



Policy Report
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Baseline Evaluation of the Experiences of Iowa Medicaid Health Home Program Enrollees

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Table of Contents

Key Findings	4
Chapter 1 Iowa Medicaid Health Home Initiative	5
Program Obligations of Medicaid Health Home Providers	5
Eligibility for the Medicaid Health Home Program	7
Provider Network	7
Covered Services	8
Chapter 2 Methodology	9
Process	9
Response Rate	10
Response Bias	11
Data Analysis	12
Chapter 3 Enrollment and Demographic Characteristics	13
Enrollee Characteristics	13
Knowledge of the Health Home Program	17
Length of Time in Medicaid and with their Health Home Provider	17
Chapter 4 Baseline Experience of Adults	18
Health Status	18
Utilization of and Unmet Need for Care	22
Pre-program experiences with Health Home attributes	25
Chapter 5 Baseline Experience of Children	35
Health Status of Children in the Medicaid Health Home	35
Utilization of and Unmet Need for Care	38
Pre-program experiences with Health Home attributes	40
Annendices	46

Key Findings from the Baseline Survey of Enrollees in the Medicaid Health Home Program

For Adults

- Enrollees were generally high utilizers of health care services including physician visits, emergency department, preventive care, specialist care, hospital care, and prescription medications
- One-third of those with need reported an unmet need for pharmaceuticals and dental care
- One-fourth of those with need reported an unmet need for mental health treatment or counseling
- Over one-fourth of those hospitalized reported being readmitted to a hospital because they were still sick or had a problem
- Most aspects of the quality of communication between the patient and provider received high ratings
- There is room for improvement in some areas of care coordination provided by a doctor's office (such as following up with test results and being informed about specialist care)
- There is also room for improvement regarding the doctor's office talking to enrollees about their mental or emotional health, helping enrollees manage their chronic illnesses, and involving enrollees in decision-making about their health care
- Adult enrollees had better experiences with their doctor's office supporting them in managing their chronic conditions than parents of child enrollees

For Children

- Children with special health care needs are prevalent in the Health Home program (71%)
- Attention problems were the most commonly reported behavioral health condition but few children were screened as having significant impairment due to problems with attention
- One-third were reported to have had at least one visit to the emergency room in the six months prior to the survey
- One-quarter of those with a child in need experienced a time when their child was unable to receive care for a behavioral or emotional problem
- Parents rated very highly their experiences communicating with their child's personal doctors
- Child enrollees had better experiences accessing health care than adult enrollees

Chapter 1 Iowa Medicaid Health Home Initiative

The Iowa Medicaid Health Home program enables health care providers in the state of Iowa to offer additional services for their Medicaid patients who have specific chronic conditions. The Iowa Health Home model was authorized under a state plan amendment approved by the Centers for Medicare and Medicaid Services and providers began enrolling eligible Medicaid members into the program beginning on July 1, 2012.

A Health Home is a specific designation under section 2703 of the Patient Protection and Affordable Care Act and is a model of care that provides patient-centered, whole person, coordinated care for all stages of life and transitions of care specifically for individuals with chronic illnesses. For lowa Medicaid, Health Home practices are enrolled Medicaid provider organizations capable of providing enhanced personal, coordinated care for Medicaid enrollees meeting program eligibility criteria. In return for the enhanced care provided, the lowa Medicaid Enterprise (IME) offers providers monthly care coordination payments and the potential for annual performance-based incentives designed to improve patient health outcomes and lower overall Medicaid program costs.

Program Obligations of Medicaid Health Home Providers

To be an IME Health Home Practice and received enhanced payments for providing care to Medicaid Health Home 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 selfassessment 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.

¹ Iowa Medicaid Enterprise Health Home Provider Standards. Available at: http://www.ime.state.ia.us/docs/HealthHome_ProviderStandards.pdf

- 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.

Eligibility for the Medicaid Health Home Program

To be eligible for the Medicaid Health Home program services, any full benefit Medicaid member, adult or child, must have at least two chronic conditions <u>or</u> 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
- Mental Health Problems

Eligible Medicaid members agree to participate in the Health Home at the initial engagement of the provider in a health home practice. A provider presents the qualifying member with the benefits of a health home and the member agrees to opt-in to health home services.

The health home provider categorizes each eligible member into one of four tiers based on the member's number of chronic conditions. The provider receives a per member per month (PMPM) payment depending on the tier. The tier categories are as follows:

Tier	Sum of Chronic Conditions
1	1-3
2	4-6
3	7-9
4	10 or more

Provider Network

Medicaid Health Home enrolled providers include but are not limited to: physician clinics, community mental health centers, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs).

A map of the counties with Health Home providers as of October, 2013 is shown in Figure 1-1.

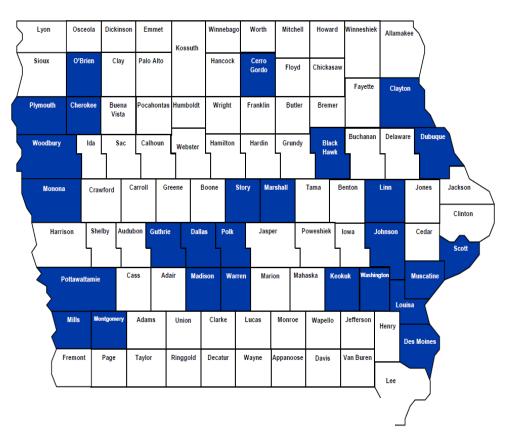


Figure 1-1. Iowa Medicaid Health Homes by County as of October, 2013

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

Covered Services

It is the Medicaid enrollee's choice to become part of a health home. In addition to the services covered under their particular Medicaid plan, the following services are expected to be provided by the health home:

- A primary care practitioner that manages all of the enrollee's health care
- A nurse available to help the enrollee identify and achieve health and wellness goals
- Access to support services to remove barriers to achieving better health
- Access to health education and promotion to address smoking, nutrition, and physical activity
- Assistance with transitional care and discharge planning after hospital or rehabilitation stays
- Assistance in finding community resources and support services
- Assistance with managing the enrollee's medication and medical treatments
- One plan of care that the enrollee participates in

Chapter 2 Methodology

This report evaluates a variety of aspects of the Health Home program from the perspective of adults or the parent/legal guardian of children who were newly enrolled into the program. Enrollee perceptions about their health and health care experiences in the six months prior to enrollment in the Health Home program were evaluated using mailed surveys. A companion report evaluates the outcomes of care for Health Home enrollees (adults and children) using Medicaid claims and enrollment data.

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.

Process

The survey of the Health Home Program was conducted with a rolling enrollment procedure over eight months starting in December 2012 and continuing through August 2013. At the beginning of each month (starting in December), questionnaires were mailed to a random sample of community-dwelling, Medicaid members (adults and children) who were newly enrolled (within the past month) in the Health Home program, were eligible to begin the Health Home program as of the first day of the month of the survey, and whose household members had not been included in any other survey sample of Medicaid members within the past year. This strategy reduced the potential for respondent burden and relatedness of the responses.

Survey Methodology for Adult Enrollees

The initial mailings (over a nine month period) were sent to 2,256 adult Medicaid Health Home enrollees. Each month, the initial mailing was followed by a reminder postcard ten days later. In an effort to maximize response rates for the mailed survey, each survey packet included a \$2 bill, to keep regardless of whether the survey was completed. And, in both the initial letter and on the reminder postcard, enrollees were given the option of completing the survey online and were provided a website address for that purpose.

Survey Methodology for Child Enrollees

The initial mailings (over a nine month period) were sent to 425 parents/legal guardians of children enrolled in the Health Home. As with the adult enrollees, each month, the initial mailing was followed by a reminder postcard ten days later. In an

effort to maximize response rates for the mailed survey, each survey packet included a \$2 bill, to keep regardless of whether the survey was completed. And, in both the initial letter and on the reminder postcard, recipients were given the option of completing the survey online and were provided a website address for that purpose.

For the child sample, a phone follow-up was conducted approximately 5 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.

Response Rate

Adult Enrollee Response Rates

Survey data was obtained for enrollees with a response rate of 26%, after adjusting for bad addresses. A comparison of response rates by month sampled is presented in Table 2-1.

Table 2-1. Sampling and Response Rates for the Adult Enrollees

Month	Sent	Total Response	Response Rate	Adjusted Response Rate*
December, 2012	300	70	23%	24%
January, 2013	158	25	16%	17%
February, 2013	147	38	26%	27%
March, 2013	192	52	27%	30%
April, 2013	328	102	31%	32%
May, 2013	300	75	25%	26%
June, 2013	364	86	24%	24%
July, 2013	235	53	23%	23%
August, 2013	232	60	26%	26%
Total	2256	561	25%	26%

^{*} Adjusted for ineligibles: Respondents who no longer had a valid address.

Child Enrollee Response Rates

There was a response rate of 26%, after adjusting for bad addresses, in the sample of children enrolled in the Health Home. A comparison of response rates by month sampled is presented in Table 2-2.

Table 2-2. Sampling and Response Rates for the Child Enrollees

Month	Sent	Mail/Online Response	Response Rate	Adjusted Response Rate*
December, 2012	159	37	23%	25%
January, 2013	12	4	33%	33%
February, 2013	20	3	15%	17%
March, 2013	28	7	25%	27%
April, 2013	63	14	22%	23%
May, 2013	54	15	28%	29%
June, 2013	38	11	29%	29%
July, 2013	30	7	23%	27%
August, 2013	21	6	29%	29%
Total	425	104	24%	26%

^{*} Adjusted for ineligibles: Respondents who no longer had a valid address.

Response Bias

Adult Enrollees

The adjusted survey response rate of 26% for the adult enrollees is somewhat less than response rates seen in surveys of lowa adult Medicaid enrollees. Tests were run to determine if those who responded to the survey differed demographically from those who did not respond. Overall, 65% of adult Health Home enrollees are female, which is about equivalent to the percentage of female respondents to the survey (62%). There did appear to be some respondent age bias. As age increased, so did response rates (up to age 65), leading to a bias toward enrollees between the ages of 45 and 64 responding to the survey, as is shown in Table 2-3.

Table 2-3. Gender and Age Bias in Responses (Adult Enrollees)

	Survey Respondents	Adult Medicaid HH Enrollees
Gender		
Male	38%	35%
Female	62%	65%
Age		
18-24	2%	6%
25-34	5%	12%
35-44	9%	15%
45-54	27%	23%
55-64	34%	27%
65 or older	22%	17%

Child Enrollees

Enrollment of children into the Health Home program overall was much lower than expected at the start of the program. Thus, the adjusted survey response rate of 26% for the child sample is much lower than response rates seen in surveys of lowa child Medicaid enrollees. Overall, 46% of children enrolled in the Medicaid Health Home are

female which is equivalent to the percentage of female children whose parent/guardian responded to the survey (46%). Age range of the children did not vary based on response. The mean age of children enrolled in the program is 11 years old which is equivalent to the mean age of the sample of children whose parent/guardian responded to the survey, as shown in Table 2-4.

Table 2-4. Gender and Age Bias in Responses (Child Enrollees)

	Survey Respondents	Medicaid Child HH Enrollees
Gender		
Male	54%	54%
Female	46%	46%
Age		
0 – 5	18%	14%
6 – 12	39%	40%
13 – 17	43%	47%

Data Analysis

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

Evaluating Groups Based on Tier (Number of Chronic Conditions)

As stated above, health home providers categorize each eligible member into one of four tiers based on the member's number of chronic conditions. One might expect an enrollee's level of illness could affect his/her experiences in the health care system. Almost half (46%) of the adult respondents were categorized into Tier 1 (1-3 chronic conditions), 35% were in Tier 2 (4-6 chronic conditions), 15% were in Tier 3 (7-9 chronic conditions), and only 4% were in Tier 4 (10+ chronic conditions). For the children, well over half (70%) were categorized into Tier 1, 27% were in Tier 2, 3% were in Tier 3, and no children were in Tier 4. Due to the small numbers of respondent enrollees in Tiers 3 & 4, for the adult sample, we combined those tiers into one group (7+ chronic conditions) for our analyses. For the child sample, we combined Tiers 2 & 3 into one group to compare to the Tier 1 group. Thus, for this report, each question in the survey was analyzed to evaluate whether there were statistically significant differences for enrollees among the three levels of chronic illness (1-3 conditions, 4-5 conditions, and 7+ conditions) for adults and the two levels (1-3 conditions vs. 4+ conditions) for children. Any statistically significant differences are noted in the results that follow. Where no difference is noted in the text, table or figure, no statistically significant differences were found. Most information, including all demographic, medical home characteristic, and utilization information, was evaluated by tier

grouping.

Chapter 3 Health Home Enrollment and Demographic Characteristics

As mentioned previously, the Health Home program enrolls individuals eligible for full Medicaid benefits who have at least two chronic conditions <u>or</u> one chronic condition and are 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
- Mental Health Problems

Aspects of Health Home enrollment that were evaluated in the survey included:

- Demographic characteristics of enrollees
- Enrollee knowledge of the Health Home Program
- Length of time in Medicaid and with their Health Home Provider

Enrollee Characteristics

Enrollment

Providers began enrolling eligible Medicaid members into the Health Home program beginning on July 1, 2012. From that time through July 2013, 4,660 Medicaid members had been enrolled into the program, with most being adults (4,143) and the rest children (517). Of those enrollees, most (45%) were in Supplemental Security Income (SSI) Medicaid, 29% were income-eligible, 16% were in Medicaid for Employed People with Disabilities (MEPD), 10% were part of the Home and Community-Based Services Waiver program, and 2% were Medicaid-eligible for other reasons, including being in the foster care system. Figure 3-1 provides a snapshot of the eligibility categories of Health Home enrollees.

Medicaid Eligibility Category of Health Home Enrollees

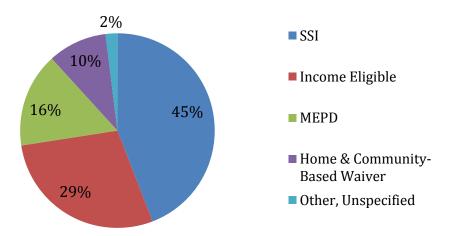


Figure 3-1. Medicaid Eligibility of Health Home Enrollees

Location of Enrollees

As indicated on the map in Figure 1-1, 27 counties in Iowa have Health Home providers. During the sampling period (December 2012 – July 2013), adult Health Home enrollees came from providers in 12 of these counties: Des Moines, Scott, Johnson, Linn, Black Hawk, Marshall, Story, Polk, Madison, O'Brien, Plymouth, and Woodbury. During this sampling period, no Medicaid members from the north central, northeastern, or southwestern counties with Health Home providers had been enrolled in the Health Home program.

Age, Gender, Race/Ethnicity, and Education

Information about the age, gender, race/ethnicity, and educational level of Health Home enrollees was obtained from the enrollee survey. Demographics for the adults and children who responded to the survey are presented below.

Adults in the Health Home Program

Almost three-quarters (72%) of the adult Health Home enrollees who responded to the survey were between 45 and 64 years old. There was no difference in Health Home enrollees' ages among the three levels of chronic illness. The age distribution of adult Health Home enrollees is comparable to that of IowaCare enrollees.

Table 3-1 depicts the sex, race/ethnicity, and educational disposition of the adult Health Home enrollees who responded to the survey alongside those of the most recent IowaCare and Adult Medicaid survey respondents.

^{*} SSI means people eligible for Supplemental Security Income, MEPD is Medicaid for Employed People with Disabilities

Table 3-1. Sex, Race/Ethnicity, and Educational Attainment of Adult Health Home Enrollees

	Adult Health Home 2013	IowaCare 2013	Medicaid Adult 2011
Female	62%	55%	82%
Race/Ethnicity*			
White	70%	87%	82%
Black or African	17%	5%	11%
American			
Hispanic/Latino	3%	3%	5%
Asian/Pacific Islander	3%	2%	2%
American Indian	5%	2%	< 1%
Other	2%	1%	1%
Education			
< High School	26%	14%	17%
High School/GED	36%	41%	35%
> High School	38%	45%	48%

^{*} Race/ethnicity categories not mutually exclusive.

When compared to the general Iowa population, adult Medicaid, and IowaCare enrollees, these Health Home enrollees were more likely to be non-white. Seventy percent of adult enrollees reported their race/ethnicity to be white compared to 89% of the general Iowa population², 82% in the most recent survey of Medicaid enrollees³, and 87% in the most recent survey of IowaCare enrollees.³ Adult Health Home enrollees were more likely to be African American (17%) and American Indian (5%) compared to either IowaCare (5% and 2%, respectively) or Adult Medicaid enrollees (11% and <1%, respectively).

Adult Health Home enrollees were more likely to be female than adults in the IowaCare program (62% vs. 55%)⁴ but less likely than adult Medicaid members in general (62% vs. 82%).²

Regarding educational attainment, while the percentages with a high school degree were about equivalent among adult Health Home (36%), lowaCare (41%), and adult Medicaid (35%), significantly more adult respondents in the Health Home program did not complete high school (26%) as compared to lowaCare (14%) and general adult

² Iowa Demographics from 2010 Census data. Available at: http://www.iowa-demographics.com/

³ Damiano PC, Willard JC, Momany ET, Park K. *Evaluation of Iowa's Medicaid Managed Care Program:* Results of the 2011 Survey of Iowa Medicaid Managed Care Enrollees. Final report to the Iowa Department of Human Services, October 2011. Available at: http://ppc.uiowa.edu/publications/evaluation-iowas-medicaid-managed-care-program-consumer-perspective-results-2011-survey.

⁴ Damiano PC, Bentler SE, Momany ET, Park KH, and Robinson E. *Evaluation of the IowaCare Program: Information about the Medical Home Expansion.* Final report to the Iowa Department of Human Services, June 2013. Available at: http://ppc.uiowa.edu/publications/evaluation-iowacare-program-information-about-medical-home-expansion.

Medicaid enrollees (17%). Even with one-quarter of adult Health Home respondents having less than a high school education, few (15%) "often" or "always" needed help reading instructions, pamphlets or other written material from their doctor.

Children in the Health Home Program

Forty-three percent of the children whose parent responded to the survey were between 13 and 17 years old, 39% were between 6 and 12 years old, and 18% were less than 6 years old. Again, there was no difference in mean age of the children based on level of chronic illness. The mean age of children in the Health Home program is slightly older than children in general Medicaid.

Table 3-2 depicts the sex, age, and racial/ethnic disposition of the children in the Medicaid Health Home whose parent responded to the survey alongside those of the most recent Medicaid survey results for children.

Table 3-2. Demographics of Children in the Medicaid Health Home

	Health Home Children 2013	Medicaid Children 2011
Female	46%	52%
Average age	11 years	8 years
Race/Ethnicity*		
White	61%	82%
Black or African American	30%	14%
Hispanic/Latino	20%	12%
Asian/Pacific Islander	1%	1%
American Indian	9%	2%
Other	2%	1%

^{*} Race/ethnicity categories not mutually exclusive.

Children in the Health Home program were more likely to be non-white compared to children in Medicaid in general. Sixty-one percent of parent respondents reported their child's race/ethnicity to be white compared to 82% in the most recent survey of Medicaid enrollees. Children in the Health Home program are more likely to be African American (30%), Hispanic/Latino (20%), and American Indian (9%) compared to children in Medicaid not enrolled in the Health Home program (14%, 12%, and 2%, respectively). There were fewer female children enrolled in the Health Home program compared to the Medicaid program as a whole in 2011 (46% vs. 52%).

The child enrollees' legal guardian completed the survey about the child. For the vast

⁵ Damiano PC, Willard JC, Momany ET, Park K. *Evaluation of Iowa's Medicaid Managed Care Program:* Results of the 2011 Survey of Iowa Medicaid Managed Care Enrollees. Final report to the Iowa Department of Human Services, October 2011. Available at: http://ppc.uiowa.edu/publications/evaluation-iowas-medicaid-managed-care-program-consumer-perspective-results-2011-survey.

majority of the respondents, this person was the child's parent (92%). The child's grandparent was the person who filled out the survey for 7% of the children and, for one of the children, an unrelated legal guardian filled out the survey. As with the adult self-respondents, few of the respondents to the child survey (7%) often or always needed help reading instructions, pamphlets or other written material from their child's doctor.

Knowledge of the Health Home Program

Enrollment for the Health Home program is initiated by the Medicaid member's provider so it is important to evaluate if Health Home enrollees know they are in a different Medicaid program and how they learned about the program. The vast majority of adult respondents (87%) knew they were a member of the Health Home program but fewer of the child enrollees' parents (77%) were aware their child was in the program.

Of the adult enrollees' who knew they were in the program, the majority learned about the program either from a letter from (33%) or in person at (30%) their doctor's office. Only 9% of adult enrollees' were informed about their enrollment into the program through a phone call from their doctor's office. Interestingly, 33% of adults were unsure how their doctor's office let them know about the Health Home program.

For the children enrolled in the Health Home program, 40% of the parents were unsure how their child's doctor's office let them know about the Health Home program. But for those who did learn about it from their child's doctor's office, 18% heard about it by phone, 25% by letter, and 28% in person at their child's doctor's office.

Time in Medicaid and with their Health Home Provider

Over half (56%) of these adult Health Home enrollees had been in Medicaid for 3 or more years. Few (10%) had less than 6 months of experience with Medicaid. Most of the adult enrollees had longer-term relationships with their Health Home provider's office. Of the adult respondents, 61% had been going to their Health Home provider's office for 3 or more years, with 45% having been at that office for 5 or more years.

For the children in the Health Home program, 77% had been in Medicaid for 3 or more years with very few (3%) having less than 6 months of experience in Medicaid. And, for the children, 71% had been going to their Health Home provider's office for 3 or more years, with the majority (55%) having been a patient with that provider's office for 5 or more years.

Chapter 4 Baseline Experience of Adults

The following is a summary of results from the 2013 Survey of Adult Enrollees into the lowa Medicaid Health Home program. The baseline experiences of these adults include self-assessments of:

- Health Status
- Health Services Utilization and Unmet Need for Care
- Experiences with the Medical (Health) Home

Individual responses to each item in the questionnaire are in Appendix B. A summary of the open-ended comments from adult enrollees is in Appendix C.

Health Status

Several measures of the enrollees' health status were measured by 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. Over 60% of adult Health Home enrollees rated their health as fair or poor and only 8% rated their health as very good or excellent. As expected due to the design of the program, the health of adult Health Home enrollees was rated significantly lower than that of adults in the lowaCare and Medicaid program, as shown in Figure 4-1.

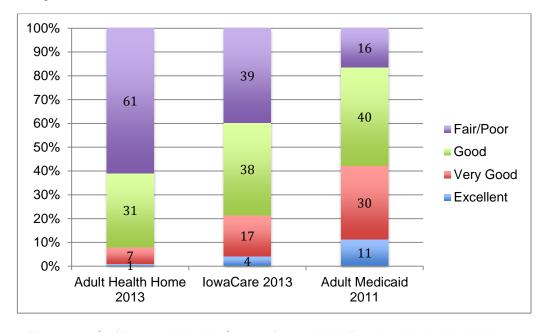


Figure 4-1. Self-Reported Health Status of 2013 Adult Enrollees in the Health Home as compared to 2013 IowaCare Enrollees and 2011 Iowa Medicaid Adult Enrollees

Chronic Physical Health Conditions

Poor health status was also evident in the self-reported chronic health conditions. Ninety-three percent of adult Health Home enrollees indicated that they had at least one chronic health condition. Over 80% had three or more chronic physical health conditions. The most common chronic physical health conditions reported by Health Home enrollees and those of lowaCare enrollees in 2013 are presented in Table 4-1.

Table 4-1. Most Commonly Reported Chronic Physical Health Conditions

Chronic Health Condition	Adult Health Home % Reporting 2013	IowaCare % Reporting 2013
Arthritis, bone, or joint problems	57%	36%
Hypertension	55%	34%
Back or neck problems	52%	37%
Overweight/Obese	51%	31%
Allergies or sinus problems	38%	29%
Recurrent indigestion, heartburn, or ulcers	37%	27%
A physical disability	32%	< 10%
Bronchitis, emphysema, COPD, or lung problems	31%	14%
Diabetes	31%	15%
Dental, tooth, or mouth problems	30%	39%
Asthma	29%	11%
Heart problems	22%	11%
Bladder or bowel problems	22%	15%
Migraine headaches	21%	16%

Overall Mental and Emotional Health

Overall mental and emotional health was determined in the survey using a standard excellent to poor response scale. Almost half of adult Health Home enrollees (46%) rated their mental and emotional health as fair or poor and 23% rated their mental and emotional health as very good or excellent. The mental health status of adult Health Home enrollees was significantly lower than lowaCare enrollees and adults in Medicaid, as shown in Figure 4-2.

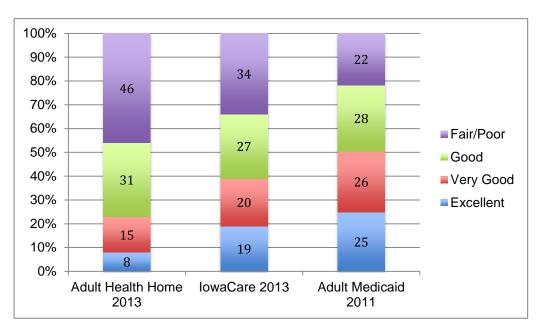


Figure 4-2. Self-Reported Mental Health Status of 2013 Adult Health Home Enrollees as compared to 2013 IowaCare Enrollees and 2011 Iowa Medicaid Adult Enrollees

Chronic Mental Health Conditions

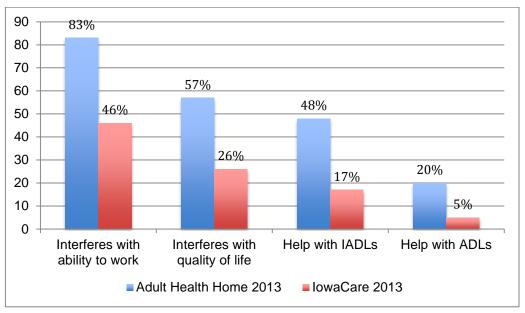
Enrollees were asked to indicate any chronic mental health conditions they had that had lasted for at least the past three months. The self-reported prevalence of a chronic mental health condition was high among adult Health Home enrollees with 67% reporting at least one chronic mental health condition. The most frequently self-reported chronic mental health problems are presented in Table 4-2.

Table 4-2. Most Commonly Reported Chronic Mental Health Conditions

Chronic Mental Health Condition	Adult Health Home % Reporting 2013	lowaCare % Reporting 2013
Depression	53%	38%
Anxiety	45%	32%
Emotional problems other than depression or anxiety	21%	11%
Attention problems	16%	10%
A learning disability	12%	5%
Other mental health condition	10%	11%
Drug or alcohol-related problem	8%	5%

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. A vast majority (83%) of adult Home Health enrollees had a physical or medical condition that seriously interfered with their ability to work, attend school, or manage day-to-day activities; a much higher percentage than lowaCare enrollees (46%). In fact, lowaCare enrollees experienced much less functional limitation overall than adult Health Home enrollees. Around one-half of adult Health Home enrollees had a physical condition that interfered with their independence, participation in the community, or quality of life (57%) or that necessitated the need for help with their routine needs (48%). About 1 in 5 enrollees required help at home for their personal care needs, as shown in Figure 4-3.



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

Figure 4-3. Self-Reported Functional Limitations of 2013 Adult Health Home Enrollees as compared to 2013 IowaCare Enrollees

^{*} Quality of life includes serious interference with independence and community participation.

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

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

Health Services Utilization and Unmet Need for Care

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

Personal Doctor and Routine Medical Care

The majority of respondents (95%) with a personal doctor had made at least one visit to this provider in the previous six months. Over half of adult Health Home enrollees (52%) made three or more visits to their personal doctor within the previous six months which is significantly higher than reported by lowaCare enrollees (35%).

Most of the adult Health Home enrollees (92%) made an appointment for routine care in the six months prior to completing the survey. The vast majority (80%) reported having at least two visits to a doctor's office or clinic in the previous six months.

Unmet Need for Routine Care

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. Fewer than 1 in 5 adult Health Home enrollees (18%) reported an unmet need for routine medical care which is slightly less than the 25% of lowaCare enrollees who reported an unmet need for such care. There were no significant differences based on number of chronic conditions with regard to enrollees reporting problems receiving routine care.

Telephone Medicine

Over half of adult enrollees (58%) had called a doctor's office with a medical question during regular business hours in the previous six months. Many of those who called (62%) *usually* or *always* got the help they needed when calling their doctor's office during regular hours.

Compared to regular office hours, far fewer enrollees (19%) had called a doctor's office with a medical question after regular business hours in the previous six months. Still, over half (57%) reported *usually* or *always* getting the help they needed when calling after regular business hours.

After-hours, Urgent, and Emergent Medical Care

This study explored the need for after-hours care, emergent care (usually received from a hospital emergency department), and urgent care, typically received from either an emergency department or clinic. Thirty-seven percent of enrollees reported needing care during evenings, weekends, or holidays within the past six months with significantly more of those with 4-6 chronic conditions (43%) reporting this need as compared to those with 1-3 chronic conditions (31%).

Emergency Department (ED) Visits

Almost one half of adult Health Home enrollees (48%) reported having visited an ED in the previous six months which is much higher than reported by IowaCare enrollees (30%). Almost one-quarter (24%) had been to an ED two or more times during that six month period. Of those enrollees who had visited an ED, 54% 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 at the time.

Urgent Care

More than half of enrollees (58%) had a need for urgent care in the six months prior to completing the survey which is significantly higher than reported by lowaCare enrollees (44%). Significantly more enrollees with 4-6 chronic conditions (65%) reported a need for urgent care as compared to those with 1-3 chronic conditions (53%). Most respondents (81%) who needed this urgent care *always* (55%) or *usually* (26%) received it as soon as they thought they needed it.

Unmet Need for Urgent Care

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. Nearly one-third of adult Health Home enrollees (29%) had an unmet need for urgent medical care.

Preventive Care Visits

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. Over half of adult enrollees (62%) had a preventive visit in the previous six months which is much higher than reported by IowaCare enrollees (40%).

Unmet Need for Preventive Care

Overall, only 14% of adult Health Home enrollees reported a time when they needed preventive care, but were unable to receive it for some reason. There were no significant differences in the rates of unmet need for preventive care among the three levels of chronic illness burden.

Specialty care

Not unexpectedly because of the illness burden of this population, almost two-thirds of adult respondents (66%) reported a need for specialist care within six months of the survey. The vast majority (87%) had seen a specialist for a particular health problem in the previous six months which is significantly higher than the 42% of specialist care use reported in the most recent survey of lowaCare enrollees.

Unmet Need for Specialty Care

Unmet need for specialty care was similarly defined as a time when specialty care was needed, but the enrollee could not receive it for some reason. Almost one-quarter (23%) of adult Health Home enrollees reported having a time when they needed to see a specialist but could not.

Hospitalizations

In the previous six months, 30% of adult Health Home enrollees reported having been hospitalized overnight at least once which is much higher than the 12% of lowaCare enrollees reporting the same experience. Almost 1 in 5 (18%) of adult Health Home enrollees reported being hospitalized 3 or more times in the previous six months. Over one-quarter (27%) reported needing to return to the hospital soon after being discharged because they were still sick or had a problem.

Dental Care

In the previous six months, 40% of respondents reported a need for dental care for any reason. Only 5% of adult Health Home respondents reported that they had never been to a dentist while 42% had seen a dentist within the previous year. Over one-third of adult enrollees (35%) had been unable to receive care for some reason when they thought dental care was needed.

Mental and Emotional Health Care

Over one-third of adult Health Home enrollees (37%) reported a need for treatment or counseling for a mental or emotional problem. Of those with need, 82% received treatment or counseling for their mental or emotional problem, and the proportion receiving care did not vary by chronic illness level. Among those who believed they needed treatment or counseling for a mental health problem, 26% had a time when they were unable to receive this care for some reason.

Prescription Drugs

A majority of adult Health Home enrollees (89%) reported needing prescription medicine in the six months prior to the survey with all but one of the enrollees (99.8%) reporting having taken a prescription medicine during that time. Of the enrollees who reported needing prescription medication, around one-third (34%) had a time in the previous six months when they could not get a prescription for some reason.

Pre-program experiences with Health Home attributes

In this report, we evaluate enrollees' experiences with care during the six months prior to enrollment in the Health Home program. This provides a baseline assessment of the care they received before their practice agreed to become their health or medical home. In this survey, we assessed adult Health Home enrollees' experiences with several domains of the medical home model of health care delivery in the six months prior to joining a Health Home: 1) identification of a personal doctor, 2) enhanced communication with a personal doctor, 3) coordination of care, 4) timely access to care, 5) information about care, 6) comprehensiveness of care, 7) self-management support, and 8) shared decision-making.

Personal Doctor

Utilization of medical services often 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. 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).

Only 11% of adult Health Home respondents could not identify a provider they considered to be their personal doctor. Those with 4-6 chronic conditions were significantly more likely (93%) to report having a personal doctor compared to those with 1-3 chronic conditions (85%). About three-quarters (72%) of those who did identify a personal doctor responded that the doctor was located in the office that introduced them to the Health Home program. The majority (82%) of enrollees had visited their personal doctor at least twice during the previous six months.

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). The personal doctors of adult Health Home enrollees averaged a rating of 8.3 out of a possible 10. Over half (56%) of respondents gave their personal doctor a nine or ten rating which is comparable to personal doctor ratings provided in the most recent survey of lowaCare enrollees. The personal doctor ratings of adult Health Home enrollees did not vary much by level of chronic illness burden (Figure 4-4).

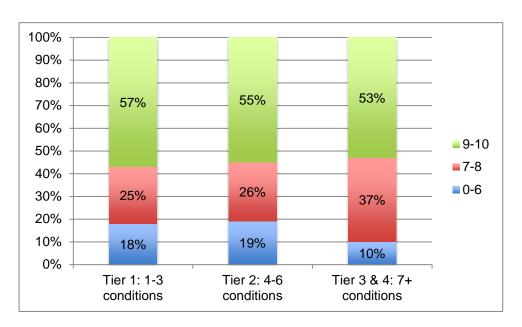


Figure 4-4. Rating of Personal Doctors

Communication with a Personal Doctor

A health home should promote enhanced communication between the patient and the physician. Enrollees were asked several questions to assess how well their personal doctors communicated with them during their visits, including questions about how often their personal doctor: 1) explained things in a way that was easy to understand, 2) listened carefully to them, 3) gave them easy to understand information about their health questions or concerns, 4) knew the important information about their medical history, 5) showed respect for what the enrollee had to say, 6) spent enough time with them, and 7) understood how the enrollee's health problems affected their day-to-day life.

Overall, adult Health Home enrollees rated their experiences communicating with their personal doctors very highly. They reported that their personal doctor usually or always:

- showed respect for what they had to say (88%)
- listened carefully to them (88%)
- gave them easy to understand information about their health concerns (85%)
- explained things in a way that was easy to understand (86%)
- knew the important information about their medical history (83%) and,
- spent enough time with them (81%)

In addition, 83% of respondents felt their personal doctor understood how their health problems affected their day-to-day lives.

A summary measure incorporating the first six of these communication components was evaluated. Figure 4-5 summarizes how well adult Health Home enrollees felt their personal doctor communicated with them during office visits. There were no statistically significant differences in communication among the three levels of chronic illness burden.

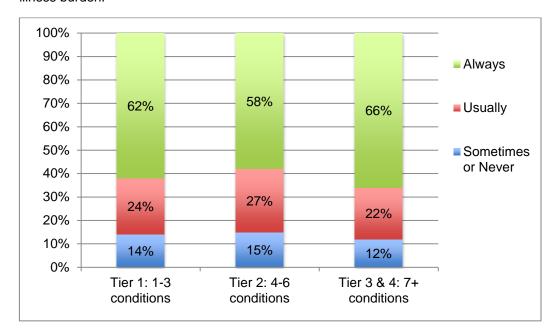


Figure 4-5. How Often Personal Doctors Communicated Effectively

Care Coordination

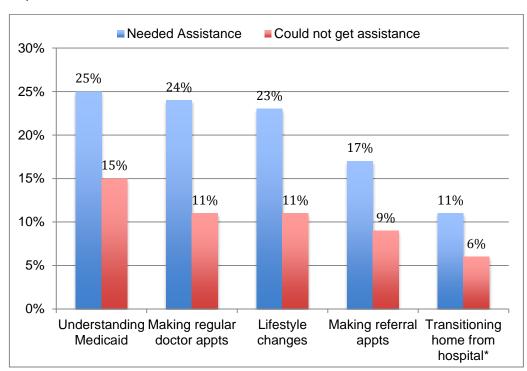
The Health Home population is made up, by design, of a population of the sicker Medicaid members. Over 80% of the adult respondents to this survey had 3 or more chronic physical conditions and two-thirds had at least one chronic mental health condition. Such illness burden often results in the use of a variety of different health services aside from those provided by the individual's primary doctor. In the six months prior to completing the survey, 87% of these respondents had seen a specialist for a particular health problem, 82% had received treatment or counseling for a mental or emotional health problem, 30% had been hospitalized at least once, and all but one of them had taken a prescription medication. For those with multiple chronic illnesses who are likely to access many different areas of the health care delivery system, care coordination and communication between providers and others involved in their health care becomes critically important. We asked respondents several specific questions to evaluate how well their care is coordinated. These included:

- How often their doctor's office followed-up with them regarding test results
- How often their doctor's office seemed informed and up-to-date about the care they 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 personal doctor and if these needs were met

The vast majority of these adult Health Home enrollees (90%) 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 (76%) reported that someone from that office usually or always followed-up with them to give them the results. However, 7% of the respondents reported never hearing back from their doctor's office. Almost three-quarters of respondents (73%) reported that their doctor's office usually or always seemed informed and up-to-date about the care they received from specialist. Yet, 9% reported that their doctor's office never seemed informed about their specialist care.

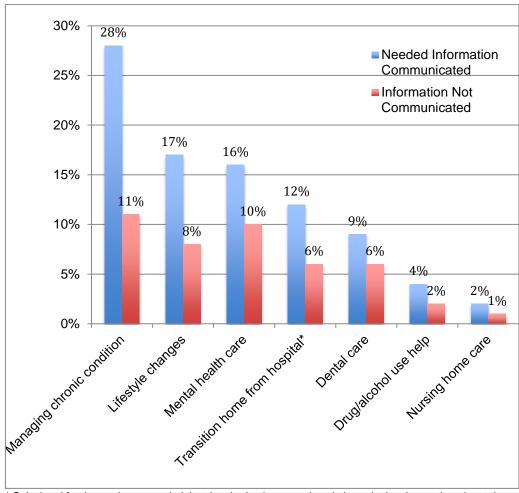
Figure 4-6 summarizes the need for assistance with particular health care services and whether or not respondents were able to get the needed assistance. Approximately one-quarter of these enrollees reported needing assistance with understanding their Medicaid coverage (25%), making regular doctor appointments (24%), and modifying their lifestyle or behaviors to be healthier (23%). For the two services that involved coordinating with outside entities, 17% reported needing help making appointments after being referred by their doctor and, for those who had at least one hospital stay, 11% reported a need for help with their transition home from the hospital. In each instance, fewer than 15% reported that they could not get the assistance that they required.



^{*} Calculated for those who responded that they had at least one hospital stay in the six months prior to the survey.

Figure 4-6. Need and Unmet Need for Specific Care Coordination Services

Figure 4-7 summarizes the need and unmet need for the communication of information between the respondents' personal doctors and other care providers in the community. Almost 30% of respondents reported needing information about management of their chronic health problem communicated back to their personal doctor. For the rest of the services, less than 20% of these enrollees reported a need for information to be communicated back to their provider. And, for each service, the majority of respondents reported that their need to have information communicated back to their personal doctor was met.



^{*} Calculated for those who responded that they had at least one hospital stay in the six months prior to the survey.

Figure 4-7. Need and Unmet Need for Communication between Providers

Access to Care

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

With regard to access experiences:

- About 80% of adult Health Home enrollees reported usually or always getting urgent care or an appointment for routine care as soon as they needed it.
- Almost one-half (48%) of enrollees were usually or always able to get needed care from a doctor's office during evenings, weekends, or holidays, but 30% reported never being able to access care during those times.
- Over one-half (62%) usually or always received an answer to their medical question on the same day if they left a phone message during regular office hours. Somewhat fewer (57%) reported the same response after regular office hours.
- Fewer than half (42%) *usually* or *always* saw their doctor within 15 minutes of their appointment time with 28% reporting never having seen a doctor that close to their appointment time.

Figure 4-8 provides the results of a CAHPS-based composite measure (constructed from the first five items above) used to evaluate access to care. There were no statistically significant differences in access to care among the three levels of chronic illness burden.

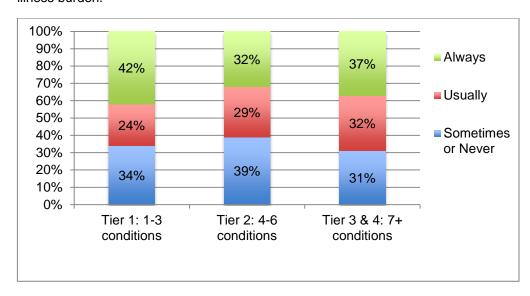


Figure 4-8. Summary Access to Care Measure by Chronic Illness Burden

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 these enrollees:

- More than half (57%) reported that a doctor's office gave them information about what to do if they needed care during evenings, weekends, or holidays with is much higher than the 37% reported by IowaCare enrollees.
- Over three-quarters (79%) received reminders from a doctor's office about upcoming tests, treatments or appointments which is also much higher than the 54% of IowaCare enrollees who reported receiving reminders.

Comprehensive Care

Comprehensive care means the health home provides services that account for the majority of patient needs, including mental health. In the adult Health Home enrollee survey, questions about comprehensiveness of care were asked, including whether or not someone in a doctor's office talked with them about their mental/emotional health.

Of these adult Health Home enrollees:

- Almost two-thirds (65%) reported that someone from a doctor's office asked them if they felt sad, empty, or depressed during any period of time during the past six months.
- Fifty-four percent reported being asked if there were things in their life that worried them or caused them stress
- A little over half (51%) reported talking to someone at a doctor's office about personal or family problems, alcohol or drug use, or mental or emotional illness.

A composite measure of comprehensiveness of care was calculated using the items detailed in the previous paragraph. Figure 4-9 summarizes the percentage of enrollees, by level of chronic illness burden, who reported that a doctor's office paid attention to their mental/emotional health.

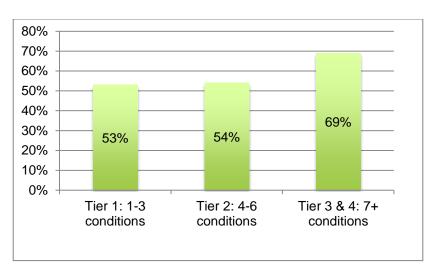


Figure 4-9. Proportion of Enrollees Receiving Comprehensive Care by Level of Chronic Illness Burden

There were differences by chronic illness burden with significantly more enrollees with 7 or more chronic conditions reporting meeting the criteria for receiving comprehensive care compared to enrollees with fewer than 7 chronic conditions.

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 assess adult Health Home enrollees' perceptions about whether or not a doctor's office supported them in taking care of their own health.

For adults in the Health Home program:

- The majority of enrollees (69%) reported that someone from a doctor's office talked with them about their specific health goals.
- Only 45% reported being asked if there were things that made it hard for them to take care of their health.

Figure 4-10 shows these two constructs combined into a composite measure for comparison across level of chronic illness about how well their doctor's offices provided self-management support. There were no statistically significant differences in self-management support among the three levels of chronic illness burden.

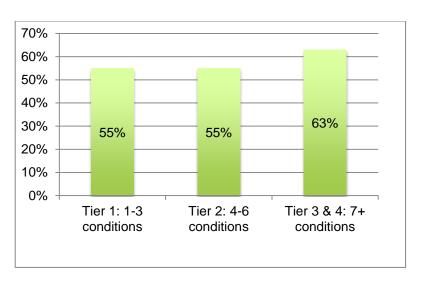


Figure 4-10. Self-Management Support by Chronic Illness Burden

Shared Decision Making

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

In the survey, three items were asked that focused on how a provider included their adult patients in the decision making process when starting or stopping a prescription medication. This is especially pertinent since almost all of the respondents reported having taken a prescription medicine at some point in the six months prior to the survey. For adults enrolled in the Health Home program whose provider talked with them about their medications:

- Almost half (48%) reported that the provider talked "a lot" about the reasons they might want to start taking a medication
- Fewer enrollees (31%) reported they talked "a lot" about the reasons you might not want to take a medication.
- The majority of these adult Health Home enrollees (68%) reported that during the discussion about medications, the provider asked them what they thought was best for them.

Figure 4-11 shows these three constructs combined into a composite measure for comparison across level of chronic illness about how well these respondents' providers involved the enrollee in care decisions. There were no statistically significant differences with regard to shared decision making among the three levels of chronic illness burden.

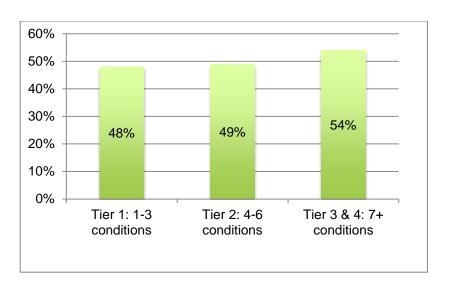


Figure 4-11. Shared Decision Making by Chronic Illness Burden

Chapter 5 Baseline Experience of Children

The following is a summary of results from the 2013 Survey of Child Enrollees into the lowa Medicaid Health Home program. The baseline experiences of these children include their health status, utilization of and unmet need for care, and experiences with the components of the Health Home.

Individual responses to each item in the questionnaire are in Appendix B. A summary of the open-ended comments is in Appendix C.

Health Status of Children in the Health Home

Several measures of 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

About 10% of children in the Medicaid Health Home were reported to be in poor or fair health and about 60% were reported to have very good or excellent physical health. As expected due to the design of the program, the health of children in the Health Home program was rated significantly lower than that of children in the Medicaid program as a whole (Figure 5-1).

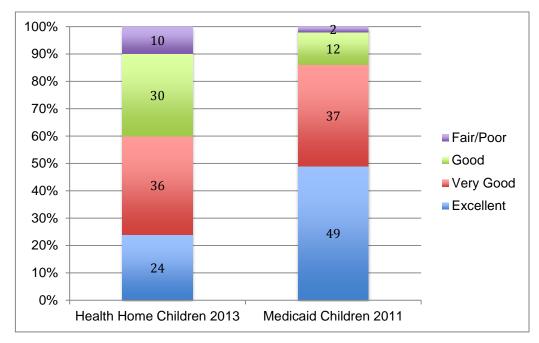


Figure 5-1. Self-Reported Health Status of 2013 Child Enrollees in the Health Home as compared to that of Children in the Medicaid program in 2011.

Over two-thirds (71%) of children enrolled in the Health Home program met the criteria for being a child with a special health care need (CSHCN) which is in stark contrast to the 28% of children in the Medicaid program in 2011 who screened as a 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. Many of these children (58%) met the definition for having dependency on prescription medications, 43% used more services (such as medical care, mental health services, or educational services) than considered usual for children of about the same age, and 21% screened as having significant functional limitations.

Chronic Physical Health Conditions

Poor health status was also evident in the reported chronic health conditions. Seventy-four percent of child Health Home enrollees had at least one chronic physical health condition. Around 20% had three or more chronic physical health conditions. The most common chronic physical health conditions reported for child Health Home enrollees are presented in Table 5-1.

Table 5-1. Most Commonly Reported Chronic Physical Health Conditions

Chronic Health Condition	Health Home Children % Reporting 2013
Asthma	39%
Allergies or sinus problems	27%
Vision problems	21%
Overweight or obese	15%
Dental problems	15%
Speech or language problems	12%
Back, neck, bone, or muscle problems	7%
Frequent bladder or bowel problems	6%
Diabetes	4%
Failure to thrive or eating disorder	3%
Frequent ear infections	3%
Hearing impairment or deafness	2%

Asthma is the most significant chronic physical health burden experienced by the children in the Health Home program with almost 40% reported to have the condition. Over 20% of children had allergies/sinus problems or problems with their vision. And, more than 1 out of 10 children were overweight or obese (15%) or experienced dental problems (15%).

The school aged children in the Health Home program averaged 5 missed school days in the six months prior to the survey because of illness or injury. This is not surprising given the significant health problems and functional limitations experienced by these children.

Overall Emotional and Behavioral Health

The overall emotional and behavioral health of children in the Health Home program 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. 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 Health Home, 27% were identified as having significant impairments because of depression and/or anxiety, 23% with significant problems with conduct/behavior, and 19% with significant impairments in attention.

Chronic Mental Health Conditions

At least one chronic mental health condition was reported for 47% of the children enrolled in the Health Home program. The most frequently reported chronic mental health problems are presented in Table 5-2.

Table 5-2. Most Commonly Reported Chronic Mental Health Conditions

Chronic Mental Health Condition	Health Home Children % Reporting 2013			
Attention problems	31%			
Behavioral or emotional problems other than depression or anxiety	21%			
Depression	19%			
Anxiety	16%			
A learning disability	13%			
Developmental delays or mental retardation	7%			
Drug or alcohol related problems	2%			

One-third of the Health Home children were reported to have attention problems even though only 19% were screened (from the PSC) as having significant impairment due to attention problems. Around 1 in 5 children were reported to have depression (19%), anxiety (16%), or behavioral/emotional problems aside from depression or anxiety (21%), but 27% were identified by the PSC screening instrument as having significant impairments due to anxiety and/or depression.

⁶ Jellinek MS, Murphy JM, Robinson J, et al. The Pediatric Symptom Checklist: screening school-age children for psychosocial dysfunction. *Journal of Pediatrics*. 1988;112:201-209.

Utilization of and Unmet Need for Care

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

Personal Doctor and Routine Medical Care

The majority of children (93%) with a personal doctor were reported to have made at least one visit to this provider within the previous six months with over two-thirds (69%) going 2 or more times.

A majority of children enrolled in the Health Home (79%) had an appointment for routine care in the six months prior to completing the survey. There were no differences by chronic illness level in the proportion having an appointment for routine care. Three-quarters (75%) reported having at least two visits to a doctor's office or clinic in the previous six months.

Unmet Need for Routine Care

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. About 12% of parents of children in the Health Home program reported an unmet need for routine medical care for their children. There were no significant differences based on number of chronic conditions with regard to problems obtaining routine care.

Telephone Medicine

Less than half of the parents of these child enrollees (47%) had called a doctor's office with a medical question about their child during regular business hours in the previous six months. Most of those who called (85%) reported usually or always getting an answer to their medical question the same day of the call.

Compared to regular office hours, far fewer parents of enrollees (18%) had called a doctor's office with a medical question about their child after regular business hours in the previous six months. Still, two-thirds (67%) reported usually or always getting the help they needed when calling after regular business hours.

After-hours, Urgent, and Emergent Medical Care

This study explored the children's need for after-hours care, emergent care (usually received from a hospital emergency department), and urgent care, typically received from either an emergency department or clinic. Thirty-six percent of children were reported to need care during evenings, weekends, or holidays within the past six months with no differences based on the child's level of chronic illness.

Emergency Department (ED) Visits

One-third of the children enrolled in the Health Home were reported to have visited an

ED in the previous six months which is higher than the one-fourth of children reported as ED users in the Medicaid program in 2011. Children with 4 or more chronic conditions (48%) were more likely to have visited the emergency room at least once in the six months prior to the survey than those with fewer than 4 conditions (25%). Of those children who had visited an ED at least once during the previous six months, 48% 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.

Urgent Care

More than half of enrollees (51%) had a need for urgent care in the six months prior to completing the survey. Children with 4 or more chronic conditions (68%) were more likely to have had a need for urgent care than those with fewer than 4 conditions (44%). The majority (88%) of children who needed this urgent care either *usually* (17%) or *always* (71%) received it as soon as their parent thought they needed it.

Unmet Need for Urgent Care

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. Only 13% of children enrolled in the Health Home were reported to have had an unmet need for urgent medical care.

Preventive Care

Use of preventive services was evaluated by asking parents/guardians for information about their child's last preventive health visit, which could have included a check-up, physical exam, or vaccination shots. Three-quarters of the children (75%) had a preventive visit in the previous six months which is equivalent to percentage of children in Medicaid in 2011 who received a preventive care visit. Fewer parents (55%) 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).

Unmet Need for Preventive Care

Only 7% of parents of children in the Health Home program reported a time when their child needed preventive care, but they were unable to receive it for some reason. There were no significant differences in the rates of unmet need for preventive care among the two levels of chronic illness burden.

Specialty care

One-third of the children were reported to have a need for specialist care in the six months prior to the survey with more children with four or more chronic conditions (53%) than children with fewer than four conditions (23%) having a need to see a specialist. A majority (81%) of these children had seen a specialist for a particular health problem during the same time period, which is significantly higher than the 23% of children using specialist care as reported in the 2011 Medicaid survey.

Unmet Need for Specialty Care

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. Nine percent of children enrolled in the Health Home were reported as having a time when they needed to see a specialist but could not for some reason.

Hospitalizations

In the previous six months, 10% of children enrolled in the Health Home had spent at least one night in a hospital. None of these hospitalized children were reported as needing to return to the hospital soon after being discharged because they were still sick or had a problem.

Dental Care

In the previous six months, 32% of children in the Health Home were reported to have a need for dental care for any reason. Only 5% of children were reported to have never been to a dentist while 86% had seen a dentist within the previous year. Fifteen percent of children had been unable to receive dental care when their parent thought it was needed.

Mental and Emotional Health Care

A little less than one-third of children in this program (32%) were reported to need care for a behavioral or emotional problem. One in four children (25%) experienced a time when they were unable to receive this care for some reason.

Prescription Drugs

Almost three-quarters of children enrolled in the Health Home program (73%) had a reported need for prescription medicine in the six months prior to the survey with almost all of the enrollees (93%) reported to have taken a prescription medicine within the previous six months. Of the children who were reported as needing prescription medication, 13% had a time in the previous six months when their parent could not get a prescription for them for some reason.

Pre-program experiences with Health Home attributes

In this report, we evaluate enrollees' experiences with care during the six months prior to enrollment in the Medicaid Health Home program. This provides a baseline assessment of the care they received before their practice agreed to become their health or medical home. In this survey, we assessed the experiences of children enrolled in the Health Home program with several domains of the medical home model of health care delivery in the six months prior to joining a Health Home: 1) identification of a personal doctor, 2) enhanced communication with a personal doctor, 3) coordination of care, 4) timely access to care, 5) information about care, 6) comprehensiveness of care, 7) self-management support, and 8) shared decision-making.

Personal Doctor

Since enrollment into the Health Home program is initiated by the Medicaid member's provider, we might expect the child enrollee's parent to be able to identify if their child had a personal doctor or nurse. The following questions were asked of respondents regarding personal doctors: 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 majority (86%) of children were reported to have a personal doctor or nurse. The majority (80%) of those whose children had a personal doctor responded that the doctor was located in the office that introduced them to the Health Home program. The vast majority (93%) of children had visited their personal doctor at least once during the previous six months.

Respondents 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). Most (80%) of respondents gave their child's personal doctor a nine or ten rating with no respondents rating their child's personal doctor less than 3 out of 10.

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 Health Home program rated their experiences communicating with their child's personal doctors very highly:

- 97% reported that their child's personal doctor usually or always showed respect for what they had to say
- 97% reported that their child's personal doctor listened carefully to them
- 98% reported that their child's doctor gave them easy to understand information about the health concerns they had about their child and 97% reported s/he explained things in a way that was easy to understand
- Most (95%) reported that their child's personal doctor knew the important information about their child's medical history

- And, 94% reported that their child's personal doctor spent enough time with them
- All of the respondents felt that their child's personal doctor gave them enough information to be able to provide follow up care for their child

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:

- Almost three-quarters of parents (72%) felt that their child was able to talk with the provider about their own health care.
- Almost all of the parents reported that their child's personal doctor explained things clearly (98%) and listened carefully (98%) to their child.

Care Coordination

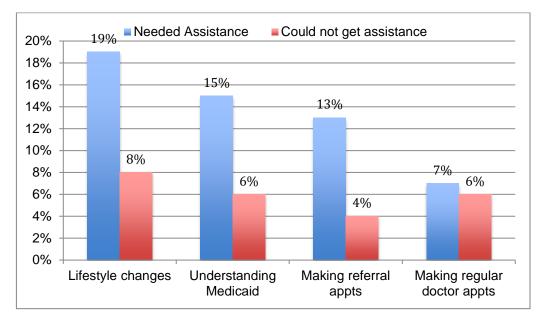
The Health Home population consists, by design, of a population of the Medicaid members most in need of health care. Almost three-quarters (71%) of the children enrolled in the program screened as having a special health care need with 20% reported to have 3 or more chronic physical conditions. And, in the six months prior to completing the survey, 81% of these children had seen a specialist for a particular health problem and 93% of them had taken a prescription medication. Children with special health care needs are likely to access many different areas of 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 47% of 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 survey, most (91%) reported that someone from that office *usually* or *always* followed-up with them to give them the results. Only 2% of the respondents reported never hearing back from

their child's doctor's office. Almost all (92%) of the respondents 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 5-2 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. Almost 1 in 5 respondents reported needing assistance with modifying their child's lifestyle or behaviors to be healthier (19%) and understanding their Medicaid coverage (15%) but fewer need assistance making regular doctor appointments (%) or referral appointments (13%) for their children. Only one parent reported needing assistance transitioning their child home from a hospital stay and that parent reported that they could not get that assistance. In the other instances, fewer than 10% reported that they could not get the assistance that they required.

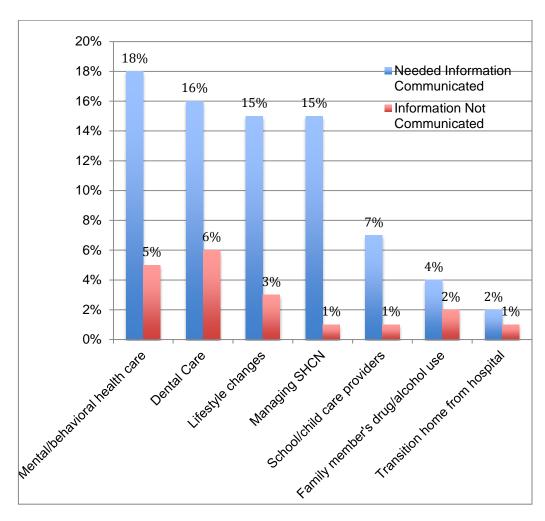


^{*} Calculated for those who responded that they had at least one hospital stay in the six months prior to the survey.

Figure 5-2. Need and Unmet Need for Specific Care Coordination Services for Children Enrolled in the Health Home Program

Figure 5-3 summarizes the need and unmet need for the communication of information between the child enrollees' personal doctors and other care providers in the community. For their child's mental/behavioral health care services, 18% of respondents reported needing information communicated back to their child's personal doctor and for dental care, 16% reported that need. Also, 15% of respondents reported needing information communicated back to their child's personal doctor about help they received modifying their child's lifestyle or behaviors to improve their health and help they received managing their child's special health care need (SHCN). For the rest of the services, less than 10% of these respondents reported a need for information to be communicated back to their child's provider. And, for each service,

the majority of respondents reported that their need to have information communicated back to their child's personal doctor was satisfied.



^{*} Calculated for those who responded that they had at least one hospital stay in the six months prior to the survey.

Figure 5-3. Need and Unmet Need for Communication between Providers for Children Enrolled in the Health Home Program

Access to Care

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

For the children enrolled in the Health Home program:

- About 89% were reported to have *usually* or *always* obtained urgent care or an appointment for routine care as soon as they needed it
- A majority (85%) of respondents reported *usually* or *always* receiving an answer to a medical question about their child on the same day if they left a phone message during regular office hours; yet, 67% of respondents had the same response after regular office hours
- Over three-quarters (76%) of children were reported as usually or always able to get needed care from a doctor's office during evenings, weekends, or holidays
- With regard to office visits, one half (50%) of children were reported as usually
 or always seeing their doctor within 15 minutes of their appointment time; 20%
 of parents reported never having seen their child's doctor within 15 minutes

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 Health Home program:

- Almost two-thirds (66%) of parents reported that a doctor's office gave them information about what to do if their child needed care during evenings, weekends, or holidays
- Over two-thirds (70%) of parents 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 this survey, two items assessed respondent perceptions about whether or not a doctor's office supported them in taking care of their child's health:

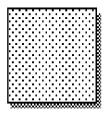
- 60% reported that someone from a doctor's office talked with them about specific goals for their child's health
- Less than one-quarter (24%) reported being asked if there were things that made it hard for them to take care of their child's health



- A. Survey Instruments (Adult and Child)
- B. Survey Results by Question (Adult and Child)
- C. Respondent Comments

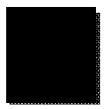


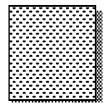
Survey of Iowa





Medicaid







Enrollees

This questionnaire 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:

Dr. Peter C. Damiano
Public Policy Center
209 South Quadrangle
University of Iowa
Iowa City, IA 52242-1192
1-800-710-8891

When you have finished this questionnaire, 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.

1.	Our records show that you are now a member of the <u>Medicaid Health</u> <u>Home Program</u> . Is that right?	YO	UR HEALTH CARE IN THE LAST 6 MONTHS
	¹ Yes ² No → If No, go to Question 4 ³ Don't Know/Unsure	hea whe Do	ese questions ask about <u>your own</u> Ith care. Do <u>not</u> include care you got en you stayed overnight in a hospital. not include the times you went for tal care visits.
2.	How did your doctor's office let you know about this program? 1 By Phone 2 In person at your doctor's office 3 By Letter 4 Don't Know/Unsure		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 8
3.	How long have you been going to this 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 years 5 years or more		In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? 1 Never 2 Sometimes 3 Usually 4 Always
4.	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	8.	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 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 10

9. 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?	14. In the last 6 months, did you phone a doctor's office with a medical question during regular office hours?
¹ ☐ Never ² ☐ Sometimes ³ ☐ Usually	¹ Yes ² No → If No, go to Question 16
10. 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	15. In the last 6 months, when you phoned a doctor's office during regular office hours, how often did you get an answer to your medical question that same day? 1 Never 2 Sometimes 3 Usually 4 Always
 11. 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 	 16. In the last 6 months, did you phone a doctor's office with a medical question after regular office hours? ¹☐ Yes ²☐ No → If No, go to Question 18
 12. In the last 6 months, did you need care for yourself during evenings, weekends, or holidays? ¹ Yes ² No → If No, go to Question 14 	17. In the last 6 months, when you phoned a doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed? □ Never
13. In the last 6 months, how often were you able to get the care you needed	² ☐ Sometimes ³ ☐ Usually ⁴ ☐ Always
from a doctor's office during evenings, weekends, or holidays? 1 Never 2 Sometimes 3 Usually 4 Always	18. 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

19. In the last 6 months, <u>not</u> 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? O None → Go to Question 28	23. 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
1 time 2 2 3 3 4 4 5 5 to 9 6 10 or more times	24. 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
20. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see a doctor within 15 minutes of your appointment time? 1 Never 2 Sometimes 3 Usually 4 Always	25. 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
21. 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	 26. 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 28
22. 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	27. 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	32. In the last 6 months, how often did
28. 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	your personal doctor listen carefully to you? 1 Never 2 Sometimes 3 Usually 4 Always
 No → If No, go to Question 39 29. Is your personal doctor located in the office that introduced you to the Medicaid Health Home program? Yes No 	 33. In the last 6 months, did you talk with your personal doctor about any health questions or concerns? ¹ Yes ² No → If No, go to Question 35
30. In the last 6 months, how many times did you visit your personal doctor to get health care for yourself?	 34. In the last 6 months, how often did your personal doctor give you easy to understand information about these health questions or concerns? \[\begin{align*} \text{1} & \text{Never} \\ \text{2} & \text{Sometimes} \\ \text{3} & \text{Usually} \\ \text{4} & \text{Always} \end{align*} \] 35. In the last 6 months, how often did your personal doctor seem to know the important information about your medical history? \[\text{1} & \text{Never} \end{align*} \]
31. 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
¹ ☐ Never ² ☐ Sometimes ³ ☐ Usually ⁴ ☐ Always	36. 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

37. In the last 6 months, how often did	EMERGENCY ROOM CARE
your personal doctor spend enough time with you? 1 Never 2 Sometimes 3 Usually 4 Always	 41. In the last 6 months, how many times did you go to an emergency room (ER) for care? □□ 0 times→ Go to Question 43 □□ 1 time
38. Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible,	² ☐ 2 to 4 times ³ ☐ 5 or more times
what number would you use to rate your personal doctor?	42. Do you think the care you received at your last visit to the ER could have been provided in a doctor's office if one was available at the
01	time? ¹□ Yes ²□ No
04	
⁰⁷ □ 7 ⁰⁸ □ 8 ⁰⁹ □ 9	GETTING HEALTH CARE FROM SPECIALISTS
9 10 10 Best doctor possible PREVENTIVE CARE	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
39. 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?	43. In the last 6 months, was there any time when you or a doctor thought you needed care from a specialist? ¹□ Yes
¹☐ Yes ²☐ No	² No → If No, go to Question 47
40. In the last 6 months, was there any time when you needed preventive care but could not get it for any reason? 1 Yes	 44. In the last 6 months, did you see a specialist for a particular health problem? ¹□ Yes ²□ No → If No, go to Question 46
² No	

45. In the last 6 months, how often did your doctor's office seem informed	MENTAL OR EMOTIONAL HEALTH CARE
and up-to-date about the care you got from specialists? 1 Never 2 Sometimes 3 Usually 4 Always 46. In the last 6 months, was there any	 49. 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 52
time when you needed care from a specialist but could not get it for any reason? 1 Yes 2 No	50. In the last 6 months, did you get any treatment or counseling for a mental or emotional health problem? 1 Yes 2 No
HOSPITAL CARE 47. In the last 6 months, how many nights did you spend in the hospital for any reason? □□ 0 nights → Go to Question 49 □□ 1 night	51. 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
² 2 nights ³ 3 nights	PRESCRIPTION MEDICINE
4 or more nights 4. In the last 6 months, did you ever have to go back into the hospital	52. During the last 6 months, was there any time when you or a health professional thought you needed prescription medicine for any reason?
soon after being allowed to go home because you were still sick or had a problem?	¹ ☐ Yes ² ☐ No → If No, go to Question 55
¹☐ Yes ²☐ No	53. In the last 6 months, did you take any prescription medicine?
'	

54. In the last 6 months, was there any	DENTAL CARE
time when you needed prescription medicine but could not get it for any reason?	59. When was your last dental check-up?
¹☐ Yes ²☐ No	¹ ☐ Within the last year ² ☐ Between 1 and 2 years ago ³ ☐ More than 2 years ago
55. In the last 6 months, did you and a provider talk about starting or stopping a prescription medicine?	⁴ ☐ I've never been to a dentist 60. During the last 6 months, was there
¹ ☐ Yes ² ☐ No → If No, go to Question 59	any time when you or a health professional thought you needed dental care for any reason?
56. When you talked about starting or stopping a prescription medicine, how much did the provider talk	¹ ☐ Yes ² ☐ No → If No, go to Question 62
about the reasons you might want to take a medicine?	61. In the last 6 months, was there any time when you needed dental care but could not get it for any reason?
² ☐ A little ³ ☐ Some ⁴ ☐ A lot	¹□ Yes ²□ No
57. When you talked about starting or stopping a prescription medicine,	COORDINATING YOUR CARE
how much did the provider talk about the reasons you might not want to take a medicine? 1 Not at all 2 A little	62. 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)
³∐ Some ⁴∐ A lot	 Making regular doctor appointments Making appointments after being referred by your doctor
58. When you talked about starting or stopping a prescription medicine, did the provider ask you what you thought was best for you?	 Understanding your Medicaid coverage Help with your transition home from the hospital Modifying your lifestyle or behaviors
¹∐ Yes ²∐ No	to be healthier 6 Other (write in)

time when you needed assistance coordinating any of the following services but could not get it for any reason? (Check all that apply) Making regular doctor appointments	time when you received any of the following services but this information was not communicated back to your personal doctor? (Check all that apply) Mental/behavioral health care Dental care Nursing home care Help with managing you're a chronic health problem The Drug/alcohol use help Help with your transition home from the hospital Help with modifying your lifestyle or behaviors to be healthier
COMMUNICATING BACK TO YOUR DOCTOR	YOUR HEALTH
The next series of questions ask about the communications that might have occurred between your personal doctor and other care you received in the community. 64. 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	66. In general, how would you rate your overall health? Excellent Very good Good Fair Poor 67. Compared to one year ago, how would you rate your health now? Much better now Somewhat better now About the same now Somewhat worse now Much worse now

68. In general, how would you rate your overall mental or emotional health? 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor	73. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life? 1 Yes 2 No
69. 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?	 The following is a list of health problems that can last a long time. 74. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? (Check all that apply)
 No 70. Does your doctor understand how any health problems you have affect your day-to-day life? Yes 	O1 Allergies or sinus problems O2 Arthritis, rheumatism, bone or joint problems O3 Asthma O4 Back or neck problems O5 Bladder or bowel problems O6 Bronchitis, emphysema, COPD, or
 No 71. 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? Yes No 	other lung problems OT Cancer, other than skin cancer OB Chronic fatigue syndrome or fibromyalgia OB Dental, tooth, or mouth problems OB Diabetes II Migraine headaches II Stomach problems such as recurrent indigestion, heartburn, or ulcers OVERWEIGHT Hearing speech or language
72. 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	Hearing, speech, or language problems Heart problems High blood pressure A physical disability Any other chronic condition (Write in)

75. Do you now have any emotional or mental health conditions that have lasted or are expected to last for at least 3 months? (Check all that apply) O1 Anxiety O2 Depression O3 Emotional problems other than depression or anxiety O4 Drug or alcohol related problems O5 Attention problems O6 A learning disability O7 Any other chronic emotional or mental health condition (Write in)	79. What is the highest grade or level of school that you have completed? 1 8th grade or less 2 Some high school, but did not graduate 3 High school graduate or GED 4 Some college or 2-year degree 5 4-year college graduate 6 More than 4-year college degree 80. What is your race or ethnicity? (Optional) Check all that apply. 1 White
	² ☐ Black or African American ³ ☐ Latino or Hispanic
About You	⁴ ☐ Asian
76. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor?	 Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native Other
¹ Never	81. Did someone help you complete this
² □ Rarely ³ □ Sometimes	survey?
d Often	¹□ Yes
⁵ ☐ Always	² No → Skip Question 82.
77. What is your age?	82. How did that person help you? Check all that apply.
¹☐ 18 to 24 ²☐ 25 to 34	¹ Read the questions to me
³□ 35 to 44	² Wrote down the answers I gave
⁴ 45 to 54	³ ☐ Answered the questions for me ⁴ ☐ Translated the questions into my
⁵ 55 to 64	language
⁶ ☐ 65 to 74 ⁷ ☐ 75 or older	⁵ Other (write in)
73 or order	THANK VOLU
78. Are you male or female?	THANK YOU!
¹☐ Male ²☐ Female	Please write any comments you might have about Medicaid on the back of this survey and then return it in the postagepaid envelope.

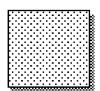
<u>Comments</u> : Please tell us if there is anything else you like or dislike about Medicaid.					dicaid.		

THANK YOU!

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



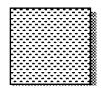
Survey of Iowa





Medicaid







Enrollees

This questionnaire 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 questionnaire thinking about the following child's experiences while in Medicaid:

(If you wish, you can remove your child's name before you send back the questionnaire.)

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

Dr. Peter C. Damiano
Public Policy Center, The University of Iowa
209 South Quadrangle
Iowa City, IA 52242-1192
1-800-710-8891

When you have finished this questionnaire, 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.

1. Our records show that your child recently joined the Medicaid Health Home Program. Is that right? ¹□ Yes 2 \square No \rightarrow If No, go to Question 4 ³ ☐ Don't Know/Unsure 2. How did your child's doctor's office let you know about this program? By Phone ² In person at the doctor's office ³ By Letter Don't Know/Unsure 3. How long has your child been going to this doctor's office? ¹☐ Less than 6 months ² At least 6 months but less than 1 ³ At least 1 year but less than 3 ⁴ At least 3 years but less than 5 ⁵ 5 years or more 4. How many months or years in a row has your child been in Medicaid? Less than 6 months ² At least 6 months but less than 1 ³ At least 1 year but less than 3 3 years or more

Please answer the questions for the

not answer for any other children.

child listed on the envelope. Please do

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.

5.	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?
	² No → If No, go to Question 8
6.	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 you wanted?
	¹ ☐ Never ² ☐ Sometimes ³ ☐ Usually ⁴ ☐ Always
7.	any time when your child needed care right away but could not get it for any reason?
	¹☐ Yes ²☐ No
8.	In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> for your child at a doctor's office or clinic?
	¹ ☐ Yes ² ☐ No → If No, go to Question 10

needed an appointment for a check- up or routine care, how often did your child get the care as soon as you wanted? 1 Never 2 Sometimes 3 Usually	a doctor's office with a medical question about your child <u>during regular</u> office hours? 1 Yes 2 No → If No, go to Question 16
 4 Always 10. 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 	15. In the last 6 months, when you phoned a doctor's office during regular office hours, how often did you get an answer to your medical question that same day? 1 Never 2 Sometimes 3 Usually 4 Always
 11. 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 12. In the last 6 months, did your child need care during evenings, weekends, or holidays? 	16. In the last 6 months, did you phone a doctor's office with a medical question about your child <u>after regular</u> office hours? 1 Yes 2 No → If No, go to Question 18
 1 Yes 2 No → If No, go to Question 14 13. In the last 6 months, how often were you able to get the care your child needed from a doctor's office during evenings, weekends, or holidays? 1 Never 2 Sometimes 3 Usually 4 Always 	17. In the last 6 months, when you phoned a doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed? 1 Never 2 Sometimes 3 Usually 4 Always

18. 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?	22. 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
¹☐ Yes ²☐ No 19. In the last 6 months, not counting	23. In the last 6 months, did anyone in a doctor's office order a blood test, x-ray, or other test for your child?
the times you went to an emergency room, how many times did your child go to a doctor's office or clinic	¹ Yes ² No → If No, go to Question 25
to get health care? 0	24. 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
20. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see a doctor within 15 minutes	YOUR CHILD'S PERSONAL DOCTOR
of your appointment time? 1 Never 2 Sometimes 3 Usually 4 Always	25. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner, or a physician assistant.
21. In the last 6 months, did anyone in a doctor's office talk with you about specific goals for your child's health?	Do you have one person you think of as your child's <u>personal doctor or nurse</u> ?
nealth? ¹☐ Yes ²☐ No	¹ ☐ Yes ² ☐ No → If No, go to Question 43

26. Is your child's personal doctor located in the office that introduced you to the Medicaid Health Home program?	31. In the last 6 months, how often did your child's personal doctor listen carefully to your child? 1 Never
¹☐ Yes ²☐ No	² Sometimes ³ Usually ⁴ Always
27. In the last 6 months, how many times did your child visit his/her personal doctor for care?	32. Did this doctor give you enough information about what was discussed during the visit when you were not in the exam room with your child? 1 Yes 2 No 3 I never left the exam room
28. In the last 6 months, did you ever stay in the exam room with your child during a visit to this doctor? ¹☐ Yes ²☐ No → If No, go to Question 32	33. 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?
29. Is your child able to talk with doctors about his or her health care? ¹□ Yes ²□ No → If No, go to Question 33	34. Did your child's personal doctor give you enough information about what you needed to do to follow up on your child's care? 1 Yes 2 No
30. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand? 1 Never 2 Sometimes 3 Usually 4 Always	35. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy to understand? 1 Never 2 Sometimes 3 Usually 4 Always

your child's personal doctor spend enough time with you?
¹ ☐ Never ² ☐ Sometimes ³ ☐ Usually ⁴ ☐ Always
42. 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 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9 10 10 Best doctor possible
PREVENTIVE CARE
43. 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
44. 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

45. 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?	 49. In the last 6 months, did your child see a specialist for a particular health problem? ¹ Yes ² No → If No, go to Question 51
1 Yes 2 No EMERGENCY ROOM CARE 46. 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 48 1 1 time 2 2 to 4 times 3 5 or more times	50. In the last 6 months, how often did your doctor's office seem informed and up-to-date about the care your child got from specialists? 1 Never 2 Sometimes 3 Usually 4 Always
47. Do you think the care your child received at your last visit to the ER could have been provided in a doctor's office if one was available at the time? 1 Yes 2 No	51. In the last 6 months, was there any time when your child needed care from a specialist but could not get it for any reason? 1 Yes 2 No
GETTING HEALTH CARE FROM SPECIALISTS	HOSPITAL STAYS
 Specialists are doctors like surgeons, heart doctors, allergy doctors and others who specialize in one area of health care. 48. In the last 6 months, was there any time when you or a doctor thought your child needed care from a specialist? ¹ Yes ² No → If No, go to Question 52 	 52. In the past 6 months, how many nights did your child spend in the hospital?

53. In the last 6 months, did your child ever have to go back into the hospital soon after being allowed to go home because he/she was still sick or had a problem?	57. In the last 6 months, did your child take any prescription medicine? 1 Yes 2 No
¹☐ Yes ²☐ No	58. In the last 6 months, was there any time when your child needed prescription medicine but could not get it for any reason?
BEHAVIORAL OR EMOTIONAL HEALTH CARE	¹□ Yes ²□ No
54. 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 56	59. 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
55. 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	60. 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
PRESCRIPTION MEDICINE	61. During the last 6 months, was there any time when you or a health
56. During the last 6 months, was there any time when you or a health professional thought your child needed prescription medicine for any reason?	professional thought your child needed dental care for any reason? ¹ ☐ Yes ² ☐ No → Go to Question 63 62. In the last 6 months, was there any
² No → Go to Question 60	time when your child needed dental care but <u>could not get it</u> 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.

the last 6 months, was there any me when you needed assistance cordinating any of the following ervices for your child for any eason? (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)
the last 6 months, was there any
me when you needed assistance coordinating any of the following ervices for your child but could not et it for any reason? (Check all that oply)
pordinating any of the following ervices for your child but could not et it for any reason? (Check all that oply) Making regular doctor
pordinating any of the following ervices for your child but could not et it for any reason? (Check all that oply) Making regular doctor appointments Making appointments after being
pordinating any of the following ervices for your child but could not et it for any reason? (Check all that oply) Making regular doctor appointments Making appointments after being referred by your child's doctor Understanding your child's
pordinating any of the following ervices for your child but could not et it for any reason? (Check all that oply) 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
pordinating any of the following ervices for your child but could not et it for any reason? (Check all that oply) Making regular doctor appointments Making appointments after being referred by your child's doctor Understanding your child's Medicaid coverage

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.

65.	nee foll- bac	he last 6 months, was there any e (for any reason) when you eded information about any of the owing services communicated to your child's doctor?
	1	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
66.	folloinfo	he last 6 months, was there any e when you received any of the owing services but this ormation was not communicated to your child's doctor? (Check that apply)
	1	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.

questions the best you can even it some questions may not seem quite right if your child is very young.	² No
67. In general, how would you rate your	70. Does your child need or use more medical care, more mental health services, or more educational
child's overall health now? 1 Excellent	services than is usual for most
² Very Good	children of the same age?
³ Good	¹□ Yes
⁴ ☐ Fair	² No → Go to Question 71
⁵ Poor	70a la this because of any modical
68. Compared to one year ago, how	70a. Is this because of any medical, behavioral, or other health condition?
would you rate your child's health now?	¹□ Yes
¹☐ Much better now	² No → Go to Question 71
² Somewhat better now	
³ About the same now	70b. Is this a condition that has lasted
^⁴ ☐ Somewhat worse now	or is expected to last for at least 12 months?
⁵ Much worse now	1 Van
	¹□ Yes ²□ No
69. Does your child currently need or use medicine prescribed by a	
doctor (other than vitamins)?	71. Is your child <u>limited or prevented</u> in
1	any way in his or her ability to do
¹∐ Yes ²∐ No → Go to Question 70	the things most children of the same age can do?
69a. Is this because of any medical,	¹□ Yes
behavioral, or other health	2 No → Go to Question 72
condition?	
¹⊟ Yes	71a. Is this because of any medical,
² No → Go to Question 70	behavioral, or other health condition?
	¹□ Yes
	2 No → Go to Question 72

69b. Is this a condition that has lasted or is expected to last for at least 12

months?

¹ Yes

71b. Is this a condition that has lasted or is expected to last for at least 12 months?	74. In the last 6 months, about how many days did your child miss school because of illness or injury?
¹U Yes ²U No	days □ My child is too young for school
72. Does your child need or get <u>special</u> <u>therapy</u> , such as physical, occupational or speech therapy?	The following is a list of health problems that can last a long time in children.
¹ Yes ² No → Go to Question 73	75. Does your child <u>now</u> have any of the following conditions that have <u>lasted for at least 3 months</u> ? (<i>Please</i>
72a. Is this because of any medical, behavioral, or other health condition?	check all that apply) O1 Anxiety O2 Asthma
¹ Yes ² No → Go to Question 73	 O2 Asthma O3 Attention problems O4 Behavioral or emotional problems
72b. Is this a condition that has lasted or is expected to last for at least 12 months?	other than depression or anxiety OS Chronic allergies or sinus problems OS Chronic back, neck, bone or muscle problems
¹☐ Yes ²☐ No	Dental problems Depression Developmental delays or mental
73. Does your child have any kind of emotional, developmental or behavioral problem for which he or	retardation 10 □ Diabetes 11 □ Drug or alcohol related problems
she needs or gets <u>treatment or counseling</u> ? ¹☐ Yes	Failure to thrive or eating disorder Frequent bladder/bowel problems Frequent ear infections
² No → Go to Question 74	¹⁵ Hearing impairment or deafness 16 A learning disability
73a. Has this problem lasted or is it expected to last for at least 12 months?	¹ / Overweight/Obese ¹⁸ Speech or language problems ¹⁹ Vision problems
¹☐ Yes ²☐ No	²⁰ Any other chronic condition (write in)

76. In the last 6 months, has your child	78d.In the past 6 months, how often has
seen a doctor or other health	your child <u>worried a lot</u> ?
professional <u>more than twice</u> for any of the conditions from Question 75?	⁰ Never
	¹ Sometimes
¹_ Yes	² ☐ Often
² ☐ No	_
³ My child has no conditions that	78e.In the past 6 months, how often has
have lasted 3 months.	your child seemed to be having less
77 Hannard H.H. Lang (all lange	<u>fun</u> ?
77. Has your child been taking	⁰ Never
prescription medicine for at least 3 months for any of the conditions	¹☐ Sometimes
from Question 75?	² Often
4	Onen
¹∐ Yes	78f.In the past 6 months, how often has
² □ No	your child been fidgety or unable to
My child has no conditions that	sit still?
have lasted 3 months.	□ Never
78a.In the past 6 months, how often has	¹☐ Sometimes 2☐ Often
your child felt sad or unhappy?	² ☐ Often
⁰ Never	
¹☐ Sometimes	78g.In the past 6 months, how often has
² Often	your child <u>daydreamed too much</u> ?
	⁰ ☐ Never
78b.In the past 6 months, how often has	¹☐ Sometimes
your child felt hopeless?	² ☐ Often
O Nover	
⁰ ∐ Never	78h.In the past 6 months, how often has
¹☐ Sometimes ²☐ Often	your child <u>been easily distracted</u> ?
² Often	
70 In the next 6 menths, how often has	Never
78c.In the past 6 months, how often has your child been down on	Sometimes
him/herself?	² ☐ Often
0	79; In the past 6 menths how often has
Never	78i.In the past 6 months, how often has your child had trouble conentrating?
¹∐ Sometimes	
² Often	⁰ □ Never
	Sometimes
	² Often

your child acted as if driven by a motor?	your child blamed others for his/her troubles?
⁰ ☐ Never ¹ ☐ Sometimes ² ☐ Often	⁰ ☐ Never ¹ ☐ Sometimes ² ☐ Often
78k.In the past 6 months, how often has your child fought with other children? One Never Sometimes Often	78p.In the past 6 months, how often has your child refused to share? One was not been share? One was not been share? One was not been share? 78q.In the past 6 months, how often has
78I. In the past 6 months, how often has your child not listened to rules? One is not listened to rules. Sometimes	your child <u>taken things that did not</u> <u>belong to him/her?</u> One was a second of the control of
² Often	ABOUT YOUR CHILD
78m.In the past 6 months, how often has your child not understood other people's feelings? One Never Sometimes Often	79. What is your child's age now? YEARS OLD (Write in) 80. Is your child male or female? 1 Male 2 Female
78n.In the past 6 months, how often has your child teased others? One is never Sometimes Often	81. What is your child's race/ethnicity? (Check all that apply) White Black/African-American Hispanic/Latino Asian Native Hawaiian/Pacific Islander American Indian/Alaska Native Other

ABOUT YOU					
The following questions apply to the person filling out this questionnaire.					
82. Are you one of this child's main caregivers? 1 Yes 2 No					
83. How are you related to the child referred to in this questionnaire?					
 I am the child's parent I am the child's grandparent I am another relative of the child (e.g., aunt, uncle) I am the child's legal guardian but am not related to the child Other (write in) 					
84. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your child's provider?					
¹ ☐ Never ² ☐ Rarely ³ ☐ Sometimes ⁴ ☐ Often ⁵ ☐ Always					

THANK YOU!

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

<u>Comments</u> : Please tell us if there is anything else you like or dislike about M					ledicaid.				

THANK YOU!

Please return the completed survey in the postage-paid envelope

Q2. How did your doctor's office let you know about this program?					
	Frequency	Percent			
By Phone	47	9.07			
In Person at doctor's office	153	29.54			
By Letter	174	33.59			
Unsure	144	27.80			

Frequency Missing = 43

Q3. How long have you been going to this doctor's office?				
Frequency Percent				
Less than 6 months	50	9.47		
6 months but < 1 year	45	8.52		
1 year but < 3 years	110	20.83		
3 years but < 5 years	84	15.91		
5 or more years	239	45.27		

Frequency Missing = 33

Q4. How long have you been in Medicaid?				
	Frequency Percent			
Less than 6 months	53	9.62		
6 months but < 1 year 64 11.				
1 year but < 3 years	128	23.23		
3 or more years 306 55.5				

Q5. Did you have an illness, injury, or condition that needed care right away?				
	Frequency Percent			
No	229	41.56		
Yes	322	58.44		

Frequency Missing = 10

Q6. When you needed care right away, how often did you get it as soon as you needed?				
	Frequency Percent			
Never	5	1.58		
Sometimes	55	17.35		
Usually	79	24.92		
Always	178	56.15		

Frequency Missing = 244

Q7. Was there any time when you needed care right away but could not get it?				
	Frequency Percent			
No	225	70.75		
Yes	93	29.25		

Frequency Missing = 243

Q8. Did you make any appointments for a check-up or routine care at a doctor's office or clinic?				
Frequency Percen				
No	43	7.79		
Yes	509	92.21		

Frequency Missing = 9

Q9. How often did you get an appointment for a check-up or routine care as soon as you needed?			
	Frequency Percent		
Never	16	3.17	
Sometimes	84	16.63	
Usually	145	28.71	
Always	260	51.49	

Frequency Missing = 56

Q10. Was there any time when you needed a check-up or routine care but could not get it?				
Frequency Percent				
No	454	82.25		
Yes	98	17.75		

Frequency Missing = 9

Q11. Did a doctor's office give you information about what to do if you needed care during evenings, weekends, or holidays?				
Frequenc y Perce				
No	236	42.99		
Yes	313	57.01		

Frequency Missing = 12

Q12. Did you need care for yourself during evenings, weekends, or holidays?		
	Frequency	Percent
No	344	63.00
Yes	202	37.00

Frequency Missing = 15

Q13. How often were you able to get the care you needed from a doctor's office during evenings, weekends, or holidays?			
Frequency Percent			
Never	59	30.26	
Sometimes	43	22.05	
Usually	31	15.90	
Always	62	31.79	

Frequency Missing = 366

Q14. Did you phone a doctor's office with a medical question during regular office hours?		
	Frequency	Percent
No	232	42.26
Yes	317	57.74

Frequency Missing = 12

Q15. When you phoned a doctor's office during regular office hours, how often did you get an answer to your medical question that same day?			
Frequency Percent			
Never	47	14.87	
Sometimes	73	23.10	
Usually	93	29.43	
Always	103	32.59	

Frequency Missing = 245

Q16. Did you phone a doctor's office with a medical question after regular office hours?		
	Frequency	Percent
No	446	81.09
Yes	104	18.91

Frequency Missing = 11

Q17. When you phoned a doctor's office after regular office hours, how often did you get an answer to your medical question as soon as needed?		
	Frequency	Percent
Never	20	19.23
Sometimes	25	24.04
Usually	22	21.15
Always	37	35.58

Frequency Missing = 457

Q18. Did you get any reminders from a doctor's office between visits?		
	Frequency	Percent
No	115	20.80
Yes	438	79.20

Frequency Missing = 8

Q19 How many times did you go to a doctor's office or clinic to get health care for yourself?			
	Frequency Percent		
0 times	39	7.18	
1 time	69	12.71	
2 times	108	19.89	
3 times	90	16.57	
4 times	68	12.52	
5-9 times	100	18.42	
10+ times	69	12.71	

Frequency Missing = 18

Q20. How often did you see a doctor within 15 minutes of your appointment time?			
Frequency Percer			
Never	139	27.69	
Sometimes	154	30.68	
Usually	142	28.29	
Always	67	13.35	

Frequency Missing = 59

Q21. Did anyone in a doctor's office talk with you about specific goals for your health?		
	Frequency	Percent
No	152	30.77
Yes	342	69.23

Frequency Missing = 67

Q22. 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?		
	Frequency	Percent
No	276	55.42
Yes	222	44.58

Frequency Missing = 63

Q23. Did anyone in a doctor's office ask you if there was a period of time when you felt sad, empty, or depressed?			
Frequency Percer			
No	176	35.34	
Yes	322	64.66	

Q24. Did you and anyone in a doctor's office talk about things in your life that worry you or cause you stress?		
	Frequency	Percent
No	229	45.80
Yes	271	54.20

Frequency Missing = 61

Q25. 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?		
	Frequency	Percent
No	245	49.20
Yes	253	50.80

Frequency Missing = 63

Q26. Did anyone in a doctor's office order a blood test, x-ray, or other test for you?		
	Frequency	Percent
No	51	10.24
Yes	447	89.76

Frequency Missing = 63

Q27. When that doctor's office ordered a test for you, how often did someone from that office follow up to give you the results?			
Frequency Perce			
Never	33	7.43	
Sometimes	73	16.44	
Usually	94	21.17	
Always	244	54.95	

Frequency Missing = 117

Q28. Do you have a personal doctor?		
	Frequency	Percent
No	61	11.15
Yes	486	88.85

Frequency Missing = 14

Q29. Is your personal doctor located in the office that introduced you to the Medicaid Health Home program?		
	Frequency	Percent
No	132	28.39
Yes	333	71.61

Frequency Missing = 96

Q30. How many times did you visit your personal doctor to get health care for yourself?			
Frequency Percen			
0 times	23	4.79	
1 time	66	13.75	
2 times	140	29.17	
3 times	75	15.63	
4 times	65	13.54	
5-9 times	67	13.96	
10+ times	44	9.17	

Frequency Missing = 81

Q31. How often did your personal doctor explain things in a way that was easy to understand?			
Frequency Percent			
Never	9	1.98	
Sometimes	54	11.87	
Usually	104	22.86	
Always	288	63.30	

Frequency Missing = 106

Q32. How often did your personal doctor listen carefully to you?		
Frequency Percent		
Never	7	1.54
Sometimes	49	10.79
Usually	108	23.79
Always	290	63.88

Frequency Missing = 107

Q33. Did you talk with your personal doctor about any health questions or concerns?		
	Frequency	Percent
No	55	12.20
Yes	396	87.80

Frequency Missing = 110

Q34. How often did your personal doctor give you easy to understand information about these health questions or concerns?		
	Frequency	Percent
Never	17	4.30
Sometimes	42	10.63
Usually	100	25.32
Always	236	59.75

Frequency Missing = 166

Q35. How often did your personal doctor seem to know the important information about your medical history?		
Frequency Percen		
Never	20	4.41
Sometimes	55	12.11
Usually	118	25.99
Always	261	57.49

Frequency Missing = 107

Q36. How often did your personal doctor show respect for what you had to say?		
	Frequency	Percent
Never	10	2.19
Sometimes	41	8.99
Usually	80	17.54
Always	325	71.27

Frequency Missing = 105

Q37. How often did your personal doctor spend enough time with you?		
	Frequency	Percent
Never	22	4.87
Sometimes	64	14.16
Usually	120	26.55
Always	246	54.42

Q38. How would your rate your personal doctor (0=worst doctor possible, 10=best doctor possible)?		
	Frequency	Percent
0	1	0.21
1	10	2.10
2	8	1.68
3	9	1.89
4	5	1.05
5	32	6.72
6	15	3.15
7	43	9.03
8	88	18.49
9	57	11.97
10	208	43.70

Frequency Missing = 85

Q39. Did you get any preventive care, such as a check-up, physical exam, mammogram, or Pap smear test from a doctor's office?			
Frequency Percen			
No	209	38.14	
Yes	339	61.86	

Frequency Missing = 13

Q40. Was there any time when you needed preventive care but could not get it for any reason?			
Frequency Perce			
No	469	85.74	
Yes	78	14.26	

Frequency Missing = 14

Q41. How many times did you go to an emergency room (ER) for care?			
Frequency Percent			
0 times	290	52.44	
1 time	129	23.33	
2-4 times	106	19.17	
5+ times	28	5.06	

Frequency Missing = 8

Q42. Do you think the care you received at your last visit to the ER could have been provided in a doctor's office is one was available?

Frequency Percent

No 121 46.18

Yes 141 53.82

Frequency Missing = 299

Q43. Was there any time when you or a doctor thought you needed care from a specialist?		
	Frequency	Percent
No	187	34.19
Yes	360	65.81

Frequency Missing = 14

Q44. Did you see a specialist for a particular health problem?		
	Frequency	Percent
No	45	12.64
Yes	311	87.36

Q45. How often did your doctor's office seem informed and up-to-date about the care you got from specialists?		
	Frequency	Percent
Never	29	9.48
Sometimes	55	17.97
Usually	77	25.16
Always	145	47.39

Frequency Missing = 255

Q46. Was there any time when you needed care from a specialist but could not get it for any reason?		
	Frequency	Percent
No	274	76.97
Yes	82	23.03

Frequency Missing = 205

Q47. How many nights did you spend in the hospital for any reason?		
	Frequency	Percent
0	389	70.73
1	38	6.91
2	28	5.09
3	31	5.64
4+	64	11.64

Frequency Missing = 11

Q48. Did you ever have to go back into the hospital soon after being allowed to go home because you were still sick or had a problem?		
	Frequency	Percent
No	118	73.29
Yes	43	26.71

Q49. Did you or a health care provider believe you needed any treatment or counseling for a mental or emotional health problem?		
	Frequency	Percent
No	346	63.14
Yes	202	36.86

Frequency Missing = 13

Q50. Did you get any treatment or counseling for a mental or emotional health problem?		
	Frequency	Percent
No	36	17.91
Yes	165	82.09

Frequency Missing = 360

Q51. Was there any time when you needed treatment/counseling for a mental/emotional problem but could not get it?		
	Frequency	Percent
No	147	74.24
Yes	51	25.76

Frequency Missing = 363

Q52. Was there any time when you or a health professional thought you needed prescription medicine for any reason?		
	Frequency	Percent
No	60	10.89
Yes	491	89.11

Q53. Did you take any prescription medicine?		
	Frequency	Percent
No	1	0.20
Yes	489	99.80

Frequency Missing = 71

Q54. Was there any time when you needed prescription medicine but could not get it?		
	Frequency	Percent
No	317	66.46
Yes	160	33.54

Frequency Missing = 84

Q55. Did you and a provider talk about starting or stopping a prescription medicine?		
	Frequency	Percent
No	223	41.53
Yes	314	58.47

Frequency Missing = 24

Q56. When you talked about starting/stopping a prescription, how much did the provider talk about the reasons you might want to take a medicine?		
	Frequency	Percent
Not at all	9	2.88
A little	39	12.46
Some	114	36.42
A lot	151	48.24

Q57. When you talked about starting/stopping a prescription, how much did the provider talk about the reasons you might not want to take a medicine?

Frequency Percent

Not at all 62 19.87

A little 52 16.67

Some

A lot

100

98

32.05

31.41

Frequency Missing = 249

Q58. When you talked about starting/stopping a prescription, did the provider ask you what you thought was best for you?		
	Frequency	Percent
No	98	31.61
Yes	212	68.39

Frequency Missing = 251

Q59. When was your last dental check-up?		
Frequency Perce		Percent
Within past year	222	41.65
1-2 yrs ago	86	16.14
> 2 yrs ago	200	37.52
Never been to a dentist	25	4.69

Frequency Missing = 28

Q60. Was there any time when you or a health professional thought you needed dental care for any reason?		
	Frequency	Percent
No	314	59.81
Yes	211	40.19

Q61. Was there any time when you needed dental care but could not get it?		
	Frequency	Percent
No	136	65.38
Yes	72	34.62

Q62. Was there any time when you needed assistance making regular doctor appointments?		
	Frequency	Percent
No	429	76.47
Yes	132	23.53

Q62. Was there any time when you needed assistance making referral appointments?		
	Frequency	Percent
No	463	82.53
Yes	98	17.47

Q62. Was there any time when you needed assistance understanding your Medicaid coverage?		
	Frequency	Percent
No	422	75.22
Yes	139	24.78

Q62. Was there any time when you needed assistance with your transition home from the hospital?		
	Frequency	Percent
No	502	89.48
Yes	59	10.52

Q62. Was there any time when you needed assistance modifying your lifestyle or behaviors to be healthier?		
	Frequency	Percent
No	430	76.65
Yes	131	23.35

Q63. Was there any time when you needed assistance making regular doctor appointments but could not get it?		
	Frequency	Percent
No	498	88.77
Yes	63	11.23

Q63. Was there any time when you needed assistance making referral appointments but could not get it?		
	Frequency	Percent
No	508	90.55
Yes	53	9.45

Q63. Was there any time when you needed assistance understanding your Medicaid coverage but could not get it		
	Frequency	Percent
No	479	85.38
Yes	82	14.62

Q63. Was there any time when you needed assistance with your transition home from the hospital but could not get it?		
	Frequency	Percent
No	527	93.94
Yes	34	6.06

Q63. Was there any time when you needed assistance modifying your lifestyle or behaviors to be healthier but could not get it?		
	Frequency	Percent
No	502	89.48
Yes	59	10.52

Q64. Was there any time when you needed information about your mental/behavioral health care communicated back to your personal doctor?

	Frequency	Percent
No	471	83.96
Yes	90	16.04

Q64. Was there any time when you needed information about your dental care communicated back to your personal doctor?

	Frequency	Percent
No	512	91.27
Yes	49	8.73

Q64. Was there any time when you needed information about your nursing home care communicated back to your personal doctor?

	Frequency	Percent
No	550	98.04
Yes	11	1.96

Q64. Was there any time when you needed information about help with managing your chronic health problem communicated back to your personal doctor?

	Frequency	Percent
No	404	72.01
Yes	157	27.99

Q64. Was there any time when you needed information about help with drug/alcohol use communicated back to your personal doctor?

	Frequency	Percent
No	538	95.90
Yes	23	4.10

Q64. Was there any time when you needed information about your transition home from the hospital communicated back to your personal doctor?		
	Frequency	Percent
No	520	92.69
Yes	41	7.31

Q64. Was there any time when you needed information about modifying your lifestyle to be healthier communicated back to your personal doctor?		
	Frequency	Percent
No	470	83.78
Yes	91	16.22

Q65. Was there any time when you received mental/behavioral health care services and it was not communicated back to your personal doctor?		
	Frequency	Percent
No	505	90.02
Yes	56	9.98

Q65. Was there any time when you received dental care and it was not communicated back to your personal doctor?		
	Frequency	Percent
No	525	93.58
Yes	36	6.42

Q65. Was there any time when you received nursing home care and it was not communicated back to your personal doctor?		
	Frequency	Percent
No	555	98.93
Yes	6	1.07

managing your chro	time when you received honic health problem and it back to your personal doct	was not
	Frequency	Percent
No	499	88.95

62

11.05

Yes

Q65. Was there any time when you received help with drug/alcohol use and it was not communicated back to your personal doctor?		
	Frequency	Percent
No	552	98.40
Yes	9	1.60

Q65. Was there any time when you received help with your transition home from the hospital and it was not communicated back to your personal doctor?		
	Frequency	Percent
No	544	96.97
Yes	17	3.03

Q65. Was there any time when you received help modifying your lifestyle to be healthier and it was not communicated back to your personal doctor?		
	Frequency	Percent
No	517	92.16
Yes	44	7.84

Q66. In general, how would you rate your overall health?		
	Frequency	Percent
Excellent	7	1.29
Very good	40	7.38
Good	169	31.18
Fair	218	40.22
Poor	108	19.93

Q67. Compared to one year ago, how would you rate your health now?		
	Frequency	Percent
Much better now	58	10.62
Somewhat better now	95	17.40
About the same	204	37.36
Somewhat worse now	137	25.09
Much worse now	52	9.52

Q68. In general, how would you rate your overall mental/emotional health?		
	Frequency	Percent
Excellent	40	7.53
Very good	81	15.25
Good	163	30.70
Fair	202	38.04
Poor	45	8.47

Frequency Missing = 30

Q69. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage day-to-day activities?		
	Frequency	Percent
No	92	17.33
Yes	439	82.67

Frequency Missing = 30

Q70. Does your doctor understand how any health problems you have affect your day-to-day life?				
Frequency Percent				
No	90	17.24		
Yes	432	82.76		

Frequency Missing = 39

Q71. Because of any disability, do you need the help of other persons with your personal care needs, such as eating, dressing, etc.?		
	Frequency	Percent
No	427	80.26
Yes	105	19.74

Frequency Missing = 29

Q72. Because of any disability, do you need help with your routine needs, such as everyday household chores, shopping, etc.?		
	Frequency	Percent
No	275	51.79
Yes	256	48.21

Frequency Missing = 30

Q73. Do you have a physical or medical condition that seriously interferes with your independence, community participation, or quality of life?			
	Frequency	Percent	
No	222	42.53	
Yes	300	57.47	

Q74. Do you have chronic allergies or sinus problems?		
	Frequency	Percent
No	347	61.85
Yes	214	38.15

Q74. Do you have chronic arthritis, rheumatism, bone, or joint problems?		
	Frequency	Percent
No	243	43.32
Yes	318	56.68

Q74. Do you have chronic asthma?		
	Frequency	Percent
No	400	71.30
Yes	161	28.70

Q74. Do you have chronic back or neck problems?		
	Frequency	Percent
No	271	48.31
Yes	290	51.69

Q74. Do you have chronic bladder or bowel problems?		
	Frequency	Percent
No	438	78.07
Yes	123	21.93

Q74. Do you have chronic bronchitis, emphysema, COPD, or other lung problems?		
	Frequency	Percent
No	385	68.63
Yes	176	31.37

Q74. Do you have cancer (other than skin)?		
	Frequency	Percent
No	527	93.94
Yes	34	6.06

Q74. Do you have chronic fatigue syndrome or fibromyalgia?		
	Frequency	Percent
No	471	83.96
Yes	90	16.04

Q74. Do you have chronic dental, tooth, or mouth problems?		
	Frequency	Percent
No	393	70.05
Yes	168	29.95

Q74. Do you have diabetes?		
	Frequency	Percent
No	386	68.81
Yes	175	31.19

Q74. Do you have chronic migraine headaches?		
	Frequency	Percent
No	444	79.14
Yes	117	20.86

Q74. Do you have chronic stomach problems?		
	Frequency	Percent
No	354	63.10
Yes	207	36.90

Q74. Are you overweight?		
	Frequency	Percent
No	274	48.84
Yes	287	51.16

Q74. Do you have chronic gynecologic problems?		
	Frequency	Percent
No	538	95.90
Yes	23	4.10

Q74. Do you have chronic hearing, speech, or language problems?		
	Frequency	Percent
No	502	89.48
Yes	59	10.52

Q74. Do you have chronic heart problems?		
	Frequency	Percent
No	436	77.72
Yes	125	22.28

Q74. Do you have high blood pressure?		
	Frequency	Percent
No	251	44.74
Yes	310	55.26

Q74. Do you have a physical disability?		
	Frequency	Percent
No	379	67.56
Yes	182	32.44

Q74. Do you have any other chronic problems?		
	Frequency	Percent
No	470	83.78
Yes	91	16.22

Q75. Do you have chronic anxiety?		
	Frequency	Percent
No	311	55.44
Yes	250	44.56

Q75. Do you have chronic depression?		
	Frequency	Percent
No	262	46.70
Yes	299	53.30

Q75. Do you have chronic emotional problems other than depression or anxiety?		
	Frequency	Percent
No	445	79.32
Yes	116	20.68

Q75. Do you have chronic drug or alcohol related problems?		
Frequency Percen		Percent
No	517	92.16
Yes	44	7.84

Q75. Do you have chronic attention problems?		
	Frequency	Percent
No	469	83.60
Yes	92	16.40

Q75. Do you have a learning disability?		
	Frequency	Percent
No	492	87.70
Yes	69	12.30

Q75. Do you have any other chronic emotional or mental health problems?		
	Frequency	Percent
No	506	90.20
Yes	55	9.80

Q76. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor?			
	Frequency	Percent	
Never	247	46.08	
Rarely	92	17.16	
Sometimes	113	21.08	
Often	29	5.41	
Always	55	10.26	

Frequency Missing = 25

Age of Adult		
	Frequency	Percent
18 - 24	16	2.86
25 - 34	35	6.26
35 - 44	58	10.38
45 - 54	179	32.02
55 - 64	222	39.71
65 - 74	43	7.69
75 +	6	1.07

Q78. Are you female?			
	Frequency Percent		
No	200	37.74	
Yes	330	62.26	

Q79. What is the highest grade or level of school that you have completed?			
Frequency Percent			
8th grade or less	42	7.85	
Some high school, did not grad 99		18.50	
High school grad or GED 193 36		36.07	
Some college or 2y degree 177 33		33.08	
4 yr college grad 12 2		2.24	
> 4 yr college degree 12 2.2			

Frequency Missing = 26

Q80. White Race/Ethnicity			
	Frequency Percent		
No	171	30.48	
Yes	390	69.52	

Q80. Black or African American Race/Ethnicity		
	Frequency	Percent
No	463	82.53
Yes	98	17.47

Q80. Latino or Hispanic Race/Ethnicity				
	Frequency Percent			
No	542	96.61		
Yes	19	3.39		

Q80. Asian Race/Ethnicity			
	Frequency Percent		
No	544	96.97	
Yes	17	3.03	

Q80. Native Hawaiian or Other Pacific Islander Race/Ethnicity		
	Frequency	Percent
No	560	99.82
Yes	1	0.18

Q80. American Indian Race/Ethnicity		
	Frequency Percer	
No	535	95.37
Yes	26	4.63

Q80. Other Race/Ethnicity			
	Frequency Percent		
No	552	98.40	
Yes	9	1.60	

Q81. Did someone help you complete this survey?		
	Frequency	Percent
No	453	84.20
Yes	85	15.80

Q82. Helper read the questions to me		
Frequency Percent		
No	27	31.76
Yes	58	68.24

Frequency Missing = 476

Q82. Helper wrote down the answers I gave			
	Frequency	Percent	
No	43	50.59	
Yes	42	49.41	

Frequency Missing = 476

Q82. Helper answered the questions for me		
Frequency Percen		Percent
No	67	78.82
Yes	18	21.18

Frequency Missing = 476

Q82. Helper translated the questions into my language		
	Frequency	Percent
No	63	74.12
Yes	22	25.88

Frequency Missing = 476

Q82. Person helped in other ways		
Frequency Perce		Percent
No	76	89.41
Yes	9	10.59

Q2. How did your child's doctor's office let you know about this program?		
Frequency Percent		
By Phone	16	18.39
In Person at doctor's office	24	27.59
By Letter	22	25.29
Unsure	25	28.74

Frequency Missing = 17

Q3. How long has your child been going to this doctor's office?		
	Frequency	Percent
Less than 6 months	9	10.34
6 months but < 1 year	2	2.30
1 year but < 3 years	14	16.09
3 years but < 5 years	14	16.09
5 or more years	48	55.17

Frequency Missing = 17

Q4. How long has your child been in Medicaid?		
Frequency Percen		
Less than 6 months	3	3.03
6 months but < 1 year	3	3.03
1 year but < 3 years	17	17.17
3 or more years	76	76.77

Q5. Did your child have an illness, injury, or condition that needed care right away?		
	Frequency	Percent
No	50	49.02
Yes	52	50.98

Frequency Missing = 2

Q6. When your child needed care right away, how often did your child get care as soon as you wanted?			
Frequency Percen			
Sometimes	6	11.54	
Usually	9	17.31	
Always	37	71.15	

Frequency Missing = 52

Q7. Was there any time when your child needed care right away but could not get it?		
	Frequency	Percent
No	45	86.54
Yes	7	13.46

Frequency Missing = 52

Q8. Did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?		
	Frequency	Percent
No	21	20.59
Yes	81	79.41

Q9. How often did your child get an appointment for a check-up or routine care as soon as you wanted?		
	Frequency	Percent
Sometimes	9	11.39
Usually	17	21.52
Always	53	67.09

Frequency Missing = 25

Q10. Was there any time when your child needed a check-up or routine care but could not get it?		
	Frequency	Percent
No	90	88.24
Yes	12	11.76

Frequency Missing = 2

Q11. Did a doctor's office give you information about what to do if your child needed care during evenings, weekends, or holidays?		
	Frequency	Percent
No	35	34.31
Yes	67	65.69

Frequency Missing = 2

Q12. Did your child need care during evenings, weekends, or holidays?			
	Frequency	Percent	
No	65	63.73	
Yes	37	36.27	

Q13. How often were you able to get the care your child needed from a doctor's office during evenings, weekends, or holidays?		
	Frequency	Percent
Never	5	13.51
Sometimes	4	10.81
Usually	14	37.84
Always	14	37.84

Frequency Missing = 67

Q14. Did you phone a doctor's office with a medical question about your child during regular office hours?		
	Frequency	Percent
No	54	53.47
Yes	47	46.53

Frequency Missing = 3

Q15. When you phoned a doctor's office during regular office hours, how often did you get an answer to your medical question that same day?			
Frequency Percei			
Never	2	4.26	
Sometimes	5	10.64	
Usually	9	19.15	
Always	31	65.96	

Frequency Missing = 57

Q16. Did you phone a doctor's office with a medical question about your child after regular office hours?		
	Frequency	Percent
No	84	82.35
Yes	18	17.65

Frequency Missing = 2

Q17. When you phoned a doctor's office after regular office hours, how often did you get an answer to your medical question as soon as needed?			
Frequency Po			
Never	2	11.11	
Sometimes	4	22.22	
Usually	2	11.11	
Always	10	55.56	

Frequency Missing = 86

Q18. Did you get any reminders about your child's care from a doctor's office between visits?			
	Frequency	Percent	
No	31	30.10	
Yes	72	69.90	

Frequency Missing = 1

Q19 How many times did your child go to a doctor's office or clinic to get health care?			
Frequency Percen			Percent
0 times		8	7.84
1 time		18	17.65
2 times		37	36.27
3 times		15	14.71
4 times		8	7.84
5-9 times		9	8.82
10+ times		7	6.86

Frequency Missing = 2

Q20. How often did your child see a doctor within 15 minutes of your appointment time?		
Frequency Percent		
Never	19	20.21
Sometimes	28	29.79
Usually	22	23.40
Always	25	26.60

Frequency Missing = 10

Q21. Did anyone in a doctor's office talk with you about specific goals for your child's health?		
	Frequency	Percent
No	36	40.45
Yes	53	59.55

Frequency Missing = 15

Q22. 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?		
	Frequency	Percent
No	71	75.53
Yes	23	24.47

Frequency Missing = 10

Q23. Did anyone in a doctor's office order a blood test, x-ray, or other test for your child?		
	Frequency	Percent
No	50	53.19
Yes	44	46.81

Q24. When that doctor's office ordered a test for your child, how often did someone from that office follow up to give you the results?			
Frequency Percen			
Never	1	2.33	
Sometimes	3	6.98	
Usually	9	20.93	
Always	30	69.77	

Frequency Missing = 61

Q25. Do you have one person you think of as your child's personal doctor or nurse?		
	Frequency	Percent
No	14	13.59
Yes	89	86.41

Frequency Missing = 1

Q26. Is your child's personal doctor located in the office that introduced you to the Medicaid Health Home program?		
	Frequency	Percent
No	17	20.48
Yes	66	79.52

Q27. How many times did your child visit his/her personal doctor for care?		
	Frequency	Percent
0 times	6	6.98
1 time	21	24.42
2 times	31	36.05
3 times	13	15.12
4 times	7	8.14
5-9 times	7	8.14
10+ times	1	1.16

Frequency Missing = 18

Q28. Did you ever stay in the exam room with your child during a visit to this doctor?		
	Frequency	Percent
No	4	5.06
Yes	75	94.94

Frequency Missing = 25

Q29. Is your child able to talk with doctors about his or her health care?		
	Frequency	Percent
No	21	28.00
Yes	54	72.00

Frequency Missing = 29

Q30. How often did your child's personal doctor explain things in a way that was easy for your child to understand?			
Frequency Perce			
Sometimes	1	1.89	
Usually	5	9.43	
Always	47	88.68	

Frequency Missing = 51

Q31. How often did your child's personal doctor listen carefully to your child?		
Frequency Percer		
Sometimes	1	1.85
Usually	7	12.96
Always	46	85.19

Frequency Missing = 50

Q32. 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?		
	Frequency	Percent
No	1	5.00
Yes	19	95.00

Frequency Missing = 84

Q33. 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?		
	Frequency	Percent
No	23	29.49
Yes	55	70.51

Frequency Missing = 26

Q34. Did your child's personal doctor give you enough information about what you needed to do to follow up on your child's care?			
Frequency Percen			
Yes	55	100.00	

Q35. How often did your child's personal doctor explain things in a way that was easy to understand?			
Frequency Percei			
Sometimes	2	2.53	
Usually	6	7.59	
Always	71	89.87	

Frequency Missing = 25

Q36. How often did your child's personal doctor listen carefully to you?			
Frequency Percen			
Sometimes	2	2.53	
Usually	8	10.13	
Always	69	87.34	

Frequency Missing = 25

Q37. Did you talk with your child's personal doctor about any questions or concerns you had about your child's health?		
	Frequency	Percent
No	12	15.19
Yes	67	84.81

Frequency Missing = 25

Q38. How often did your child's personal doctor give you easy to understand information about these health questions or concerns?		
	Frequency	Percent
Sometimes	1	1.49
Usually	6	8.96
Always	60	89.55

Q39. How often did your child's personal doctor seem to know the important information about your child's medical history?		
	Frequency	Percent
Never	2	2.53
Sometimes	2	2.53
Usually	11	13.92
Always	64	81.01

Frequency Missing = 25

Q40. How often did your child's personal doctor show respect for what you had to say?		
	Frequency	Percent
Never	1	1.27
Sometimes	1	1.27
Usually	6	7.59
Always	71	89.87

Frequency Missing = 25

Q41. How often did your child's personal doctor spend enough time with you?		
	Frequency	Percent
Sometimes	5	6.33
Usually	13	16.46
Always	61	77.22

Q42. How would your rate your child's personal doctor (0=worst doctor possible, 10=best doctor possible)?		
	Frequency	Percent
3	1	1.15
5	1	1.15
6	1	1.15
7	5	5.75
8	10	11.49
9	17	19.54
10	52	59.77

Q43. Did your child get any preventive care, such as a check-up, physical exam, or vaccination shots from a provider's office?		
	Frequency	Percent
No	25	24.51
Yes	77	75.49

Frequency Missing = 2

Q44. Was there any time when your child needed preventive care but could not get it for any reason?			
Frequency Percer			
No	95	93.14	
Yes	7	6.86	

Frequency Missing = 2

Q45. Has a health professional encouraged you to take any type of preventive health steps for your child?		
	Frequency	Percent
No	46	45.10
Yes	56	54.90

Q46. How many times did your child go to an emergency room (ER) for care?		
	Frequency	Percent
0 times	69	67.65
1 time	16	15.69
2-4 times	15	14.71
5+ times	2	1.96

Frequency Missing = 2

Q47. Do you think the care your child received at your last visit to the ER could have been provided in a doctor's office is one was available?		
	Frequency	Percent
No	17	51.52
Yes	16	48.48

Frequency Missing = 71

Q48. Was there any time when you or a doctor thought your child needed care from a specialist?		
	Frequency	Percent
No	69	68.32
Yes	32	31.68

Frequency Missing = 3

Q49. Did your child see a specialist for a particular health problem?		
	Frequency	Percent
No	6	18.75
Yes	26	81.25

Q50. How often did your doctor's office seem informed and up-to-date about the care your child got from specialists?		
	Frequency	Percent
Sometimes	2	7.69
Usually	9	34.62
Always	15	57.69

Frequency Missing = 78

Q51. Was there any time when your child needed care from a specialist but could not get it for any reason?		
	Frequency	Percent
No	29	90.63
Yes	3	9.38

Frequency Missing = 72

Q52. How many nights did your child spend in the hospital?		
	Frequency	Percent
0	92	90.20
1	6	5.88
4+	4	3.92

Frequency Missing = 2

Q53. Did your child ever have to go back into the hospital soon after being allowed to go home because he/she was still sick or had a problem?			
Frequency Percen			
No	8	100.00	

Q54. Was there any time when you or a health care professional thought your child needed care for behavioral or emotional problems?		
	Frequency	Percent
No	69	68.32
Yes	32	31.68

Frequency Missing = 3

Q55. Was there any time when your child needed care for behavioral or emotional problems but could not get it?		
	Frequency	Percent
No	24	75.00
Yes	8	25.00

Frequency Missing = 72

Q56. Was there any time when you or a health professional thought your child needed prescription medicine for any reason?		
	Frequency	Percent
No	28	27.45
Yes	74	72.55

Frequency Missing = 2

Q57. Did your child take any prescription medicine?			
Frequency Percer			
No	5	6.76	
Yes	69	93.24	

Q58. Was there any time when your child needed prescription medicine but could not get it?		
	Frequency	Percent
No	64	86.49
Yes	10	13.51

Frequency Missing = 30

Q59. Did you and anyone in a provider's office talk at each visit about all the prescription medicines your child was taking?		
	Frequency	Percent
No	5	6.76
Yes	69	93.24

Frequency Missing = 30

Q60. When was your child's last dental check-up?		
Frequency Percen		
Within past year	88	86.27
1-2 yrs ago	8	7.84
> 2 yrs ago	1	0.98
Never been to a dentist	5	4.90

Frequency Missing = 2

Q61. Was there any time when you or a health professional thought your child needed dental care for any reason?		
	Frequency	Percent
No	70	67.96
Yes	33	32.04

Frequency Missing = 1

Q62. Was there any time when your child needed dental care but could not get it?		
	Frequency	Percent
No	28	84.85
Yes	5	15.15

Q63. Was there any time when you needed assistance making regular doctor appointments for your child?		
	Frequency	Percent
No	97	93.27
Yes	7	6.73

Q63. Was there any time when you needed assistance making referral appointments for your child?		
	Frequency	Percent
No	91	87.50
Yes	13	12.50

Q63. Was there any time when you needed assistance understanding your child's Medicaid coverage?		
	Frequency	Percent
No	88	84.62
Yes	16	15.38

Q63. Was there any time when you needed assistance with your child's transition home from the hospital?		
	Frequency	Percent
No	103	99.04
Yes	1	0.96

Q63. Was there any time when you needed assistance modifying your child's lifestyle or behaviors to be healthier?		
	Frequency	Percent
No	84	80.77
Yes	20	19.23

Q63. Was there any time when you needed assistance coordinating other services for your child?		
	Frequency	Percent
No	96	96.00
Yes	4	4.00

Frequency Missing = 4

Q64. Was there any time when you needed assistance making regular doctor appointments for your child but could not get it?		
	Frequency	Percent
No	98	94.23
Yes	6	5.77

Q64. Was there any time when you needed assistance making referral appointments for your child but could not get it?		
	Frequency	Percent
No	100	96.15
Yes	4	3.85

Q64. Was there any time when you needed assistance understanding your child's Medicaid coverage but could not get it?		
	Frequency	Percent
No	98	94.23
Yes	6	5.77

Q64. Was there any time when you needed assistance with your child's transition home from the hospital but could not get it?		
	Frequency	Percent
No	103	99.04
Yes	1	0.96

Q64. Was there any time when you needed assistance modifying your child's lifestyle or behaviors to be healthier but could not get it?		
	Frequency	Percent
No	96	92.31
Yes	8	7.69

Q64. Was there any time when you needed assistance coordinating other services for your child but could not get it?		
	Frequency	Percent
No	95	95.96
Yes	4	4.04

about your child's mental/behavioral health care communicated back to his/her personal doctor?		
	Frequency	Percent
No	85	81.73
Yes	19	18.27

Q65. Was there any time when you needed information about your child's dental care communicated back to his/her personal doctor?		
	Frequency	Percent
No	87	83.65
Yes	17	16.35

Q65. Was there any time when you needed information about your child's school/child care providers communicated back to his/her personal doctor? Frequency Percent No 96 92.31

Yes

8

7.69

Q65. Was there any time when you needed information about help with managing your child's special health care need communicated back to his/her personal doctor?		
	Frequency	Percent
No	88	84.62
Yes	16	15.38

Q65. Was there any time when you needed information about help with a family member's drug/alcohol use communicated back to your child's doctor?		
	Frequency	Percent
No	100	96.15
Yes	4	3.85

Q65. Was there any time when you needed information about your child's transition home from the hospital communicated back to his/her personal doctor?		
	Frequency	Percent
No	102	98.08
Yes	2	1.92

Q65. Was there any time when you needed information about modifying your child's lifestyle to be healthier communicated back to his/her personal doctor?		
	Frequency	Percent
No	88	84.62
Yes	16	15.38

Q66. Was there any time when your child received mental/behavioral health care services and it was not communicated back to his/her personal doctor?		
	Frequency	Percent
No	99	95.19
Yes	5	4.81

Q66. Was there any time when your child received dental care and it was not communicated back to his/her personal doctor?		
	Frequency	Percent
No	98	94.23
Yes	6	5.77

Q66. Was there any time when your child received care from school/child care providers and it was not communicated back to his/her personal doctor?		
	Frequency	Percent
No	103	99.04
Yes	1	0.96

Q66. Was there any time when your child received help managing a special health care need and it was not communicated back to his/her personal doctor?		
	Frequency	Percent
No	103	99.04
Yes	1	0.96

Q66. Was there any time when you received help with a family member's drug/alcohol use and it was not communicated back to your child's personal doctor?		
	Frequency	Percent
No	102	98.08
Yes	2	1.92

Q66. Was there any time when you received help with your child's transition home from the hospital and it was not communicated back to his/her personal doctor?		
	Frequency	Percent
No	103	99.04
Yes	1	0.96

Q66. Was there any time when you received help modifying your child's lifestyle to be healthier and it was not communicated back to his/her personal doctor?		
	Frequency	Percent
No	101	97.12
Yes	3	2.88

Q67. In general, how would you rate your child's overall health?		
	Frequency	Percent
Excellent	24	23.53
Very good	37	36.27
Good	31	30.39
Fair	9	8.82
Poor	1	0.98

Frequency Missing = 2

Q68. Compared to one year ago, how would you rate your child's health now?		
	Frequency	Percent
Much better now	29	29.00
Somewhat better now	15	15.00
About the same	53	53.00
Somewhat worse now	1	1.00
Much worse now	2	2.00

Q69. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?		
	Frequency	Percent
No	27	26.47
Yes	75	73.53

Frequency Missing = 2

Q69a. Is this because of any medical, behavioral, or other health condition?		
	Frequency	Percent
No	8	10.67
Yes	67	89.33

Frequency Missing = 29

Q69b. Is this a condition that has lasted or is expected to last for at least 12 months?		
	Frequency	Percent
No	3	4.76
Yes	60	95.24

Frequency Missing = 41

Q70. Does your child need or use more medical care, mental health services, or educational services than is usual for most children of the same age?		
	Frequency	Percent
No	64	65.98
Yes	33	34.02

Q70a. Is this because of any medical, behavioral, or other health condition?		
	Frequency	Percent
No	3	9.09
Yes	30	90.91

Frequency Missing = 71

Q70b. Is this a condition that has lasted or is expected to last for at least 12 months?		
	Frequency	Percent
Yes	29	100.00

Frequency Missing = 75

Q71. 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?		
	Frequency	Percent
No	76	75.25
Yes	25	24.75

Frequency Missing = 3

Q71a. Is this because of any medical, behavioral, or other health condition?			
Frequency Percent			
No	2	8.00	
Yes	23	92.00	

Q71b. Is this a condition that has lasted or is expected to last for at least 12 months?			
Frequency Percent			
No	1	4.35	
Yes	22	95.65	

Frequency Missing = 81

Q72. Does your child need or get special therapy, such as physical, occupational, or speech therapy?		
	Frequency	Percent
No	85	83.33
Yes	17	16.67

Frequency Missing = 2

Q72a. Is this because of any medical, behavioral, or other health condition?		
	Frequency	Percent
No	2	11.76
Yes	15	88.24

Frequency Missing = 87

Q72b. Is this a condition that has lasted or is expected to last for at least 12 months?			
Frequency Percent			
No	1	7.14	
Yes	13	92.86	

Q73. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?		
Frequency Percent		
No	65	63.73
Yes	37	36.27

Frequency Missing = 2

Q73a. Has this problem lasted or is it expected to last for at least 12 months?		
	Frequency	Percent
No	3	8.57
Yes	32	91.43

Frequency Missing = 69

Q74. Is your child old enough to be in school?		
	Frequency	Percent
No	7	9.21
Yes	69	90.79

Q74. About how many days did your child miss school because of illness or injury?		
	Frequency	Percent
0	27	32.14
1	7	8.33
2	7	8.33
3	7	8.33
4	2	2.38
5	4	4.76
6	7	8.33
7	5	5.95
8	3	3.57
9	1	1.19
10	7	8.33
12	1	1.19
15	2	2.38
20	1	1.19
22	1	1.19
27	1	1.19
30	1	1.19

Frequency Missing = 20

Q75. Does your child have anxiety?		
Frequency Percent		Percent
No	87	83.65
Yes	17	16.35

Q75. Does your child have asthma?		
	Frequency	Percent
No	63	60.58
Yes	41	39.42

Q75. Does your child have attention problems?		
	Frequency	Percent
No	72	69.23
Yes	32	30.77

Q75. Does your child have behavioral or emotional problems other than depression or anxiety?		
	Frequency	Percent
No	82	78.85
Yes	22	21.15

Q75. Does your child have chronic allergies or sinus problems?		
	Frequency	Percent
No	76	73.08
Yes	28	26.92

Q75. Does your child have chronic back, neck, bone, or muscle problems?		
	Frequency	Percent
No	97	93.27
Yes	7	6.73

Q75. Does your child have dental problems?			
Frequency Percen			
No	88	84.62	
Yes	16	15.38	

Q75. Does your child have depression?		
Frequency Percent		
No	84	80.77
Yes	20	19.23

Q75. Does your child have developmental delays or mental retardation?			
Frequency Percen			
No	97	93.27	
Yes	7	6.73	

Q75. Does your child have diabetes?		
Frequency Percei		Percent
No	100	96.15
Yes	4	3.85

Q75. Does your child have drug or alcohol related problems?		
	Frequency	Percent
No	102	98.08
Yes	2	1.92

Q75. Does your child have an eating disorder or failure to thrive?			
Frequency Percen			
No	101	97.12	
Yes	3	2.88	

Q75. Does your child have frequent bladder/bowel problems?			
Frequency Percent			
No	98	94.23	
Yes	6	5.77	

Q75. Does your child have frequent ear infections?		
	Frequency	Percent
No	101	97.12
Yes	3	2.88

Q75. Does your child have a hearing impairment or deafness?		
	Frequency	Percent
No	102	98.08
Yes	2	1.92

Q75. Does your child a learning disability?		
	Frequency	Percent
No	91	87.50
Yes	13	12.50

Q75. Is your child overweight or obese?		
	Frequency	Percent
No	88	84.62
Yes	16	15.38

Q75. Does your child have speech or language problems?		
	Frequency	Percent
No	92	88.46
Yes	12	11.54

Q75. Does your child have vision problems?		
Frequency Percen		
No	82	78.85
Yes	22	21.15

Q75. Does your child have any other chronic condition?		
	Frequency	Percent
	89	85.58
	15	14.42

Q76. Has your child seen a doctor or other health professional more than twice for any of the conditions from Question 75?			
Frequency Percen			
Yes	43	43.00	
No	53	53.00	
No condition lasting 3 months 4 4.0			

Frequency Missing = 4

Q77. Has your child been taking prescription medicine for at least 3 months for any of the conditions from Question 75?			
Frequency Percen			
Yes	63	61.76	
No	35	34.31	
No condition lasting 3 months 4 3.			

Frequency Missing = 2

Q78a. How often has your child felt sad or unhappy?			
Frequency Percen			
Never	24	24.24	
Sometimes	62	62.63	
Often	13	13.13	

Frequency Missing = 5

Q78b. How often has your child felt hopeless?		
	Frequency	Percent
Never	70	70.71
Sometimes	24	24.24
Often	5	5.05

Q78c. How often has your child been down on him/herself?		
	Frequency	Percent
Never	54	54.55
Sometimes	36	36.36
Often	9	9.09

Frequency Missing = 5

Q78d. How often has your child worried a lot?		
	Frequency	Percent
Never	51	50.50
Sometimes	33	32.67
Often	17	16.83

Frequency Missing = 3

Q78e. How often has your child seemed to be having less fun?		
	Frequency	Percent
Never	56	56.00
Sometimes	37	37.00
Often	7	7.00

Frequency Missing = 4

Q78f. How often has your child been fidgety or unable to sit still?			
	Frequency Percent		
Never	47	46.53	
Sometimes	32	31.68	
Often	22	21.78	

Q78g. How often has your child daydreamed too much?			
Frequency Percent			
Never	67	67.68	
Sometimes	24	24.24	
Often	8	8.08	

Frequency Missing = 5

Q78h. How often has your child been easily distracted?			
Frequency Percent			
Never	33	33.00	
Sometimes	43	43.00	
Often	24	24.00	

Frequency Missing = 4

Q78i. How often has your child had trouble concentrating?		
Frequency Percent		
Never	41	41.00
Sometimes	37	37.00
Often	22	22.00

Frequency Missing = 4

Q78i. How often has your child acted as if driven by a motor?			
	Frequency Percent		
Never	60	63.16	
Sometimes	20	21.05	
Often	15	15.79	

Frequency Missing = 9

Q78j. How often has your child fought with other children?			
Frequency Percent			
Never	48	48.48	
Sometimes	37	37.37	
Often	14	14.14	

Frequency Missing = 5

Q78k. How often has your child not listened to rules?			
Frequency Percent			
Never	28	28.00	
Sometimes	47	47.00	
Often	25	25.00	

Frequency Missing = 4

Q78m. How often has your child not understood other people's feelings?			
Frequency Percent			
Never	49	49.00	
Sometimes	35	35.00	
Often	16	16.00	

Frequency Missing = 4

Q78n. How often has your child teased others?		
Frequency Percent		
Never	64	65.31
Sometimes	26	26.53
Often	8	8.16

Q780. How often has your child blamed others for his/her troubles?			
Frequency Percent			
Never	52	52.00	
Sometimes	30	30.00	
Often	18	18.00	

Frequency Missing = 4

Q78p. How often has your child refused to share?			
Frequency Percent			
Never	53	53.00	
Sometimes	39	39.00	
Often	8	8.00	

Frequency Missing = 4

Q78q. How often has your child taken things that did not belong to him/her?		
Frequency Percent		
Never	74	74.00
Sometimes	21	21.00
Often	5	5.00

Q79. What is your child's age in years?		
	Frequency	Percent
0.33	1	1.00
1	5	5.00
2	1	1.00
3	2	2.00
4	6	6.00
5	3	3.00
6	6	6.00
7	3	3.00
8	6	6.00
9	6	6.00
10	3	3.00
11	5	5.00
12	10	10.00
13	11	11.00
14	5	5.00
15	12	12.00
16	6	6.00
17	9	9.00

Frequency Missing = 4

Q80. Is your child female?			
	Frequency Percent		
No	53	53.54	
Yes	46	46.46	

Q81. Child's Race/Ethnicity: White		
	Frequency	Percent
No	41	39.42
Yes	63	60.58

Q81. Child's Race/Ethnicity: Black or African American		
	Frequency	Percent
No	73	70.19
Yes	31	29.81

Q81. Child's Race/Ethnicity: Hispanic/Latino		
	Frequency	Percent
No	83	79.81
Yes	21	20.19

Q81. Child's Race/Ethnicity: Asian		
	Frequency	Percent
No	103	99.04
Yes	1	0.96

Q81. Child's Race/Ethnicity: Native Hawaiian/Pacific Islander		
	Frequency	Percent
No	103	99.04
Yes	1	0.96

Q81. Child's Race/Ethnicity: American Indian		
	Frequency	Percent
No	95	91.35
Yes	9	8.65

Q81. Child's Race/Ethnicity: Other		
	Frequency	Percent
No	102	98.08
Yes	2	1.92

Q82. Are you one of the child's main caregivers?		
	Frequency	Percent
No	1	1.00
Yes	99	99.00

Frequency Missing = 4

Q83. How are you related to the child referred to in this questionnaire?		
Frequency Percent		
Parent	92	92.00
Grandparent	7	7.00
Unrelated legal guardian	1	1.00

Frequency Missing = 4

Q84. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your child's provider?			
Frequency Percent			
Never	79	79.00	
Rarely	7	7.00	
Sometimes	7	7.00	
Often	1	1.00	
Always	6	6.00	

Appendix C: Respondent Comments: Enrollee Perspectives (Adult) about the Iowa Medicaid Health Home Program

TABLE OF CONTENTS:	Page
Part 1: Problems with Access to Care/ Need Additional Coverage	2
Part 2: Problems with Costs of Medicaid Program	5
Part 3: Communication Problems with Medicaid Program or Providers	6
Part 4: Negative Experiences with Care/Providers	7
Part 5: General Negative Comments about Medicaid	10
Part 6: Positive Comments about Medicaid	10
Part 7: Other Comments	14

Part 1: Problems with Access to Care/ Need Additional Coverage

1) Concerned that my Medicaid will remain in place when I turn 65 next Aug. I receive bottom level SSI and SSDI. 2) 2 yr eye exam not sufficient for elderly. 3) It would be a good thing to allow Medicaid patients to ride the vans from transportation a reasonable fee. Thank you. Would be acceptable. Other than those who have no income, I who have the bottom of SSI, etc would still benefit greatly. A charge should be put in place for all of us. 4) Most of my needs met here. But as a previous cancer I would rather go to OIHC than we have to go to the nearest provider.

Adequate, much less good, mental health care is extremely hard to come by. I have noticed that with certain mental conditions, the doctor would rather drop a patient than take the necessary means to give quality of life. I believe most are more afraid of accusations, insurance concerns, or grievances filed against them.

After being disregarded at the office I was a patient for 20+ years. They did NOT want to deal with me and told me to make another appt in a week w/another Dr. That Dr. was not in the office for over a month!!

As being someone that relies on Medicaid some of my Medicare has been limited as to meds needed can be limited too. Some doctors don't prescribe meds unless they are needed.

But Medicaid does not pay much for new eye glasses and doesn't allow me get a higher priced pair and pay the difference. That is ridiculous!

Dental and eye issues need to be part of "covered healthcare".

Dental care for patients on Medicaid. I was turned down for a Hovaround, Chelsea Creek gave me paperwork about this program, I have mobility issues and feel I would benefit from having a Hovaround.

I am thankful for Medicaid, but I do think some things are uncalled for. While going through the worst of my cancer, I was notified as cut off. All because of 1 question or proof not sent while in the hospital for more than a week. With one day left to get info copies and proof, yet unable to think clear or get around. It seems so heartless, when you work so hard to pay into Medicare. Some of us want live long enough to get the benefits. Why be treated so poorly just to get some of it. I know that there are bad people that won't tell the true, those who take advantage of others, but the others should not have to pay.

I don't understand why Medicaid stopped wanting to pay for chiropractic adjustments for me. When it is the only treatment helping my pain, but will pay for all my meds and physical therapy and all that which isn't working. [Subject Name, Phone].

I don't like that it doesn't cover any major dental. If they are for preventive health care like crowns or deep cleaning which dental care has an affect on physical health life, heart attacks and so on.

I hate that it takes so long to get prior auth for "new" RX's.

I have at times, experienced problems getting prescription filled or refilled.

I have never been able to get an appt within the same month as I call, usually 2-3 months out which makes the local urgent care clinic much more attractive. I definitely do not want Medicaid telling me I can't go there because they are not my primary care physician.

I haven't seen a doctor at People's Clinic or Iowa City for at least 1 year. But didn't have too many problems with IA City but People's Clinic is too full and it takes forever to get in and for them to get back to you!

I need help in every day work and with transportation.

I need meds for restless leg problems the meds I'm taking now don't help me at all. That med is Gabapentin, I've been taking it over a year doesn't work. My doctor has been trying to get Medicaid to pay for a different med but they won't. Need help. Thank you.

I think I was denied Medicaid because of daughter's income.

I think people on Medicaid are at times discriminated against when getting emergency care and some doctor care in general. It's like some doctors feel they don't need to care as well for you because you are on Medicaid and tests that should be done are not because of financial (Medicaid) status. My doctor is not like this but there are quite a few who are.

I used to have a health coach last year but I was dropped from Medicaid, and when I was reinstated I wasn't given the option to continue with the health coach.

I want to be able to go and get care where am comfortable thanks.

I wish Medicaid would help with the FLEX PEN. It's much easier that drawing insulin from a vial.

I wish they would pay for the prescription I really need.

I would like my doctor that I had for may years Dr.____. Thank you.

It seems all the Drs are too busy to take time to really ask how things are. I have been waiting for knee surgery 2 yrs.

It takes too long to approve some life necessary services. It does not stay the same in all states. It won't pay for replacement items that stop working, or that Medicare won't pay for.

It takes way, way, way too long to get an approval on prescriptions. Too much red tape, too much time wasted.

It would be nice if Cymbalta and Lyrica and vitamin D were covered.

It's getting hard to find a Dr or dentist that will take Medicaid.

It's not Medicaid that is the problem, it is that doctors are few here and hard to get into their offices, also it is very upsetting. Flustering and wrong and painful for a doctor to not be responsible and refill medications on time or not at all, just take a person off of them because they do not like to prescribe them.

Just to say I do have another physician in the same clinic. Primary dr no longer there. I also think that when I got glasses there seem to be a strictness to what I was allowed. I need darker glasses and was unable to get them. I had to purchase a second pair to cover my needs.

May have to travel too far for care!

Medicaid should let me have me med's when I have to go out of town to see my mother when she is sick.

My main dislike concerning Medicaid is that some of my heart medications and 1 of my much needed medicine for severe acid reflux Medicaid does not pay for the meds that I need that work best. This causes problems that leaves me hospitalized frequently. My prayers are that Medicaid will pay for brand-name medication. I suffer from a severe and dangerous case of Angina Pectoris. This leads to fatal heart attacks. I suffer daily with this condition.

My main problem is with my total hip replacement. And now my right knee had a bone scan showed I have a lot of Arthritis and some calcium build up, was supposed to go to an orto doctor, haven't heard when, it's been about a little over a month since my bone scan.

Not been able to go to a dentist when need cause you don't have coverage.

Not being able or have better choices for frames at an ophthalmologist office.

Some programs such as lock-in program make it extremely difficult to get medication when needed.

Some smaller towns like Burlington does not have many doctors take Medicaid. Since I moved to Des Moines I have not had that problem. Cutting assistance when I was in process of getting it done (e.g.) had a colonoscopy done.

Sometimes a new RX cannot be filled because it must be approved first. That has resulted in my treatment being delayed until approval obtained and that is not ever done promptly. My biggest complaint is that my doctor cannot prescribe for me with out interference.

Suffer from chronic migraines. My doctor has tried to find a headache specialist around my area ([City], IA) but no one so far that is willing to take me. They say they don't know or have the ability to treat my serious migraines. Quite disappointing. I get 3-4 a week.

Thank you for your concerns pertaining to my Medicaid, but I need food assistance, and thank you for the new two, I needed it to buy something to eat.

The main thing I don't like is they won't pay for preventive therapy. If they would pay for massages and deep muscle rubs I wouldn't have to go to the Chiro so often.

They seem reluctant give needed medications prescribed by doctors.

They won't let my sig. other be with me on Medicaid.

To whom it may concern I really need someone to come to my home and have talks with me and I need a doctor whom can get papers on me for I can get a Hoveround chair. I really need one bad so I can get around to do thing please answer as soon as possible. My cell#_____. Name_____. Thank you.

Trying to get medication approved.

Well I don't like that Medicaid doesn't cover my vitamins, it only covers half and for the rest of my medicine I only pay \$1.00.

With Medicaid you can't see a dermatology anymore.

You should be able to pick what doctor you want.

A shortage of rheumatologists in the area.

Dislike that couldn't get a needed pet scan to make sure no more cancer has surfaced.

Medicaid does not respond to requests from doctor.

Medicaid doesn't always pay for prescriptions the doctors feel you need.

There are prescription drugs that I cannot get because they are not covered and my doctor believes they would work better. Sometimes it takes a while for pre-approval for

tests and medicines.

They have me under a Mid-America program and they said I had to pay my Medicaid. And now they cut me off. And now I have no insurance because welfare I had to stop working. And now they don't want program to put me on. I am 63 years and have no insurance.

They won't pay for my inhalers anymore and some of the allergy meds.

I have trouble getting a ride in the cab for doctors appt.

There is a lack of doctors at [Clinic] in [City] though when people really do need referrals don't get them. Thank You.

Part 2: Problems with Costs of Medicaid Program

Co-pay should be included in the doctor bill along with meds.

For the fact I'm on total disability with my monthly expenses it is hard for me to afford to pay my copay on medications. I have very little left to buy groceries.

I am totally disabled, on SSD and Medicare and don't have much money yet to qualify for Medicaid I have to pay \$56per month that I cannot afford. It should be free.

Nothing, except increase in co-payment for meds starting in Jan.

Since I'm not 62.6 years old and had Iowa Care at County Hospital and was made to go on Medicare my cost for ins and prescription went up a lot. I did not think that I would not have a voice in this choice fair.

Thank you. I hope I have been helpful a lot, sometimes it's nice to let people know about you. I have help in my home, I have to have it, I can't get around sometimes by myself so I have help. I just need help in paying him for helping me and I want to know what I need to do in getting help in paying him. Thank you. Can you help me please.

The co-pays.

The high cost of medications, even though Medicaid and Medicare pay most of it.

The mileage reimbursement. I can't always get a dr's appt when they want it. Sometimes I get one days before I get the papers for the reimbursement so I quit getting them. This new mileage thing is crap.

The problem when I/we were not given our refunds when we had paid out money for health services when Medicaid should have paid.

Unable to afford such a cost [for travel to care]!

What I dislike about Medicaid is the prescription drug plan and that is most of my meds, 14. I now pay 2.60 per scrip but the health care provider for prescriptions can give them to me for 1.00, but for some reason the drug provider or MEDICARE or MEDICAID makes me pay 2.60 each month, that means I pay 1 1/2 times more when they are able to give them to me for a low cost. And they call that SPECIAL HELP. I say it's hurting me more than helping me. That's more money taken out of my pocket and it hurts at the end of the month.

Yes how the co-payment cost has gone up in price. Some of us cannot afford the high cost in co-pay.

When I need medications they always charge me a \$1.00 and sometimes I don't have it

Part 3: Communication Problems with Medicaid Program or Providers

After first learning that I was going to receive Medicaid I tried to contact someone and had to leave a message but I still have not received a call back, and that has been a couple of months. I have tried to call on several occasions but cannot get a ho

Also, the doctors office has never followed up with me regarding my regular physician not taking patients anymore. He cancelled my appt August 2012 and no one rescheduled or even offered me another doctor until my prescriptions ran out and he finally had his nurse call to tell me I needed to make a new appt with a new doctor.

Does this cover my meds and how do I get more information on this. I don't understand what this is.

Getting a call back from the doctor is always a 2 day (or sometimes never) wait. I just figure they forgot or never got the message.

However the lock-in program is difficult to follow.

I am confused about all of it. Everyone is confused as with all of insurance and such. It is kept that way to keep people to the least care possible. Only the scammers get everything they want. Things are made to be more complicated than necessary to keep people's needs to a bare minimum.

I am really afraid of how regionalizing mental health funding will affect the mental and emotional health of others. Would like to help lobby for more communication between mental health providers. Why don't they have a resources connection that is available to all. Very territorial, I'm sure because of funding.

I don't know a thing about Medicaid but would like to.

I don't know who to ask questions.

I don't understand how the Medicaid program treats one person to other. What do I mean. One person on Medicaid and has no co-pay. When someone else is on Medicaid has to pay \$1.00 co-pay for doctor appointment, same with medicine co-pay prices are all different. The program is very confusing to me.

I don't want home health care. I would rather talk directly to my physician not to a home health care nurse. I've seen them in action and don't believe they always have patient's interest in mind. If I need to tell the doctor something he listens and I don't want it filtered through a "nurse" that "filters" it through her "opinion". I've seen this happen then I don't get proper care or I have to wait for her to set up appointment.

I have never received any information or booklet about what Medicaid covers and have asked at our local office, but have never received anything. I've been on Medicaid at least 10 years. Thank you, _____.

I would like a booklet that tells me what I can get help with and can and do READ books, please mail to me. For people with disability, head injuries.

It is very difficult to get straight or consistent answers. It is very difficult to verify what information is required by Medicaid to providers and which provider.

It took me a year to find out my Medicare and benefits.

Know very little about Medicaid home care.

Long wait times for specialists.

Never told what Medicaid covers or doesn't cover or provided a list of doctors of any type who accept Medicaid.

No envelope! No correspondence to patient as to what the physicians are billing and cost. Causing no checks or balances for us to provide to other Drs or Medicaid. Sure could be costly not doing so. Exp. My mother was billed but send to me for charges at a hospital here in 2002. she passed away 1997. bill was \$279.00 for respite.

No one from doctor's office told me about Medicaid Health Home program. How I found out that I was in it was when I got letter from DHS worker telling me I was in program. Doctor's office acted like they knew nothing of it.

No one told me about the Medicaid Health Home program. This is the first time.

No, I just need to know a little more about this program.

Sometimes I had a little trouble understanding the program at first. It is ok.

Sounds good in theory however not effective practically between call-backs, voice mail and answering machines. All with no return calls, which is most frustrating.

The lack of respectable responses was not given to us. It took us years to pay these medical bills and we had to go to the free food lines twice a week, and still we have not been refunded!!! Yet have begged for months.

They never sent me a Medicaid card to show doctors offices that I'm on Medicaid.

Was not aware I was still on Medicaid for a year before the pharmacist told me I was. This survey is based on 2 personal care doctors. I switched 3 months ago to a new one. The previous one took a hiatus and I never heard back so I switched.

What is the home program? Got something in mail.

When I asked Dr. (my personal physician) about the Medicaid home care program, they did NOT know what I was talking about???

Would like to know about Home Health plan, nobody knows anything.

Would like to know where I stand in Medicaid and Medicare.

You could make understanding Medicaid less complicated. Makes no sense. Lots of paperwork but hard to understand.

Well when the emergency room tells you it's ok to go to another hospital due to overflow of people. Then when called was told no it wasn't ok. I have never met my doctor - just a nurse practitioner. Why is this?

Part 4: Negative Experiences with Care/Providers

After being treated like ****** I totally switched Drs and Drs office to a new one. My new Dr. listens to me and works wonderfully with my chronic issues!! [Doctor's Practice] in [City] is a JOKE! I will NEVER be returning to that facility.

All doctors there at Iowa City never found out what is wrong with me, thank God I don't have to go back there. I have now obtained a lawyer for all this crap you people have put me through.

tumor it lift like a pouch or real baggie. Because he did not take care of it right. I can't go anywhere else to have it taken care of because now public aid won't pay for it, the doctor who did not do what was right was the surgeon. Now it still gets in my way of having sex. It was on the upper part of the inside of my left leg. By the pelvic. I can't have sex because of it getting in my way. The tumor caused it and it was not done right. Now I'm still having problems still. I have had more problems with surgeons and labs. I have never had problems with the regular doctors.	
Dear: I have done a surgery on my left ear because of liquid from ear. I used to hear 100% on my left ear. The surgery was successful. But my hearing decreased with little voices. [Hospital]. After that I went to (Iowa City Hospital) because it was a great hospital, I met and spoke to (Dr) he planned a surgery. He said the success rate was 80% and decreases the noises. I returned to the hospital after one week for a check up. With very poor hearing and increased the voices. I met the doctor helper (she) and she said there was some chemicals in the blood. And will leave the blood in about 6 months. Then the hearing will return and the voices will be gone. After a while I returned to the hospital. His helper said the same thing she said at first place. And she was sure the surgery failed. And she was making up excuses. Is there a lie in a health department? Why didn't she tell me at first place? I knew it late. Until it passes 2 years after surgery so I won't complain. And now I suffer from noises and very poor hearing. And now I ask for my rights. And I hope to give me my rights from doctor with his helper finally I thank you (Dr). Note A: Dr he didn't want to see me after surgery. I'm ready to talk to you anytime. If there was a missing information you can look at the Arabic version of this letter.	
Do not want ever again at Eyerly Ball.	
Every time I go to see my PA she is only allotted 20 minutes to spend with me, and I hardly ever get to talk to her about some issues because she is so tied up on getting	
done with me so she can get to her next patient.	
I have had severe abdominal pain every day for seven years. I've gain over 100 lbs. My lower back has been killing me for months. Dr didn't believe or treat me and Dr at CHC said that since this pill Gabapantin did not work there was nothing he could do. I'm fishing for disability to set more options otherwise I'm just suffering alone	
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Question 6 the ER here in really sucks. I was the only patient in the ER on
Superbowl Sunday. Was left in a room for one hour before I got any type of help after
running a screw driver under my thumbnail and further into my thumb. You could hear
all the staff watching it while I sat there. Had to darn near beg for a protector over my
thumb. They refused to put in stitches or even clean it. Medicare got ripped royally at
Mercy Hospital. The person that drove me had to beg them to do something so it
wouldn't get infected. Any questions call me at It took two hours to get a gauze
wrap! My witness phone#
I wish you could find me a real doctor to take care of me. I need a real doctor that has
the experience to take care of me. Yes I do like Dr, she will make a good
doctor some day but I just feel like I need a real doctor to take care of me because I
have so much wrong with me. And hurt all over. 1) I've had Asthma all my life. 2) I had
a broken right leg when I was 10 years old. 3) I have an enlarge heart. 4) I have a chip
on my right foot ankle. 5) I have arthritis in both of my knees and in my right foot. My
right knee is bone to bone but my left leg isn't as bad as my right one. I have to go thru
surgery right knee. 6) I've had my appendix and tonsils both out. 7) When I stand on
my legs for a little bit I get a feeling of a thousand needles stabbing me on the outer part
of my right thigh. And my knees both stiffer up where I can't bend either one of them.
8) When I'm on my legs too long it feels as if my lower back has like a hot burning
feeling like it will explode if I don't sit down to take away the pressure. My old doctor I
used to have put me thru this one test like an MRI or something like a long tube which
they check both of my knees and lower back it showed the doctor that my lower back is
red and inflamed in between my disc and is pushing against a nerve. That's why I have
to sit down a lot to take the pressure off of my back so it will stop feeling like it wants to
explode. 9) I have headaches sometimes and need glasses. 10) I've had carpal tunnel
in both of my hands, my left hand only I think 3 or 4 times but my right hand more than
that. It feels like a lot of needles shooting up my whole hand as if I can't touch or do nothing. 11) I was a diabetic but the doctor said I don't have it any more but I know I
still do because my glucose account shot up to 398 which scared me so I took a
Metformin and it brought it down to 166. 12) I also have high cholesterol now. 13) I
also have high blood pressure. 14) I have troubles with my bowels. 15) My left
shoulder is swollen and hurting me now. It has something to do with my coupler on my
shoulder. 16) Sometimes when I have headaches it's hard to concentrate on things
sometimes. 17) I also have anxiety attacks. I think I better send this to you, yes there is
other things wrong with me but I can't think of all of them. Sorry it's taken me so long to
write this down. June 3rd, 2013.
The doctor sees me about 3 minutes a visit, I say I want to get well all I get is more
meds.
Until I was assigned to my internist, Dr, my care was a hazard.
Being locked in to [Clinic] they never seem to do their job or just shove me to the side.
Due to a fall - several falls my foot is now pointed out and I can't get it to turn in on its
own. The hip is lower, the leg is shorter, causing pain in the other hip. Is this covered?
I mention these things and it's like nobody hears a word I say and ear ache it's a
symptom to let the Dr. know about. Was told just a coincidence. Bad timing.
Since he has been at this clinic, they have helped him more than years of therapy.
Therapy led to medication after medication - special classes, special schools. He was a
victim of sexual abuse and became a target for doctors to experiment with - used as an
example, and horror stories. No one gained but mental health - thousands of dollars -
hundreds of pills.
I did not like Iowa Home Care where they came to my home to pack my wound. They

have poor coordination with client, inconsistent with visit and unskilled nurse to treat my condition.

I dislike how some doctors treat you because you are on Medicaid. It seems you're last on the list because of it, but it's nice they help you with your bills.

Re- General Practitioners - when seeing the doctor assigned to me, I feel the doctor makes a decision about my care plan prior to speaking with me. I feel ignored when it comes to the doctor listening to me at appts.

Part 5: General Negative Comments about Medicaid

Confusing.

I don't change, some of the rules are stupid.

I hate Obama Care. He should have to have it. Why can't our SS money be ours and it is not for him to take and support Obama Care. Why can't they take the money out of either our medical money and leave ours alone. A lot of people will die with this policy and that is what _____ wants all the elderly to die.

Please contact me, I am so disappointed in my health care service and personnel staff with lock-in. [Subject Name, Phone Number].

some [things about Medicaid] that I hate.

This trial of meds for stomach or acid reflux is ridiculous and it caused additional problems, your trying to SAVE money causes many problems with all med trials.

Part 6: Positive Comments about Medicaid

But they are good in some areas. Without them I wouldn't be able to go to my dentist (twice a year for preventive care) that I've had for 39 years, nor get my partial dentures, nor get new glasses each year, along with diabetic shoes, knee braces. They pay for my Medicare insurance premium. Thank you for letting me participate in this survey. If you have more questions, please call me at _____. Sincerely, _____.

Every single doctor nurse were the best with me, always and I'm been in and out of the hospital always cause I was very ill. Every single one of them for the best always. Thank you. _____.

Everything is fine.

Everything is ok to me, nothing else needed by now. Thank you, sincerely yrs.

FAMILY PRACTICE and Covenant Hospital in Wtlo IA are GREAT!!!!

For me the program has been sufficient and has met my needs at this time. My doctor has been only excellent in his care for me.

Get the medicine I need and have it covered.

Hope this helps. Better care for all. P.S. Thanks for asking.

I always like and thank you so much.

I am grateful for this service. I wish everyone who needs help could get it. I feel National Health Care is a necessity. Thank you! I am very happy with my Drs and my health care. When I talk she listens. Also my specialists and the hospitals. I am very satisfied, thankful, and grateful. I appreciate any help. I have always been treated well at the Family Health Clinic and Dental Clinic at Broadlawns Medical Center, 1801 Hickman DesMoines, Iowa. Also Main Hospital and Optomology Dept. Thank you. I appreciated that I had fill out the survey you guys sent. I am so glad you have provided this opportunity and thanks for the tip of two dollars. I can do some things on my own. Medicaid helps me with some health it is ok. I do not mind doing some part time job for a person. I do work some for to get Medicaid. I also get Medicare. I make a small amount from one of the people here cleaning. Medicaid is ok. I am glad we have this service. I don't have any dislikes about my Medicaid program. I don't have any problems so far with Medicaid. I haven't been on Medicaid that long but I'm grateful to have it. I hadn't seen my primary care giver for over a year and I wasn't taking care of my stage 2 diabetes so now I'm looking at possibly insulin shots if I don't start taking care of myself. I've seen my pain doctor every 3 months at least for the past year or more. Give me another survey in a year and it will reflect my experience better. (Not a good speller) I've spent time at every hospital in Des Moines and I will always stick with Broadlawns and their doctors because they have always given me the best care. I don't know what I will do without Medicaid. I don't know where I would be without it! Thanks. I feel privileged and am grateful that I have good healthcare in all areas of the medical field at this time and am glad that because I'm in a position not to be able to afford proper medical care and living in a tx facility at present, that Medicaid is able to aid me through my time of need. Thank you! I have been very satisfied with the way Medicaid pays for my issues. I thank you! I have had no problems with Medicaid. I have none right now. But if and when I do I will let you know. Thank you. I just want to thank you for getting Medicaid. Thank you. I like Medicaid because I am very low income, and it pays my medical bills and prescriptions for medicine. I like Medicaid, it help me a lot. This is . Love it but I want my health to get better than worse. I like Medicaid. Before it was almost impossible to keep up with my medical care. I'm very thankful for my prescriptions I can get now, my meds are very important for my health. I like Primary Health very much. I like _____ my doctor, and _____ his nurse, they are both very good at their job. I also like the woman who is helping me lose weight. I like some things about the Medicaid I like them paying for my meds and equipment for my diabetes.

I love the help I get. Thank you for Medicaid.

I really like Dr at East Side Primary Health Care! Thank you so much! She's so nice and cares!!!
I think Medicaid is a wonderful thing to have. I have (???). Very pain and hard to control.
I want Medicaid help me long time.
I want someone to know when I was down and out of ins my mom took me to Broadlawns, wish I know about Broadlawns all my life, but let me tell you if it was not for Broadlawns I would not be here today, they help me get what I need and did not turn me away like some hospital will. I think Broadlawns Hospital is the best place you could go, it got a lot of things done in years it's cleaner and better and there always help there when they can get to you but they will. I hope lowa doesn't change and the care I get from DHS, and Medicaid. I thank you all, 3-16-2013.
I would be totally screwed without this assistance. As I am unable to work anymore. Even if I had a job I seriously doubt I could afford the tests and all the medications I need to function.
I'm happy with my doctor in Cedar Falls, IA. My visits to IA City doctors was fine and not long waits.
I'm so thankful for Medicaid. I don't know what I'd do without it.
If it wouldn't be for Medicaid I wouldn't be here. I would probably be deaf. And my Dr I thank you all of you for that. Medicare is a great thing for all of us.
It has been a life-saver.
It helps me a lot with Dr bills and medications.
It is a needed service. People need to get our Governor to understand.
It really help me with my doctor visit and bills, meds too. Thanks Medicaid for that, if don't have that be trouble for sure.
Love it, it helps a lot for doctors, meds, dentist, I just love it!! Broadlawns is the best.
Medicaid has helped me a lot in many ways.
Medicaid has helped me enormously in the past with the help of my doctor/doctors office etc., but I know from talking with others and my own personal experiences that I am blessed with having an excellent doctor that goes above and beyond to provide care for her patients. Dr is an angel sent from heaven.
Medicaid has helped me greatly since I have been diagnosed with Raynaud's syndrome and unable to work and provide my own insurance.
Medicaid has improved my healthcare problems, and needs.
Medicaid is a great program.
Medicaid is a very good source of help. I don't know what we would of done without it with our health problem my husband I have had. Prescription and doctor visits and emergency and hospital care. This is a very helpful thing I can't think anything bad about it.
Medicaid is a wonderful program.
My doctor and her staff are the best in Black Hawk County. They really and truly care.
My health care are provided by the community health care in Davenport since the first day of my immigration in the USA in 1994. The service is very nice.
No any concern about the Medicaid. Medicaid program helps me a lot. I don't have to worry about any bills from hospital.

No complaints.

Quality coverage. I thank you so much for it.

Satisfied.

Satisfied.

Since I have Medicaid I have now been able to get medical health. I went several years with no medical care.

Since she [my new doctor] was assigned I have been extremely happy with my care and treatment.

So far Medicaid has been a life saver allowing me to have chemotherapy and exceptional health care! I am stable!

Thank the Lord for Medicaid!

Thank you for checking on my medical coverage and usage. Thank you.

Thank you for the \$2. I also want to thank you for giving me a chance to give feedback about my health.

Thank you very much.

Thank you, Medicaid takes care of me good.

Thank you. I hope I have been helpful a lot, sometimes it's nice to let people know about you.

Thanks for the concern of medicaid for the people that can not meet the economico standard to support their health conditions, medicaid provide it. Thank you medicaid program for the help of all American in need.

Well the way the world is, any kind of help is a blessing and I thank God, the doctors and people who are involved in such a program to help people like myself. Oh yeah thank you for the bucks.

Without the help Medicare provides, I wouldn't be able to get the medicines I need. It's a life saver. Sincerely

But my nurse is the greatest one so far. She cares and is helping me.

I appreciate my medical card. I thank god I have it because I'm sick a lot.

I appreciate the access to health care.

Medicaid has helped me with my medicine and going to the doctor.

SSDI helped me get back to the workforce. Actually, it kept me, prevented me from increasing debt that would essentially have buried me to a point I never would have been able to repay it. Now, since April 2013, I have been back in the workforce as a family counselor and SSDI benefits will end this October. Thank you my fellow brothers and sisters. And this is just ONE reason so many people want to be a US citizen.

Thank you for helping me. My quality of life has improved since I've gotten help.

Thank You!

Thank you. I appreciate the help.

Part 7: Other Comments

don't use Goodwill, but have friends and a family member that do. Why can't they take off expenses to get to a job of an hour or two that pay minimum wage? Doesn't do much to promote independence or morale! [Subject email address]

Asteru one a day, vitiman D one a day, formisidi one a day, patiam one a day, anidapine one a day.

I do visit the local food pantry once a month which I receive 16 lbs of food a month which is hard to live on and after having a stroke 1 year ago it's tuff to live with my very small income of SSI. There were way too many questions for just \$2.00 but that will buy a loaf of bread which helps. Is Obama going to help me out? I live alone but still I have to provide for myself. There needs to be a government plan for food assistance of more than just 16 dollars a month for a single person. There are people out there that are receiving a lot more money from the government than me that are dishonest and cheat the system. I'll bet the president has had more steak than I've had in the past yr. I've had one sirloin in the past year and if it wasn't for the deer I shot last fall I wouldn't have had much meat at all. Does Obamacare really care? Send me \$3.00 next time that's 2 loafs of bread.

Hope Medicaid doesn't turn out like the Iowa Care program where you get settled into a doctor then have to move to different doc. Iowa Care program I was moved 5 times and never to my home area.

I bid her.

I don't like it when I talk a doctor what I have and what I am asking for. No now want no blood trans, no pain pills, heart meds, high blood meds, water, pills. I am send of hosp and doc that are pract med. I like my old doctor from ins. Call me if any questions, [Subject Phone].

I know I'm on it but don't know that much about it. P.S. I worked at a clinic but now I am on disability but I can always go to them for help or advice. I have not had an apt within 6 months but have had lab work done to get on disability, I been to 2 diff drs for a physical and 2 other drs for evaluations. Some questions I could not find an answer that would apply so I did not check anything.

I live in Des Moines, IA.

I wish the sick politicians would keep their nose out of help for people that needs it. They need to live poor for over a year and walk poor people shoes before they vote in congress. They need to read their bibles more. Help your needy. _____. You may send this to congress.

Most problems I have is ride bus with my shopper and transfer to another bus get off at bus stop walking home and I hurt so bad when I get home I have lied down.

My name is ______ I am her daughter. She needs help with lots of things but she acts too proud for her own good. I worry about her mental and physical health. Thank you. Since being enrolled in the Medical Home Program I have changed primary doctors because it is easier and less costly to get the doctor my wife goes to see every month. State Medicaid be in direct help final to all patients and families haven't conditions. I think government need to have the general study for prevent any squanders.

Too much paper used on med list for month. Would be happy with 6 month reports. When I need services I have my own Iowa Department of Human Services medical assistance eligibility card that I can present to my medical provider. Also if I lose the card or have guestions a number is provided to all their member services call center.

I wish my small check I get from social security and SSI was larger because it is so hard to live on such a small income. I wish the gov't would raise it to help those that have to live on it. I think they should not mess with their benefits and take them away from people who truly need them to live on. As that's all they have to survive.

I wish there was healthcare better for young adults like my son. He's 21 with Iowa Care, what a joke that is. How do poor people afford driving 3 hours just for general healthcare.

And Iowa care is a joke.

I need food assistance

At present time my cell phone is off due to no money to pay the cell phone bill. So if I need to talk can leave message at _____ house phone#____ after 1:30pm between 9am 9:30 am time. We volunteer at Salvation Army meal program from 9am till 1pm.

Just got in last 6 months, still new to me.

N/A.

No comments at this time.

No thank you.

None, thank you.

Nothing.

So far nothing, haven't been on it very long.

No problems with Medicaid but online survey would not work.

The questions were very hard and very confusing.

I am her husband and also receive Medicaid. I would also like you questionnaire, I am almost 70. Name,

Please don't send me anymore letters like this.

That one question, that I scribbled out, didn't know how to answer it. Sorry about that guys. Signed, _____.

The question that were not answer, did not apply to me!!!!

Well the date is May 11th and I've had this to complete for a long time. I hope it still can be used for input.

However, I don't know English very well, so please send me it with another language. For example, my native language is Korean. I have a hard time reading in English so I need help with filling out this survey.

I highly appreciate this survey, I do it with all my understanding and my knowledge. But I'm very poor in English speaking.

Appendix C Respondent Comments: Enrollee Perspectives (Child) about the Iowa Medicaid Health Home Program

TABLE OF CONTENTS:	Page
Part 1: Problems with Access to Care/ Need Additional Coverage	2
Part 2: Communication Problems with Medicaid Program or Providers	2
Part 3: Negative Experiences with Care/Providers	3
Part 4: Positive Comments about Medicaid	3
Part 5: Other Comments	4

Part 1: Problems with Access to Care/ Need Additional Coverage

More than 6 months ago, the answers would have been different. My son needs braces and we had a hard time finding a practice that would accept us. A woman helped us, but was unsuccessful. We were fortunate to find a practice and part of his problem was corrected.

The biggest complaint I have with Medicaid is how few professionals accepts Iowa's Medicaid. My daughters need to see a chiropractor and a decent dentist. You can't find one that will accept the Medicaid. You have to go to the county dental clinic that is shove in and rush out. If they need anything big like braces it is go to Iowa City. Like most people can take off work to do this (not). They say it is because of all the paperwork and the main reason is it takes Iowa forever to pay. It really hurts those of us that need the Medicaid for their kids. It really makes it hard to get the proper care out children need.

Preauthorizations take a long time for certain prescriptions.

I dislike the fact there are meds she needs that aren't on the preferred list. I think if a Dr says they need it that they should be able to get it. The people who say no aren't even dr's.

Increase the amount of BHIS services covered. Like ABA. At least 40hrs/wk.

She has to wait full 30 days for refill prescriptions and she needs them early. 6 hrs as needed some times means that and she cannot be without it having to pick and choose when to give some months.

Part 2: Communication Problems with Medicaid Program or Providers

Said child was on Medicaid, but was confused about what the Health Home program was.

My child has special needs. I didn't know about the medical changes. I just know that he's on Title 19.

The "Medi Home Health Program" referred to in this survey is something I know nothing about. No one has discussed this with me and I was not aware that any "program" existed and certainly did not believe we participated in one.

Part 3: Negative Experiences with Care/Providers

I dislike the way it is now, you can't talk to the doctor about anything unless it was a part of the appt.

I dislike the fact that as a parent I am treated different because my children are on Medicaid sometimes we are called to the room but the doctor will leave us waiting in the room for a long period of time. When I have an appointment for my child it shouldn't take 2 hours to be seen.

We have Medicaid for children with special needs, which has a higher income threshold than typical Medicaid. There should be a way to differentiate. I feel "talked down to" frequently by healthcare providers once they find out she has Medicaid, and we r[cut off]

Sometimes the wait is long, but that is to be expected.

The only thing I have really had a problem with is that [child] is bullied at school. It got so bad but I walked her into the [Clinic] and they didn't get to a doctor there to prescribe a medicine for a month. That was hard. I had to keep working her through those situations without medication for a month. That is my only negative experience.

Part 4: Positive Comments about Medicaid

We appreciate the services being covered, though, and the practice was very good. This was under a year ago.

Medicaid has eased the burden that I have as a single mother looking for the best care available.

Medicaid has been fairly easy to use and understand.

I deeply appreciate Medicaid. I can't afford insurance through my job (too expensive). [Child Name] has been taken care of very well. Thank you for the \$2.00 bill - it's in her piggy bank.

Medicaid keeps us healthy, for that alone I'm truly grateful. Thank you.

I don't have any complaints at this time. But thank you for your concern. Right now I'm happy with my services.

I just would like to thank Medicaid for helping my family to stay healthy and for caring so much about people. Thank you so much.

Part 5: Other Comments

In the clinic we attend, we cited at 10 am and we are attending the 11 am.

My son was in an inpatient treatment and has completed the program. He is currently still attending outpatient drug treatment and has been successful for at least 6 months. Thank you.

That Medicaid can pay his heart doctor when he needs to be seen once a year or as needed.

Son has a kidney problem which leads to the urinary problems.

I think that your survey needs a little bit of tweaking -- to accommodate for natural age differences. An eight-year-old is kind of selfish. A five-year-old has certain things that they do. I think that for your survey to be accurate it should include something like: Is your children more fidgety than beyond normal? Q77 -- Respondent mentioned that the prescription medicine is as needed for asthma, so her daughter may only need it every few months, even though it is a regularly prescribed medication.