

EXPERIENCES OF IOWA MEDICAID CHRONIC CONDITION HEALTH HOME ENROLLEES (PROGRAM PERIOD 2013-2017)

(CCHH Survey Report 2 [Consumer Survey Analysis Brief])

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KEY FINDINGS

SPECIFIC AIM

To evaluate the experiences of enrollees in the Iowa Medicaid Chronic Condition Health Home program (CCHH), we sent a survey to a sample of enrollees in the fall of 2017 asking about their experiences in the previous six months. This report focuses on the findings from the 2017 survey and, for the adults (for whom the number of enrollees is large enough), changes in experience over time are also presented (i.e., from when the program was “new” (2012-2013) through 2017).

OVERVIEW

In general, for both CCHH populations (adult and child), the experiences of enrollees regarding health status, utilization, and healthcare in 2017 were comparable to 2015.

There did seem to be a decrease in the member’s knowledge about their involvement in a CCHH. For both populations, even though the vast majority could identify having a personal doctor (89% adults; 97% parents of CCHH children) and most reported longevity (5 or more years) with that personal doctor (56% adults; 68% parents/children), awareness of whether or not their personal doctor was in the office that introduced them to health home program had decreased. A little over half (52%) of adults and a little under one-third (31%) of parents of CCHH children reported that their personal doctor was in a Medicaid health home.

ADULTS ENROLLED IN THE CCHH

Areas of Improvement Over the Course of the CCHH Program

- Although ED use remained about the same (around 40%), there was a decrease in the proportion of ED visits for care that could have been provided in a doctor’s office (54% in 2013, 52% in 2014, 37% in 2015, **33% in 2017**);
- Increase in the percentage reporting that someone from their doctor’s office had asked them if they experienced depressive symptoms (i.e., felt sad, empty, or depressed) – (65% in 2013, 70% in 2014, 73% in 2015, **79% in 2017**)

Continued Areas of Success

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

- Around 60% rated physical health as fair/poor and around 40% rated mental/emotional health as fair/poor
- 78% had 3 or more physical health conditions and 62% reported at least one mental health condition

CCHH adults received specialized care for their conditions, when needed

- 89% had seen a specialist in the previous six months (comparable to previous surveys)
- 88% had received treatment or counseling for a mental or emotional health problem (comparable to 2015)

Unmet need for some services remained stable or continued to decline

- Routine care (18% in 2013, 16% in 2014, 11% in 2015, **11% in 2017**)
- Preventive care (14% in 2013; 11% in 2014; 8% in 2015, **8% in 2017**)
- Less unmet need for urgent care (29% in 2013, 20% in 2014, 18% in 2015, **16% in 2017**) among the 52% (in 2017) who reported a need for urgent care

Room for Improvement

There was an uptick in unmet need for mental or emotional care, however ability to obtain needed treatment or counseling remained high

- Among the almost 1/3 of CCHH members who needed mental or emotional care, one in five had an unmet need for treatment
 - 25% in 2013; 25% in 2014; 16% in 2015; **21% in 2017**
 - Need for treatment for a mental or emotional health problem remained constant between 2015 & 2017 (37% in 2013; 33% in 2014; 31% in 2015; **31% in 2017**)
- Almost nine out ten reported the ability to obtain treatment or counseling
 - (82% in 2013; 80% in 2014; 90% in 2015; **88% in 2017**)

The care coordination experience of adults in the CCHH was unremarkable with the following two exceptions

- More than 1 in 5 adults (23%) in the CCHH reported needing coordination help with obtaining food, clothing, housing, or transportation with 11% of those with a need reporting being unable to get the needed coordination assistance (Figure 13)
- In 2017, while 85% of adults in the CCHH experienced a time when they had a need for prescription medicine and almost all (98%) reported having taken a prescription medicine, 13% reported *never* having talked to someone in their doctor's office about all of the prescription medicines they were taking

CHILDREN ENROLLED IN THE CCHH (PARENT REPORT-2017 ONLY*)

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

Specific Areas of Success

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

- 64% met the criteria for having a special health care need; 27% had significant functional limitations
- 65% had at least one physical health condition; 25% had three or more
- The most common chronic physical health conditions were: asthma (27%), allergies or sinus problems (22%), vision problems (19%), speech/language problems (19%), and overweight/obesity (19%)
- 56% had at least one chronic mental/behavioral health condition; 39% had two or more
- The most common chronic mental/behavioral health conditions were: attention problems (37%), behavioral/emotional problems (30%), and anxiety (20%)

Service areas with low levels of unmet need included

- Routine health care (81% with need; 6% unmet need)
- Preventive care (72% used; 2% unmet need)

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

- 97% of children had a personal doctor
- The majority reported excellent communication with their personal doctor

Room for Improvement

Care in an Emergency Department (ED)

- 20% had an ED visit in the previous 6 months; yet 63% of parents reported that those visits were for care that they thought could have been provided in a doctor's office or clinic if one were available

There was significant unmet need for care in some areas among those who needed it

- Specialty care (35% needed it, 16% unmet need)
- Mental/behavioral health care (32% needed it, 12% unmet need)
- Prescription medications (64% need, 10% unmet need)

BACKGROUND

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

In Iowa, Health Home practices are enrolled Medicaid provider organizations capable of providing enhanced personal, coordinated care for Medicaid enrollees meeting program eligibility criteria. To be a CCHH provider and receive enhanced payments for providing care to CCHH enrollees, providers are contractually obligated to each of the following eight standards¹:

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

For administering these enhanced care coordination service, CCHH providers receive per-member-per-month (PMPM) payments as outlined in Table 1.

¹ Iowa Medicaid Enterprise Health Home Provider Standards. Available at: https://dhs.iowa.gov/sites/default/files/HealthHome_ProviderStandards.pdf?020220222009

Table 1. Tier levels by number of chronic health conditions

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

ELIGIBILITY FOR THE CCHH PROGRAM

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

REPORT OBJECTIVE AND TIMING CONSIDERATIONS

The purpose of this report is to document the experiences of Medicaid adults and children in the CCHH program. To do this, we sent a survey to a sample of CCHH enrollees in the fall of 2017 with instructions to respondents to think about the care they received in the six months prior to the survey. It is important to note that while this survey was in the field, one of the Medicaid Managed Care Organizations (MCOs) charged with administering the CCHH program ended its contract with the state of Iowa. On December 1, 2017, AmeriHealth Caritas members were assigned to UnitedHealthcare. Because this transition happened during data collection, it is uncertain what effect this change may have on interpretation of the 2017 findings. Thus, it is possible that some responses to this survey may have been influenced by the shifting landscape of the Medicaid program during this period.

METHODOLOGY

This report evaluates aspects of the CCHH from the perspective of adults and the parent/legal guardian (hereafter referred to as parents) of children who were enrolled in the program. These enrollees were asked to provide their perceptions about their health and health care experiences in the six months prior to receiving the survey (during the timeframe of the winter/spring of 2017). In this report, we also include the results of from the baseline assessment (2013), and post-enrollment assessments (2014, 2015) for comparison.

SURVEY METHODOLOGY FOR ENROLLEES

This third follow-up survey of CCHH enrollees was conducted during the fall/winter of 2017. On September 20th, surveys were mailed to a random sample of community-dwelling, eligible Medicaid members (adults and children). Members were eligible for the survey sample if they were identified in the Medicaid eligibility files as having been in the CCHH in July 2017. The Medicaid eligibility data from the MCOs after July 2017 did not include a CCHH identifier. The research team assumed that members identified as CCHH enrolled in July 2017 who remained enrolled in Medicaid continuously through September 2017 (end of sampling period) were also continuously enrolled in the CCHH. Additionally, only those whose household members had not been included in any other survey sample of Medicaid members within the past year were considered eligible. This strategy reduced the potential for respondent burden and relatedness of the responses.

The initial mailing was sent to 3464 adult CCHH enrollees and the parents of 634 child enrollees. A reminder postcard was sent a week after the initial mailing. A month after the initial mailing, a second survey packet was sent to those who had not responded to the initial mailing. In the mailed cover letters and on the reminder postcard, respondents were given the option of completing the survey online and were provided a website address and access code for that purpose. In an effort to maximize response rates for the mailed survey, both a premium and an incentive were used in the first mailing: each initial survey packet included a \$2 bill and respondents who completed and returned the survey within two weeks of the mailing were entered into a random drawing for one of 20 \$25 Wal-Mart gift cards (10 per group).

For the child enrollee sample, a phone follow-up was conducted approximately 7 weeks after the initial mailing for those who had not yet responded. A maximum of 8 attempts were made to contact the parent/guardian of each child enrollee who had not responded to a mailed survey and if contacted, they were given the option of completing the survey over the phone.

SURVEY INSTRUMENT

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

RESPONSE RATES

Table 2 provides the samples sizes and response rates for the four years that surveys were conducted. For the 2017 survey, complete responses were obtained for 1164 adult enrollees with a response rate of 36%, after adjusting for bad addresses. Complete survey data was obtained for 161 of the child enrollees providing a response rate of 28% for the 2017 survey, after adjusting for bad addresses. For the 2017 survey, response rates were slightly lower higher for both CCHH populations compared to the previous year.

Table 2. Samples Sizes and Response Rates (2013, 2014, 2015, 2017)

Group and Year	Total Sent	Completed Responses	Overall Response Rate	Adjusted* Response Rate
CCHH Adults				
2013 (Baseline)	2024	492	24%	25%
2014	1705	554	32%	35%
2015	3265	1119	34%	38%
2017	3464	1164	34%	36%
Parents/Guardians of CCHH Children				
2013 (Baseline)	404	85	21%	22%
2014	240	38	16%	17%
2015	893	254	28%	32%
2017	634	162	25%	28%

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

Characteristics of Respondents & Non-Respondents (2017)

Table 3 shows the demographic characteristics of the respondents for each of the survey populations (adult and child). CCHH adult respondents were more likely ($p < .01$) to be female when compared to non-respondents (68% female respondents, 64% female non-respondents). And, CCHH adult respondents (mean age = 55.7) were more likely ($p < .001$) to be older than non-respondents (mean age = 50.8). The CCHH children of respondents were comparable to the CCHH children of non-respondents with regard to age and gender. Less than half (44%) of the respondents' children were female and their mean age was around 10.

Table 3. Gender and Age Bias in Responses

Sex/Age	Adults		Sex/Age	Children	
	Respondents N = 1164	Non-Respondents N = 2300		Respondents N = 162	Non-Respondents N = 473
Female	68%*	64%	Female	44%	40%
Age*			Age		
18-34	7%	17%	0 – 5	9%	14%
35-54	31%	38%	6 - 12	55%	51%
55-64	42%	30%	13 – 17	36%	35%
65+	20%	15%			

* Statistically significant difference between respondents and non-respondents at $p < .05$.

Analytic Methods

Data was tabulated and bivariate analyses (i.e., chi-square, t-test and nonparametric tests for group differences) were conducted using SAS and SPSS. When appropriate, statistical testing for group differences in the various measures were conducted for the adult enrollee sample. Due to sample size constraints, statistical comparisons to previous years were not conducted for the child sample and only the results from the current survey (2017) are provided.

CCHH ENROLLMENT AND DEMOGRAPHIC CHARACTERISTICS (ADULT & CHILD)

This section presents the demographic characteristics for adults enrolled in the CCHH over the period of 2013 – 2017 and children enrolled in the CCHH program in 2017. Demographic information about children enrolled in the CCHH in previous years can be found in prior reporting:

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

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

2015: <http://ppc.uiowa.edu/publications/experiences-iowa-medicaid-health-home-enrollees-program-period-2013-2015>

ADULTS IN THE HEALTH HOME PROGRAM (2013-2017)

Table 4 depicts the age, sex, race/ethnicity, and educational disposition of the adult CCHH enrollees who responded to the 2017 survey alongside those of CCHH respondents to the 2013, 2014, and 2015 surveys. A little over 60% of the adult CCHH enrollees who responded to the survey were between 45 and 64 years old, with 20% age 65 or older. There are more adults in the 65 or older category in 2017 than in previous years. With respect to sex, race/ethnicity, and education, these characteristics of adult respondents were similar across the years.

The 2017 survey included a new question asking the respondent to describe his/her current employment status. Almost two-thirds (62%) of these CCHH enrollees reported being *unable to work*, 14% were *employed full or part time*, 14% were *retired*, 5% were either a *homemaker* or a *student*, and 5% were *out of work*.

Table 4. Demographics of Adult CCHH Enrollees

Demographics	2013 Baseline (n=492)	2014 (n=554)	2015 (n=1119)	2017 (n=1164)
Age in years				
18-44	16%	18%	18%	19%
45-64	73%	70%	70%	61%
65+	11%	12%	12%	20%
Female	64%	64%	66%	68%
Race/Ethnicity*				
White	69%	72%	78%	75%
Black or African American	17%	18%	15%	15%
Hispanic/Latino	4%	6%	4%	3%
Asian or Pacific Islander	3%	3%	3%	2%
American Indian	5%	5%	4%	4%
Other	2%	4%	< 1%	1%
Education				
< High School	26%	29%	28%	28%
High School/GED	36%	37%	38%	40%
> High School	38%	34%	33%	32%

* Race/ethnicity categories not mutually exclusive.

Children in the CCHH Program (2017)

Table 5 depicts the sex, age, and racial/ethnic disposition of the children in the CCHH whose parent responded to the survey. Fifty-three percent of these children were between 6 and 12 years old, 38% were between 13 and 17 years old, and 9% were less than 6 years old. Over half (57%) of the children were male, two-thirds (67%) were White, one-quarter (25%) were Black/African American, and 15% were Hispanic/Latino.

Table 5. Demographics of Child CCHH Enrollees (2017)

Demographics	Health Home Children N=162
Female	43%
Average age (years)	10.6
Race/Ethnicity*	
White	67%
Black or African American	25%
Hispanic/Latino	15%
American Indian	4%
Asian	1%
Other	1%

* Race/ethnicity categories not mutually exclusive.

The child enrollees' legal guardian completed the survey about the child. For the vast majority of the respondents, this person was the child's parent (84%). The child's grandparent or other relative (14%) or unrelated legal guardian (2%) were the other people who filled out the survey for the children. Few of the respondents to the child survey (4%) *usually* or *always* needed help reading instructions, pamphlets or other written material from their child's doctor, a potential indication of their capability to complete the survey appropriately.

EXPERIENCES OF ADULTS IN THE CCHH

This section presents the experiences of adult enrollees of the CCHH at four time periods: 2013 (at the start of the program), 2014 (after about 1 ½ years of program operation), 2015 (after about 2 ½ years of program operation), and 2017 (current period).

The experiences of CCHH adults included self-assessments of their:

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

A compilation of the 2017 open-ended comments from adult enrollees is in Appendix B.

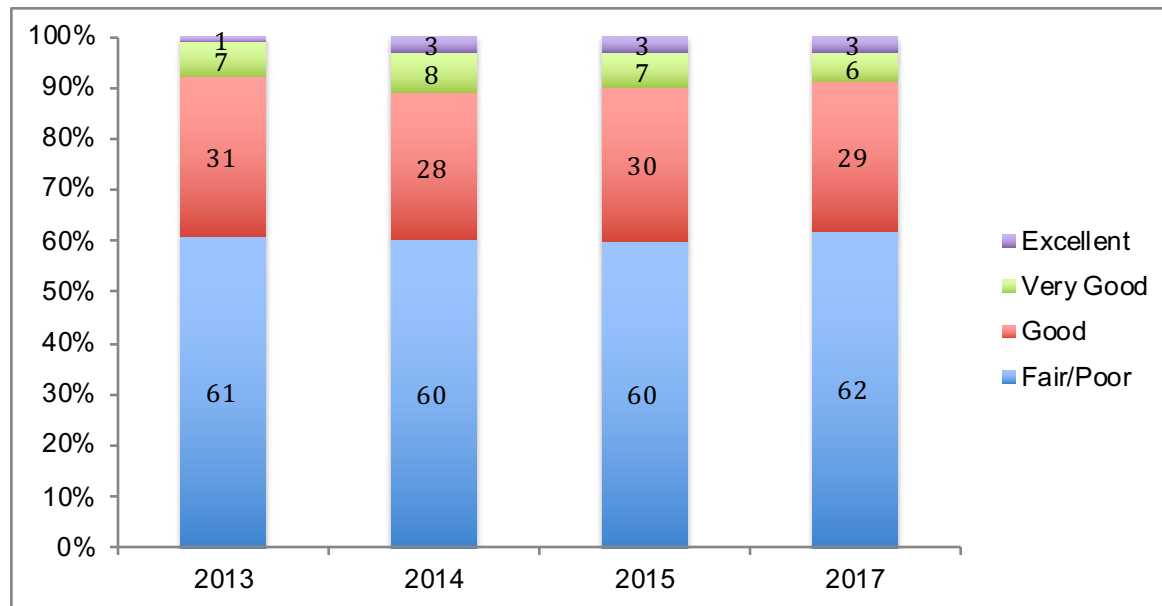
HEALTH STATUS

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

PHYSICAL HEALTH

Overall health status was determined in the survey using a standard excellent to poor response scale. Around 62% of adult CCHH enrollees in 2017 rated their health as fair or poor with only 9% rating their health as very good or excellent. The physical health status of adult CCHH enrollees has been consistent over all of the survey years (Figure 1).

Figure 1. Self-Reported Physical Health Status of Adult Enrollees in the CCHH



Chronic Physical Health Conditions

Poor health status was also evident in the self-reported chronic physical health conditions. In 2017, 93% of adult CCHH enrollees indicated that they had at least one chronic physical health condition. Around 78% had three or more chronic physical health conditions. The most common chronic physical health conditions reported by enrollees before and after experience in the program are presented in Table 6. Chronic condition reporting was consistent across time with some notable exceptions. Over time, fewer CCHH adults are reporting hypertension, obesity, and dental, tooth, and mouth problems; however, the largest decrease occurs in the year after baseline and remains steady over the ensuing years. And, there has been a steady increase in CCHH adults reporting diabetes.

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

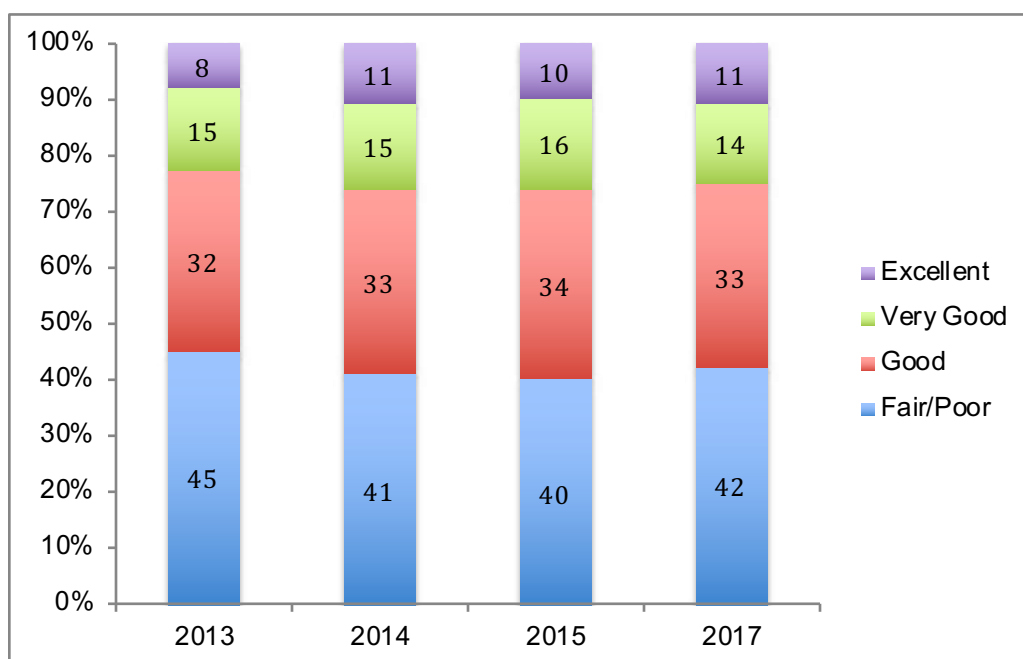
Chronic Health Condition	Pre-program (2013) % Reporting	In Program (2014) % Reporting	In Program (2015) % Reporting	In Program (2017) % Reporting
Arthritis, bone, or joint problems	57%	56%	56%	55%
Hypertension	57%	54%	54%	51%
Overweight/Obese	52%	44%	46%	44%
Back or neck problems	52%	51%	52%	51%
Allergies or sinus problems	39%	35%	38%	40%
Recurrent indigestion, heartburn, or ulcers	36%	37%	34%	31%
A physical disability	33%	31%	33%	32%
Bronchitis, emphysema, COPD, or lung problems	32%	32%	34%	31%

Chronic Health Condition	Pre-program (2013) % Reporting	In Program (2014) % Reporting	In Program (2015) % Reporting	In Program (2017) % Reporting
Diabetes	32%	34%	36%	37%
Dental, tooth, or mouth problems	30%	25%	21%	20%
Asthma	29%	30%	27%	27%
Heart problems	23%	22%	22%	24%
Bladder or bowel problems	22%	23%	24%	27%
Migraine headaches	21%	19%	20%	21%

OVERALL MENTAL AND EMOTIONAL HEALTH

Overall mental and emotional health was determined in the survey using a standard excellent to poor response scale. In 2013, almost half of adult Health Home enrollees (45%) rated their mental and emotional health as fair or poor, dropping to 41% in 2014, 40% in 2015, and 42% in 2017. Particularly after 2013, the mental health status of adult CCHH enrollees has been consistent over time as shown in Figure 2.

Figure 2. Self-Reported Mental Health Status of Adult CCHH Enrollees



Chronic Mental Health Conditions

Enrollees were asked to indicate any chronic mental health conditions they had that had lasted for at least the past three months. The self-reported prevalence of a chronic mental health condition among adult CCHH enrollees in 2017 was high with 62% reporting at least one chronic mental health condition; this was similar to previous years. The most frequently self-reported chronic mental health problems are presented in Table 7. Overall, adult CCHH enrollees did not differ markedly in their self-reported chronic mental health conditions over the years. There has been a slight downward trend in reporting of emotional problems other than depression or anxiety.

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

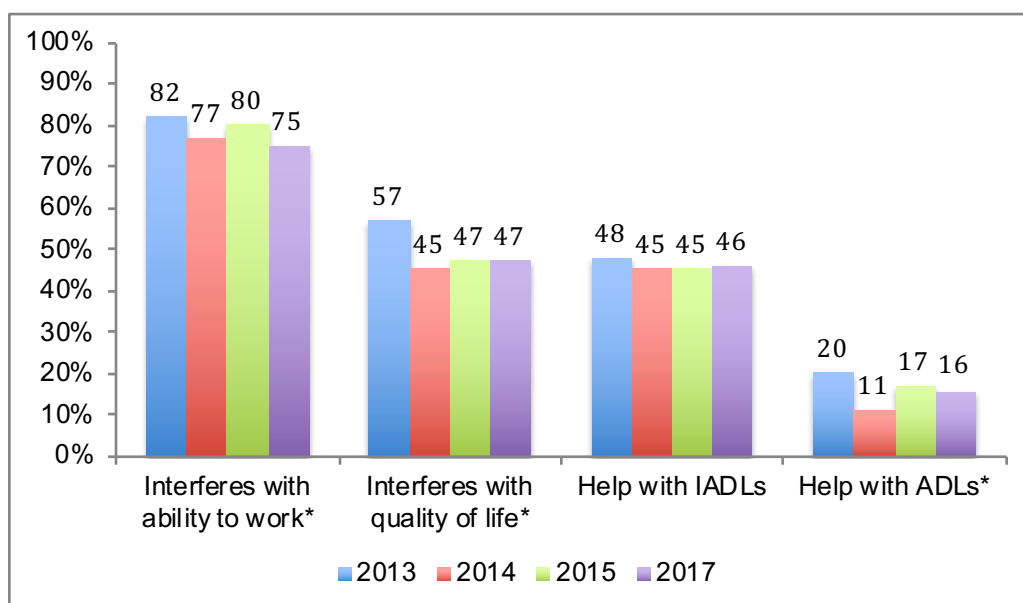
Chronic Mental Health Condition	Pre-program (2013) % Reporting	In Program (2014) % Reporting	In Program (2015) % Reporting	In Program (2017) % Reporting
Depression	53%	49%	51%	49%
Anxiety	44%	43%	45%	45%
Emotional problems other than depression or anxiety	20%	18%	16%	15%

Chronic Mental Health Condition	Pre-program (2013) % Reporting	In Program (2014) % Reporting	In Program (2015) % Reporting	In Program (2017) % Reporting
Attention problems	16%	16%	16%	14%
A learning disability	12%	15%	13%	15%
Drug or alcohol-related problem	8%	4%	4%	4%

FUNCTIONAL HEALTH

Self-rated functional health was assessed in the survey by asking respondents a series of questions about how their physical health affected daily life activities ranging from interference with work or social activities to more serious problems with their ability to function independently in the home. As shown in Figure 3, a majority of CCHH enrollees had a physical or medical condition that seriously interfered with their ability to work, attend school, or manage day-to-day activities. And, there was a statistically significant decrease from the 82% reporting such a limitation in the 2013 survey to the 75% reporting in 2017 ($p=.02$). The percentage of adult enrollees reporting a physical condition that interfered with their independence, participation in the community, or quality of life dropped from 57% in 2013 to 45% in 2014 ($p<.001$) and remained consistent in 2015 (47%) and 2017 (47%). Needing help with IADLs remained steady at all four periods. Finally, the percentage of CCHH enrollees reporting a need for help with their activities of daily living (which is an indicator of ability to live independently in the home) dropped from 20% in 2013 to 11% in 2014 ($p<.001$) but increased to 17% in 2015 and 16% in 2017 which was not significantly different from 2013.

Figure 3. Self-Reported Functional Limitations of Adult CCHH Enrollees



* Statistically significant difference between years.

Notes:

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

HEALTH SERVICES UTILIZATION AND UNMET NEED FOR CARE

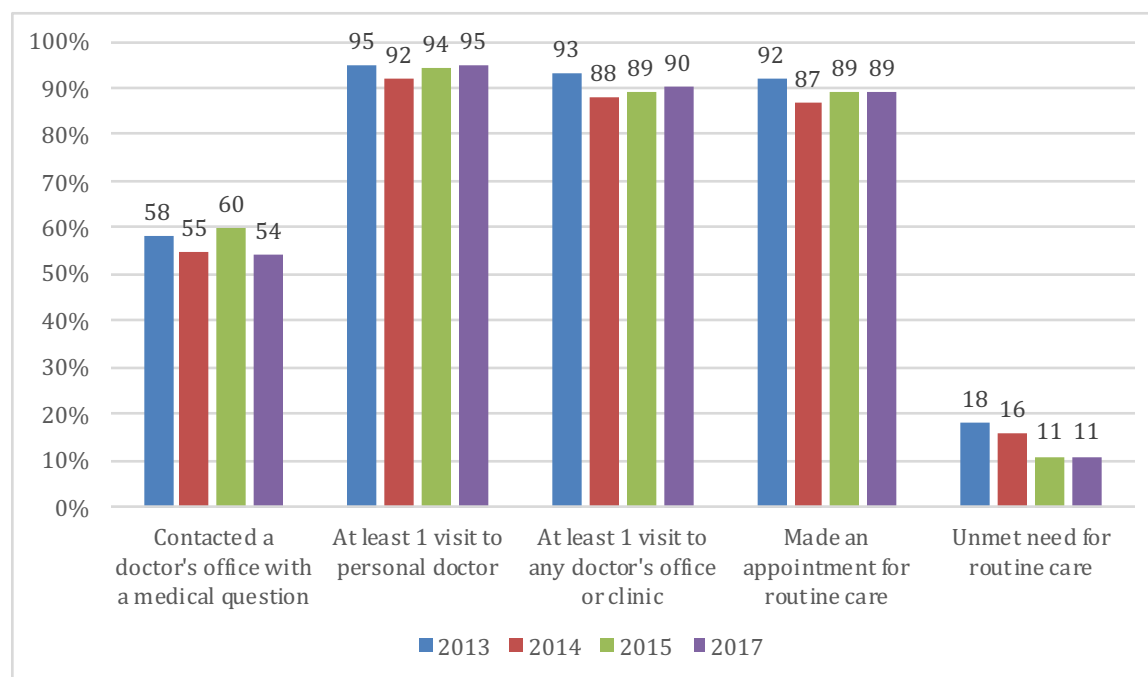
The use of services by adult Health Home enrollees was explored with questions related to: 1) personal doctor and routine care, 2) emergency department visits and urgent care, 3) preventive care, 4) specialty care, 5) hospitalizations, 6) dental care, 7) mental health care, and 8) prescription drugs.

PERSONAL DOCTOR AND ROUTINE MEDICAL CARE: USE AND UNMET NEED

Almost by definition, adult CCHH enrollees are high utilizers of routine medical care, as shown in Figure 4. Over half in each year reported having contacted a doctor's office with a medical question within six months. Most had at least one visit to a doctor's office. In 2017, the vast majority of enrollees with a personal doctor made at least one visit to that provider in the previous six months (95%) which was consistent with what was reported in previous years. The percentage who reported at least one visit to any doctor's office or clinic was 93% in 2013, 88% in 2014, 89% in 2015, and 90% in 2017. A similar trend was seen in the percentage of enrollees who reported making an appointment for routine care in the previous six months.

Unmet need for routine care was defined as enrollees who needed care, tests or treatment in the last six months, but could not get it for any reason. The percentage of enrollees who reported an unmet need for routine care was similar in 2013 (18%) and 2014 (16%) but dropped to 11% in 2015 and 2017.

Figure 4. Utilization of routine medical visits for Adult CCHH Enrollees



EMERGENCY DEPARTMENT (ED) VISITS AND URGENT CARE

As shown in Figure 5, the percentage of adults in the CCHH reporting at least 1 ED visit in six months remained consistent over time with 42% reporting an ED visit in 2017. Around 21% (2017) had been to an ED two or more times during a six-month period.

Of those who had visited an ED, around half in 2013 and 2014 reported that the care they received at their last visit to the ED could have been provided in a doctor's office if one had been available. Around one-third in 2015 (37%) and 2017 (33%) reported the same which was a significant decrease from 2013 ($p < .01$).

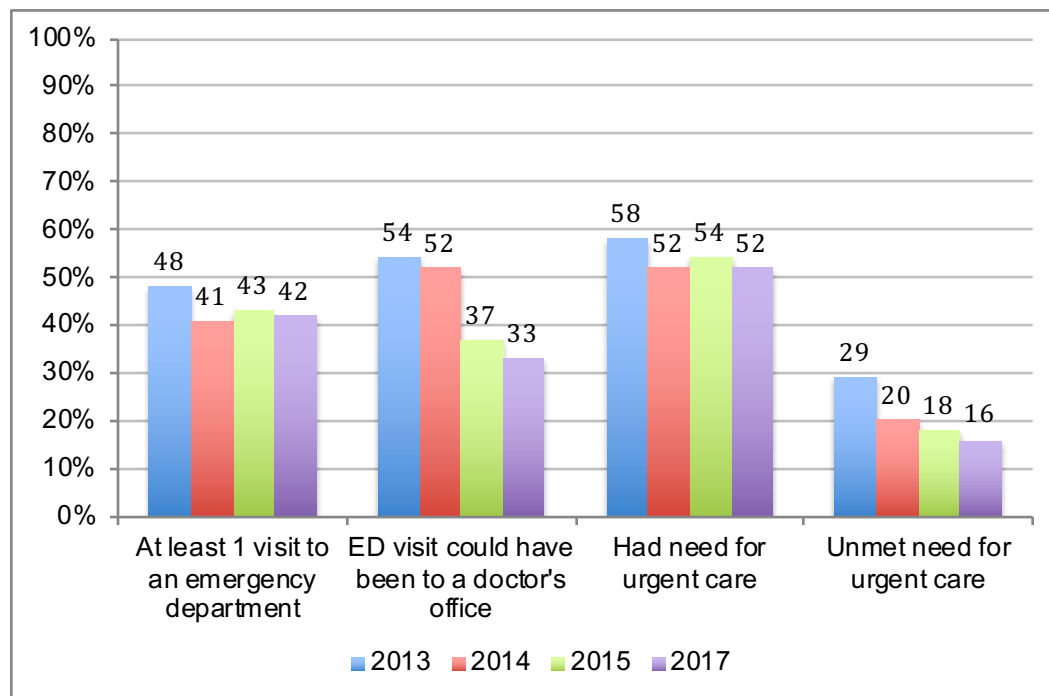
A new question was included on the 2017 survey that asked those who had at least one ED visit to choose the main reason for going to the ED instead of a doctor's office for the care they received. The top three reasons for using the ED instead of a doctor's office were:

1. The doctor's office or clinic was not open when care was needed (40%)
2. The health problem was too serious for the doctor's office or clinic (29%)
3. A doctor, nurse, or other health care provider told them to go to the ED for care (13%)

More than half of CCHH adults in the follow-up periods (52% in 2014, 54% in 2015, and 52% in 2017) had a need for urgent care in the six months prior to completing the survey, which is comparable to 2013 reports (58%). In 2017, most respondents (86%) who needed this urgent care *always* (59%) or *usually* (27%) received it as soon as they thought they needed it.

Unmet need for urgent care was defined as enrollees who had an illness, injury or condition that needed care right away, but who were not able to get it for any reason. While nearly one-third of adult CCHH enrollees in 2013 (29%) reported an unmet need for urgent medical care, there was a significant decrease ($p<.001$) over time (2014 - 20%, 2015 - 18%, 2017 -16%).

Figure 5. Utilization of Emergency or Urgent Care Services by Adult CCHH Enrollees



PREVENTIVE CARE: VISITS AND UNMET NEED

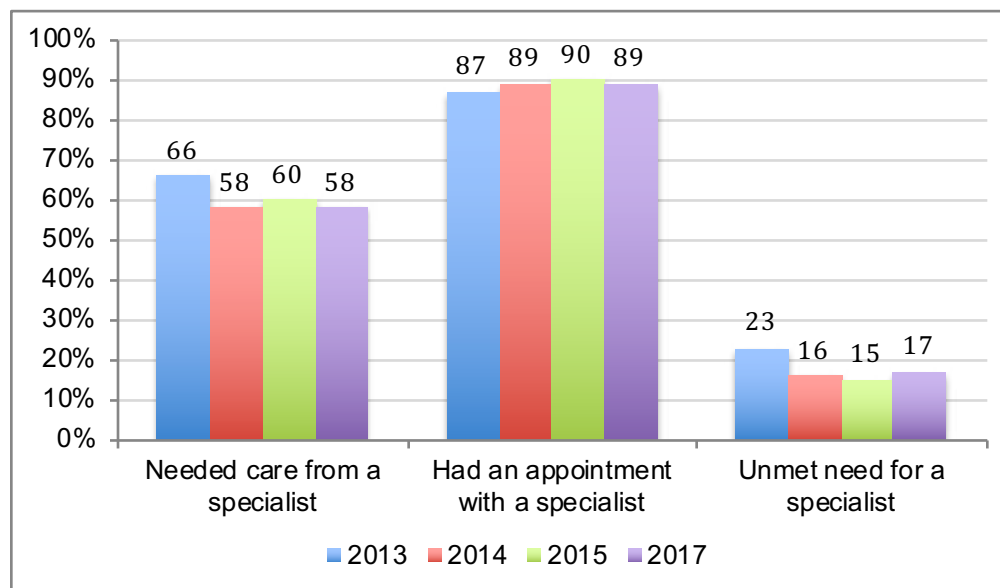
Use of preventive services was evaluated by asking enrollees for information on their last preventive health visit, which could have included a check-up, physical exam, mammogram, or Pap smear test. In 2013 and 2014, 63% of CCHH adults had a preventive visit and 68% reported the same in 2015 and 2017. The percentage of CCHH adults who reported a time when they needed preventive care, but were unable to receive it trended down from 2013 to 2015 (14%, 11%, 8%) but held steady in 2017 (8%).

SPECIALTY CARE: VISITS AND UNMET NEED

The percentage of CCHH adults who reported a need for specialist care within six months of the survey was significantly less in the post-enrollment periods (58% in 2014, 60% in 2015, 58% in 2017) when compared to the 2013 (66%) (Figure 6). Consistent with earlier time periods, the vast majority of adults in 2017 (89%) had seen a specialist for a particular health problem in the previous six months.

Unmet need for specialty care was defined as a time when specialty care was needed, but the enrollee could not receive it for some reason. The percentage of CCHH adults who reported having a time when they needed to see a specialist but could not, declined from 23% in 2013 to 16% in 2014 and remained consistent in 2015 (15%) and 2017 (17%).

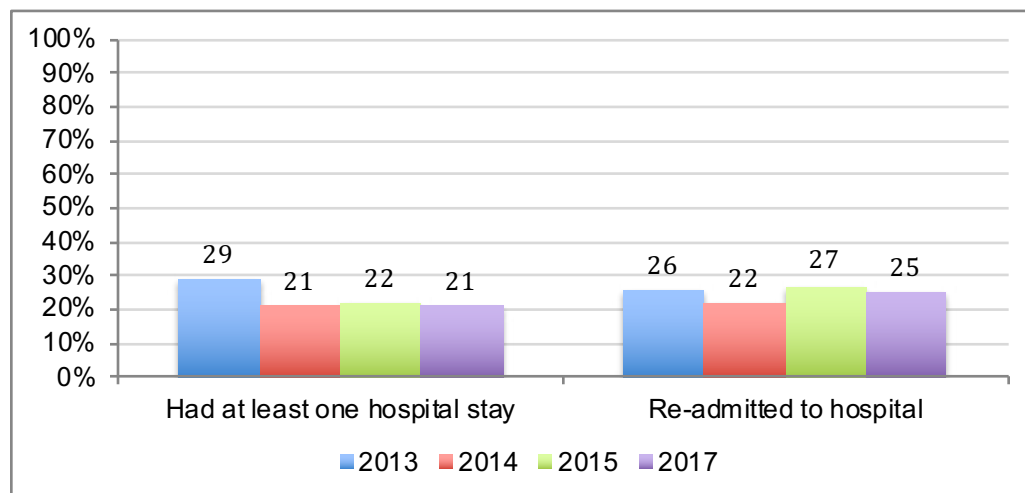
Figure 6. Utilization of specialty providers by Adult CCHH Enrollees



HOSPITALIZATIONS

As shown in Figure 7, there was a significant decline ($p=.003$) in the percentage of CCHH adults who reported having been hospitalized overnight at least once in the six months prior to the survey, from 29% in 2013 to 21% in 2014, 22% in 2015, and 21% in 2017. The percentage of those who were hospitalized and who reported needing to return to the hospital soon after being discharged because they were still sick or had a problem was comparable across the three periods 26% in 2013, 22% in 2014, 27% in 2015, and 25% in 2017.

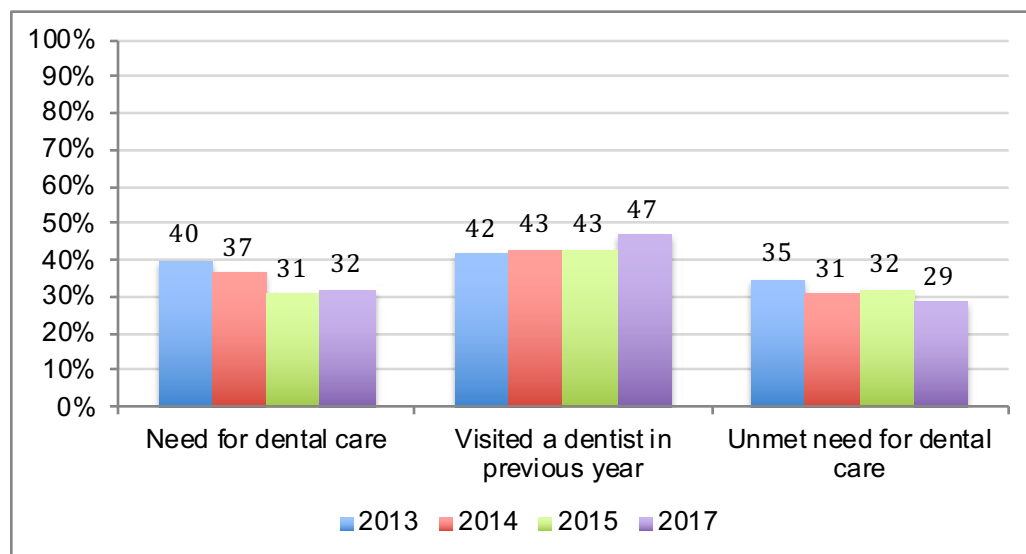
Figure 7. Hospital Stays for Adult CCHH Enrollees



DENTAL CARE

Reported need, use, and unmet need for dental care was comparable across time periods for CCHH adults, as shown in Figure 8. The reported need for dental care has been trending down since the start of the Health Home program from 40% in the 2013 to 37% in 2014, 31% in 2015 and 32% in 2017. The percentage who reported having seen a dentist within the prior year was consistent across the periods at around 45%. In addition, around one-third reported an unmet need for dental care at each time period (35% in 2013, 31% in 2014, 32% in 2015, and 29% in 2017).

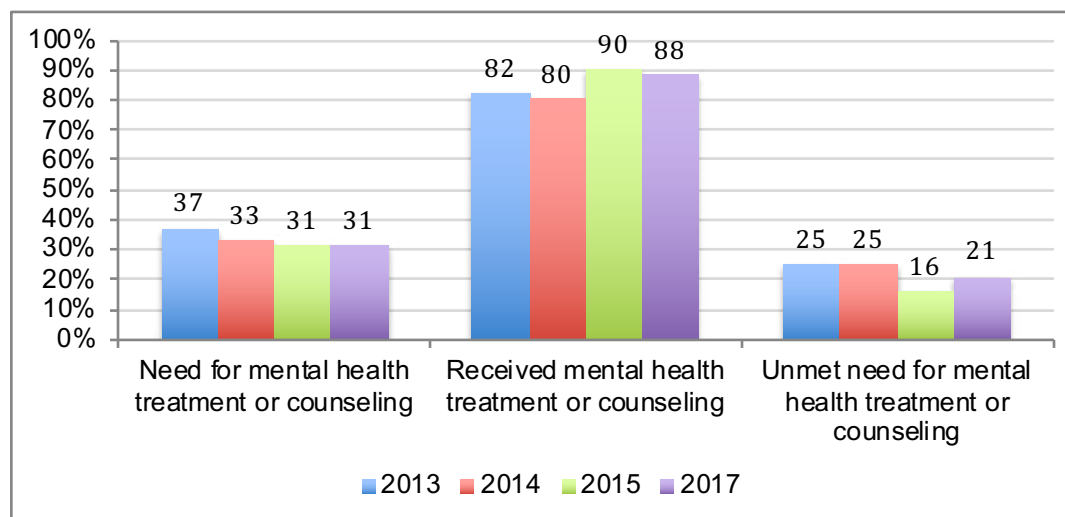
Figure 8. Dental Care for Adult CCHH Enrollees



MENTAL AND EMOTIONAL HEALTH CARE

Figure 9 provides a look at the mental and emotional care needs of adult CCHH enrollees. The need for mental health treatment or counseling was consistent across the years, particularly after the first year (2013 – 37%, 2014 – 33%, 2015 and 2017 – 31%) with around one-third of adults in the CCHH having this need. And, of those with need, around 80% in 2013 and 2014 received treatment or counseling for their mental or emotional problem. However, after 2014, this increased to 90% in 2015 and 88% in 2017. Among those who believed they needed treatment or counseling for a mental health problem, 25% in 2013 and 2014 experienced a time when they were unable to receive this care for some reason; this decreased to 16% in 2015 but increased to 21% in 2017.

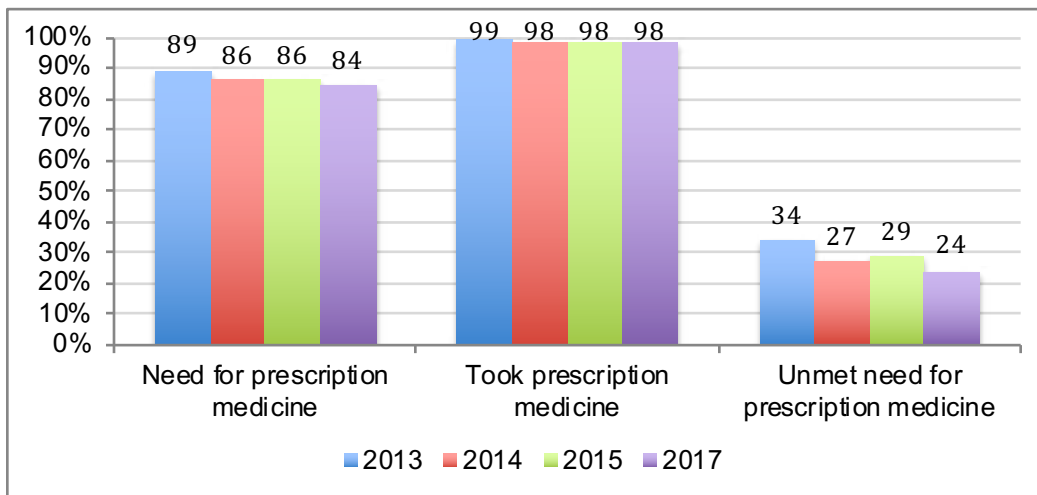
Figure 9. Mental Health Care for Adult CCHH Enrollees



PRESCRIPTION DRUGS

As indicated in Figure 10, in each time period, a majority of adult CCHH enrollees reported needing prescription medicine in the six months prior to the survey and all but a handful of respondents at each time period reported having taken a prescription medicine during that time. Notably, the percentage of adult CCHH enrollees who reported having had a time when they could not get a prescription for some reason significantly dropped from 34% in 2013 to 27% in 2014, stayed consistent in 2015 (29%) but decreased to 24% in 2017.

Figure 10. Utilization of Prescription Medicine by Adult CCHH Enrollees



HEALTH HOME ATTRIBUTES

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

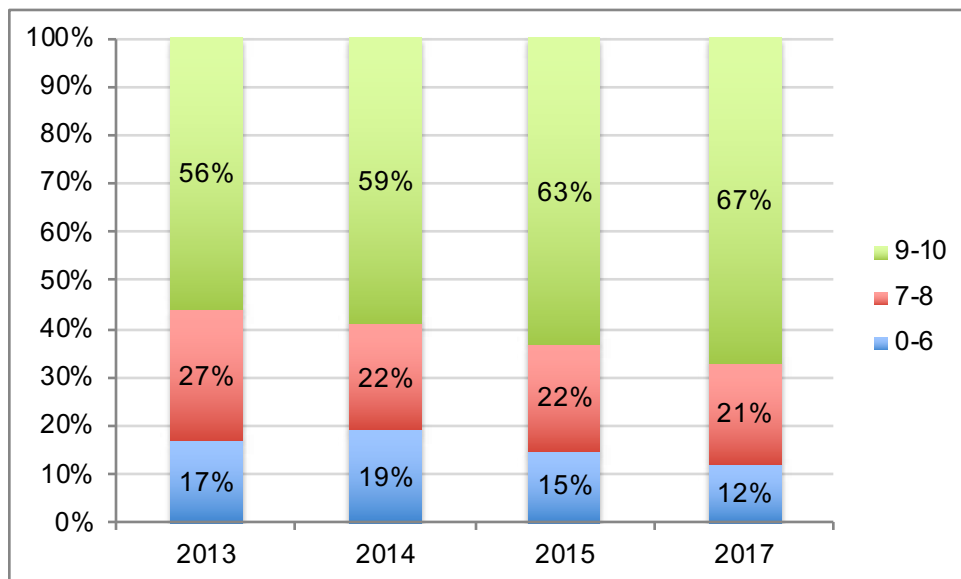
PERSONAL DOCTOR

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

In 2013, 11% of adult CCHH respondents could not identify a provider they considered to be their personal doctor; that percentage declined to 8% in 2014, 6% in 2015 and 8% in 2017. In 2013, almost three-quarters (72%) of adults in the CCHH reported that their personal doctor was located in the office that introduced them to the CCHH program. However, this percentage decreased to 60% in 2014 and 2015 and decreased even further in 2017 to around half (52%).

Those enrollees who indicated they had a personal doctor were asked to rate this person on a zero to ten scale (0 is the worst doctor possible and 10 is the best doctor possible). While the percentage of respondents who gave their personal doctor a nine or ten rating in 2013 (56%) was comparable to 2014 (59%), there was a significant increase in 2015 (63%) and 2017 (67%). (Figure 11).

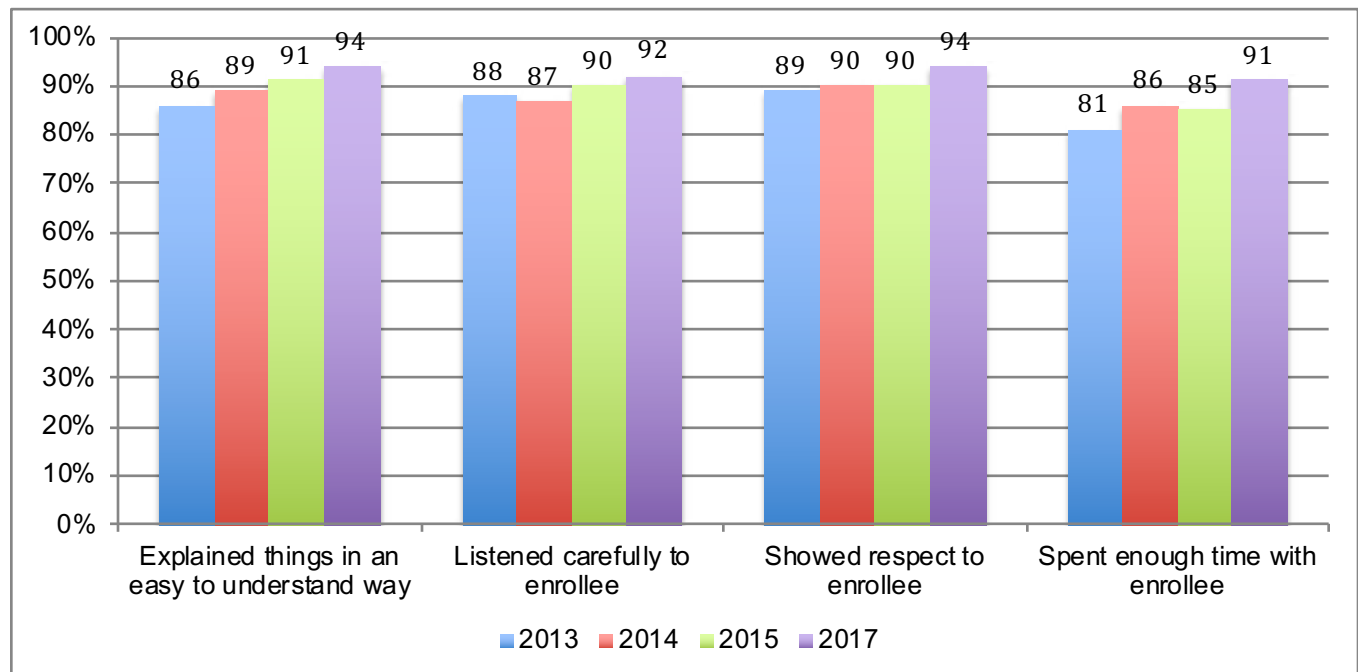
Figure 11. Adult CCHH Enrollees' Rating of Personal Doctors



COMMUNICATION WITH A PERSONAL DOCTOR

A Health Home should promote enhanced communication between the patient and the physician. Enrollees were asked several questions to assess how well their personal doctors communicated with them during their visits, including questions about how often their personal doctor: 1) explained things in a way that was easy to understand; 2) listened carefully to them; 3) showed respect for what the enrollee had to say; and 4) spent enough time with them. Figure 12 provides the responses (those who responded *usually* or *always*) to each of these questions by survey year. Overall, adult CCHH enrollees rated their experiences communicating with their personal doctors very highly, with their responses in 2017 being the highest in all four periods for all four communication concepts.

Figure 12. Adult CCHH Enrollees' Experiences Communicating with Personal Doctor



CARE COORDINATION

The Health Home population is made up, by design, of a population of the sicker Medicaid members. Such illness burden often results in the use of a variety of different health services aside from those provided by the member's personal doctor. In the six months prior to completing the 2017 survey, 89% of these respondents had seen a specialist for a particular health problem, 88% had received treatment or counseling for a mental or emotional health problem, 21% had been hospitalized at least once, and all but a few had taken a prescription medication.

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

- How often their doctor's office followed-up with them regarding **test results**
- How often their doctor's office seemed informed and up-to-date about their **specialist care**
- How often their personal doctor seemed to know the important information about their **medical history**
- How often they talked with someone from their doctor's office about all the **prescription medicines** they were taking
- **Need and unmet need for assistance** with a variety of potential health services
- **Need and unmet need for information communicated back to their personal doctor** about specific health service provisions

Test Results

The vast majority of the CCHH adults in 2017 (89%) reported that their doctor's office ordered a blood test, x-ray, or other test for them in the six months prior to the survey. Most (82%) reported that someone from that office *usually* or *always* followed-up with them to give them the results. These results are comparable to previous years.

Specialist Care

In 2017, most (89%) adults in the CCHH had seen a specialist in the previous six months. Of those who saw a specialist, well over three-quarters (81%) reported that their doctor's office *usually* or *always* seemed informed and up-to-date about the care they received from specialist. These results are comparable to previous years.

Medical History

Almost all (95%) CCHH adults in 2017 visited their personal doctor at least once in the six months prior to the survey. Of those who saw their personal doctor, 91% reported that their personal doctor *usually* or *always* seemed to know the important information about their medical history at the visit. This percentage has trended upward over time (83% - 2013, 86% - 2014, 87% - 2015, 91% - 2017).

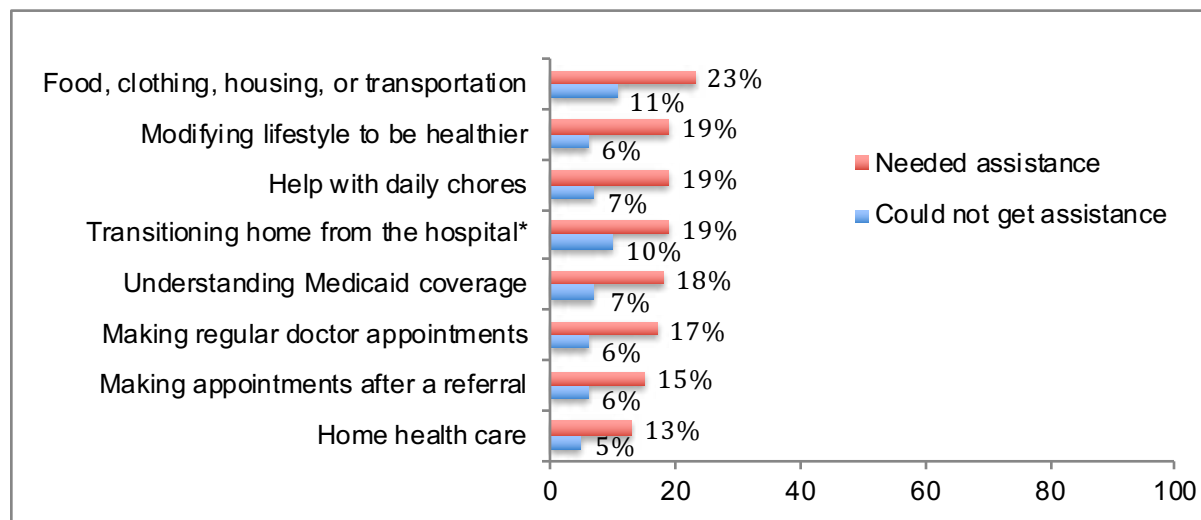
Prescription Medicines

In 2017, 85% of adults in the CCHH experienced a time when they had a need for prescription medicine. Of those with a need, two-thirds (67%) reported that someone from their doctor's office *usually* or *always* talked with them about all of the prescription medicines they were taking. Thirteen percent reported *never* being talked to about all of the medicines they were taking. This question was new to the 2017 survey.

Need and Unmet Need for Coordination Assistance

Figure 13 summarizes, from the 2017 survey, the need for assistance with particular health care services and whether or not respondents were able to get the needed assistance. More than 1 in 5 adults (23%) in the CCHH reported needing coordination help with obtaining food, clothing, housing, or transportation with 11% of those with a need reporting being unable to get the needed coordination assistance. Just under one in five of these enrollees reported needing assistance with modifying their lifestyle or behaviors to be healthier (19%), coordinating help with their daily chores such as housekeeping or personal care needs (19%), making regular doctor appointments (17%), help making appointments after a referral (15%), and help coordinating home health care services (13%). There was a marked decrease in enrollees reporting they needed help understanding their Medicaid coverage (from 26% in 2015 to 18% in 2017). In each instance, fewer than 10% reported that they could not get the assistance that they needed. With regard to the service helping transition enrollees from hospital to home, for those who had at least one hospital stay (n=237), 19% reported a need for help with their transition home from the hospital with 10% of those with a need reporting being unable to get the needed help.

Figure 13. Need and Unmet Need for Specific Care Coordination Services (2017 only)

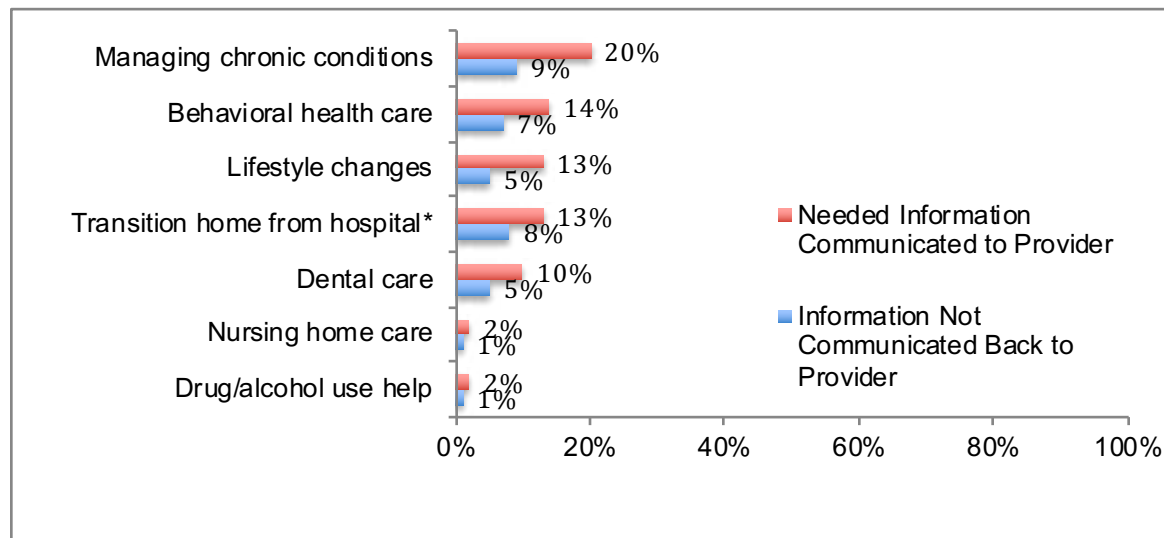


* Calculated for those who responded that they had at least one hospital stay in the six months prior to the survey (n=237 respondents)

Need and Unmet Need for Communication between Service Providers

Figure 14 summarizes, from the 2017 survey, the need and unmet need for the communication of information between the respondents' personal doctors and other care providers in the community. One in five respondents (20%) reported needing information about management of their chronic health problem communicated back to their personal doctor. For the rest of the services, less than 20% of enrollees reported a need for information to be communicated back to their provider.

Figure 14. Need and Unmet Need for Communication between Providers (2017 only)



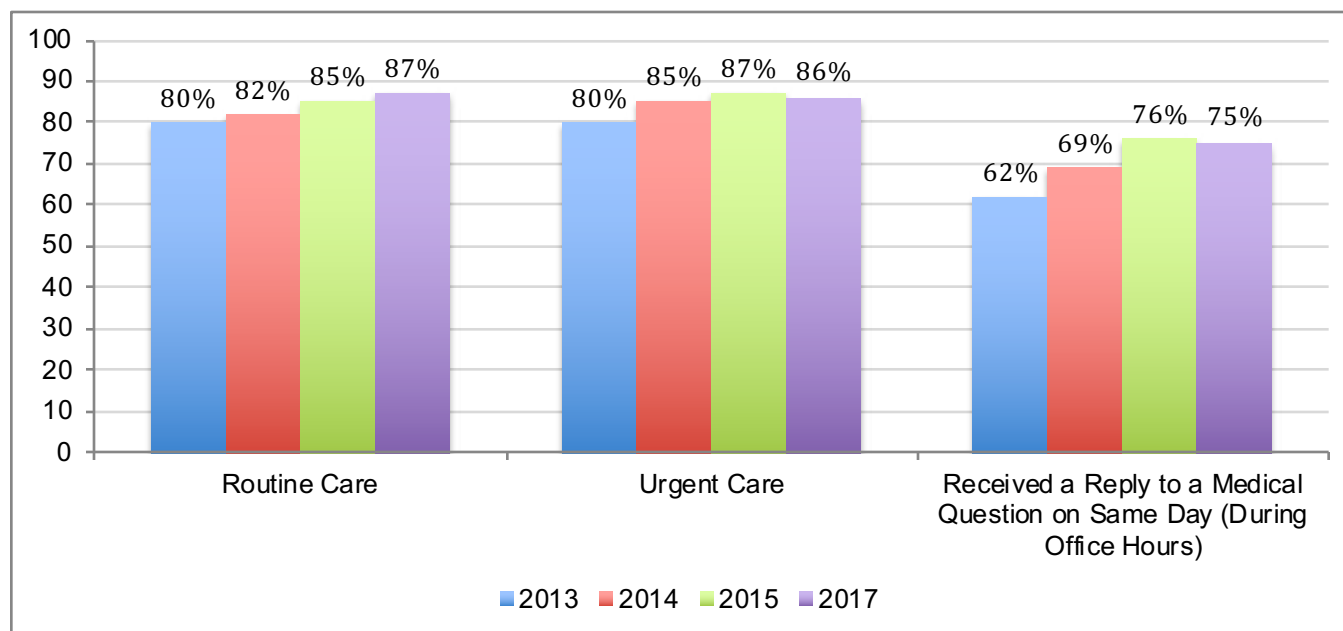
* Calculated for those who responded that they had at least one hospital stay in the six months prior to the survey (n=237).

TIMELY ACCESS TO CARE

Several survey items explored enrollee experiences with timely access to care. These included enrollee assessments of the following: 1) ability to get urgent care when needed; 2) ability to get routine care when needed; and 3) same day response to regular office hour contact (not visit related).

Figure 15 shows the experiences of health home enrollees as they tried to access particular types of care (urgent, routine, and same-day response outside of an office visit). For those enrollees who contacted their doctor's office with a medical question during regular office hours (55% in 2017; 60% in 2015; 55% in 2014; 57% in 2013), 75% in 2017 *usually* or *always* got an answer to their question on the same day as their contact with the doctor's office. With both routine and urgent care, the majority of enrollees reported *usually* or *always* being able to access the care they needed.

Figure 15. Adult CCHH Enrollees Experiences Usually or Always Being Able to Access Care



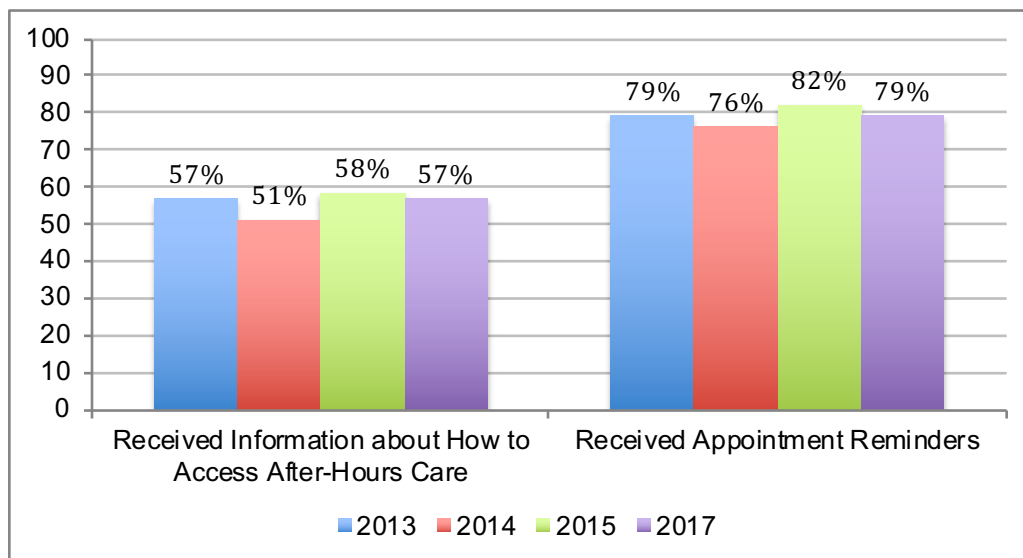
INFORMATION ABOUT CARE AND APPOINTMENTS

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

- In the last 6 months, did a doctor's office give you information about what to do if you needed care during evenings, weekends, or holidays (after-hours)?
- In the last 6 months, did you get any reminders from a doctor's office between visits?

Figure 16 provides the experiences of adult CCHH enrollees with regard to their receipt of timely information regarding their health care. Over one-half of enrollees reported they received information about getting care after-hours (57% in 2013; 51% in 2014; 58% in 2015; 57% in 2017); there were no significant differences over time. And, over three-quarters of enrollees each year reported receiving appointment reminders (79% in 2013; 76% in 2014; 82% in 2015; 79% in 2017); there were no significant differences over time.

Figure 16. Information about Care and Appointments: Adult CCHH Enrollees



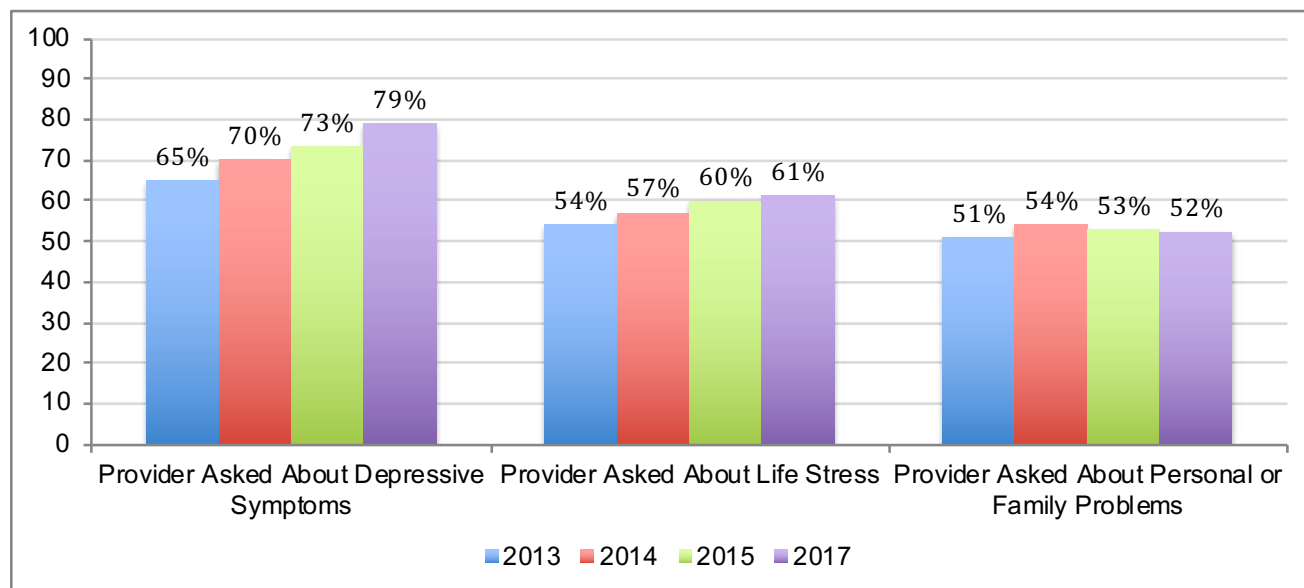
COMPREHENSIVE CARE

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

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

As seen in Figure 17, over time, more adult CCHH enrollees reported having someone from their provider's office ask them about depressive symptoms and stressful life events. In 2017, 79% of enrollees reported that someone from their doctor's office asked if they experienced depressive symptoms (feeling sad, empty, or depressed) and this was a significant increase from 2015 (73%). And, 61% of enrollees in 2017 reported that someone from their doctor's office talked to them about things in life that were a worry or caused stress which comparable to what was reported in 2015. The proportion of enrollees who reported that a provider talked to them about personal or family problems remained consistent over time (51% in 2013, 54% in 2014, 53% in 2015; 52% in 2017).

Figure 17. Adult CCHH Enrollees and Comprehensive Mental/Emotional Health Care



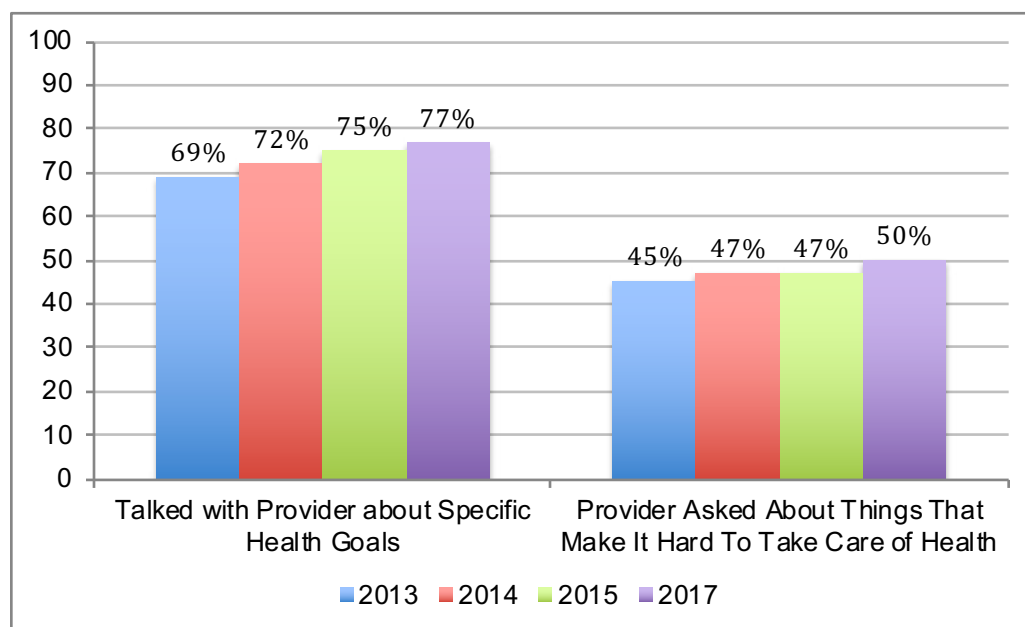
SELF-MANAGEMENT SUPPORT

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

- In the last six months, did anyone in a doctor's office talk with you about specific goals for your health?
- In the last six months, did anyone in a doctor's office ask you if there are things that make it hard for you to take care of your health?

As seen in Figure 18, over time, more adult CCHH enrollees reported having someone from their provider's office ask them about their specific health goals. Yet, in 2017, 77% of enrollees reported that someone from their doctor's office asked about their health goals and this was comparable 2015 (75%). The proportion of enrollees who reported that a provider asked them about things that made it hard for them to take care of their health remained consistent from 2013 to 2015 (45% in 2013, 47% in 2014, and 47% in 2015) and increased slightly in 2017 (50%).

Figure 18. Self-Management Support: Adult CCHH Enrollees



IN THEIR OWN WORDS - FEEDBACK FROM ADULTS IN THE CCHH, 2017

The final item on the CCHH adult survey was open-ended, and stated, “Please tell us if there is anything else you like or dislike about the Medicaid Health Home program.” Of the 1164 respondents who completed the survey, 388 provided a response.

The content in responses covered a range of topics and were organized into categories. A coder examined the data, and developed general categories to organize and summarize the comments. The coder used NVivo software to place each comment into corresponding categories. Coding the comments from the survey assists in the systematic identification and analysis of recurring themes. In many instances, a comment from an individual respondent covered more than one theme. An example of this is demonstrated in the following comment: “I was getting prescriptions that worked for me, now I have to pay out of my pocket and can’t only get what I have funds for and that don’t even cover enough for the whole month and don’t know where to go or call for help.” The respondent described experiences with three themes: unmet need for medication, financial hardship, and out-of-pocket expenses.

Within the 380 respondent comments, there were 427 pieces of material representing the following distinct themes:

- Health Plan
- Experiences Getting Care
- Unmet Need
- Chronic Illness and Social Determinants of Health
- Access to Care

A summary of the overall themes, including quotes from the commentary exemplifying the theme, are provided below. A listing of all of the comments can be found in Appendix B.

HEALTH PLAN

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

Satisfactory

Of the 220 references to the CCHH program in the open comments, 122 members expressed satisfactory and positive experiences. A majority of the comments indicated a general satisfaction with the program. More specifically, members reported being grateful for the program/coverage, and appreciating a variety of services that are available through the Medicaid program.

“I have been treated fairly and with dignity and respect. I am very grateful for the Medicaid being there for me during the darkest time of my life.”

“I have recently been diagnosed with diabetes I am insulin dependent without my insurance I could not afford my insulin. I love having Medicaid. Never had health insurance before. I’d be deal without it now, I couldn’t even afford my insulin pens on my salary when I had a job, unemployed at moment. Love it!!”

“I like the Medicaid program because they’ve helped me with bills that Medicare wouldn’t pay for. Medicaid is a wonderful program that helps people in so many ways. It would be a disaster if people didn’t have Medicaid. I hope Medicaid be around forever. It has saved so many lives.”

“I’m very grateful for all the services I receive. My life would be miserable without Medicaid.”

“They saved my life. My doctor’s and home health services, are of great need. I can enjoy my family more now. Thank you greatly!”

“I am very grateful that there is a program like Medicaid to help people like me that are physically unable to work. Thank you!”

“I am very healthy. When I had cancer I didn’t have ins and Iowa Medicaid took care of everything. I had the best doctors/care in Des Moines, IA! I am so grateful!! I will be purchasing private insurance as soon as I’m able.”

“My coverage expires soon like 3 days from now. I appreciate being able to have the Medicaid while I was out of work.”

Unsatisfactory

Sixty-nine members expressed dissatisfaction with the health plan for various reasons, including changes and/or limitations of the program, services or medications not being covered, prior authorization processes, and concern/worry about coverage.

"Don't like how you have to try certain things (treatment) before being allowed to have certain procedures/surgery done especially when it is medically needed. It waste's tax payers money and means that you have to keep going threw symptoms that could kill you until insurance deems it ok to proceed."

"I do not like the stress that comes from knowing that the state of Iowa and the federal government may stop Medicaid and I would lose access to all health care, prescription medicine and dental care."

"I believe when a doctor prescribes a medication a person should not be denied that medication because Medicaid refuses to pay. Medicaid could be improved by having more doctor/clinics/hospitals/dentists who accept it and by opening up to paying for the things doctors say the person needs."

"The new insurance co (MCO's). Why can't we go back to the old Medicaid system, now my staff cannot drive me to my doctor, I have to take a cab, so what they are paying for both to drive to the same place? How dumb is that? I have asked about this and no one can answer my question. There is so much more some one needs to talk to us consumers, no one talks to us!"

"There are restrictions more so now than there was before. Harder to get needed care because of the changes."

"Lack of coverage is becoming a real issue especially with mental health, specialists, medication, and basic care that used to be covered."

Confusion

Of the 220 comments regarding experiences using their health plan, 23 members described a lack of clarity concerning the coverage and details of their health plan. More specifically, members reported questions about coverage and eligibility, difficulty finding information, and limited understanding of the plan or their enrollment.

"Information about my medical. I get all kinds of letters they make no sense to me. They really don't explain what the changes are in my Medicaid insurance. When you call about them to see if the changes are for myself. And how it will affect my insurance it usually takes about 2 hours on the phone. Most of the time I just hope I got the right information."

"Don't know the difference between Medicaid and this health home program."

EXPERIENCES GETTING CARE

In response to the final open ended survey item, 51 members described experiences getting health care, both positive and negative.

Unsatisfactory

Of the 51 comments regarding experiences getting care, 26 members reported dissatisfaction and negative experiences related to receiving care.

"The communication at [Clinic Name] is poor. The call backs are poor. Also never on time to call. For instance scheduled for flu shot at set time, got there and told we just called you to tell you we are out of flu shots. Checked phone at home and they called at the time of appointment it's a 30 minute drive for this clinic for us to drive. Then we were told to call back on Monday to see if they have shots available. Why do we have to call when they should call us to tell when we can make an appointment."

"I don't like how when I get out the hospital my follow up app is 3 months later. I have switch doctors 2 to 3 times. I have been prescribed meds I was allergic to. I would like to find a doctor that thinks more of me than just a number."

"I go to the doctor every 3 months, but they hardly ever even touch me in all the years I have been going to [CLINIC]. My back and neck are messed up, mainly from an automobile vs. train accident that happened when I was a teenager, but they do nothing to look at it at all, even though I say it is bothering me every time I see the doctor."

Satisfactory

In contrast, 15 members reported satisfactory and positive experiences.

"My doctors are wonderful and take good care of me. I would be lost without them."

"All workers are very helpful and kind. They do a very good job."

UNMET NEED

Of the 388 responses, 37 Medicaid members reported interferences in receiving care because of limited plan coverage. Most frequently, members reported unmet need for medications. Also reported were needs for additional coverage (such as vision, dental, or transportation).

"My health plan, I don't like it. It does not pay for hearing aids, if I had my second hearing aid then I could work at least part-time."

"There have been times I was denied meds because my Medicaid would not pay for them it's frustrating when you need these meds but cannot get them so you stay sick and suffer."

"Getting the insurance to allow all the drugs my doctor wants to try. Now I always get refused by Medical on drugs. Doctor has to do tons of work to get what I need to control my diabetics. Very frustrating!"

"Transportation is the biggest problem I have, medical card get a ride from them but sometimes they never show up or they are late. Also late picking you up from a doctor's appointment."

CHRONIC ILLNESS AND SOCIAL DETERMINANTS OF HEALTH

Thirty-two Medicaid members described their experience with chronic illness and difficult circumstances, or social determinants of health, as barriers in their ability to receive care. Additionally, many members reported financial hardship, specifically being unable to obtain medication, treatment or other necessities due to unstable or limited income.

"Been treated for bipolar 22 yrs. depression since age 8. recovering drug alcohol addict 22 yrs. High blood pressure. Re-incurring bladder infection. Have severe crying spells. Stomach problems. Head-aches history of abuse free 22 yrs."

"I lost my husband one year ago and I am alone now. That is sad and hard for me. I have COPD, CHF, Diabetes, Gerd, Colitis, Anxiety."

"I am very worried about what the insurance (medical) will be when its decided. I'm on 15 or 16 different pills, inhalers all my diabetic supplies with my husband and mine total income is \$965.00. after we pay all bills and rent we have very little. We live day to day and month to month."

"I think I should have fresh fruit and veggies. I only get \$133 a month for food stamps."

ACCESS

Of the 380 responses, 28 Medicaid members reported various barriers that limited access to care. Members commented on difficult finding providers who accept their insurance as well as delays in coverage/receiving services due to approval for medications and procedures.

"There have been several times that my doctors and I have had to make phone calls or appeal to get medications that I've been on over 10 years because out of nowhere they send something saying I'm not qualified etc. These are things I need to have and thrive! Assuming you aren't out to kill people that way, so they need to do their jobs and really know what's going on before they cancel services or take away meds. Once it was my oxygen!!"

"The pre-authorizations seems to take so long to see specialist or meds or even procedures."

"Only certain doctors are covered, and your not sure who is or isn't. Then you can't change provider insurance. You should be able to go anywhere. Medication, sometimes, is hard to get, or takes forever when needed."

CHILDREN IN THE CCHH-EXPERIENCES OF PARENTS/LEGAL GUARDIANS (2017)

The following is a summary of results from the 2017 survey of parents of Child Enrollees into the Iowa CCHH program. The experiences reported by the parents of these children include their health status, utilization of and unmet need for care, and experiences with the components of the Health Home. A compilation of the 2017 open-ended comments from parents of CCHH children is in Appendix C.

Because the number of respondents to these surveys was low in all years (2013 (n=85); 2014 (n=38); 2015 (n=254); 2017 (n=162)), we did not conduct comparisons across the years and only the 2017 results are reported. Findings from the 2013, 2014, and 2015 surveys can be found here:

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

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

2015: <http://ppc.uiowa.edu/publications/experiences-iowa-medicaid-health-home-enrollees-program-period-2013-2015>

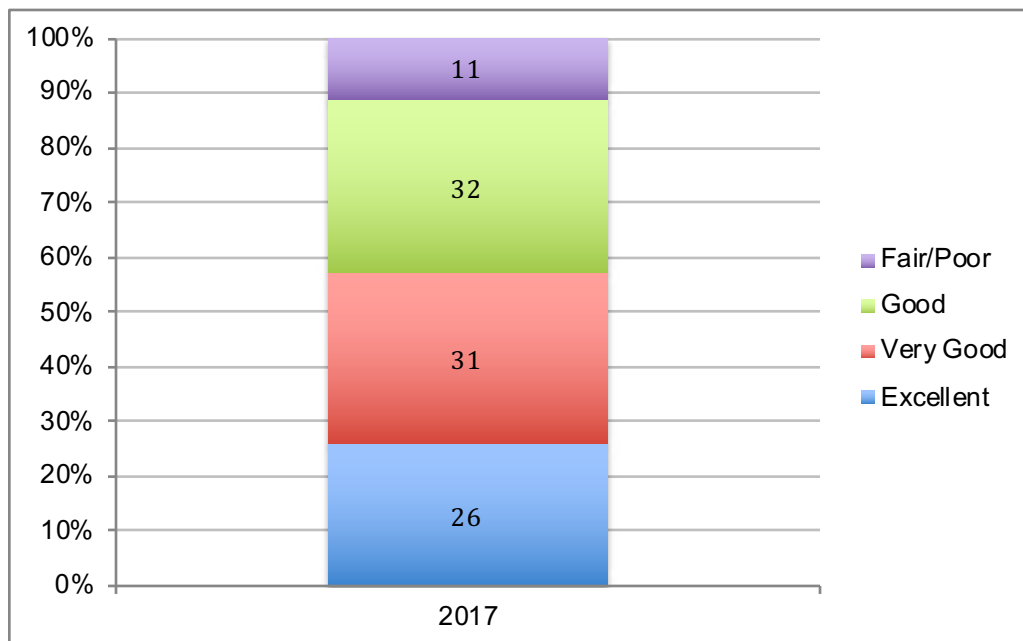
HEALTH STATUS OF CHILDREN IN THE CCHH

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

Physical Health & Special Needs

Over one-half (57%) of CCHH children in 2017 were reported to be in excellent or very good physical health. Around 11% were reported to be in fair or poor physical health, as shown in Figure 19.

Figure 19. Self-Reported Physical Health Status of Child CCHH Enrollees (2017)



In 2017, 64% of children whose parent responded to the survey met the criteria for being a child with a special health care need (CSHCN). Within the CSHCN screener, there are three subdomains that address: 1) dependency on prescription medications; 2) service use above that considered usual or routine; and, 3) functional limitations. A little over one-half (52%) of these children met the definition for having dependency on prescription medications, 52% used more services (such as medical care, mental health services, or educational services) than considered usual for children of about the same age, and 27% screened as having significant functional limitations.

Chronic Physical Health Conditions

Poor health status was also evident in the reported chronic health conditions. Sixty-five percent of child CCHH enrollees in 2017 had at least one chronic physical health condition with 25% having had three or more. The most common chronic physical health conditions reported for child CCHH enrollees are presented in Table 8.

Table 8. Most Commonly Reported Chronic Physical Health Conditions of Child CCHH Enrollees (2017)

Chronic Health Condition	N=162
Asthma	27%
Allergies or sinus problems	22%
Vision problems	19%
Speech or language problems	19%
Overweight or obese	19%
Dental problems	14%
Frequent bladder or bowel problems	10%
Frequent ear infections	9%
Hearing impairment or deafness	5%
Back, neck, bone, or muscle problems	4%
Failure to thrive or eating disorder	4%
Diabetes	2%

Over one-quarter of children in the CCHH were reported to have asthma (27%) and more than one in five had allergies or sinus problems (22%). Around one in five were reported to have vision problems (19%), speech or language problems (19%), or were overweight or obese (19%).

In 2017, the school aged children in the CCHH program averaged two missed school days in the six months prior to the survey because of illness or injury.

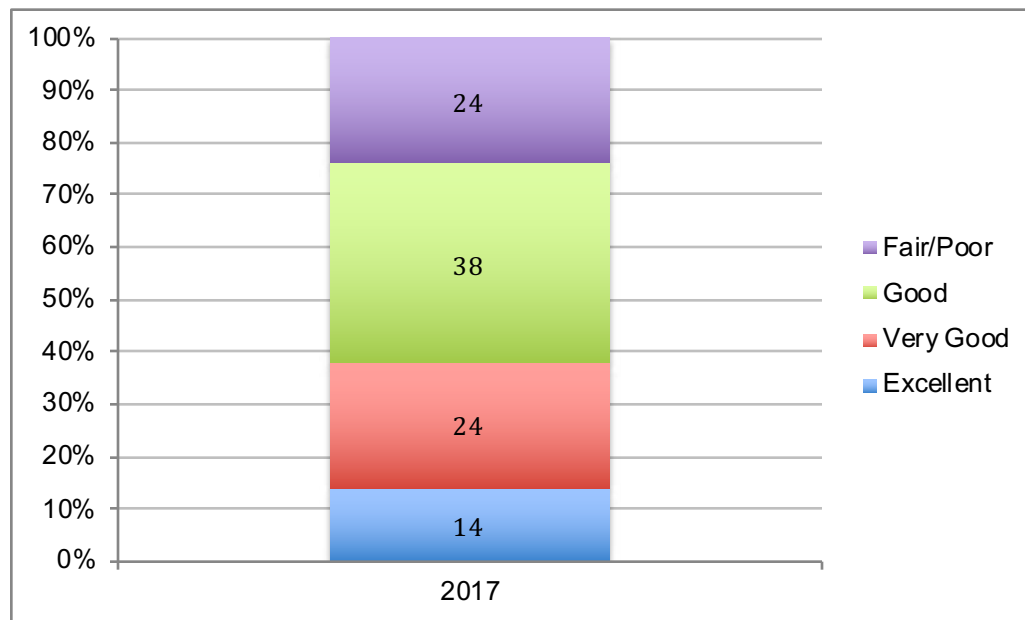
Overall Emotional and Behavioral Health

The overall emotional and behavioral health of children in the CCHH was assessed using the Pediatric Symptom Checklist (PSC). The PSC is a parent-completed screening questionnaire designed to identify children's emotional and behavioral problems and psychosocial functioning.² We evaluated three subscales of the PSC used to identify problems with attention, internalizing (depression/anxiety), and externalizing (behavior). In this group of children enrolled in the CCHH in 2017, 22% with significant problems with conduct/behavior, 21% were identified as having significant impairments because of depression and/or anxiety, and 20% with significant impairments in attention.

A little over one-third (38%) of CCHH children in 2017 were reported to be in very good or excellent behavioral or emotional health. Almost one-quarter (24%) were reported to be in fair or poor behavioral or emotional health, as shown in Figure 20.

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

Figure 20. Self-Reported Behavioral or Emotional Health Status of Child CCHH Enrollees (2017)



Chronic Mental Health Conditions

At least one chronic mental health condition was reported for 56% of the children enrolled in the CCHH in 2017 with 39% having two or more. The most frequently reported chronic mental health problems are presented in Table 9.

Table 9. Most Commonly Reported Chronic Mental Health Conditions of Child CCHH Enrollees (2017)

Chronic Mental Health Condition	2017
Attention problems	37%
Behavioral or emotional problems other than depression or anxiety	30%
Anxiety	20%
A learning disability	17%
Developmental delays or mental retardation	14%
Autism spectrum disorder	12%
Depression	10%

Over one-third (37%) of the CCHH children in 2017 were reported to have attention problems. Around 30% were reported to have behavioral/emotional problems aside from depression or anxiety and 1 in 5 children were reported to have anxiety (20%).

UTILIZATION OF AND UNMET NEED FOR CARE

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

PERSONAL DOCTOR (2017)

The vast majority (97%) of parents were able to identify that their child had a personal doctor (someone the child would see if he or she needed a check-up, had a health problem, or got sick or hurt). The percentage of children in the CCHH who were reported to have made at least one visit to their personal doctor was 87% in 2017. Less than half (41%) of children were reported to have made 2 or more visits to their personal doctor in the previous six months.

Primary Care Medical and Dental Services - Need and Unmet Need (2017)

Figure 21 provides the level of need and unmet need for several primary care and dental care services for children in the CCHH.

1. Routine medical care

Over three-quarters (81%) made an appointment for routine care in the six months prior to the survey. An unmet need for routine care was defined as enrollees who needed care, tests or treatment in the last six months but could not get it for any reason; 6% of children in the CCHH were reported to have an unmet need for routine medical care.

2. Preventive Care

Use of preventive services was evaluated by asking parents for information about their child's last preventive health visit, which could have included a check-up, physical exam, or vaccination shots. Around 72% of these children had a preventive visit in the six months prior to the survey. Few (2%) parents of children in the CCHH reported a time when their child needed preventive care, but they were unable to receive it for some reason. Less than half of parents (40%) reported that a health professional had encouraged them to take any type of preventive health steps for their children (such as watching what their child eats or using bicycle helmets or car seats).

3. Prescription Drugs

Around 60% of children enrolled in the CCHH had a reported need for prescription medicine in the six months prior to the survey with almost all (99%) of those with a need reported to have taken a prescription medicine. Ten (10%) of the 96 children who were reported as needing prescription medication had a time in the previous six months when their parent could not get a prescription for them for some reason.

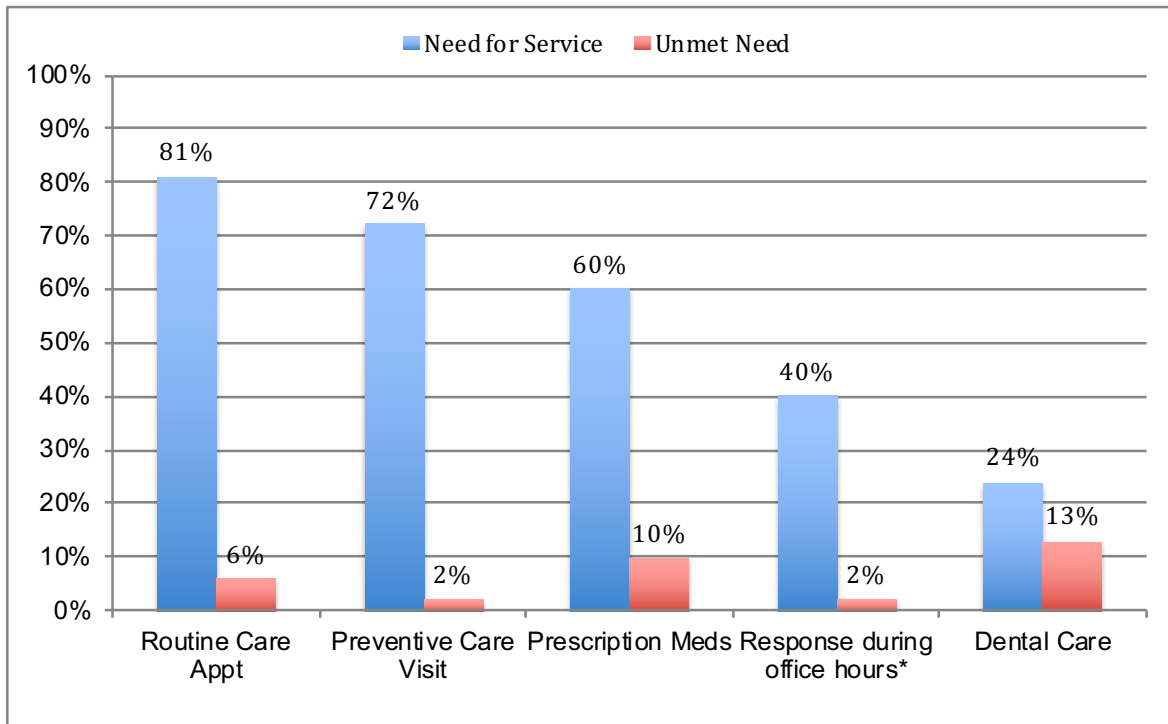
4. Telephone Medicine

Less than half of the parents of these child enrollees (40%) had contacted a doctor's office with a medical question about their child during *regular* business hours in the previous six months. A vast majority (83%) reported *usually* or *always* getting an answer to their medical question the same day of contact with the office. Only 1 parent (< 1%) reported *never* getting an answer on the same day of the office contact.

5. Dental Care

Most CCHH children (91%) had seen a dentist in the year prior to the survey. Almost one-quarter (24%) of parents reported that there was a time in the six months before the survey when their child needed dental care; of those whose child had need (n=39), 13% (n=5) reported that their child had been unable to receive dental care when it was needed.

Figure 21. Need and Unmet Need^a for Primary Care Medical and Dental Services, Child CCHH Enrollees (2017)



^a Unmet need for is calculated only for those who reported a need for the particular service.

* Unmet need is defined as never receiving response back from the doctor's office during regular office hours.

Urgent and Emergent Medical Care and Hospitalizations (2017)

This study explored CCHH children's need for urgent (care typically received from either an emergency department or clinic) and emergency care (usually received from a hospital emergency department) and hospitalizations. Figure 22 provides the level of need for these types of services for children in the CCHH.

1. Urgent Care

A little over one-third (37%) of child enrollees had a need for urgent care in the six months prior to the survey. The majority (93%) of children who needed this urgent care either *usually* (24%) or *always* (69%) received it as soon as their parent thought they needed it. Unmet need for urgent care was defined as enrollees who had an illness, injury or condition that needed care right away in the last six months, but who were not able to get it for any reason. Of those who had a reported need for urgent care (n=59), relatively few (8%) were reported to have had an unmet need for urgent medical care.

2. Emergency Department (ED) Visits

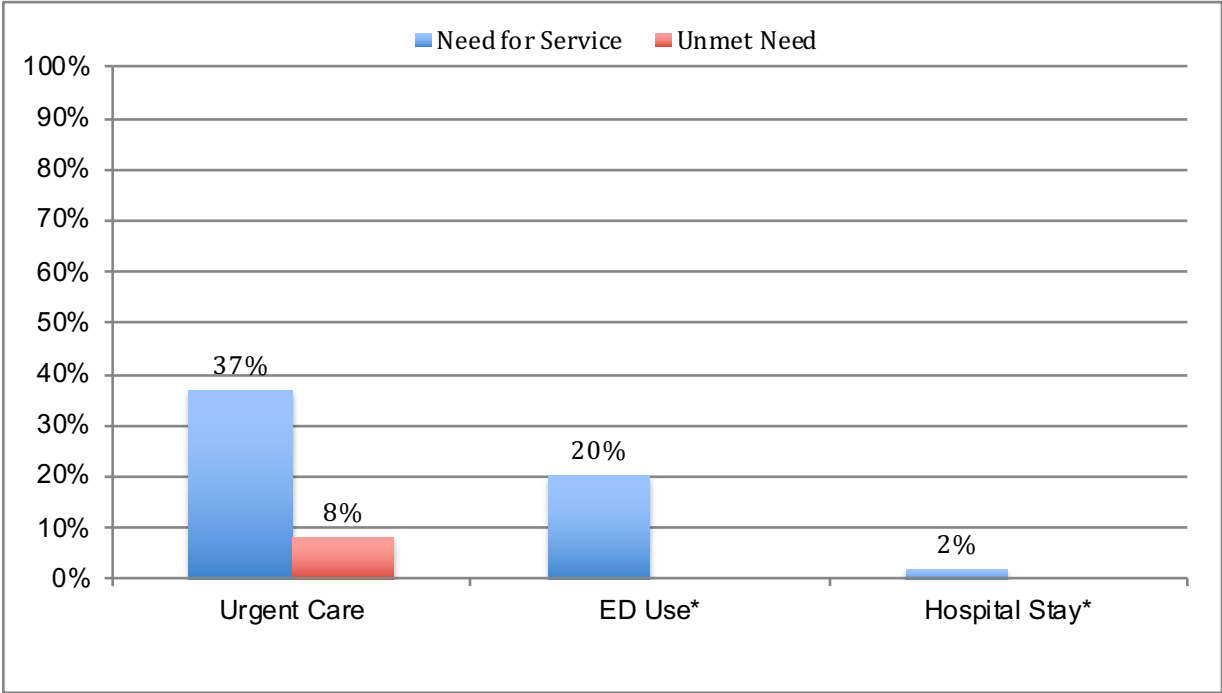
In 2017, 20% of the children enrolled in the CCHH were reported to have visited an ED in the previous six months. Of those children who had visited an ED at least once during the previous six months (n=32), 63% (n=20) of their parents reported that the care their child received in the ED could have been provided in a doctor's office if one had been available at the time.

There was also an item in the survey that asked (of those who went to an ED) for the main reason they did not go to a doctor's office for the care their child received. Almost three-quarters (n=23/32; 72%) reported that their doctor's office or clinic was not open when their child needed care and around one in five (n=7/32; 22%) reported that their child's health problem was too serious for the doctor's office or clinic. One parent reported the reason for ED use was due to having problems finding transportation to the child's doctor's office/clinic.

3. Hospitalizations

Few (2%; n=4) children enrolled in the CCHH had spent at least one night in a hospital. Of these four children, one-half (n=2) were reported as needing to return to the hospital within 30 days of being discharged because they were still sick or had a problem.

Figure 22. Need and Unmet Need^a for Urgent Medical Care Services, Child CCHH Enrollees (2017)



^a Unmet need for is calculated only for those who reported a need for the particular service.

* ED use is defined as reporting at least 1 visit to an emergency room in the previous six months. Hospital Stay is defined as reporting that the child had at least 1 hospital stay in the previous six months. Unmet need is not applicable to ED services or Hospital Stays.

Specialist care (2017)

Two areas of specialized care were explored in this survey including the use of specialists in general and mental health providers in particular. Figure 23 provides the levels of need and unmet need for these types of health care.

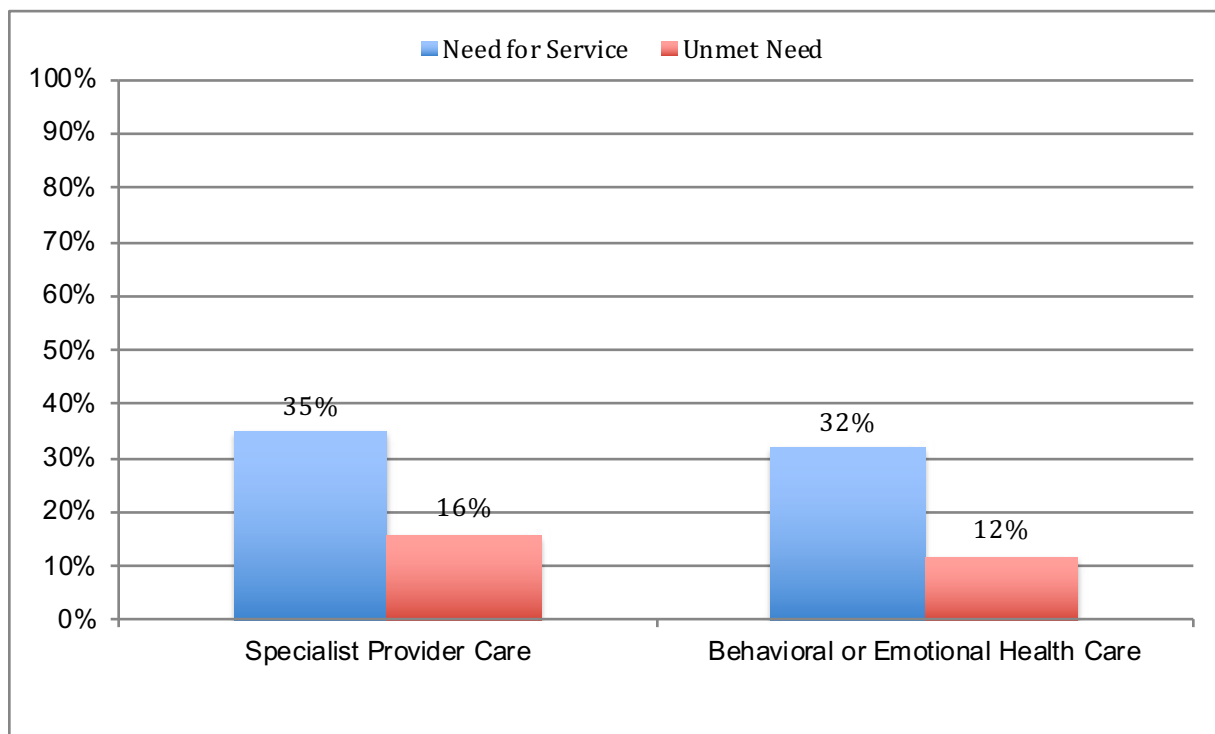
1. Specialist Providers

Over one-third (35%) of the children were reported to have a need for specialist care in the six months prior to the survey. The vast majority (89%) of these children (n=50/56) had seen a specialist for a particular health problem during the same time period. Unmet need for specialty care was defined as a time when specialty care was needed, but the enrollee could not receive it for any reason. Of the 56 children with a reported need for specialist care, 16% were reported to have had a time when they needed to see a specialist but could not for some reason.

2. Behavioral or Emotional Health Care

Almost one-third of CCHH children (32%) had a need for care for a behavioral or emotional problem in 2017. Of those children with a need (n=52), 12% of parents reported experiencing a time when they were unable to get this care for their child for some reason.

Figure 23. Need and Unmet Need^a for Specialist Services, Child CCHH Enrollees (2017)



^a Unmet need for is calculated only for those who reported a need for the particular service.

EXPERIENCES WITH HEALTH HOME ATTRIBUTES

In the 2017 survey, we assessed several domains of the medical Health Home model of health care delivery: 1) identification of a personal doctor; 2) enhanced communication with a personal doctor; 3) coordination of care; 4) timely access to care; 5) information about care; and 6) self-management support. The following provides the experiences of parents of children in the CCHH with these attributes of the health home.

PERSONAL DOCTOR

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

The vast majority (97%) of parents were able to identify that their child had a personal doctor (someone the child would see if he or she needed a check-up, had a health problem, or got sick or hurt) and 87% reported having made at least one visit to the child's personal doctor within the previous six months. Two-thirds (68%) of these children had been seeing their personal doctor for at least five years. However, less than one-third (31%) reported that the child's personal doctor was located in the office that introduced them to the CCHH program (another 31% were unsure).

Parents were asked to rate their child's personal doctor on a zero to ten scale (0 is the worst doctor possible and 10 is the best doctor possible). Around 75% of respondents gave their child's personal doctor a nine or ten rating. The lowest rating given was a five (4%).

Communication with a Personal Doctor

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

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

- Showed respect for what they had to say (97%)
- Listened carefully to them (96%)
- Gave them easy to understand information about health concerns they had about their child (96%)
- Explained things in a way that was easy to understand (96%)
- Knew the important information about their child's medical history (97%)
- Spent enough time with them (93%)
- Gave them enough information to be able to provide follow up care for their children (99%)

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

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

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

- Explained things clearly (94%)
- Listened carefully to their child (98%)
- Felt that their child was able to talk with the provider about their own health care (70%)

Care Coordination

As the Health Home population consists, by design, of a population of the Medicaid members most in need of health care, care coordination can be important. As mentioned earlier, almost two-thirds (64%) of the children enrolled in the

program in 2017 screened as having a special health care need with 25% reported to have 3 or more chronic physical conditions. And, in the six months prior to the 2017 survey, 89% of these children who had a need to see a specialist had seen one for a particular health problem and 99% with a need for prescription medicine had taken them. Children with special health care needs are likely to access many different services in the health care delivery system, so care coordination and communication between providers and others involved in their health care becomes critically important. We asked respondents several specific questions to evaluate how well their child's health care has been coordinated. These included:

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

Of the 48 respondents who reported that their child's doctor's office ordered a blood test, x-ray, or other test for their child in the six months prior to the 2017 survey, 87% reported that someone from that office *usually* or *always* followed-up with them to give them the results. And, of the 50 respondents whose children received specialist care, 86% reported that their child's doctor's office *usually* or *always* seemed informed and up-to-date about the care their child received from a specialist.

Figure 24 summarizes the need for assistance with particular health care services and whether or not respondents were able to get the assistance they needed for their child. Overall, few parents report needing assistance with these particular health care services. Less than 10% of parents reported needing assistance with each of the following: modifying their child's lifestyle or behaviors to be healthier (9%), understanding their Medicaid coverage (9%), making referral appointment (7%), or making regular doctor appointments (6%). In each instance, less than 5% reported that they could not get the assistance that they required.

Figure 24. Need and Unmet Need for Care Coordination Services for Children Enrolled in the CCHH (2017)

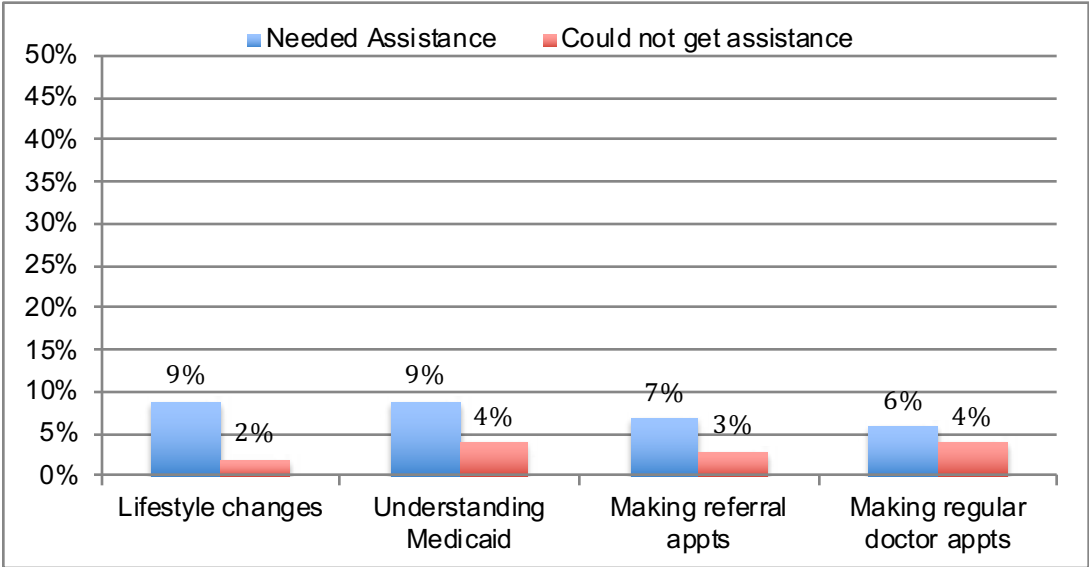
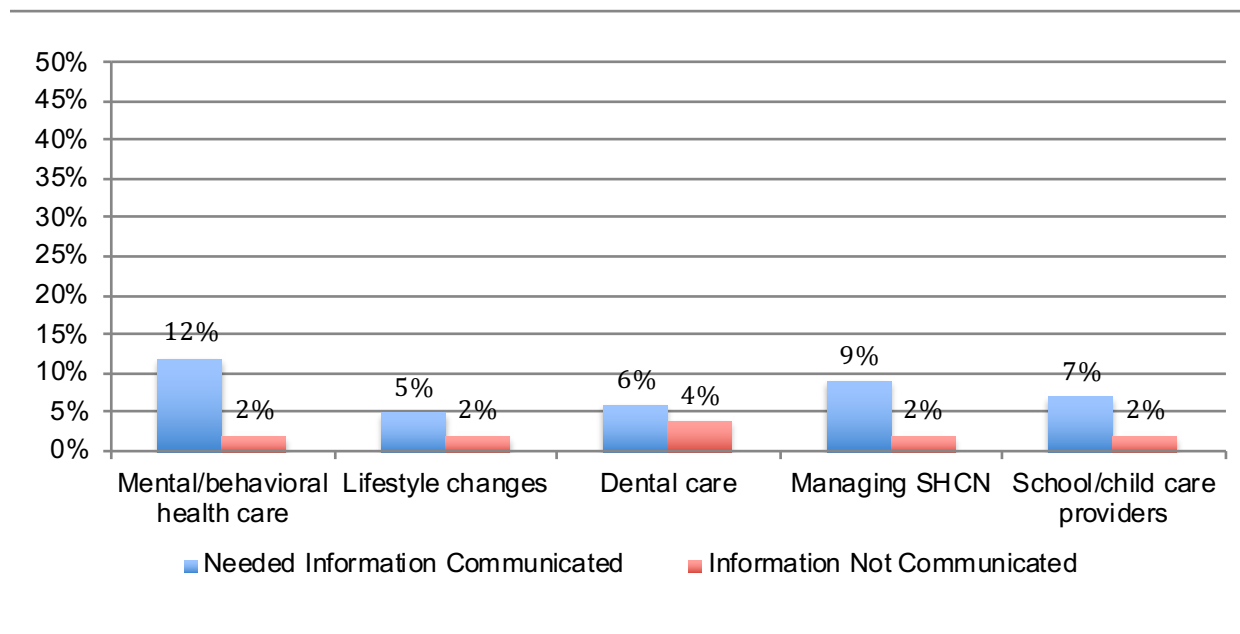


Figure 25 summarizes the need and unmet need for the communication of information between the child enrollees' personal doctors and other care providers in the community from the 2017 survey. About 12% of parents responded that they needed information about their child's mental/behavioral health care communicated back to the child's doctor but only 2% reported that need to be unmet. About 9% of respondents reported needing information communicated back to their child's personal doctor about help they received managing their child's special health care need (SHCN). For each service, the majority of respondents reported that their need to have information communicated back to their child's personal doctor was satisfied.

Figure 25. Need and Unmet Need for Communication between Providers for Children Enrolled in the CCHH (2017)



Access to Care

Several 2017 survey items explored access to care for children enrolled in the CCHH. These included assessments of the following: 1) ability to get urgent care when needed; 2) ability to get routine care; and 3) same day response to regular office hour contact.

For the children enrolled in the CCHH at least six months:

- About 93% of those who needed urgent care (n=59) were reported to have *usually* or *always* obtained urgent care as soon as they needed it.
- About 95% of those who needed routine care (n=131) were reported to have *usually* or *always* obtained an appointment for routine care as soon as they needed it.
- A majority (83%) of the 64 respondents who contacted their child's doctor during regular office hours reported *usually* or *always* receiving an answer to a medical question about their child on the same day.

Information about care and appointments

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

For the children enrolled in the CCHH:

- About 45% of parents in 2017 reported that a doctor's office gave them information about what to do if their child needed care during evenings, weekends, or holidays
- Over half (63%) of parents in 2017 reported that they received reminders about their child's care from a doctor's office between visits

Self-Management Support

Self-management support is the care and encouragement provided to parents of children with chronic conditions to help them understand their role in managing their children's illnesses, making informed decisions about their care, and engaging their children in healthy behaviors. In the 2017 survey, two items assessed respondent perceptions about whether or not a doctor's office supported them in taking care of their child's health:

- 48% reported that someone from a doctor's office talked with them about specific goals for their child's health
- 20% reported being asked if there were things that made it hard for them to take care of their child's health

IN THEIR OWN WORDS - FEEDBACK FROM PARENTS OF CHILDREN IN THE CCHH, 2017

The final item on the CCHH parent/child survey was open-ended, and stated, “Please tell us if there is anything else you like or dislike about the Medicaid Health Home program.” Of the 161 respondents who completed the survey, 33 provided a response.

The content in responses covered a range of topics and were organized into categories. A coder examined the data, and developed general categories to organize and summarize the comments. The coder used NVivo software to place each comment into corresponding categories. Coding the comments from the survey assists in the systematic identification and analysis of recurring themes. In many instances, a comment from an individual respondent covered more than one theme. An example of this is demonstrated in the following comment: “I was getting prescriptions that worked for me, now I have to pay out of my pocket and can’t only get what I have funds for and that don’t even cover enough for the whole month and don’t know where to go or call for help.” The respondent described experiences with three themes: unmet need for medication, financial hardship, and out-of-pocket expenses.

Within the 33 respondent comments, there were 38 pieces of material that represented the following distinct themes:

- Health Plan
- Access to Care
- Experiences Getting Care
- Chronic Illness and Social Determinants of Health
- Unmet Need

A summary of the overall themes, including quotes from the commentary exemplifying the theme, are provided below. A listing of all of the comments can be found in Appendix C.

HEALTH PLAN

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

Satisfactory

Of the 16 references to the Medicaid plan in the open comments, nine members expressed satisfactory and positive experiences. A majority of the comments indicated a general satisfaction with the program. More specifically, Medicaid members reported being grateful for the program/coverage, and appreciating a variety of services that are available through the Medicaid program.

“I love it and am very blessed to receive it.”

“Very satisfied with his medical coverage! I am a single mother and it has been a God send! Thanks”.

“All of my daughter’s doctors are specialists and we are very thankful for their expertise and the insurance coverage she has.”

“We love the program. We feel without it our child wouldn’t be able to get the care he needs to thrive.”

Unsatisfactory

Seven members expressed dissatisfaction with the health plan for various reasons, including complaints about the prior authorization processes, and lack of coverage.

“I don’t like that we now have MCO’s. I preferred it how it was before.”

“Not sure how to answer that. It’s one of those things that is kind of a blanket name for a lot of different services. I kind of hate the current Medicaid. Mental health services and the lack there of.”

“Takes too long to get pre-approval for meds.”

ACCESS

Of the 33 responses, five members reported various barriers that limited access to care, including delays obtaining medication due to prior authorization and lack of providers in area

“To see a specialist we have to go to Iowa City, I have to travel far.”

“If my child has had a prescription change, only being able to fill the medication for 2 weeks instead of one month doesn’t make sense to me.”

EXPERIENCES GETTING CARE

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

“I like his doctors, they understand him.”

“I dislike the way staff TALK DOWN to me as if I am stupid. I am a medical professional and have children on Medicaid d/t special needs adoption status. Stop assuming that everyone on Medicaid is under-educated!”

CHRONIC ILLNESS AND SOCIAL DETERMINANTS OF HEALTH

Three members described their experience with chronic illness, difficult circumstances, or social determinants of health, as barriers in their ability to receive care.

“My daughter has C.V.S. and abdominal migraines when a cycle hits, she misses multiple days of school and I get letters stating I am going to get turned in to the county attorney. I provide doctor notes, but worry about what will happen because of this chronic condition.”

UNMET NEED

Of the 33 responses, two members reported unmet care needs because of limited plan coverage.

“I wish I could get some respite care. I’m her Grandma, Legal Guardian, she calls me mom, I’ve had her since she was born, but there are times Respite care would be nice when your on a fixed income.”

APPENDICES

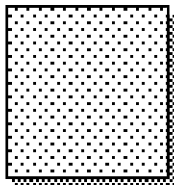
APPENDIX A: SURVEY INSTRUMENTS - CCHH ENROLLEES (ADULT AND CHILD)

APPENDIX B: COMMENTS FROM ADULT CCHH ENROLLEES

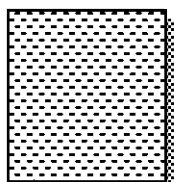
APPENDIX C: COMMENTS FROM PARENTS OF CHILD CCHH ENROLLEES



Survey of Iowa



Medicaid



Enrollees

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

This survey is being conducted by the Public Policy Center at The University of Iowa.
If you have any questions or comments, please contact:

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

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

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

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

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

Thank you for your help.

Fall 2017

First Mailing

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

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

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

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

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.

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

- 1 ☐ Yes
2 ☐ No → If No, go to Question 6

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

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

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

- 1 ☐ Yes
2 ☐ No

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

- 1 ☐ Yes
2 ☐ No → If No, go to Question 8

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

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

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

- 1 ☐ Yes
2 ☐ No

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

- 1 ☐ Yes
2 ☐ No

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

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

11. 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

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

- ¹ ☐ Yes
- ² ☐ No

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

- ⁰ ☐ None → Go to Question 21
- ¹ ☐ 1 time
- ² ☐ 2
- ³ ☐ 3
- ⁴ ☐ 4
- ⁵ ☐ 5 to 9
- ⁶ ☐ 10 or more times

14. 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

15. 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

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

- ¹ ☐ Yes
- ² ☐ No

17. 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?

- ¹ ☐ Yes
- ² ☐ No

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

- ¹ ☐ Yes
- ² ☐ No

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

- ¹ ☐ Yes
- ² ☐ No → If No, go to Question 21

20. In the last 6 months, when that doctor's office ordered a blood test, x-ray, or other test for 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

YOUR PERSONAL DOCTOR

21. 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 31

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

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

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

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

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

- ⁰ ☐ None → Go to Question 30
¹ ☐ 1 time
² ☐ 2
³ ☐ 3
⁴ ☐ 4
⁵ ☐ 5 to 9
⁶ ☐ 10 or more times

25. 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

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

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

27. 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

28. 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

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

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

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

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

PREVENTIVE CARE

31. 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

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

1 ☐ Yes
2 ☐ No

EMERGENCY ROOM CARE

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

0 ☐ 0 times → **Go to Question 36**
1 ☐ 1 time
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5 to 9
6 ☐ 10 or more times

34. 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

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

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

GETTING HEALTH CARE FROM SPECIALISTS

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

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

36. 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 41

37. 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

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

- ¹ ☐ Yes
² ☐ No → If No, go to Question 40

39. 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

40. 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 CARE

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

- ⁰ ☐ 0 nights → Go to Question 43
¹ ☐ 1 night
² ☐ 2 nights
³ ☐ 3 nights
⁴ ☐ 4 or more nights

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

- ¹ ☐ Yes
² ☐ No

MENTAL OR EMOTIONAL HEALTH CARE

43. In the last 6 months, did you or a health care provider believe you needed any treatment or counseling for a mental or emotional health problem?

- ¹ ☐ Yes
² ☐ No → If No, go to Question 46

44. In the last 6 months, did you get any treatment or counseling for a mental or emotional health problem?

- ¹ ☐ Yes
² ☐ No

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

¹ ☐ Yes

² ☐ No → If No, go to Question 50

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

¹ ☐ Yes

² ☐ No

48. 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

49. 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

DENTAL CARE

50. When was your last dental check-up?

¹ ☐ Within the last year

² ☐ Between 1 and 2 years ago

³ ☐ More than 2 years ago

⁴ ☐ I've never been to a dentist

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

¹ ☐ Yes

² ☐ No → If No, go to Question 53

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

¹ ☐ Yes

² ☐ No

COORDINATING YOUR CARE

53. In the last 6 months, was there any time when you needed assistance coordinating any of the following services for any reason?

(Check all that apply)

- ☐ ¹ Making regular doctor appointments
- ☐ ² Making appointments after being referred by your doctor
- ☐ ³ Understanding your Medicaid coverage
- ☐ ⁴ Help with your transition home from the hospital
- ☐ ⁵ Modifying your lifestyle or behaviors to be healthier
- ☐ ⁶ Home health care (health care services you receive in the home)
- ☐ ⁷ Help with your daily chores such as housekeeping or personal care needs
- ☐ ⁸ Help with obtaining food, clothing, housing, or transportation
- ☐ ⁹ Other (*write in*) _____

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

- ☐ ¹ Making regular doctor appointments
- ☐ ² Making appointments after being referred by your doctor
- ☐ ³ Understanding your Medicaid coverage
- ☐ ⁴ Help with your transition home from the hospital
- ☐ ⁵ Modifying your lifestyle or behaviors to be healthier
- ☐ ⁶ Home health care (health care services you receive in the home)
- ☐ ⁷ Help with your daily chores such as housekeeping or personal care needs
- ☐ ⁸ Help with obtaining food, clothing, housing, or transportation
- ☐ ⁶ Other (*write in*) _____

COMMUNICATING BACK TO YOUR DOCTOR

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

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

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

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

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

YOUR HEALTH

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

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

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

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

59. 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

60. 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

61. 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

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

¹ ☐ Yes

² ☐ No

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

63. 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) _____

64. 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) _____

ABOUT YOU

65. 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

66. 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

67. What is your gender?

- ¹ ☐ Male
- ² ☐ Female
- ³ ☐ Other

68. What is the highest grade or level of school that you have completed? Choose only one.

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

69. What best describes your current employment status? Choose only one.

- ¹ ☐ Employed full time
- ² ☐ Employed part time
- ³ ☐ Out of work
- ⁴ ☐ Homemaker
- ⁵ ☐ Student
- ⁶ ☐ Retired
- ⁷ ☐ Unable to work

70. What is your race or ethnicity? Mark one or more. (Optional)

- 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):

71. Did someone help you complete this survey?

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

72. How did that person help you?

Check all that apply.

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

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

[illegible]

THANK YOU!

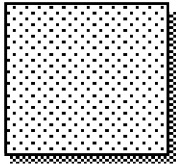
Please return the completed survey in the postage-paid envelope or send to:

Public Policy Center
The University of Iowa
216 South Quadrangle
310 S Grand Ave
Iowa City, IA 52242-1121

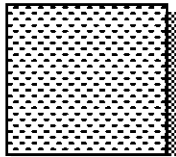
**If you have any questions,
please call: 1-800-710-8891
or email: ppc-surveys@uiowa.edu**



Survey of Iowa



Medicaid



Enrollees

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

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

This survey is being conducted by the Public Policy Center at The University of Iowa.
If you have any questions or comments, please contact:

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

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

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

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

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

Thank you for your help.

Fall 2017

First Mailing

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

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

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

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

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

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

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

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

- ¹ ☐ Yes
² ☐ No → If No, go to Question 6

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

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

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

- ¹ ☐ Yes
² ☐ No

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

- ¹ ☐ Yes
² ☐ No → If No, go to Question 8

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

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

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

- ¹ ☐ Yes
² ☐ No

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

- ¹ ☐ Yes
² ☐ No

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

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

11. 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

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

- ¹ ☐ Yes
² ☐ No

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

- ⁰ ☐ 0 times → Go to Question 18
¹ ☐ 1 time
² ☐ 2
³ ☐ 3
⁴ ☐ 4
⁵ ☐ 5 to 9
⁶ ☐ 10 or more times

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

- ¹ ☐ Yes
² ☐ No

15. In the last 6 months, did anyone in a doctor's office ask you if there are things that make it hard for you to take care of your child's health?

- ¹ ☐ Yes
² ☐ No

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

- ¹ ☐ Yes
² ☐ No → If No, go to Question 18

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

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

YOUR CHILD'S PERSONAL DOCTOR

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

- ¹ ☐ Yes
² ☐ No → If No, go to Question 37

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

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

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

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

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

- ☐ 0 times → **Go to Question 36**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

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

- ☐ Yes
- ☐ No → **If No, go to Question 26**

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

- ☐ Yes
- ☐ No → **If No, go to Question 27**

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

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

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

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

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

- ☐ Yes
- ☐ No
- ☐ I never left the exam room

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

- ☐ Yes
- ☐ No → **If No, go to Question 29**

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

- ☐ Yes
- ☐ No

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

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

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

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

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

- ☐ Yes
- ☐ No → **If No, go to Question 33**

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

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

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

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

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

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

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

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

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

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

PREVENTIVE CARE

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

- ¹☐ Yes
²☐ No

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

- ¹☐ Yes
²☐ No

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

- ¹☐ Yes
²☐ No

EMERGENCY ROOM CARE

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

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

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

- ¹☐ Yes
²☐ No

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

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

GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- ☐ Yes
- ☐ No → If No, go to Question 48

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

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

45. In the last 6 months, did your child see a specialist for a particular health problem?

- ☐ Yes
- ☐ No → If No, go to Question 47

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

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

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

- ☐ Yes
- ☐ No

HOSPITAL STAYS

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

- ☐ 0 nights → Go to Question 50
- ☐ 1 night
- ☐ 2 nights
- ☐ 3 nights
- ☐ 4 or more nights

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

- ☐ Yes
- ☐ No

BEHAVIORAL OR EMOTIONAL HEALTH CARE

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

¹ ☐ Yes

² ☐ No → Go to Question 52

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

¹ ☐ Yes

² ☐ No

PRESCRIPTION MEDICINE

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

¹ ☐ Yes

² ☐ No → Go to Question 55

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

¹ ☐ Yes

² ☐ No

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

¹ ☐ Yes

² ☐ No

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

¹ ☐ Yes

² ☐ No

DENTAL CARE

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

¹ ☐ Within the last year

² ☐ Between 1 and 2 years ago

³ ☐ More than 2 years ago

⁴ ☐ My child has never been to a dentist

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

¹ ☐ Yes

² ☐ No → Go to Question 59

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

¹ ☐ Yes

² ☐ No

COORDINATING YOUR CHILD'S CARE

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

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

¹ ☐ Making regular doctor appointments

² ☐ Making appointments after being referred by your child's doctor

³ ☐ Understanding your child's Medicaid coverage

⁴ ☐ Help with your child's transition home from the hospital

⁵ ☐ Modifying your child's lifestyle or behaviors to be healthier

⁶ ☐ Other:
(write in) _____

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

- ☐ Making regular doctor appointments
- ☐ Making appointments after being referred by your child's doctor
- ☐ Understanding your child's Medicaid coverage
- ☐ Help with your child's transition home from the hospital
- ☐ Modifying your child's lifestyle or behaviors to be healthier
- ☐ Other:
(write in) _____

COMMUNICATING BACK TO YOUR CHILD'S DOCTOR

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

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

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

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

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

YOUR CHILD'S HEALTH

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

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

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

¹ ☐ Yes

² ☐ No → Go to Question 66

65a. Is this because of any medical, behavioral, or other health condition?

¹ ☐ Yes

² ☐ No → Go to Question 66

65b. Is this a condition that has lasted or is expected to last for at least 12 months?

¹ ☐ Yes

² ☐ No

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

¹ ☐ Yes

² ☐ No → Go to Question 67

66a. Is this because of any medical, behavioral, or other health condition?

¹ ☐ Yes

² ☐ No → Go to Question 67

66b. Is this a condition that has lasted or is expected to last for at least 12 months?

¹ ☐ Yes

² ☐ No

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

¹ ☐ Yes

² ☐ No → Go to Question 68

67a. Is this because of any medical, behavioral, or other health condition?

¹ ☐ Yes

² ☐ No → Go to Question 68

67b. Is this a condition that has lasted or is expected to last for at least 12 months?

¹ ☐ Yes

² ☐ No

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

¹ ☐ Yes

² ☐ No → Go to Question 69

68a. Is this because of any medical, behavioral, or other health condition?

¹ ☐ Yes

² ☐ No → Go to Question 69

68b. Is this a condition that has lasted or is expected to last for at least 12 months?

¹ ☐ Yes

² ☐ No

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

¹ ☐ Yes

² ☐ No → Go to Question 70

69a. Has this problem lasted or is it expected to last for at least 12 months?

¹ ☐ Yes

² ☐ No

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

_____ days

⁹⁹⁹ ☐ My child is not in school

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

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

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

_____ (write in)

⁹⁹⁹ ☐ My child has no conditions that have lasted 3 months. → **Go to Question 74a**

72. In the last 6 months, has your child seen a doctor or other health professional more than twice for any of the conditions from Question 71?

- ¹ ☐ Yes
- ² ☐ No

73. Has your child been taking prescription medicine for at least 3 months for any of the conditions from Question 71?

- ¹ ☐ Yes
- ² ☐ No

If your child (from the cover letter) is younger than age 4, go to Question 75

74a. In the past 6 months, how often has your child felt sad or unhappy?

- ⁰ ☐ Never
- ¹ ☐ Sometimes
- ² ☐ Often

74b. In the past 6 months, how often has your child felt hopeless?

- ⁰ ☐ Never
- ¹ ☐ Sometimes
- ² ☐ Often

74c. In the past 6 months, how often has your child been down on him/herself?

- ⁰ ☐ Never
- ¹ ☐ Sometimes
- ² ☐ Often

74d. In the past 6 months, how often has your child worried a lot?

- ⁰ ☐ Never
- ¹ ☐ Sometimes
- ² ☐ Often

74e. In the past 6 months, how often has your child seemed to be having less fun?

- ⁰ ☐ Never
- ¹ ☐ Sometimes
- ² ☐ Often

74f. In the past 6 months, how often has your child been fidgety or unable to sit still?

- ⁰ ☐ Never
- ¹ ☐ Sometimes
- ² ☐ Often

74g. In the past 6 months, how often has your child daydreamed too much?

- ⁰ ☐ Never
- ¹ ☐ Sometimes
- ² ☐ Often

74h. In the past 6 months, how often has your child been easily distracted?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

74i. In the past 6 months, how often has your child had trouble concentrating?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

74j. In the past 6 months, how often has your child acted as if driven by a motor?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

74k. In the past 6 months, how often has your child fought with other children?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

74l. In the past 6 months, how often has your child not listened to rules?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

74m. In the past 6 months, how often has your child not understood other people's feelings?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

74n. In the past 6 months, how often has your child teased others?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

74o. In the past 6 months, how often has your child blamed others for his/her troubles?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

74p. In the past 6 months, how often has your child refused to share?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

74q. In the past 6 months, how often has your child taken things that did not belong to him/her?

- ⁰☐ Never
¹☐ Sometimes
²☐ Often

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

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

_____ YEARS OLD (*Write in*)

⁹⁹⁹☐ Less than 1 year old

76. Is your child male or female?

- ¹☐ Male
²☐ Female

- 1 ☐ American Indian or 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 (write in) _____

Appendix B: Comments from CCHH Adults

The final item on the CCHH adult survey was open-ended, and stated, *“Please tell us if there is anything else you like or dislike about the Medicaid Health Home program.”* Of the 1164 respondents who completed the survey, 388 provided a response. Comments were grouped into the following categories.

- Health Plan
- Experiences Getting Care
- Unmet Need
- Chronic Illness issues and Social Determinants of Health
- Access
- Other Comments

Comments related to each topic are located under the table headers. Each row in the table indicates a comment from one individual that pertains to the topic area. It is important to note that one individual can have comments in different topic sections so summing up all of the rows will not equal to the number of individuals who provided comments (388). Comments that included identifying elements such as personal information of the respondent or names of providers of care have been redacted to ensure confidentiality and protect the privacy of the respondents. Additionally, comments that contained no information, such as: “No Comment” or “No” were removed. The categories below are presented in an order based on the number of comments in the respective categories.

Health Plan

Adult Member Comments related to Health Plan
I'm just really concerned about Medicaid changing.
I am faced with chronic pre-existing condition. I can't afford to be without medical insurance.
Constant change it seems to dental care. I can no longer go to my dentist and will have to switch.
Wonderful. Great.
Paying out of my pocket and having to pay the co pay.
With the help I get I can stay in my own apartment.
I guess I'm not understanding this, I do not have health home program, that by meaning no health care people come to my house, I go to my Drs. And also I go and have for countless years to mental health. God Bless you and yours.
Who I call to find out what is covered and where I'm covered.
I'm happy with the Medicaid Health Home Program
I believe it is fine I am doing ok.
I like the program, especially w/the Milestones Senior nutrition program. Some of the menus are great.
Lack of coverage is becoming a real issue especially with mental health, specialists, medication, and basic care that used to be covered.
When you have to pay a premium, there is a due date but they cut off services if it is not paid on the 1st of the month. The due date is the end of the month. I do not get my disability until the 3rd of the month. It would be helpful to have the due date to the 3rd because people who have worked in their lives get their checks on the 3rd of the month. Or not cut off services until your due date.

Adult Member Comments related to Health Plan
I am in the program Medicaid for employed persons with a disability for my sever COPD condition called MEPD
Just keep Medicaid! Without Medicaid I can't afford to see a doctor not will I be able to pay for my meds. 2 meds I take are \$600 each. If I don't have it, I will die. I'm 44 and overweight trying to get gastric sleeve surgery so I won't have to take the meds anymore. People need Medicaid to survive. Don't kill us by taking it away. Thank you.
I feel good about he care we receive.
It's a God send. I have the best aid and nurse.
Thanks for keeping me alive!!!
No. I don't need home care as I can do everything myself.
I like the TMS transportation that they are giving me so I have rides to my doctor appointments and others including Iowa City appt. I was happy to get the new card, United Health card that provides benefits for me. I recently got dentures after being without teeth for 2 years through Delta Dental.
Yes, I don't get the help! I was a very hard workers 3 to 4 jobs a day, married with 3 kids. Since I've been ran by our government, I've been shamed, put down, call names, my life died 19 yrs. ago, lost my children and grandchildren and friends because I mess things up all the time. I've lost all my good doc's because our government or insurance.
Really like the broad range of services available from physical to mental health, vision and dental and very grateful. Dislike redundancies (i.e. prior authorization form required each year for a long-term prescription). Personal Dr's office seems just as confused as me about key services available and required documentation.
Glad to have insurance.
Haven't had any problems so far with Medicaid issues and doctors.
I like the coordination of care.
It doesn't help me solve my problems.
There is a lot of miscommunication between health care providers and the private Medicaid MCO's; all three MCO's do not cover the same range of transportation and it is difficult to arrange for transportation to appointments. The coverage for all levels, including inpatient, of substance abuse and behavioral disorders has decreased dramatically.
Trying to figure out where our health insurance is going (ex what doctors I will be able to go to after Nov 1 in Dubuque, IA. A lot of them will not take Amer Health insurance.
In October I was taken off of Medicare because I turned 65, I don't know were I will get a 2nd insurance.
I don't have it. I talk to some people they came to my house and said they will let me know. I fill out a home care paper on Aug 10, 17 I have not got an answer. If they don't want to work with me case I am black. It's ok I made it with God help and my prays.
We like the Medicaid health home program. In between seeing your regular doctor you can visit with someone if you have any health concerns.
It would be nice if the program were able to help people who became disabled to make sure that their homes is. Bathrooms are set up with bars or hand grips.
I like the fact that it allows me to get medical treatment.
I believe Medicaid has been a great help for me by helping me financially with all my medical problems. I have a wonderful group of people I work with whom always answer any questions I have.
I do like it Medicaid very much.
It has really helped and hope to keep it. I think our president will cut.
I was high risk pregnant and my insurance only covered a portion of the bill despite me being told it was fully covered. I owe U of I \$7,000 despite the Medicaid. Son was born at 36 weeks on June 15, 2017. I am unemployed.

Adult Member Comments related to Health Plan
It takes over 2 months to get someone approved to become my in-home provider. They have to go through 2 application processes which delays my ability to have an in-home provider. In the past year I have only had someone work for me for 2 months. Now I have to get someone new again and that takes an outrageous amount of time to get someone approved. They need to only have (1) application process - not 2 or more; plus have the process approval time shortened.
I guess sometimes the limits on how many times you can be seen by a specialist, like physical therapy are not enough.
Just want you to keep up the good work.
Outsourcing Medicaid has been bad for Iowa. All the HMO's have done is to create jobs for clerks. I have rec'd too much paperwork and yet these HMO's cry that they need more money. They have failed to streamline processes. They need to become more efficient without burying everyone in more paper.
I just wished they covered me totally
Nothing but when I need help at home I don't get a ok but no there isn't nothing wrong with Medicaid.
I am diabetic and my eyes are worse, and it's terrible. I can't get my new glasses for another year. Never had any problem before this new ins took effect. Was always able to get them if needed.
I've never had home program.
Medicaid health home program should help person(s) like myself with in home services who are in between total disable and independent enough to have physical problems in caring for their home without going to a nurse home for physical services, e.g. mopping, cleaning and heavy duties lawn or yard care.
Personally I think it is a great program it has helped me many times over the last 2 yrs. Thank you.
No problems. Thanks for the help
Living in a nursing home care center. Good program.
It is fine. No problems.
Would like to have knowledgeable Medicaid person at every doctors office so can explain to me what's covered in my plan. Doctors have no clue about coverage. Simple list of covered care instead of reading pages and pages. Hard to remember all quickly! Maybe have mandatory training and/or certification for one person in every office to specifically answer patient Medicaid questions. Easier personal access.
My coverage expires soon like 3 days from now. I appreciate being able to have the Medicaid while I was out of work.
The Medicaid health home program is excellent
Contact info in case I need help. Don't have this I do receive help from [CLINIC] mental health community support. For helping with understanding or filling out forms I remember talking to [CLINIC] mental hlth about 4 yrs. ago possibly about this program, have not gotten help (funding?) would have been nice have had pneumonia a couple times.
I am so thankful for the services provided to me so my life is easier than it would be without these services.
Explanation of how and when we will receive our healthy reward monies for Dr. appt physical, applying for other health programs and more information on getting out of poverty and when classes start to help with families income through Amerigroup.
I have no complaints wish there was a way I could get a free gym membership with my kids like a family plan. Other than that I enjoy the insurance great program
Need more help with Medicaid
Am not at that stage but they could give more people a get around.
I don't understand why most of my meds have to have pre authorization.
I need and get help from home health to set up my many pills I take each week. I am very thankful for that help!
I think it's a very good program. Thank you!

Adult Member Comments related to Health Plan
Medicaid changes in Iowa now we have no idea if we will be insured after 11/30
I wish it could help with out of state hospital bills when I visit my son in Indiana. As long as I stay close to home Medicaid is a life saver. Thank you for the coverage I do receive.
Have had no problems as of today!
Everything fine.
I think it is fine.
I don't have any information informing me of my enrollment of any kind in the Medicaid Health Home Program. Did not receive any letters, pamphlets or info on how to apply to receive the benefits of MHH program.
I especially appreciate the travel reimbursement my parents receive for having to take time off work and take me out of town to Dr. appointments. Also if I didn't have Medicaid I wouldn't be able to afford my medication including my insulin.
I am grateful for the Medicaid Health Program without it I would not be able to afford regular check ups or my prescriptions. Thank you.
It's all good.
I think it's a very good program. The elderly really need it as well as handy cop and poor.
I live in a small town in Iowa. The state changed Medicaid I to our choice of Amira-group, of Ameri Health. I picked the 2nd one.
I like the Medicaid health home program.
It's very good. No complaints! Love it.
It is a wonderful program that allows her to live at home.
I'm very grateful for the program
Never get a call from anyone to check up on me or to see if there is anything I need.
Don't like how you have to try certain things (treatment) before being allowed to have certain procedures/surgery done especially when it is medically needed. It waste's tax payers money and means that you have to keep going threw symptoms that could kill you until insurance deems it ok to proceed.
It is very helpful to me. I appreciate it very much and Medicaid. Thank you.
I do not like the stress that comes from knowing that the state of Iowa and the federal government may stop Medicaid and I would lose access to all health care, prescription medicine and dental care.
Without Medicaid I wouldn't be able to afford seeing a doctor or obtaining my prescriptions.
I am thankful for all services I receive. A membership to the YMCA or a gym to get healthier or just maintain.
Medicaid has really helped me with all my needs. Medical and with my health and drugs I need.
I don't know anything about Medicaid health home program. I don't have the home program.
I do not like how it keeps changing everything all the time.
Thinks it is a good program.
Pray we do not loose any of it.
I don't like the new dental program they have they choose your own dentist for you. As long as you have insurance you should be able to have your own choice who you want to go to.
Don't know what I'd do if I didn't have you guys for my medical needs.
Medicaid medical treatment is very poor with all these treatments that don't work which have to be tried before getting to medications that work plus the waste of money due to a doctor setting policy's that should be set by doctor threatening patient. Plus many more pages of complaints.
There's no complaints about the program. It's helpful.

Adult Member Comments related to Health Plan
I wish it would cover more kinds of meds, I say that because with my heart problem and all my meds when my Dr wants to change my meds there are only certain ones she can but my insurance only covers some with they were all covered!
I am very healthy. When I had cancer I didn't have ins and Iowa Medicaid took care of everything. I had the best doctors/care in Des Moines, IA! I am so grateful!! I will be purchasing private insurance as soon as I'm able.
Unsure what is covered. I need a med doctor need help finding one. Maybe even counseling.
Nothing bad thus far.
It's great. Thank you very much.
So far so good.
I like all of the help that I receive through the Medicaid insurance program. The only thing I'm worried about now is that they're changing the names and program completely.
Very good program
Do not like the Estate Recovery act
It's okay but it has it's downsides.
United Healthcare what I got
They saved my life. My doctor's and home health services, are of great need. I can enjoy my family more now. Thank you greatly!
Just like to say I love my healthcare and my doctor always been and more when I need her name.
Without my Medicaid I would not be able to have the care I get for migraines and my left knee.
I would like to thank you for help me very much. Again thank you best wishes.
I have been treated fairly and with dignity and respect. I am very grateful for the Meicaid being there for me during the darkest time of my life.
Things seem to be working, please don't screw it up.
It cost too much!
I'm very thankful for the healthcare I receive. I'm able to get my medications, which helps me with stay healthy.
If I did not have the Medicaid I would not have teeth my diabetic I don't know pap mammogram I have glasses cause I have cataracts and glaucoma. Thank you.
This program has helped me more than I can say. Thanks a million.
Everything is working out for my mom with this program. I wouldn't change anything.
I would like a statement from Medicaid to make sure billing is billing Medicaid correctly.
I like very much I've never had a problem with any of it!!
MHHP has been very good to this point am anxious concerning republic attacks on health care.
I do not understand why I have Medicare and Medicaid but I still pay out of pocket for my meds.
I really like the health program. I'm 81 year old. I do my oven cooking, cleaning, baking, and dressing myself. I have a broken hip taking therapy for it getting along real good.
I have recently been diagnosed with diabetes I am insulin dependent without my insurance I could not afford my insulin. I love having Medicaid. Never had health insurance before. I'd be deal without it now, I couldn't even afford my insulin pens on my salary when I had a job, unemployed at moment. Love it!!
I think it is a wonderful program that works and is functional for me.
It is a blessing to live in America with good healthcare and doctors. It is a privilege to live in such a great country. Blessed by God and our military, and our great government. We ought to be more thankful for all we have. God bless the USA
I believe is fair enough.

Adult Member Comments related to Health Plan
It has worked very well for me, I really need a few more hours for my home health care helper, she is my life line. She gets my mail, pays my bills, groc shop takes me to doctor apt, shopping for things I need and keeps me on my toes.
Their ok.
I like the Medicaid program because they've helped me with bills that Medicare wouldn't pay for. Medicaid is a wonderful program that helps people in so many ways. It would be a disaster if people didn't have Medicaid. I hope Medicaid be around forever. It has saved so many lives.
I have had no difficulties obtaining care that I need.
Love the Medicaid that I have it covers any dental or health issues that I have needed.
Other than that I am very happy with Medicaid.
Medicaid program seems very caring. Often checkup to see if services can be provided in different areas. Transportation program was helpful. Thank you! Great prescription program. Greatly need this. Thanks! Good dental program. Hope this helps!!
I would be devastated to loose medical benefits (heart COPD3).
No other dislike about this Medicaid health home program.
I am very well satisfied with all of my services! Thank you.
I dislike that sometimes you have to have another insurance to cover some visits. I like that Medicaid can be used in the majority of offices I dislike that you can't use your Medicaid in every state.
It is an excellent program. Highly appreciated.
Medicaid helped me so much after my heart surgery I'm so glad I qualified after my surgery.
That they want you to be seen when not sick and they give medicine to me then don't want to pay for it and by time get I'm in bad shape before it approved. And when you call us on hold a lot and on gov min phone.
Iowa Medicaid health home program is rated 5 stars.
I'm very grateful for all the services I receive. My life would be miserable without Medicaid.
Afraid I will lose it and won't be able to get my medicine if they take it away!
It's ok with me as far as I can get because I'm on lot of meds that I can't afford so it's a big help for me. Thank you.
Like it!!!
Don't know the difference between Medicaid and this health home program.
Don't know anything about it. At least I don't think so.
I am grateful for the Medicaid program.
I so glad to have this program, because my baby did not have that many problems when he was born before I couldn't afford to buy my diabetes medicine, I got lots of struggles, thank you for helping me and anybody who needs this help too, just thank you, thank you, thank you.
I am not too familiar with Medicaid. But it would nicer for those w/mental disability. Thank you.
Why do retired people not get Medicaid help? When on disability or retired why do you have to have a job like do things for people like clean house, take people to get groceries, Dr., Hosp and have to be paid for it and you have to give the information to DHS. So you can stay on Medicaid I thought Medicaid helped everyone no matter their situation (disability, retired, etc.).
I believe when a doctor prescribes a medication a person should not be denied that medication because Medicaid refuses to pay. Medicaid could be improved by having more doctor/clinics/hospitals/dentists who accept it and by opening up to paying for the things doctors say the person needs.
I like it helps me to take better care of myself.
I seem to have fallen in a category that gives me maximum benefits with little need for me to pay out extra money except co-pays for medicines. So far, my doctors have been more than adequate, forthright and

Adult Member Comments related to Health Plan
diligent, despite my lack of monetary funds. Medicare, SST disability and SSI retirement solely support me, now there's not a lot of extra, but my meds have always been covered, as long as I am diligent. It's no party or easy "skating" for sure. But I am grateful for what I have. It's helping me stay healthy!
They don't help or insure the personal problems that occur.
No problem.
I don't have a problem with any of this. Thank you.
Dislike when you are a Medicaid health aide you have to fine your own pt to care for. Do you have a listing of pt that need care?
I like it because financially I couldn't afford a bus pass. This program provides me to get to my appts. I do not have a car so this really helps out a lot.
I like the information I do receive from my personal physician, psychiatric, counseling, counselor, 1 visit per month. I like the nutrition info I receive from my family Drs office the plans my dentists have for me is a great health. I really could not ask for more help, honestly.
I can't afford the co-pays on medicines. Thank you truly.
New eye glasses every 2 years. I need usually a pair yearly.
I am not currently in the Medicaid Health Home program. I was on the waiver program and plan to apply for the Elder Waiver program so I can get the help I need in July of next year.
I like Medicaid Health Home program. It is a good program.
Very good program, without it I don't know what I would do.
My sister [NAME]. I dislike that program won't cover my prescription for my ADHD medicine cause of my age. I don't hardly leave my apt can't do my shopping to get food cause of my lack of focus and anxiety becomes too much when I can't focus I'm wanting to switch ins to Americgroup.
I don't know what I would do without the help I get from my housekeeper and everyone else who has helped me make my life easier and better.
Maybe a list of dentists
I am not sure what the Medicaid health home program is. It takes a long time to get okay for a prior stuff.
I have Medicare, Medicaid is better than Medicare doesn't always pay for everything. The wellness program is very limiting on the doctors that are participating not great choices to choose from not good at all.
It is nice to have medical help when needed. Thank you.
One think I don't understand is our pharmacy, there will be some things we have to pay a copay. Some times other pharmacies we get that same prescription at another pharmacy and it doesn't cost.
I have had no one explain to me how to get home health.
Possibly more in home help offered. Or more aides to help in the home such as "grabbers", safe step stools, safe heating pads, that auto shut off, large ice packs, cart to help carry items. Help cover ice packs, bandages, over other items if needed. Maybe a certain \$ worth a year per person or something. People may save some ER visits if they could get ice packs and Aleve paid for, for example.
No there is nothing to change. Coverage from another state makes it feel good when you're taking care of from day one. Thank you.
I don't understand any of it.
Not on the program.
I would like to thank the Medicaid Health Home program for everything.
There has been a few times they had to tell me they could not do something unless I could pay cash because my insurance would not cover it but overall my insurance has worked out pretty good. My doctor here in town has been great! Working at keeping me in antibiotics and pain meds when needed! I had to call on weekend a few times and they were great about it! Everyone has been very kind and helpful!

Adult Member Comments related to Health Plan
Nothing, thank you very much.
Very good for medical health home program for old age.
I am thankful for Medicaid. I feel that I am well taken care of and I get any prescription that my doctor says that I need.
I really love the United Health Choice Plan. They are wonderful for all my needs. I just need some help w/my chores at home due to short term memory loss can't stay focus or energy or pain gets in the way.
My grandson has being doing a lot better. Thank you.
think it should explain if dental is covered and if certain prescriptions that people need on a daily basis about coverage.
everything is fine
It has been very helpful to me. Thank you!
I am receiving Medicaid benefits, but have no knowledge of the Medicaid Health Home program.
I thank the good Lord I have Medicaid, thanks.
We don't really understand the benefits available and social worker is really not been much help.
I love the services but it seems like I get a lot of calls and the calls are too long for me.
I am very happy with Medicaid.
Why don't my health care pay this foot and ankle clinic in Storm Lake.
I think home health is a good program that need it, it has help me a lot. It is helped me in bathing and caring for myself, thanks for the help you are giving me.
I dislike when the people talk to me rude or how the people talk to me like a am stupid/ slow.
I am happy to have my Medicaid and hope to always keep it.
I am not in it.
It's okay
Sorry I do not know if I'm on the Medicaid Health Home Program.
I feel as though it saved my life!
What is it?
Information about my medical. I get all kinds of letters they make no sense to me. They really don't explain what the changes are in my Medicaid insurance. When you call about them to see if the changes are for myself. And how it will affect my insurance it usually takes about 2 hours on the phone. Most of the time I just hope I got the right information.
I appreciate the program. It has been very helpful to me. I wish I could find someone in the Waterloo area who would take this ins. I have had skin cancer and can not afford to pay cash for a check-up. Would you know what the closest place to Waterloo, IA is that would take Medicaid for a skin cancer check or if someone in Waterloo or Cedar Falls does?
I am very grateful that there is a program like Medicaid to help people like me that are physically unable to work. Thank you!
No not that I can think of besides it's a good idea to put people faces on medical card so no one can use it.
I love my Medicaid, very helpful for me and my kids. Thank you.
With the disabilities it did not ask if I applied for SSI or SSDI. Did not ask if I was approved or disapproved and why.
I'm afraid that Trump will do away with health care.
The new insurance co (MCO's). Why can't we go back to the old Medicaid system, now my staff cannot drive me to my doctor, I have to take a cab, so what they are paying for both to drive to the same place? How dumb is that? I have asked about this and no one can answer my question. There is so much more some one needs to talk to us consumers, no one talks to us!

Adult Member Comments related to Health Plan
The only problem I have is because I have Medicare, so if I need something that Medicaid pays for but Medicare doesn't pay for, I can not get said item or treatment.
No problems occurred on my Medicaid home program.
My biggest concern regarding health care would be that Dr's are no longer making decisions but are restricted to following Medicare guidelines.
I am grateful because all of my health and med needs are met. My medicine would cost more than I can afford.
Usually go to the doctors office. Haven't done home program. Thank you and God bless all. ?-Don't understand or don't know.
Medicaid health home program is fine. I'm not sure! The
There are restrictions more so now than there was before. Harder to get needed care because of the changes.
We like MHH better than CDAC because we got paid every month and we just went on CDAC in Aug and are still waiting to get info so we can send in forms to get paid, been waiting 2 months for provider services to call back, leave messages for them 6 times. MHH always called back right away and answered all questions, provider services won't call back.

Experiences Getting Care

Adult Member Comments related to Experiences Getting Care
I go to [Center Name] mental health and have been for years.
I need talking to [HOSPITAL], they were not accepted my Medicare #19 title pay on the bills cost me for \$264.00 bills. I did called them my social worker ____ did called them on the computer. But they still not accepted and want met pay for \$264.00 I can't afford to pay. How come they not accepted used my Medicare #19 title card coverage.
The communication at [Clinic Name] is poor. The call backs are poor. Also never on time to call. For instance scheduled for flu shot at set time, got there and told we just called you to tell you we are out of flu shots. Checked phone at home and they called at the time of appointment it's a 30 minute drive for this clinic for us to drive. Then we were told to call back on Monday to see if they have shots available. Why do we have to call when they should call us to tell when we can make an appointment.
My wife [NAME]changing doctors. Dr. [NAME] doesn't take time with his patients in and out real quick.
I just found a Dr in the the last month that has helped me out and listened to me thank god
How they switch companies so often. How it so hard at some clinics to get an appointment when they see your type of insurance and some even make you wait longer in the waiting room. I say this because I had Medicaid switched to Blue Cross and switched back again and waiting time was substantially different. How few clinics accept it.
My personal doctor quit so am looking into a new one.
Ok I got 2 good doctors they help me a lot. Ok that's all I can say.
The doctors are not good they go on notes from other Dr that she got wrong, serious problem. I'm not getting meds I need she's gone a lot. The staff also makes fun of people laughing at them etc. I've seen this several times. I can't get in due to my schedule just theirs. They advertise same day appt. and never can you get in same day! Right now I'm without, and on lowered doses not discussed with me, on my meds 2 of them.
I don't like how when I get out the hospital my follow up app is 3 months later. I have switch doctors 2 to 3 times. I have been prescribed meds I was allergic to. I would like to find a doctor that thinks more of me than just a number.
So far I like the help I receive. The health care providers that I currently have are very helpful.

Adult Member Comments related to Experiences Getting Care
Quality of care at [CLINIC] is horrible. Do not even examine or touch you even on follow up visits from ER visits substandard care and shouldn't be licensed to practice. No other local doctors are taking new patients. Have to drive 80 miles one way for doctor. Our health care system is in desperate needs for low income people.
[NAME] at [CLINIC] does not treat people right.
I wish there was a person that we could turn to so we could explain how money could be saved and not waster. I only recently found a doctor I can go to. The doctor's office I was going to before didn't inform me I was not seeing a doctor but a nurse practitioner who didn't have education to care for me right. I was in car accident T-bone went in with pain in back and other points. She didn't take any x-rays or refer me to a doctor. Sent me home with the medicine I was already taking for fibromyalgia. Then when I tried to call or get back to her she's gone not in the office for about 30 days finally found out from Mercy ER fractured back more than one place.
When I go to doctors and I'm in a lot of pain they refuse to give me pain meds, because there's so many people that abuse them and that's not fair to people like me to suffer.
I go to [CLINIC] in [CITY] (get excellent care by all). Thank you.
Can't get pain management for pain medication needed for chronic pain with 2 total knee replacements and fibromyalgia. Can't find clinic that will continue my pain pills.
Also like to say thanks to all the drs and nurses who took care of me and continue to care for me. Also thank you to SS disability for allowing me to live a good life.
As far as home cleaning service needs to be better for most people I have been lucky with one person who does it right which I have requested to be permanent but when she can't be here her replacements lack the skills and training to do it right. Medicaid medical treatment is very poor with all these treatments that don't work which have to be tried before getting to medications that work plus the waste of money due to a doctor setting policy's that should be set by doctor threatening patient. Plus many more pages of complaints.
Sometimes communication amongst the schedulers who provide my home health services is lacking a bit. For the most part I have been pleased, but at times there are long wait times for services to begin if something changes (a move) or in the case of mental health issues plus physical my problems (physical) are ignored as mental.
[CLINIC] was my Medicaid health home provider. [CLINIC] never coordinated a plan of medical treatment with me, throughout five years of being a patients my illness and medical care was not professional covered. My thyroid gland, diabetes medication basis on prescription was too high. CHC (1) over medicated me with my diabetes medicine, for the past five years been medicating myself (2) over testing me. (3) failed to effectively answer complaints I see them for with no care benefits. (4) Hold my prescription medicine basis on appointments over the last five years been looking for a new provider. 10-9-17 I will be seeing a new provider at family medicine a place I can take advantage age of good care.
I have home health care at this time through Milestone for aging. Like my doctor a lot. I have 3 doctors reg doctor, kidney doctor, and heart doctor. I have no teeth. I haven't for years and I like it that way.
I like the emphasis on preventative care. I like knowing when immunizations are needed and when blood tests need to be scheduled.
I am quite satisfied with all the care I am getting.
Dr. [NAME] and nurse [NAME] at [HOSPITAL] deserve a standing ovation for their professionalism, yet human approach to their profession. I am in good hands.
I go to the doctor every 3 months, but they hardly ever even touch me in all the years I have been going to [CLINIC]. My back and neck are messed up, mainly from an automobile vs. train accident that happened when I was a teenager, but they do nothing to look at it at all, even though I say it is bothering me every time I see the doctor.
Need a another doctor I my doctor seems to be against me in a lot of ways, problems with my back, we don't really see I to I, I think she should do more for me, with my problems.

Adult Member Comments related to Experiences Getting Care
You can only see certain doctors and it take so long to get inside a specialist office. Be in so much pain and there's nothing a hospital or doctors office can do about your pain so you have to suffer take all these generic medication that suppose to help your pain but it don't so you have to deal with the pain for about 3-4 months to go see the specialist then when you see them they rush threw your appointment so fast they miss diagnosis you and you still in pain. I don't understand this at all. How can you be in and out your appoint in 7 minutes saying nothing wrong when something is definitely wrong.
When an specialist says something and goes back to not doing it or personal doctor doesn't listen to you both of these doctors just don't listen.
My doctors are wonderful and take good care of me. I would be lost without them.
The counselors that Medicaid pay for are too young and/or unqualified to help me with the trauma I have gone through in my adult life. I have been to at least 3. all of the psychiatrist and psychologists I tried to see do not take Medicaid.
I would like to be able to go into an office and sit down to talk to someone face to face.
Would like have more time with the doctor when you are at your visit.
Sometimes I wish there was a nurse and I wish for more time to have someone here.
In general, doctors don't care about the health of those on Medicare. They only spend about 5 minutes listening to you. I've had a UTI for about 8 months now and there isn't much being done to find out why it won't go away. Because I'm on Medicaid.
I like my doctors very much.
I disliked being lied to and about by lab and doctors and mental health doctor. Need your help please.
All workers are very helpful and kind. They do a very good job.
I have been dealing with mouth cancer for the past year and all of my doctors have been great to me! I had my surgery in Rochester Minnesota at Mayo Clinic. I have Medicaid and Medicare. (MEPD) My doctors for my ushers 2-A are in Iowa City. All of my doctors have been great to me!
For various reasons doctors are not always forth coming and/or truthful about things. Sometimes out of fear of patient's possible reaction, sometimes to cover for other doctor's actions, decisions or mistakes. I don't care to be lied to and presumed to be ignorant or stupid by medical personnel and it happens too frequently!
I wish the doctors would help a patient who truly needs disability and get them on disability. I feel doctors take advantage of my insurance so I keep coming back to them. Sometimes I feel they do unnecessary test for my conditions. I need surgery on my neck, every month for last 9 months I got pre-op testing and no surgery.
I had one who was bossy, extremely so. While in hospital, a nurse I thought could be gay. And she pestered me extremely so. I begged my doctor to send me home because of her.
[HOSPITAL] help me a lot when I broke my hip. And [NURSING HOME] help me to walk again. So I thank them all of them.
If wanting to change health home to way to check out other doctors. If you go to new one to see if like to change cut off from old one.
The [CLINIC] at Davenport is a good organization that gives us a good help. This is an excellent neighbor.
I used to see _____, he is not a good doctor so now I have a new doctor.
Well thank you. God bless. I got my vaul fix by the grace of God. Even the nurses were good to me.
Where is the doctors that know what they're doing instead of pass the buck to someone else to figure out! An older doctor not one of these that don't understand!
A lot of problems I have when going to ER, they tell me to quit coming to ER and go to [CLINIC].
I can't travel to Des Moines to have the surgery. Surgeries I need ASAP! As hosp here let the specialist go/this is serious as I need surgery and no transportation when they could of done it here in Marshalltown very upset discouraged and depressed it could mean later in life worsened disability.

Adult Member Comments related to Experiences Getting Care
I called the [CLINIC] in Iowa City, my teeth are bad, can not get in till April 2018. I am on urgency all my doctor, heart, lungs doctor are from there, that's why I tried to get in the [CLINIC]. I do have great doctors that take very good care of my health problems.

Unmet Need

Adult Member Comments related to Unmet Need
Need free transportation to and from doctors and YMCA. Need more things to help a blind type 1 diabetic to be more independent.
Lack of coverage is becoming a real issue especially with mental health, specialists, medication, and basic care that used to be covered.
Not paying for my diabetes medication they won't pay for which my weight doctor said was best targeted for me because it could make me feel full. I am on Flipside and he said that contributes to weight gain, he is trying to wean me off.
Some medicine not covered
That I can't get glasses on this. I need to get new ones. I can't see very well in these glasses I have now only because I have had these ones four over three years.
It don't cover everything. I still pay for my meds I don't like the way things are but that's life.
The problem I have is they only pay for eye glasses every other year. My eyes had changed so much in a year I needed a new prescription but couldn't get them because I couldn't afford to pay.
Why is it that I can only get new hearing aid once every four years. I have sever hearing loss in my right ear and deaf in my left ear. So I want to keep what hearing I have left. Why are hearing aids so expensive to buy, \$2,000 to \$4,000 dollars to buy??
Do not have any help with anything
I would really like to have someone come and take me to my appt in Iowa City for my teeth, it hurts to eat. And then bring me home. Please contact me about it.
Dislike fighting to get car adaptations to use the new power chair purchased for me to allow mobility/freedom to go into community to participate in things. I have had it 2 years, in a month, and used less than 25 miles. Only inside apartment building.
I wish I could have a medi ride to go to the supermarket.
There have been times I was denied meds because my Medicaid would not pay for them it's frustrating when you need these meds but cannot get them so you stay sick and suffer.
Cannot get the necessary coverage for my foot problem (coverage was denied). Cannot get my dentures to fix properly. Thank you!
Unable to get needed meds for chronic pain!
I would like to find some transportation to store and appointments.
I wish it would cover more kinds of meds, I say that because with my heart problem and all my meds when my Dr wants to change my meds there are only certain ones she can but my insurance only covers some with they were all covered!
Trying to get mobile for outside use and inside use scooter or electric wheelchair. Is needed (ASP) confined to house.
Amerigroup does not pay for things as often as I need them. Sometimes not at all.
Does not financially cover some care or objects needed.
I was told that I'm not covered for "urgent" care. It make its easier to see a doctor when I need care quickly.
It is my opinion, that the state of Iowa lacks Mental Health facilities, and services for the mentally ill.

Adult Member Comments related to Unmet Need
[NAME] need a monthly help with his catheter every two weeks would be best to see that everything is offer as we don't want a bladder infection. His brother and guardian.
Visual coverage. I dislike having to pay for frames currently I buy them off the rack at Hyvee.
I would like to see more help with shopping. Going out to movies, parks and to museums. But most of all to go to church.
The one and only problem I have had is not being able to get Chantix again. They tell us to keep trying to quit but they won't give us the tools.
Need more funds for help to get members back and forth to see/doctor appts.
Transportation is the biggest problem I have, medical card get a ride from them but sometimes they never show up or they are late. Also late picking you up from a doctor's appointment.
I need my Ted Sox and they don't pay for them, will pay for an expensive tube of Voltarin but not a \$13 bottle of chlorhexidine rds w/out alcohol cuz I'm allergic to alcohol.
Some of my meds aren't covered by insurance example dullard inhaler.
I wish they would help pay for hearing tests, and hearing aids.
Getting the insurance to allow all the drugs my doctor wants to try. Now I always get refused by Medical on drugs. Doctor has to do tons of work to get what I need to control my diabetics. Very frustrating!
2) Would like for my RX's to be paid for!
There is a huge lack of home health and or programs in general to help people like myself. I have only physical limitations no cognitive disability. I'm finding it is very difficult to find services to help me live independently. Services in my area only seem to cater to those with mental/cognitive disability. I very much want to live as independent as possible, but need help to do so.
Do not change anything, some things I need prescription name brands and you do not want to get it. The other store brand does not work like the name brand.
My health plan, I don't like it. It does not pay for hearing aids, if I had my second hearing aid then I could work at least part-time.
In order for my chronic health issues to be fixed. I require a surgery that is no longer covered by my insurance. The surgery costs roughly \$18,000 so I cannot afford to have it done so I live everyday with sever pain and constant flu like symptoms.

Chronic Illness issues and Social Determinants of Health (SDH)

Adult Member Comments related to Chronic Illness issues and SDH
I am 69 years old have been disabled for almost 10 yrs. Due to my left ankle surgery and the swelling make it hard for me to sometimes walk. About 4 yrs. ago I had emergency surgery done, because of a ruptured bowl and nasty ulcer. They took half my stomach and rerouted my colon. 2 weeks later I had a minor heart attack in which they placed stints in my heart. I have a stomach aortic aversion they call an AAA. It is not yet big enough to do anything about but is being watched because it is growing. I get less than \$1,000.00 a month on disability and recording to DHS. I can only work 27 hrs. a month to help with my income before it affects my Medicaid. I'm taking seizure meds, heart meds, and blood pressure meds. I am really afraid to do anything that might remotely jeopardize my medical especially with the aneurism hanging over my head. With the cost of everything going up except disability and benefits of Medicare and Medicaid. Sometimes it is a real struggle to make ends meet. But my God has always seen me through any problems. And I know he will see me thru these as well. I must say I really like Silver Script and my new CVS Pharmacy. They are very friendly and helpful and have cut my meds in 1/2. Thank you for your time and patience. I'm left handed and my handwriting is not good. Sincerely. PS. I usually only go to Dr. for check ups to get prescriptions renewed which requires blood tests.

Adult Member Comments related to Chronic Illness issues and SDH
When I got sick in the winter I get bronchial-asthma.
Like I've said I am cancer survivor but it took chemo and radiation to put in in. but I lost all my teeth now I am waiting for my dentures to get done so I can start eating meat again so both my cancer doc and my diabetic doc will take me off protein drinks.
I am 95+ years old I live by myself in a Sr. apt complex. Have help twice a week with laundry and cleaning. I still drive around town go to senior meals twice a week. I really appreciate the help I get and a nurse stopping in I walk with a cane outside the house.
No help needed. Have a problem with section 8 housing, as they let me rent a home at. They didn't inform me my landlord that was a pedophile and had major problems as my locks didn't lock and had things stolen. [CITY] has many slum lords. I have integrity and just can't believe the county government!
My wife died and previous she was with elderly waiver and was always told, "elderly waiver will take care of it" then "Boom"!!! A bill for over \$85,000 to pay back what they I thought accepted and approved. Since then I have seen what the Iowa code is, but that should be told of the program.
Knee replacement surgery trying to schedule.
Last Nov 2016 I had breast cancer. I am in remission now.
With brain injury. News reports about budget cuts scares me a lot. I worry about my mom because she is 86 and I can't take care of her as well as I wish I could we live together but she still needs help.
I live with my daughter. She is my CDAC provider. It costs her much more to take care of me than Medicaid provider, but anything helps.
I don't want no one but my sister Mary taking care of me. She makes sure I eat, bath, take meds and go to the doctor.
I've told people able sinks but no one seemed to matter. I wash dishes in totes in bath tub I don't have \$ for plumbing. I called left messages. No help! Can you help me under disabled laws.
I think I should have fresh fruit and veggies. I only get \$133 a month for food stamps.
I am very worried about what the insurance (medical) will be when its decided. I'm on 15 or 16 different pills, inhalers all my diabetic supplies with my husband and mine total income is \$965.00. after we pay all bills and rent we have very little. We live day to day and month to month.
I have an illness I would not like to talk about. Very private. My hip is extremely painful (always when I put pressure on it, as in walking I am very depressed and a loner stay to myself. Stressed always poor eye sight, and always high blood pressure.
I would really like to get and progress to appoint, that I could maybe do some kind of part time work to keep me busy, and a sense of at least some self-worth!
I walk with a cane, but fall frequently, have arthritis and bad disks in my lower back.
I work with [NAME] everyday. I know if I were to put him in a nursing home he would give up and die. So I work my butt off everyday. A lot of these question don't pertain to him. [NAME] has had multiple strokes. He doesn't talk, walk, feed himself. He wears diapers. I give him all his medications. Make and take him to his doc appointments. I do all the choices. I mow lawn, sweep floor, wash windows, make his meals feed him make sure he drinks something change his diaper and try to have a life.
Been treated for bipolar 22 yrs. depression since age 8. recovering drug alcohol addict 22 yrs. High blood pressure. Re-incurring bladder infection. Have severe crying spells. Stomach problems. Headaches history of abuse free 22 yrs..
I'm alcoholic who stopped drinking 9 months ago. I have cirrhosis of the liver and Hep-C. I am treating my Hep C with Harvoni and should help the liver. I finish 12 wks. of treatment first week of October.
I am on a brain waiver program and my son has been my CDAC provider for the last 6 years he makes all my doctor app. Gets me up the stairs to make the app. Cools cleans for me runs places for me baths me helps me with my bowels grooms me I am paralyzed on my right side and now my insurance is threatening to take my CDAC benefits away and I think I dislike that.

Adult Member Comments related to Chronic Illness issues and SDH
Would like help getting new teeth and losing weight, I'm so fat.
Just to keep me alive I think I'm going down hill fast.
My mom was killed in a car accident on Jan of this year. It is hard but I am ok.
My health is very very bad.
I can live in my apt on my scheduled and enjoy life. Use to do this type of work as my 2nd job. And love people who need a little help to be whole.
1) Would like help paying my rent.
With prices going up and on a strict budget need more food stamps than allowed and heat assistance. Also a need for air conditioning.
Ok. I have to go to the Chiropractor a few times in a year to get my bones back in shape.
I lost my husband one year ago and I am alone now. That is sad and hard for me. I have COPD, CHF, Diabetes, Gerd, Colitis, Anxiety.
The older I get the more health problems seem to develop.

Limitations in Access to Care

Adult Member Comments related to Access
As far as my mental health goes, I'm surviving, and there are more people that need it worse than I do. Mental health care is rare and hard to find around here. More patients than providers.
Dental - for care we have to travel to Iowa City to the dental clinic. They make you come back once a week for 5 weeks. That is over 120 miles per trip and my lung problems don't allow that much traveling or that often. Also I'm a critical care patient.
Sometimes it takes along time to get pre approval for tests that you need
Trying to find the right department or person to get questions answered.
I like that we now have unity point clinic because I go to [CLINIC] and it's always full you can never get in the same day. I do wish Unity Point was open later and that there was one on my end of town.
I don't like how I was seeing my pain specialist and when United took over my insurance it's not covered and he knows and understands my pain the best of anyone so far.
There have been several times that my doctors and I have had to make phone calls or appeal to get medications that I've been on over 10 years because out of nowhere they send something saying I'm not qualified etc. These are things I need to have and thrive! Assuming you aren't out to kill people that way, so they need to do their jobs and really know what's going on before they cancel services or take away meds. Once it was my oxygen!!
Every doc don't take it.
Faster PA from Medicaid for medications so patients don't go without.
Well getting into a medical doctor right away is always a problem and when getting new meds or med problems is almost always impossible to see the psychiatrist.
One frustrating thing about this program is that sometimes things aren't covered because it's seen as an elective not needed but it is in fact a necessity.
Don't like how you have to try certain things (treatment) before being allowed to have certain procedures/surgery done especially when it is medically needed. It waste's tax payers money and means that you have to keep going threw symptoms that could kill you until insurance deems it ok to proceed.
The only problem I have is needing too many PA's to get meds so my dr's have to find something else.
I wish I could get my teeth I just can't seem to find anywhere.

Adult Member Comments related to Access
Waiting on approves from insurance companies, that doctors have to wait on for approval to do some procedures.
A lot of places will not help me. No one will help me to get on disability. Now I don't have a medical doctor. He moved on and now I have to choose between nurse practitioners. I don't know any of them.
They recently changed who I can see for a dentist (without any prior notice). I have been going to same dentist since I was 3 (over 52 years). I can no longer go to my dentist - very very upsetting!!
Only certain doctors are covered, and your not sure who is or isn't. Then you can't change provider insurance. You should be able to go anywhere. Medication, sometimes, is hard to get, or takes forever when needed.
I wished that there were more choices for dentist I can't get an appt with the one here Burlington, Iowa (no choices).
I have been fighting Medicaid since I was 15 years old to get a breast reduction done and they won't pay for it. It affects me everyday and I have a lot of problems find clothing or bras that fit.
There aren't many dentists that take Medicaid and the ones that do are so busy you can't get an appointment for several months.
What I dislike is Medicaid does not cover everything that pertains to Medical. Example my doctors request pads and bladder wear underwear Medicaid will cover pads but not the other. I have had numerous things prescribed for me but not covered by Medical. So I have to do without because I am on disability so I have a set income so I am not able to afford extra. I am not sure if this is related to survey but just in case here it is!!
Does not offer vision as for dentists and no one in our area accepts Medicaid.
It would be nice if there was a skin doctor for warts or Psoriasis for people on this ins to see because doctor [NAME] or [CLINIC NAME] will not accept our insurance so they refuse to see us and I can't drive out of town and my son with CP and shunt. I can't push or carry him either. We need 1 or 2 in Waterloo or Cedar Falls, they say it's the insurance is why they will not see us or anyone on it or Hawk also.
The pre-authorizations seems to take so long to see specialist or meds or even procedures.
What I don't like is when I call for transportation they tell me I'm not eligible because of the kind of Medicaid I have it really shouldn't make of difference what type I have because sometimes I miss my doctor appointments because of transportation.
I can no longer go to my dentist because he doesn't accept my insurance.
There are restrictions more so now than there was before. Harder to get needed care because of the changes.

Other Comments

Adult Member Other Comments
Did the best we could.
Not everyone is crazy or want to kill themselves because of a little setback. If you have God in your corner you can get thru anything blood clog and cancer doesn't hold a candle to God, have faith ok. Thank you.
Sorry this is late, too many activities caused me to forget.
Also, when I had questions about his survey someone in your office helped me w/the answers.
Some questions I didn't answer you should have put (no) in the answers.
I like being asked how my healthcare works for my family. I also appreciate the gift card and other money
No. Thank you very much!
I liked all of it I learned a lot about myself.
Sorry about the coffee marks.
I complete all by myself.
I like answering all the questions.

Adult Member Other Comments
. Thanks hope I win the Walmart gift card. Also thank you for the 2 dollar bill that was really nice and cool. Thanks again.
I like what you'll put on the paper.
Changed Dr's from [CLINIC] to [CLINIC].
Hard to talk to someone.
You gives care
#13 - go to doctors every 2,3,6 months. #24 - My PCP I see every 3 months. #53 - I have no idea.
For questions 53-56 you need a no box.
It's not easy for me to fill out anything on paper the words run together but I did it this time. I have 2 eye problem, cataracts and another serious eye problem.
I just don't understand other people at all.
Need to pick up copy for meds.
Have a blessed day.
I don't have any that help me but did have one into care for my friend he needs a lot of help and sometimes I need help with him.
Some of your questions need a "sometimes" option and a few need a "no" option.
He is illiterate I'm his wife and I do all his paperwork.
Thank you for thinking about people thanks for your research. Let us all make our lives better.
Question #30: the rating given is for my current MD. My previous MD, Dr. ____ at Arrowhead clinic in Cedar Falls is very arrogant and condescending and rates a score of 1.
Question #48: Due to the state health board all MD's are afraid to prescribe Opioids even to their patients who need and have been on for years, as well as take them as directed. The Opioid "epidemic" is because of people stealing meds or switching to street drugs. Now my quality of life is ruined completely due to constant debilitating pain because I can't get meds.
Membership to YMCA or a wellness center
As a visually impaired person it would be much easier if I would called to complete this form.
This lady lives at [Retirement Home] has been here over 2 years, she is in the first stage of Alzheimer's, we have to help her lay out her clothes, otherwise she can dress herself and gets around great, very nice lady! I helped her do this! I am the owner and administrator have been here 46 years! I hope we filled it out ok.
Financial, etc.
Thank you also for the two dollar bill.
There are a few questions that the multiple choice answers are not applicable to my care but there is no box other for me to check. I am sorry for the delay because I had to look for friend's assistance.
I took time to fill this out. Just to find nothing like the letter said. So I would like to get my \$2 please. Thank you.
Thank you for the \$2.00.
As far as Q.24 I visited my personal doctor at [CLINIC} (walk-in) 3x (approx.) she is also my personal physician. As far as Q.25 I was scheduled for dental work, but due to error by the government my plan was changed and I didn't receive NEEDED dental care due to error. I fixed the problem and was put back on Delta Dental (which is the only plan my dentist accepts) letter said if you take NO action you will be kept on current plan (mine was Delta Dental) I took no action and was SWITCHED to MCNA Dental! I corrected problem and can now receive care from my dentist.
You are doing good. Helping us to understand Medicaid. Keep up the good work going.
Explain the questions. Didn't have it.
Sorry I did not notice I was supposed to check the answer and made an x.

Adult Member Other Comments
Mom is 94 and would not be able to remember when she's last been to the dr. office, how often, etc. to answer, so as her daughter helping her navigate health care I answered for her.
I do not like the president taking health insurance from the children, or from mental illness patients, documented "chronic", rape is about control, power over victims, survivors. This is my analogy of president Trump. Concerning Obama Health Care, and Korea nuclear program.
I don't know because I haven't been given any information about what it is! Yet keep getting these surveys. After several attempts to find out about this survey I'm now sending in.

Appendix C: Comments from Parents of Children in the CCHH

The final item on the CCHH child survey was open-ended, and stated, *“Please tell us if there is anything else you like or dislike about the Medicaid Health Home program.”* Of the 161 respondents who completed the survey, 33 provided a response. Comments were grouped into the following categories.

- Health Plan
- Access
- Experiences Getting Care
- Chronic Illness issues and Social Determinants of Health
- Unmet Need
- Other Comments

Comments related to each topic are located under the table headers. Each row in the table indicates a comment from one individual that pertains to the topic area. It is important to note that one individual can have comments in different topic sections so summing up all of the rows will not equal to the number of individuals who provided comments (33). Comments that included identifying elements such as personal information of the respondent or names of providers of care have been redacted to ensure confidentiality and protect the privacy of the respondents. Additionally, comments that contained no information, such as: “No Comment” or “No” were removed. The categories below are presented in an order based on the number of comments in the respective categories.

Health Plan

Child Member Comments related to Health Plan
Not sure how to answer that. It's one of those things that is kind of a blanket name for a lot of different services. I kind of hate the current Medicaid. Mental health services and the lack there of.
I love it and am very blessed to receive it.
Very satisfied with his medical coverage! I am a single mother and it has been a God send! Thanks.
I could not get the help at home that I needed, when I needed it!!
We love the program. We feel without it our child wouldn't be able to get the care he needs to thrive.
I hate having to wait 28 days till I can refill her prescription. Why can't you have a 7 or 5 day lie way.
I like it.
If my child has had a prescription change, only being able to fill the medication for 2 weeks instead of one month doesn't make sense to me.
I like it
Takes too long to get pre-approval for meds.
We are grateful with this program help to us a lot with my sons. Thanks so much.
I like all of it. I don't have a problem with any of it
All of my daughter's doctors are specialists and we are very thankful for their expertise and the insurance coverage she has.
I don't like that we now have MCO's. I preferred it how it was before.
I kind of like this new one.

Child Member Comments related to Health Plan

I think that the insurance needs to be more wide spread for people that have tto have test to figre things out or what is wrong to fix the proplem.

Access to Care

Child Member Comments related to Access
--

To see a specialist we have to go to Iowa City, I have to travel far.

I hate having to wait 28 days till I can refill her prescription. Why can't you have a 7 or 5 day lie way.
--

If my child has had a prescription change, only being able to fill the medication for 2 weeks instead of one month doesn't make sense to me.
--

Takes too long to get pre-approval for meds.
--

We need a dental who accepts Medicaid. We don't have enough dentists to want to take new kids.
--

Experiences Getting Care

Child Member Comments related to Experiences Getting Care
--

Working with LSI was a nightmare, I wouldn't say nightmare, but it was very extremely difficult to get any care. I think it's good if some way, instead of concentrating on the parent and the child, they help the caregiver to understand what problem these children are having. Instead of me going out and finding someone to help...DHS was supposed to give me a pamphlet but never did. I think it would be very helpful if they could give the caregiver some temporary help into easing into problems that children have when they come to you.

I like his doctors, they understand him.
--

I dislike the way staff TALK DOWN to me as if I am stupid. I am a medical professional and have children on Medicaid d/t special needs adoption status. Stop assuming that everyone on Medicaid is under-educated!
--

All of my daughter's doctors are specialists and we are very thankful for their expertise and the insurance coverage she has.

Chronic Illness issues and Social Determinants of Health (SDH)

Child Member Comments related to Chronic Illness issues and SDH
--

My daughter has C.V.S. and abdominal migraines when a cycle hits, she misses multiple days of school and I get letters stating I am going to get turned in to the county attorney. I provide doctor notes, but worry about what will happen because of this chronic condition.
--

I wish I could get some respite care. I'm her Grandma, Legal Guardian, she calls me mom, I've had her since she was born, but there are times Respite care would be nice when your on a fixed income.

She is a smart student/child and a very good kid. She is very helpful. We love her very much wouldn't change her for the world.

Unmet Need

Child Member Comments related to Unmet Need
--

Mental health services and the lack there of.

I wish I could get some respite care. I'm her Grandma, Legal Guardian, she calls me mom, I've had her since she was born, but there are times Respite care would be nice when your on a fixed income.

Other Comments

Adult Member Other Comments
No not really
Nothing right now. I haven't had any major problems yet.
I would like to apologize for how long it has taken me to respond.
Not that I can think of.