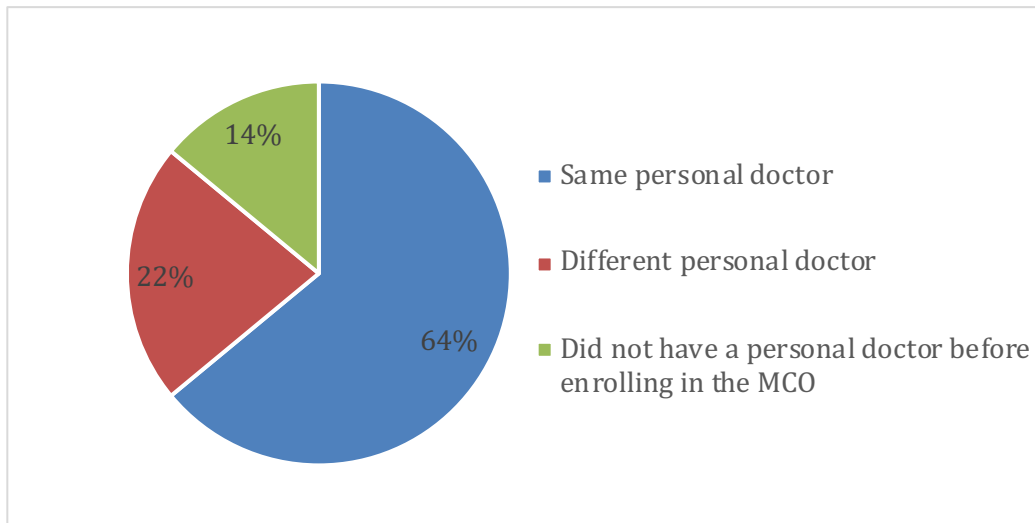
Figure 3-14. MCO change after initial enrollment and ease to change MCO



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

- 64% reported that they have the same personal doctor
- 22% reported that they have a different personal doctor
- 14% reported that they did not have a personal doctor before enrolling in the MCO

Figure 3-15. Continuity of care with personal doctor after MCO enrollment

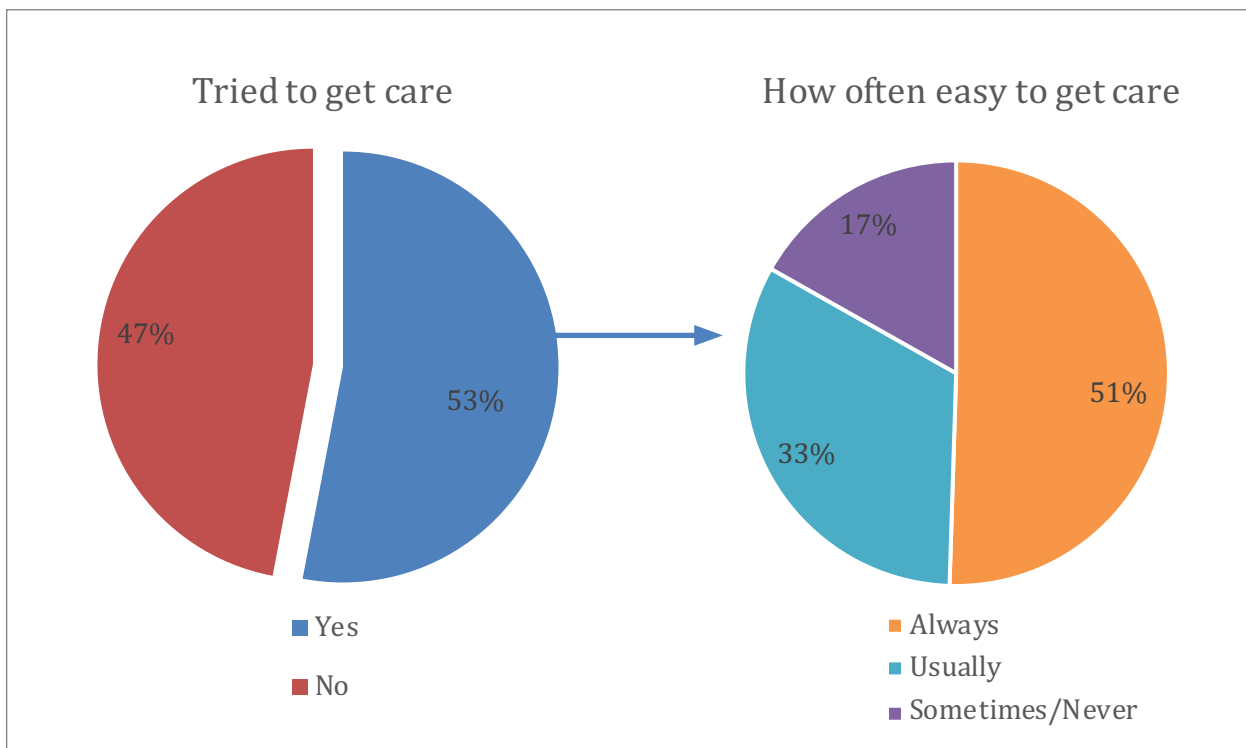


SSI respondents also reported their perception of care received through the MCO.

Getting any kind of care:

- About half of adults (53%) reported that they tried to get any kind of care, test, or treatment they thought they needed through the MCO and of those who tried to get care:
 - 51% reported that it was *always* easy to get the care, test, or treatment they thought they needed
 - 17% reported that it was either *sometimes* or *never* easy to get care [See Figure 3-16]

Figure 3-16. Tried to get care through MCO and how often getting care was easy

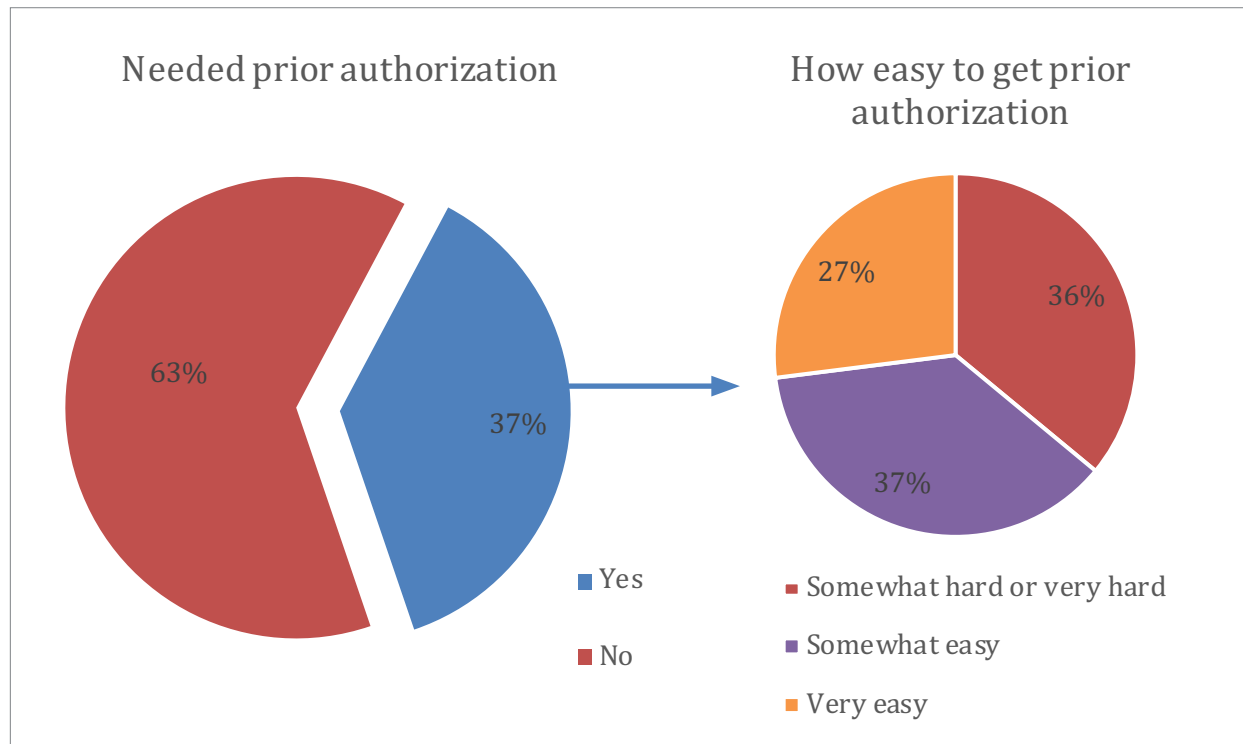


Prior authorization:

- Over one third of SSI members (37%) reported that they needed prior authorization to get care and of those:
 - 27% reported that it was *very easy* to get prior authorization from their MCO

- 36% reported that it was either *somewhat hard* or *very hard* to get prior authorization [see Figure 3-17]

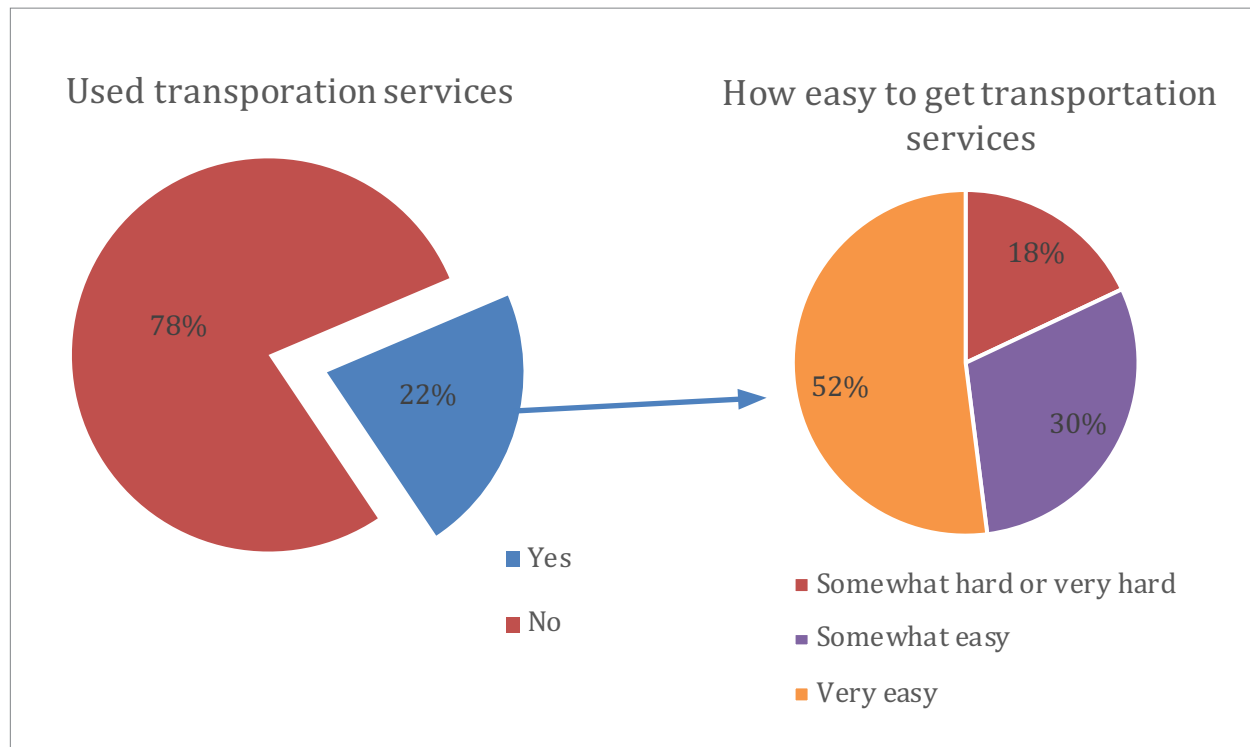
Figure 3-17. Need for prior authorization (PA) and ease of getting PA



MCO-Paid transportation:

- 22% of SSI members reported using transportation paid for by their MCO [see Figure 3-18] and of those who utilized MCO-paid transportation:
 - 52% reported it was *very easy* to get transportation services provided by their MCO
 - 18% reported that it was either *somewhat hard* or *very hard* to get transportation services

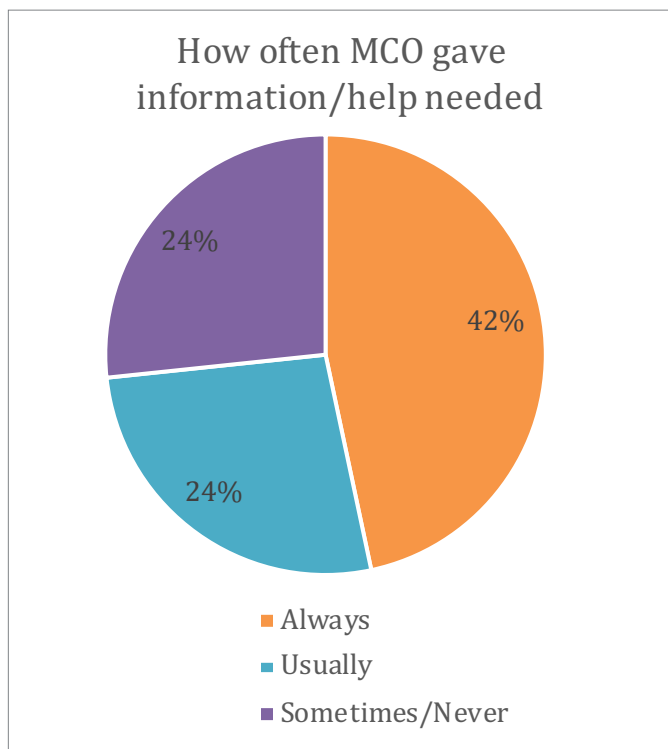
Figure 3-18. Used MCO-provided transportation services and ease of getting transportation services



Needed to get information or help from their MCO:

- About one in five SSI members (19%) reported that they tried to get information or help from their MCO and of those:
 - 42% reported that their MCO *always* gave them the information or help they needed
 - 34% of adults reported that it was either *sometimes* or *never* easy to get care [see Figure 3-19]

Figure 3-19. Tried to get information or help form MCO and how often received information or help needed



SUMMARY OF SSI MEDICAID MEMBER COMMENTS

The final question of the Medicaid 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 2134 respondents who completed the survey, 660 provided comments in this section.

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

Health Plan

In response to the final open-ended survey item, 243 respondents commented on their experiences with their health plan.

Satisfaction

Of the 243 respondents who commented on their experiences with their health plan, 157 commented on the satisfactory or positive experience with their health plan. The respondents comments included an appreciation for the coverage, feelings of happiness (n= 108), and having ‘no problems’ with the health plan (n=44). Positive MCO customer service experiences (n=5).

“It’s great. I enjoy water therapy. If it wasn’t for insurance I have I wouldn’t be able to be living out here in this world on my own and have the great people working with me and because of all this I’m alive and am grateful for my meds and real people who care for me so I can take care of myself.”

“There is nothing I dislike. The health care I have is doing well for me. And I would like to keep this, health care Amerigroup Iowa Inc.”

“I really like it all and what it offers. One time it almost was turn off, but my case coordinator called and it began again.”

“United Health Care Plan is awesome. They have helped me a lot and they talked to me over the phone and have not lied to me. They are great. The best. Thank you very much, United Health Care. Thank you.”

“I like that I am able to receive the health care I need always. I am not sure if I need to change my health plan. I really do not want to. I enjoy the services I receive every doctor visit.”

“I appreciate the health insurance I have. A few kinks but always seems to work good for me.”

Dissatisfaction

However, of these 243 respondents who commented on their experiences with their health plan, sixty-three commented of the dissatisfactory or negative experience with their health plan. This theme included comments about feelings of anger or frustration towards frequent changes and lack of wellness benefits (n=20), negative comments towards MCO customer services (n=25), and unknown monthly payments or co-pays (n=18).

“Dental plan sucks! There could be a little more flexibility in credentials and - as I have learned from this survey (and I suspect may be part of the function of this survey) the information about the services provided by my health plan are not well documented or information about them is not sufficiently distributed to plan members”

“I’m about to turn (redacted) and keep getting mail about plans ABCD and don’t have any idea what they’re talking about. Have called the 800# that says they’ll have someone come talk to me and have never received a call back from them, which is nothing unusual. Like any other government program, you talk to a damned machine that says push this # or that #, 5-10 #'s later it says to leave a #. A waste of my time and tax payers money. I’ve been waiting for a call back now for over a month from SSI about new Medicaid/Medicare plans.”

“In California my Medicaid covered a gym membership so I could go work out daily and keep my body weight down, here in Iowa it does not cover it and I miss being able to go work out each day.”

Confusion

Of the 243 respondents who commented on their experiences with their health plan, twenty-three responded having feelings of confusion as it relates to their healthcare coverage. This theme includes not knowing of their healthcare plan, having no contact with the MCO's and not using their healthcare plan.

"I'm thinking I am so confused and unaware of this insurance because I have Medicare as primary insurance and this as secondary. I don't know what this insurance really is or how to get information about it, or a number or address to contact you."

Barriers to Care

In response to the final open-ended survey item, 145 respondents commented on the barriers that are faced when trying to access health care.

Provider Denial

Forty-eight IWP members reported that there are not enough healthcare providers in their area that accept Medicaid insurance. This theme draws on the lack of mental health, medical, dental and specialist providers that accept state provided insurance.

"Dental Insurance - cannot find a dentist near where I live - they do not cover my choice of dentists. Not allowed to find my own dentist. All the dentists they provide are very few and are in the big cities too far away from my town."

"The only thing I don't like about my health plan is my eye doctor does not take this health plan. I have been going to the same eye doctor all of my life. Now I have to find a different eye doctor."

Personal Hardships

Of the 145 respondents who commented on the barriers to care, sixty-nine commented on having personal hardships that prevented them from accessing care. These hardships include having financial hardships, physical or mental health disabilities, and struggles to find care for children or dependent adults.

"I would give anything if I had not had to deal with depression and anxiety at all. It started for me when I was in my twenties, but I tried to handle it alone. Finally I got help but it is all still with me so I go see a therapist, also while in my 60s I also ended up with physical problems also my neck, shoulders, back, knees and ankles don't support me like before. "

"There are other things that they don't cover and I am going to have to pay out of my pocket. I live on \$700 per month. Now it is going to be even harder to make it so I will be out in the streets because of medical bills."

"I do not drive and live in Griswold, IA. There is no grocery store here. People are in need of rides to get groceries. The nearest grocery store is 21 miles from Griswold. Even a 1 time monthly would I could shop for the month. I end up spending food stamps at the gas station which is costly and wasteful, they would be better spent at a grocery store. I'm diabetic and I'm not able to get the foods I should be eating. Sincerely diabetic in need of transportation to grocery store."

Distance

Of the 145 respondents, twenty-eight commented on the travel distance between their local area and the doctor or dentist that they had to visit. This theme includes struggles with travel expenses, difficulties driving due to scheduling or care needs.

"What I don't like is the fact I have to go all the way to a different town, when I needed to have my hip operated on because orthopedist 25 miles away refused to work on me because the insurance"

"Sometimes I can't afford gas to get to the doctors office and sometimes I need help with cleaning but don't know who to ask and need rides but unable to find them"

Social Determinants of Health

Of the 660 respondents, 124 members reported having difficult situations, social determinants of health, which act as a barrier to care. Members report not being able to attend appointments due to low income or unstable income and

being unable to pay co-pays (n=43). Having no means to find transportation or lack in gas or bus passes to attend appointments (n=28), as well as having little to no communication between the provider and themselves (n=53).

"I dislike having to call on the day of my ride only to find out the ride wasn't set. Even though I made the appointment 9 days prior and I was told on the day of my ride, that they didn't have me down, I had to reschedule doctor appointment. I always call now sometimes I only find out the day of my appointment and worry whether or not if I have a ride and this is every month."

"For the pills and eye drops I use I don't know if I have the right plan, if I have to pay a copay, and if there is a plan where I would not have to pay anything then why ain't I on that plan. And with all my doctors dying or retiring how do I know if I have a doctor to go to? Or they move somewhere else? It scares me to meet a new doctor and have to wonder how long I am going to have him or her."

"Paying for dental is not easy on fixed income. Takes every dollar I get to pay house \$278. Lights run on budget billing \$282. Propane cost \$480 to fill tank one time. Water, sewer, trash is \$84 a month - I get \$750 a month - having a phone \$45 a month. How do I pay for dental and prescriptions?? And food? Cleaning?"

"Amerigroup sent a letter that they would drop my coverage if I didn't get a mammogram. Delta Dental (same message on their answering service as Medicaid and Amerigroup) sent a letter that they would drop my coverage if I didn't answer question online, I can't afford Wi-Fi."

"I can't afford copays for my medicines or doctors visit. Received only \$770 monthly. It's very hard for me if does not cover everything for me with my health issues."

Limitations

Of the 660 respondents, 160 commented on the limitations that have been set by insurance companies through authorizations and co-pays. This is seen specifically with prescription medication (n=75), glasses (n=6), and recommended treatments (n=36), including alternative treatment methods (n=20). It also includes the lack of dental care (n=23).

"I had to stop my allergy shot and my ENT office wouldn't take me any longer either because of my insurance and now I am so sick with sinus infection all the time and I hate being sick. Also, insurance does not pay for my pre cancer treatment like my other did as my mother passed away from plain cancer. There are other things that they don't cover and I am going to have to pay out of my pocket. I live on \$700 per month. Now it is going to be even harder to make it so I will be out in the streets because of medical bills."

"One thing that I dislike is the waiting period for surgeries to be approved, as I feel it affects my health for the worse. I had to wait several months to have a procedure on my right ear, and I feel that my hearing was diminished, during that period as well as long-term"

"Have to drink medicine that does not help for Medicaid to see that I have tried everything else before I can get the one I need, that's if they decide to pay for it. Having to wait months to be able to get in to see my specialists because is the only doctor that accepts Medicaid and they are booked"

"I would like to see better dental plans in play for adults. Especially dealing with an illness and dental problems, my teeth affects my health more of the time and it's hard finding help for adults with dental problems."

"I dislike the limit of time to refill prescriptions. Which makes it difficult when not feeling well or have plans to go somewhere. Example: vacation out of town to visit family. Also the refusing to cooperate with a doctors order to refill early. I also really dislike disputing a pain doctor's orders. They demanded chiropractic adjustment. Which if they knew my history, is detrimental to my spinal health. I never received the treatment needed. Which further worsened disability."

"I had a brain tumor removed. I went to ophthalmologist for an eye exam to make sure there were no eye issues from the surgery. I got a new eyeglass prescription. The insurance refused to pay. I called them. The representative I spoke to OK'd the glasses. I submitted the prescription again and was denied a second time. The closest dentist I can use with insurance is a 3 hour drive away. That is completely unacceptable."

Experience Receiving Care

In response to the final open-ended survey item, 119 members responded about their experience receiving care from healthcare professionals, both positive and negative.

Satisfactory

Of the 119 members who commented on the care they received, thirty-five members commented on the positive experiences they had while receiving care. This theme includes having feelings of happiness, positive relationship between the provider and the patient, and feeling like their concerns were being heard.

"I like the professional attitudes and courteousness of the medical staff of my provider when I call about questions I have."

"I know there are some, my doctors, especially specialists, have told me so, but they take care of those forms for me and it works out. I feel that the system of care I'm under now is very well balanced. Doctors don't overly test me to run their own tests, they share results, group blood work and labs share recent x-rays, CT scans and so forth. I appreciate that it seems less ego driven and more cost effective, more kind to me and just makes more common sense."

Unsatisfactory

However, seventy-four of these members reported having a negative experience while receiving care. This includes comments of negative outcomes after receiving care, having feelings of mistrust or no comfortability towards the provider, and feeling like their concerns are not being heard. Feeling judged and that treatment changes based on insurance is also included.

"Hospitals, physicians, to get to the point, non-professional individuals that have no right to be in this field of so called doctors - hospitals dentist. No respect, don't care about a person's need/life threatening sickness - pain/suffering emotionally and mentally. Breaks a person down to feeling like there is no hope for trying to get help, but think about giving up and dying just to stop the pain and suffering."

"My healthcare was less than satisfactory. They let me go 4 plus years with "pulled/strained muscles" in my back, according to them. Turns out it was bulging/herniated discs and I ended up having back surgery. Also, I had a broken arm which they, Lori Krause, refused to X-ray and it healed itself but with lasting issues."

"People like me get disrespected by a lot of professional doctors. When I explain to them what's wrong with me. And tell them what I need to get better. They totally ignore me and make up their mind what's wrong with me and diagnose me with something else that's not wrong with me at all."

Types of Care

Of the 119 members who commented on receiving care, ten members commented on receiving care at other hospital settings instead of their primary care provider (PCP) due to varying conditions or inability to obtain enough coverage at their PCP, or an inability to utilize PCP care due to environmental issues. These settings include emergency or urgent care, chronic health care and preventative care settings. This theme also includes chronic conditions that have little coverage for care, and force members to seek out emergency help.

"After hour clinic/outpatient is on very limited time - 2 hours. Need outpatient urgency clinic for nights, weekends, and holidays where doctors' office are not open and yet do not really need ER. Right now, ER is the only option for our rural community."

Suggested Improvements

Due to their experiences, thirty-nine IWP members recommended potential changes to improve the IWP health plan and health care. These suggestions included ways to improve communication between the MCO and the members, and potential options of online versions coverage options. Members also suggest different areas that they would like to see more emphasis or coverage.

"I would like to have someone that could be a health advocate to discuss things about my health coverage I don't know."

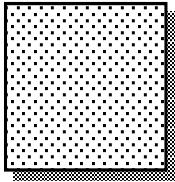
"I would like more information on Amerigroup Insurance and what it offers as far as transportation and other benefits that I might have been unaware that it is provided."

APPENDICES

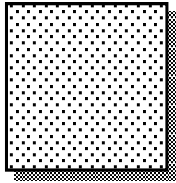
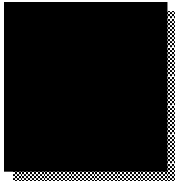
- A. Survey Instrument - IWP**
- B. Survey Instrument - Traditional Medicaid and SSI**
- C. Unweighted Frequency Distributions for Each IWP and Medicaid Survey Question**
- D. Comments Reported by IWP Respondents**
- E. Comments Reported by Medicaid Respondents**
- F. Comments Reported by SSI Respondents**



Survey of Iowa Medicaid



Health Link



Enrollees

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

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

If you have any questions or comments, please contact:

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Toll-free 1-800-710-8891**

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

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

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

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

Thank you for your help.

Fall 2018

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

⁰☐ I did not have health insurance at all last year
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 of your health care in the last 6 months?

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

YOUR PERSONAL DOCTOR

18. A personal doctor is the person you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ¹☐ Yes
²☐ No → If No, Go to Question 26

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

- ⁰☐ None → If None, Go to Question 25
¹☐ 1 time
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5 to 9
⁶☐ 10 or more times

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

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

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

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

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

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

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

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

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

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

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

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

PREVENTIVE CARE

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

- ☐ ¹ Yes
- ☐ ² No

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

- ☐ ¹ Yes
- ☐ ² No

28. Have you had a flu shot since September 1, 2017?

- ☐ ¹ Yes
- ☐ ² No

EMERGENCY ROOM CARE

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

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

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

- ☐ ¹ Yes
- ☐ ² No

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

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

GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

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

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

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

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

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

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

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

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

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

¹☐ Yes
²☐ No

HOSPITAL STAY

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

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

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

¹☐ Yes
²☐ No

MENTAL AND EMOTIONAL HEALTH CARE

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

45. In the last 6 months, was there any time when you needed treatment or counseling for a mental or emotional health problem but could not get it for any reason?
- ¹☐ Yes
 - ²☐ No

PRESCRIPTION MEDICINE

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

TRANSPORTATION

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

- ☐ I do not have a reliable way to get to my health care visits
- ☐ I drive myself, using *my own* vehicle
- ☐ I drive myself, using *someone else's* vehicle
- ☐ Someone else (such as a friend, neighbor, or family) drives me
- ☐ I take a taxi cab
- ☐ I take public transportation (such as a bus or government-provided transit)
- ☐ I bike or walk
- ☐ 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ 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?**

- ☐ Yes
- ☐ 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?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ 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?

- ☐ Amerigroup Iowa Inc.
- ☐ UnitedHealthcare Plan Inc.
- ☐ 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?

- ☐ Yes
- ☐ No → If No, Go to Question 58

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

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Somewhat hard
- ☐ Very hard

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

- ☐ Yes, I have the *same* personal doctor as before enrolling in my MCO
- ☐ No, I have a *different* personal doctor than before enrolling in my MCO
- ☐ 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?

- ☐ Yes
- ☐ 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ 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?

☐ Yes

☐ No → If No, Go to Question 63

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

☐ Very easy

☐ Somewhat easy

☐ Somewhat hard

☐ 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?

☐ Yes

☐ No → If No, Go to Question 65

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

☐ Very easy

☐ Somewhat easy

☐ Somewhat hard

☐ 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?

☐ Yes

☐ 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)?

☐ Yes

☐ 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?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

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

☐ Yes

☐ 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?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

70. 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.

☐ Did not look for information

☐ DHS Medicaid/Health Link websites

☐ Your MCO website

☐ Other website

☐ Written materials from DHS
Medicaid/Health Link

☐ Written materials from your MCO

☐ Phone calls to the Medicaid helpline

☐ Phone calls to your MCO

☐ County DHS Medicaid office

☐ DHS caseworker

☐ Friends or family who use Medicaid

☐ Doctor or office staff

☐ Other (write in) _____

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

☐ Yes

☐ No → If No, Go to Question 73

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

☐ Yes

☐ No

73. 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 health plan possible
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best health plan possible

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

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

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

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

- ¹☐ Yes
²☐ No

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

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

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

- ¹☐ Yes
²☐ No

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

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

- ¹☐ Yes
²☐ No

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

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

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

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

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

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

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

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

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

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

ABOUT YOU

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

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

84. 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

85. 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

86. 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

87. 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.

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

Check all that apply

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

89. 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 93**

90. 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

91. 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

92. 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

93. 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 95

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

Do not include pregnancy or menopause.

- ☐ ¹ Yes
- ☐ ² No

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

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

96. 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 Sometimes
- ☐ ³ Usually
- ☐ ⁴ Always

97. 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

98. What is your gender?

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

99. What best describes your current employment status?

- ☐ ¹ Employed full time → Go to Q101
- ☐ ² Employed part time → Go to Q101
- ☐ ³ Not employed

100. Which of the following best describes your situation? *Please choose only one response.*

- 1 ☐ A Homemaker
2 ☐ A Student
3 ☐ Retired
4 ☐ Disabled/Unable to work
5 ☐ Temporarily laid off
6 ☐ Looking for work

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

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

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

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

103. Did someone help you complete this survey?

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

104. How did that person help you?

Check all that apply.

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

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THANK YOU!

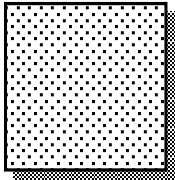
Please fold your completed survey and return it in the enclosed postage-paid envelope or use the following address:

Public Policy Center

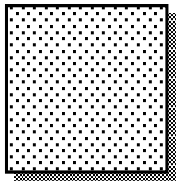
814 Jefferson Building
129 East Washington Street
Iowa City, Iowa 52242-1121



Survey of Iowa Medicaid



Health Link



Enrollees

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

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

If you have any questions or comments, please contact:

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

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

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

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

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

Thank you for your help.

Fall 2018

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

- ⁰☐ I did not have health insurance at all last year
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 of 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, 2017?

- ¹☐ Yes
²☐ No

EMERGENCY ROOM CARE

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

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

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

- ¹☐ Yes
²☐ No

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

- 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 of 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

- ☐ I do not have a reliable way to get to my health care visits
- ☐ I drive myself, using *my own* vehicle
- ☐ I drive myself, using *someone else's* vehicle
- ☐ Someone else (such as a friend, neighbor, or family) drives me
- ☐ I take a taxi cab
- ☐ I take public transportation (such as a bus or government-provided transit)
- ☐ I bike or walk
- ☐ 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ 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?**

- ☐ Yes
- ☐ 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?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ 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?

- ☐ Amerigroup Iowa Inc.
- ☐ UnitedHealthcare Plan Inc.
- ☐ 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?

- ☐ Yes
- ☐ No → If No, Go to Question 58

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

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Somewhat hard
- ☐ Very hard

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

- ☐ Yes, I have the *same* personal doctor as before enrolling in my MCO
- ☐ No, I have a *different* personal doctor than before enrolling in my MCO
- ☐ 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?

- ☐ Yes
- ☐ 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ 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?

☐ Yes

☐ No → If No, Go to Question 63

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

☐ Very easy

☐ Somewhat easy

☐ Somewhat hard

☐ 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?

☐ Yes

☐ No → If No, Go to Question 65

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

☐ Very easy

☐ Somewhat easy

☐ Somewhat hard

☐ 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?

☐ Yes

☐ 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)?

☐ Yes

☐ 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?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

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

☐ Yes

☐ 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?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

70. 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.

☐ Did not look for information

☐ DHS Medicaid/Health Link websites

☐ Your MCO website

☐ Other website

☐ Written materials from DHS
Medicaid/Health Link

☐ Written materials from your MCO

☐ Phone calls to the Medicaid helpline

☐ Phone calls to your MCO

☐ County DHS Medicaid office

☐ DHS caseworker

☐ Friends or family who use Medicaid

☐ Doctor or office staff

☐ Other (write in) _____

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

☐ Yes

☐ No → If No, Go to Question 73

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

☐ Yes

☐ No

73. 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 health plan possible
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best health plan possible

ABOUT YOU

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

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

75. 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

76. 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

77. 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

78. 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.

79. 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) _____

80. 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 84

81. 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

82. 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

83. 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

84. 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 86

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

Do not include pregnancy or menopause. ¹

- ☐ Yes
²☐ No

86. 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) _____

87. 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☐ Sometimes
³☐ Usually
⁴☐ Always

88. 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

89. What is your gender?

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

90. What best describes your current employment status?

- ¹☐ Employed full time → Go to Q92
²☐ Employed part time → Go to Q92
³☐ Not employed

APPENDIX C. UNWEIGHTED FREQUENCY DISTRIBUTIONS FOR EACH IWP AND MEDICAID SURVEY QUESTION

<i>1. How many months of the past year did you have health insurance coverage?</i>					
		IWP	Medicaid	Sub-total	SSI
I did not have health insurance at all last year	n	44	31	75	33
	%	2.7%	2.3%	2.5%	1.6%
1-5 months with insurance	n	69	37	106	20
	%	4.2%	2.7%	3.5%	1.0%
6-11 months with insurance	n	171	133	304	55
	%	10.4%	9.7%	10.0%	2.7%
I had insurance all of last year	n	1,368	1,176	2,544	1,955
	%	82.8%	85.4%	84.0%	94.8%
Total N		1652	1377	3029	2063

<i>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?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	686	622	1,308	990
	%	41.3%	45.1%	43.0%	48.0%
No	n	976	757	1,733	1,073
	%	58.7%	54.9%	57.0%	52.0%
Total N		1662	1379	3041	2063

<i>3. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?</i>					
		IWP	Medicaid	Sub-total	SSI
Never	n	12	4	16	14
	%	1.8%	0.6%	1.2%	1.4%
Sometimes	n	62	84	146	128
	%	9.2%	13.6%	11.3%	13.1%
Usually	n	185	158	343	246
	%	27.4%	25.6%	26.5%	25.2%
Always	n	417	370	787	590
	%	61.7%	60.1%	60.9%	60.3%
Total N		676	616	1292	978

4. In the last 6 months, was there any time when you needed care right away but could not get it for any reason?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	103	106	209	191
	%	15.3%	17.3%	16.2%	19.7%
No	n	572	507	1,079	780
	%	84.7%	82.7%	83.8%	80.3%
Total N		675	613	1288	971

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?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	1,224	1,065	2,289	1,703
	%	73.3%	77.7%	75.3%	81.5%
No	n	446	305	751	386
	%	26.7%	22.3%	24.7%	18.5%
Total N		1670	1370	3040	2089

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?					
		IWP	Medicaid	Sub-total	SSI
Never	n	24	15	39	28
	%	2.0%	1.4%	1.7%	1.7%
Sometimes	n	189	202	391	236
	%	15.6%	19.2%	17.3%	14.0%
Usually	n	353	314	667	473
	%	29.2%	29.8%	29.5%	28.1%
Always	n	644	522	1,166	949
	%	53.2%	49.6%	51.5%	56.3%
Total N		1210	1053	2263	1686

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? 12					
		IWP	Medicaid	Sub-total	SSI
Yes	n	170	165	335	264
	%	10.1%	11.9%	10.9%	12.5%
No	n	1,507	1,222	2,729	1,840
	%	89.9%	88.1%	89.1%	87.5%
Total N		1677	1387	3064	2104

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?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	695	647	1,342	997
	%	41.4%	46.9%	43.9%	47.7%
No	n	982	734	1,716	1,095
	%	58.6%	53.1%	56.1%	52.3%
Total N		1677	1381	3058	2092

9. In the last 6 months, did you contact a doctor's office with a medical question during regular office hours?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	699	753	1,452	1,012
	%	41.9%	54.7%	47.7%	48.9%
No	n	968	624	1,592	1,058
	%	58.1%	45.3%	52.3%	51.1%
Total N		1667	1377	3044	2070

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?					
		IWP	Medicaid	Sub-total	SSI
Never	n	28	23	51	49
	%	4.0%	3.1%	3.5%	4.9%
Sometimes	n	131	144	275	211
	%	18.8%	19.1%	19.0%	21.0%
Usually	n	252	262	514	323
	%	36.1%	34.8%	35.4%	32.2%
Always	n	287	323	610	420
	%	41.1%	43.0%	42.1%	41.9%
Total N		698	752	1450	1003

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?					
		IWP	Medicaid	Sub-total	SSI
None	n	376	237	613	309
	%	22.4%	17.1%	20.0%	14.8%
1 time	n	297	223	520	321
	%	17.7%	16.1%	17.0%	15.4%

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?					
		IWP	Medicaid	Sub-total	SSI
2	n	364	252	616	378
	%	21.7%	18.2%	20.1%	18.1%
3	n	215	195	410	324
	%	12.8%	14.1%	13.4%	15.5%
4	n	149	138	287	232
	%	8.9%	10.0%	9.4%	11.1%
5 to 9	n	193	204	397	374
	%	11.5%	14.7%	12.9%	17.9%
10 or more times	n	87	137	224	153
	%	5.2%	9.9%	7.3%	7.3%
Total N		1681	1386	3067	2091

12. In the last 6 months, did anyone in a doctor's office talk with you about specific goals for your health?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	798	572	1,370	1,151
	%	61.4%	49.9%	56.0%	65.2%
No	n	502	574	1,076	615
	%	38.6%	50.1%	44.0%	34.8%
Total N		1300	1146	2446	1766

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?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	463	305	768	664
	%	35.7%	27.2%	31.7%	38.6%
No	n	834	818	1,652	1,058
	%	64.3%	72.8%	68.3%	61.4%

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?					
		IWP	Medicaid	Sub-total	SSI
Total N		1297	1123	2420	1722

14. In the last 6 months, did you and anyone in a doctor's office talk about things in your life that worry you or cause you stress?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	631	535	1,166	937
	%	48.7%	47.6%	48.1%	54.1%
No	n	666	590	1,256	796
	%	51.3%	52.4%	51.9%	45.9%
Total N		1297	1125	2422	1733

15. In the last 6 months, did anyone in a doctor's office order a blood test, x-ray, or other test for you?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	1,020	803	1,823	1,455
	%	78.7%	71.4%	75.3%	84.4%
No	n	276	321	597	268
	%	21.3%	28.6%	24.7%	15.6%
Total N		1296	1124	2420	1723

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?					
		IWP	Medicaid	Sub-total	SSI
Never	n	54	44	98	59
	%	5.3%	5.5%	5.4%	4.1%
Sometimes	n	82	81	163	150
	%	8.1%	10.1%	9.0%	10.4%
Usually	n	186	125	311	263
	%	18.3%	15.6%	17.1%	18.2%
Always	n	694	551	1,245	975
	%	68.3%	68.8%	68.5%	67.4%
Total N		1016	801	1817	1447

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 of your health care in the last 6 months?

		IWP	Medicaid	Sub-total	SSI
0 - Worst health care possible	n	7	2	9	19
	%	0.5%	0.2%	0.4%	1.1%
1	n	6	6	12	7
	%	0.5%	0.5%	0.5%	0.4%
2	n	9	2	11	18
	%	0.7%	0.2%	0.5%	1.0%
3	n	16	19	35	37
	%	1.2%	1.7%	1.4%	2.1%
4	n	46	29	75	47
	%	3.5%	2.6%	3.1%	2.7%
5	n	71	79	150	148
	%	5.5%	7.0%	6.2%	8.5%
6	n	74	97	171	107
	%	5.7%	8.6%	7.1%	6.2%
7	n	168	164	332	212
	%	13.0%	14.6%	13.7%	12.2%
8	n	280	240	520	296
	%	21.6%	21.4%	21.5%	17.1%
9	n	225	192	417	235
	%	17.3%	17.1%	17.2%	13.6%
10 - Best health care possible	n	395	294	689	606
	%	30.5%	26.2%	28.5%	35.0%
Total N		1297	1124	2421	1732

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?

		IWP	Medicaid	Sub-total	SSI
Yes	n	1,396	1,054	2,450	1,820
	%	83.0%	77.0%	80.3%	87.8%
No	n	285	315	600	252
	%	17.0%	23.0%	19.7%	12.2%
Total N		1681	1369	3050	2072

<i>19. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?</i>					
		IWP	Medicaid	Sub-total	SSI
None	n	258	222	480	205
	%	18.7%	21.2%	19.8%	11.4%
1 time	n	362	264	626	389
	%	26.2%	25.2%	25.8%	21.7%
2	n	342	209	551	432
	%	24.8%	19.9%	22.7%	24.1%
3	n	169	135	304	270
	%	12.2%	12.9%	12.5%	15.1%
4	n	106	80	186	194
	%	7.7%	7.6%	7.7%	10.8%
5 to 9	n	113	100	213	238
	%	8.2%	9.5%	8.8%	13.3%
10 or more or times	n	31	38	69	66
	%	2.2%	3.6%	2.8%	3.7%
Total N		1381	1048	2429	1794

<i>20. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</i>					
		IWP	Medicaid	Sub-total	SSI
Never	n	12	7	19	26
	%	1.1%	0.8%	1.0%	1.6%
Sometimes	n	51	43	94	142
	%	4.5%	5.2%	4.8%	8.9%
Usually	n	234	182	416	311
	%	20.9%	22.1%	21.4%	19.6%
Always	n	824	592	1,416	1,108
	%	73.5%	71.8%	72.8%	69.8%
Total N		1121	824	1945	1587

<i>21. In the last 6 months, how often did your personal doctor listen carefully to you?</i>					
		IWP	Medicaid	Sub-total	SSI
Never	n	14	10	24	36
	%	1.3%	1.2%	1.2%	2.3%

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

		IWP	Medicaid	Sub-total	SSI
Sometimes	n	65	70	135	141
	%	5.8%	8.5%	6.9%	8.9%
Usually	n	224	160	384	293
	%	20.0%	19.4%	19.8%	18.5%
Always	n	817	584	1,401	1,114
	%	72.9%	70.9%	72.1%	70.3%
Total N		1120	824	1944	1584

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

		IWP	Medicaid	Sub-total	SSI
Never	n	29	21	50	35
	%	2.6%	2.6%	2.6%	2.2%
Sometimes	n	101	80	181	143
	%	9.0%	9.7%	9.3%	9.0%
Usually	n	279	208	487	389
	%	24.9%	25.3%	25.1%	24.6%
Always	n	710	513	1,223	1,014
	%	63.4%	62.4%	63.0%	64.1%
Total N		1119	822	1941	1581

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

		IWP	Medicaid	Sub-total	SSI
Never	n	16	8	24	30
	%	1.5%	1.0%	1.2%	1.9%
Sometimes	n	44	55	99	134
	%	4.0%	6.7%	5.2%	8.5%
Usually	n	196	126	322	230
	%	17.9%	15.3%	16.8%	14.5%
Always	n	842	634	1,476	1,187
	%	76.7%	77.0%	76.8%	75.1%
Total N		1098	823	1921	1581

24. In the last 6 months, how often did your personal doctor spend enough time with you?					
		IWP	Medicaid	Sub-total	SSI
Never	n	25	14	39	50
	%	2.3%	1.7%	2.0%	3.2%
Sometimes	n	69	90	159	150
	%	6.3%	11.0%	8.3%	9.5%
Usually	n	289	200	489	369
	%	26.4%	24.4%	25.5%	23.3%
Always	n	713	515	1,228	1,012
	%	65.1%	62.9%	64.1%	64.0%
Total N		1096	819	1915	1581

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?					
		IWP	Medicaid	Sub-total	SSI
0 - Worst personal doctor possible	n	6	5	11	21
	%	0.4%	0.5%	0.5%	1.2%
1	n	8	5	13	13
	%	0.6%	0.5%	0.5%	0.7%
2	n	9	8	17	21
	%	0.7%	0.8%	0.7%	1.2%
3	n	16	18	34	29
	%	1.2%	1.7%	1.4%	1.6%
4	n	17	16	33	33
	%	1.3%	1.5%	1.4%	1.9%
5	n	73	63	136	85
	%	5.4%	6.1%	5.7%	4.8%
6	n	53	38	91	55
	%	3.9%	3.7%	3.8%	3.1%
7	n	93	77	170	112
	%	6.9%	7.4%	7.1%	6.3%
8	n	209	162	371	235
	%	15.5%	15.6%	15.6%	13.2%
9	n	273	183	456	307
	%	20.3%	17.6%	19.1%	17.2%

<i>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?</i>					
		IWP	Medicaid	Sub-total	SSI
10 - Best personal doctor possible	n	588	464	1,052	872
	%	43.7%	44.7%	44.1%	48.9%
Total N		1345	1039	2384	1783

<i>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?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	886	701	1,587	1,224
	%	53.1%	51.1%	52.2%	59.0%
No	n	781	672	1,453	851
	%	46.9%	48.9%	47.8%	41.0%
Total N		1667	1373	3040	2075

<i>27. In the last 6 months, was there any time when you needed preventive care but could not get it for any reason?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	125	104	229	206
	%	7.5%	7.6%	7.5%	10.0%
No	n	1,541	1,269	2,810	1,858
	%	92.5%	92.4%	92.5%	90.0%
Total N		1666	1373	3039	2064

<i>28. Have you had a flu shot since September 1, 2017?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	592	503	1,095	943
	%	35.6%	36.6%	36.0%	45.4%
No	n	1,073	870	1,943	1,136
	%	64.4%	63.4%	64.0%	54.6%
Total N		1665	1373	3038	2079

<i>29. In the last 6 months, how many times did you go to an emergency room (ER) to get care for yourself?</i>					
		IWP	Medicaid	Sub-total	SSI
None	n	1,218	937	2,155	1,215
	%	73.8%	68.5%	71.4%	59.2%

29. In the last 6 months, how many times did you go to an emergency room (ER) to get care for yourself?					
		IWP	Medicaid	Sub-total	SSI
1 time	n	257	234	491	392
	%	15.6%	17.1%	16.3%	19.1%
2	n	89	95	184	192
	%	5.4%	6.9%	6.1%	9.3%
3	n	42	56	98	110
	%	2.5%	4.1%	3.2%	5.4%
4	n	17	29	46	69
	%	1.0%	2.1%	1.5%	3.4%
5 to 9	n	20	14	34	55
	%	1.2%	1.0%	1.1%	2.7%
10 or more times	n	7	3	10	21
	%	0.4%	0.2%	0.3%	1.0%
Total N		1650	1368	3018	2054

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?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	158	194	352	314
	%	37.4%	45.2%	41.3%	38.6%
No	n	265	235	500	499
	%	62.6%	54.8%	58.7%	61.4%
Total N		423	429	852	813

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					
		IWP	Medicaid	Sub-total	SSI
I did not have a doctor or clinic to go to	n	19	24	43	24
	%	4.5%	5.6%	5.1%	3.0%
My insurance plan would not cover the care I needed if I went to a doctor's office or clinic	n	3	5	8	4
	%	0.7%	1.2%	0.9%	0.5%

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

		IWP	Medicaid	Sub-total	SSI
My doctor, nurse, or other health care provider told me to go to an ER for this care	n	47	56	103	101
	%	11.2%	13.1%	12.2%	12.7%
My doctor's office or clinic was open, but I could not get an appointment	n	30	30	60	62
	%	7.2%	7.0%	7.1%	7.8%
My doctor's office or clinic was not open when I needed care	n	160	167	327	280
	%	38.3%	38.9%	38.6%	35.3%
I had transportation problems getting to a doctor's office or clinic	n	16	15	31	55
	%	3.8%	3.5%	3.7%	6.9%
My health problem was too serious for the doctor's office or clinic	n	135	123	258	253
	%	32.3%	28.7%	30.5%	31.9%
Other (type in):	n	8	9	17	15
	%	1.9%	2.1%	2.0%	1.9%
Total N		418	429	847	794

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

		IWP	Medicaid	Sub-total	SSI
Yes	n	669	500	1,169	1,064
	%	40.5%	36.0%	38.4%	51.0%
No	n	984	890	1,874	1,022
	%	59.5%	64.0%	61.6%	49.0%
Total N		1653	1390	3043	2086

33. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?					
		IWP	Medicaid	Sub-total	SSI
Never	n	64	56	120	73
	%	9.6%	11.3%	10.3%	6.9%
Sometimes	n	101	85	186	159
	%	15.2%	17.1%	16.0%	15.1%
Usually	n	167	131	298	287
	%	25.1%	26.4%	25.6%	27.2%
Always	n	334	225	559	537
	%	50.2%	45.3%	48.1%	50.9%
Total N		666	497	1163	1056

34. In the last 6 months, did you see a specialist for a particular health problem?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	582	414	996	901
	%	87.9%	83.3%	85.9%	85.6%
No	n	80	83	163	152
	%	12.1%	16.7%	14.1%	14.4%
Total N		662	497	1159	1053

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?					
		IWP	Medicaid	Sub-total	SSI
Never	n	47	57	104	77
	%	8.2%	14.1%	10.7%	8.7%
Sometimes	n	83	81	164	118
	%	14.5%	20.1%	16.8%	13.3%
Usually	n	157	99	256	221
	%	27.5%	24.6%	26.3%	25.0%
Always	n	284	166	450	468
	%	49.7%	41.2%	46.2%	52.9%
Total N		571	403	974	884

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?

		IWP	Medicaid	Sub-total	SSI
0 - Worst specialist possible	n	5	8	13	21
	%	0.9%	1.9%	1.3%	2.4%
1	n	6	5	11	7
	%	1.0%	1.2%	1.1%	0.8%
2	n	9	7	16	13
	%	1.6%	1.7%	1.6%	1.5%
3	n	6	8	14	14
	%	1.0%	1.9%	1.4%	1.6%
4	n	14	13	27	21
	%	2.4%	3.1%	2.7%	2.4%
5	n	28	23	51	42
	%	4.8%	5.6%	5.1%	4.7%
6	n	23	19	42	46
	%	4.0%	4.6%	4.2%	5.2%
7	n	40	48	88	74
	%	6.9%	11.6%	8.9%	8.3%
8	n	112	70	182	136
	%	19.3%	16.9%	18.3%	15.2%
9	n	100	72	172	139
	%	17.2%	17.4%	17.3%	15.6%
10 - Best specialist possible	n	237	140	377	380
	%	40.9%	33.9%	38.0%	42.6%
Total N		580	413	993	893

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?

		IWP	Medicaid	Sub-total	SSI
Yes	n	106	91	197	219
	%	16.3%	18.6%	17.3%	21.2%
No	n	545	397	942	813
	%	83.7%	81.4%	82.7%	78.8%
Total N		651	488	1139	1032

38. In the last 6 months, how many nights did you spend in the hospital for any reason?					
		IWP	Medicaid	Sub-total	SSI
0 nights	n	1,511	1,165	2,676	1,708
	%	91.2%	84.0%	87.9%	82.4%
1 night	n	38	40	78	88
	%	2.3%	2.9%	2.6%	4.2%
2 nights	n	24	82	106	73
	%	1.4%	5.9%	3.5%	3.5%
3 nights	n	25	44	69	63
	%	1.5%	3.2%	2.3%	3.0%
4 or more nights	n	58	56	114	141
	%	3.5%	4.0%	3.7%	6.8%
Total N		1656	1387	3043	2073

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?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	29	41	70	106
	%	20.7%	18.7%	19.5%	29.6%
No	n	111	178	289	252
	%	79.3%	81.3%	80.5%	70.4%
Total N		140	219	359	358

40. In general, how would you rate your overall mental and emotional health now?					
		IWP	Medicaid	Sub-total	SSI
Excellent	n	305	222	527	216
	%	18.0%	15.9%	17.1%	10.2%
Very good	n	438	358	796	347
	%	25.9%	25.6%	25.8%	16.4%
Good	n	509	468	977	677
	%	30.1%	33.5%	31.6%	32.0%
Fair	n	331	279	610	654
	%	19.6%	19.9%	19.7%	30.9%

40. In general, how would you rate your overall mental and emotional health now?					
		IWP	Medicaid	Sub-total	SSI
Poor	n	107	72	179	220
	%	6.3%	5.1%	5.8%	10.4%
Total N		1690	1399	3089	2114

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?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	393	366	759	730
	%	23.5%	26.3%	24.8%	35.3%
No	n	1,282	1,025	2,307	1,339
	%	76.5%	73.7%	75.2%	64.7%
Total N		1675	1391	3066	2069

42. In the last 6 months, did you get any treatment or counseling for a mental or emotional health problem?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	284	273	557	605
	%	72.8%	75.0%	73.9%	84.0%
No	n	106	91	197	115
	%	27.2%	25.0%	26.1%	16.0%
Total N		390	364	754	720

43. In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan?					
		IWP	Medicaid	Sub-total	SSI
Never	n	8	11	19	15
	%	2.8%	4.0%	3.4%	2.5%
Sometimes	n	32	55	87	76
	%	11.3%	20.2%	15.7%	12.7%
Usually	n	78	69	147	155
	%	27.6%	25.4%	26.5%	25.9%

<i>43. In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan?</i>					
		IWP	Medicaid	Sub-total	SSI
Always	n	165	137	302	353
	%	58.3%	50.4%	54.4%	58.9%
Total N		283	272	555	599

<i>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 of your treatment or counseling in the last 6 months?</i>					
		IWP	Medicaid	Sub-total	SSI
0 - Worst treatment or counseling possible	n	6	4	10	9
	%	2.1%	1.5%	1.8%	1.5%
1	n	4	2	6	8
	%	1.4%	0.7%	1.1%	1.4%
2	n	3	8	11	9
	%	1.1%	3.0%	2.0%	1.5%
3	n	10	10	20	10
	%	3.5%	3.7%	3.6%	1.7%
4	n	8	15	23	23
	%	2.8%	5.6%	4.2%	3.9%
5	n	13	18	31	47
	%	4.6%	6.7%	5.6%	8.0%
6	n	19	24	43	38
	%	6.7%	8.9%	7.8%	6.4%
7	n	36	44	80	42
	%	12.7%	16.3%	14.5%	7.1%
8	n	44	36	80	94
	%	15.5%	13.3%	14.5%	15.9%
9	n	51	40	91	85
	%	18.0%	14.8%	16.5%	14.4%
10 - Best treatment or counseling possible	n	89	69	158	226
	%	31.4%	25.6%	28.6%	38.2%

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 of your treatment or counseling in the last 6 months?					
		IWP	Medicaid	Sub-total	SSI
Total N		283	270	553	591

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?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	107	105	212	202
	%	27.8%	29.0%	28.4%	28.5%
No	n	278	257	535	507
	%	72.2%	71.0%	71.6%	71.5%
Total N		385	362	747	709

46. In the last 6 months, was there any time when you or a health provider thought you needed prescription medicine for any reason?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	1,178	922	2,100	1,697
	%	70.3%	66.2%	68.4%	81.2%
No	n	497	471	968	392
	%	29.7%	33.8%	31.6%	18.8%
Total N		1675	1393	3068	2089

47. In the last 6 months, did you take any prescription medicine? Do not include birth control.					
		IWP	Medicaid	Sub-total	SSI
Yes	n	1,124	876	2,000	1,658
	%	95.8%	95.2%	95.6%	98.1%
No	n	49	44	93	32
	%	4.2%	4.8%	4.4%	1.9%
Total N		1173	920	2093	1690

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?					
		IWP	Medicaid	Sub-total	SSI
Never	n	172	125	297	193
	%	15.4%	14.3%	14.9%	11.7%
Sometimes	n	214	198	412	339
	%	19.1%	22.6%	20.7%	20.6%
Usually	n	230	173	403	351
	%	20.6%	19.7%	20.2%	21.3%
Always	n	502	380	882	763
	%	44.9%	43.4%	44.2%	46.4%
Total N		1118	876	1994	1646

49. In the last 6 months, how often was it easy to get prescription medicines through your health plan?					
		IWP	Medicaid	Sub-total	SSI
Never	n	30	28	58	29
	%	2.6%	3.0%	2.8%	1.7%
Sometimes	n	120	138	258	186
	%	10.3%	15.0%	12.4%	11.0%
Usually	n	288	267	555	466
	%	24.7%	29.1%	26.6%	27.7%
Always	n	730	486	1,216	1,004
	%	62.5%	52.9%	58.3%	59.6%
Total N		1168	919	2087	1685

50. In the last 6 months, was there any time when you needed prescription medicine but could not get it for any reason?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	323	281	604	476
	%	27.6%	30.6%	28.9%	28.3%
No	n	846	638	1,484	1,204
	%	72.4%	69.4%	71.1%	71.7%
Total N		1169	919	2088	1680

51. When you need to get health care, what is the type of transportation you use MOST OFTEN to get to your visit? - Selected Choice

		IWP	Medicaid	Sub-total	SSI
I do not have a reliable way to get to my health care visits	n	39	29	68	121
	%	2.3%	2.1%	2.2%	5.9%
I drive myself, using my own vehicle	n	1,204	1,089	2,293	673
	%	71.0%	78.1%	74.2%	32.7%
I drive myself, using someone else's vehicle	n	88	63	151	81
	%	5.2%	4.5%	4.9%	3.9%
Someone else (such as a friend, neighbor, or family) drives me	n	263	158	421	756
	%	15.5%	11.3%	13.6%	36.8%
I take a taxi cab	n	10	5	15	58
	%	0.6%	0.4%	0.5%	2.8%
I take public transportation (such as a bus or government-provided transit)	n	44	32	76	274
	%	2.6%	2.3%	2.5%	13.3%
I bike or walk	n	39	15	54	56
	%	2.3%	1.1%	1.7%	2.7%
Other (write in)	n	8	4	12	37
	%	0.5%	0.3%	0.4%	1.8%
Total N		1695	1395	3090	2056

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?

		IWP	Medicaid	Sub-total	SSI
Never	n	1,079	942	2,021	621
	%	63.7%	67.5%	65.4%	29.6%
Sometimes	n	328	261	589	523
	%	19.4%	18.7%	19.1%	24.9%

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?

		IWP	Medicaid	Sub-total	SSI
Usually	n	68	57	125	195
	%	4.0%	4.1%	4.0%	9.3%
Always	n	218	135	353	761
	%	12.9%	9.7%	11.4%	36.2%
Total N		1693	1395	3088	2100

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?

		IWP	Medicaid	Sub-total	SSI
Yes	n	165	139	304	471
	%	9.8%	10.0%	9.9%	22.4%
No	n	1,527	1,251	2,778	1,630
	%	90.2%	90.0%	90.1%	77.6%
Total N		1692	1390	3082	2101

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?

		IWP	Medicaid	Sub-total	SSI
Not at all	n	1,103	909	2,012	1,071
	%	65.3%	65.3%	65.3%	51.1%
A little	n	271	233	504	378
	%	16.0%	16.7%	16.3%	18.0%
Somewhat	n	192	153	345	327
	%	11.4%	11.0%	11.2%	15.6%
A great deal	n	124	98	222	320
	%	7.3%	7.0%	7.2%	15.3%
Total N		1690	1393	3083	2096

55. Which Medicaid managed care organization (MCO) are you currently enrolled in?					
		IWP	Medicaid	Sub-total	SSI
Amerigroup Iowa Inc.	n	529	433	962	655
	%	31.4%	31.2%	31.3%	31.5%
UnitedHealthCare Plan Inc.	n	1,018	850	1,868	1,182
	%	60.4%	61.2%	60.7%	56.8%
Unsure or Don't Know	n	139	107	246	245
	%	8.2%	7.7%	8.0%	11.8%
Total N		1686	1390	3076	2082

56. Since first being assigned to one of the MCOs, did you ever decide to change to a different MCO?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	140	148	288	213
	%	8.4%	10.7%	9.4%	10.5%
No	n	1,530	1,238	2,768	1,813
	%	91.6%	89.3%	90.6%	89.5%
Total N		1670	1386	3056	2026

57. How easy was it for you to change from your assigned MCO to a different MCO?					
		IWP	Medicaid	Sub-total	SSI
Very easy	n	58	58	116	84
	%	43.9%	41.7%	42.8%	42.0%
Somewhat easy	n	36	40	76	62
	%	27.3%	28.8%	28.0%	31.0%
Somewhat hard	n	17	22	39	29
	%	12.9%	15.8%	14.4%	14.5%
Very hard	n	21	19	40	25
	%	15.9%	13.7%	14.8%	12.5%
Total N		132	139	271	200

<i>58. Is your personal doctor the same person who was your personal doctor before you enrolled in your MCO?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes, I have the same personal doctor as before enrolling in my MCO	n	901	769	1,670	1,304
	%	54.2%	55.8%	54.9%	64.1%
No, I have a different personal doctor than before enrolling in my MCO	n	351	222	573	456
	%	21.1%	16.1%	18.8%	22.4%
I did not have a personal doctor before enrolling in my MCO	n	411	386	797	273
	%	24.7%	28.0%	26.2%	13.4%
Total N		1663	1377	3040	2033

<i>59. In the last 6 months, did you try to get any kind of care, tests, or treatment through your MCO?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	865	650	1,515	1,063
	%	52.3%	47.0%	49.9%	52.8%
No	n	790	734	1,524	949
	%	47.7%	53.0%	50.1%	47.2%
Total N		1655	1384	3039	2012

<i>60. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your MCO?</i>					
		IWP	Medicaid	Sub-total	SSI
Never	n	18	10	28	37
	%	2.1%	1.5%	1.9%	3.5%
Sometimes	n	92	95	187	139
	%	10.7%	14.7%	12.4%	13.2%
Usually	n	257	195	452	343
	%	29.9%	30.2%	30.0%	32.5%
Always	n	492	346	838	535
	%	57.3%	53.6%	55.7%	50.8%
Total N		859	646	1505	1054

<i>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?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	510	426	936	759
	%	30.8%	30.8%	30.8%	37.4%
No	n	1,144	956	2,100	1,273
	%	69.2%	69.2%	69.2%	62.6%
Total N		1654	1382	3036	2032

<i>62. In the last 6 months, how easy was it to get prior authorization from your MCO?</i>					
		IWP	Medicaid	Sub-total	SSI
Very easy	n	135	92	227	200
	%	27.0%	21.7%	24.6%	27.1%
Somewhat easy	n	218	188	406	272
	%	43.6%	44.4%	44.0%	36.9%
Somewhat hard	n	107	101	208	191
	%	21.4%	23.9%	22.5%	25.9%
Very hard	n	40	42	82	74
	%	8.0%	9.9%	8.9%	10.0%
Total N		500	423	923	737

<i>63. Since joining your MCO, have you ever used transportation paid for by your MCO to get to or from a health care visit?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	67	81	148	443
	%	4.0%	5.8%	4.9%	21.8%
No	n	1,588	1,304	2,892	1,592
	%	96.0%	94.2%	95.1%	78.2%
Total N		1655	1385	3040	2035

64. How easy was it for you to use the transportation services provided by your MCO?					
		IWP	Medicaid	Sub-total	SSI
Very easy	n	35	38	73	227
	%	56.5%	48.1%	51.8%	52.3%
Somewhat easy	n	18	26	44	131
	%	29.0%	32.9%	31.2%	30.2%
Somewhat hard	n	7	13	20	46
	%	11.3%	16.5%	14.2%	10.6%
Very hard	n	2	2	4	30
	%	3.2%	2.5%	2.8%	6.9%
Total N		62	79	141	434

65. Did you know that there is a Medicaid helpline (1-800-338-8366) that you can call to get information or help?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	812	601	1,413	899
	%	48.9%	43.5%	46.4%	43.8%
No	n	850	781	1,631	1,153
	%	51.1%	56.5%	53.6%	56.2%
Total N		1662	1382	3044	2052

66. In the last 6 months, did you try to get information or help from the Medicaid helpline (1-800-338-8366)?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	148	115	263	193
	%	18.7%	19.6%	19.1%	22.5%
No	n	642	472	1,114	665
	%	81.3%	80.4%	80.9%	77.5%
Total N		790	587	1377	858

67. In the last 6 months, how often did the Medicaid helpline give you the information or help you needed?					
		IWP	Medicaid	Sub-total	SSI
Never	n	11	8	19	23
	%	7.5%	7.0%	7.3%	12.0%

67. In the last 6 months, how often did the Medicaid helpline give you the information or help you needed?					
		IWP	Medicaid	Sub-total	SSI
Sometimes	n	40	29	69	39
	%	27.2%	25.2%	26.3%	20.4%
Usually	n	35	32	67	49
	%	23.8%	27.8%	25.6%	25.7%
Always	n	61	46	107	80
	%	41.5%	40.0%	40.8%	41.9%
Total N		147	115	262	191

68. In the last 6 months, did you try to get information or help from your MCO?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	298	257	555	379
	%	18.1%	18.6%	18.3%	18.6%
No	n	1,351	1,128	2,479	1,657
	%	81.9%	81.4%	81.7%	81.4%
Total N		1649	1385	3034	2036

69. In the last 6 months, how often did your MCO give you the information or help you needed?					
		IWP	Medicaid	Sub-total	SSI
Never	n	25	27	52	36
	%	8.5%	10.6%	9.5%	9.6%
Sometimes	n	68	61	129	90
	%	23.2%	23.9%	23.5%	24.1%
Usually	n	81	68	149	91
	%	27.6%	26.7%	27.2%	24.3%
Always	n	119	99	218	157
	%	40.6%	38.8%	39.8%	42.0%
Total N		293	255	548	374

70. 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? - Selected Choice					
		IWP	Medicaid	Sub-total	SSI
Did not look for information	n	684	576	1,260	815
	%	41.5%	41.9%	41.7%	41.1%
DHS Medicaid/Health Link websites	n	93	90	183	59
	%	5.6%	6.6%	6.1%	3.0%
Your MCO website	n	52	45	97	35
	%	3.2%	3.3%	3.2%	1.8%
Other website	n	5	6	11	8
	%	0.3%	0.4%	0.4%	0.4%
Written materials from DHS Medicaid/Health Link	n	202	102	304	205
	%	12.2%	7.4%	10.1%	10.3%
Written materials from your MCO	n	142	110	252	167
	%	8.6%	8.0%	8.3%	8.4%
Phone calls to the Medicaid helpline	n	65	64	129	78
	%	3.9%	4.7%	4.3%	3.9%
Phone calls to your MCO	n	101	75	176	95
	%	6.1%	5.5%	5.8%	4.8%
Country DHS Medicaid office	n	26	21	47	36
	%	1.6%	1.5%	1.6%	1.8%
DHS caseworker	n	26	32	58	72
	%	1.6%	2.3%	1.9%	3.6%
Friends or family who use Medicaid	n	66	78	144	110
	%	4.0%	5.7%	4.8%	5.5%
Doctor or office staff	n	173	165	338	271
	%	10.5%	12.0%	11.2%	13.7%
Other Type in the box below	n	14	10	24	33
	%	0.8%	0.7%	0.8%	1.7%
Total N		1649	1374	3023	1984

71. Are you aware of any rewards programs offered by your MCO for doing healthy activities?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	252	210	462	326
	%	15.1%	15.2%	15.1%	16.0%
No	n	1,417	1,175	2,592	1,717
	%	84.9%	84.8%	84.9%	84.0%
Total N		1669	1385	3054	2043

72. Have you participated in any of the rewards programs offered by your MCO?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	107	115	222	124
	%	43.0%	55.3%	48.6%	39.2%
No	n	142	93	235	192
	%	57.0%	44.7%	51.4%	60.8%
Total N		249	208	457	316

73. 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?					
		IWP	Medicaid	Sub-total	SSI
0 - Worst health plan possible	n	17	13	30	36
	%	1.0%	0.9%	1.0%	1.8%
1	n	11	7	18	15
	%	0.7%	0.5%	0.6%	0.7%
2	n	16	16	32	34
	%	1.0%	1.2%	1.1%	1.7%
3	n	33	33	66	34
	%	2.0%	2.4%	2.2%	1.7%
4	n	34	39	73	64
	%	2.1%	2.8%	2.4%	3.2%
5	n	158	159	317	242
	%	9.5%	11.6%	10.5%	12.0%
6	n	92	110	202	124
	%	5.6%	8.0%	6.7%	6.1%

73. 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?					
		IWP	Medicaid	Sub-total	SSI
7	n	213	181	394	239
	%	12.9%	13.2%	13.0%	11.8%
8	n	325	262	587	329
	%	19.6%	19.1%	19.4%	16.3%
9	n	294	227	521	298
	%	17.8%	16.5%	17.2%	14.7%
10 - Best health plan possible	n	463	328	791	608
	%	28.0%	23.9%	26.1%	30.1%
Total N		1656	1375	3031	2023

74. Did you know that you may have to pay an \$8 fee anytime you use the emergency room when your health condition is not an emergency beginning one year after you started in the program?					
		IWP	Medicaid	Sub-total	SSI
Yes	n	441	0	441	0
	%	26.4%	0.0%	26.4%	0.0%
No	n	1,231	0	1,231	0
	%	73.6%	0.0%	73.6%	0.0%
Total N		1672	0	1672	0

75. How easy do you think it would be to know when your health condition would be considered an emergency?					
		IWP	Medicaid	Sub-total	SSI
Very easy	n	726	0	726	0
	%	43.5%	0.0%	43.5%	0.0%
Somewhat easy	n	639	0	639	0
	%	38.3%	0.0%	38.3%	0.0%
Somewhat hard	n	231	0	231	0
	%	13.8%	0.0%	13.8%	0.0%
Very hard	n	74	0	74	0
	%	4.4%	0.0%	4.4%	0.0%
Total N		1670	0	1670	0

<i>76. Do you think having to pay an \$8 fee would keep you from going to the emergency room when you have a health condition that could be treated in your doctor's office instead?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	575	0	575	0
	%	34.8%	0.0%	34.8%	0.0%
No	n	1,076	0	1,076	0
	%	65.2%	0.0%	65.2%	0.0%
Total N		1651	0	1651	0

<i>77. Did you know you may have to pay a monthly premium (fee) next year if you do not get a medical or dental check-up and complete a health risk assessment this year?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	752	0	752	0
	%	45.1%	0.0%	45.1%	0.0%
No	n	917	0	917	0
	%	54.9%	0.0%	54.9%	0.0%
Total N		1669	0	1669	0

<i>78. Do you think you will complete a health risk assessment this year?</i>					
		IWP	Medicaid	Sub-total	SSI
I do not know what a health risk assessment is	n	405	0	405	0
	%	24.4%	0.0%	24.4%	0.0%
Yes	n	752	0	752	0
	%	45.2%	0.0%	45.2%	0.0%
No	n	137	0	137	0
	%	8.2%	0.0%	8.2%	0.0%
I have already completed a health risk assessment this year	n	369	0	369	0
	%	22.2%	0.0%	22.2%	0.0%
Total N		1663	0	1663	0

<i>79. Do you think you will get a medical or dental check-up this year?</i>					
		IWP	Medicaid	Sub-total	SSI
No, I will get neither a medical nor a dental check-up this year	n	102	0	102	0
	%	6.1%	0.0%	6.1%	0.0%
Yes, I will only get a medical check-up this year	n	258	0	258	0
	%	15.5%	0.0%	15.5%	0.0%
Yes, I will only get a dental check-up this year	n	98	0	98	0
	%	5.9%	0.0%	5.9%	0.0%
Yes, I will get both a medical and dental check-up this year	n	707	0	707	0
	%	42.6%	0.0%	42.6%	0.0%
I have already had a medical or dental check-up this year	n	496	0	496	0
	%	29.9%	0.0%	29.9%	0.0%
Total N		1661	0	1661	0

<i>80_0. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice I have already had a medical check-up</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	708	0	708	0
	%	44.2%	0.0%	44.2%	0.0%
I have already had a medical check-up	n	893	0	893	0
	%	55.8%	0.0%	55.8%	0.0%
Total N		1601	0	1601	0

<i>80_1. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice I am not sure where to go to get a medical check-up</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	615	0	615	0
	%	84.4%	0.0%	84.4%	0.0%
I am not sure where to go to get a medical check-up	n	114	0	114	0
	%	15.6%	0.0%	15.6%	0.0%

<i>80_1. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice I am not sure where to go to get a medical check-up</i>					
		IWP	Medicaid	Sub-total	SSI
Total N		729	0	729	0

<i>80_2. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice It is hard to get an appointment for a medical check-up from my doctor</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	665	0	665	0
	%	92.2%	0.0%	92.2%	0.0%
It is hard to get an appointment for a medical check-up from my doctor	n	56	0	56	0
	%	7.8%	0.0%	7.8%	0.0%
Total N		721	0	721	0

<i>80_3. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice I don't currently have a doctor</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	618	0	618	0
	%	85.0%	0.0%	85.0%	0.0%
I don't currently have a doctor	n	109	0	109	0
	%	15.0%	0.0%	15.0%	0.0%
Total N		727	0	727	0

<i>80_4. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice I don't like my current doctor</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	672	0	672	0
	%	94.5%	0.0%	94.5%	0.0%
I don't like my current doctor	n	39	0	39	0
	%	5.5%	0.0%	5.5%	0.0%
Total N		711	0	711	0

<i>80_5. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice Transportation to my doctor's office is hard</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	647	0	647	0
	%	90.4%	0.0%	90.4%	0.0%
Transportation to my doctor's office is hard	n	69	0	69	0
	%	9.6%	0.0%	9.6%	0.0%
Total N		716	0	716	0

<i>80_6. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice I don't like getting a medical check-up</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	621	0	621	0
	%	86.1%	0.0%	86.1%	0.0%
I don't like getting a medical check-up	n	100	0	100	0
	%	13.9%	0.0%	13.9%	0.0%
Total N		721	0	721	0

<i>80_7. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice I don't believe I need a medical check-up</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	608	0	608	0
	%	83.4%	0.0%	83.4%	0.0%
I don't believe I need a medical check-up	n	121	0	121	0
	%	16.6%	0.0%	16.6%	0.0%
Total N		729	0	729	0

<i>80_8. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice I can't get time off from work/can't get child care</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	644	0	644	0
	%	89.9%	0.0%	89.9%	0.0%

<i>80_8. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice I can't get time off from work/can't get child care</i>					
		IWP	Medicaid	Sub-total	SSI
I can't get time off from work/can't get child care	n	72	0	72	0
	%	10.1%	0.0%	10.1%	0.0%
Total N		716	0	716	0

<i>80_9. Do you think any of the following would keep you from getting a medical check-up this year? Choose all that apply. - Selected Choice Other (type in):</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	685	0	685	0
	%	94.5%	0.0%	94.5%	0.0%
Other (type in):	n	40	0	40	0
	%	5.5%	0.0%	5.5%	0.0%
Total N		725	0	725	0

<i>81_0. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice I have already had a dental check-up</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	889	0	889	0
	%	56.3%	0.0%	56.3%	0.0%
I have already had a dental check-up	n	690	0	690	0
	%	43.7%	0.0%	43.7%	0.0%
Total N		1579	0	1579	0

<i>81_1. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice I am not sure where to go to get a dental check-up</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	700	0	700	0
	%	76.1%	0.0%	76.1%	0.0%
I am not sure where to go to get a dental check-up	n	220	0	220	0
	%	23.9%	0.0%	23.9%	0.0%

<i>81_1. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice I am not sure where to go to get a dental check-up</i>					
		IWP	Medicaid	Sub-total	SSI
Total N		920	0	920	0

<i>81_2. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice It is hard to get an appointment for a dental check-up from my dentist</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	836	0	836	0
	%	93.0%	0.0%	93.0%	0.0%
It is hard to get an appointment for a dental check-up from my dentist	n	63	0	63	0
	%	7.0%	0.0%	7.0%	0.0%
Total N		899	0	899	0

<i>81_3. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice I don't currently have a dentist</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	635	0	635	0
	%	68.9%	0.0%	68.9%	0.0%
I don't currently have a dentist	n	287	0	287	0
	%	31.1%	0.0%	31.1%	0.0%
Total N		922	0	922	0

<i>81_4. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice I don't like my current dentist</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	858	0	858	0
	%	96.0%	0.0%	96.0%	0.0%
I don't like my current dentist	n	36	0	36	0
	%	4.0%	0.0%	4.0%	0.0%
Total N		894	0	894	0

<i>81_5. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice Transportation to my dentist's office is hard</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	838	0	838	0
	%	93.2%	0.0%	93.2%	0.0%
Transportation to my dentist's office is hard	n	61	0	61	0
	%	6.8%	0.0%	6.8%	0.0%
Total N		899	0	899	0

<i>81_6. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice I don't like getting a dental check-up</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	785	0	785	0
	%	86.3%	0.0%	86.3%	0.0%
I don't like getting a dental check-up	n	125	0	125	0
	%	13.7%	0.0%	13.7%	0.0%
Total N		910	0	910	0

<i>81_7. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice I don't believe I need a dental check-up</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	829	0	829	0
	%	92.2%	0.0%	92.2%	0.0%
I don't believe I need a dental check-up	n	70	0	70	0
	%	7.8%	0.0%	7.8%	0.0%
Total N		899	0	899	0

<i>81_8. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice I can't get time off from work/can't get child care</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	839	0	839	0
	%	93.4%	0.0%	93.4%	0.0%

81_8. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice I can't get time off from work/can't get child care

		IWP	Medicaid	Sub-total	SSI
I can't get time off from work/can't get child care	n	59	0	59	0
	%	6.6%	0.0%	6.6%	0.0%
Total N		898	0	898	0

81_9. Do you think any of the following would keep you from getting a dental check-up this year? Choose all that apply. - Selected Choice Other (type in):

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	781	0	781	0
	%	85.4%	0.0%	85.4%	0.0%
Other (type in):	n	134	0	134	0
	%	14.6%	0.0%	14.6%	0.0%
Total N		915	0	915	0

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

		IWP	Medicaid	Sub-total	SSI
Not at all	n	479	0	479	0
	%	28.9%	0.0%	28.9%	0.0%
A little	n	383	0	383	0
	%	23.1%	0.0%	23.1%	0.0%
Somewhat	n	396	0	396	0
	%	23.9%	0.0%	23.9%	0.0%
A great deal	n	397	0	397	0
	%	24.0%	0.0%	24.0%	0.0%
Total N		1655	0	1655	0

83 or M74. In general, how would you rate your overall health?

		IWP	Medicaid	Sub-total	SSI
Excellent	n	160	181	341	97
	%	9.6%	13.0%	11.1%	4.7%

<i>83 or M74. In general, how would you rate your overall health?</i>					
		IWP	Medicaid	Sub-total	SSI
Very Good	n	411	428	839	240
	%	24.6%	30.7%	27.4%	11.6%
Good	n	678	512	1,190	677
	%	40.6%	36.7%	38.8%	32.7%
Fair	n	316	230	546	773
	%	18.9%	16.5%	17.8%	37.3%
Poor	n	107	44	151	284
	%	6.4%	3.2%	4.9%	13.7%
Total N		1672	1395	3067	2071

<i>84 or M75. 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?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	546	313	859	1,708
	%	33.0%	22.5%	28.2%	82.6%
No	n	1,107	1,076	2,183	359
	%	67.0%	77.5%	71.8%	17.4%
Total N		1653	1389	3042	2067

<i>85 or M76. 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?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	209	143	352	1,025
	%	12.6%	10.3%	11.6%	50.0%
No	n	1,449	1,245	2,694	1,027
	%	87.4%	89.7%	88.4%	50.0%
Total N		1658	1388	3046	2052

<i>86 or M77. 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?</i>					
		IWP	Medicaid	Sub-total	SSI
Yes	n	64	43	107	281
	%	3.9%	3.1%	3.5%	13.6%

86 or M77. 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?

		IWP	Medicaid	Sub-total	SSI
No	n	1,598	1,349	2,947	1,786
	%	96.1%	96.9%	96.5%	86.4%
Total N		1662	1392	3054	2067

87 or M78. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

		IWP	Medicaid	Sub-total	SSI
Yes	n	356	200	556	1,064
	%	21.7%	14.4%	18.3%	52.6%
No	n	1,287	1,189	2,476	959
	%	78.3%	85.6%	81.7%	47.4%
Total N		1643	1389	3032	2023

88_1 or M79_1. 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 - Selected Choice Allergies or sinus problems

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,063	779	1,842	1,251
	%	67.8%	63.8%	66.1%	61.2%
Allergies or sinus problems	n	504	442	946	793
	%	32.2%	36.2%	33.9%	38.8%
Total N		1567	1221	2788	2044

88_2 or M79_2. 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 - Selected Choice Arthritis, rheumatism, bone or joint problems

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,060	961	2,021	1,093
	%	69.3%	82.3%	74.9%	53.4%
Arthritis, rheumatism, bone or joint problems	n	470	207	677	954
	%	30.7%	17.7%	25.1%	46.6%
Total N		1530	1168	2698	2047

<i>88_3 or M79_3. 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 - Selected Choice Asthma</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,328	1,004	2,332	1,517
	%	87.7%	85.4%	86.7%	74.8%
Asthma	n	187	172	359	512
	%	12.3%	14.6%	13.3%	25.2%
Total N		1515	1176	2691	2029

<i>88_4 or M79_4. 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 - Selected Choice Back or neck problems</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,012	812	1,824	1,042
	%	65.4%	67.5%	66.3%	50.7%
Back or neck problems	n	536	391	927	1,015
	%	34.6%	32.5%	33.7%	49.3%
Total N		1548	1203	2751	2057

<i>88_5 or M79_5. 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 - Selected Choice Bladder or bowel problems</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,336	1,055	2,391	1,600
	%	88.4%	90.9%	89.5%	79.0%
Bladder or bowel problems	n	175	105	280	425
	%	11.6%	9.1%	10.5%	21.0%
Total N		1511	1160	2671	2025

<i>88_6 or M79_6. 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 - Selected Choice Bronchitis, emphysema, COPD, or other lung problems</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,354	1,107	2,461	1,519
	%	89.7%	96.4%	92.6%	75.3%

<i>88_6 or M79_6. 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 - Selected Choice Bronchitis, emphysema, COPD, or other lung problems</i>					
		IWP	Medicaid	Sub-total	SSI
Bronchitis, emphysema, COPD, or other lung problems	n	156	41	197	498
	%	10.3%	3.6%	7.4%	24.7%
Total N		1510	1148	2658	2017

<i>88_7 or M79_7. 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 - Selected Choice Cancer, other than skin cancer</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,467	1,124	2,591	1,921
	%	97.8%	98.2%	98.0%	95.7%
Cancer, other than skin cancer	n	33	21	54	86
	%	2.2%	1.8%	2.0%	4.3%
Total N		1500	1145	2645	2007

<i>88_8 or M79_8. 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 - Selected Choice Dental, tooth, or mouth problems</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,209	926	2,135	1,544
	%	79.1%	78.7%	78.9%	76.1%
Dental, tooth, or mouth problems	n	319	251	570	484
	%	20.9%	21.3%	21.1%	23.9%
Total N		1528	1177	2705	2028

<i>88_9 or M79_9. 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 - Selected Choice Diabetes</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,313	1,083	2,396	1,571
	%	86.0%	94.1%	89.5%	77.5%
Diabetes	n	214	68	282	455
	%	14.0%	5.9%	10.5%	22.5%
Total N		1527	1151	2678	2026

<i>88_10 or M79_10. 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 - Selected Choice Migraine headaches</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,271	906	2,177	1,572
	%	83.0%	76.5%	80.2%	77.5%
Migraine headaches	n	260	278	538	456
	%	17.0%	23.5%	19.8%	22.5%
Total N		1531	1184	2715	2028

<i>88_11 or M79_11. 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 - Selected Choice Digestive disease or stomach problems such as recurrent indigestion, heartburn, or ulcers</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,216	974	2,190	1,391
	%	79.5%	83.8%	81.4%	68.6%
Digestive disease or stomach problems such as recurrent indigestion, heartburn, or ulcers	n	313	188	501	638
	%	20.5%	16.2%	18.6%	31.4%
Total N		1529	1162	2691	2029

<i>88_12 or M79_12. 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 - Selected Choice Overweight / obese</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,114	857	1,971	1,294
	%	71.2%	70.8%	71.1%	62.9%
Overweight / obese	n	450	353	803	763
	%	28.8%	29.2%	28.9%	37.1%
Total N		1564	1210	2774	2057

<i>88_13 or M79_13. 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 - Selected Choice Hearing, speech, or language problems</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,403	1,117	2,520	1,719
	%	93.1%	97.2%	94.9%	85.4%

<i>88_13 or M79_13. 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 - Selected Choice Hearing, speech, or language problems</i>					
		IWP	Medicaid	Sub-total	SSI
Hearing, speech, or language problems	n	104	32	136	293
	%	6.9%	2.8%	5.1%	14.6%
Total N		1507	1149	2656	2012

<i>88_14 or M79_14. 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 - Selected Choice Heart problems</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,394	1,103	2,497	1,707
	%	92.3%	96.1%	93.9%	84.7%
Heart problems	n	117	45	162	309
	%	7.7%	3.9%	6.1%	15.3%
Total N		1511	1148	2659	2016

<i>88_15 or M79_15. 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 - Selected Choice High blood pressure</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,117	1,020	2,137	1,308
	%	72.5%	87.9%	79.1%	64.2%
High blood pressure	n	424	140	564	729
	%	27.5%	12.1%	20.9%	35.8%
Total N		1541	1160	2701	2037

<i>88_16 or M79_16. 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 - Selected Choice A physical disability</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,380	1,101	2,481	1,394
	%	91.2%	95.7%	93.2%	68.1%
A physical disability	n	133	49	182	652
	%	8.8%	4.3%	6.8%	31.9%
Total N		1513	1150	2663	2046

88_17 or M79_17. 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 - Selected Choice Any other chronic physical condition (do not include mental health) Type in the box below

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,356	1,044	2,400	1,806
	%	88.5%	89.6%	89.0%	88.6%
Any other chronic physical condition (do not include mental health) Type in the box below	n	176	121	297	233
	%	11.5%	10.4%	11.0%	11.4%
Total N		1532	1165	2697	2039

89 or M80. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

		IWP	Medicaid	Sub-total	SSI
Every day	n	419	335	754	683
	%	25.3%	24.1%	24.8%	33.2%
Some days	n	192	145	337	252
	%	11.6%	10.4%	11.1%	12.3%
Not at all	n	1,047	908	1,955	1,121
	%	63.1%	65.4%	64.2%	54.5%
Total N		1658	1388	3046	2056

90 or M81. 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?

		IWP	Medicaid	Sub-total	SSI
Never	n	188	150	338	167
	%	31.4%	31.4%	31.4%	18.2%
Sometimes	n	146	132	278	209
	%	24.4%	27.7%	25.9%	22.7%
Usually	n	104	81	185	164
	%	17.4%	17.0%	17.2%	17.8%
Always	n	160	114	274	380
	%	26.8%	23.9%	25.5%	41.3%
Total N		598	477	1075	920

91 or M82. 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?

		IWP	Medicaid	Sub-total	SSI
Never	n	345	302	647	435
	%	57.7%	63.8%	60.4%	47.4%
Sometimes	n	131	94	225	204
	%	21.9%	19.9%	21.0%	22.2%
Usually	n	53	28	81	114
	%	8.9%	5.9%	7.6%	12.4%
Always	n	69	49	118	164
	%	11.5%	10.4%	11.0%	17.9%
Total N		598	473	1071	917

92 or M83. 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

		IWP	Medicaid	Sub-total	SSI
Never	n	384	322	706	523
	%	64.5%	68.1%	66.1%	57.3%
Sometimes	n	103	79	182	166
	%	17.3%	16.7%	17.0%	18.2%
Usually	n	50	32	82	114
	%	8.4%	6.8%	7.7%	12.5%
Always	n	58	40	98	110
	%	9.7%	8.5%	9.2%	12.0%
Total N		595	473	1068	913

93 or M84. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

		IWP	Medicaid	Sub-total	SSI
Yes	n	557	486	1,043	916
	%	33.7%	35.2%	34.4%	45.3%
No	n	1,094	896	1,990	1,108
	%	66.3%	64.8%	65.6%	54.7%
Total N		1651	1382	3033	2024

94 or M85. You said that 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.

		IWP	Medicaid	Sub-total	SSI
Yes	n	498	362	860	806
	%	91.4%	76.1%	84.2%	89.7%
No	n	47	114	161	93
	%	8.6%	23.9%	15.8%	10.3%
Total N		545	476	1021	899

95_1 or M86_1. 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. - Selected Choice Anxiety

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	918	629	1,547	903
	%	58.0%	50.1%	54.5%	43.3%
Anxiety	n	664	627	1,291	1,183
	%	42.0%	49.9%	45.5%	56.7%
Total N		1582	1256	2838	2086

95_2 or M86_2. 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. - Selected Choice Depression

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	952	691	1,643	921
	%	60.2%	56.5%	58.6%	44.2%
Depression	n	629	532	1,161	1,161
	%	39.8%	43.5%	41.4%	55.8%
Total N		1581	1223	2804	2082

95_3 or M86_3. 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. - Selected Choice Emotional problems other than depression or anxiety

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,356	1,041	2,397	1,596
	%	89.6%	89.2%	89.4%	78.8%
Emotional problems other than depression or anxiety	n	158	126	284	430
	%	10.4%	10.8%	10.6%	21.2%
Total N		1514	1167	2681	2026

<i>95_4 or M86_4. 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. - Selected Choice Drug or alcohol related problems</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,441	1,100	2,541	1,934
	%	95.8%	95.5%	95.7%	96.1%
Drug or alcohol related problems	n	63	52	115	78
	%	4.2%	4.5%	4.3%	3.9%
Total N		1504	1152	2656	2012

<i>95_5 or M86_5. 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. - Selected Choice Attention problems</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,357	1,024	2,381	1,602
	%	89.3%	87.1%	88.3%	78.9%
Attention problems	n	163	152	315	429
	%	10.7%	12.9%	11.7%	21.1%
Total N		1520	1176	2696	2031

<i>95_6 or M86_6. 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. - Selected Choice A learning disability</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,407	1,090	2,497	1,504
	%	93.3%	94.5%	93.8%	74.1%
A learning disability	n	101	63	164	525
	%	6.7%	5.5%	6.2%	25.9%
Total N		1508	1153	2661	2029

<i>95_7 or M86_7. 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. - Selected Choice Post-traumatic stress disorder (PTSD)</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,358	1,001	2,359	1,624
	%	89.6%	85.7%	87.9%	79.8%
Post-traumatic stress disorder (PTSD)	n	157	167	324	410
	%	10.4%	14.3%	12.1%	20.2%
Total N		1515	1168	2683	2034

95_8 or M86_8. 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. - Selected Choice Bipolar disorder					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,400	1,054	2,454	1,602
	%	92.7%	90.7%	91.8%	79.1%
Bipolar disorder	n	111	108	219	424
	%	7.3%	9.3%	8.2%	20.9%
Total N		1511	1162	2673	2026

95_9 or M86_9. 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. - Selected Choice Schizophrenia or Schizoaffective disorder					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,480	1,138	2,618	1,787
	%	98.3%	99.2%	98.7%	88.6%
Schizophrenia or Schizoaffective disorder	n	25	9	34	231
	%	1.7%	0.8%	1.3%	11.4%
Total N		1505	1147	2652	2018

95_10 or M86_10. 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. - Selected Choice Any other chronic emotional or mental health condition Type in the box below					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,476	1,135	2,611	1,918
	%	97.7%	98.2%	97.9%	94.4%
Any other chronic emotional or mental health condition Type in the box below	n	34	21	55	113
	%	2.3%	1.8%	2.1%	5.6%
Total N		1510	1156	2666	2031

96 or M87. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor?					
		IWP	Medicaid	Sub-total	SSI
Never	n	1,317	1,160	2,477	918
	%	79.2%	84.0%	81.4%	44.5%

96 or M87. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor?

		IWP	Medicaid	Sub-total	SSI
Sometimes	n	261	156	417	607
	%	15.7%	11.3%	13.7%	29.4%
Usually	n	42	36	78	204
	%	2.5%	2.6%	2.6%	9.9%
Always	n	42	29	71	336
	%	2.5%	2.1%	2.3%	16.3%
Total N		1662	1381	3043	2065

97 or M88. What is your age?

		IWP	Medicaid	Sub-total	SSI
18 to 24	n	155	269	424	120
	%	9.3%	19.4%	13.9%	5.8%
25 to 34	n	339	590	929	283
	%	20.3%	42.5%	30.4%	13.6%
35 to 44	n	257	362	619	296
	%	15.4%	26.1%	20.3%	14.2%
45 to 54	n	364	127	491	453
	%	21.8%	9.1%	16.1%	21.7%
55 to 64	n	549	40	589	921
	%	32.9%	2.9%	19.3%	44.2%
65 or older	n	3	1	4	13
	%	0.2%	0.1%	0.1%	0.6%
Total N		1667	1389	3056	2086

98 or M89. What is your gender? - Selected Choice

		IWP	Medicaid	Sub-total	SSI
Male	n	633	212	845	843
	%	37.9%	15.3%	27.6%	40.4%
Female	n	1,033	1,178	2,211	1,239
	%	61.9%	84.7%	72.3%	59.3%
Other (type in):	n	4	0	4	6
	%	0.2%	0.0%	0.1%	0.3%
Total N		1670	1390	3060	2088

<i>99 or M90. What best describes your current employment status?</i>					
		IWP	Medicaid	Sub-total	SSI
Employed full time	n	460	457	917	32
	%	28.0%	33.0%	30.3%	1.5%
Employed part time	n	491	345	836	191
	%	29.9%	24.9%	27.6%	9.2%
Not employed	n	689	584	1,273	1,851
	%	42.0%	42.1%	42.1%	89.2%
Total N		1640	1386	3026	2074

<i>100 or M91. Which of the following best describes your situation?</i>					
		IWP	Medicaid	Sub-total	SSI
A Homemaker	n	114	231	345	165
	%	17.2%	40.5%	28.0%	9.3%
A Student	n	37	91	128	30
	%	5.6%	15.9%	10.4%	1.7%
Retired	n	91	3	94	129
	%	13.7%	0.5%	7.6%	7.3%
Disabled/Unable to work	n	229	103	332	1,351
	%	34.5%	18.0%	26.9%	76.2%
Temporarily laid off	n	14	4	18	2
	%	2.1%	0.7%	1.5%	0.1%
Looking for work	n	178	139	317	96
	%	26.8%	24.3%	25.7%	5.4%
Total N		663	571	1234	1773

<i>101 or M92. What is the highest grade or level of school that you have completed?</i>					
		IWP	Medicaid	Sub-total	SSI
8th grade or less	n	36	20	56	152
	%	2.1%	1.4%	1.8%	7.3%
Some high school, but did not graduate	n	128	99	227	346
	%	7.6%	7.2%	7.4%	16.7%
High school graduate or GED	n	634	471	1,105	1,020
	%	37.8%	34.1%	36.1%	49.2%
Some college or 2-year degree	n	679	617	1,296	476
	%	40.5%	44.7%	42.4%	23.0%

<i>101 or M92. What is the highest grade or level of school that you have completed?</i>					
		IWP	Medicaid	Sub-total	SSI
4-year college graduate	n	132	133	265	51
	%	7.9%	9.6%	8.7%	2.5%
More than 4-year college degree	n	69	41	110	28
	%	4.1%	3.0%	3.6%	1.4%
Total N		1678	1381	3059	2073

<i>102_1 or M93_1. What is your race or ethnicity? Check all that apply. - Selected Choice American Indian/Alaska Native</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,450	1,126	2,576	1,892
	%	96.5%	97.7%	97.0%	94.6%
American Indian/Alaska Native	n	53	26	79	108
	%	3.5%	2.3%	3.0%	5.4%
Total N		1503	1152	2655	2000

<i>102_2 or M93_2. What is your race or ethnicity? Check all that apply. - Selected Choice Asian</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,468	1,127	2,595	1,978
	%	97.6%	98.1%	97.8%	98.6%
Asian	n	36	22	58	28
	%	2.4%	1.9%	2.2%	1.4%
Total N		1504	1149	2653	2006

<i>102_3 or M93_3. What is your race or ethnicity? Check all that apply. - Selected Choice Black/African American</i>					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,430	1,038	2,468	1,803
	%	94.4%	89.1%	92.1%	89.3%
Black/African American	n	85	127	212	216
	%	5.6%	10.9%	7.9%	10.7%
Total N		1515	1165	2680	2019

102_4 or M93_4. What is your race or ethnicity? Check all that apply. - Selected Choice Hispanic/Latino

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,438	1,073	2,511	1,953
	%	95.3%	91.9%	93.8%	97.3%
Hispanic/Latino	n	71	95	166	55
	%	4.7%	8.1%	6.2%	2.7%
Total N		1509	1168	2677	2008

102_5 or M93_5. What is your race or ethnicity? Check all that apply. - Selected Choice Middle Eastern/North African

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,498	1,142	2,640	1,999
	%	99.8%	99.8%	99.8%	99.8%
Middle Eastern/North African	n	3	2	5	4
	%	0.2%	0.2%	0.2%	0.2%
Total N		1501	1144	2645	2003

102_6 or M93_6. What is your race or ethnicity? Check all that apply. - Selected Choice Native Hawaiian or other Pacific Islander

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,498	1,141	2,639	1,999
	%	99.9%	99.7%	99.8%	99.9%
Native Hawaiian or other Pacific Islander	n	2	3	5	2
	%	0.1%	0.3%	0.2%	0.1%
Total N		1500	1144	2644	2001

102_7 or M93_7. What is your race or ethnicity? Check all that apply. - Selected Choice White

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	191	169	360	340
	%	11.4%	12.5%	11.9%	16.1%
White	n	1,491	1,182	2,673	1,771
	%	88.6%	87.5%	88.1%	83.9%
Total N		1682	1351	3033	2111

102_8 or M93_8. What is your race or ethnicity? Check all that apply. - Selected Choice Other race or ethnicity Type in the box below

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	1,492	1,140	2,632	1,995
	%	99.3%	99.1%	99.2%	99.5%
Other race or ethnicity Type in the box below	n	10	10	20	11
	%	0.7%	0.9%	0.8%	0.5%
Total N		1502	1150	2652	2006

103 or M94. Did someone help you complete this survey?

		IWP	Medicaid	Sub-total	SSI
Yes	n	104	76	180	555
	%	6.2%	5.5%	5.9%	26.9%
No	n	1,576	1,310	2,886	1,508
	%	93.8%	94.5%	94.1%	73.1%
Total N		1680	1386	3066	2063

104_1 or M95_1. You said someone helped you complete this survey. How did that person help you? Chec - Selected Choice Read the questions to me

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	43	38	81	193
	%	42.2%	53.5%	46.8%	36.0%
Read the questions to me	n	59	33	92	343
	%	57.8%	46.5%	53.2%	64.0%
Total N		102	71	173	536

104_2 or M95_2. You said someone helped you complete this survey. How did that person help you? Chec - Selected Choice Wrote down the answers I gave

		IWP	Medicaid	Sub-total	SSI
Unchecked	n	52	44	96	301
	%	52.5%	65.7%	57.8%	56.6%
Wrote down the an- swers I gave	n	47	23	70	231
	%	47.5%	34.3%	42.2%	43.4%
Total N		99	67	166	532

104_3 or M95_3. You said someone helped you complete this survey. How did that person help you? Chec - Selected Choice Answered the questions for me					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	77	53	130	377
	%	77.8%	75.7%	76.9%	69.8%
Answered the questions for me	n	22	17	39	163
	%	22.2%	24.3%	23.1%	30.2%
Total N		99	70	169	540

104_4 or M95_4. You said someone helped you complete this survey. How did that person help you? Chec - Selected Choice Translated the questions into my language					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	84	57	141	486
	%	84.0%	85.1%	84.4%	91.7%
Translated the questions into my language	n	16	10	26	44
	%	16.0%	14.9%	15.6%	8.3%
Total N		100	67	167	530

104_5 or M95_5. You said someone helped you complete this survey. How did that person help you? Chec - Selected Choice Helped in some other way Type in the box below					
		IWP	Medicaid	Sub-total	SSI
Unchecked	n	91	56	147	496
	%	91.0%	82.4%	87.5%	92.5%
Helped in some other way Type in the box below	n	9	12	21	40
	%	9.0%	17.6%	12.5%	7.5%
Total N		100	68	168	536

APPENDIX D. IOWA WELLNESS PLAN COMMENTS

Responses
This survey was very long. However I answered it to the best of my ability.
I am grateful for my insurance, however I feel guilty because I can't connect with my primary health provider. I'm sure in my heart he is a good professional doctor, however he clearly is uncomfortable talking about mental illness. He told me "quote, unquote" he doesn't deal with that kind of thing. It was hurtful. I'm sorry about my scratching things out, I'm not a good speller. Thank you. I'm also sorry about my handwriting.
I am very frustrated and upset with the Iowa Health and Wellness plan in regards to the Healthy Behaviors that have to be completed to keep my insurance for the enrollment year for Health and Dental coverage. This is in reference to the Health Risk Assessment and Wellness Exam or Dental Exam and an oral health self-assessment to complete. It is a stressful and confusing and overwhelming feeling.
I am happy with my health coverage. I work part-time because I have scoliosis curve in my back, bulging disk with sciatic nerve. I never know when the problem will flare up. I try to do exercises when it does get worse. Sometimes it helps, sometimes not. I take Ibuprofen.
I first of all need a new medical card, as well as a list of medical providers in my area available for new clients.
I am self employed by choice, so that I can be available for my daughter that lives with me. Without Medicaid, I would have died of kidney failure. I could not afford a doctors visit for myself. I work for 2 different farmers within a 20 mile radius on a fixed income of \$400 per week. With a 16 year old daughter with me, I've lost 40 pounds in the last 3 months, had to sell my tools and car to pay electric and propane bills. I need Medicaid so I'm here for my daughter.
I like it. But I need it to stay same, no-copay.
No. I try to read slow and write what I know.
I need glasses. None are broken. I have tried 4 places but all said only the exam is covered by Medicaid, not glasses/lenses. I have tried to call the dental and medical numbers I was given when I called Medicaid. I have been on hold 5-6 hours, but no one answers me. I have spoken with others who tell me the same thing. Please, we need help. Thank you!
There isn't none.
I don't like filling out surveys. I have to phone in to Iowa department of Human Services and can never get to talk to anyone. I go to my doctor and dentist every 6 months unless needed in between. They send bill to insurance and it's paid. Insurance should give information to ID of HS.
So far I think my health plan is great and I think this survey is great.
Code #10167
Through Iowa Health Care/Medicaid my own personal doctor has always accepted my insurance for health care needs. I am glad I was able to use my same MCO when I received this insurance. Know when my dentist retired his office/new dentist provider did not accept this insurance plan. I was told they don't care for the paper work that's involved. Currently going to a dentist that is the only one in my area that accepts my insurance. Routine exams and cleanings are unorganized with much time. After my last cleaning I waited 45 minutes for the dentist to come in for the exam. From arrival at office to departure at office took 2 hours. My previous dentist I felt did a much better job at cleanings and the exam. Dental hygienists are also covering front desk. I will be looking into finding another dental office.
I appreciated! Thanks.
Happy to be on it. Maybe put more emphasis on mental health. Be careful who you call a pedophile. One of my relatives liked through incest. I am on the sex offender registry for many porn and unable to return to jobs, when I can use social media and could be able to use my college education.
My primary provider is very non-involved and makes me feel as if I'm doing something wrong.
I will cover eye exam but not glasses. I have no income at all. Have been denied disability, looking for attorney to represent me. Have contacted lions club, am waiting on application from them. Also trying to find work I can do, but it will interfere with Medicaid and stop benefits as well as Section 8. I don't know what to do.

Responses
I have been in extreme pain since last April with my neck. It took forever (at least 2 weeks, sometimes 4 weeks) to get approval from Amerigroup for tests I needed done. I had to call them myself; i.e. MRI when I could hardly move and was in so much pain. To me this is Unacceptable. They are so willing to pay for Narcotics but when I wanted to get at root cause and get fixed to get off drugs, seems impossible! No wonder there is opioid epidemic!
I need to have a prescription glasses but my health insurance won't cover it. I can't see clearly, headache everyday, migraine.
None I can think of.
Paying my \$3 monthly. Could I pay mine yearly? If I make my appointments, I shouldn't have to pay the \$3.
No need to have to pay a premium if you don't have a need to go see the doctor.
The battle between Medicaid, Amerigroup and DHS is a nightmare when it comes to trying to find answers to simple questions concerning yearly health risk assessment, annual physical to avoid \$100 yearly cost. All three give me a run around and say it is the others responsibility. I feel I have to jump through hoops and red tape to simply get what I rightly deserve, since I do exactly what I'm expected to do for waving \$100 yearly premium and healthy rewards. Which to this day they never gave me.
I feel that the four page explanation of benefits is not necessary for each claim one page is sufficient explaining the claim and charges the other pages are a waste of paper every time.
I'm ok with it, though not sure I understand it completely.
My only area of concern is with prior authorizations on my medication. The very specific criteria was outrageous. I had tried all of the listed over the counter medications, just not in the specific order listed. It created hell on earth for me. Severe abdominal constipation and pain. Otherwise, my coverage is wonderful. Great doctors!
Overall the plan works fine, but I was out of high blood pressure meds for close to a week because my doctor was waiting to hear from my MCO. I shouldn't have to wait to get meds.
Need to cover all medicine prescribed by doctor, not just some kind.
Better contact with how to get help. What is covered? Make it easier to understand. Follow up contact from Iowa City on seeing my survivorship clinic please. And appointments.
Thank you for everything are provided for health care! Good day for all.
Nope, no thank you. I try to avoid going to the doctor. Not unless it is a check-up for my diabetes, type 2 and high blood pressure.
Just that most chiropractor's don't accept it. Otherwise, I really appreciate having insurance.
I was able to get an eye exam, however, wasn't able to get a new prescription for the changes in my eyesight. I get ocular migraines and have astigmatisms and have yet that there wasn't a change in my yearly exam. Besides having difficulty getting genetic testing for a blood clotting disorder that was a hidden factor in my dad's death at 58 last year.
I have an appointment coming up next week with my heart doctor. I see him every 6 months. I will be getting my yearly physical with my main doctor in the next 10 days. Along with a mammogram.
How do I find a doctor that has no connection with "mercy" hospital? How do I find a dentist?
I need a man or woman and or student doctor for a physical exam and a prostate exam and a dental exam from dental school. Thanks. Signed October 3, 2018.
A way to take the health risk assessment online would be great. I cannot find one and rarely have time to sit on the phone, but am often in front of a computer. Coverage for orthodontic work would be great - many people would benefit physically (and emotionally) from having straighter (easier to clean) teeth.
You could talk more about HIV, and the emotions attached to it. The depression and the loneliness it makes you feel.
I like my health care program. Without it I probably would not be as healthy as I am. My doctors I trust and rely on. I try my best to do what they recommend and it helps.
Would like to have more of a choice for the dental. Raise the price for glasses.
The only problem I truly have is trying to get my prescriptions for my diabetes. I always get told I'm going through it too fast, but it has been happening for about 6 months if not more.

Responses
Very satisfied and I truly appreciate the help.
I am disappointed in the choice of dentists in the area. Closest one is 40 miles and I heard from a co worker he called her a baby. I had a traumatic experience with dentists and as a result dislike dentists.
I pay a monthly co-pay even though I get my medical dental checkups.
The medical and dental assessment, do I have to request for the doctor or dentist to fill out a form at the time of appointment, because I wasn't aware that I had to do it. I have been paying \$13 a month for contributions to Medicaid. Is this why? Also, it's nice I can call my Amerigroup and Medicaid hot lines if I have questions about if a medical procedure is covered or not.
Need to clarify #100. I am self employed.
I am happy with my health plan.
I need info on wellness programs of and preventative wellness programs as well as any incentive programs available.
I really wish my health plan would buy my first pair of glasses. It pays for my eye exam. I don't have the money to buy my prescription glasses.
Question 82 is not super clear; is that on top of what I already pay, \$8? Also, you could have asked if there was "any" other thing you would like comment on.
I wish it were easier to find out exactly what a wellness exam/check up consists of.
Everyone that I have had to see over the past couple of years has been so helpful and caring overall and explaining what I need to do before, during or after procedures - and it is greatly appreciated.
I work out 5 days a week, take a regiment of vitamins. I only drunk and cook with spring water, I think patients should be asked if they work out, if and what vitamin supplements they take. I do not drink caffeine nor do I eat fast foods, except a subway or occasionally pizza. Patients should be asked about their diets.
It's good for me, thank you.
I have gotten everything I've needed with the plan and providers and have thank you for asking.
My doctor Peggy Hirte is the best doctor ever. If I had to go anywhere else, don't know what I would do. She actually helps me, the first doctor that did not basically call me all year, my leg is messed up, been that way since 1990. Left leg is 1" shorter than the right leg, gives me knee, hip and back pain.
I sure wish my insurance would cover a lot more dental offices. I have been trying to find a dentist to have some teeth pulled but it is really expensive. I have already tried Aspen Dental and I'm not going back to them. I'm just a newspaper carrier. I tried getting disability in the past and got denied twice. I have breathing problems, I have 3 stents for my heart. Arthritis in my back. I really need to find a dentist that my insurance will cover it to get the these teeth out or I will have more severe problems, in my area do not like to travel too far!
I appreciate having insurance and thank God for it and US government. Thank you!
I have had back pain for 10 plus years. Due to my L4 and L5 bulging my doctor will only give me meds that don't help at all and give me 800 mg. Ibuprofen and knows I can't take them due to bleeding ulcers. I was hospitalized twice in December for my back and sent home from the ER the other 12 times. I need help dealing with my back pain so I'm able to keep on working.
I have never had any problems with this insurance. Wonderful customer service when I needed it. Thank you.
Sometimes, I have to wait on insurance approval before getting treatment, so it gets delayed. Also, I have been having troubles with back and leg pain. Insurance sent me to physical therapist for 6 week treatment before I could get a steroid shot in back. Physical therapist had to stop because it was hurting me more than helping like having pain and then you want me to first go through physical therapy. It would make more sense to physical therapy after steroid injection in my case.
I wish more dentists accepted Medicaid, as it is difficult to find a reasonable time for an appointment because they set aside as couple hours, 1 day a week for all patients at my dentist.
I am happy with my health coverage. Thank you.
Not being able to get eye glasses, not being able to get supplies for diabetes and sleep apnea supplies.

Responses
I pay for my own health insurance but cannot get Medicaid from adding because of the marketplace forms wife fills out for family.
Recently got work insurance but (illegible) wasn't bad.
It does not cover eye glasses. I am legally blind without my glasses. If they need the lenses or frames replaced or a new prescription, I am out of luck and stop being a productive tax paying individual. I dislike that dentist treat us like cattle by not letting us schedule appointments. Instead, we have to go on the 1 day they designate for patient with "that insurance" and wait from 7am until seen once 40 patients are seen. Then you are told to try next month. I am self employed and co-caregiver for 3 disabled family members that live with us. I don't have time to waste! Quite frankly, I am disgusted with the whole system! Waivers take decades to get. Incontinent cleaning and paper products necessary to keep a house sanitary are not covered. Nor is that taken into account when income is counted for application for assistance.
The MCO's aren't about the people, they are for money only. There is no hope for real help it seems.
I like being able to go to the doctor when I need to and not have to get approval first. Occasionally, meals that doctor prescribes are not covered not very often though.
So far it's ok.
None at this time.
First off, I would never step foot back into your hospital. You being a teaching hospital is a royal joke. When I stayed at the hospital, the nurses (except for one, Edmond) were useless a all get out. I called for my nurse, she never came. My IV was plugged into the wall and I had to go so I called for the nurse at the desk and she came in yelling at me like I was child. I told her "kiss my ass, bitch" your hospital sucks. I heard you are over 16 million dollars in debt. Is that why you're milking people's insurance? You sure milked mine enough, that's for damn sure.
My health care is great!
Hi.
Haven't had any problems with my insurance company.
Currently appealing disability.
I like my insurance coverage. The customer service is very helpful.
Overall, I am very pleased with my service.
Distance I have to travel to see a dentist, because none are taking my insurance, makes it near impossible to get health care.
I would like more information about my MCO and plan coverage. Rewards program information and transportation. Dentists who are covered by my health plan I am unsure of, also.
I called to get information 2 months ago and the person I talked to seemed uninformed on some stuff. I will call the number you provided (helpline). Thank you.
Thank you!
Everything goes up except my wages!
Losing it.
I like it so far. Blessed to have your insurance. Thank you.
I have Ehlers-Danlos that is a condition that makes you bend all over and joints pop out of place and sometimes hard to get back into place my whole body does it.
I enjoy going through United Health Care. It's been smooth. Was able to go to an urgent care for a really bad cold and didn't pay a dime. No problems so far. Prescriptions were also paid for. 5 stars.
My health plan is great. I have no complaints.
I am overall very pleased with my coverage. A few problems: mainly, premium care MD. No overall exam. Basics: ear/nose throat etc. at least sit on table and be examined regardless. But especially gotten I have a direct complaint and instead I am sent to a specialist! My 63 year old sister died from throat cancer. No pic looked down her throat! ENT-diagnosed.
I had a serious eye infection and couldn't get what the doctor ordered for me. Had to get two different eye drop for it. Drops my insurance actually covered. All in all it's a good program. Wish it covered eye glasses, though.

Responses
Your survey is too long.
Nothing is wrong with it.
I need glasses and I can't figure out who will take the insurance. I call around and give up because no one will take it. I've called Medicaid but they don't know.
I hope my plan doesn't start costing money every month. I have no money but I wish I knew how to get a ride so I could go to the doctor more often and it would be easier to get there.
I like the after programs/checkups for knee replacements/the post cancer checkups and glad didn't have any serious problems that couldn't be taken care of. I don't get much from social security so when I forget to have the annual requirements then I can claim hardship each month since money is tight. Thank you for all the help I receive!
I wish they paid for glasses and teeth repair and cleaning.
Overall, my coverage with Amerigroup is fantastic for me. Especially because it's no cost to me, and it's better than most private insurance. I'm grateful but most importantly well taken care of. If I chose to keep up with all things offered, I could get added services help with rides and etc. If people are even a little above dumb, it's easy to be helped by services offered.
Premiums have to be paid by check only. I don't have a check book. MCO formularies don't match Iowa Medicaid.
Few choices. Monthly penalty. Health assessments. Dental assessments. Lengthy Medicaid paperwork review at holiday time! And short time to return! Being threatened to be dropped by health and dental if assessments are not completed! Assessments asking unnecessary questions! Doctor asking unnecessary questions and "suggesting" strongly unnecessary tests! Doctor taking unrelated tests! Doctor uncaring attitude to prescribed medicine concerns! (Side effects.) Medicaid threatens to drop coverage is monthly contribution is not paid! Lack of communication between two doctors treating one person for one issue and prescribing more meds than needed. Lack of communication between DHS and payment center causing overcharges! Doctors overcharging for services rendered (credits). Overcharges by Medicaid that are not returned or applied to current charge. Being on "hold" when calling Medicaid for well over half an hour then not getting questions answered! And snooty attitudes!
I wish they would pay for eye glasses.
The companies do not care about customer at all. I've used all your companies for health care and career and they were never helpful for any reason.
There are few options of locations to see a dentist/oral surgeon because there are many "who do accept this insurance"? And it would be a real convenience to me if when you send me "this is not a bill statements" about a visit, if there is an amount of time before this procedure can be repeated, or time table for procedures to insured. Thanks. P.S., why would you send me a dollar for my efforts if this is voluntary? Not required. Maybe. Thanks for \$1. Too much expense for results.
I have no teeth. Do not need regular dental check up or doctor. I need oral mouth checks, my MCO should do this?
The only trouble I had was when I was taking diabetic meds. Had my A1C done in April and 2 weeks. Before my A1C in July, they decided it wasn't working and cut me off of meds for 2 weeks. Before I took A1C in July, which had went down, now I'm trying to keep it down with several meds and it's not working. I will have health insurance starting November 1 and afraid I can't afford deductible or meds.
When I was diagnosed with Hepatitis C at the age of 23 I sought help and learned that there were medications available that could now treat the virus in a matter of months. I was upset to have heard that my insurance would not cover the treatment because I was not at a severe enough state in order to receive coverage.
I like Medicaid because I can afford the \$5, I'm not someone who uses much western medicine but like being covered for my Armour Thyroid and for emergencies and for the optimal counseling which I benefit from (EMDR) even though I don't have a severe mental condition. The ACA was terribly priced. My Medicaid was cancelled just before I needed a neurosurgery to remove a tumor and so I had to pay \$167 per month while I was unable to work! When I applied for the Obama care, if I said I made 0 to 18,000 I would have to pay \$500 a month! So I said I made \$23,000 and that qualified me to pay \$167 a month. But because I actually wasn't able to work for 6 months I qualified for Medicaid again! And because I only made 14-20,000, strange scale for pricing!

Responses
Some questions are very personal. This is between my doctor and I. She is the one help me out and her nurse. Thank you for your time.
I feel like doctors don't like me because I'm on Medicaid because they don't get all the money they charge. One time, my specialist doctors told me I was a bad person because I had written him a letter asking him if he could be my doctor advocate and help me get SSI... I was shocked, appalled and don't want to go there anymore but I have to have the care of my cancer may come back and I'll die. I feel like many doctors treat me differently because I'm on Medicaid... I had gone to the ER in 2015 in severe pain. They never told me what was wrong, said they didn't know what was wrong for months. They had me go to physical therapy. I finally found out I had several fractures in my pelvic area. I could basically only quickly go to my fridge and grab maybe a couple puddings, oranges and get back to the couch. I had to lay down all the time. Going to the bathroom was painful and horrible, sometimes I would get a towel and poop on it and throw it away. They said they were going to send someone to my home and check for safety issues. No one ever called or came.
I am not on Medicaid!
I wish I could get help with some gas for all the long trips to Iowa City and Waterloo doctor appointments.
Have ongoing cough periodically. But currently for 3 months now. Tried steroids, antibiotics, now looking at it as acid reflux as no longer heal bronchial tightening. History of strep throat and bronchitis 2 times a year, spring and fall. Seeing a nutritionist to help with weight and try to eat more regular meals instead of skipping daytime meals until supper. I did not include the 2 visits so far with nutritionist as it is not billed to Medicaid. Anxiety due to dealing with my dad, bipolar episode, losing his drivers license. Transporting him for VA visits and court. He has been to ER's, hospital stays, and recently in a senior home for 20 day skilled therapy and now back home. I am his only child now. Trying to coordinate doctors, care, shopping, transportation, and looking to move dad again if we can find apartment in Manchester, then sell his house he just bought in Monticello once we find alternate living space for him.
Have no problems with anything.
Only have had one issue where my specialty doctor is not yet able to do surgery for those of her patients on the MCO plan. It has been months and I am still waiting.
My health coverage has helped me a great deal. With no income, it means a lot. Not sure where I'd be without it.
I am fortunate to have the health plan available for me. However, when the plans from which to choose from decreased by one, the process of realigning with an existing company was difficult and frustrating because of how the state authorities handled it. A main insurance company did not agree to a new contract. From my perspective, the mailed notice and instructions indicated the state had no provisions in place beforehand. I received a letter on a Friday that had a deadline of 5pm to choose another plan other than what would happen on its own. I was fortunate, that after reading the info, the plan I was going to be placed in was what I would have picked.
I have to travel over 2 hours to go to the dentist.
No comments! Thank you.
I have private insurance as primary so don't like all the hoops we have to jump through with UHC as secondary. Also, don't appreciate feeling like second class, or used as "guinea pigs" when it comes to treatment. Treatment should be based on need, not on insurance.
According to my dentist, my United Health Care plan has no dental!
No, I'm fine.
Having trouble obtaining prescriptions ordered by doctor. The insurance won't ok it. Doctor would like to see me every 3 months, insurance will not OK it. It will only OK every 6 months. Don't see the dentist as often as I should. Don't get the services I need because of the pay coverage. I need more pay dental coverage.
First, I did not appreciate being forced to join United Care because it has been impossible to find a dentist here in Dubuque who takes Medicaid! And one year ago, I went to my nurse practitioner at Medical Association for a routine check up and caught a terrible respiratory flu from her because she was sick and did not wear a mask. I would have preferred that my appointment was rescheduled because she was ill! Instead, I was ill all through Christmas! People in the medical business should not be around others when they are ill just like anyone else, it is cruel and can be dangerous!

Responses
Just wondering if I can get any insurance after November 1.
Not very many providers accept this health coverage plan.
I can't find a dentist in my area that accepts my card. I haven't had an eye exam, my card will not pay for glasses. I don't know if my card will pay for labs, pap, mammogram, etc. I'm on SS and can't afford anymore payments.
I have MCO health manage group with United Health Care group. It is convenient for me to pay \$10 a month (+3 dental, total \$13 a month) is good for me. Please, do not cut my health insurance. I need it and for my children also please extend it. I love to be under United Health Care health plan.
My insurance coverage has since been cancelled. I don't know why. I have paid my premiums and have an ongoing medical condition. Broke both of my ankles in mid July 2018 and have to have breast ultra sound every 6 months.
I am thankful that there is no copay for my doctor and/or dental visits.
I am ok with it. Thank you.
Wished they covered eye glasses or at least half.
I really like my health care plan. The only thing is it's kind of hard to get my monthly bus pass sent to my mailbox because every time I call to get it sent to me every customer service representative says different things. My bus pass means a lot to me because sometimes I won't have any other way to get to my appointments and I recently broke my leg, so I need to get to my doctors appointments and physical therapy.
I am very grateful. I love the transportation benefit. I disliked the hoops and requirements needed for bariatric services. I liked that I could keep my PCP.
Not enough dentists or doctors accept Medicaid.
I like my plan because it covers all my mental health and severe asthma issues.
I do know my health care provider is a good health care. My son is on it too.
Very few dentists accept my insurance. I drive 2 hours one way for dental visits.
I don't get covered for glasses but get covered for the eye exam. You can get free eye exams anywhere. I can't afford to buy glasses. I have to wear glasses all the time.
I have no comments at this time.
I think they waste too much paper. They send an invoice for every visit to my OB. I understand they want to show us how things are payed out but they should give us an option to go paperless for this.
I like most everything about the plan. Only dislike is that some important prescriptions are not covered.
As for health, OK. Dental: having problems finding a dentist I like that takes the insurance. Very hard. Nobody around me does. So not recorded that I go to the dentist but I do every 6 months.
I think it is great to be able to go to doctors. Thank you all that keep the program running.
I needed a surgery for thoracic outlet syndrome. Was sent to a doctor that was not in my network so had to wait 3 months to find a doctor in my insurance. 3 months of extreme pain and the doctor I saw can only do part of the surgery. Have to find another doctor to do second part which is a top rib removed so I get to be in pain until my doctor find someone to do next part. Having surgery is tough to get but no problem for opiate pain med, fentanyl oxy, I would think surgery would be the right choice but seemed like mine would just like me to stay on highly addictive opiate pain meds, where surgery would solve pain problems. And I could return back to my life pain free and no pain meds.
Only medicine I needed in last 6 months was at the emergency room and it was antibiotic IV medicine. Wasn't sure exactly how to answer.
I'm sure I'm not the only one who feels this way, but I'm deeply concerned of dying from a possible terminal illness because the insurance company denied to approve coverage for a procedure the specialist ordered to have done as a follow-up one year later.
I don't think these doctors are concerned about patients who are on weighted cane. I've seen 4 doctors at different places and none of the 4 helped me at all. I feel they are running United Health Care patients through their offices just to get the money from insurance. My dental: my dentist put 4 crowns on my teeth. I know my teeth weren't in that bad of shape. I feel cheated and used.

Responses
On July and August I had to find a doctor, so I went to St. Francis Hospital in Maryville, MO. None of my two appointments, July or August, did insurance help or pay. I still have an outstanding balance. Would like to know if they notify me when they denied a doctor bill or claim.
Knee problem. No MRI to get it fixed in a timely manner.
Everything good. Thank you for help.
Have no real complaints. I am grateful for the coverage I have.
No complaints here.
I would like my insurance switched from Amerigroup to United Health. Need hernia surgery and my surgeon doesn't take my insurance.
I want to switch/change my dental insurance. Delta Dental isn't helping me. Can't find a dentist who accepts it. Don't want to drive more than 30 minutes to a dentist.
I don't feel it's taken as seriously.
I need to find a pain doctor for my CRPS disease and can't find one that takes Medicaid. I appreciate all that medical does for me. So thanks to them.
I've asked several times about (GRS) Gender Reassignment Surgery and if it is now covered by Medicaid after a judge overruled it's ban on transgender surgery. Still no answer.
I would like to know about dental coverage because I wasn't aware that I actually had coverage. I have three children and we utilize their dental coverage. I am very happy with Dr. Veit. She has helped me so much with my anxiety/depression this year. And connected me with other resources in the community as well.
It no longer covers my son's QVAR inhaler, which he needs. Other than that, I have little to no complaints!
I would like if I could fill my meds every 3 months instead of every month. It sure would help. Thanks.
So far, no hiccups.
Helps me a lot with medical and dental.
We feel this coverage is very good. We are so lucky to have this. We could not afford other health insurance. We farm and work and try our hardest to make ends meet. We are thankful for this program.
It doesn't help with my eye exam or glasses. It would be nice if it would even help a little.
I appreciate this!
Best health plan I ever had. Thank you so much.
Delta Dental seems to always run out at this time.
No longer have Medicare - AmeriGroup insurance as of October 1, 2018. Was told my income was too high - but qualify on the online survey for low income? Frustrated. Need insurance. Cancer survivor. Mental health survivor. Low income. Need daily medications.
Thank you!
Does not cover stop smoking products and some meds that may have helped me that I could not afford.
Series of 2 shots for shingles - insurance paid for first, won't pay for 2nd shot.
I go to a skin doctor for my rosacea and have been denied the cream to keep my redness on my face down.
Praise the Lord!
I have disc problems and/or nerves in my neck that can make one or both arms too painful to use. I have had several MRI's and shots (steroids) is apparently the only fix.
No vision or hearing coverage.
The restrictions on providers as "out of network". My family uses our MCO as a secondary insurance so I think that "out of network" providers should be able to bill for balances unpaid by primary insurances. Dental and vision benefits cover basically nothing. We always end up paying \$300-\$400 out of pocket.
Doctor moving so far out of Des Moines that I have to change doctors. Seeing PA instead of doctor. Having problems receiving meds due to some insurance change every year in July! And becoming very ill due to this!
I need glasses but cannot afford to buy any. My vision on my insurance really not good.

Responses
I am very satisfied at this time. I've had no medical or emotional problems to deal with. Except taking my cholesterol - blood pressure meds.
I appreciate your services that you provide to the people (us). There are some information that I don't know like monthly premium fee. I thought that everything should be paid by Medicaid but I figured out that I have to visit doctors office for check-up even if I feel great in order to don't pay this monthly fees. Thank you!
I liked that at least having MCO health care coverage saved my life many times today and in the past three years. I could have died if it weren't for MCO. Recently had MRSA in my big toe and I got the greatest care to recovery. I would have lost my left toe or foot. Thank you to all my doctors and MCO. God bless you!
I haven't had to use my health plan yet but will getting a flu shot and check-up soon.
I don't like all the changes. I don't like all the regulations telling me how to take care of my health. I don't like all the paper work. I don't like all the things I have to keep track of.
I have a great doctor and nurse. Couldn't be happier.
It is very confusing when the insurance changes. I have a question now as the insurance says my eye doctor is not included and their office says they are. I do plan to again call the insurance to see if they have recently been included. Sometimes I get the impression if I've talked to 2 different people. I'll get 2 different answers.
Preventive health care: fitness and nutrition. Care at free or major reduced cost! As of now, I am offered some of this "after the fact" of diagnosis of cancer and the fitness care is limited to only 10 weeks. I would pay to have a plan if I could afford it (life plan). Also, survey for people who are on Medicaid who have used hospital treatment. My hospital (one night) was horrible.
There are no services or knowledge of service to help deaf communities.
I don't like to be told I have to do things for rewards or else I will be penalized or have to pay. Should be my choice.
I think I have a good health coverage. I am happy with it.
More information needed when they are going to charge you in any way. If anyone wants or needs to go to rehab for any reason they should not have to ask, it should be granted. People do try to help but having to ask is sometimes a problem to others.
Having to pay \$20 a month when you really don't have the income.
The one complaint I have is with the vision plan. It only pays for one pair of glasses. I have had my same pair of glasses now for a few years and they are broken beyond repair now. I called the MCO and found out I would have to buy my own. Well with no income that is not going to happen. So now what do I do?
Overall satisfied with my healthcare plan.
I like that they are quick to respond to my medical and dental needs.
No
I have to say thanks. Never had any problems with it. And I use it like a gold card. It "never lets you down". Thanks.
Hard to find dentist.
I am very happy with the care I receive from my doctor and staff at Broadlawns. It is my belief that MCO's have only added barriers and cost to effective health care.
I need trifocal glasses. The exam isn't as much as the glasses. Often free at some places. If you get an exam but can't afford the glasses, what good is it? Also, the doctor was rude after knowledge of my being on Medicaid. It's not my fault I'm in pain all the time. The prescriptions my doctor gives me counteracts with me so I don't use any and there are some that they "can't" because of it's schedule. Lyrica on tv advertised for fibromyalgia but nothing helps the bursitis pain. It's bad.
I'm epileptic and there were no questions that had that as an answer.

Responses
My comment is about the service Iowa City Clinic gave us. We didn't know how good we had it. Me as a mother of Anslem (who is diabetic) was always pleased with everyone who we had contact with, as well as Anslem. Dr. Otte-Larson was the best! We miss her as a doctor as our luck with doctors for his diabetes has not gone well. We appreciated her respect and kindness for Anslem. Thank you. As far as insurance, I never understand much of it.
When enrolled, system changes coverage, providers so often, I have 1-2 new PCP's a year.
Nothing, thank you.
Do not understand why an eye exam is covered and glasses are not - if eye exam reveals that glasses are needed then why not cover them? Very helpful when it comes to questions about mental health. Why are mammograms and paps covered but other preventive testing like cholesterol or other blood tests to prevent heart attacks or strokes not?
Managing my type 1 diabetes is impossible, as all of the modernized forms of doing so are not covered. Therefore, I pass out at work due to not getting alerts on when my blood sugar is dangerously low. Suing my provider is impossible as I work full-time and am a mother and if I take time off from work, I'll get fired. My mental health means nothing to this state.
I like it. Thanks.
I live in Huxley, Iowa. I do not drive. It's easier to go to Ames, Mary Greeley McFarland Clinic for medical care than go to Des Moines for diabetic classes. Or Clive for a colonoscopy. Because Ames, Mary Greeley McFarland Clinic are not in my coverage group. So if I go there then I get a bill to pay out of my own pocket. And I have no dentures because all my teeth got pulled years ago. So, each month I get to pay for "dental services I can't use". Step 1, go to dentist, get teeth checked. The bottom set of my "teeth" dentures made my mouth incredibly sore. So for the past 33 years I've only had a full top set of teeth. Try to go through life without bottom teeth. It's not easy or convenient. Ames is closer and easier to get to than Des Moines or Clive. I want medical coverage that allows me to go to Story County doctors, dentists, specialists, without having to pay another bill because I went out of my "network". I already have a \$1,000 bill to pay McFarland/Mary Greeley from 2010. They said they didn't have my address. I've had the same address since 2003.
I am currently a diabetic and would like a meter where I don't have to poke my fingers, but insurance would not pay for test strips.
Planned Parenthood isn't covered.
Next to no information/explanation of plan, coverage, cost provided...and no quick/easy way of getting answers to these pertinent and crucial questions regarding my healthcare. You should also not be forced into seeing a doctor or dentist by threat of health insurance being revoked or being fined if you do not need it. It's a waste of time and resources.
If it wasn't for this medical plan I'd have been screwed through my college years: 15-17. For the last at least 10 years of my life I've been needing to get my wisdom teeth pulled but couldn't because of costs. If it wasn't for these plans and options Iowa offers I would have still been in constant pain due to them needing to be called. Last 6 months at least I have been on my own health and dental plan provided by my workplace. But I wouldn't change anything with these plans. These're great and well needed.
I like health care, good idea.
Bones hurt often. More neck and back pain. Difficult walking and standing long periods of time.
I was hit by a car at age 6, I have had mental health problems after that. Now I have lost my medical and running out of my meds. I have high blood pressure and diabetic health problems due to not having my meds, I have yeast infection and sometimes my legs give out on me.
Wish there were more options for reputable psychiatrists and psychologists/better care for mental health problems and dental work.
I have scoliosis. As a result, I have severe nerve damage and constant muscle spasms. My whole left side is completely numb. I constantly drop things because I can't grasp with my left hand. Every night, I lie in bed and I hurt from head to toe. I pray every night to die in my sleep. I really don't want to face another day.
My coverage is wonderful, never had any problems using it.
No glasses for me.

Responses
I wish like one of the other one's that we could use it to get a YMCA membership because it helps with my mental illness issues and would be a great place to go when I need out of the house.
I hate how hard it is to call your MCO about a bill that didn't get covered and they won't cover it for whatever the reason is and you can't afford to pay it so it goes to collections. And nothing has changed so there is no reason why it's not covered! And the people for the MCO's are rude to their customers.
I am so very appreciative of my health care coverage and to costs. I am very conservative with the use of my health care coverage. Hope I can keep it!
There are 8 people in our family and I wish you would combine mailings. Everything else is fine.
Won't pay for my needle pin's for my insulin or some of my meds the doctor says I need. Sometimes they stop paying for meds that I have been on for 3 to 5 months and they don't give reason as to why they stop paying.
I would like to know why you would pay for a biopsy and not the surgery. Because of that, I'm in pain every time someone touches me or lean over. This surgery is considered cosmetic. If it wasn't for my primary doctor I would be stranded without my medicine. She called and made sure the specialist doctors give me my meds. My cardiologist is a good doctor but his nursing staff don't do their jobs with communicating with patients. Each nurse gives different answers. My endocrinologist left the office with no contact number. She told nurses to get my meds preauthorized but didn't, then called they wouldn't give me, or my primary doctor her contact information. If I didn't have a great primary doctor and staff, I'd be suffering. (Redacted) is my primary.
Nothing at this time.
I have had no problems with my health coverage.
I am a diabetic and sometimes have problems getting a prescription filled that is Medicaid covered. Example: insulin needle tops or brands of meters or test strips that qualify. Would love to see more/different brands be approved for coverage by my Medicaid. Thank you! You guys are great.
I take blood pressure meds. I have to take 3 instead of one because one is not covered!? Now I have to pay \$18 a month for one of the 3. Insane. I am/was on coumadin. UHC would not pay for a blood check machine (finger stick) but would pay for weekly INR check at doctors office weekly. This pay approx. \$8, for INR, and pay UHC to process claim. Really? That is not cost effective at all. I switched drugs.
Just that I need to find a doctor of my own instead of having to go to the ER if I need any medication.
Thank you. I hope this helps your survey.
So far it's been a great help for me. Thank you!
I haven't had to use my health care plan in almost 1 year so most of these questions don't pertain to me with only 6 month limit on them.
I am thankful to have the health coverage that I do have. Without it, I would not be able to be able to afford my medications.
I don't think they truly try to understand my medical condition. My appendix burst. Went to emergency room 3 times before it was discovered. United claimed this wasn't an emergency.
I am a college student and without this Medicare program I would probably not be alive. I can't afford normal healthcare while pursuing my college degree. Thank you for this program.
I'm glad there is a program to help people with low income.
Mercy South Clinic does not seem to care about health issues that I came in for. They want to get you in and out without concern! It seems to be quantity, not quality and is really a waste of time and money because nothing gets solved or resolved when I need care. Plus, it takes 2-3 months to get into see my doctor. Dennis Zacery, primary doctor.
I never thought I'd be assigned (forced) to Medicaid. I am thoroughly disgusted that Medicaid has been privatized by the state of Iowa. Nor do I like having been assigned a doctor I've never met who is not my gender. I've been an Iowa resident for 58 years, including the last 50 years straight, and can't believe this state can't do better!
I'm confused about the yearly health assessment, where to access it and if I filled it out, would it reduce my monthly payments?
I like this survey because it helps me to know information about the health plan and many advises I will follow for to get a good life.

Responses
My health plan used to cover eye glasses every 2 years. Now it doesn't cover any of the expenses. The income level to get medical insurance assistance is too low and discourages people to get higher paying jobs because covering a family would cost too much if a person got a job(higher paying) and had to pay for family medical insurance. The system is messed up in that way.
You are asking the same questions in a different way. Repeating them was tedious. If they were removed the paper wouldn't be wasted. Healthcare issues, difficult to get appointments.
The health and wellness check up process is a mess. They had call back several times just for them to update info.
No dentist. Big dentist problem. Have not had a teeth cleaning in 4 years.
Nothing.
I like it. I hope I did alright.
There is nothing I can think of that I dislike about my health coverage.
I think it is a blessing and I am grateful to God to have it. Thank you for the \$2 bill.
Because of a surgery I am non trusting in all doctors and their Hippa law!
Some of the medicines doctors prescribe are not covered by this type of health care insurance.
A lot of dentists do not accept my insurance so to insure I have a good experience I pay out of pocket for my dental cleanings, which is why I circled question #27.
Health care coverage is alright, just want my personal doctor to listen more about what I'm saying. Such as going to an allergy specialist/asthma specialist. Never answers when I bring it up.
I pay for an Iowa Health and wellness plan \$13 a month but now they are charging my common law-husband the same amount and we reside in the same house. They have never done this before.
Thank you.
I think everything is fine at this point.
Wish my insurance would provide transportation reimbursement for those who travel long distances to get care from the hospital in my network.
I am thankful for any and all help I get for medical insurance!
I dislike that my wife and I have been incorrectly sent bills for \$5 despite completing the required healthy behaviors. When we called number service, they have hung up on us and given contradictory and false information regarding record keeping of healthy behaviors. They admitted that they automatically send \$5 bills to all members without checking records in their possession for healthy behaviors. We were told they claim "financial hardship" to avoid payments unwarranted bills rather than having Medicaid fix their billing records. We have requested supervisor callbacks on multiple occasions and never received them from member services.
I keep getting bills for premiums even though I have satisfied the requirements of having both a dental and a wellness check up this year!
I appreciate you for choosing me to work with you, especially to complete your project of survey.
There are specialists I need to see but there are none available close to me that accept my insurance. I cannot drive far enough where they are. I also need dental care and the coverage is not enough, offices don't accept it and it is extremely confusing. The vision coverage is virtually non existent.
I did not have any health coverage for so long that I forgot that I have it.
With my insurance I wasn't approved for a dietician. I want to see about getting bariatric surgery for the future.
I am okay with my plan. Would like copies of records. I am working on getting disability, have been since 2010. I need help getting it. I am mentally disabled. I got an attorney, he's taking forever on getting back to me. Thank you for your time of listening to me.
I haven't been to a doctor in the last year, so this survey doesn't help much.
It's hard to find a dentist in our area.
I have to drive to Iowa city for my cancer appointments every 3 weeks and I can't afford it.
I have developed tinnitus along with some hearing loss. It is my understanding that hearing aids are not covered. I do appreciate the care I have received when I needed it. Thank you!

Responses
I had a lot of trouble with Americare health when trying to get help to quit smoking and every time I have called them it's a run around. They seem to have a conflict of interest in this area. I received both a letter explaining why I couldn't get the patch and a letter saying I was approved on the same day?!?
I find that Amerigroup seems to discriminate whereas some people do not seem to get much health care and some people seem to get anything they want. I read a figure that said that 50% of Medicaid's yearly budget goes to 5% of the people on Medicaid. That figure is appalling. I know a person like that. Until you cut the fraud and waste, the system will always fail. Doctors prescribe expensive drugs when older, cheaper drugs would work just fine. The people who say we have to cut costs the most usually are the ones who are taking advantage of the system the most, such as doctors, drug companies, physical therapists, and top management. P.S., preventive medicine is talked about all of the time, but rarely ever taken seriously.
I like my health plan as it is now. I wish I was able to work and have other insurance, but I am grateful for this one being available to me.
Expensive drug hard to get. I think it underpays doctor/lab.
It's ok. I think there should be more information sent to let people understand the plan.
Like having little to no health bills. We have enough bills to worry about already, we couldn't afford medical bills/insurance on our own. Dislike-my epidural for my recent birth was 100% not covered.
Thank you!
Really dislike the no dental plan. And it would be nice to get notices from them before they change things and not after the fact.
Everything is good.
There needs to be an option for automatic payments instead of having to send in a check every month.
When doctor writes a prescription, why do I need pre authorization? Doctor already wrote prescription.
It took 2 months for them to approve Chantix rx.
Type 1 diabetic and the help I have been getting is excellent! Top notch!
Love my health insurance.
I tried to do a health assessment online. I completed it but did not see where to submit it. I have not made a phone call yet. Talking on the phone is difficult sometimes.
Nothing! I'm good!
I am extremely happy and satisfied with my health care coverage.
I have no complaints about my health insurance, policies or dental insurance.
I don't like having to make 2 appointments for meds and for healthcare. I have to drive and I don't always have the money for gas. Question 100: spousal social security, death of husband. Question 101: business college. When going for medical care or appointment, you tell 4 to 5 people why there before you even see doctor - Frustrating!
I asked for a policy book, and never received it.
Holistic/alternative healing is not covered. My body doesn't respond well to synthetic/pharmaceutical drugs and holistic methods are prohibitively expensive. Combined with lack of childcare and anxiety about driving to appointments, I am prevented from getting the full care I need. Further, due to a clerical error that was not my fault, I had a lapse in my insurance that caused me to have to abruptly stop therapy. Once the error was corrected, I didn't keep going because I didn't want to have that happen again.
My dentist I trusted gave up Delta due to non-payment and other issues as have almost all dentists. I was forced to use A1 dental and they are low rent and horrible. Lacking professional treatment and saying bad things about our former dentist and care. Care more as a doctor. Was a horrid experience! I sat 2 hours waiting once at desk and desk person was not helpful. I left.
I dislike that I have to pay out of pocket for glasses and that neither I nor my wife can find a dental office to go to for dentures. My wife and I both need to get our permanent denture plates.
I have filed for disabilities due to multiple chronic health conditions that caused my last employer to fire me after 19 and a half years of working there. I also have glasses and hearing aids that are not covered by my Medicaid. I cannot hear much of anything without these \$5,000 worth of hearing aids. When the ones I have fail I won't be able to afford to replace them.

Responses
Talking to anyone from my MCO feels like a chore. Sometimes I cannot understand their accent at all. Using the UHC (United) website is a pain. The page I need to complete my health risk assessment on is broken. Sometimes I find myself on the wrong portal and cannot log in. there are too many. It's confusing. The website is terrible and needs an overhaul.
With cancer, you always have treatments, medication, tests. This my first year, dealing with this has not been easy. By myself - chemo treatments, diarrhea, losing hair, eating and getting to handle daily duties around the house, sometimes things had to let go. Didn't have the care to do anything. Getting lunch - hate not going places without my hair and wearing a wig. Never knowing what may be next for me down the road at 62. Will I make it to retirement?
It's working fine for me.
I'm very satisfied with my health coverage through them.
Dentists around me do not participate in Medicaid/MCO. I had a dentist prior to Medicaid, wouldn't see me. Certain tests and medication and durable medical equipment are not paid at all. Hearing aids/ ADHD meds - calcium scoring test.
It is sometimes difficult to get the right prescription from my insurance. At times, the insurance won't cover the medicine or have to change dosage to get that particular medicine.
Denied tier one meds for BPH due to unavailability for generic medicine. Despite failure of other BPH meds working. No longer taking meds for BPH because of prior authorization for tadalafil denial. Any help would greatly be appreciated. Thank you.
I have never been insured by Medicaid or a MCO until 4 months ago, but feel the coverage is a God send at this time. I am receiving training through IA workforce development and believe I can get a better paying job and hopefully benefits in the future. I don't understand why I never receive explanation of benefits forms for services. This concerns me because there was a data breach at Unity Point (was notified by mail) and I want to keep records of all services that I receive through Medicaid/MCO.
I am thankful for my MCO because I never had insurance before, I can't afford it, I had not been to a dentist in 40 years but I try to take care of myself and my teeth. Personal hygiene is very important all your life. And I was in a car accident 10 years ago and I have a bone or something on my (if I were a man, Adam's apple) and it keeps getting bigger so when I bend over I can't breathe, so my doctor sent me to a specialist and he sent me to another specialist they did x-rays and then said they had no idea what it was and that's all my insurance will pay for??? A little puzzled over that.
I have no income at all. I know I need new glasses but cannot afford them.
Nothing. Liked everything.
Doctors in our area don't belong to this insurance coverage. Went to eye on list, made appointment only to find out they don't take this insurance even when listed for practice. Glasses and exam cost over \$500, still mailing monthly payments. Frustrated!
I really have not used it a lot. Everyone has been great. As I wrote have had MS for 12-14 years. Mayo clinic, Minnesota. Now on pills for blood pressure. Thank you.
Often, I forget or I am late returning 6 month evaluations. I think every year would be sufficient.
I hate that there's no option to pay for anything. I feel like a mooch, so I try never to use it.
Too much paper work to read.
They make it very easy. I would like to receive medical cards at least twice a year.
Didn't know about the one year check up. But plan on getting my own health care plan.
If it wasn't for Medicaid I would be dead! Thank you!
I found out that as of November 1, 2018 because I make \$150 too much I will no longer have Medicaid. Guess I will fly by the seat of my pants! Oh well!
I am grateful to be able to have this insurance while I complete my bachelor's degree as I am in school full-time and only work part time. My only complaint is after several phone calls, my health insurance still has not removed the insurance company that I used to have as my primary insurance regarding my prescription coverage. My current health care does pay for medical care, but not for prescriptions because of this.

Responses
Some of the medication that I need to be on is not covered under my plan so I need to find an assistant program for free meds, but some pharmaceutical companies don't do that so I then have to go to my specialist for samples if they have them. Sometimes they don't so I have to go without and then start all over on a lower dosage when they do have them (Daliresp) 500mg.
It is ok.
I was excited to know or find out that I was qualified for Medicaid. It's been a blessing. I would never say anything bad about a free medical.
I wrote in the healthcare rating a 5 on the scale of 1 to 10. It is confusing to me when I receive mail informing me that my MCO has changed without my prior knowledge. Knowing beforehand would be appreciated.
It doesn't work when I'm in a halfway house. They say I'm technically incarcerated.
I like most of the benefits of the current plan. Bless you all.
In my life, I have never been on meds but I also had never had regular checkups so I'm grateful for my health care benefits and look forward to being taken off meds in the future.
If your doctor is trying to help with a problem and your insurance doesn't cover a medication and it's too expensive to pay for it yourself out of pocket, that's frustrating.
Question number 17, 25 and 73, I answered "best plan possible", "best doctor possible", "best care possible", not counting the one great disappointment: the fact I suffer from Cirs- chronic inflammatory response syndrome, an auto-immune condition I developed over 25+ years of inadvertent exposure to mold toxins. Dr. Ritchie Shoemaker has researched this condition using strictest empirical methods, but insurance fails to recognize and provide care and treatment for this life-destroying condition. It's truly the proverbial "gorilla in the room" I cannot get help for.
It took weeks to get a prescription approved. I have been on that medication for a year before this. I went without my armor thyroid medicine for so long that my hair is breaking and falling out, my skin is dry and acne all over, bowel movements are messed up, and I have constant joint pain when I don't take it daily.
No! Thanks.
We don't get a list of doctors/dentists in the mail because I don't always have time to get on my computer or to call.
Communication.
Not think thank you!
It's hard to get skin grafts and current health issue is prolonging the issue of a slow healing process. Care is not hard. Doctors and staff are great, just trouble with insurance approval of skin grafts.
I've tried to get off Medicaid for the past several months but it continues to show up as my insurance even though I became employed in February 2018 and no longer met income restrictions as of July 2018. I currently also pay for meds because every time I would try to cancel Medicaid the person I spoke with would say it would be cancelled and it still hasn't been.
My health plan is great. Thank you for your coverage.
In Clinton, Iowa, I paid for my upper dentures 5 years ago. Then I had my lower teeth extracted, paid by Obama Care. Unfortunately, neither my upper nor lower dentures have ever fit. The dentures literally fall off my gums. When I told dentist, Dr. Terry Winter, this concern about loose dentures, he said, " too bad. Take it or leave it." I called Dr. Winter again because dentures are too loose, but told that he won't accept Obama Care.
I think I completed my healthy behaviors because I can't access it on the website. Also I went to a dental exam but not sure if it counts toward my yearly visit as I forgot to tell them. Anxiety makes it difficult to seek medical/dental assistance.
Denial of medications I need. Changing the meds when what I took was working. I realize cost is a problem at times. Causes setbacks at times.
I need a health care card to go to the doctor. Don't know where to go. I need to see a doctor and a dentist. I feel sick a lot. Bad teeth in my mouth. When can I see a doctor and where to go.
It would be nice if I received my blood test results. Also, this insurance plan, Medicaid, did not cover one of my blood work tests. I would like an insurance that will cover everything I need, health related.

Responses
The company that I worked for closed their doors. I worked there from 2005-2016. Then went out of a job and in my 50's so now I am self employed (realtor) and I do not make enough to pay for my own health care. The situation is dismal. Who wants to rely on state insurance? Not ne. but I have no choice. I am single and now 60 and to pay for BC/BS or another policy would take my entire income. Our health care options are so expensive. People on a fixed income who do not qualify, work to pay the health care premiums. Terrible! Disgraceful! Disgusting! By the way...for someone with any type of disability, this question is too long. Confusing and too detailed. Maybe not confusing, but too detailed.
I have been very happy with my health care and hope that I can continue on Medicaid in February.
Since I was put on Medicare I lost my Medicaid insurance applied on October 1, 2018. DHS told me that I couldn't be on Medicaid and Medicare at the same time. Had to sign up for Medicare advantage plan with prescription drugs. So I am with Coventry advantage Elite PPO.
I don't think I should have to report any test done in order to receive rewards. It's already in the computers.
Lungs are below 50% working. Still determining hand and arm. Blood pressure high. Heart valve leaks blood, etc.
My health plan is great. I feel good to keep it.
I'm grateful that I even have health care! Thank you.
Nothing.
Plan and coverage is great. My doctor, a University of Iowa graduate blatantly lied to my face. Said he "never prescribed a cream for knuckle pain". Been so long I can't remember. Hy-Vee pharmacy products different. Instead, over 3000 milligrams of Tylenol or alcohol to sleep at night. Yeah, I'm finding a new doctor. Unfortunately, vets come from Iowa state.
I have been extremely happy with my plan.
Like everything about the health plan. Just don't understand why I'd be getting health bills. Right now I'm a college student and can't pay for right now.
Had dental check up and paid myself. Sent in copy to cover required assessment, but not sure it was received.
From my perspective, Medicaid is fine.
I feel Dr. Taylor of CVA in Sioux City should not treat cardiac patients. She is cruel, starves patients, refuses to treat patients and shows she cares no amount of the health of others. She will "get to you when I get to you" and I refuse to see her. She has caused me to avoid the ER when I have chest pains, which is dangerous. No one deserves that treatment.
I liked it and hope I can keep it without having to change coverage.
If I choose not to go to the doctor, why charge me a fee? If I'm underpaid and only work part time, why charge me a monthly fee for insurance I won't even use?
It's ok. Thanks.
Not knowing the cost of visit or medication before I decide to go to the doctor.
I am a Native American. I do not go to doctors until I got type 2 diabetes. Treatment for 4 and a half months. Got blood under control, do not go to doctors office anymore, and did not for 15 years prior.
I'm perfectly ok with my health plan.
None. Thank you.
I think the doctors orders should be adhered to. If my doctor orders Januvia, you shouldn't suggest Metformin. I think we know me better, thank you.
So far I like my health coverage. It does seem like the reimbursement to doctors is not enough for the care given. Also, to cover tests and procedures the reimbursement seems way too low.
Sometimes can't get medications prescribed for me. Like my insulin, tresiba. Had to go to Lantus, makes me gain weight. Can't get Nucynta for my pain.
I have a doctors appointment today.
I recently retired and do not get very much monthly money. I appreciate the fact I got to keep my same doctor and dentist and gynecologist.

Responses
I have had normal health insurance coverage in the past through work insurance. So far, both medical and dental is hit or miss on how they treat you. I feel like I got less attention as well as sub par service due to having insurance via Medicaid. Especially specialists and dental. Normal doctor visits have been outstanding. I have scheduled 2 clearings with dentists found under my list online that have called back and canceled me saying they don't accept Medicaid.
It does good for me.
No English speak. Make donations. Thank you.
Haven't had any past or current issues. The only situation that happens is name brand drugs aren't available on Medicaid and it out of pocket costs. Can be tough at times. I do thank you for this assistance for myself. I do appreciate the help a lot.
So you know... I appreciate having health insurance. I lost my job for no reason on January 8, 2018. Opted to start my own business in April 2018. no measurable revenue at this point. Hope to be able to buy insurance when my business grows. I'm healthy and haven't been to a doctor since coverage began February 1, 2018. For the short time I had my own insurance I saw the dentist, had a mammogram, colonoscopy and physical. Now scheduled for annual physical and tetanus shot on October 2, 2018.
I currently have a PA as my health care provider. My previous doctor retired! I am very comfortable with her care!
To answer 100, I had to quit work to stay home with my sick husband. He is fighting 3 types of cancer, COPD, and emphysema and a tumor in his head.
I am concerned about the fact that when I call to make an appointment with a specialist, most of them do not accept Medicaid. It should be mandatory that all Iowa doctors have to accept Iowa Medicaid. Also, when I finally found a specialist, it takes 2 months or more to get in to see said specialist. Too many prior authorizations on medications that people need on a daily basis.
Very hard to find dental care covered by IHAWP. Hard to understand how to report Heal thy Behaviors.
I wish some high quality practitioners would be able to accept Medicaid. The therapist I wanted to see was not able to take me as a patient because I am on Medicaid.
I don't use an MCO as I go to the VA. My wife Monica does however...yet did not get this survey.
I am pleased with my health coverage. I wish I didn't have to use it, but after my divorce I couldn't afford regular insurance! On my social security! Questions didn't really apply to me because I haven't been to the doctor since January.
I'm not sure if they cover transportation or not.
There's too much material being sent to me and I assume none of it is important/imperative so I don't read it. I often get voice mails from my MCO, but when I call the number on my card they don't know why I was called or it isn't important. I have come to the conclusion that none of the correspondence is important and it's all an annoying waste of my time.
More dental coverage. My dentist is not covered so I pay out of pocket.
It seems it is always in flux year to year.
Nothing.
I am very pleased with my healthcare coverage.
I like that transportation to my doctor appointments is covered. If it wasn't, I wouldn't be able to go and I have serious health conditions. I have to take a wheelchair van with a lift and it would usually have to cost \$4 round-trip. I can't afford that.
I have not been to a doctor since my eye operation in 2014 under IA care. Don't believe in doctors - only when absolutely necessary. But Univ of Iowa hospital in my book, is the best. They helped me and I can't thank you enough.
When healthcare workers find out my insurance is Medicaid, their treatment of me and my condition changes (I am treated as if I am under-educated, lazy, or mentally disabled) and treatment goes from attempting to figure out what's wrong to a quick "pill" or OTC Med to treat symptoms only.

Responses
So far, it's OK. However, the change from one MCO to another I don't understand why they did it. Yet still part of your MCO. Question 95 (8-9) based on lies and force3 to be 2 hours away by car into a psych ward for 7 days. Doctor lies to my lawyer and swears to speak the truth and lies (flat lie in court regarding my diagnosis) I went to ER w/heart pain and I believe that I needed antibiotics too (not after my church been praying for me) these ppl in the ER w/false statement to the judge highjack me to the psych ward and now say I have (8-9) based on a religious questionnaire on the ER (not by doctor rather a nurse).
I have nothing at this time.
Doctors drop health plans because they are too slow to pay.
Thank You!
It doesn't cover or actually pay for chiropractic care which I use for pain management because to get other treatments that are covered I have to first do 8 other treatments to see if they work first although I've already did all of them in the past. I wanted to get some health insurance from work but can't afford it. I called to ask about anything that could help pay premiums per month and they said to do it at my review and see if I'm still covered due to new job and didn't know about any programs or where to find info about it. Their monthly premiums for dental are more expensive than my employers dental premiums.
I have good insurance but I am blind in my right eye. Haven't had glasses in 10 years. But my insurance will not pay for them. That I am not happy about. Don't wear them unless I am reading - the top half is blurry.
I like my healthcare coverage.
Thanks!
Everything has been covered so far. For us that work hard need this coverage. I'm a widow, but others who abuse it are costing us tax payers. I have been happy so far. Thank You.
Sor far, it's been great. I think it does everything I need it to do for me. I'd be lost without it.
I feel it's all good. Thanks so much.
I just recently got job. I don't know how long I will have enrollment in my healthcare plan, and plan to inform them soon, but I will have insurance through work.
I would like information in Spanish. Thank You.
I like it. I feel like someone cares about me. It gives me a chance to live again, to get my health better.
Reminders should be sent out to remind people of their upcoming health assessment and I think you should share that information between your doctor and dentist so you don't have to do two separate health assessments. Also, I don't think you should be charged a monthly fee if you are on Medicaid. This is confusing to some people.
Reliable transportation.
I love it.
Having a lot of trouble getting a smoking cessation medication, due mainly to getting into my doctor and the complicated process with the authorization.
My son used Amerigroup and had sleep apnea. It took almost nine months to get him help. Lots of sleepless nights. When I tried switching to Title XIX it took several angry phone calls to supervisors and lots of broken promises from DHS. I am do grateful for the care my family receives but there are a lot of mistakes and miscommunication in DHS. I am always good about doing my part. Just wish that was reciprocated.
I have been trying to get disability in the past, but always got denied. I would sure like to get help to get disability. It is hard for me to do any kind of physical work with arthritis and a heart condition. The only job I can do right now is only delivering newspapers which does not pay very good. I think it's time for the people that denied me disability to get some common sense in their heads and help people that need it. There are people out there that get disability for just having a drinking problem, which isn't right. A heart condition is more serious than a drinking problem. I did mail one of these a couple of months ago.

Responses
Started going to doctor to get back put in place right after of the food of 1993. If I have to have an Iowa doctor, one that does it all. Haven't been to doctor in over a year. Please send me information on doctors and dentists in Keokuk area 52632.
It is hard for me to get up to Iowa City, because of work and picking up my kids from school. The doctor I see in Iowa City is very good and she really cares about health. Dr. Banu is great.
I am grateful for my healthcare. I have received excellent care. I would refer people to Broadlawns care.
The dental plan is not easy to keep dentist. I and my family have had to switch four time because they are no longer going to accept patients with this type of insurance. I currently do not have a dentist and do know where to go. I did a search and none came up near where I live. I and my family are grateful for the care overall we have been receiving. Other than the dental situation.
The long wait for an authorization to go through for a surgery or to get certain tests done. There is no communication given back from insurance on how things are going to get things approved.
Covering lenses for glasses would help a lot.
Nothing I am thinking of. Just thanks.
I was taking three 60mg morphine pills, one in morning, one late afternoon and one before I sleep. You cut me down to two pills a day. I would like to know when you went to medical school.
We don't like that we don't know if the doctor is being paid in a timely manner. Because if he is not then we think there is always the possibility that we could lose our doctor. We are not sure if that is happening and we would like to be informed on that. Thanks.
It doesn't pay for glasses at all. Don't pay for dentist that will take it. Had to find chiropractor that takes it.
It's great. Thanks.
What I dislike about my health plan is that it doesn't cover your glasses when you need them. It just covers the exam, not reading glasses or anything that you need for your eyes. I want something that will cover glasses because I need new classes for narrow side. Thank you.
I am very satisfied with all of the care and medication needs and doctor's appointments. Thank you.
1) There was a gap in MCO coverage after AmeriHealth vanished when I was directly covered by the state. 2) Mental health counseling within a hospital system requires scheduling months in advance for regular weekly/bi-weekly appointments. So I must predict my mental health status months in advance. In my experience private practices are much more flexible but Medicaid doesn't pay for out of network counseling. 3) When AmeriHealth suddenly dropped out, someone somewhere decided all enrollees would be automatically shifted to United. United doesn't cover all my necessary doctors and services. I received incomplete and misleading information about shifting to Amerigroup. Thankfully my chiropractors office manager told me about the secret deadline which I was able to meet. Thankfully I'm sufficiently intelligent and patient enough to advocate for myself and navigate nonsense. 4) I've been waiting four months for approval to receive a medication recommended by my neurologist. Apparently it comes in two parts, but I only get approved for the first part. Specifically they approve the drug, but not the only procedure to get it into my body. It seems much more like I'm dealing with a private insurance corporation whose policy is to deny coverage, than a publicly funded MCO. My general comment is this, the best, most reliable medical coverage I've ever had has been under Medicaid the two times it was managed directly by the state of Iowa.
I need this questionnaire in Spanish.
Thank you.
Thank you for help in coverage. Probably wouldn't be alive, truthfully.
This survey was way too long. Please don't send me anymore. I will not fill out anymore surveys.
I like it all.
We got dropped from Medicaid. Tried to reapply and they won't respond.
My health plan doesn't pay for my glasses and I have to have them to read and drive.
I like my healthcare plan. I just want to let you know that because I didn't know and did not complete the health assessment from MCO. So I have to pay monthly premium. I will contact my United healthcare plan to see if they can send me the assessment to complete to waive monthly premiums.

Responses
I would like to see coverage on the cost of prescriptions or the lenses of glasses covered not exam or frames. Lenses in my opinion are prescribed like medications.
I really have no complaints and paying \$5 to \$10 a month also wouldn't bother me. But being a single mom and qualifying for this program is a godsend honestly. Insurance through my job is more than \$400 a month and for me that's impossible to pay and still have money for bills and food. I'm very grateful for this program. Thank you.
Would like the health plan to cover a gym membership to help with exercise to be healthy. I dislike that even after we did the health and dental agreement this year we still got a \$5 bill monthly.
Thank you for all your help. I don't know how I would make it without you.
I go every six months for a check on diabetes, once a year for heart surgery. Been in good health for five years.
How often to overcome my right, foot, knee pain specifically. I am not ready to do surgery for both.
I do not feel that I get the care (tests, procedures, etc.) that I need because I don't have good enough insurance. We need and deserve Universal healthcare.
I don't like I can't get help with dental around my area.
I dislike the fact that coverage is denied on certain tests that could possibly be a matter of life and death.
This is my first form I've received in the mail.
Thanks. Sorry it took me so long to return survey. Dislike not being able to get all the prescription medication I need.
Nothing. Has excellent coverage.
I feel when I went to Iowa Ortho none of the doctors went out of their way for me. I never saw the same doctor and I feel I was dismissed by them after going through test after test with any results. Will not go back there and I will try to find another back doctor to see for another opinion.
My personal insurance and my Medicaid insurance do not agree on some items that can make an added expense for me. Example being my insulin meter and test strips.
Wish they would add on acupuncture.
Pre-authorization for HCV TX is (expletive).
The worst part is how payments have to be paid by money order and there is no online payment or over the phone payment.
It is my understanding that dental benefits are changing with a \$1000. cap per year. This is not a good thing to me.
No and thank you for the \$2 bill.
I have no health card and not sure about what doctors I can see.
I really appreciated the given chance of this survey is such a great plan that I have learned from it. Thank you.
i8 need to get my top teeth repaired. Implants are a very expensive procedure. I have been putting off getting appointments to get started on it. I dread going to dentists.
I am curious if there's any help for dental. As in finishing getting my teeth pulled and getting dentures so I don't have a hard time eating. Thank you. I am currently residing (____) and trying to find a dentist near by to go to. Also I'm just getting hooked up with a doctor at Gunderson Clinic here in West Union. Thank you.
I am very grateful for my health plan.
I highly dislike the MCO and strongly wish we would return to the standard system of Medicaid. Like my grandfather used to say "if it ain't broke don't fix it".
Dental, chiropractic and vision coverage are practically non-existent. It is very hard to find practitioners who will accept this insurance. And when they do it is very conditional.
Limitations on things look for reasons not to help. Repeated cancellation from doctor too long between visits.

Responses
I would like to have my levels checked more often, cholesterol and such. I like the regular checkups. Would like more prevention information.
I am limited on options of finding a regular personal physician with my medical coverage. I feel that 50% of the time I am being stereotyped and have had nurses, doctors and receptionists belittle or criticize people getting government assistance/Title 19/Medicaid on multiple occasions.
My plan seems to fit me.
I love the fact so much of my health issues are covered. What's difficult is when you need hearing aids, c-pap, etc. These items are not covered and they are very expensive. Without a program that would allow you to make payments so I go without.
It's difficult to get the mental help I need. Because there are so little mental health services in the state and most of the medications I need are not covered or require a prior authorization that takes weeks to get approved.
I would like to get coverage on prescribed glasses. I'm a student working a part time job on the week-ends, paying tuition, so I do struggle to pay my prescribed glasses.
I have a full set of top dentures, no lowers. Hard to find a dentist that takes my insurance. I've been on the same anti-depressant for nine years. When I say I'm depressed my doctor says that's just you making something out of nothing. I don't drive but doctors want me to go to Des Moines and Clive to stay in the network. I live in Huxley. Ames is closer. I've done this survey two times now. Thank you.
I, being on a health and wellness plan do not have coverage for vision hardware, i.e. I am required corrective lenses by law and not able to afford (restriction on my drivers license). I think that's complete crap.
No complaints so far.
My coverage doesn't pay for glasses. I can't afford to them. Some of medical professionals treat Medicare people different. It is embarrassing and degrading. It seems we don't matter or are not good enough. Circumstances made me apply for Medicaid, not because I wanted to.
The physician given to me is a male and I would like a female physician. That is why I haven't visited to get a check-up.
I need crowns/caps on five of my teeth and this insurance does not pay for them without my dentist losing money.
Thanks for this survey. It is very helpful.
Two heart attacks and three stents. Thanks for all the help Medicaid.
I have psoriasis and some arthritis. That is why I have checkups every three months till we can get my BS down. I'm doing my best to eat right and exercise. I'm very happy with the care my MCO gives me. I have not had any problems. Thank you.
Better coverage for vision correction glasses. Most people can't afford glasses. It's awful when you can't see.
Thank you for health/dental coverage. Especially for my children.
I have no problems with my health coverage. Thank you.
My healthcare provider is excellent. No issues. All things addressed as needed. I did this on line already.
I have migraine headaches, my prescription only allows for the generic medication which is crap. I have to take more of it at a time to work then if I had the name brand which works very well and I only take one of them the majority of the time. People should be allowed to take what works for them. It doesn't save money if one has to take more of it often.
I am so thankful for the coverage I have. It has helped me so much.
My current employment status is caregiver to my parent (mother).
I need my eye glasses covered so I can get glasses.

Responses
I have been denied repeatedly access to healthcare from the Mayo Clinic by my MCO. I was not allowed coverage to seek a second opinion out of network. I was denied approval to continue receiving post surgical checkups from Mayo Clinic where I had previously been getting my healthcare. I live less than an hour away from Rochester, I live over four hours away from Iowa City. Senseless to be denied approval for care from a provider that is best worldwide simply because I live (just south of MN border) in Iowa. Especially since they had been a provider for me in the recent past.
My risk assessment always gets documented, but wellness checkups never seem to get recorded and I end up always getting billed, till I call to straighten up the error. No fun.
Not really at the present time. I'm feeling pretty good and really haven't much trouble getting around and not really tiring out too fast either.
Not all doctors accept Medicaid.
They are good and when I need help I can call or go on line for help.
Stop sending medical cards with the wrong provider listed on them. It's a waste of time, postage and causes billing issues for the provider, i.e. they have to fight to get paid.
I would like to see more doctors that accept my health insurance.
Being self employed, farm hand, premiums are difficult to pay in off season and deal with deductibles.
I really appreciated having healthcare that was affordable to me during a time of unemployment, post surgery and not longer qualifying for insurance under my parents. The county health department was very helpful in guiding me as well as applying.
Not at the time. Will this insurance cover my dental with partials?
I am grateful I have insurance.
Price of diabetes supplies much too expensive. Difficult to live a normal life.
The biggest problem is the Medicaid did not pay hospital bills. I had to pay them or they would go to collections. The Medicaid provider claimed I had an old insurance policy that was cancelled three years prior. The Medicaid provider lied in order not to pay a hospital bill.
I am a single mother of a 16 year old daughter.
It was very good. However, now that I have a full time job I will have a hard time paying my medical bills as I don't make much money.
I just wish all doctors and specialist would accept this insurance.
It helped me when I needed coverage.
My doctor's office is in Atkins and you have to make two appointments. One for health and the other for prescriptions. That's crazy. Seen/ck have to explain too many times.
This health plan allowed me to continue well checkups after I turned 26 and had to come off my mom's insurance, who is a nurse. I am self employed, female that in a year will be married. My fiancé is a med student at Univ of Iowa and will graduate May 2019 and we are getting married June 2019 so I will then have insurance thru him. This plan enabled me to have healthcare during this transitional period of my life. Being surrounded by medical family I understood the importance wellness checkups and had knowledge of this program. I was able to continue my healthy checkups to ensure prevention and medical care was available for me. Thanks for supplying me that option.
Moved from NC to Iowa. Applied for assistance with health insurance due to not being employed. Only planned to use if needed.
Preauthorization seems to get dropped thru the cracks. Often need to request authorization more than one time. It should not need to be that hard to get the procedure or medications I need.
Travel provided to appointments.
None just need help on my disability to get started on. I think I can get some help on it.
That you have to wait for an approval for anything you need done or for a referral to another doctor. It takes forever. And AmeriGroup just gives you the run around about it being looked at (for weeks).
I like that there is a healthcare plan assistance for low income individuals. For this I have no complaints, just grateful to have what I have.
I don't like how I can get care at the same hospital, but only certain doctors are covered under my plan.

Responses
No eye insurance. When you need an eye exam, the insurance only pays for the eye exam but not glasses.
I am grateful for the coverage.
I am so grateful for Medicaid. Without it my anxiety/depression would be completely unmanageable. The healthcare I get at "CareMore" is the best I have ever had. Thanks.
Also caring for elderly father.
I hope there will be affordable healthcare for people who need it, no matter their income, with ongoing health problems like diabetes.
Just found out one month ago I have cancer. So far so good.
I'm happy I have AmeriGroup. Otherwise I would have no insurance. Thank you.
This is the only health insurance I have.
It took four months to get help. You act like I'm taking advantage of program. I can't help my health is going down. I don't go to the doctor unless I'm dying because of coverage and all questions you have to answer. I live with a lot of problems because our program questions you too much.
I did not like the doctor's attitude toward me. Possibly because of my care plan or because of my race. Who knows. She just didn't seem like a concerned person or medical professional.
I don't believe I know enough about my insurance to complain about it. I am relatively healthy and do not visit doctor unless it is for necessary examinations and/or of something strange is wrong with me. (I am a full time college student and have work study, but also a part-time shift manager on breaks).
Unsure at this time.
I hate the fact that my healthcare plan does not cover birth control shots or anything dealing with my female parts inside or out.
Grateful for the insurance. Not sure what I'd do without it. Thank you.
Even after completing the "Healthy Behaviors" requirement, the insurance company continues to send me reminders and on one occasion, I was billed for insurance even though I had completed the requirements. Then I have to call and tell them that I have done it. They don't seem to keep track.
Like how I can manage to get the help I need for my fibromyalgia, PTSD, anxiety and depression. Without this plan I don't know what I would do.
No comment at this time.
I would like to have more.
Very pleased with my healthcare.
I love my healthcare team, with the exception of having to get a new neurosurgeon. I'm completely satisfied with my coverage.
Can't get paid for my mental health doctors. So poor care for this affects my being so overweight, 5'10", 350.

APPENDIX E. COMMENTS REPORTED BY MEDICAID RESPONDENTS

Responses
I was in a horrible accident 13 years ago. I literally broke 50% of my bones (by breaks). It ticks me off that I can't get help for my pain - arthritic pain, doctor was denied and now I have to pay for 50% of my prescriptions because they aren't covered. Even my 14 year old diabetic supplies aren't all covered (pen needles), frustrating. But my doctors is amazing.
We have not needed any health care in the past 6 months other than chiropractic care. I guess it has been a good year. Not always the case with a family our size. I bet without health care it would be a lot worse. Thank God for the health care system. We have been lucky.
I changed MCO's because two of my specialists didn't take the one I was enrolled in. Then the same physicians changed so that they didn't accept the one I changed to. Now they are requiring me to change back to my original MCO or change my PCP and my oncology team. I have been working for months to get my MCO switched without any luck, so have been unable to see my doctors. I live in a rural area where my options for physicians are few. Because of medical politics my health is suffering.
I feel this is a good health plan. But I feel that I want to try my best to stay healthy by exercising and eating right. I am trying hard to find employment so I can get my family and I on non-subsidized insurance. But this insurance has been a blessing for my family.
I wish that home birth options were included in my health care and more holistic providers available.
Paperwork is confusing, have to call and get things straightened out with United Health Care a lot. Sometimes what state has in their system is different from United. They also call a lot. I really hate all the calls, pamphlets and questions they want me to answer. It feels very invasive. I have stopped answering the phone. I don't know why United needs any information from me about myself or my kids. If I needed something I would get help, but they don't need to know everything about my families health!
It is difficult to find good providers who accept my insurance let alone a single personal doctor who accepts my insurance in general.
Some of questions were hard to answer. I just got a new wonderful doctor 1 month ago. Before her these answer would have been a lot worse.
Nobody seems to have the same answer and I'm hoping that all of a sudden I don't receive bills for things that aren't cleaning but yet nobody seems to be able to tell me why. Shots aren't covered at our family doctor but the visits are. We have to go to state clinics.
Also have this insurance for my 3 year old and it's nice to get all the info that I need to know for her, especially.
Everything is great except our dental plan doesn't include braces for my children. If it did I would be over the moon
The only couple things I don't like about Amerigroup is that the kids 2 year or any normal checkup that doesn't include a vaccine isn't on their points thing. Also, they don't offer a YMCA membership which would really help with my overweight problems.
I've been blessed by my health coverage. Especially in the area of medications. I have a doctor that is kind and really cares for me and my family.
Having to go places far from home for care instead of closer to home. Makes it difficult for parents to get off time from work when it takes a whole day just for travel.
In regards to regular doctor, I had to insist numerous times that I needed an x-ray for a broken toe. It took 1 and a half years to finally get it. When she received results she said it was ok. I knew it was broke and insisted on going to a specialist whom agreed it was very broke and needed surgery. The waiting list for new doctor is 8 months to 1 year for Medicaid, so I'm forced to stay with half-assed doctor. Medicaid also has a problem with those answering phones as they are usually unable to help me and blame others.
I have never had a problem. I had breast cancer and was very thankful for the insurance. I don't believe in abusing the system! I only go to the doctor if I really need to, I usually try to take care of myself first. I am sending the \$2 back. I didn't need to be paid to fill this out.
No dental clinic really accepts dental from state as well as health clinics.

Responses
I dislike the dental part. I haven't seen a dentist in over 4 years because nobody takes my insurance. We have also relocated and finding a dentist for my kids with the same insurance as myself is impossible in our area.
Sometimes they cancel a part of it and won't inform me until I have a sick daughter and they try and charge me an arm and a leg. The process takes a few weeks to resolve. And I've been requesting new medical cards for about 4 months.
You're doing great! Thank you
I got switched to a different dental plan. My dentist didn't accept it. I called for a grievance to switch to Delta, the one my dentist accepts. I was denied the grievance and sent to a dentist I did not feel comfortable with and was told I had to wait until another open enrollment. I couldn't go to another dentist since the new one I went too took x-rays and didn't clean my teeth like I thought should have been done. I have a cracked tooth has been getting worse and can't do anything about it.
Don't cover a lot of dental. Like braces for kids that would help a lot.
I wish there was gym membership assistance.
I am pregnant. I was vomiting one day more than normal. Doctor prescribe me some medication that needed pre authorization. It took 14 days. I didn't need it so never went to the pharmacy to get it. If I would have stayed vomiting that long I would have been in the hospital. So too long to get needed prescriptions. Other than that health insurance has been great.
My Medicaid health plan has been very beneficial to me.
Everything is pretty good and informative.
Thank you for taking the time to ask these questions. Hope this helps.
My health coverage is excellent. Highly recommend!
So far I've had no problems with any part of my health care. Good talk!
Since the MCO and privatization of Medicaid I have experienced issues in receiving care that was standard before the privatization. Others that I love using Medicaid have had to suffer excruciating pain for months and were forced to travel long distances to find care and were provided dental care at U of I that was completely ineffective and prolonged the agony and pain, because of their Medicaid insurance. This eventually pushed them into emergency dental surgery. Privatization after works out okay for those with little to no medical care required, but it's absolutely devastating to those who need care the most.
The doctor I was going to before does not accept the insurance I have, so now I have to drive 40 minutes to go see a doctor.
First, I want you to know how grateful I am for the health coverage I do have. I have a background in employee benefits and prior to going on LTD, had great benefits/private insurance. By no means do I believe I deserve free health care for everything, however, I have noticed an enormous difference between private and public healthcare. Personally, I believe my own health has suffered tremendously. It is obvious that providers have an unwillingness to correct issues/injuries permanently. (Which I understand!) But it seems providers want to throw Band-Aids on...which eventually compounds. My health has deteriorated since being on Medicaid. I believe receiving permanent/long term solutions first would reduce the financial impact to all versus treating conditions temporarily, not to mention the deterioration of our bodies. Help me get to the root of issues so I don't have the need to keep returning to various providers treating difficult symptoms. Help me return to none! My apologies for the length...this is a subject I feel very passionate about. I also apologize for the lack of eloquence. For myself, this is not a subject that is easily summarized. Thank you for your time.
I think my health coverage is the best I've ever had.
Yearly prior authorization for the same medications, even though it's documented that the traditional med for the disease doesn't work for me. I went 2 months without the med while my doctor fought insurance. This medicine helps stave off cancer growth!
It made it hard to get and stay in patient treatment center.
I'm so grateful for your health coverage. When I got my first pregnancy, I was working full time and my insurance ended 6 months after delivery. My question is now. Right now I am working part time and I don't have other insurance, for how long I'll have your coverage? Thank you.
Great coverage! I love how 99% of my prescriptions are completely covered!

Responses
I like my health coverage because it is one less bill I have to stress about.
I dislike my dental plan. I am having problems with my teeth and have to wait for certain things to get approved by insurance to get my issues fixed.
I was seeing Jo Anna Robinson until I got pregnant with my son than I had to see Dr. Tull through my pregnancy. Dr. Tull is the worst doctor ever. Visits were under 2 minutes, didn't care about well being so as soon as I had my son I went back to Jo Anna Robinson in at mercy hospital in Mason City.
I dislike how difficult it is to find a mental health care provider with my insurance.
How long the prior authorization to go through to get my prescription.
I'd just like to note that I haven't been to the doctor in over 6 months.
I don't understand it. I'm always unsure of what's covered and still get medical bills so I stopped going to the doctors.
I see a counselor for anxiety. United Health Care limited my visits with a counselor to 2 times a month. How do they know my mental care needed?
I have severe anxiety about going to the dentist. In order to get cavities filled, etc. I have to have 2 cleanings done 6 months apart. My anxiety makes this very, very challenging and I have to live in pain for months-year before I get the care I need. I go to therapy and I like my therapist, but we are required to do evaluations quite often and it usually takes a whole session, leaving me without my mental health care multiple times a year.
I love that people from the insurance company called after I had my youngest and he was diagnosed with a CHD, they wanted to not only inform me of other things I could try to apply for but also to make sure we were doing good. Sometimes you feel bad about not having money to pay for private insurance, but they remind you you're still doing good.
I don't like that I have insurance and have my insurance every time I go to the ER but they're always sending me bills. They bill me for my kids and I visits. When something changes with them we hear through a neighbor or have to call or get the new cards, etc. ourselves.
Health care personnel treat you differently if you or your children are on Medicaid. I don't always feel I get the best treatment because of it also.
I don't like how my insurance won't let me pick up 3 months of birth control at a time. The doctor wanted me to skip my periods, but I can't because my insurance won't let me get more than 1 month.
I dislike how I have to be approved by my health plan for certain medicines.
Health coverage is great for myself and children but my doctors always send me bills, stating I have no coverage even after calling to verify that I do have it!
I dislike the fact that they have non-medical employees making decisions to allow test. I have a serious health issue and am very worried they will deny coverage, because of lack of medical knowledge. I have to go to an out-of-state hospital for life-saving surgery. They will more then likely deny. It's beyond frustrating.
My doctor referred me to another specialist. No one called with test results. I had to find out myself on "My Chart". That doctor sent me to another doctor. Heard nothing from them. Found out about my appointments on "My Chart". Seems to be all about the money when I see a doctor. The patient is truly not heard!
To get medications and referrals, should be able to be easier when doctors write them all.
Wage limitations - this type of healthcare should be available to all.
Nothing. Thank you!
Can't see the doctors I'm used to seeing. They don't take that insurance. Difficult to get prescriptions, difficult to do anything or get any care possible. Upset most of the time.
Have own health insurance and this, used as secondary for myself. My son has this insurance for having a disability - he is on the 1D waiver - I filled this out for myself, not him, wasn't sure if this was for me or him, sorry.
United Health Care does not cover home births - switched to Amerigroup after 20 weeks after finding this out.
Nothing.

Responses
It is very difficult to find doctors that accept my insurance. I am currently searching for a dentist for an oral appliance to begin to treat my sleep apnea. I also struggle with eye doctors. If I do find eye doctors the appointments are months away.
I like the fact that I still have dental and I really appreciate that. Thank you so much for still helping us with a great insurance.
No dental coverage.
I don't have a regular doctor. Cannot find one who takes my card. These answers are from when I did. I need a primary doctor. I get bronchitis a lot but have to go to ER since I don't have one. Thanks.
The health coverage with the plan I have is not good at all the are being doctor's about medications I have been on for a number of years it helped greatly for my quality of life. I have been switched from the Amerigroup to United Healthcare and the change has been not good. I need and would like things back the way they were right now my quality of life is bad because I have been denied medications I took and need. Things need to change for all of us that need the coverage by the State. Things are not good!
Finding a dentist in Story County that accepts my insurance and can do procedures that I need like a root canal
Mixed information. Customer services reps are not informed and unable to assist. Level of rudeness that is unprofessional. Not taking complaints seriously. Not approving important meds, and without cause.
Trying to get approved as a CDAC provider is taking so long. Over 9 months, still waiting, all documents turned in 9 months ago.
Everything is well, thank you for the coverage.
Wish it offered more providers and doctors took new patients. Very limited on where my family can go.
The doctor I was assigned to me is in Des Moines, Iowa and I live in Iowa City, Iowa. So I will never use the one there. I have tried to have it changed and I still have the same one.
None.
Worthless dental coverage! No one (not even you, any longer) accepts this "coverage". What's the point of even saying it is included?
I've been told I need to be on disability due to the significance of my problems but I feel too bad to figure that out. I need help.
No, my girlfriend help set up my health care plan/coverage and does all the family doctor appointments and planning.
This health coverage seems to be a little better than Title 19. Good.
I would like to know everything that is covered in my insurance plan. I've been having chronic pain throughout my hip and back. Also, my shoulder throughout my right arm to my hand. Making it hard to do normal activities. Also, a list of local doctors who accept my insurance.
Thanks for having me.
I like universal health care.
Amerigroup needs to offer free gym memberships to help the obese and anyone else and need to help get medication instead of having to get a pre-authorization on medication.
I've been trying to go to the dentist for months. Every place that takes my insurance says they aren't taking new patients every time I call.
I am 6 miles from the Minnesota border. It would be nice to have coverage there because there is a doctor that I need that I can't find anywhere in Iowa.
If there is any other studies that pay, feel free to let me know.
I have extreme anxiety and so does my daughter with PTSD. We are waiting to do counseling with Rhonda Thompson on October 23.
I have always had a friendly and helpful conversation with an MCO or Medicaid worker when necessary to resolve problems or answer inquiries via the telephone. Each was professional and kind. When working with my health plan prior authorization, the process was extremely difficult and laborious. It took weeks to get the medication I was prescribed.

Responses
Everything is great!
I love it all! Thank you!
I like the wellness incentives such as the gym membership. My personal physician is wonderful. I can greatly appreciate my health care and MCO as a single mother and working 2 pt. jobs at ft. hours. The availability of care after hours is a great asset and my child and I are grateful for having a health care program that has so much to offer. Overall, I am pleased with my health care.
I have not had any issues, but I don't use it unless I really have too.
No comment.
I would like to get help to quit smoking tobacco and talk a little about a possible plan to lose some weight. Also, about my inability to fall asleep and maybe why my anxiety gets so bad. Awesome survey! Thanks!
I dislike when I had my gallbladder removed on September 4, 2018. I had no family to help me. I got sent home after asking to be placed in the hospital. The doctor said no because my insurance plan didn't cover that and ended up falling on my surgery. Had to go back to hospital.
I don't like that I never know what is or isn't covered.
Nothing to comment. But I want to know the name of my doctor.
I'm working on GED.
I'm happy, me and my kids have something that pays for most things. Thank you.
I heard that there was an option for Weightwatchers program paid for my insurance. If this is true, I'd definitely be interested in more info. I also like getting statements in the mail after each charge letting me know what got paid and what needs paid.
I don't like how my doctors office doesn't do some things because of my insurance.
Not at the moment.
I wouldn't be able to afford health care for a family of 6. Medicaid is a life saver!
Since having breast cancer in 2015 I was unemployed for 11 months. During that time I really needed help with gas to go back and forth for multiple appointments a week. I turned in mileage for over a year and never was or received any help at all. Then I went back to work and have lost 3 jobs over 2 years due to short-term memory loss. There is medication I need and you refuse to cover some of it. Please reconsider that position. I was told transportation help was available, yet never received any help. Not sure why.
When on Medicaid in 2015 I was fighting breast cancer. I kept track of all my miles going back-and-forth between the University of Iowa Hospital and clinics, and my home in New London, Iowa. It was a total waste of time for the mileage reimbursement was never even considered or paid out by Medicaid. Now I am unemployed and permanently disabled because of chemo brain short term memory loss, fibromyalgia, upper back pain, and neck pain which are all chronic.
The dental portion is hard to find providers. Then when I found one they quit taking my insurance.
I dislike how often I have to complete forms to stay current with my insurance. Wish there was a way to pay for insurance for 6 months so I'm not always worried if my insurance is current.
The health care providers I need to go through for gynecology no longer accept my MCO and I can not find another one in Dubuque that takes Amerigroup. I can not get my birth control! Also Medicaid no longer covers long term implant birth control. I find that horrible, pills are hard for me to remember and I do not want another child right now. The best option for women who are still child bearing and want more children in the future is implant BC.
I have a list of chronic health conditions. I don't understand why it is not considered disability. Specialists are not in our area. Usually an hour drive away. Have a problem getting help with pain management.
I had to get two back teeth pulled right across from each other and it has caused some problems and discomfort with eating. The dentist also said that eventually my top teeth would eventually shift down because there is nothing supporting them, which is causing more problems in the long run. I asked my dentist if my insurance would help me pay for a partial denture and they denied me. So I guess I just don't understand that if it's going to cause more problems in the long run, why they wouldn't help me with that?

Responses
I dislike how I am losing the insurance because I make too much and my work don't offer insurance.
It was difficult to get diagnostic tests paid for and approved by the insurance company but eventually my doctor got it done - just hated going through that knowing I needed the test to see if the cancer had spread but it was delayed a bit, other than that there was one medication I couldn't get because the insurance wouldn't pay for it but the pharmacy tried to help. Overall, everything else was covered that I needed for my cancer treatments, so overall it's been good.
Medical cannabis for PTSD, OCD, Anxiety. CBD works the best but not available and illegal. Allow PTSD for medical use of cannabis. Other than that, good insurance. Thank you!
It's great for now, haven't had any problems.
I didn't know I had it for over a year. And just found out about it about a month ago. Only knew my son had health coverage.
Every time they change from one company to another they always change my PCP. I hate that, because I like my doctor, and shouldn't have to change just because the company does. I still see my PCP as my provider regardless of what the card says that they send me.
I like the fact that I have it, and don't have to worry about it. Especially for my children.
They won't pay for shoes anymore, they only have 3 options, and they aren't the ones I have been wearing for 5 years (new pair every 6 months). I can't afford special shoes, otherwise I can't use medications my doctor has wanted to try b/c they won't cover it. Also, they send very wasteful letters constantly, Medicaid never did. The MCO sends 5 pages for every appointment I have. It's wasteful, they should e-mail. There are no mental health providers. They take 6+ months to get into, if they have openings.
I don't like how I'm not covered for a chiropractor.
Being able to get refills for my prescriptions maybe never able to get into the doctor for my son because doctors are booked. Other than that I would say my health plan is alright.
42900 has Alzheimer's and is in lockdown ward at VA hospital. I've completed as much of this as I can (as his "caretaker"). I don't know much about his medical benefits aside from that it costs \$7,500 to have an attorney complete the forms (as was necessary because they are complicated). I cannot speak for his benefits - but if you had as bad about mine I'd have made clear that they are crappy. I've had countless problems with Medicaid before and after privatization. I wish I could fill you in, but this isn't about my benefits.
It is inconvenient that I have to take my son to get his shots at the health department instead of his normal doctor.
I have been extremely fortunate to have awesome experiences with every doctor I have gone to.
The care I have received from People's Clinic was fair but one ARNP three named Sarah Kane was very rude and I left three crying from the way I was treated by her. She was awful to me. Allen ER doctors were a joke they were unbelievably rude. Dr. Wilkins would not even come into my room. He told me he was too busy to answer my questions I had. He showed no compassion or acted like he cared at all. I feel that since I got help for substance abuse I get treated differently by the doctors. They won't listen to my concerns at all. I wish the doctors had to at least act like they care about you as a patient.
Dental Care is entirely theoretical. I have it but only one dentist I can find takes it, and no one seems happy with the care they provide.
Everything is good. Thank you very much.
Previous MCO - AmeriHealth. I requested numerous times about health/weight programs directly to MCO and no one ever returned call/e-mail or directed me on how to get signed up, so I am unaware of current programs available to me because I do not want to waste time inquiring/trying to get enrolled and get no response back.
It's all been wonderful!
Everything has worked out great!

Responses
I use Medicaid for myself and 3 children. I only use it mostly for my children, routine check ups or when they are sick. I am happy how UHC has worked for me and covered our costs. My current employer offers insurance but it is too expensive. My take home income would be nothing if I was covered by my employer. I have no problems so far with my current coverage. Most all medications have been covered, except for some hemorrhoid suppositories that costed \$200 out of pocket. I did not get. I am pleased with my health plan.
Very satisfied with the coverage that my health plan provides.
#3 If you go to Ottumwa you will wait 4-5 hours or more for help unless you have regular Insurance. That's why I go to Davis Co. Hospital.
Nothing at all. Think y'all covered it all with the questions you asked. Thank you for the 2 dollar bill!
I filled this survey out for my son. I am his mom.
I'm not very sure when I require a referral from someone else. The dental options are terrible. I went from getting my teeth cleaned twice a year to once in the last 3 years because the only office available is terrible with scheduling and keeping help. Their customer service is a wreck too. Traveling can be difficult since I must pay cash for meds and can only get care in one emergency room.
I really do not like how you are looked down on when you say you have state help, even when having a full time job.
I'd just like to switch doctors.
I am now being sent to collections because Medicaid did not pay the hospital and I did not know how to get AHDD of them until this paper.
I wish acne treatments were covered.
It's going pretty well.
Not at this time. My health is trying to get better due to my doctor. My health plan is actually very good.
I just wish I could find a job where I could work from home on computer. Do you have any advice on numbers for those who are not able to get disability but are sick a lot from these migraines? I have missed so much work and do not want to lose my job but some employees don't understand. But I need to work to provide for my daughter and myself. Any advice, please let me know.
The biggest issues I've faced is getting an insurance card for proof of enrollment.
So far, so good as they say! I have no complaints whatsoever with Medicaid (Amerigroup). My care worker was excellent, she helped me immensely.
Question 92 - I am a student as of now. No problems, have not need to see doctor.
I don't like that it claimed to offer an eye exam and glasses and now I am having to pay for half of it!
Shouldn't have to fight so hard to get a medication or procedure done if it could truly help a person. Nor should someone on a fixed income have to find extra funds to pay for medications or be denied them because they can't afford them.
I wish their website had more info about what specifically is covered. For example, during my pregnancy I could not find what my labor and delivery options were.
Places lie a lot about accepting this health care. I've tried for months on finding a chiropractor and dentist. I'm a fulltime single father and would like to be able to have better health care for myself and child but can't afford it.
I had Hep C and my Medicaid wouldn't help me pay for the medicine I needed! Iowa City Hospital put me through their program and I got the medicine and after 4 weeks of treatment, I am now cured!
I don't like how hard it is to get re-authorization for BHIS/mental health services for my kids. Amerigroup often does not respond for months, sometimes not at all. Meanwhile, my kids - (PTSD, Autism, anxiety, depression) do not get services while Amerigroup sits on their authorization. I do not like when insurance companies argue with doctors on how they will pay for things or whether they will pay at all. They did not obtain a 2 year medical degree. They have no business or right to decide what I need or don't need! No company should have that right or authority!
Hard to find your possible providers on the website. Don't like that dental is separate from the insurance.
I enjoy my health plan! I have no complaints.

Responses
More help with mental health care. Have more psychiatrists for low income citizens. Provide the right medication for mental health people and stop judging.
I don't like that I can't have my medication the same day of every month. If I get it on the 12th of August (a 30 day supply) I can't have it refilled until the 13th of September. I don't have my medication on the morning of the 13th in this example. Medications I'm supposed to take these meds everyday! Every morning. If I can't get them the day I take my last one, I don't have my next dose. These are mental health meds.
My 3 year old cannot have flu shot until I bring her downtown to WIC. I can at the office, wish could just get at doctors office. I got without meds because I cannot afford to buy over the counter meds and doctor won't prescribe if can find over the counter. That has been very unfortunate!
If there is any help you can offer me, please send me information about it. Thank you.
Still in school. Will graduate May 2019.
I am glad there is a program such as HIPP.
Needs a better coverage for dental.
I am a stay-at-home mom and overall I am happy with my health care. Sometimes a ride would be nice (in reference to driving to appointments).
The only problem is that it is difficult to see a dentist in our area that would take our insurance. I really don't understand why.
The coverage is okay, but they lag when pre-authorizing medications from my physician it took over a month. And they kept putting the date farther back for a final say on whether we could treat that way or surgery.
I do not know how much about my health plan, so more info.
They are trying to cancel me as 12/01/18 but my hours vary at my job. They say I make too much. I believe when I get 3 months pay stubs showing my varying hours I will get assistance.
I really love "Mercy Care" and my Doctors. They listen and try to help. Overall, I am happy with my MCO! No problems.
I really need new contacts. Mine are over 4-5 years old. One recently shattered in my eye and no one will help me. Says I have to pay over \$1,000 for them. I cannot afford that and I'm going blind.
Somebody input a code on my account that halted my coverage because they thought I was a convict or living in a halfway house. That messed up my coverage for a long time. And when AmeriHealth was dropped, my son and I tried to switch to Amerigroup. I was stuck in limbo for a while with just Title 19, confusing receptionists and pharmacists for months. Then I was put in UHC. I don't mind UHC, it's just more confusing being in a different MCO than my son.
I like the transportation assistance program. I utilize the gas/mileage reimbursement and it has made it easy and stress free to get to and from appointments. I would not be able to get the healthcare I need with this transportation assistance. This is a huge benefit of my health care plan.
I dislike the very idea of health insurance. The sooner we move to a universal healthcare system, the better. The system we have now is bullshit!
Iowa Medicaid has been awesome so far. Doctors are awesome and I get treatment in ER right away. I am up for review and I hope I get approved with no issues because I am working full time but my salary is still low and I don't/can't afford my work plan.
Thanks.
Lots of problems with prior authorizations and denial of prescriptions that could help me go back to work.
Limited chiropractic visits. I'm pregnant and my plan only allows 24-28 visits per year. I've had to go twice a week the past few months, which adds up quickly. I need to go right now, but I have to wait until my appointment in 3 days, otherwise, I'll use up my visits. I've had really bad hip and lower back pain. Only chiropractic has helped.
I have a hard time getting to my own appointments. I do not drive and my anxiety sometimes more times than not freaks me out and scares me. When attending some appointments, I need to know where to go to get help with anxiety.
Disliked that I was unable to get a breast pump even with a prescription from my doctor.

Responses
Family was sent notice that coverage was ending 11/1/18 due to income. My husband is a disabled veteran and I myself am suffering from debilitating headaches. We are now worried about our child as well as how I will be able to afford my prescriptions. Was informed someone would contact concerning affordable coverage, we have yet to receive any info.
Medicaid has been a blessing for me and my kids, thank you!
Would like to find out about the reward program. Thank you!
Nothing. For the most part, I'm satisfied.
I am amazed by how well Medicaid through the state of Iowa cares for low income families, particularly pregnant women and children. Communication has been excellent between the United Health Care plan and myself. I have participated in prenatal surveys and received excellent support from their nurse hotline. Being able to continue being seen by my personal doctor while receiving full coverage through my MCO has also made the transition in coverage smooth and easy.
I can never log into the rewards site to see what I have to do to receive more rewards or what I can use rewards on.
It has been a very amazing plan, especially for all the trauma my body has been going through.
Getting a provider for dental care of an adult who is on Medicaid has proven difficult. The provider I had left his clinic in Story County and I've not been able to locate a provider that accepts Medicaid for adults.
When I try to get mileage reimbursement for trips to doctors, my current MCO requires me to: obtain correct form; call and schedule the trip with them; fill in the form for each trip; get form signed at doctors office; mail in form before a deadline. I have many physical and mental/emotional problems, plus I have 2 special needs children. We all have numerous doctors appointments. Filling out all the paperwork gets confusing and I struggle to keep up with it. End result: I don't get reimbursement money. My previous MCO: Call and schedule trips; watch for checks in mail!! When I went to doctors appointments, doctors office entered on computer that I was at my appointment. MCO sent out checks! So much easier. Less work all around!!
We are happy with the medical care we receive, but when I have a question and I call the helpline, it is very frustrating! It takes forever, seems to be an unending loop of rerouting me to different options to select, and I never get to talk to someone who can help me. I hate calling in!
It's hard to find providers that accept this insurance for medical and dental is even worse.
Its limitations/all places don't take it.
I hope this helps you out. Have a nice day and thank you.
For the most part, I haven't had any issues besides finding a dentist that will take my insurance. I have always had teeth problems and haven't been able to go because no one will take my insurance. That is why I rated the insurance a 5 because it is a big problem.
My primary doctor is a chiropractor (DC) not an MD, DO, or PA.
I like the health plan. The dental plan is a huge problem. It is extremely hard to find providers in small towns.
This is my secondary insurance aside from Tricare.
No problems with insurance except for my meds not approved. They switched to something different.
I have not used it enough to base an accurate opinion on the matter.
I have an excellent doctor and medical staff. If it was not for them, a lot of my pre-authorizations would never go through. The system is awful and needs to be taken back into the states hands.
I feel very blessed to live in a state that can help provide me and my children the health insurance we need to keep us healthy and emotionally well! My MCO is always helpful with any changes that may happen and available with any questions I may have!
They don't send dental cards for anyone. Or they don't look around the place you live and see what people take.
My primary care physician whom I have had since I was 15 years old no longer takes Medicaid. So now I have to be a cash client which is not easy because he starts at \$130.00 for a general unit. He no longer takes Medicaid because he doesn't get paid out enough. I need to get in to see him but have to wait because of the money.

Responses
If this was asking questions about my son - the answers would be totally different.
I don't think that I get to use it much.
Most health problems I had within past 6 months were due to pregnancy complications. I developed blood clots in my legs, which required treatment and care for months after giving birth.
The lack of specialists that will help you. They didn't reach out then made it hard to actually complete my healthcare. But I do like my personal health care provider.
I am completely satisfied.
Nothing.
It needs to cover braces for your teeth and I think my health coverage should cover everything because not all people have time to call some 800 number to get permission to go to another doctor that will help them.
The only thing I do not like about my health coverage is not many dentist or health care providers accept it in my area. Thank you!
I was struck by an SUV driver while I was biking in January 2018. I'm disabled, and have a number of visits to specialists, and I've often felt ignored or not important. For instance, my PCP insisted I see a podiatrist after I was hit, despite needing spine, neck and head treatment. She became vindictive when I persisted in asking for referral to an orthopedic surgeon. She relented, however I also felt specialists minimized my concerns. It might just be a bad healthcare system, but I've wondered if care was withheld because I'm using Medicaid.
Need specialist for skin care and they don't take insurance. If I do get to see specialist there is not a way to get a prescription for refills on lotions/creams.
My health plan won't pay for half of my pantoprazole. My doctor said I need 2 a day and I have to spend almost \$20 a month. If my Medicaid paid for all of it they would only have to pay an extra 3 or 4 dollars. But since I guess they think they know what's best for me by denying me so I have to spend almost \$20 a month. It's a cheap med.
I have a bad back. I go to a chiropractor to get help when my back goes out or is strained. This health care policy only allows a total of 18 visits in a year. I used up my 18 visits in Sept or Oct and have had to pay out of pocket for treatments since then. I would like to see unlimited chiropractic care added to the coverage. On all questions in this survey, chiropractic care is the only care I sought this past year.
I do not work. I stay at home with my son who has health issues. I currently have no insurance.
I do not like the benefits for eye care. I wear glasses and get no extra help towards glass if or when I need a new pair.
Prescription coverage is extremely different to cover due to Amerigroup's guidelines for manufacturers of prescriptions. I had to change prescriptions multiple times due to Amerigroup not accepting my tried-and-true prescriptions.
I would like if they look more in-depth with the illness.
Need more dental coverage.
So far, everything has been just fine.
It is nearly impossible to get appointments with certain specialists. I could be dead before their next available appointment. The only Medicaid allergist is back up 4 months.
Anyone using state health care typically don't have the opportunity to get some really good health care providers because of having this insurance and most times (depending on the type of care needed), there is a wait list.
I am extremely grateful we live in a country where we can receive medical attention within a timely manner. That I will never take for granted. Thank you. My son has type 1 diabetes and our insurance coverage has been a life saver. Literally! Otherwise, I couldn't afford his insulin and supplies. Thank you!

Responses
Because of low reimbursement to a provider for medical services - the provider substantially increases the costs of services in order to obtain a payment the provider feels is acceptable. Due to this lower rate, providers only accept X number of Medicaid patients, thus making it very hard to find a provider who will accept Medicaid. I know this first hand as I have worked within the medical community. Also, services the Medicaid patient receives is often a lower quality than regular insurance holders. I know this from going from Wellmark Insurance to Medicaid.
No complaints. Haven't had any issues with my health plan or coverage.
I need chiropractic help and can not receive it.
I would like to get on a medication for my high blood pressure.
I have State insurance and work insurance, now I can not get prescriptions without paying full price.
I dislike Amerigroup. Don't offer financial help/gym memberships like united health care does.
Nothing at the moment. Everything is in order. Thank you.
I would like to have a list of doctors in my area who I could see if needed.
They won't cover the meds I need for my ADHD and I am about to be homeless again because I can't keep my place clean. They won't pay for my YMCA membership and water exercise keep me mobile and keeps my weight from ballooning even more.
I want to say thank you for all the work you are doing. It is awesome.
When I can't get meds doctor prescribes because it's not covered by insurance. Have to see other health provider when asked about insurance.
It's okay.
Dislike - every time it recertifies (or I have a change), it resets all of our doctors to some random practitioner and I have to call in - often more than once because it doesn't go through for some unknown reason - to change back the PCP on each person in the household, me and three kids! Plus the kids provider isn't accepting new Medicaid patients so every time they call the doctors office for each kid to re-enroll them even though the office has provided prior authorizations and written documentation!
I need Delta Dental so I can go to my dentist. The one I have now doesn't accept that one.
Not now, thank you.
1) I have reached out to multiple offices seeking counseling and have been unable to get an appointment due to them having a limit on the number of Medicaid patients they can see. This is unfair and unsatisfactory. 2) I was unable to get a flu shot at my regular doctor's office because she did not have it available for adults on Medicaid.
I really like the coverage I get for myself and child but I wish they would work more on covering more/ different options for glasses.
Hopefully my answers were very helpful in the survey.
Would like to know what all is available for fun things like - weight loss, to quit smoking, and help when I have to make it to my/kids medical appointments.
Have a great day!
I hated pretty much everything, to be honest. The people were not remotely helpful and very rude and abrasive.
Medicaid really limits available options for mental health care providers. I had to stop seeing my psychiatrist because he would no longer accept Medicaid and encountered difficulty in trying to find a new doctor.
I am extremely lucky and thankful for this program. However, it is somewhat frustrating for prior authorizations or no mental health coverage. I hate alternating doctors. Get to know one then they are gone, so someone with problems has to explain themselves repeatedly.
I would like to suggest an easier way to contact my insurance for the purpose of back pay, paid out of pocket expenses reimbursement. I also would like the insurance company to try harder about doctor visits being paid and not charged to the client. Other than those specific issues, I am very happy with everything. People are very kind and informative. Also I love my family physician, he is my favorite person! We have to be good to our bodies, it's the only place we have to live! Thank you!
Can only use certain doctors. Can only receive certain amount of medication allowed by Medicaid.

Responses
I would just like to know more about the rewards program!
I am not a doctor person but United Healthcare has made it a better experience to take better care of myself and my family. A huge thank you from us.
I believe that all of America that is still in relatively good health would benefit from the opportunities that MCO's provide. I have had absolutely great results from being a member. The providers have been the best at professionalism and current health care practices. I have to say that I have been very happy and satisfied.
Dentists that say they take Medicaid, but are not taking any new on. I called over 17 dentist offices in 1 day and still have not found one that is available!
I really want to quit smoking. When I called Amerigroup they said they would approve Chantix for me but the doctor is not giving them the proper paperwork. But the doctor says they did all the paperwork and it was denied. I don't think the doctors office is doing what Amerigroup needs to approve it.
Stop asking about flu shots. They are a joke and scam to keep \$\$\$ in doctor's pockets. Stop pushing propaganda.
My health plan is great. I have no problems. I'm fully covered with most everything. Thank you for choosing me.
It's not terrible for state and it's great for the most part for my son and I. Just wish there was dental. Overall could be worse!
It seems to take awhile for them to reimburse the hospital so they keep billing me or inquiring with me.
My plan doesn't cover or won't cover medications prescribed by my doctor. Especially if it's a new medication to the market. It's sad when health care is determined by insurance and not by what someone actually needs.
Thank you! Been a huge blessing for our family!
It helped me worry less about any bill I have to pay for attending the clinic.
My husband and I do not go to the doctor. Our kids go for well child exams and occasionally for an ear infection etc., but lucky if it's once a year. This insurance is great for us as we are farmers and the cheap crop prices have us struggling to make ends meet. The other healthcare options are insane for us when we only have insurance for the "what ifs".
This has been so helpful for me and my family. We're very appreciative!
Transportation is hard to get provided for appointments due to not being able to drive at the moment.
I like that I never have copays for prescriptions and I never get bills for doctors visits. It's totally free.
Better places for dental. Found it very hard to find a place that took this insurance through the state.
I wish dental insurance was better. My son will need braces and it will be out of pocket for us. Otherwise, thankful for our health insurance.
I really enjoy all the coverage. I find it frustrating to make appointments sometimes due to not many places accepting my insurance.
Thank you. Have a nice day.
It doesn't cover much for eye care and there are quite a few places that won't accept it. Other than that I am super satisfied and thankful to get my meds every month because of this.
I go to doctor when I have to. I don't like wasting money or time.
I don't like that the dentist I've been going to since I was a little girl I can't go to now because Amerigroup doesn't pay for dentistry. I switched off my parents insurance when I turned 26 in 2018. And now have to find dentist for my son. He's two and I (26). I see that out health care is a problem now and most likely our future too, health care wise. But other countries health care doesn't come close to USA's.
Dental care, such as braces when needed. We get substitute prescriptions (generic) instead of the actual brand, you can only have refills when you have two tablets left.
No, it's good enough - thank you!
I think it would be nice to have a case worker call and explain how everything works. As far as the plan I'm on, what it will and will not cover.

Responses
The only thing I dislike about this healthcare plan was the fact I could no longer see my normal doctor. I had to transfer to a primary health center and I'm seen by a different doctor and nurses every time. I feel like I'm explaining myself over and over again. And looked at like I'm making my problems up.
I feel happy with my health care needs and try to utilize the preventative health care. I just think it's best to plan ahead on health care, so I really never had problems getting help from my providers. In my opinion it's working well for me. Thanks a lot!
I don't like how some prescriptions are not covered, even when a doctor recommends it.
I like to be able to choose which doctor and/or specialist is best for me. Once I pick a doctor and if I decide to change, no questions asked, no problem. The health coverage I receive is exceptional and I feel like my primary care doctor genuinely listens and cares for my health and encourages me to be healthy and maintain healthy habits, is very knowledgeable about why I am there and thoroughly explains everything. I am very pleased and would not change anything.
The personal doctor I used to answer one of the questions is my sons! She has also referred me to see the neurosurgeon and I thought neurologist. I did not get referred to the neurologist but feel I should see one. She will also be the doctor I go to when ask about seeing someone for anxiety and depression, which I feel I may have.
Really don't understand rewards program as in sending in info when you go to doctor. Otherwise, great program and thank you!
I dislike the amount of time it takes to get prior authorizations approved.
Constantly denies anything that needs prior approval. I cannot find a local PCP due to them not paying providers, so to see my PCP it's a 3 hour round trip. Denies medication for my child as well who's been diagnosed ADD/ADHD for 6 years now. Get rid of these companies, because of them our health care sucks!
Since switching to the MCO I've had declined medical claims that I've had to call and dispute. I think some have been paid, but routine care that should have been paid were denied and the reasons were generally due to tests or things that were necessary.
I am having a really hard time seeing a dentist and when I call they tell me to try and switch to the other plan. Just very confusing.
Every time I have a question on medical coverage I keep getting sent to another office and takes half of my day to figure it out.
I love the services we do receive and insurance has helped with bills so much. Nothing else to say!!
The wait time to speak to a representative is usually pretty long. Always 20 minutes or longer.
My migraines have gotten much worse and the Imitrex I've been taking for 20 years is no longer working. My doctor has tried to put me on other meds but none of them were approved by United (Tourol Injections, Amerigroup). I've been seeing this neurologist for over 10 years and it's never been such a battle! Also, I've been doing weight watchers since April 15, 2018 and am wondering if there is any reimbursement available for the fees? I've lost more than 50 lbs.
It is hard to find dental care. Everyone is dropping the dental plans. I went in for cleaning (preventative care) to a dentist I have been seeing for 30+ years and now have a bill for \$230 that I can't pay not knowing they would not accept my Mona coverage. Health care seems more accepted all places.
More programs for overweight!
Prior to my stroke Medicaid denied my doctor's request for Jardiance. After my stroke, it was approved. My doctor advised me if it had been approved when first requested, stroke may have been prevented.
I love my personal doctor. Dr. Mathew Herman. Unity Point. West DM. On stagecoach!
I haven't been working for over 2 years. Believe I had a nervous breakdown. Have guardianship of Grandson. A lot has happened.
I wish I would be able to keep it because I don't have a job right now but I get kicked off.
I've actually been wanting to thank the staff in the emergency dept., they were so helpful and patient with me. This past year I've really noticed a change especially in the ER. Everything goes by much faster and smoother. I've had numerous friends tell me the same things also. Keep up the good work guys. Thanks so much for your service.
Everything is all good.

Responses
That it doesn't pick up all medical bills like when I gave birth to my last child they didn't pay for delivery or circumcision and I didn't know. So I now owe over \$800 and collections for it and I had Medicaid at the time of delivery and before.
Wished health coverage would cover my problems with my TMJ that leads to migraines, yet medical covers for liposuction when that is cosmetic as well but they can diet and change their own health habits to lose weight. With TMJ there's nothing I can do on my own to fix the problem so I live with migraines and can't always go get shots for them cause my kids need me and I can't function when get migraine shot.
Question 91 does not have an option for working. I have a job that doesn't offer benefits and I can only work a maximum of 36 hours.
It's fine for now. Thank you.
Thank you for all the help I have received. I'm grateful, it's been very difficult with 6 kids at home, and having heart failure but I'm glad I can receive help.
Ally my medical visits this year were due to being pregnant.
Would like it if my Medicaid United Health Care card had my correct doctor on it
Originally, my psych provider did not participate w/T-19 so I needed primary care to refer to a new provider.
I get a ton of wasteful mail like 2 of everything and not much that is actually useful. When I do get something useful it's huge. And I feel like I'm redoing forms too often. Maybe it's normal. #adulting.
The fact that every doctors office tells me I need the new insurance cards, they never gave us any. When I call, they say they will mail them and don't. Also not knowing how to set up transportation through insurance is difficult.
I wish I had a primary doctor that I could go see for check ups and tests. I called months ago to schedule a check up but I guess the doctor I was assigned to was no longer there and I don't know how to find a new one.
I do not like the fact of torn ligament and slid disk out for years and then I seek medical treatment for and instead you want to manipulate nerve and injury with physical therapists before I can get x-ray to even substantiate type of knife like pain along with mild sciatica.
Just I want to say that I am very comfortable to my plan and I like it.
I need primary care doctor that doesn't take 6 months to get into.
None.
ii am on Vyvanse and it feels like I am jumping through hoops to get the approval.
Prior authorizations for medicines need done yearly. And as they are requested when needed, the week it takes to get authorization is a week you go without your needed medications. Phone calls to MCO is a PAIN. Takes hours and transferred from one person to another - usually about 4 times before question or assistance needed is provided.
Every time I have a problem with prescriptions and prior authorization. I spend days going back and forth between the pharmacy, Medicaid (DHS), United Healthcare, and my service provider. Everyone blames each other and no one fixes the problem.
I feel as Medicaid patients don't get taken seriously compared to other patients with "better" insurance.
So far, I've had success with my MCO at my Endocrinology and Gynecology clinics.
Thank you for letting me participate in your survey!
Chiropractor visits are not covered. I'd really like them to be.
None at the time being. So far, I think the service is a great one for those who truly need it!
They don't give enough info on PCP or help with establish doctor. There needs to be more plans that provide transportation to and from doctors office.
I feel that over the years of Medicaid or Medicare, that the nurses whom greet at the front desk become less and less concerned about the women, seem recent fail of have my to work.
Very helpful in the fact I was not planning on getting pregnant so to help with baby it has made it a lot easier on me. Thank you.
Help and info on how to get approved for disability for all my diagnosis.

Responses
None! Thank you!
Covers meds. Gets meds for my needs.
None.
Satisfied with health coverage. Wish it covered better vision and glasses are extremely pricey. Thank you!
I do not have a PCP, all (one) experiences of the past 6 months are based on the express care experience I received 2 months ago.
I don't know how I would have made it through my pregnancy and child's health without Medicaid. I cannot thank them enough! God bless!
The only thing that I don't like about this health plan is they make you wait and go through a lot of B/S treatments before they allow you to get the "test" you needed to begin with. I was told by the doctors that my insurance wouldn't cover center "test" (MRI, etc.) until you do x,y and z first. So something that could have been fixed in a month or 2 took over 6 months while I hurt the whole time and needed surgery. So they spent a lot of unnecessary money on "test" and Pt that didn't fix anything.

APPENDIX F. COMMENTS REPORTED BY SSI RESPONDENTS

Responses
I wish I could get my cough meds covered. Those meds are not covered so I don't get them. And also I pay the co-pay for my meds and sometimes I don't have money to cover it.
I really do not use United Community Health Plan as I have been able to stay on my mother's BC/BS plan through her employer for the last 12 years. My answers would have been substantially different if I did not have the Blue Cross plan!
Started making Robyn pay a co-pay for meds.
Needs to cover all prescribed from the doctor medication, no matter what it is. As long as it's got a doctors seal it should be covered. Weed out the places that treat you as if you are there for a pain killer when all you really want is to be seen and make sure the wound is not life threatening, that's it! Altoona Urgent Health Care, Altoona, Iowa.
Some of my providers have gotten fed up with Medicaid and have refused to continue using it. I have no one to see about getting new hearing aids.
No comment at this time.
I like everything about my health plan or health coverage, but I'm mental patient.
My doctor said for me to get a shingles shot. However, the insurance I have will not cover it. I would like to know why not? Thank you.
I don't like it when medical cabs don't show up and no one lets you know.
I am having problems with them transferring my medical to my married name "Cherish Moorhead". My pharmacy and vision doctor still have to run my medical under Cherish Finch for them to cover it! Also, I called and changed my name and requested my cards several times. They still don't have my legal name spelled correctly is Cherish Le-Ann Moorhead. There is no extra "e" after the "r" and before the "h". I spelled my name several times to the person I talked to and he spelled it correctly back to me but still sent my cards with "Moorehead". Will be contacting United once again on these issues!
What I don't like is the fact I have to go all the way to a different town, when I needed to have my hip operated on because orthopedist 25 miles away refused to work on me because the insurance. They are not the only one's to get hearing aids, I have to go an hour away, because no one wants the insurance. I just wish things were like they were before all of this when doctors were paid when they should get paid. I'm just getting to the point where I don't have much money and I worked my butt off for years in health care, now my joints are going bad. The state could help a lot better than they do. Thank you.
Got sucked into Medicare Advantage AARP by United Health - they are crooks. Amerigroup takes care of all my needs, but this Advantage (junk) said Amerigroup wouldn't pay for my glasses - which they'd paid for. I want off Medicare Advantage AARP by United Health and return to Part D only with a drug plan that includes ALL - Medicap Pharmacies and 'Famotidine' (so I can eat). Thank you. I had trouble when Amerigroup and Unity Pt. hadn't reached contracts yet. They nor DHS/Medicaid would switch so I could be sure of coverage since I have no transportation to go to any other health clinic.
It helps me so much. I'd be in trouble without it. I've had a lot of operations. Thank you.
Health care providers where I live do not spend enough time with us. Need more help if I get cataracts surgery. So does my housemate, needs cataracts surgery too.
Public health care don't clean very well. They do a very poor job.
With Public Health involved I have trying to clean is hard to get around and the nurses aid they don't clean a thorough job.
I need my zannies because having dreams and panic attacks again I know what's wrong.
I'm not sure if I gave the right answers! I have seizures and I have 2nd degree burns on my left foot since July 30, 2018! I could really use an extra \$100 for food for me and my dog! I'm not like the others and want alcohol or drugs! I get tested at the doctors office and they know I only have prescription meds in me!! I would love to know if I can donate my body to the Iowa state schools for students to learn and be a doctor-nurse in college??

Responses
I don't like the tiny number of specialists available for fibromyalgia. I don't like that someone that is not my pdoc (and sometimes not even a medical professional) has the ability to deny my anti-psychotics as "not medically necessary". I have had numerous attempts in the last year. Never went to the hospital. Why? No beds! And if there is I will be brought to an emotional line of numb by being forced to take meds I don't get a choice in taking and then pushed back into the world after a week. My family is behind me on this. I want help but insurance won't cover it. Do you realize how hard it is to be suicidal and want help but know it's (the help) superficial?? Mental health parity!!
My name is (redacted) sister. I take care of her. I make sure if she needs to see a doctor. My sister is mental. She knows some things and doesn't know a lot. I will explain it to her. She didn't know how to read or write. Nothing but her name. She cannot count. I do everything for her.
I have never had a co-pay and now I do.
Been denied of some medication that would help my problem. For the most part I'm very thankful I am one that can say I have health insurance! Thank you!
Don't like or dislike anything if I did I would tell because I may be weak in emotional tolls but I have no problem telling someone off and this survey alone got on my nerves, same with the money. I don't need charity so if there's one win pick another winner.
I like my health plan.
I switched to United Health so I can get assistance with over the counter stuff. I took a prescription to Walgreens for a blood pressure taker due to low blood pressure and was denied. Also, I don't think I should have to ask or beg for anything. Resources should be provided to us by the county or state. I struggle with gas and maintenance to my car. I struggle with what I get which isn't much. Thank you.
Wanting to know about insurance programs when I start a job because I still have a disability and my medications are very pricey.
Dental plan sucks! There could be a little more flexibility in credentials and - as I have learned from this survey (and I suspect may be part of the function of this survey) the information about the services provided by my health plan are not well documented or information about them is not sufficiently distributed to plan members (namely me) as it took this survey to inform me of the existence of the helpline numbers existence. Also, if you think bribing me to complete your survey works, well obviously you are correct! :). Feel free to compensate me for my hard-earned opinion at any further time in the future and I wish you well in your endeavors!
I have tremors, narrowing of the spine, nerve damage, scope through the right knee, bad knee, COPD. I have now problem with my health care.
I wrote for my husband because he doesn't write very well. Overall, we enjoy our company that we have our Medicaid with. What we really don't like is when you're wanting to get information your department on hold for a long time. It feels unfair than the others when you need a PA for certain procedures.
I am very pleased with and thankful for my health care.
My address is 1409 Clark St. Not 1409 Clard St. It's Clark, not Clard, lol.
I would like to see better dental plans in play for adults. Especially dealing with an illness and dental problems, my teeth affects my health more of the time and it's hard finding help for adults with dental problems.
I am really very pleased with Amerigroup! The thing about healthcare that disturbs me is some doctors lack of concern for knowing patient's history or even current problems. More than once I have tried to share relevant information only to be told that's not what my visit is for on that day. The patient portals are a very good information source for techno savvy individuals but lots of older or low income folks don't have the computer or knowledge to use them.
Never knew I had a MCO. Don't understand at all.
I don't get enough help for my problems. I need a worker. I need a service dog for attention and to help me not feel so depressed.
I just hope that if I have an emergency that I'll be taken care of properly!
No problems yet with my health plan! Hope I never have any problems with it!
Lack of dental availability. Cost of eyeglasses too high. Lack of transportation cost reimbursement.

Responses
Takes meds for acid reflux and her anxiety and attention/mood, but doesn't always remember to take. We tell her to set an alarm so she'll remember but she just fights us. Now she is parenting on top of it and it stresses me out because she worries me all the time.
No comment!
They refuse some important and needed tests. I recently found out I have severe emphysema in my upper lungs. My PCP has tried to get pain out. 3x for chest CT, Amerigroup denies.
No. It has really helped me to have this doctor who is great! And I got new glasses!
Waiting for pre approval on medication.
Thank you!!!
People like me get disrespected by a lot of professional doctors. When I explain to them what's wrong with me. And tell them what I need to get better. They totally ignore me and make up their mind what's wrong with me and diagnose me with something else that's not wrong with me at all.
I can't get a primary care doctor for my kids and I. They put us on the waiting list then never call back. My kids had several primary care doctors. Then when I try to reschedule they say I have to register them as new patients. And they don't accept new patients at the time. So my kids and I go to walk in clinics.
This was extremely pointless!!
Please send me a list of primary doctors.
None, I am satisfied with my Medicare coverage.
Redlands program providers do not turn info into your coverage most knows nothing about it. Wish insurance company would cover a swim program for people who have arthritis and bone problems. Dietician is needed for people who are obese that actually sits down and helps you with what you have to choose from instead of "here, read it". Allow more time with psychologist for mental health issues than 10 minutes every month for 3 months.
I don't think I'm getting the help I truly need. Can't get answering medication or test that I need to see what is really going on with me.
Everything is fine.
He has kidney problems. ADHD. Permanent short term memory loss. Separation anxiety.
I need consistent care and need provider to check up on me. I cannot have doctors changing on me because it messes with my mental health. I wish more things were covered in my insurance. I would also like a list of all things covered in medication and services. Transportation needs overhaul. Very unreliable service.
The dental help is not worth it for people who wear dentures.
I am thankful it is available!
I love all the help I get from my professionals Dr. Marc Davis and my surgeon Dr. Rid Jensen. Dr. Davis' nurse has been very very helpful to me. Her name is Peggy. Thank You.
I like my health plan. Thank you for including me in this survey.
I'm currently pregnant so I get visits monthly.
I like my health plan a lot. It helps me out a lot with my doctors appointments.
Unable to get dental needs addressed.
Has been unable to find a dentist that will accept him with his provided dental insurance! We have searched our community and surrounding communities! Is paying his own dental costs. We are concerned that not having a "subscriber dentist", will not be covered for a dental surgeon should the need arise!
I'm very thankful for my health coverage. I don't know what I would do without it! Thank you for choosing me to participate in this survey, it was my pleasure!
I don't know much, I just got someone to help me with My Humana. I have had 2 strokes so they have affected many things in my life. Short-terms memory loss, cognitive thinking.
"Dislike" not much help. Need reading glasses.

Responses
I need medication for arthritis that no health care provider will cover, and it is outrageous. The price is cash only \$1200 every 6 months. It sickens me to know I wouldn't have to be in such horrible pain every day of my life if I could get that medicine. Also, surgeons are horrible with no regard to anyone's feelings. Had to be said.
I have been an epileptic since 2008 and I am currently on Topiramete for seizures. I take one tablet by mouth every morning and two a night. It is a 100 milligram dosage prescribed by Dr. Mare Hines at covenant hospital in the neurology department.
I am Jeff's mom and he is a good person. I am the one that helped him fill this out. I am the only person he has in this world. I have trouble making him take his meds everyday (I don't even know if they help). I also have to take time off from work to get him to his appointments. We don't live very far from Broadlawns but Jeff won't take a bus. He is afraid he will never come home. I as his mother would like to have transportation to and from his appointments so I don't have to miss work.
Everything usually works good on health care plan. Amerigroup - no problems.
I preferred the Iowa Link but United is OK. I need dentures - I have top partial plate that's made wrong and over 20 yrs old - bottom teeth pulled - and need dentures in bottom. Paying for dental is not easy on fixed income. Takes every dollar I get to pay house \$278. Lights run on budget billing \$282. Propane cost \$480 to fill tank one time. Water, sewer, trash is \$84 a month - I get \$750 a month - having a phone \$45 a month. How do I pay for dental and prescriptions?? And food? Cleaning?
Nothing I know of or can think of.
Hard to find assistance, showers, etc. Also hard to make food stamps last. By the end of the month I starve.
They don't pay the doctors enough. Seen by the papers that Medicaid sends.
Once I find the right number for the right people, I am ok!
I think that dentists that take Medicare and Medicaid patients should come down to MT pleasant. Right now there are dentists that come to MT Pleasant from Iowa city and Coralville but they only see patients that have insurance or pay by cash. Medicare and Medicaid patients have to go to Iowa city to be seen. Maybe Iowa should be charged so that dentists get the same amount of money for treating a Medicaid patient as a cash person.
It is ok. Thank you.
You need to have people that will listen and understand when they talk. Plus the transportation needs need to be easier. The dental program needs to change for the better just back the way it use to be. Prior authorization is a joke. The pharmacy contacts the doctor. The doctor contacts MCO with the prior and MCO takes their sweet time on getting back so I can get my important meds that I've been on for over one year now. You tell me if someone's been on a med for over a year then you still require a prior. That's not right.
You are doing good. I like this plan that you got me on now. Thanks for helping me.
My back is messed up and nobody will help me.
Having to call for transportation. Would rather call HIRTA.
No comment. Thank you, have a good day.
I like the professional attitudes and courteousness of the medical staff of my provider when I call about questions I have.
I dislike the idea that Bariatric surgery does not cover excess skin! That is not cosmetic! It can cause many medical and mental problems. If you have never had weight loss surgery, you don't know what it does to your thinking. I still have a part of my old self around. Clothes don't fit right. Your self esteem is not 100%. You need to have skin removal along with the weight loss surgery. Think about the physical and mental effect it has on people. We are not complete.
I have never received a United Health Care card. The state does not see my need for transportation and hab services. They want to force on me services that I have no need of. There have never been handicapped, disabled or on a disability income. They want to group clients together and force services on everybody not realizing or understanding that each client has different needs. Therefore I was forced to stop my hab services in April of 2018 because they claim that transportation is not a hab service that they produce.
I don't like getting poked weekly for my INR level - but I can't change that.

Responses
With my disability and my heart condition, I am unemployable. Then when my age is added to those well, I think you understand. Thank you for another \$2 bill to add to my collection.
My doctor ordered for me to take a medicine called Chantix but my insurance would not pay for it. I guess they want to pay for my lifetime care then help me quit smoking.
I wish they would send out when a person can change insurance which cover none on the plane.
Everything from health plan is good. I dislike how my doctor continues to misdiagnose my new problems and conditions. Arron only cares to pump meds into me, doesn't listen, doesn't take the time to care about my health. I request investigation. My health continues to go down hill and I am faced and scared go to see any new doctors because they'll say same as my current MD.
My health coverage is good. Thank you
None. I can read.
Only thing: Sometimes they don't approve my meds when I need them.
There are many drugs that they won't pay. I cannot afford to pay for them out of pocket. They need to pay for all of them.
I want to have a good life in my own future. By Dominick Javier Cavros.
Nope. Nothing.
Because I am disabled and have both Medicare and Medicaid, my drug costs are more than if I just had Medicaid. And sometimes I can't afford them.
None.
We cool.
No, it works good for me.
Within past year, doctor was trying to get me approved for me and insurance would not - he thought it was important due to stomach blockage that x-ray just wasn't good enough. Thank you.
I don't like the fact I've been getting treatment for the same illness the last 10 years and now having a problem getting it without a bunch of phone calls to verify. Nothing else worked. That's why I'm doing that treatment for. Only problem.
They need to get better on handling with getting an important drug paid for instead of leaving patience sit for weeks.
Too many times United Health has stood between me and my doctor and that I feel you should and could improve on!
I really think that each personal visit to the hospital or clinic should be paid and cover by a ride that will be also covered by insurance that's connected with any taxi, uber or cab service. I just believe any visit to a healthcare facility should be chauffeured there and back home paid by Medicaid insurance.
The local Abbe center takes too long to get in to see the pill doctor.
I am unable to write in this space all the crap I have gone through with my doctors. I am in the process of changing doctors and insurance companies (except for Dr. Batra and Stephanie Dee cause they are the only ones that will talk to me without having an appointment). Nobody will have anything to do with you if you're on Medicaid cause they won't let the doctors do their job. You can only talk to them if you have an appt. I was sick from meds mental health doc gave me so I was missing appt ended up in ER with withdrawals cause doc wouldn't call and help when I reached out to them. No more personal touch. This survey is about as unpersonable as most doc.
I'd like it to cover all medications like my cream that would have cost me \$52.
I finished 11th grade and I have 1 year left of school. And I have diabetic 2 and I take pills, not the shot.
Sometimes they don't want to cover medications.
I would like better dental coverage for implants.
No.
Multiple providers have let me know that I get better access to better care because HIPP participants are not required to use an MCO.
When will I hear back from you! I have tried the phone number, it does not work!

Responses
I like my health plan. I have regular check ups with my doctors and I get my prescription medicines. I have good doctors that help me with my health and medicines.
Recently denied by MCNA Dental to go to Dental Wellness program. Mostly, I'm afraid to go to the doctor because I don't know if I'm insured. So many changes. I don't drive. That don't help me get there. But mostly because I don't know if I'm insured and if there's copay involved. I'm confused. My dentist is Dr. Baryiri. Comfort Dental Waterloo, Medicaid says I'm not insured through him. I won an appeal with MCNA Dental to transfer to Dental.
I need help cleaning. Happy holidays.
How hard is it to get a doctor and have more experienced doctor?
The insurance removed me from my blood sugar pill. No reason on notice. My blood sugar specialist. My diabetic doctor and the kidney specialist put me on ct.
Needed sensor for transmitter and am now waiting to hear from Byram Health Care for an answer. Medicare will not pay for the sensor setting and have had a lot of problems getting this covered.
Well I'm very grateful that I'm provided transportation to my doctor and pharmacy! Now I'm able to receive a lot better care! It would be appreciated that at some point that transportation was/could be provided for other necessary needs like getting to the grocery store to get all basic needs! As I go without half the time because I can't afford a taxi or uber! Walking is just can't do that! So I try to get as much as I can when I do get to the store. Knowing it could be another 2+ months before I can save up enough to go again! This survey asks questions on your primary doctor which I have not seen for over a year. However, I do see a pain specialist, chiropractor and a physical therapist 2 times a week! However, this asks about my primary doctor and not the others!
It pays all of my doctors, dental and medicine's bills. Thank you for the 2 dollar bill!
Go back to Title 19 state run. Privatization health care is not working for anyone.
Thank you. Have a blessed day.
United Health Care Plan is awesome. They have helped me a lot and they talked to me over the phone and have not lied to me. They are great. The best. Thank you very much, United Health Care. Thank you.
Work as a foster grandparent part time.
I wish you could switch your PCP with a phone call rather than having to change it only online.
I like it the way it is.
My mom (grandmother) takes care of all of this for me.
I would like an exercise program and be able to use the exercise equipment at the medical facility. I probably could use some more physical therapy.
Less routine visits allowed. Was 2 per year. Now 1 per year dental check up. Hearing aid services was every 3 months, now every 6 months. Overall, it is good. I am grateful for all I receive.
Medications not covered if doctor orders them.
Overall satisfied but can't pay new higher co-pays due to fully disabled single mom. Thank you.
Cool survey, thanks!
Nothing, thank you.
I was very disappointed that my GYN's prescription for Premarin (for uncomfortable/painful post-menopausal symptoms) was denied and as it's \$400 a month, no way could I afford it. Yet, males can get anything for their symptoms. I also don't understand when drugs for my Bipolar are denied and the substitute the doctor replaces it with costs more! I also have faced discrimination in the past by both a cardiologist and a dentist. Both complaining they were providing services for free with what Medicaid/Medicare pays, that it doesn't even pay office support.
Everything is fine with my insurance. Thank you.
Actual time with doctor that they get paid for, not just the 5 minutes that you get!
Nothing.
Professionals need to remember they are professionals first and comments that are hurtful to the clients not always needed. If you can't say something nice then nothing should be said.
You guys do job fine!

Responses
Hard to do necessary x-rays and MRI's. Weed therapy always (physical) before getting approved. Waste of time and money since I have had therapy since 1997. Sometimes give up on going to doctors, struggle with my pain until I usually end up worse and in the ER.
They have threatened to stop my insurance because my doctor workers, applied for hospital bed, and wheel chair, and camodo, so that I can be safe, and die of cancer in my own home.
I'm glad to have it, my physical limitation prevent me from having productive days, and getting worse in time.
I have primary coverage through Medicare; Medicaid is secondary. The psychiatrist who treats my autism does not accept Medicare or Medicaid so is paid privately.
It's all good.
Like everything.
I like it better than any other MCO I've ever had.
Not enough discussion time with a doctor. Treatment from doctors in emergency room care is poor. Doctors are very biased there. They are very unfeeling to a person's pain when there. Because I have a depression problem, some nurses and doctors are very unsympathetic and biased. Not helpful. Thank you for giving me the opportunity to express my feelings about the medical attention.
I love my health plan.
Everything good and you gave good information.
The insurance needs to cover all medications that a doctor orders for the patient not just a few of them.
Nobody takes their insurance (nothing is covered). Dental, vision, prescription drugs (pain killers). Take care of these issues since I can't drive, and everyone who helps with transportation works. I can't go anywhere out of town/state all of the time, if at all!
I love my health plan, I haven't had a problem with getting an appointment tests. It's the doctor who doesn't give the referral of the test I need. That's why damage has been done to my body. I had to change doctors and as soon as that happened, I got results. I'm seeing a specialist, at University of Iowa, so I answered my questions as truthfully as I could. Today, October 5, I will have a 2 and a half hour test. That I have been waiting on 2 years from a doctor who won't do his job or run test. Thanks for the survey.
No comment, except I would like to get sign up with the rewards program.
I never have a problem with my MCO or my doctors.
This healthcare is a life and death situation. Without it I wouldn't be able to survive.
I don't like my choice staff. They are extremely uneducated. Act like bitches to us. Like they are all that and we are nothing. Piss poor mental health care workers. They weren't checking my lithium level. Both kidneys collapsed and I about died. They thought it was behavioral! Lol!
I feel they would not keep messing with it. I guess with money trouble it comes.
Not enough about dentures.
Not enough. I bought dentures.
Does this pay for a person to go to the YMCA to exercise to help my health, weight problem?
Live when my doctor Dylan Greene stop being a doctor and sit down and listens to everything I have to say and then he'll ask me questions and checks me and makes me laugh and feel comfortable and secure talking to him. Good job and #1 on my book I tell people other times go ask for him and he awesome on having my health up to date always and clear to me always and his staff is really great goo. Thank you for Dr. Dylan Greene
Wish it had gym membership. I feel the system is difficult to maneuver for people who are not "professional" patients.
I am prevented from the best and most advised treatments, as well as second opinions for serious conditions and surgeries. Additionally, everything is now handled outside of Iowa. Massive job losses should be a factor worthy of consideration. Privatized Medicaid has harmed me personally. Has cut Iowans off health care, and has harmed the Iowan economy. I want my medication. One of my specialists is fighting for iron. A basic nutrient. All of this help I need, I can't get. I'm hungry, I need food, accessible housing, Iowa fails me everyday.

Responses
I really do like it a lot. Thank you.
Not at this time.
Without my health coverage, I wouldn't be able to afford the 18 medications I take a month. I see a doctor once a week, sometimes more.
Everything is great. I love my health plan. Can I get a gift card? I really need clothes. Please.
I have a copay for my meds.
I have chronic debilitating pain. I'm tired of getting treated like an addict when I have never had an addiction problem and am not an addict. Less than 1% of doctor patients are addicts and yet now if you legitimately need pain relief to function you're treated like crap. It'd be nice if doctors and health care plans would actually stand up for their patients.
Was told about a rewards system when seeing a doctor never got signed up called twice in the past 2 years and is still not signed up. Would like to please get signed up for rewards program. Thank you.
I am hoping to be put on the transplant list. Only thing really holding me back is the lack of a care giver directly after.
It's great. I enjoy water therapy. If it wasn't for insurance I have I wouldn't be able to be living out here in this world on my own and have the great people working with me and because of all this I'm alive and am grateful for my meds and real people who care for me so I can take care of myself. Thank you all. For you I am alive and am grateful. Sincerely, your client.
Dental help is scarce. It is difficult or impossible for certain treatments, like root canal of which I seriously need. ER doctors seem to skim over things, give an IV then send you home with no definite explanations of what caused things. They always say "it's the flu". I don't know if it's my type of insurance or my problems are all rare or they're lazy...I'm going with lazy (ER).
Make some new medications for epilepsy that actually work! Also, do the same thing for people with chronic insomnia issues. As in, make some new medications for chronic insomnia as well, too!
I am 100% happy with my health plan, thank you for everything, I greatly appreciate it.
COPD (sucks)
Neurologists U of I, Dr. Carolyn Johnson, always talked down to me. That's not right.
United Health Care is very good!
My health plan is perfect. No complaints, cover me good.
I'm trying to get help to lose weight.
I have Auto Immune Diseases but I have no meds that stop inflammation. They always give me some excuse so I'm going to die because some asshole says I can't have these drugs!
This is a way to get more information on how there could be more ways to help the elderly people to stay in their home if they help keep an active life with the rigid people. To keep them.
Overall, am satisfied with care.
Well I've been getting letters about paying different things and places that I don't use like dental. They want me to pay for some things I don't hardly use my Medicaid.
My health care plan does not cover all my doctors anymore. My doctors are dropping my health care plan.
Not all phone operators understand Iowa Health Care. Some may be out of state.
I am glad I am on original Medicaid and not on a MCO.
It is fine.
I feel I qualify for housekeeping help. I have adult ADHD and get overwhelmed with so much to do. I get tired easily. I'm not aware of MCO resources. I plan to call them. I need direction on how to contact resources. Thank you for my opportunity to be heard.
Have to drink medicine that does not help for Medicaid to see that I have tried everything else before I can get the one I need, that's if they decide to pay for it. Having to wait months to be able to get in to see my specialists because is the only doctor that accepts Medicaid and they are booked. Not having enough drivers to take people to their appointment even after you called them a week or two in advance.

Responses
I dislike the health care plan because I need to get prior authorization. The only place that accepted the plan was 32 miles away until recently, for dental coverage.
I am this person's payee rep - I completed all forms, surveys, etc. for this person...always. I am very knowledgeable of him. I believe my answers to be at least 95% accurate. Best that can or will be done.
I am a veteran so most of the time I use the VA. But nice to know I have this as a back-up plan.
Medicaid expired due to paperwork. Quit paying Medicaid, had to pay doctors. Quit some because they put me in collections.
Everything is fine.
I have very good health plan. I am very happy with it.
I have epilepsy (grand mal seizures) there is only 1 neurologist in Dubuque, Iowa. His name Ronald Sims M.D. He told me after I explained to him I needed help with my seizures, he said he couldn't help me and to leave his office! Real rude and said go to Iowa City! I can't believe there is only 1 neurologist in a town of over 60,000. I have grand mal seizures, I don't drive. Hip, knee replacement, etc., etc., it is real hard getting place to place. Thank you.
There is only 2 orthodontists that take our insurance in a 120 miles from here and only one of them will take extreme cases. My son has been waiting 3 years for someone to fix what's wrong with his mouth.
If I had to go to hospital, would like health care to pay for all things no matter what it is.
A lot of my medications aren't on the plan - so sometimes if one medication doesn't work, there is no alternative drug. I don't understand why some people have a co-pay and others don't and it's the same plan. I don't like pre authorization. If the doctor thinks it would help it should be paid for, period!
I was denied medication Lyrica that I need for my nerve damage and I was denied a bone stimulator when I had my neck surgery I had cadaver grafts or cadaver put in my neck and that would help.
Nothing but thank you for your help.
Very great.
Some questions don't apply! I have heart disease, runs in family! Pacemaker! Defibrillator stint!
Thank you.
I'd like better mental health for my 13 year old daughter!
Coverage denied for medical supplies for Lymphedema in legs. Coverage denied for Anti-inflammatory rash cream after ICU, coverage denied for ADHD meds.
Always helpful
I like United Health Care. Thank you.
It seems to have me covered.
It's not as much as the health care plan, it's the so called hospitals, physicians, to get to the point, non professional individuals that have no right to be in this field of so called doctors - hospitals dentist. No respect, don't care about a person's need/life threatening sickness - pain/suffering emotionally and mentally. Breaks a person down to feeling like there is no hope for trying to get help, but think about giving up and dying just to stop the pain and suffering. I took a look in the mirror, now my mirrors are covered. I'm ugly inside and out because no one will give me medical treatments that I need and desire. Will never be able to hold down a job due to being a liability to an employer and company.
Like the rewards program and offered transportation. On prescriptions, I think the prescribing doctor should have more of a say on the scripts a patient should have. Overall, good job so far.
My health plan been good for me. Thank you!
The main thing I do not like is when you're on assistance and if you want to work and make a little extra money you lose your medical and other benefits! I have diabetes and other health problems I see me doctors regularly. If it wasn't for my meds I wouldn't be able to function! If there was a way to work and keep my head above water I think I would be able to get off disability all together. But just my scripts alone the off brand "cheap" kind can range between \$80 and \$580. I take at least 15 to 20 meds every-day. Not just that, if I was working I'd have to stop seeing my doctors all together because I couldn't afford to see them. On a side note, and I don't mean to sound crazy, I thought I would mention. I believe my current dentist is rather really bad at his or her job, it does not fix all my teeth so I have to go back more often! I know this survey has nothing to do with the dentist but I figured I should tell someone! Thank you!

Responses
No
I am blind. Plan very complicated and must get help to read it.
There is a need for gastric by-pass surgery - weight watchers doesn't work for me.
They won't let me get my shots for my headaches and it helps a lot. When I got the shot my headaches were going for a month and now I have them for months again. Not fair. They're not my doctors so why can they say I can't get what helps me? Please help me.
I wish it covered a gym membership at a local medical center. It's only \$20 per month approximately. Movement helps with limited movement from arthritis and can have other medical benefits as well.
It does not pay for prescriptions.
Everything seems to be well taken care of.
No local doctor available at UnityPoint health care. Doctors quit all the time and only PA available.
Nothing
What I like is the good doctors that work with my liver disease and other issues at UnityPoint. Dr. Hilli-brand saved my life. I'm very grateful.
Considering changing to Amerigroup because United Health Care won't pay for some of my diabetic supplies, like the needles for my pen. They pay for the pen but not the needles. What good are the pens without the needle? With United Health Care I have to pay \$3 a month for dental whether I use it or not.
Only that I can't get my injections to control my schizophrenia on the weekends because I work 2 jobs. One full time and the mental health center I go through is not open weekends. I do not like the fact that state insurance does not cover dentures.
Sometimes my scripts run out before my insurance pays for it for the month.
I like mileage reimbursements. It needs, though, to be less hard to get paid when you depend on the money.
None at this time.
I meant on questions I answered on survey, I didn't receive this survey until first week of October.
MCO does not pay for all of the items needed towards monthly condom catheter usage, such as one extra leg bag (monthly \$7.04) or skin preps (\$15/50) which Brandon has to purchase.
Thank you for all the special care.
I would like to have my child's birth certificate for when I had him there and never got the one for the day he was born for free. That is not right. I have to pay for it now when I never knew anything about it at all back then.
I like my health plan and coverage, but it takes too long to switch from our coverage to another (60 days). That should be cut down some.
It's alright
No help to understand insurance words available for this form. I hope you can check out my record with U of I hospital since (redacted) possible cancer cured from herbed tea.
I am very grateful for the help I receive. Thank you for the \$2 I am broke.
Need help with rewards.
I've been with the same doctor all my life. My doctor calls me back right away. OK he'll call me with instructions on med changes due to lab work done. Thyroid. Keep up the good work.
I have been very happy with my insurance and doctor's help. If I didn't have the insurance I have then I probably wouldn't be here. Thank you for your help.
I would give anything if I had not had to deal with depression and anxiety at all. It started for me when I was in my twenties, but I tried to handle it alone. Finally I got help but it is all still with me so I go see a therapist, also while in my 60s I also ended up with physical problems also my neck, shoulders, back, knees and ankles don't support me like before. But I am very lucky to have the support of my Health Care and would never change it.
I fill this out and mailed it in. This is the second one!

Responses
It is impossible to get through to Amerigroup by phone. Amerigroup has been denying any new prescriptions (they won't pay is their reason). Amerigroup sent a letter that they would drop my coverage if I didn't get a mammogram. Delta Dental (same message on their answering service as Medicaid and Amerigroup) sent a letter that they would drop my coverage if I didn't answer question online, I can't afford Wi-Fi.
I did not answer #93. What does my race have to do with a survey.
I have had Hep C for years and I was told I have to have a higher stage before Medicaid covers the medication. My liver doctor is really upset about this. So am I. It's like saying "you have a little lung cancer" but not bad enough to treat and be covered by insurance. If I could be treated and covered by Medicaid (Amerigroup) at my stage 2 Hep C, I could be possibly cured in a few months! This doesn't make sense. It will cost more when I get worse.
Need to have a doctor closer to my area where I live.
Needs to have a doctor close to home.
No comments.
Medication renewal is sometimes a pain to deal with.
I like that I am able to receive the health care I need always. I am not sure if I need to change my health plan. I really do not want to. I enjoy the services I receive every doctor visit.
Dental Insurance - cannot find a dentist near where I live - they do not cover my choice of dentists. Not allowed to find my own dentist. All the dentists they provide are very few and are in the big cities too far away from my town.
Disabled veteran, medical decoration, CIC and Abstract from securities family and legal support is very good. Thank you.
I dislike the limit of time to refill prescriptions. Which makes it difficult when not feeling well or have plans to go somewhere. Example: vacation out of town to visit family. Also the refusing to cooperate with a doctors order to refill early. I also really dislike disputing a pain doctor's orders. They demanded chiropractic adjustment. Which if they knew my history, is detrimental to my spinal health. I never received the treatment needed. Which further worsened disability.
It takes too long to get prior authorization sometimes for some treatment or care!
Not sure. I never had health plan or doctor since 1976. Just started getting care in 2016 so it's all new and somewhat confusing to a newbie like me. Sorry.
Hard to find dental care in my area or a PCP since Medicare was prioritized.
I like having medical assistance. I appreciate the help. I don't know what I would do without it.
I wish they would explain the dental part better and I need to know if my insurance covers my eyes for checkups and eyewear.
I'm very pleased with my healthcare coverage and my prescription plans.
Lack of good specialists and coordination between primary doctor and specialists.
It doesn't cover my YMCA membership.
One thing that I dislike is the waiting period for surgeries to be approved, as I feel it affects my health for the worse. I had to wait several months to have a procedure on my right ear, and I feel that my hearing was diminished, during that period as well as long-term.
The medical insurance that I used to have, which I had because at first low-income title 19, then I received Medicaid because I'm on disability since 2013 (Mental) and now have physical disability since 2015 or 16. since my insurance has been privatized, I have to wait to get an appointment, limited who will accept my insurance. I have to go to another town to get seen at appointments that are urgent. For those that aren't I wait months. Psychiatrist are over TV and because insurance has switched again my really good psychiatrist has pulled out so I have to see a new psychiatrist. My insurance used to be accepted most places, now I'm very limited on who I see. The new united health is still much better than Amerigroup. Still, it's the same insurance, why has this changed?
They don't cover certain medicines I need for my health. They are expensive.
None

Responses
I have not talked or visited with my MCO manager. I didn't know I have such of a MCO person to call or talk to for anything.
None.
I can't afford copays for my medicines or doctors visit. Received only \$770 monthly. It's very hard for me if does not cover everything for me with my health issues.
I wish there were more available dentists that would accept title 19. My favorite dentist quit taking Title 19 and I haven't found another one close to where I live that I am comfortable with. So I need dental work done.
This may seem confusing because my primary doctor isn't the same as the others (mercy doctors) as to which up here in Clear Lake and Mason City I don't care for not all. But the majority of them surprise me that they are doctors. That's all I'll say on that except I've gone to a lot of in fact all of Mercy Clinics in Des Moines Ankeny and I loved them until here so I switched to the Gabrielson Clinic whom are the best I've seen in a longtime. They really really care. Thank you.
I have best plan. I am so happy with my doctor. Always make me happy with my visit with my doctor.
Does not cover my dental work! I've been paying for my dental out of pocket! Still need \$10,000 in dental work done!
My health plan is very good.
It takes them a long time to get my new prescriptions sometimes.
Nobody helps me to understand.
Humana drug coverage is horrible. One time my meds are approved then they are not.
Just recently started and do not have much contact yet.
We hate prior authorization on drugs but have not had problems getting approval. Everything we have needed done has been covered.
None.
Not really.
I would like to get more information about compensation for OTC medications I was prescribed to take.
I had a brain tumor removed. I went to ophthalmologist for an eye exam to make sure there were no eye issues from the surgery. I got a new eyeglass prescription. The insurance refused to pay. I called them. The representative I spoke to OK'd the glasses. I submitted the prescription again and was denied a second time. The closest dentist I can use with insurance is a 3 hour drive away. That is completely unacceptable.
None.
I dislike what you have done with the dental part of medical. The 2 insurance companies we get to choose from no one will take but one dentist in town. This is a big community. A lot of us depend on this medical to be there when we need it. But when you choose insurance companies that dentist won't take around here but one. That's wrong. It takes forever to get an appointment and you have to sit around in pain for months at times. And the closest dentist that takes it is an hour away. And when you are disabled and have a problem driving distances that puts that out. We're denied our freedom to choose go. This is wrong!
I honestly don't know much at all about it, except I have it and so far there hasn't been any problems or delays with getting the care I've needed as I have congestive heart failure. But, thank god, I have been on the very upside of my health which is rare and I'm very lucky. Before, when I was much sicker and dying, there were many delays and required much fighting from my health team to get surgeries and procedures done. I was with Amerigroup then. Very scary! Especially as a brand new mother at (redacted) and no prior health issues. But they saved me! Being a mother of a beautiful health little girl, is best thing in the world!
Family doctors are hard to find. No one is taking new patients. I dislike my current doctor and feel he is ignoring serious complaints regarding my heart, sleeplessness, etc. It's impossible to see him right away. It's always over a month wait to see him.
Medicaid is okay, Medicare sucks balls. Medicaid covers more than Medicare.
That doesn't cover important medicine and treatments I need. Doesn't cover some like dental, teeth or name brand glasses or non seeable hearing aids.

Responses
Need new card.
I don't like that they put a provider on. They should leave it blank. I don't need them to pick my MCO.
Very pleased and thankful that my health plan has paid my medical bills entirely. I would have to say though that I would really like to stop getting so much paper from them. Unnecessary.
If I do not feel sick, why should I go to a doctor?
None at this time.
I wish dental appointments that you can miss one before they just write you off and not see you again. If you need a shot, your insurance should pay for it no matter what it cost.
Don't go to doctor a lot of times when I should because I never get relief or any issue I have resolved. My daughter lives in Rochester, Minnesota. I have asked doctors to be referred there with certain things and always told they can't. Would like second opinions in Rochester, Minnesota.
People need to know more about the other programs or services you have. Like help with membership to rec center if there's one. How much is on the card for vitamins and pill card. How often do they put money on card. And when ride services too.
Nothing.
Could really use a dental plan.
Everything is good.
Go through time. I can't eat and I say I feel like I got the flu all the time. My bones hurt all the time. I have stomach pain all the time. I am always weak, my joints hurt all the time. It is really hard to eat.
Prescriptions should not be so hard to get OK for people that have Medicaid whether it's 1.25 - 3.80. I had 1 prescription that took 2 days to be approved.
When I was going to Siouxland Community Health Center, up until the end of August 2018, my health-care was less than satisfactory. They let me go 4 plus years with "pulled/strained muscles" in my back, according to them. Turns out it was bulging/herniated discs and I ended up having back surgery. Also, I had a broken arm which they, Lori Krause, refused to X-ray and it healed itself but with lasting issues. I would NOT recommend anyone go there. Lavonne Sopher, obviously, didn't read my records very well either. In 2016 she asked if maybe my gall bladder was the problem (GI). I actually had emergency surgery in 2008 and had my gall bladder removed. Please reconsider sending patients to SCHC. My healthcare with Cynthia Lewin is great since I transferred to her in September.
I don't like the assessments I have to take every year and the \$3 I have to pay it. I don't do them. I am disabled, on disability.
Ok.
I'm low income and I think they should pay for gym membership so people like me can try to get exercise that is needed to get in better health.
Need form of transportation.
Owes \$34,000 to agency for living cost. United Health refuses to pay out money owed. (Redacted) cannot possibly pay what is owed. Case manager will not address this.
I haven't had any problems about my health coverage. Keep up the good work.
God bless you. Have a great day.
They stopped paying for my Vitamins and my cough syrup. I'm not able to pay cash for them.
I can't say there are any problems. I'm thankful for the program I have!
His personal doctor left the clinic he went to so he is looking for another male doctor to see.
Prescription drug coverage is very good on my plan and I'm very grateful!
There are certain medications my doctor wished to try me on but the medication approved would not come through. Sorry took so long to read and fill out form. I have a hard time understanding some things. Thank you!
I need the cahrises oil, they help with my epilepsy. I dislike the side effects of the medication that I am now taking, my doctor just told me if I decide to take the oil I have to find a different doctor. I need some help on this one, I didn't like what that doctor said. My doctors name is Dr Pramhus, Alex, Mercy Family Med in Mason City, Iowa.

Responses
Done.
I cannot keep up with copays on my meds. Can any part of my coverage please help me with copays on my pills and diapers? I take about 12 different pills. Clonidine. Lipitor. Diapers. Prestique. Renvela. Sensipar for para-thyroid. Calcium acetate. Omeprazole. Furosemide. Ranitidine. Amlodipine. Baby aspirin - 1 to 8 mg. Tums - 7 twice per day. Times \$1.25 per bottle. I cannot keep up with copays. Help? Can someone help me pay my copayments. Every month when I get my pills it's \$1.25 per bottle. I cannot keep up and then they add \$2.00 service charge. I can't pay it. It's \$43.
Keep up the good work.
I am pretty satisfied with my insurance.
The plan does ignorant waste of money. They actually hired people to call members to see if you wanted them to call your doctor. What! I can talk to and call him myself. I am very sad about people losing their jobs and businesses because of payments denied by MCO. The doctors and hospitals hate this plan and less people are being helped statewide.
Would not pay for a surgical sterilization that I wanted to have. Elective surgery.
After hour clinic/outpatient is on very limited time - 2 hours. Need outpatient urgency clinic for nights, weekends, and holidays where doctors' office are not open and yet do not really need ER. Right now, ER is the only option for our rural community.
Needs to pay for more unconventional medicine. Chiro is but I only benefit from acupuncture, specialized massage, specialized yoga. Pure stupidity. They pay and paid for an implanted pain pump and opioids in it, surgery, etc., etc., etc.! it almost killed me. I choose to have it removed and live in constant pain. Not fair...it's all many of us have left for hope.
My health plan is great.
It seems pretty efficient. Thank you.
Pay for medication.
My MCO don't help with managed care.
Can't spell.
Thanks for the \$2. It was well used.
No comment.
I do not like my prescription coverage because the premium is too high in cost and can't afford to pay it. I do not have a regular doctor or psychiatrist any longer. I am trying to get new ones! As I feel they are bad doctors that don't know anything and won't help me the way I want them to. Health care coverage is fine except when I got bills from the U of I hospitals months ago but got those taken care of by my insurance. I am moving to Iowa City on October 15th!
Since July of 2016 Amerigroup has refused to pay for my medical bills. I would not recommend this program for anyone.
We also have primary insurance right now for Max. So Medicaid is \$2 insurance.
Nothing else.
My specialist who I have seen for more than 10 years will no longer accept my plan.
I like my health care plan because I am on a fixed income and I do not have to pay anything not even copayments to my doctor anymore nor do I have to pay copays for all of my medicines.
Thank you for the information about transportation. I will call and get information I was never told about this and do appreciate it very much. If you know of any other info that could benefit me as far as people assisting me and getting paid I would appreciate all the help I can get.
Contacting by phone is impossible.
I've been waiting for a medical card since I enrolled. I have called at least 6 times. I have been told one would be sent. I have never received one.
Haven't used much but so far as we have experienced it has always paid, we never hear from appt or ins company.
I have a hard time keeping time, on my paperwork.
When I need cough syrup my health plan won't cover it. It's very expensive, it has codeine in it.

Responses
Well satisfied.
Thank you.
Sometimes I can't afford my medications.
I have gotten a lot of support from my doctors, counselors, therapists and nurses. I have a heart with chronic pain and it's hard to get treatment for that. My health care is not too bad, all my team is doing what they need. I am doing what I need to and they see my progress that's important as well. They do answer my questions.
So far, OK. Medicaid went to wrong address and didn't receive it until October 4th. Do you really read this? Marijuana helps me in many ways.
Since switched to Amerigroup things seem to process well within the plan.
None
No
I wish I didn't have to leave town to find a dentist or hearing aid doctor. We should have more choices to choose a doctor that is in our town.
It is hard finding a regular medical doctor to take me as a new patient because I am on Medicaid. I have to see doctors half an hour away from where I live now.
I think if a doctor feels you need a procedure or medication to help with your conditions the insurance shouldn't be able to decide you can or can't have it. I have had to postpone procedures because they took over 2 weeks to OK it.
I like that it covers my doctor's care visits and my mental health visits. That it covers my medication and so I don't have to worry or panic about feeling my medications.
I don't like that Dental Wellness Plan where I have to pay \$3 every month if I don't go to the dentist. That is not right. I don't make that much money anyway. Then I have to pay \$1.25 for medicine each time and I take a lot.
Already did the other one. Sending this one back to.
Not being able to afford my prescriptions.
I go to the doctors when needed with the one I choose that takes my insurance.
Medicaid was much better before privatized. Then it turned into "I don't care", or "tough luck. Take care." I have a wash board bed. It's like laying on brass knuckles under my heart. The gears are almost smooth. When something breaks, I suffer. No sleep. This last time they were nice and fixed it. After the last two months. I give them a F in listening, F in care, F in attitude. They don't care. "Props" to the few who care, and take their jobs and patients seriously. Thank you to those!
Not getting approved for surgery when all the criteria and documentation was met.
I completed this on behalf of my son. He has severe autism. He cannot read, write or speak. I am his primary caregiver, so I am not 100% aware of all his health needs and medical situation. If you have any further questions feel free to send point of contact info and I will contact you.
The biggest advantage is "no out of pocket expenses".
None
The only thing I don't like about my health plan is my eye doctor does not take this health plan. I have been going to the same eye doctor all of my life. Now I have to find a different eye doctor.
Need to find a (illegible) doctor.
Thanks for my healthy care coverage. Epps.
Where can I find a dentist?
Need help.
No. It's ok. Had better, had worse.
Everything is going okay for me.
Thank you for choosing me to fill out this survey. I like to feel like I'm well taken care of!
None
Lost dental because can't find a dentist.

Responses
Well I did it by myself.
My healthcare plan seems to work well for me so far. Thank you.
I have mental disability. Learning disability and 6th grade level
None
No, not that I can think of at the moment.
I appreciate the transportation reimbursement program. I don't like the fact that there is one of my meds they won't pay for so I have to use OTC stuff in which gives me problems when using the OTC product!
The extra rewards are a huge blessing! Don't have anything I dislike so far!
There is nothing that I want to tell you guys.
Had surgery in June. I believe in my neck. Had a disc replaced and a plate put in, two months later fell in the kitchen due to wet floors. Been trying to get an MRI, insurance will not OK it, after fall, my neck, shoulder and right arm has been painful, surgeon wanted MRI to make sure the plate is where it's supposed to be, now insurance wants records, this has been a nightmare!
Not sure what it covers. Hard to understand a lot of no and not listening.
My health care has been great and I hope it continues. I am however being told over and over that I will be getting new Medicare cards but still haven't got them.
Hope Amerigroup will pay back bills to Unity Point, really upsets me to have to find new insurance. I go to 2 different doctors, one is at Unity Point. If they drop Amerigroup I won't have my own doctor unless I change insurance. If I change my therapist doesn't take United so which problem do I address my physical health or my mental health?
Nothing
NA.
Not at this time, maybe later.
No
Would like for the premiums and copay to not raise as each year they climb which is making harder for living expenses.
I really love my health plan. I would not change it, my doctor helps me out a lot. I still have a long way to go.
I don't think there is anything wrong with my Medicare program. I'm thankful for having coverage. All seems to be going good God Bless you all.
Would like the doctor to pay more attention to the patients.
They don't cover physical exams and certain medications.
The fact is I've had a mammogram for the last 5 years, each time they tell me I need to have an ultra sound done but my insurance won't cover it. I can't afford with what I get on SSI. I've had one cancer. I like to know for sure that I am still cancer free. Cancer runs high in my family history. I want to live.
None. Thank you.
Thank you for this health coverage. I feel the best I have every felt.
I had someone get me to make appointment with doctor for wellness check. I see my doctor regularly take my medications and don't appreciate someone else setting up my appointments.
None.
I do not like the fact that some medicines that are prescribed for me, get denied. Like Lyrica and Trulicity. My doctor prescribed them for me, but I was denied.
I have a good health coverage.
This was filled out by his grandmother, his payee.
I like this health plan.
There is nothing I dislike. The health care I have is doing well for me. And I would like to keep this, health care Amerigroup Iowa Inc.
I have nothing negative to say.
No documentation on benefits or what's covered, etc. Thank you!

Responses
Can't think of anything at this time.
You have a great program. If for any reason I need help, you're always there, thank you and god bless!
Nope, everything about the health plan and coverage is great.
I like my health care benefits. I get a physical exam every year. I get in to see my doctor on time. I have no trouble using my coverage.
Nobody helped me fill this out.
I have had 2 foot surgeries on R. Knee surgeries L -2 and R - 3. Need L replacement. Back and neck injuries from T Bone car accident, not at fault. Gained weight because of it - 70" tall and 275 lbs. I have had problems getting in past getting my Lyrica and Neem generic. Had to try many drugs and became allergic to them. No longer get Olopatadine drops without paying \$200+ to get them. Who can afford that on \$700+ a month? Thank you for including me.
I have blood flow problem in right leg and need my 2nd ankle replacement. But can't get doctor to do vein surgery because I smoke.
Everything seems to be great. Especially my doctor. Dr. Mel Rocha is the best doctor I've ever had. He explains everything so it's easy to understand.
Waiting list for waivers.
Have to wait for approval of certain meds which my life depends on. I brake bones easily and have severe jaw joint pain with arthritis and I can't eat, sleep, or function! Sometimes I can't afford gas to get to the doctors office and sometimes I need help with cleaning but don't know who to ask and need rides but unable to find them. Sometimes I'm scared but no one tells me why or what is going to happen to me.
Good
Thank you for everything.
Keep up the good work.
Chronic pain in hands, head, legs and back.
I don't like that it takes so long for prior authorizations. There is one medicine that I can't get because it says I have to try and fail at least 3 others and I have and still can't get it authorized.
Memory problems. I have had 2 strokes. My memory gives me problems.
None at this time.
I don't know. DHS did cover old bills like supposed to. I don't know if I have bills for ongoing visits. Cancer doctors and clinics fantastic team. Current counseling fantastic. All others rude. Treat you like trash. Act as though you are stupid. So forth, don't care about you.
None.
I used to get all my meds for free. Now I have to pay when I can't afford. I only get \$587 a month for disability.
Too much "expletive" to get help and the doctor don't listen to me, they only do what they want not what I need, doctors are not good. They need to take more time with people, and stop the push us into things that don't work.
Difficulty finding a doctor after moving to Iowa from California. Chronic back pain treated with Vicodin as needed seemed to be reason doctors would not accept me as their new patient. Common sense and obvious fact seems less important in decisions concerning treatment than insurance policy/codes. Example: was on nighttime oxygen for 2 years in CA, not "allowed" though tests indicated I should be at times. (2 out of 3 tests.) Because those 2 tests were not within time limit for insurance "policy" by a week (because I couldn't find a med supply to rent an oxygen generator to a "smoker").
I don't like that they only cover generic medication and not any brand name prescriptions. I was pre-scribed a Stratterra but now must take atomoxetine instead which seems to be the wrong comparison to what I need.
I like my health care you guys give me. Thank you.
Sorry can't spell.
Would love for better mental health coverage.

Responses
Have no money after bills are paid and my car is going down hill fast. The trans is going out. It just no ride cover, I can't afford a car.
Yes, insurance will only cover certain medications. The medications they won't cover, they have no other substitute that is equal to the medication.
They stopped covering my Botox injections for my migraines and stopped covering some of my medications.
Need more help on making my messed up back feel better. If I had doctor Ho's back brace or seat that turns upside down it would help with my back problems. Have suffered with pinch nerve in neck, shoulder and arm tingling, was put on physical therapy and muscle relaxers.
I'm happy with United Health.
I know my doctor and staff try very hard always. When it comes to specialist there is always a 3 month wait! Medications are generic and not always do the job. I get declined for tests through Amerigroup most of the time. Very disgraceful. I used to have good insurance now it's far from acceptable. But they want you to get worse and not better, or die. Shame on them.
Allergens to put me to sleep for surgery and after even then I told him and my whole family said again then I was allergic to it.
I love it!
None, it's fine.
I feel that if a doctor feels you need other treatments or medication they shouldn't have to argue with insurance companies. They know the best plan for their patients. They need to put more trust in doctors for the best outcome.
I like my health plan just fine. And by the way I don't smoke.
Managed care has made it more difficult to get some care because it takes so long to get PA's done.
I don't like that it is hard finding mental health care. Brodawn in Des Moines is very (redacted).
Would like to have a ride to and from doctors covered by my doctors that not in the same clinic. To have medicine delivered to my apartment for free. My insurance will not cover it. My insurance is United Health Care Plan. Want Amerigroup Iowa Inc.
I'm not sure I like my coverage because no one can tell me if I am covered for my health conditions for glasses. I have 2 kinds of glasses. Regular prescription glasses because I have trouble seeing at a distance. I also require a second pair of prescription glasses. This pair is Low Vision and for Distance so that I can drive and see during the day because fluorescent lights affect my eyes. My regular prescription glasses (for distance) are for at night, night driving and at home times when not on the computer. I need both pairs of glasses but no one can tell me if both are covered. Not having either one is debilitating! I haven't been able to get new low vision glasses for over 10 years because no one can say if I'm covered. I asked about it but the best information I received was "my PCP can tell me whether I need an eye exam from both the eye doctor and the U of I ophthalmology department or just one". Not helpful! I can go to my regular eye doctor but also have to go to the U of I for the orbital myositis (where I can get the low vision). My regular eye doctor can not do the low vision glasses.
I like my plan no problems.
Sometimes I feel like my doctor doesn't listen to me. But I guess she's ok. I was told by my last psychiatrist that if I didn't take prescribed medication rather than over the counter medication she would not see me. I have recently been told I should look for a psychiatrist who will see me at least twice a year because I still have issues and should be monitored and not all providers all closed minded about meds. The drugs (prescription drugs) made it impossible for me to remember what I read. A big deal to me.

Responses
I wrote several negative comments about the MCO's. Privatization was wrong. It puts many people with serious problems in danger. It dehumanizes all of it's members! Even though United Health personnel that I have dealt with have all been exceptionally nice. The company is charging too much! At the expense of our health. The doctors have been quitting association with the MCO's. Hospitals are loosing millions of dollars every day. They had to hire staff to argue with MCO's, and then the doctors have to talk with an MCO doctor to get payment approved. Every doctor I have talked/asked about MCO sited problems and complete frustration. The old system had a reasonable fee going to doctors, clinics, and hospitals. The overhead is doubled under MCO rule. And they suck the profit at the expense of Health Care lowans. Pay providers or pay more to insurance company. I am sorry this is so late. I filled out most of it right away. But I came down with a very bad case of bronchitis had to take antibiotics and steroids. The roids send a person off to a very bad place, of them now, but still fighting bronchitis.
The only thing I wish our health plan had was getting to send a notification alert to our phone, when they get to where she is going. Also wish that I wouldn't of listened. I believed you when you swore up and down you'd have rent and water covered, or like when prescription is ready to pick up.
Was denied waiver.
I do not drive and live in Griswold, IA. There is no grocery store here. People are in need of rides to get groceries. The nearest grocery store is 21 miles from Griswold. Even a 1 time monthly would I could shop for the month. I end up spending food stamps at the gas station which is costly and wasteful, they would be better spent at a grocery store. I'm diabetic and I'm not able to get the foods I should be eating. Sincerely diabetic in need of transportation to grocery store. Thank you.
Satisfied at this time.
I would like to know what vitamins for bones a 56 year old women is supposed to take. My legs locked up while walking across Iowa and I walk every where except doctor's office and my doctor said vitamin D.
Inability to get transportation in order to be seen by a health care entity!
I am covered by my mom's family insurance Blue Cross/Blue Shield and Medicaid. I am only using Medicaid as a supplementary insurance. So as a primary coverage I do not use Medicaid. I have ADHD, borderline intellectual disability and other diagnoses. I receive great care at the center of disabilities and development in Iowa City. We are thankful they accept all Medicaid insurances!
You should have doctors that believe people when they tell them they are hurt and not to a pain clinic. Last to be taken of meds and put on a Centriscic med which now leads me not to be on any meds.
Due to seizure and epilepsy I have memory problems. I cannot remember or follow instructions or cannot perform anything.
I think that there should be complete chiro care. Alternative medicine should be available too.
I like my health plan.
They kept trying to get me to say a company or person what caused main problem so they can go after them to get some funds back after I told them wasn't no ones fault. The treatment doctor wanted to give me was therapy 4 times a week to start. They only asked for 1 day a week which wasn't working.
None.
Thanks for your help!
Nothing to say. It's working for me so far.
That I get bills in the mail. Always have to call and say I had insurance. Some never notified me and put in collections. Please send me gift card.
1) Had issues w/transportation company picking up glasses, was told it wasn't medically necessary. 2) Can't get colonoscopy because I have no one to come home w/me. 3) I'm struggling to keep my home clean, but also know people whose hours have been cut. 4) I've got to pay \$3.00 per month for dental care I can't use. I'm so burnt out from medical appts that take all day, due to the transportation company, that I need time to rest my brain and body. Medical care shouldn't be as hard as a job.
MCO's are a complete and utter disaster. Always an issue with them or dropped coverage. Also impossible to be reached and don't know or have a clue about handling life or death issues!
A lot of specialty doctors do not take Amerigroup.

Responses
I have lived in several states and have had different health plans. I truly believe if I hadn't ended up here when I did I would not be alive. I get the best health care from United that I have ever gotten in my life.
Nope, looking good. So far, good job.
It is good. Thank you so much.
It doesn't pay for braces! And a lot of kids need them and always getting denied because the insurance says it's not important which is BS. Braces are very important!
I'm thinking I am so confused and unaware of this insurance because I have Medicare as primary insurance and this as secondary. I don't know what this insurance really is or how to get information about it, or a number or address to contact you. If you can send me this information I would really appreciate it! Thank you.
Some questions might not be right if I didn't understand them.
I would like to bring up surgical solutions to weight loss but don't know where to start.
My doctors office and his staff are the only help I have received. Need a little help with understanding all the new laws or MCO. Thanks.
I love my health care plan and coverage. Thank you very much for caring for me.
I already filled out this survey and mailed it months ago, also someone contacted me on my cell phone and asked me the same questions except it was regarding dental also.
It was kind of difficult to answer some of the questions because I just recently obtained a family health care provider. Prior to that I utilized convenient care, urgent care and such the like. My dental is great so far.
I wish Medicaid would help me pay all my meds. I have Medicare with my primary insurance first and have helped with the cost but some months I struggle due to I have to buy patches and pills to stop smoking.
I use inhalers proair every 6 hours, Advair use every 12 hours. I take Seroquel to help me sleep at night. I get a shot every two weeks, prolixin. I have mental health problems all my life.
They cover everything I need except a cough medicine I have taken and needed last week. They don't cover it at all any more. Tussiney.
Please note there's hacking (computers) going on. I was cautious on filling out survey. I don't want hackers to get access to my personal information, phone number, etc. thanks.
I need to find out about your reward program as soon as possible.
Some insurance gives perks like vouchers for items they can order for free. Mine does not, that I know of.
Sometimes when I call my MCO, the people on the phone are rude and uncaring.
I have now it's hard for me to see. I fell yesterday getting off the bus. I'm often cold. One of my neighbors been helping me and fixes me meals at times. My nephew comes and take out the trash if he's able. I don't usually come out of my house. I have no phone. I do not have the best walking equipment. The last doctor gave me no results. Hands and feet always cold. Arthritis
I am disabled and it is hard to get my medicine because Medicaid doesn't pick up what Medicare doesn't pay.
I have a pinched nerve in my neck again! And they won't let me get an MRI with contrast like my doctor a DMU ordered. Both hands are numb and very painful. And can't use them, even to dress myself!
It is very hard to get my personal doctor to let me or refer me to a specialist about some of my health issues.
2 weeks ago I broke my toe. I went to the doctors clinic. I was told if broken I would be sent to the medical/physical therapy store for a boot and since it was near closing time it took 5 days before they called to confirm a fractured small toe metatarsal. They never sent me to the store with a script for a boot or even crutches. I have to use the foot as if I have injured it so it is struggling to heal. I wanted precious gas in my car just to have the toe taped and then told to do it myself in the next days. Medicaid is a cruel joke.
Everyone should have health care. Everyone. Free health care as a right from being human. Human right. Not a privilege.

Responses
Too expensive. Can't afford the copay.
They ask you to pay for a dentist and I haven't been to one in years. I have dentures so why are they asking me to pay something. Only place I go to is to my regular doctors and my pain specialist doctor and my insurance now won't pay for my pain meds. So why ask me to pay on any other doctors or anything when every month I pay out \$25 to receive my meds. With United health care and most places won't accept it. Liked the one I had before it changed Amerigroup!
I have arthritis all down my back. The doctors won't prescribe pain pills and the insurance won't give me pain patches. My biggest problems are breathing and severe pain.
Should let more people know about the rides through the taxis. That is why I never went to the doctors for over 8 years. I had no transportation.
I'm very happy with my health plan.
You guys ask a lot for your \$2.
Did my best.
Dental is very hard to find a dentist that takes the insurance.
The dental plan is not accepted everywhere and where it is, they aren't accepting new patients because of a quota.
I like my health plan, it's good.
Prescription costs are too high. Some prescriptions that are not covered. I recently had both my regular doctor and my specialist drop out of my health care plan. Out of pocket expenses are too high. The plan failing to pay physicians in a timely manner. The plan should go back to the government.
The fact that doctors and health care providers are not getting paid on time. Doctors are dropping out of the programs. The amount of paper work I receive from provider. That these health care providers can not or will not try to get lower prescription prices. The amount of money the health care providers receive. High pay health care providers CEO's are paid.
I went to a dental clinic cause of a tooth ache. They recommended I have 7 teeth surgically removed when I had one sore tooth. Too much red tape and questions, try and give you new drugs not opioid, real pain medicine w/no side effects. Also I have glaucoma w/no meds for it. Iowa has medical and think I should have pill for pain.
Just one thing I don't like is they don't cover my teeth because my teeth are really bad and needs to be fixed soon as possible.
When I say I need help sometimes when I read a book on something, it's because I don't understand what I have read sometimes or my letters sometimes don't appear as they seem.
I like the fact my health care plan helps with the payment of my meds. Otherwise I would not be able to afford my meds. Thank you!
That some how I get letters saying I don't have coverage so I can't see my doctors my thinking is very poor.
Dental is not treated like regular health is what I don't like and not many of my doctors are familiar with my disease EDS.
Nothing to say. It has been very good.
When my Medicaid switched over to the MCO format, I lost my dentist. The dental coverage under the current program is very restrictive as to choice of dentist. When I was searching for a new dentist, I found that very few providers were accepting new patients with the new dental plan from the list I was given. I experienced a great deal of anxiety from this process, because it took so long to find a new dentist.
I like most of my healthcare program, I have Medicare/Medicaid (United) with Delta Dental and Epic Hearing. My prescription is Silver Script. In California my Medicaid covered a gym membership so I could go work out daily and keep my body weight down, here in Iowa it does not cover it and I miss being able to go work out each day.
Shouldn't have to fill out forms every year because they got sent to wrong address and I got cut off my medical now. I can't afford my November 2017 bills because of the papers not getting to me.
Afraid of getting it taken away.

Responses
I am glad I have this coverage available to me. It helps a lot so I can get my medicine and go to the doctor. Thank you.
I really dislike how the 2 options (Amerigroup and United) don't pay for and cover the same things. Amerigroup won't cover transportation to support groups but United will. But United won't cover my chiropractic care for my back. It is very frustrating having to choose between being in pain with back problems or skipping meals because I need to attend a support group but can't afford gas.
27 Medicaid wouldn't pay. 28 next office visit shot due. 30 it was late at night.
I really, really wish they would give you paper copies of the plan and benefits.
My only concern with my health plan is that I don't receive enough public transit tickets to get to my appointments.
Everything is good with United Health Care.
It's fine. I like to do what I need to do without doing the paperwork.
Two weeks ago I fell on my tailbone, the swelling hasn't gone down and the pain is unbearable. I still do my routine and I would like to know what to do about it. I'm going to the doctor/chiropractor as soon as the swelling goes down. The problem is, my insurance will pay for x-rays and pain medicine but I still have my problem. What to do? Thanks.
Pretty satisfied.
Norma still hear people talk to her in her head. Norma's health is very poor, she still learning her best to get there. She goes to V Frane every month to talk to someone, it makes her feel better when she comes home. Thank you.
The only complaint that I have is that Dental part. They gave me Insurance that is totally useless here. So in order to see my dentist is to pay out of pocket.
I love my health plan.
My name is (redacted). I filled this out for (redacted). I pretty much help (redacted) daily. Transportation, laundry, some meal prep. He is my son. And I am working with him on learning to be independent. But he will always need some sort of assistance. His Medicaid and Medicare have worked very well for him, the way it is currently set up for him.
I don't like Medicare. I don't have money enough to pay my bill and prescription. Usually before I use Amerigroup Iowa I don't have problems with my bill and my prescription.
None.
I dislike that I know very little about the plan, what it entails and what it has to offer.
Sorry I'm late.
So far I've been able to get the care I've wanted.
Parent. Read questions. I answered what I know and parent did rest.
It's ok. Better than I had to start with.
It would be great if a plan would provide a YMCA membership for \$17.00 a month.
I dislike the fact I lost my dental. No dentist takes me within a 60-90 mile radius. I also am a care giver to my sister who is also disabled so getting away is pretty difficult for me to do. Also I wish this would return to the way it was before privatization. Sorry, I do feel this way.
Heather is very satisfied with the insurance plan she now has. She has a learning disability and is borderline mentally retarded, which she receives SSI for. She also has schizophrenia which she takes prescription medicine for. I answered the questions best I could. She doesn't do a whole lot for herself as far as taking care of her appointments or herself. Not sure why that is: whether it's laziness or her mental illness. She has no transportation, making it hard to get to her appointments for her meds. I have custody of her children and I work full time. I am limited on how much I can do for her. I hope I have been of some help to you by answering the survey.
I don't like the dental plan with this program. No dentist close to me takes this coverage. The closest place is in Waterloo, Iowa. I don't have a way to get there and get my teeth done. I would like this program to be more available closer to home for me.
My doctors are fantastic!

Responses
Why would a person like myself get put on a dental plan that no one will accept. Why does this plan even exist? Please fix it. Only one place within 100 miles will take my insurance and it is a three month waiting list and does no good when your mouth hurts. Making a person wait with pain that long is unacceptable.
I had a very hard time getting a medication pre authorized. It took longer than 2 weeks and I started getting sick. I had to actually buy the med. I will say that this is the only time I ever had problems with the insurance, though. I'm completely satisfied with the insurance!
Hard to get my diabetic med, Januvia. Hard to get medical supplies.
Do not like that doctors have to be in network.
Everything is fine.
No trouble.
Went from kindergarten to 12 grade in the alternation classes but he graduated.
On question #73 and 31, it is the same incident. My cousin in Colorado was put on hospice care. As it was, she only lasted a week. Before my cousin I have lost my sister, husband, brother and my mom. The doctor told me that it was pneumonia that went sepsis. I was in ICU, unconscious for all but the half a day I was there. I thought insurance was there when ever and where ever needed. But I was never so surprised when I found out after coming to in the ICU unit that my insurance would NOT cover it because I was out of state. I do not think that is fair. If I hadn't had 911 called for me, I would be dead. Please tell me how I'm supposed to pay almost 20 thousand for the ICU and ambulance when my SSI is only \$750 a month and my rent is \$400 a month.
Not at this time.
I wish we were treated better by some of the doctors. It is really hard to get mental health care.
I received this on October 3rd, 2018 but said you needed it back by September 26, 2018. How is that possible?
No problems.
No problems so far for medical. Dental is another story!
I need my eyes done. I've had cataracts for a few years. Lupus causes eye problems. If eye surgeons take care of the problem I would need glasses.
It's all good so far! Have a good day!
Most of the time, I have no complaints except my insurance wants to cut me off a medication I have been on for years that helps keep excruciating pain away so that other medication helps with most other pain that breaks through. They don't realize some medication needs to be weaned off a person, not just stopped! Or that medication helps me able to do what I am able to do to care for myself, errands when I need or am able because it helps. I'm sorry, I wanted to mail within 2 weeks but my son passed away the same week I received this. I'm heartbroken and slowly resuming what I can or am able to do.
So far haven't run into any problems. The smoking: I quit 4 years ago, I occasionally smoke a cigar with filter rarely.
Be nice if Medicaid covered transgender surgeries, currently fighting UHC on this. Also MTM could be better. Constant problems with them.
Need nicotine patches, they would not cover!
I am very happy with my health care providers. The clinic and doctor I have is very good. I think Ameri-group does me very well. Thank you.
I need help 24/7. My caregiver has to work outside of helping me. I need a lot more help. They don't pay her enough to help me 24/7. Need her help all the time.
Our son has down syndrome. He does well at his work at the grocery store. He is for the most part healthy and we practice good eating, sleeping, and preventive medicine. Our experiences with health care has been good. He does take gout and cholesterol medicine. Good natured and well adjusted. He has 6 months and yearly dentist and eye appointments. He does wear glasses. I am his mother and filled this survey out. Thank you for your services.
Prescription costs and availability.
I used to go to the health club before you people took over. Now I can't. I use to swim in their pool.

Responses
I don't think I'm getting the care I would if I had different insurance.
Not being able to get new nebulizer only every 5 years when I use it every day and get inhalers when I run out. I need them because I use 3 different ones.
That to get new glasses I have to wait because the eye glass place should not of been in business, they did not have the paper work to be open and went bankrupt and closed and the glasses I paid &70.00 did not give me the right frame and the lenses kept falling out, never did get to wear them and the ones the state gave me I can't see out of them at all, and because of this I can't get no new glasses until January and I need work on my teeth, can't get approved until it gets okayed in 3 1/2 months every time.
I have no complaints. I am so very thankful to have this coverage. Thank you.
My stomach has been hurting for 5 years, have complained it hurts, I am bloated even when I get up and haven't eaten anything. I've asked to get liposuction, my stomach constantly hurts and is bloated, I'd like to crawl out of my own skin. But they wont do it so after complaining after 5 years nothing other than surgery for hernia.
We are very happy with our doctor the way he explains everything so we understand it. Very nice and respectful. Couldn't be happier.
I have Rheumatoid Arthritis, Fibromyalgia and Lower Back Stenosis. A C4/C5 fusion in my neck. Soft tissue damage to my head below my occipital bone. I have needed some shots for these problems and my insurance won't cover them! United Health Care/Medicaid needs to get the stick out and do a better job!
1) I don't like not being able to get a certain dosage of medication reduced due to a crisis I can't control. 2) I don't like not getting my medication because of a prior order.
This is answer survey #2, you have answer #1. I sent it to you after filling it out.
They always give the run around.
It's all good I like my health care plan.
I appreciate the health insurance I have. A few kinks but always seems to work good for me.
Didn't like the monthly cost to pay. Had to do the test/quiz with insurance. I had trouble doing the online account.
I really like it all and what it offers. One time it almost was turn off, but my case coordinator called and it began again.
My medical bills are adding up fast. I am having to pay a lot of things that used to be covered. Having such low income it is impossible for me to keep up with the bills.
When I get my statement from United it says amount you owe and it always says \$0.00 but I have bills from my medical provider. It would be helpful to have list of medical treatment they want cover so can choose what treatment to say no to. I have very limited income and can't afford these medical bills.
While my experience has been mostly positive, my family members have had a lot of problems with their health care that I have not had to deal with due to different medical needs.
Dislike transportation. Can't get to appointments.
No one takes this insurance in our town as in our dentist and I need dental care and transportation. Other than that, we're good.
I have an excellent doctor now. My former doctor retired 2 years ago. Since being assigned doctor Meghan I've received the best medical attention possible. The only issue I've ever encountered is scheduling. She is so busy. I've been disabled since 2002. I've had multiple problems that arise with age, I believe as well as smoking. I consider my family doctor my personal doctor. I was provided information for quitting smoking and have used with the help of patches I still smoke. I would happily answer any question, I have no problem going on record!
It's hard to find a good doctor.
I dislike having to call on the day of my ride only to find out the ride wasn't set. Even though I made the appointment 9 days prior and I was told on the day of my ride, that they didn't have me down, I had to reschedule doctor appointment. I always call now sometimes I only find out the day of my appointment and worry whether or not if I have a ride and this is every month.
Doesn't cover all my tests, cancer screenings, etc.
I am a slow reader and understand most long words and what they mean.

Responses
I take a collateral medication the manufacturer quit making. Needed preauthorization for new ones took a long while and I went unmedicated for over 2 months. I noticed my health declined. Problem has been resolved.
MCO denies medicine needed. MCO will no approve for any procedure to find my problem. MCO will only approve older, cheaper drugs and not the drug I had before because of cost. Appeal has been made twice. I hope and pray we can go back to private care.
Do not send me any more of the survey, thank you.
Took me off pain pills. Still having pain in my rectal cover spots. Yes, bones okay, hips okay, weather change. Thanks for the two bucks.
I have sever health and mental problems. I am being treated for them. Recently, I was found to have cellulitis. Several visits to "watch" it. I am just on my watching for acceleration. Doing better. All I have checked is true.
I like that I can get free transportation and can get food for weight loss.
None at this time.
Everyone at the hospital is great! Real pros. I'm very glad for their help. Thank you.
Won't pay for pain meds because of troubled past which she needs badly.
C6-C7 incomplete SCI. October 7, 2003.
Mother.
I like my health plan or health coverage.
I have trouble with transportation. Because need to book ride 3 days in advance. Sometimes I need to see doctor right away! And no money to pay for ride.
Just this morning, I made an appointment with my doctor. That's why my answers may seem scattered. I would like help with smoking. I have no problems with United Health.
I need help getting dentures. My teeth are very bad. Please help with dentist that will take my insurance. If you don't have my information how can I be entered in a contest to win a Walmart gift card? Is this a scam? Thanks for the \$2. I would appreciate the \$100 gift card from Walmart.
I would like to have someone that could be a health advocate to discuss things about my health coverage I don't know.
Good health care.
Like my health insurance.
Thank you. God bless.
What is MCO, because I don't understand or didn't get any papers on it that I know of or remember getting any paperwork on it.
I answer the best I could.
Don't have the money to afford my medications.
I'm about to turn (redacted) and keep getting mail about plans ABCD and don't have any idea what they're talking about. Have called the 800# that says they'll have someone come talk to me and have never received a call back from them, which is nothing unusual. Like any other government program, you talk to a damned machine that says push this # or that #, 5-10 #'s later it says to leave a #. A waste of my time and tax payers money. I've been waiting for a call back now for over a month from SSI about new Medicaid/Medicare plans.
Mother (legal guardian) complete survey.
My doctor has always been a great doctor. I'm not sure of all the benefits of my MCO but as far as health care, everyone has for the most part have been good provider.
No comments that I can think of.
No. everything is good just like it is. The doctors and nurses are very nice and caring. They answer all my questions and call to check on me to make sure everything is ok.
Just can't find a dentist close to home.
It's fine the way it is.

Responses
I don't think that it's right that I can't get meds I need, due to insurance not covering and I can't afford it.
It would be good if all dentists participated in the plan. Current dentist does not so we will need to find another.
I'm quite happy with my health care coverage. If it is cumbersome with pre qualifications and authorizations I'm not overly aware of it. I know there are some, my doctors, especially specialists, have told me so, but they take care of those forms for me and it works out. I feel that the system of care I'm under now is very well balanced. Doctors don't overly test me to run their own tests, they share results, group blood work and labs share recent x-rays, CT scans and so forth. I appreciate that it seems less ego driven and more cost effective, more kind to me and just makes more common sense.
When the doctor writes a new prescription for my chronic disease, there shouldn't be a struggle to get it. The RA is still active and not all medicines work the same with everyone.
Insurance is good, just got pain in back, shoulder and arm. Nerve damage in elbow. I get sad and mad easily. Lately, been wanting to sleet a lot, too.
I am allergic to most medication but my doctor wants to take away or change my meds which I have been on for a very long time. I am not happy about this.
It seems more than surprising that I am going to appt over an hour away. Nice to know that transportation help us out there.
My health coverage has worked out very well for me.
For the pills and eye drops I use I don't know if I have the right plan, if I have to pay a copay, and if there is a plan where I would not have to pay anything then why ain't I on that plan. And with all my doctors dying or retiring how do I know if I have a doctor to go to? Or they move somewhere else? It scares me to meet a new doctor and have to wonder how long I am going to have him or her. What I don't like is going over two or three hundred miles just to see a doctor.
No, thank you anyway.
I had to stop my allergy shot and my ENT office wouldn't take me any longer either because of my insurance and now I am so sick with sinus infection all the time and I hate being sick. Also, insurance does not pay for my pre cancer treatment like my other did as my mother passed away from plain cancer. There are other things that they don't cover and I am going to have to pay out of my pocket. I live on \$700 per month. Now it is going to be even harder to make it so I will be out in the streets because of medical bills.
I am grateful for my health care and sometimes feel guilty. Anything I receive in life is a blessing. You did not have to give me money to fill this out and return it to you. Will it offend you if I return it? I will return it.
I have been taking my prescriptions that have been helping me. But after 6 months I have to fight just to keep the medicine that helps me live. Sometimes in this fight for the same meds I go without my pill until someone replies from my insurance. It's usually denied. The nurse and doctor I see even noticed that for some reason I am denied more than other people. By the time I get my meds the doctor says I need back I have to start the re healing process all over! Thank you!
The meds I take for my migraine, which is a 24/7, never ending, doesn't help with trying to feel better. My vertigo is I lose my balance a lot! I'm surprised I don't fall anymore. I just recently had 2 strokes within 3 months.
My doctors don't listen, have had to go to ER after going because doc would not listen or treat me. Been in pain for years with no help. They refuse to help with pain control or even medical assistance devices. I have not had a problem with my insurance, it's the doctors that don't care or don't want to be bothered.
My doctors don't listen to me. They misdiagnose me.
I wish they would cover the cost of partials and dentures. I also wish they would cover the cost for a tubal ligation reversal. I also wish they would cover the cost for more stylish glasses frames for Title 19 patients. I mean come on, I don't want to walk around in glasses that look low class! I also wish they would cover breast reduction surgery for women whose hooters are causing back pain!

Responses
Go back to Iowa Medicaid! We're on our third private insurance company. It's confusing and creating anxiety. Too much change and paperwork. The Iowa Medicaid staff saved my life. Stop messing with my human right to health care. My mom already works full time. She helps me. It upsets me when she has to work so hard to manage my care because the companies keep changing. I can't understand the rules. Go back to the way it was.
Parent family support.
More help on hearing aids for I don't know how many more years I got to wait for new ones.
Thank you.
I have been sent information about prescription drug plan and making a choice about my health care coverage by October 30. I have no idea what to do. I have been giving medication at the ER that is making me sick and there are other options that I could use but was told that I need to come back to ER and be reevaluated before they would give me something different.
I think I'm paying too much for off the shelf out of pocket costs, from my own money.
I would like more information on Amerigroup Insurance and what it offers as far as transportation and other benefits that I might have been unaware that it is provided. Thank you and best wishes with your survey.
Nothing!
It needs to be easier for people in rural areas to find an in-network provider. It's ridiculous to have to travel 100+ miles just for a doctors visit!
It doesn't help with meds and some health care needs. Being diabetic and Vitamin D deficient can't get meds for it and an insulin pump to help with managing my diabetes and meds for my rheumatoid arthritis.
I like the transportation. I use it a lot. It helps. The only thing is it's hard to give 2 days notice to get a ride setup.
A real good plan.
I have Medicare and I guess they pay for my prescriptions. They have me taking Advair Diskus. I don't like the powder. I used to have Dulera and Proventil. But they don't pay for those. Do you think Medicaid would? I will call Silver Script. They are the claims Medicare Part D. Other than that, so far everything is very good.
I don't like the prior authorization for meds and tests. If the doctor didn't think you needed it they wouldn't order it.
Having compounded medications paid for. I just want to go to work doing something. Someday be capable of doing to pay my own way in life and pay past bills.
I dislike my health plan. Does not cover all my dental care. I'm not happy with that at all.
I wish I got reimbursed for gas because I have to drive my parents vehicle to dialysis in Mason City, which is 45 miles away every other day there and back and gas isn't cheap but I have no choice. I have heard of others being reimbursed or given gas cards. I do appreciate all other help I have received and assistance I have received.
I would like to know how to get the use of a wheel chair and toilet riser. Hand rails to get off toilet things like that.
No thank you, just need a Medicaid card please. Thank you.
I like when I need something done for my health. My health plan will find a solution. Thank you very much.
Not able to work yet have to pay a portion for meds.
I always get my med confused on setting them up.
I'm, for the most part, satisfied.
Not being able to see my doctor when I need to, my mental health care not believing me and me leaving her office in tears.

