First Look at Iowa's Medicaid Expansion: How Well Did Members Transition to the Iowa Health & Wellness Plan from IowaCare

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Executive Summary

This study assessed consumers as they began the Iowa Health and Wellness Plan - Iowa's Medicaid Expansion Program. It is one of the first evaluations in the country examining enrollees’ experiences as they enter one of the Medicaid Expansion Programs that began in 2014. This study describes members’ experiences with transitioning to the Iowa Health and Wellness Plan (IHAWP) from the IowaCare program - a limited benefit/limited provider program for adults up to 200% of the federal poverty level in Iowa. These members represented about half of all of the IHAWP members enrolled during the first six months of the program (January 1-June 30, 2014). We utilized a mail-back survey with an online option with a sample of 6,750 IHAWP members. The overall response rate was 30% resulting in 1767 completed surveys. Those who responded were more likely to be older and more likely to be female than in the sample.

Overall, the transition to IHAWP from IowaCare went well.

- Over 80% of members obtained information regarding their new plan from either an Iowa Department of Human Services letter or a packet from their new plan.

- The most pressing health care needs such as obtaining prescription medicines (a service not covered under IowaCare) and accessing routine medical care were easily met for the majority of members.

- 75% of members were able to identify a personal doctor in IHAWP with over half changing personal doctors upon enrollment in IHAWP.

- For the most part, members understood where to get care and where to go for information on making changes in the plan or provider.

- Most members believed it would be easy to obtain a physical exam to avoid paying a premium in the second year of the program.

- Most members were confident they could differentiate between an emergent and non-emergent condition as required to avoid paying a $8 copayment for an emergency department visit.

Yet, there were some issues remaining.

- Most members (almost 90%) were not aware that they would have to pay $8 for non-emergent care provided in an ER or that they may have to pay a premium in the second year of enrollment if they did not obtain a physical in the first year.

- Nearly 40% of members were worried somewhat or a great deal about costs associated with a monthly premium, though they did not believe that an $8 copay would stop them from using the ER for non-emergent care.

- At least 25% of members were concerned about transportation to needed health care services.
Chapter 1
Background

The IowaCare program was a limited-benefit, public health insurance program for Iowa adults with incomes that did not exceed 200% of the federal poverty level (FPL). It was authorized by Iowa House File 841 under a Medicaid expansion program and approved on July 1, 2005. The IowaCare program officially ended on December 31, 2013. Beginning on January 1, 2014\(^1\) about 52,000 former IowaCare members were automatically enrolled into the Iowa Health and Wellness Plan (IHAWP), Iowa’s version of the Medicaid expansion, allowed as part of the Affordable Care Act (ACA).

The IHAWP includes two separate plans: 1) the Iowa Wellness Plan (WP), and 2) the Iowa Marketplace Choice Plan (MPC). The WP is a more traditional Medicaid-like program for adults with incomes from 0-100% of the FPL who are not eligible for Medicaid through a categorical program such as Family Medical Assistance Plan (FMAP) or Medicaid for Employed People with Disabilities (MEPD). It is operated by the Iowa Medicaid Enterprise and each member (depending on their county of residence) receives care from one of three programs: a) traditional Fee-for-Service (FFS) non-managed care, b) managed care (Primary Care Case Manager-PCCM), or c) a health maintenance organization (HMO) (See Figure 1-2). In the MPC, individuals select a Qualified Health Plan (QHP) from eligible private plans in the Health Insurance Marketplace. Medicaid pays the health plan premiums for members in the MPC. At the time of this evaluation, members could choose from CoOportunity Health (CoOp or Coventry Health Care.

Eligibility for IowaCare and the IHAWP

Under IowaCare, the two populations listed below were included.

- Persons 19 through 64 years with a net income at or below 200% of the FPL, who are not otherwise eligible for Medicaid
- Pregnant women (regardless of age) and their newborns, if their net income is below 300% of the FPL with deductions for medical bills that reduce the family income to 200% or less of the FPL (This population was very small)

More detailed information about the IowaCare program can be found elsewhere.\(^2\)

Depending on their income, IowaCare members were automatically enrolled into one of the two types of IHAWP programs: the Iowa Wellness Plan (WP) or the Marketplace Choice Plan (MPC).

The population eligible for the WP includes:

- Adults ages 19 to 64

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\(^1\) More information about the Iowa Health and Wellness Plan can be found at: [http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan](http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan)

• Income at or below 100% of the FPL

The population eligible for the MPC includes:

• Adults ages 19 to 64
• Income from 101% to 133% of the FPL.

Former IowaCare members with income over 133% of the FPL were directed to enroll for health insurance using the Iowa Health Insurance Marketplace which is run by the federal government.

**Provider Network**

At the conclusion of the IowaCare program, the provider network included eight regional sites or medical homes focused primarily in the Federally Qualified Health Center in that region.

• Broadlawns Medical Center (Broadlawns) in Des Moines, Iowa
• The University of Iowa Hospitals and Clinics (UIHC) in Iowa City, Iowa
• Siouxland Community Health Center in Sioux City, Iowa
• Peoples Community Health Clinic in Waterloo, Iowa
• Community Health Center of Fort Dodge, Iowa (CHCFD)
• Crescent Community Health Center in Dubuque, Iowa
• All Care Health Center (ACHC) in Council Bluffs, Iowa
• Primary Health Care (PHC) in Marshalltown, Iowa

Figure 1-1 provides a map of the IowaCare provider network as of January 1, 2013.
In the IowaCare plan, members were assigned to one of the eight medical home sites based on their county of residence. Members were expected to obtain their routine care, preventive services, and disease management at their medical home sites while being referred to UIHC in Iowa City or Broadlawns in Des Moines for specialty care or hospital services.

Depending on the plan and program, IowaCare members who transitioned into the IHAWP may have a much broader provider network and they may be able to obtain both their routine and specialty care services closer to home. For example, WP members can choose a provider from the statewide WP provider network which might enable many former IowaCare members to receive care from a local provider. Figure 1-2 provides a sense of the provider network for the WP. Members in the MPC can obtain their care from providers approved by their private health plan (CoOp or Coventry).
Covered Services

IowaCare members had a limited benefit program and the transition to the IHAWP will have broadened their health care coverage. The IHAWP offers comprehensive benefits to members and the plans cover a wide range of medical services, without limits on the amount of care received.

For more information on the coverage offered by both programs, Appendix A provides a table that compares benefits covered by the former IowaCare program and the new IHAWP options.
Chapter 2
Research Methods

This report evaluates the transition of members from the IowaCare program to the IHAWP from the perspective of the member. Surveys were mailed to a sample of former IowaCare members, as those members were early in their transition to the IHAWP. Using the members’ initial IHAWP assignment (WP or MPC), member perceptions of their transition to the IHAWP were evaluated.

This survey asked about a series of topics related to the transition to the IHAWP including:

- The enrollment process into the IHAWP
- The members’ ability to keep their doctor
- The members’ ability to receive routine, specialty, and other types of care
- Non-covered costs associated with their new plans
- Transportation needs
- The health status of the individual

Process

The survey of IowaCare members’ transition to the IHAWP was conducted during the spring of 2014 using a mixed-mode mail methodology. Questionnaires were mailed to a stratified random sample of IowaCare members who had been automatically enrolled into an IHAWP plan. The sample was stratified into five groups: Wellness Plan Fee-for-Service, Wellness Plan HMO, Wellness Plan Managed Care, Marketplace Choice – CoOportunity Health, and Marketplace Choice – Coventry Health.

Random samples of members were drawn from IHAWP enrollment data current as of April 2014. Only one person was selected per household to reduce the relatedness of the responses and respondent burden. The sample was comprised of 6,750 adults, 1,350 from each of the five groups.

The initial mailing was sent to 6,750 former IowaCare members (a few less due to bad addresses) in April 2014, followed by a reminder postcard fourteen days later. A second survey packet was sent to non-respondents about two weeks after the reminder card mailing. In the mailed cover letters and on the reminder postcard, members were given the option of completing the survey online and were provided the website address for that purpose. In an effort to maximize response rates for the mailed survey, an incentive was used during the first mailing. Each survey packet included a $2 bill, to keep regardless of whether the survey was completed.

Response Rate

Thirty-one percent responded to the survey after adjusting for bad
addresses, those no longer living or those not living in Iowa at the time they were mailed a survey. A comparison of response rates by plan type is presented in Table 2-1.

Table 2-1. Sampling and response rates.

<table>
<thead>
<tr>
<th>Plan Group</th>
<th>Sampled</th>
<th>Response</th>
<th>Response rate</th>
<th>Adjusted Response Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Plan – FFS</td>
<td>1350</td>
<td>384</td>
<td>28%</td>
<td>33%</td>
</tr>
<tr>
<td>Wellness Plan – HMO</td>
<td>1350</td>
<td>233</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>Wellness Plan – Managed care</td>
<td>1350</td>
<td>346</td>
<td>26%</td>
<td>30%</td>
</tr>
<tr>
<td>Wellness Plan Subtotal</td>
<td>4050</td>
<td>963</td>
<td>24%</td>
<td>28%</td>
</tr>
<tr>
<td>Marketplace Choice – CoOpportunity</td>
<td>1350</td>
<td>437</td>
<td>32%</td>
<td>37%</td>
</tr>
<tr>
<td>Marketplace Choice - Coventry</td>
<td>1350</td>
<td>367</td>
<td>27%</td>
<td>31%</td>
</tr>
<tr>
<td>Marketplace Choice Sub-total</td>
<td>2700</td>
<td>804</td>
<td>30%</td>
<td>34%</td>
</tr>
<tr>
<td>Total</td>
<td>6750</td>
<td>1767</td>
<td>26%</td>
<td>30%</td>
</tr>
</tbody>
</table>

* Adjusted for ineligibles: Removed respondents who no longer had a valid address, were out of Iowa, or were deceased.

Response Bias

The response rate to this survey (30% overall) was somewhat less than the survey of IowaCare members conducted in 2012 (37%). Tests were run to determine if those who responded to the survey differed demographically from those who did not respond. Females were more likely to respond to the survey, especially females in the Wellness Plan. Overall, 67% of respondents in a Marketplace Choice Plan were female while 61% of respondents in a Wellness Plan were female. There also appeared to be some respondent age bias. As age increased, so did response rates, leading to a bias toward older members in the survey results (Table 2-2).

Table 2-2. Gender and Age bias in responses

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percent in MPC Sample</th>
<th>Percent who Responded to MPC Survey</th>
<th>Percent in WP Sample</th>
<th>Percent who Responded to WP Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>60%</td>
<td>67%</td>
<td>49%</td>
<td>61%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>9%</td>
<td>4%</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>25-34</td>
<td>22%</td>
<td>12%</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>35-44</td>
<td>21%</td>
<td>15%</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>45-54</td>
<td>25%</td>
<td>33%</td>
<td>27%</td>
<td>34%</td>
</tr>
<tr>
<td>55-64</td>
<td>23%</td>
<td>37%</td>
<td>15%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Data Analysis

Data were tabulated and bivariate analyses (i.e., chi-square, t-test and nonparametric tests for group differences) were conducted using SAS and SPSS.

Plan Comparisons and Subgroup Analyses

The primary comparison of interest used for most of the information from
this survey, including all demographic, enrollment process, and other
transition questions, was between the WP and the MPC members. Thus
each question was analyzed to evaluate whether there were statistically
significant differences between the WP and MPC members. In addition,
within the WP members, we looked for statistically significant differences
among the three WP programs (FFS, HMO, and PCCM) and within the
MPC members, between the two plans (CoOportunity and Coventry).
Where statistically significant differences were observed, these are noted
as ‘significant’ in the results that follow. Where no ‘significant’ difference
is noted in a text, table, or figure, there was no statistically significant
difference found.
Chapter 3
Characteristics of Respondents

Aspects of IowaCare members who transitioned into an Iowa Health and Wellness Plan that were evaluated in the survey included:

- The demographic characteristics of members
- General health status of members

Age, Gender, Race/Ethnicity, and Education

Information about the age, gender, race/ethnicity and educational level of former IowaCare members who transitioned to the IHAWP was obtained from the survey. Over two-thirds (70%) of MPC members who responded to the survey were between 45 and 64 years old which is slightly higher than the 64% of WP members in this age range. Respondents from both plans tended to be female (67% of MPC member respondents were female; 61% of WP members). There was little difference in age or gender among the program types (FFS, HMO, PCCM or Coop, Coventry) or between each plan (WP and MPC, respectively).

Figure 3-1a depicts the racial/ethnic disposition of the Wellness Plan members who responded to our survey.

[Figure 3-1a. Race/ethnicity of Wellness Plan members]

Figure 3-1b depicts the racial/ethnic disposition of the Marketplace Choice members who responded to our survey.
The racial/ethnic disposition of respondents was comparable between plans with most reporting their race/ethnicity as white (83% WP; 85% MPC).

Slightly more MPC members (51%) reported having at least some college education compared to WP members (46%). Overall, these former IowaCare members had similar education levels as the adult Medicaid population, with 48% having attended some college.

**Health Status**

In general, IowaCare members who were enrolled into the Wellness plan reported lower overall physical health compared to those who were enrolled into Marketplace Choice. About one-third of those enrolled into the WP reported their overall physical health to be fair or poor (8% reported poor physical health) compared to one-quarter of those in MPC
who reported fair or poor physical health (5% reported poor physical health).

Figure 3-3 provides a comparison of the self-reported mental/emotional health of WP and MPC members.

As with physical health, IowaCare members who were enrolled into the Wellness Plan also reported lower overall mental/emotional health compared to those who were enrolled into Marketplace Choice. A little over one-fourth (26%) of those enrolled into the WP reported their overall mental health to be fair or poor (6% reported poor mental health) compared to less than one-fifth (17%) of those in the MPC who reported fair or poor mental health (3% reported poor mental health).
Chapter 4
IowaCare Member Transition to Iowa Health and Wellness Plan

As stated previously, the vast majority of IowaCare members transitioned into one of two options within the Iowa Health and Wellness Plan: the Iowa Wellness Plan (WP) and Iowa Marketplace Choice (MPC). Within the WP, there are three programs: a) traditional Fee-for-Service (FFS) non-managed care, b) managed care (Primary Care Case Manager-PCCM), or c) health maintenance organization (HMO). Within the MPC, there are two private options: a) CoOportunity Health (CoOp), and b) Coventry Healthcare (Coventry). This chapter highlights the experiences of former IowaCare members during their initial of transition into the WP and MPC.

Transitioning into the IHAWP

The survey asked respondents about their experiences with:

a. finding out about their new health plan,

b. changing to a different primary care doctor,

c. getting help with their new plan, and

d. understanding where they can go for their health care.

As seen in Table 4-1, most members (76%) found out that they were enrolled in the Wellness Plan from a letter they received from the Iowa Department of Human Services (DHS), while 11% found out directly from their health plan. In all, 87% were provided with information about the new plan that they could easily access. Though very few (2%) were unaware of the change to the WP, nearly 10% found out through their doctor’s office or by a member initiated call to DHS, indicating they were either never contacted or were contacted in a way that did not motivate them to read the materials. There were no significant differences among the three programs in the WP.

As with the WP, most members (79%) found out that they were enrolled in Marketplace Choice from a letter they received from the Iowa Department of Human Services (DHS) (Table 4-2). Over 90% of members found out about their MPC enrollment by information provided to them. Very few
(2%) were unaware of the change to MPC. There were no significant differences between CoOp and Coventry members.

Table 4-2. How former IowaCare members found out that they were enrolled in Iowa Marketplace Choice

<table>
<thead>
<tr>
<th>Method</th>
<th>CoOp %</th>
<th>Coventry %</th>
<th>MPC %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter from DHS</td>
<td>81</td>
<td>77</td>
<td>79</td>
</tr>
<tr>
<td>Enrollment packet from my new health plan</td>
<td>10</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>From my doctor’s office</td>
<td>3</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Phone call I made to DHS</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I was never told about any changes to my IowaCare coverage</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Overall, 27% of members in the WP attempted to change to a different primary care provider (PCP) from the one to which they were assigned and this percentage did not differ statistically among the three programs. The most frequently cited reason (53%) for changing was to find a PCP closer to where they lived. Other reasons included wanting to stay with the PCP they had while in IowaCare, wanting the same doctor as others in their family, wanting a doctor who spoke the same language or was the same gender, and having difficulty getting an appointment with their assigned PCP. The majority (85%) reported that it was ‘somewhat’ or ‘very’ easy to change to a different PCP and there was no significant difference among the programs.

Approximately one-third (32%) reported needing help understanding how to change to a different PCP, and, of those, a majority (75%) found it ‘somewhat’ or ‘very’ easy to understand where to get help changing to a different PCP. Those in the FFS program used the DHS helpline most (36%) for obtaining help on how to change PCPs and secondarily either went to their DHS caseworker (16%) or got help from their doctor’s office (16%). Those in the HMO program equally used the DHS helpline (25%) or the HMO helpline (25%) with a few choosing to use the federal helpline (8%) or obtaining help from their doctor’s office (8%). Almost half (48%) of those in the PCCM program used the DHS helpline with almost 30% in this program getting help from their doctor’s office or hospital. Regardless of the method for obtaining help, the majority reported that they got the help they needed in switching to a new PCP (FFS 83%, HMO 67%, PCCM 88%).

Only 12% of members in the MPC attempted to change to a different plan from the one to which they were assigned (CoOp to Coventry or vice versa). However, 14% were unsure if they changed plans which may indicate that there was some confusion at the outset regarding their ability to change plans. The vast majority (98%) of those who did switch plans reported that it was ‘somewhat’ or ‘very’ easy to change to a different plan.

Approximately 1 in 5 (22%) reported needing help understanding how to change plans and of those, a majority (74%) found it ‘somewhat’ or ‘very’ easy to understand where to get help changing to a different plan. However, 21% reported that it was ‘somewhat hard’ to understand
where to get help. The majority (79%) reported that they got the help they needed when they switched plans after enrollment.

**Understanding their New Plan**

Over half of IHAWP members (51% WP, 56% MPC) reported that the written materials they received were ‘excellent’ or ‘very good’ at explaining how their new health plan worked. This was equivalent across the three WP programs and the two MPC plans. Regardless, the majority of respondents (82% WP and 82% MPC) reported that it was ‘somewhat’ or ‘very’ easy to understand where to go to for healthcare using their new health plan. This was consistent across all three programs of the WP and both plans of the MPC.
Chapter 5
Iowa Wellness Plan Compared to Iowa Marketplace Choice

With the advent of the IHAWP, former IowaCare members who made the transition should experience an expanded list of covered services and benefits. To evaluate their experiences using their new health plan, the survey covered the following topics:

- Identification of a personal doctor
- Continuity of care with their personal doctor
- Need for health care services
- Ease of obtaining health care services
- Non-emergency medical transportation needs
- Costs particular to the IHAWP

Continuity of Care with a Personal Doctor

A personal doctor is defined in this report as the person a patient would see if they needed a check-up, wanted advice about a health problem, or got sick or hurt. Member experiences with a personal doctor during the transition was assessed by asking:

- Did the member have a personal doctor when enrolled in IowaCare?
- Does the member currently have a personal doctor (after transitioning to IHAWP)?
- If the member currently has a personal doctor, is it the same person as when enrolled in IowaCare?
- For those with a new personal doctor, how easy was it to find a new personal doctor?

Over half of IowaCare members who have transitioned into the IHAWP reported that they had a personal doctor while enrolled in the IowaCare Program (Figure 5-1). Significantly more (p=.002) IowaCare members who transitioned into an MPC plan reported having had a personal doctor (64%) compared to those who transitioned into one of the WP programs (57%). In a survey of IowaCare members conducted in early 2013, 67% of respondents reported having a personal doctor which is somewhat higher than these findings.
Figure 5-1. Identification of a personal doctor before and after enrollment in the IHAWP and continuity with the same personal doctor

Since enrollment in the IHAWP, the percentage of former IowaCare members reporting that they have a personal doctor has increased (75% for both WP and MPC members), as indicated in the red bar in Figure 5-1. There were significant differences in the percentage with a personal doctor in the WP depending on program type with far more members in the PCCM program (85%) compared to either the FFS (70%) or HMO (69%) programs reporting having a personal doctor. There were no significant differences between CoOp and Coventry members in reporting a personal doctor.

Overall, less than half (45%) of these former IowaCare members reported that, upon enrollment into the IHAWP, they kept the same personal doctor that they had in IowaCare (Figure 5-1). And there were significant differences depending on which IHAWP plan they were enrolled into. Only 40% of those in the WP reported having the same personal doctor as they had when enrolled in IowaCare, which is significantly less (p<.001) than the 51% of those in MPC that reported the same personal doctor. While these percentages may point to potential discontinuity in care, it might also be indicative of greater accessibility to care because the IHAWP does not limit choice of primary care providers to those located in the eight IowaCare medical homes. Thus, former IowaCare members newly enrolled into IHAWP might choose to change to a personal doctor closer to where they live.

As stated above, many former IowaCare members changed personal doctors upon enrollment into IHAWP and did not have much difficulty finding a new doctor. The vast majority of both WP members (90%) and MPC members (91%) found it either ‘somewhat’ or ‘very’ easy to find a new personal doctor after the transition to the IHAWP. And, most were pleased with their choice. Of the 79% of newly enrolled WP members who had visited their personal doctor to get health care since their enrollment, slightly over three-quarters (76%) rated the overall quality of that doctor highly (a rank of 8-10 on a 0-10 scale). The ratings were even higher for those in MPC plans. Of the 84% of newly enrolled MPC members who
had visited their personal doctor to get health care since their enrollment, 82% rated the overall quality of that doctor highly.

**Need for Health Care Services**

The need for health care services was evaluated by asking members if they had a need for each of the following health services since joining the IHAWP.

- **Urgent Care** – defined as care needed right away for an illness, injury, or condition
- **Routine Care** – defined as care such as a check-up or physical exam
- **Preventive Care** – defined as care such as a mammogram, pap smear test, or flu shot
- **Specialist Care** – defined as care from doctors like surgeons, heart doctors, allergy doctors, skin doctors, or others who specialize in one area of health care
- **Hospitalization** – defined as spending at least one night in the hospital
- **Treatment or counseling** – specific to a mental or emotional health problem
- **Prescription medicine** – for any reason
- **Home Health Care** – defined as health care services provided in their home
- **Medical Equipment or Supplies** – such as a cane, wheelchair, oxygen equipment, etc.
Figure 5-2 provides the need for these health care services reported by Wellness Plan and Marketplace Choice members.

Need for health care services was consistent between the WP and MPC members. The highest need was for prescription medication and routine care. There was moderate need for preventive, specialist, and urgent care while the lowest need was for mental health care, hospital care, medical supplies, and home health care.

**Ease of Obtaining Needed Health Care Services**

Transitioning into a new health care plan may affect how easily members can obtain health care services when needed. For those who reported needing a particular health care service since enrolling in the IHAWP, we asked how easy it was for the member to get that care. Figure 5-3 provides the percentages of WP and MPC members who reported that it was either ‘somewhat’ or ‘very’ easy to obtain each of the services in Figure 5-2 when needed.
Figure 5-3. WP and MPC members who reported it to be ‘Somewhat’ or ‘Very’ easy to obtain a particular health care service

The vast majority of respondents had an easy time obtaining their routine health care needs such as prescription medications (89% WP and MPC), routine care (93% WP, 94% MPC), and preventive care (91% WP, 92% MPC). For those in WP, members in the HMO were significantly less likely to have an easy time obtaining prescription medications (82%) compared to those in the FFS (91%) and PCCM (91%) programs (p=.01). For those in MPC, members in Coventry were significantly less likely to have an easy time obtaining prescription medications (82%) compared to those in CoOp (93%) (p<.001). Otherwise, there were no significant differences in ease of obtaining routine types of care. Fewer respondents reported ease obtaining specialist care (83% WP, 87% MPC), mental health treatment or counseling (78% WP, 77% MPC), hospital care (86% WP and MPC), or urgent care (85% WP; 91% MPC). In the WP, members in the HMO program were less likely to have an easy time obtaining urgent care (77%) compared to either the PCCM (84%) or FFS (91%) members (p=.03). Finally, most found it easy to obtain medical supplies (83% WP, 92% MPC) but fewer members who needed home health care reported it to be easy to obtain (76% WP, 79% MPC).

**Transportation**

Non-emergency medical transportation (NEMT) is a service that is covered for traditional Medicaid members but is not covered for members in either the WP or the MPC. To evaluate the NEMT needs of IHAWP
members coming from IowaCare, the survey covered the following topics:

- Members’ mode for traveling to health care appointments
- How frequently members needed assistance traveling to health care appointments
- Unmet need for NEMT
- Member concern about costs associated with NEMT

Modes of transportation to health care appointments are provided in Figure 5-4. The majority of WP and MPC members drive or are driven to their health care appointments. More MPC members report driving themselves (80%) compared with WP members (60%) but more WP members report being driven by someone else (29%) than MPC members (16%). More WP members report using public transportation (7%) than MPC members (2%). Other forms of transportation such as a taxi, bike, or walking were reported by 4% of WP members and 2% of MPC members. The distribution of transportation mode across plans lends validity to our general findings, as we might expect that members of WP, with a lower percent FPL, would be less likely to drive themselves than members of MPC.

![Figure 5-4. How Iowa Wellness Plan and Marketplace Choice members most often get to their health care visits](image_url)

Figure 5-5 shows how often IHAWP members needed assistance from other sources to get to a health care visit. Significantly more WP members (26%) either ‘usually’ or ‘always’ needed assistance from other sources to get to their health care visit as compared to MPC members (13%).
Twenty percent of WP members reported there was a time since their enrollment in the WP when they could not get to a health care visit because of transportation problems which is significantly higher than reported by those enrolled in MPC (10%). And, there were differences among the three WP programs in the percentage of those who reported transportation as a barrier to obtaining health care with significantly fewer in the PCCM program (15%) reporting this issue compared to those in FFS (23%) or HMO (21%).

Figure 5-6 shows how worried IHAWP members were about their ability to pay for transportation to health care visits. Overall, about 28% of WP members were worried ‘somewhat’ or ‘a great deal’ about their ability to pay for NEMT and this is significantly (p<.001) different than reported by MPC members (19%). And, while there were no programmatic differences between the two MPC plans, there were significantly fewer (p=.002) members in the WP PCCM program (22%) who expressed such worry compared to those in either the FFS (33%) or HMO (31%) programs.
Costs Associated with the Iowa Health and Wellness Plans

As part of the IHAWP, there are two incentive/disincentive features that may pose additional costs to members. Beginning in the second year of enrollment, members may have to pay $8 each time they use an emergency room (ER) for a non-emergent condition. Additionally, if they do not get a physical exam in their first year, they may have to pay a $5 (WP) or $10 (MPC) per month premium in the second year. To evaluate the effect of these potential costs, the survey includes the following items:

- Level of worry about ability to pay for health care in general
- Awareness about the $8 fee for ER use
- Awareness about non-emergency conditions
- Effect of the $8 fee on ER use
- Awareness of the physical exam incentive
- Ease of obtaining a physical exam
- Potential barriers to obtaining a physical exam
- Effect of the potential premium

Overall Cost of Health Care

Member concern about health care costs since enrollment in the IHAWP were evaluated by asking how worried they were about their ability to pay for their health care. As shown in Figure 5-7, members in the WP and MPC were similarly worried about their ability to pay for their health care. About 32% of WP and 27% of MPC members reported being either ‘somewhat’ or ‘a great deal’ worried about their ability to pay for their health care. There were no programmatic differences within either the WP or the MPC regarding worry about health care costs.

![Figure 5-7. IHAWP member worry about ability to pay for their health care](image-url)
Emergency Room Fee

Enrollment materials sent to IowaCare members who transitioned to the IHAWP included information about the $8 fee for non-emergent ER use. Imposing a fee for non-emergent ER use was incorporated into the IHAWP to reduce inappropriate ER visits.

The WP materials included definitions and descriptions of medical conditions or situations that would be considered an emergency as well as those that would be considered urgent, but not life-threatening. The urgent care situation would be considered non-emergent and members were advised to call their PCP or HMO to get instructions about how to proceed. In the materials sent to CoOp plan members, there were also definitions and descriptions of medical conditions or situations that would be considered an emergency as well as those that would be considered a non-emergency. For non-emergent conditions, members were advised to first contact their regular doctor rather than seek care in the emergency room.

WP and MPC members were comparable with regard to their awareness about the ER fee and their perception of the effect an $8 fee would have on their use of an ER but significantly more MPC members than WP members reported ease of identifying a non-emergent condition (p<.001) (Figure 5-8). In summary:

- The majority of WP (87%) and MPC (88%) members reported that they did not know that they may have to pay an $8 fee in the second year of enrollment each time they used the emergency room for a non-emergent reason.

- Most MPC (84%) and WP (77%) members reported that they thought it would be either ‘somewhat’ or ‘very’ easy to know when their health condition would be considered an emergency.

- About 4 in 10 WP (41%) and MPC (38%) members reported that an $8 fee would prevent them from going to the ER when they had a health condition that could have been treated in their doctor’s office instead.

Figure 5-8. IHAWP member perceptions about the new ER use policies
Healthy Behaviors Incentive – Physical Exam

During the first year in the WP and MPC, members do not have to pay a monthly premium to remain enrolled. However, to encourage healthy behaviors, members are asked to get a physical exam sometime during their first year of enrollment and, if they do not, they may be required to pay a monthly premium ($5 per month for WP; $10 per month for MPC) in the second year of enrollment in order to maintain their health coverage. The survey included questions asking about: a) member awareness of the premium, b) their perception of the ease of obtaining a physical exam, c) barriers to obtaining a physical exam, and d) concern about ability to pay a monthly premium.

Awareness of the potential premium and perceived ease of obtaining a physical exam were comparable between WP and MPC members (Figure 5-9). The vast majority of members (89% WP, 90% MPC) were not aware that they may have to pay a monthly premium in the second year of the plan if they did not obtain a physical exam in the first year. However, most members (87% WP, 90% MPC) reported that it would be either ‘somewhat’ or ‘very’ easy for them to get a physical exam in the first year.

![Figure 5-9. IHAWP member perceptions about the healthy behaviors incentive policies](image)

Over half of the respondents (56% WP, 58% MPC) did not indicate any particular barriers to being able to obtain a physical exam. Table 5-1 lists the top five reported barriers that might prevent WP and MPC members from obtaining a physical exam in the first year of their health plan.

**Table 5-1. Top reasons for not obtaining a physical exam**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Wellness Plan</th>
<th>Marketplace Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsure where to get a physical exam</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Don’t believe they need a physical exam</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Hard to find transportation to doctor’s office</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>Don’t like getting a physical exam</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Hard to get an appointment at doctor’s office</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Regarding the potential hardship that a premium might impose on members, many IHAWP members reported that the proposed monthly premium would cause them worry (Figure 5-10). Over one-third (35%) of WP members and 40% of MPC members reported that they would be worried ‘somewhat’ or ‘a great deal’ if they had to pay a monthly premium ($5 for WP, $10 for MPC) to keep their health plan.

Figure 5-10. IHAWP member worry about having to pay a monthly premium for health care
Conclusions

This is the final report evaluating the IowaCare program because the program ceased to exist at the end of 2013. However, many IowaCare members were automatically transitioned into the new Medicaid expansion program called the IHAWP. Therefore, this final survey provided an opportunity to evaluate IowaCare members’ experiences with this transition and their early experiences with the IHAWP.

IowaCare members are an important group to consider with respect to their experiences with access to health care and ability to understand and comply with the new policies inherent in the IHAWP because they traditionally have been a population with limited financial resources and significant health problems. And, this fact remains. In this study, 1 of 3 of these former IowaCare members who transitioned into the WP reported their physical health to be ‘fair’ or ‘poor’ with 1 of 4 reporting their mental health to be ‘fair’ or ‘poor.’ Those who transitioned into the MPC were slightly better with 1 in 4 reporting ‘fair’ or ‘poor’ physical health and less than 1 in 5 reporting ‘fair’ or ‘poor’ mental health. Thus, this is a group of individuals who will have a great need for health care services.

The initial transition experiences of these members was, for the most part, positive. In general:

- Almost all members were aware about the changes to their IowaCare coverage (transition to IHAWP)
- The vast majority of all members found it easy to understand where they could go for health care using their new health plan.
- The vast majority of members had a primary care provider
- 1 in 4 WP members changed to a different primary care provider from the one to which they were assigned, mostly so they could go to a provider closer to where they live. Most thought it was easy to change providers
- Less than 1 in 4 MPC members changed private plans after their initial assignment; however, 14% were unsure if they changed to a different plan, which may indicate some confusion with the process.
- 1 in 3 WP and 1 in 5 MPC members reported needing help understanding how to change (PCP for WP and private plan for MPC) but the vast majority of those who did change found it easy to do so.

People changing health plans are normally concerned about finding a new personal doctor or maintaining continuity with their previous personal doctor. In this evaluation, we found that the percentage of members who reported having a personal doctor was higher after enrollment in the IHAWP (75% WP, 75% MPC) compared to when they were in IowaCare (57% WP, 64% MPC). This is a positive finding as given their significant health problems, it is critical that they identify a provider for their routine health care. However, with regard to whether or not they
were able to maintain the personal doctor relationship they had while in IowaCare, the findings are less clear. Less than half of those who were enrolled in the WP (40%) and a little over one half of those enrolled in the MPC (51%) kept the same personal doctor. While at first glance, this may suggest some discontinuity in care, it might also suggest greater accessibility to care because the IHAWP does not limit the primary care provider network to the eight IowaCare medical homes. Thus, former IowaCare members newly enrolled into an IHAWP plan might choose to change to a personal doctor closer to where they live and thereby experience better access to care.

With regard to health service utilization, the two types of services needed most by IHAWP members were prescription medications and routine health care. For most health services, the vast majority of members found it easy to obtain service using their new health plan, when needed. Those who reported needing mental health services or home health services had the most difficulty trying to obtain them.

Another area of particular interest when evaluating changes in health plans is how changes in cost or cost sharing might affect the member experience. We looked at three aspects of cost particular to the IHAWP: a) non-emergent medical transportation, b) new copayment fees for non-emergent use of the ER, and c) the potential for a monthly premium.

Non-emergency medical transportation (NEMT) is a service that is covered for traditional Medicaid members but is not covered for members in either the WP or the MPC plans of the IHAWP. NEMT was also not a covered service in IowaCare. In this evaluation, there was a pronounced difference between those who enrolled in the WP and MPC regarding the mode of transportation to appointments, the need for transportation to appointments, the unmet need for NEMT, and the perceived hardship of paying for the cost of NEMT. WP members were significantly more likely to be impacted by NEMT than MPC members. While these findings may be due to the income differential between these two groups, the results are interesting and may indicate a coverage need for certain populations. However, we cannot assess the actual impact of the lack of NEMT coverage because we do not have the ability to compare the transportation needs of the covered group (Medicaid members) to the experience of these IHAWP members. This assessment will occur following our next round of surveys for IHAWP and Medicaid members to be conducted in the Fall, 2014.

It was clear that even with the expanded coverage provided in the IHAWP options, a significant proportion of these former IowaCare members were still either ‘somewhat’ or ‘a great deal’ worried about their ability to pay for their health care (32% WP, 27% MPC). And, members awareness of the two cost-sharing provisions (the fee for non-emergent ER use and the potential for a monthly premium if they do not obtain a physical exam) was extremely low.

With regard to ER use, the majority of both WP (77%) and MPC (84%) members felt that it would be easy for them to know when their health condition would be considered an emergency, most (59% WP, 62%
MPC) reported that an $8 fee would not deter them from going to the emergency room when they had a health condition that could be treated in their doctor’s office instead. It may be that other policy options (such as higher use fees, more education for providers and patients about non-ER options, incentivizing expanded doctor’s office hours) may need to be considered to have an impact on reducing inappropriate ER use.

Finally, most members (89% of WP and 90% of MPC) did not know that they may have to pay a monthly premium in the second year of their health plan if they did not obtain a physical exam during their first year in the plan. And, over one-third of each group reported that it would worry them ‘somewhat’ or ‘a great deal’ if they had to pay a monthly premium ($5 for WP and $10 for MPC) to maintain their health plan coverage. However, the vast majority of these members (87% for WP, 90% for MPC) felt that it would be easy for them to obtain a physical exam in the first year and thus be able to avoid having to pay a monthly cost for their health care coverage. This may suggest that having a health behavior incentive may work for these individuals and that a physical exam as one of the behaviors is an obtainable option for most people. However, it is also clear that to help this vulnerable population avoid the potential hardship of these cost-sharing provisions, it will be important to make sure that new members into the IHAWP are educated about and aware of these provisions so that they can be informed about potential consequences of their health care choices.

3 Enrollees will also have to complete a health risk assessment during the first year to avoid having to pay a premium, however this was not asked about in the survey.
Appendices

A. Comparison of IHAWP and IowaCare benefits
B. Survey Instruments
C. Respondent Comments
Appendix A
Health and Wellness Plan Comparison to IowaCare
<table>
<thead>
<tr>
<th>Benefits</th>
<th>IowaCare Program FPL 0-200%</th>
<th>Iowa Health and Wellness Plan Wellness Plan: FPL 0-100%</th>
<th>Marketplace Choice Plan: FPL 101-133%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program enrollment closed</td>
<td></td>
<td>Program enrollment begins October 1, 2013</td>
<td>Program enrollment begins October 1, 2013</td>
</tr>
<tr>
<td>Ambulatory Patient Services</td>
<td>Only Covered from IowaCare Providers</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>• Physician Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Emergency Room Only Covered from</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>• Emergency Room</td>
<td>Limited IowaCare Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ambulance</td>
<td>Ambulance Not Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalization</td>
<td>Only covered from Limited IowaCare</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Services</td>
<td>Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder</td>
<td>Not Covered</td>
<td>Covered Services provided by the Iowa Plan</td>
<td>Covered</td>
</tr>
<tr>
<td>Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitative and Habilitative Services</td>
<td>Not Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>• Physical Therapy</td>
<td>(60 visits covered annually for each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Occupational Therapy</td>
<td>therapy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Speech Therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Services</td>
<td>Only Covered from IowaCare Providers</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>• X-Rays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lab Tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive and Wellness Services</td>
<td>Only Covered from IowaCare Providers</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Not Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Dental</td>
<td>Not Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
</tbody>
</table>

The Iowa Health and Wellness Plan offers comprehensive benefits to members. The plan covers a wide range of medical services, without limits on amount of care received.
<table>
<thead>
<tr>
<th>Provider Network</th>
<th>IowaCare Program FPL 0-200%</th>
<th>Iowa Health and Wellness Plan FPL 0-100%</th>
<th>Marketplace Choice Plan: FPL 101-133%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enrollment closed IowaCare coverage ends December 31, 2013</td>
<td>Program enrollment begins October 1, 2013 Coverage begins January 1, 2014</td>
<td>Program enrollment begins October 1, 2013 Coverage begins January 1, 2014</td>
</tr>
<tr>
<td><strong>Physician and Primary Care</strong></td>
<td>IowaCare Providers Only&lt;br&gt;- Broadlawns Medical Center&lt;br&gt;- University of Iowa Hospitals and Clinics&lt;br&gt;- 6 Federally Qualified Health Centers</td>
<td>Statewide Medicaid Provider Network&lt;br&gt;- Includes providers in local communities</td>
<td>Statewide Commercial Health Plan Network&lt;br&gt;- Includes providers in local communities</td>
</tr>
<tr>
<td><strong>Hospitalization</strong></td>
<td>IowaCare Providers Only&lt;br&gt;- Broadlawns Medical Center&lt;br&gt;- University of Iowa Hospitals and Clinics&lt;br&gt;- 6 Federally Qualified Health Centers</td>
<td>Statewide Medicaid Provider Network&lt;br&gt;- Includes hospitals in local communities</td>
<td>Statewide Commercial Health Plan Network&lt;br&gt;- Includes hospitals in local communities</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>IowaCare Providers Only&lt;br&gt;- Broadlawns Medical Center&lt;br&gt;- University of Iowa Hospitals and Clinics&lt;br&gt;- 6 Federally Qualified Health Centers</td>
<td>Statewide Medicaid Provider Network&lt;br&gt;- Includes emergency room/hospitals in local communities</td>
<td>Statewide Commercial Health Plan Network&lt;br&gt;- Includes emergency room/hospitals in local communities</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Not Covered by IowaCare</td>
<td>Statewide Medicaid Provider Network&lt;br&gt;- Includes pharmacies in local communities</td>
<td>Statewide Commercial Health Plan Network&lt;br&gt;- Includes pharmacies in local communities</td>
</tr>
<tr>
<td><strong>Other Medical Services</strong></td>
<td>IowaCare Providers Only&lt;br&gt;- Broadlawns Medical Center&lt;br&gt;- University of Iowa Hospitals and Clinics&lt;br&gt;- 6 Federally Qualified Health Centers</td>
<td>Statewide Medicaid Provider Network&lt;br&gt;- Includes providers in local communities</td>
<td>Statewide Commercial Health Plan Network&lt;br&gt;- Includes providers in local communities</td>
</tr>
</tbody>
</table>

Members of the Iowa Health and Wellness Plan will have access to a statewide group of providers. Members will be able to visit providers, hospitals and pharmacies in their local community.
### Out-of-Pocket Costs

<table>
<thead>
<tr>
<th></th>
<th>IowaCare Program (FPL 0-200%)</th>
<th>Iowa Health and Wellness Plan (Wellness Plan: FPL 0-100%)</th>
<th>Marketplace Choice Plan (FPL 101-133%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment closed</td>
<td>IowaCare coverage ends December 31, 2013</td>
<td>Program enrollment begins October 1, 2013 Coverage begins January 1, 2014</td>
<td>Program enrollment begins October 1, 2013 Coverage begins January 1, 2014</td>
</tr>
<tr>
<td>Copayments</td>
<td>$1-3 for various services Required to pay out-of-pocket for many services not covered by IowaCare program</td>
<td>None, except for $10 for using the Emergency Room when it is not a medical emergency</td>
<td>None, except for $10 for using the Emergency Room when it is not a medical emergency</td>
</tr>
<tr>
<td>Monthly Contributions</td>
<td>Monthly contributions for some members</td>
<td>No monthly contribution for the first year No contributions after the first year if the member Healthy Behavior activities Only for adults with income greater than 50% of the Federal Poverty Level</td>
<td>No monthly contribution for the first year No contributions after the first year if the member Healthy Behavior Activities Only for adults with income greater than 50% of the Federal Poverty Level</td>
</tr>
<tr>
<td>Out-of-Pocket Spending Limit</td>
<td>Cannot exceed 5% of income</td>
<td>Cannot exceed 5% of income</td>
<td>Cannot exceed 5% of income</td>
</tr>
</tbody>
</table>

### Healthy Behaviors

<table>
<thead>
<tr>
<th></th>
<th>IowaCare Program (FPL 0-200%)</th>
<th>Iowa Health and Wellness Plan (Wellness Plan: FPL 0-100%)</th>
<th>Marketplace Choice Plan (FPL 101-133%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment closed</td>
<td>IowaCare coverage ends December 31, 2013</td>
<td>Program enrollment begins October 1, 2013 Coverage begins January 1, 2014</td>
<td>Program enrollment begins October 1, 2013 Coverage begins January 1, 2014</td>
</tr>
<tr>
<td>First Year (2014)</td>
<td>Not Applicable</td>
<td>Complete Wellness Exam Complete Health Risk Assessment</td>
<td>Complete Wellness Exam Complete Health Risk Assessment</td>
</tr>
<tr>
<td>Second Year and Beyond (2015 and Beyond)</td>
<td>Not Applicable</td>
<td>Complete a set number of healthy activities</td>
<td>Complete a set number of healthy activities</td>
</tr>
<tr>
<td>If Healthy Behaviors Are Completed:</td>
<td>Not Applicable</td>
<td>No monthly contributions required to be paid by member</td>
<td>No monthly contributions required to be paid by member</td>
</tr>
</tbody>
</table>
Appendix B
Survey Instruments
The IowaCare program ended for all members on December 31, 2013. IowaCare was replaced by the Iowa Wellness Plan for some people.

It is our understanding that you are now in the Iowa Wellness Plan. Is that right?

1. Yes → Please continue.
2. No → You can stop here. Please return the survey in the enclosed envelope.
3. Not Sure → Please continue.

This survey is being conducted by the Public Policy Center at the University of Iowa. It asks about your experiences changing from the IowaCare program to the Iowa Wellness Plan. This information will give policymakers an idea of how well these programs are meeting your needs and how things can be improved.

If you have any questions or comments, please contact:

Erin Shane  
Public Policy Center  
814 Jefferson Building  
University of Iowa  
Iowa City, IA 52242  
Toll-free 1-866-363-1984

When you have finished this survey, please 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.

Spring 2014
We would like to ask you about your experiences when changing from the IowaCare program to the Iowa Wellness Plan.

**CHANGING TO IOWA WELLNESS PLAN**

2. What is today’s date? ______________

3. How did you first find out that you were in the Iowa Wellness Plan?
   - [ ] Letter from the Iowa Department of Human Services (DHS)
   - [ ] Enrollment packet from my new health plan
   - [ ] From my doctor’s office
   - [ ] Phone call I made to DHS
   - [ ] I was never told about any changes to my IowaCare coverage
   - [ ] Other (write in) ______________________________

As part of the Wellness Plan, you were automatically enrolled with either a Primary Care Provider (PCP) or an HMO.

A PCP may be a physician, nurse practitioner, rural health clinic, or federally qualified health center.

4. Since joining the Wellness Plan have you tried to change to a different PCP?
   - [ ] Yes
   - [ ] No → Go to Question 11

5. Why did you change to a different PCP? (Choose all that apply)
   - [ ] I wanted to stay with the PCP I had in IowaCare
   - [ ] I wanted a PCP closer to where I live
   - [ ] Other (write in) ______________________________

6. How easy was it to change to a different PCP?
   - [ ] Very easy
   - [ ] Somewhat easy
   - [ ] Somewhat hard
   - [ ] Very hard

7. Did you need help understanding how to change to a different PCP?
   - [ ] Yes
   - [ ] No → If No, go to Question 11

8. How easy was it to understand where you could get help with changing to a different PCP?
   - [ ] Very easy
   - [ ] Somewhat easy
   - [ ] Somewhat hard
   - [ ] Very hard
9. Where was the main place you went to for help on how to change PCPs? (Please select only one)

1. DHS caseworker
2. The HMO helpline
3. The DHS (state Medicaid) helpline
4. The federal helpline
5. Doctor’s office or hospital
6. Other (write in) ______________________________

10. Did they provide the help in switching PCPs you thought you needed?

1. Yes
2. No
3. Don’t Know/Not Sure

11. Regarding the written materials you got from your Iowa Wellness Plan, please rate how well they explained how the new plan works.

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

12. How easy is it to understand where you can now go for health care with your Iowa Wellness Plan?

1. Very easy
2. Somewhat easy
3. Somewhat hard
4. Very hard

13. Did you have a personal doctor when you were enrolled in the IowaCare program?

1. Yes
2. No → If No, go to Question 16

14. Did you ever visit your IowaCare personal doctor to get health care for yourself in 2013?

1. Yes
2. No → If No, go to Question 16

15. 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 IowaCare personal doctor?

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

PERSONAL DOCTOR

The next three questions refer to when you were enrolled in IowaCare.

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.

13. Did you have a personal doctor when you were enrolled in the IowaCare program?

1. Yes
2. No → If No, go to Question 16

14. Did you ever visit your IowaCare personal doctor to get health care for yourself in 2013?

1. Yes
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   1\[ ] Yes
   2\[ ] No → If No, go to Question 21

17. In the Iowa Wellness Plan, do you have the same personal doctor as you had when you were in IowaCare?
   1\[ ] Yes → If Yes, go to Question 21
   2\[ ] No

18. In the Iowa Wellness Plan, how easy was it to find a new personal doctor?
   1\[ ] Very easy
   2\[ ] Somewhat easy
   3\[ ] Somewhat hard
   4\[ ] Very hard

19. Since your enrollment in the Iowa Wellness Plan, have you visited your personal doctor to get health care for yourself?
   1\[ ] Yes
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20. 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 current personal doctor?
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   02\[ ] 2
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   05\[ ] 5
   06\[ ] 6
   07\[ ] 7
   08\[ ] 8
   09\[ ] 9
   10\[ ] 10  Best doctor possible

Please continue to the next page.
21. The next questions ask about different types of health care that you might have needed since joining the Iowa Wellness Plan and if you were able to receive the care you needed.

For each service below, please circle one response to tell us how easy it has been for you to receive care using your new Iowa Wellness plan.

Since joining the Iowa Wellness Plan, if you have needed any of the following types of health care, how easy was it for you to get the care you needed?

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TRANSPORTATION

22. When you need to get health care, what is the type of transportation you use most often to get to your visit?

1. I drive myself, using my own vehicle
2. Someone else (such as a friend, neighbor, or family) drives me, using my own vehicle
3. Someone else (such as a friend, neighbor, or family) drives me, using their vehicle
4. I take a taxi cab
5. I take public transportation (such as a bus or government-provided transit)
6. Other (write in)

23. How often do you need assistance from other sources (such as friends, family, public transportation, etc.) to get to your health care visit?

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

24. Since your enrollment in the Iowa Wellness Plan, was there any time when you could not get to a health care visit because of transportation problems?

1. Yes
2. No

25. Since your enrollment in the Iowa Wellness Plan, how much, if at all, have you worried about your ability to pay for the cost of transportation to or from a health care visit?

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

COSTS FOR YOUR IOWA WELLNESS PLAN

26. Since your enrollment in the Iowa Wellness Plan, how much, if at all, have you worried about your ability to pay for your health care?

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

As part of your Iowa Wellness Plan coverage, you may have to pay $8 each time you use an emergency room for a non-emergency condition beginning next year (i.e., 2015).

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

27. Did you know that you may have to pay an $8 fee anytime you use the emergency room when your health condition is not an emergency beginning next year (i.e., 2015)?

1. Yes
2. No
28. How easy do you think it would be to know when your health condition would be considered an emergency?

1□ Very easy  
2□ Somewhat easy  
3□ Somewhat hard  
4□ Very hard

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

1□ Yes  
2□ No

During your first year in the Wellness Plan, you will not have to pay any monthly premium. However, you are required to get a physical exam at some point this year or you may have to pay a premium of $5 per month next year (depending on your income).

30. Did you know you may have to pay a premium next year if you do not get a physical exam this year?

1□ Yes  
2□ No

31. How easy do you think it will be to get a physical exam this year?

1□ Very easy  
2□ Somewhat easy  
3□ Somewhat hard  
4□ Very hard

32. Do you think any of the following would keep you from getting a physical exam this year? (Choose all that apply)

1□ I am not sure where to go to get a physical exam  
2□ It is hard to get an appointment for a physical exam from my doctor  
3□ Getting transportation to my doctor’s office is hard  
4□ I don't like getting a physical exam  
5□ I don't believe I need a physical exam  
6□ Other (write in)  
____________________________  
____________________________  
7□ None of the above would keep me from getting a physical exam this year

33. How much would it worry you if you had to pay $5 per month for your new health plan?

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

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

1□ Excellent  
2□ Very good  
3□ Good  
4□ Fair  
5□ Poor
35. In general, how would you rate your overall mental or emotional health?
1 □ Excellent
2 □ Very good
3 □ Good
4 □ Fair
5 □ Poor

36. What is your age?
1 □ 18 to 24
2 □ 25 to 34
3 □ 35 to 44
4 □ 45 to 54
5 □ 55 to 64

37. Are you male or female?
1 □ Male
2 □ Female

38. 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

39. What is your race? Check all that apply
1 □ White
2 □ Black or African American
3 □ Latino or Hispanic
4 □ Asian
5 □ Native Hawaiian or Other Pacific Islander
6 □ American Indian or Alaska Native
7 □ Other (write in) ________________

40. Did someone help you complete this survey?
1 □ Yes
2 □ No → Go to Comments

41. How did that person help you? Check all that apply.
1 □ Read the questions to me
2 □ Wrote down the answers I gave
3 □ Answered the questions for me
4 □ Translated the questions into my language
5 □ Helped in some other way (write in) ________________

Tell us anything else you want to share about your experience changing from the IowaCare health plan to your Iowa Wellness Plan.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

THANK YOU! Please return the completed survey in the postage-paid envelope.
The IowaCare program ended for all members on December 31, 2013. IowaCare was replaced by the Marketplace Choice Plan for some people.

It is our understanding that you are now in the Marketplace Choice Plan. Is that right?

1☐ Yes → Please continue.
2☐ No → You can stop here. Please return the survey in the enclosed envelope.
3☐ Not Sure → Please continue.

This survey is being conducted by the Public Policy Center at the University of Iowa. It asks about your experiences changing from the IowaCare program to Marketplace Choice. This information will give policymakers an idea of how well these programs are meeting your needs and how things can be improved.

If you have any questions or comments, please contact:

Erin Shane
Public Policy Center
814 Jefferson Building
University of Iowa
Iowa City, IA 52242
Toll-free 1-866-363-1984

When you have finished this survey, please 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.

Spring 2014
We would like to ask you about the process you went through when changing from the IowaCare program to Marketplace Choice.

**CHANGING TO MARKETPLACE CHOICE**

2. What is today’s date? _____________

3. How did you first find out that you were in Marketplace Choice?
   
   1 [ ] Letter from the Iowa Department of Human Services (DHS)
   
   2 [ ] Enrollment packet from my new health plan
   
   3 [ ] From my doctor’s office
   
   4 [ ] Phone call I made to DHS
   
   5 [ ] I was never told about any changes to my IowaCare coverage
   
   6 [ ] Other (write in) ______________________________

As part of Marketplace Choice, you were automatically enrolled in either the Coventry or CoOportunity Health plan.

4. Did you stay in the plan in which you were first enrolled or did you choose a different plan?

   1 [ ] I was originally enrolled in Coventry and am currently in Coventry. → Go to Question 11

   2 [ ] I was originally enrolled in CoOportunity and am currently in CoOportunity → Go to Question 11

   3 [ ] I was originally enrolled in Coventry but am currently in CoOportunity.

   4 [ ] I was originally enrolled in CoOportunity but am currently in Coventry.

   5 [ ] I’m not sure. → Go to Question 11

5. Why did you change your health plan? *(Choose all that apply)*

   1 [ ] My doctor was in the plan that I wanted

   2 [ ] The doctors in the plan that I wanted were closer to where I live

   3 [ ] My hospital was in the plan that I wanted

   4 [ ] The original plan in which I was enrolled was difficult to work with

   5 [ ] Other (write in) ______________________________

   ______________________________

6. How easy was it to change to a different health plan?  

   1 [ ] Very easy

   2 [ ] Somewhat easy

   3 [ ] Somewhat hard

   4 [ ] Very hard

7. Did you need help understanding how to change to a different health plan?  

   1 [ ] Yes

   2 [ ] No → If No, go to Question 11

8. How easy was it to understand where you could get help with changing to a different health plan?  

   1 [ ] Very easy

   2 [ ] Somewhat easy

   3 [ ] Somewhat hard

   4 [ ] Very hard
9. Where was the main place you went to for help? *(Please select only one)*

   2. ☐ DHS caseworker  
   3. ☐ CoOportunity Health  
   4. ☐ Coventry Health Care  
   5. ☐ The DHS (state Medicaid) helpline  
   6. ☐ The federal helpline  
   7. ☐ Doctor’s office or hospital  
   8. ☐ Other (write in)  

10. Did they provide the help in switching plans you thought you needed?  
    1. ☐ Yes  
    2. ☐ No  
    3. ☐ Don’t Know/Not Sure  

11. Regarding the written materials you got from your current Marketplace Choice Plan, please rate how well they explained how the new plan works.  
    1. ☐ Excellent  
    2. ☐ Very good  
    3. ☐ Good  
    4. ☐ Fair  
    5. ☐ Poor  

12. How easy is it to understand where you can now go for health care with your Marketplace Choice Plan?  
    1. ☐ Very easy  
    2. ☐ Somewhat easy  
    3. ☐ Somewhat hard  
    4. ☐ Very hard  

13. Did you have a personal doctor when you were enrolled in the IowaCare program?  
    1. ☐ Yes  
    2. ☐ No → If No, go to Question 16  

14. Did you ever visit your IowaCare personal doctor to get health care for yourself in 2013?  
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15. 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 IowaCare personal doctor?  
    1. ☐ 0  Worst doctor possible  
    2. ☐ 1  
    3. ☐ 2  
    4. ☐ 3  
    5. ☐ 4  
    6. ☐ 5  
    7. ☐ 6  
    8. ☐ 7  
    9. ☐ 8  
    10. ☐ 9  
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16. Do you have a personal doctor now?
   1  Yes
   2  No → If No, go to Question 21

17. In your Marketplace Choice Plan, do you have the same personal doctor as you had when you were in IowaCare?
   1  Yes → If Yes, go to Question 21
   2  No

18. In your Marketplace Choice Plan, how easy was it to find a new personal doctor?
   1  Very easy
   2  Somewhat easy
   3  Somewhat hard
   4  Very hard

19. Since your enrollment in your Marketplace Choice Plan, have you visited your personal doctor to get health care for yourself?
   1  Yes
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20. 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 current personal doctor?
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   03 3
   04 4
   05 5
   06 6
   07 7
   08 8
   09 9
   10 10  Best doctor possible

Please continue to the next page.
21. The next questions ask about different types of health care that you might have needed since joining your Marketplace Choice Plan and if you were able to receive the care you needed.

For each service below, please circle one response to tell us how easy it has been for you to receive care using your new Marketplace Choice Plan.

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22. When you need to get health care, what is the type of transportation you use most often to get to your visit?

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________________________________________________________________________

23. How often do you need assistance from other sources (such as friends, family, public transportation, etc.) to get to your health care visit?

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

24. Since your enrollment in your Marketplace Choice Plan, was there any time when you could not get to a health care visit because of transportation problems?

1. Yes
2. No

25. Since your enrollment in your Marketplace Choice Plan, how much, if at all, have you worried about your ability to pay for the cost of transportation to or from a health care visit?

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

COSTS FOR YOUR MARKETPLACE CHOICE PLAN

26. Since your enrollment in your Marketplace Choice Plan, how much, if at all, have you worried about your ability to pay for your health care?

1. Not at all
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4. A great deal

As part of your Marketplace Choice Plan, you may have to pay $8 each time you use an emergency room for a non-emergency condition beginning next year (i.e., 2015).

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

27. Did you know that you may have to pay an $8 fee anytime you use the emergency room when your health condition is not an emergency beginning next year (i.e., 2015)?

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

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

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

1️⃣ Yes
2️⃣ No

During your first year in the Marketplace Choice Plan, you will not have to pay any monthly premium. However, you are required to get a physical exam at some point this year or you may have to pay a premium of $10 per month next year.

30. Did you know you may have to pay a premium next year if you do not get a physical exam this year?

1️⃣ Yes
2️⃣ No

31. How easy do you think it will be to get a physical exam this year?

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2️⃣ Somewhat easy
3️⃣ Somewhat hard
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32. Do you think any of the following would keep you from getting a physical exam this year? (Choose all that apply)

1️⃣ I am not sure where to go to get a physical exam
2️⃣ It is hard to get an appointment for a physical exam from my doctor
3️⃣ Getting transportation to my doctor’s office is hard
4️⃣ I don’t like getting a physical exam
5️⃣ I don’t believe I need a physical exam
6️⃣ Other (write in)

7️⃣ None of the above would keep me from getting a physical exam this year

33. How much would it worry you if you had to pay $10 per month for your new health plan?

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

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

1️⃣ Excellent
2️⃣ Very good
3️⃣ Good
4️⃣ Fair
5️⃣ Poor
35. In general, how would you rate your overall mental or emotional health?
   1 □ Excellent
   2 □ Very good
   3 □ Good
   4 □ Fair
   5 □ Poor

36. What is your age?
   1 □ 18 to 24
   2 □ 25 to 34
   3 □ 35 to 44
   4 □ 45 to 54
   5 □ 55 to 64

37. Are you male or female?
   1 □ Male
   2 □ Female

38. 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 or higher
   6 □ More than 4-year college degree

39. What is your race? Check all that apply
   1 □ White
   2 □ Black or African American
   3 □ Latino or Hispanic
   4 □ Asian
   5 □ Native Hawaiian or Other Pacific Islander
   6 □ American Indian or Alaska Native
   7 □ Other (write in) ____________________________

40. Did someone help you complete this survey?
   1 □ Yes
   2 □ No → Go to Comments

41. How did that person help you? Check all that apply.
   1 □ Read the questions to me
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      (write in) ____________________________

Please tell us anything else you want to share about your experience changing from the IowaCare health plan to your Marketplace Choice Plan.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

THANK YOU! Please return the completed survey in the postage-paid envelope.
## Appendix C
### Respondent Comments: Member Perspectives about their Enrollment into the Marketplace Choice Plan and the Iowa Wellness Plan

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**Part 1A. Satisfied with New Plan: Marketplace Choice Members**

It has been very beneficial to my health that the Marketplace Choice Plan covers durable medical equipment. I think having insulin pump coverage makes it easier for me to be healthy and work on improving my life and work more.

At this point in my life I am extremely happy this is available to us. My husband has been out of work 4.5 years now and we both are having health concerns. Thank you very much.

I’m glad that I finally have a plan where I can go to the doctor if needed otherwise I couldn't afford to go to the doctor. I just wish I could get my eyes examined and go to the dentist.

It’s been a very good experience having chiropractor coverage is a plus for me as I like to have adjustments for my health and wellbeing. I just wish they would cover my prescription for [DRUG] as it works to control my seizures even if it's an "old drug".

Actually it works great. You can choose a doctor close to your home.

So far very pleased.

It is a great plan. I hope others that need it will get enrolled.

I am glad to have this care and everything is comfortable for me. I like and want the same care in the days to come.

I am glad IowaCare is no longer around here, if a person can't afford insurance they can't afford the drive to [CITY] and pay for parking.

So far it seems like a good plan. I haven’t had any problems with them paying for my health care.

Very happy about the added dental coverage in May!

So far I haven’t had any difficulty with this insurance. When on Iowa Care sometimes I could not afford my medication.

I had a colonoscopy in [DATE]. Been pretty easy process. Looking very forward to having [INSURANCE PLAN] since 2 teeth broke off and they hurt. I so much appreciate this health care provided. Thanks.

I am very thankful to have health insurance.

Now I get helped with prescripts which I didn't before. Sometimes I could not get my needed meds before.

Was very happy when I didn't have to pay anything for my prescriptions. Love this insurance plan! ([INSURANCE PLAN]).

It is nice not having to pay for office calls and medicines and being able to go to doctor when needed.

It has been a relief having this. I can now get care close to home. Thank you.

Had no problems. I had a choice if I enrolled by a certain date and I chose [HEALTH PLAN]. Have already seen my new doctor during the first week of January 2014, and he gave me a physical, colonoscopy scheduled at end of January 2014. All is well.

I like the Marketplace Choice plan better than IowaCare, it is a more flexible plan.

The IowaCare health plan I had did not cover doctor visits, medicine etc. I now can address my health problems and take the proper steps to become healthier, I could not afford doctors, medicine, etc. before this new health plan, which does pay for their things and I am very grateful. I’ll tell you, I don’t like Obama, but I didn’t really have any health care before and now I do, and I am thankful.

I am grateful I don’t have to drive to [CITY], you are just a number up there.

I don’t know what I would do without this health care! Thank you for being available to me.
I have a non-related personal doctor that I paid out of pocket due to no health insurance. They helped me apply for this program. Although I haven't used the program much, I am very pleased about everything I have read.

Really appreciate this being available to me. One of my biggest stresses in life are medical bills. I have a lot of debt due to medical expenses before I had coverage. I had a ruptured disc in my back and had to have injections, MRI and eventually surgery. Also many doc visits and specialists visits. What I would have given to have coverage during all of that. But very thankful, blessed and appreciative to have it now. Thank you!

I am very pleased with the Marketplace Choice Plan. I feel as though I finally have an equal chance to quality care. I'd like to thank my state for showing they care for the under insured Iowans.

I was able to get treatment for my [DISEASE] and I couldn’t afford it before.

I feel that now I can have a health plan. I have a better outlook on my health. Thank you for that.

So far it's been great and very helpful. There are some minor things that they could work on and that's explaining a little more about it and how it all works.

My experience has been good and I appreciate getting health care while I am attending college.

Very pleased that I can get medical assistance from a walk in clinic I use to go to before I got IowaCare and could only go to [CLINIC]. Only complaint with [CLINIC] was frequent doctor changes. And wait time to get appointments 2 to 3 weeks out!

I think it is very good. And the doctors are all very nice also.

I love it, thanks.

Easy process and works with my primary ins.

Getting medications has become much easier.

Much easier choosing a doctor. One that is closer to where I live.

I am really happy about this health care. I feel I can finally get the care I need.

Overall, I have been very happy with [INSURANCE PLAN].

Works great for me.

Thanks for giving us this opportunity.

My only problem in getting health care was no dental coverage at first. I was able to later get emergency dental coverage for [HOSPITAL]. I did have to change my pharmacy, because they didn't accept the prescription coverage with this insurance. I do not go to the emergency room unless I have no other possibilities to be seen; or I am certain it may be life/death! So far, I am happy with my experience; but, I know others who are not at all.

I only use it once to see a specialist. It took 15 min to wait to program everything in their computer. Other than that it's okay so far.

I was very nervous about changing health plans. But all of those involved made it much easier than I thought it would be.

Thank you.

I am very satisfied. Thank you.

Thanks for everything and for care about me.

Much better coverage.

I am happy with the medical coverage I now have, I can now get the medicine and care I need for my diabetes, where before at times it had gone untreated.
I was impressed when I could get my medication without any co-pays and it came within a couple of days of being ordered from the pharmacy at the [HOSPITAL] in [CITY]. It came through the mail to my city come 90 miles away.

Very pleased so far.

I and my husband are very happy with the change. Happy to be back at our doctor and clinic. We both disliked IowaCare because of this. No more [CLINIC]. Yay!

Very happy this medical can be used in this areas and I can get prescription help. Thank you.

Very happy with this medical plan that I can get prescriptions and app locally and now dental also! Thank you.

IowaCare health is good plan.

It's been nice to be able to get an appt. in a timely manner and not have to wait 3 months for appt. or go to walk-in clinic and see a different doctor every time you're sick.

Frankly I think Marketplace is a blessing, IA Care was good because I couldn’t afford health care at least I had something I count on, but now I can go pretty much where I want, that’s a blessing.

Very pleased with it! Thanks.

Marketplace Choice plan is a great program for me because with this I can be treated with my family doctor, which was impossible for IowaCare health plan.

I believe I made a good choice.

I think everything is good.

Great health plan!

Love it!

[INSURANCE PROVIDER] is 100% better plan. I love it and won’t change it. IowaCare sucks.

It’s ok so far.

Great coverage and prescription benefits very pleased with doctors, care and coverage. I don’t have to worry about financial part of getting health care.

I haven’t even used it yet. I haven't had insurance for 20 years! Thank you! Hopefully, I get a physical!

I like the Marketplace Choice Plan, better than the IowaCare, it helps me with a lot of my meds and other appoint’s.

Very grateful that I have better coverage since I cannot afford health care. Thank you Mr. President Obama!

I feel confident that I now will be able to get the health care I need.

Thank you it made my life and health care faster especial at my age.

Not a problem.

I am very pleased with the switch. I have a doctor now and I can afford it. Thank you.

Very pleased with my plan and grateful for the affordability for my family.

Marketplace choice plan is very important to me right now since without it I would not be able to have a health insurance; keep up the good work.

Changing from IowaCare Health Plan to Marketplace Choice Plan is the best thing that ever happened to me. Insurance wise. Right now, I don’t have to pay for my prescriptions. I have been out of job for 1 year plus. So I am glad for this new plan.

I really enjoy it very much, because I didn’t want to get Obama Care. That I DON’T really want.

A lot better plan.
I used pharmacy at [LOCATION], [CITY] to get prescription filled by a local dentist (visit referred by free clinic). I didn't have to pay for prescription. I was very happy for I ride a bus and would have to back to free clinic OR have [HOSPITAL] doctor rewrite prescription to be filled at their contract provider [PHARMACY]. I was already in pain and just wanted to go home. The [INSURANCE PLAN] made filling prescription very easy without hassles of taking couple of bus and waiting time as well. Thank you! Thank you!

I like this plan. It is not bad. I convinced couple of friends to change on this plan.

It's helped me a lot. I don't try to play doctor, I go to [CLINIC] when I'm not feeling well. I'm thankful to have this insurance. Thank you. Sorry for the delay.

Thank you for the health care.

Just want to thank you for your watching out for those of us who have worked hard all our lives but fall through the cracks.

So far I like the new Marketplace Choice Plan. Thanks!

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<tr>
<td>Great Job Obama!</td>
</tr>
<tr>
<td>Thank you!</td>
</tr>
<tr>
<td>Thank you.</td>
</tr>
<tr>
<td>Overall I think that the Iowa Wellness Plan has been just as good as IowaCare Program; so far I haven't had anything to complain about.</td>
</tr>
<tr>
<td>I think Iowa Wellness Plan is much better and I hope this program can help many people's need to get health care providers, to my concerns I am very happy with this program. All I can say is &quot;THANKS&quot;.</td>
</tr>
<tr>
<td>Very good experience keep up the good job.</td>
</tr>
<tr>
<td>I wasn't sure I had Iowa Wellness Plan continued but makes me feel better knowing that I have coverage and would be great with having an exam this year.</td>
</tr>
<tr>
<td>So far, I am satisfied with this new plan.</td>
</tr>
<tr>
<td>Nothing I think it's great.</td>
</tr>
<tr>
<td>Thank you, very helpful!</td>
</tr>
<tr>
<td>It's a miracle that it costs so little, free eye and dental. Also, free prescriptions.</td>
</tr>
<tr>
<td>I think both of the plans are excellent in saving my life. I would be a terrible mess without it. Thank you very much.</td>
</tr>
<tr>
<td>I get appointments faster instead waiting for 2 months for one. Been paying most meds instead of me paying out of my pocket. Iowa Wellness is so far a lot better.</td>
</tr>
<tr>
<td>At this point in time I am pleased with this plan. I do not object to paying $5.00 or $8.00 for a co-pay.</td>
</tr>
<tr>
<td>I like Iowa Wellness better.</td>
</tr>
<tr>
<td>Thank you!</td>
</tr>
<tr>
<td>It's all good, thank you.</td>
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<tr>
<td>It's just nice to know now the help I'm getting now will help me more than ever! Because right now I'm not working cause caring for our mother full time for about a year now. This new health care I'll do a lot better taking care of me too! This new care I hope I don't have to pay for everything like I did with the old care and didn't go back anymore cause of bills I had to pay out, cause I had to pay for my meds other x-rays things like</td>
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that so I stop seeing doctor. Thanks now I hope I can get my health back where it needs to be so I can live longer and be there for my family and daughter and grandkids.

I am very thankful for the Iowa Wellness Plan, because it will really help me get my health care easy because of my income.

Very good, I have no money so this is the best thing in the world. I need glasses and can't afford them. Is there vision care?

I think this is good insurance. I can used anywhere in Iowa. It is better insurance than others. I thank you.

So far really like the plan. Dental is a little different on how the plan works but like that I can go to doctor I want to.

The new Iowa Wellness Plan has made it easier for both my wife and I to get medical treatments as needed.

I didn't have any health insurance for 6 years. I am very happy to have this coverage now.

I am very happy to be on this program. It keeps me from worrying about getting health care.

It's wonderful compared to before.

Like Iowa Wellness Plan better than IowaCare.

Wellness Plan is way better than IowaCare.

I am very happy. I am finally able to get my prescription medications that I needed that I could not afford on my own.

I am a very grateful person to have the help from IowaCare Health Plan. Thanks.

I am so glad I can now go to the doctor, I had blood tests, a complete physical, my blood pressure is now under control and I'm so happy. Thank you.

I think it is a very good program for low income people.

Iowa Wellness was a better program than IowaCare.

It is new but how much will be helpful to one, my husband with very very low income, the time will say. Otherwise it is good plan.

I like it because I was worried how I was going to be covered when I was in the hospital in [TOWN], IA. I didn't know they would cover me down here.

I am very thankful and fortunate as I do not have a full time job and my income only covers my rent.

I had no problems.

IowaCare and the Iowa Wellness Plan has been very useful to me.

I'm grateful for this plan, when I call the toll free #, they are always very nice. I had a horrible nightmare problem with [NAME]; the WORST experience ever to imagine! Also getting a new doc was not so easy, the discriminate unlawfully and most do not accept new pts and your plan!

I am pleased with the care I receive from the Wellness Program.

I'm sure glad I got the insurance. It changed my life with my medicines, with my mental illness, can go to doctor’s emc room. Thank God for the Wellness Plan.

I want to thank our president and anyone involved. Besides myself, I know others can got medical attention desperately needed. My mind can rest now. Sincerely.

It is a good program, and I am thankful to have it available.

I feel better about there being better coverage and not having to worry about trying to get to [CITY].
My physical health is very good but my emotional health is very fragile and this has allowed me to get therapy and more visits to doctor. Thank you!

Along with the terrible insurance I have through my job, it's awesome! I hated IowaCare I wanted to keep my doctor. And NOT go to [CITY] for care. Thanks.

Very good.

Nothing, everything going great.

So far it has been a good experience as I am able to take care of long over-due health issues.

I have been satisfied with Iowa Wellness Plan since the change. I have very little income, so the $5.00 would be easy to get but robbing Peter to pay Paul.

I have better access to health services than I ever have, so I am quite pleased so far.

Iowa Wellness Plan is better. On IowaCare you had to wait months to see a doctor. On IowaCare you had to drive to [CITY] to get care. IowaCare covered very little. I could not afford the cost of gas to get to [CITY]. If you had an emergency you had to go to a local hospital and it may not be covered. Iowa Wellness is better. You can get all your care locally and not have to wait months to see a doctor.

I'm glad you are helping me and others with health care, lots of people can't afford any.

I think this is so great for us people of USA. Thank you!

At this moment I have no complaints!

I have had excellent service and care being on this program.

I had to pay $3.00 for prescriptions each. Now I don’t have to pay. I don’t have to travel over hours to see my doctor.

For over ten years, I have experienced near perfect health (no doctor’s visits; excellent blood pressure, etc.). Since I signed up for IWP in January I have experienced an emergency room visit, emergency surgery; a hospital stay, and in home nursing care and physical therapy. I have been spared the extraordinary financial impact of this event, and the stress that would have been a natural result of this medical situation. Praise Jesus!

They have been a tremendous asset in my medical condition. Don’t know what I would have done. Truly blessed!

Went over well so helped on getting prescriptions. Usually had to borrow $ for prescriptions.

My experience has been good. No complaints.

I have a lot going on and I feel it is a blessing for you and the new plan. I hope this will help me to follow thru on my medical needs.

Thank you!

Since changing plans it’s been easier to get the meds I need without having to spend so much and worrying about driving to [CITY] to get them. Thank you.

The change from IowaCare to the Iowa Wellness Plan has enabled me to get medical care I could not obtain before because I was unable to make weekly trips from Cedar Rapids to [CITY] to see my doctor. It has improved my health and quality of life great

Iowa Wellness is a good program. Thank you.

Very well-run plan.

Just that I appreciate this wonderful program. Thank you.
I was excited to hear about getting dental, but had to wait a long time and now have to wait even longer 6 months if I understand to get restorative and then limited. I was hoping to get a couple teeth fixed, sad. Otherwise very grateful to have health, also having trouble finding Chiro, but grateful for basic care.

Just glad I have it, I had to see specialist about some cysts I had in my neck, and also get to have a specialist for my degenerate disc disease. Thank you.

I really like the new Iowa Wellness Plan it is much better than the IowaCare.

My husband and I are finding that things are running fairly smooth. We are being treated with dignity. We had IowaCare for 1 year and found it hard to use unless we traveled to [CITY], getting care locally is so much simpler and cheaper. Thanks.

I think it's a great experience to be able to get the services I need to help me, I've a wide and longer life.

I really like the idea of having the choice to go to any pharmacy. Also we members really didn't have to do nothing to sign up.

This program has literally saved my life!

I can go to any emergency room rather than [CLINIC] now. I'm able to see specialist regarding my kidney disease. Prescriptions are now free I can take care of health issues rather than delay care. Thank you very much!

Everything seems to be easier, from making appts and wait times to getting services and meds. Thank you!

I would love to have dental and vision! Iowa Wellness is much better because it gives more options for clinics and PCP.

It has been great very helpful getting taking care of.

I like that I am not restricted to one pharmacy, it makes it easier for a patient like me with multiple illnesses to get maintenance drugs every month.

I like this new health care system a lot more than the IowaCare Program. My doctor is really nice.

I didn't know my medicine would be free to me. Since I am on insulin I couldn't afford the insulin if I had to pay for it. My husband and I would get our meds from the drug companies thanks to our clinic.

Iowa Wellness so far seems to be better and easier than IowaCare. IowaCare did not pay for physicals nor did they pay any bills that were out of my area.

When I call in I can get in to see a doctor the same day or with an hour or two.

So far I like my plan, and I hope to keep it for years to come.

I recently started working so will no longer get IA Wellness as of 5-1 and it sucks. All other insurance is horrible and ungodly expensive. Loved it. Thank you.

I think it has been better, I actually have a doctor and don’t feel like they're just seeing me.

I'm very happy about the addition of dental, the freedom to go to other places (other than [CITY]), and mental health services. I'm grateful for being "auto-enrolled" also, took the confusion out of it. Thanks!

Very excellent program.

I think it's very fair and takes a lot of worrying off my mind. Thank you.

Being able to keep the same provider is great and it makes people more comfortable.

I'm excited about getting free dental coverage!

Couldn't get IowaCare but I now have and was able to receive Iowa Wellness. Thank you.

I just found out I have some dental insurance which makes me very happy!

I have prescription coverage now. I didn't before. So that is nice.
Thank you.

It's much better! Don't have to go to [CITY], I can get more than 1 issue addressed in 1 visit, been shown personal care, (not being treated like a number or item) they are making my appts for me instead of telling me call this number. I have been diagnosed with a heart condition and possibly fibroid tumors.

Very thankful IowaCare saved my life. I got treatment for uterine cancer and am cancer free today! Thank you so much.

My experience to date has been an overall a good one.

Is okay.

With every 6 mo exam to get my medicine is excellent. My doctor ordered Chantix for smoking that I requested!

Iowa wellness have doctors that actually seem to pay attention. They don't just tell you there’s nothing wrong like Iowa care. Doctors are better cause of insurance is better but they still don't cover some stuff people need. Doctor said I need prescription.

It has been a very good experience. When I used [CLINIC] with Iowa Care it was very difficult to get a referral. It always took several phone calls and some begging to get one. I was not treated well or in a timely manner by that institution.

I am very grateful to be able to relax knowing if my health would become an issue I have some coverage. Mentally and physically I am blessed by God to have enjoyed a healthy ride in life so far especially if you use comparisons. I am also blessed in not being a hypochondriac one to run to a doctor or grab a pill our immune system and body can do a lot.

Thank you!

The good thing is I can get my medication from any Walgreen's and thanks so much to people that give us Wellness.

I have a feeling that this service going to be better than the previous one, thank you Mr. President Obama. Thanks for our state government and [HOSPITAL].

It's a good program, I'm very pleased with it. And I'm happy with my doctor.

I like the prescription coverage for heart medication.

It's so much easier for myself and benefits through Iowa Wellness Plan continue to get much better. Sorry it took longer than I wanted to complete.

I am thankful for the coverage. I think it’s better!

I'm thankful for this program and the help. Thank you Obama and all.

Its better I think.

I am grateful for the Iowa Care Health Plan! I am glad to go back to my previous physician.

Part 2A. Transition was an Easy Process: Marketplace Choice Members

It's fairly easy, it took some research to figure out which plan to use.

It was a very easy seamless transition.

Due to the fact that I was on IowaCare, [SERVICE PROVIDER] placed me in my current health care. I didn't have to go through all the stress that others did trying to get signed up. Although, I am in very good physical health, I have not needed to see a doctor. I must say, I'm not exactly sure how it works or where I go if I do get sick. My main health problems have been my teeth. Due to the fact that IowaCare put you on a waiting list
for dental, I have had to have several teeth pulled which started as cavities and got worse by the time I was able to see a dentist. This has upset me greatly because now

<table>
<thead>
<tr>
<th>Change has been fairly easy.</th>
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<tbody>
<tr>
<td>It was easy. There was good communication at the beginning.</td>
</tr>
<tr>
<td>It's been very easy. No problems. Thank you.</td>
</tr>
<tr>
<td>It was very easy. I was very well informed. I am very happy with everything, and I'm very thankful. Thank you very much.</td>
</tr>
<tr>
<td>Easy switch although I now have to drive out of town for the doctor.</td>
</tr>
<tr>
<td>It was very smooth and easy, much more so than I expected. I am very happy with my new plan.</td>
</tr>
<tr>
<td>Easy transition.</td>
</tr>
<tr>
<td>You basically did the change for me. I just chose my plan.</td>
</tr>
<tr>
<td>So far it has been very smooth, but since I have not needed to use it yet, I am not sure of the process of using it will be as easy. I am hopeful!</td>
</tr>
<tr>
<td>It was very simple all was done automatically for me. But recently just got a job and they offer the same insurance so I'm curious about the upcoming changes.</td>
</tr>
<tr>
<td>The change was very easy and I am well pleased with the choice of providers that was offered. Under IowaCare I was limited to a &quot;set&quot; provider. Most of my former providers are accepting the Marketplace Choice Plan.</td>
</tr>
<tr>
<td>Once I got the letter from Iowa Medicaid, it went pretty fast. The government website was not very helpful.</td>
</tr>
<tr>
<td>No problem with the change</td>
</tr>
<tr>
<td>The communication was very good. I did very little for the change.</td>
</tr>
<tr>
<td>It was very easy and seems to be even better than the IowaCare because my medication coverage is more pharmacies and coverage for general doctor visits is in more areas.</td>
</tr>
<tr>
<td>I had an easy experience changing plans. My doctor helped with info. I hope I made the right decision on choosing [INSURANCE PLAN]. The questions re: upcoming fees worries and confuses me.</td>
</tr>
<tr>
<td>I felt it went smoothly.</td>
</tr>
<tr>
<td>It was easy and now I can see my original doctor. Thank you.</td>
</tr>
<tr>
<td>Easy change over. Thank you for the opportunity to have health coverage! This makes the next years, a bit worry free if and when health care is needed, I have some!</td>
</tr>
<tr>
<td>It was a very easy transition. Thank you for offering it me. As a single mother of 4, it really helps knowing I don't have to worry about how I'm going to keep myself healthy. I know I can go to the Dr. and be taken care of for little to no cost.</td>
</tr>
<tr>
<td>Change was smooth sometimes received too much duplicate written communication. Also encountered difficulty when trying to reach [HOSPITAL NAME] (insurance change) and many at this office were not informed enough. However, Marketplace Choice Plan has been very easy to work with and I find their website to be helpful. And for the record I was very happy with IowaCare, though I do like Marketplace Choice Plan better.</td>
</tr>
<tr>
<td>I FOUND THE CHANGEOVER SEAMLESS AND VERY ACCOMMODATING, ALTHOUGH I KNEW WHAT TO EXPECT BECAUSE I VERY CLOSELY PAID ATTENTION TO NEWS REPORTS AS AFFECTING THE AFFORDABLE CARE ACT.</td>
</tr>
<tr>
<td>[SERVICE PROVIDER] did most of the changing for me, I just chose which one. They were a great help!</td>
</tr>
<tr>
<td>It was very easy I just stayed with the first one they changed me to. And so far I like it. But if I have to pay next year I won't be able to due to living on fixed income.</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>The switch was seamless and my new plan has been easy to use at the places I seek care.</td>
</tr>
<tr>
<td>My change was very smooth. I didn't have to do anything but choose what plan I wanted ([INSURANCE PROVIDER] or [INSURANCE PLAN]). So far everything has been wonderful. Thank you.</td>
</tr>
<tr>
<td>It was really easy kept same doctor, changed pharmacy but only because it was handier. Some things are actually better.</td>
</tr>
<tr>
<td>It was a smooth transition and [PROVIDER] assisted in answering questions. I am so grateful for the professional assistance.</td>
</tr>
<tr>
<td>It was easy for me to change and my care has been great so far. Thank you.</td>
</tr>
<tr>
<td>It was ok.</td>
</tr>
<tr>
<td>Seemed like an easy transition, but I haven't needed anything yet, so we'll see how the process goes when I need medical services.</td>
</tr>
<tr>
<td>This has been a pretty easy process of change. I so appreciate the caring help I receive from IowaCare and now [INSURANCE PROVIDER] insurance. Sincere thank you for this much needed assistance.</td>
</tr>
<tr>
<td>[CLINIC NAME] made it easy.</td>
</tr>
<tr>
<td>It was a breeze for me. At first I wasn't sure what to do but it was very easy for me.</td>
</tr>
<tr>
<td>Changing was a relatively easy thing to do. I do still question what is and is not covered for sure. I was excited about not having to travel to the dr., and taking the day off of work to do so. Has greatly helped in costs of transportation, etc.</td>
</tr>
<tr>
<td>It was very easy to change. I'm satisfied with the health care plan.</td>
</tr>
<tr>
<td>Easy to change over no problems. My first doctor at [CLINIC NAME] downtown did not want to help me at all, appts was hard to get, beside my diabetes I had other health problems my hands and feet I need surgery on my hand, she never seen me for t or recommend me to an specialist.</td>
</tr>
<tr>
<td>I was very surprised how simple the change actually was! Directions were easy to follow, received a lot formational material on [INSURANCE PROVIDER] choice by mail and I barely had to do anything! Quite pleased with process!</td>
</tr>
<tr>
<td>They did it all for me.</td>
</tr>
<tr>
<td>It was a very easy transition to change from IA Cares to what I have now.</td>
</tr>
<tr>
<td>It was a pretty easy transition; I have just had a rough year with personal and family issues and did not take the time to look at/read the materials sent to me from [PROVIDER]. If I had, I believe some of the answers regarding knowledge of future payments...</td>
</tr>
<tr>
<td>I think I'm one of the lucky ones. I went to [CLINIC] (in [CITY]) to reapply for IowaCare (in Oct. 2013). I was reminded IowaCare would expire in Dec. 2013; but was told they would &quot;take it from here&quot;, which they did. In Nov. 2013, I rec'd a letter from [PROVIDER] saying I qualified. Shortly thereafter I rec'd info on my healthcare choices. I reviewed the info and made my choice. So easy and totally &quot;pain free&quot;. In fact, I was encouraging everyone I know to go to [CLINIC] financial dept.</td>
</tr>
<tr>
<td>Was not hard to change.</td>
</tr>
<tr>
<td>It was a fairly smooth transition, and the new plan is excellent.</td>
</tr>
<tr>
<td>It has been easier than expected and feel I can obtain better treatment for some age-related health symptoms.</td>
</tr>
</tbody>
</table>
Part 2B. Transition was an Easy Process: Iowa Wellness Plan Members

Extremely considerate of change over, a great job done by all in this transition. Thank you. I being a liver patient and deteriorating joints, I take much comfort knowing I have capable professionals attending these medical needs.

It was easy when I found out I could keep the same clinic as I had before.

Well I have not had any problems as of yet. Everyone has been very helpful and helps us to any transitions so far.

Didn't really notice a difference except from paperwork.

The transition was very simple. Didn't even have to worry about informing the pharmacy I have used for years. They already had it in the computer. Do think it's very important for you to notify everyone the requirements especially when there's a deadline re: required physical exam.

It was an easy transition going from IowaCare to Iowa Wellness. I love that I can go to a clinic closer to home now! I'm very happy with the change.

I am very grateful for this health insurance and that I can now get some dental work done that has been needed for a while. Very easy transition.

It has been an easy transition. Thanks to the Health Care Providers of [CLINIC].

I was amazed at how easy the transition occurred. My doctor is closer to me now, as you set up a remote office in [TOWN]. Thank you! I love [DOCTOR]!

Easy and much appreciated, thank you.

I really don't have problem changing from IowaCare to Iowa Wellness plan, from what I read and understand it will be a lot better for all and maybe a lot closer (possible) to get help or attention. I may start taking better care of myself. More attention to doctors, etc. - and less assumption of my health.

It was very easy. Now the doctors I have care about my overall health. Everyone at [CLINIC] are very professional. I didn't like any at [CITY]. I won't go back.

There were no problems. Smooth transition.

It was taken care of for me and I had no worries about it.

It was a fairly smooth transition and greatly appreciated!

First, thank you for the survey. My switch IA Care to Wellness was very easy. Approx. 2009-2011 I was diagnosed with a liver condition at [HOSPITAL NAME]. I would like to commend [DOCTOR’S NAME] for her care. At some point in near future I am going to require treatment and wish I could pick visits back-up with [DOCTOR’S NAME], however transportation and financial issues may complicate that wish. However, the fact still remains that I feel the [HOSPITAL NAME] and doctors are some of the very best in the world. Thank you for your time and care.

The switch over has been really easy.

I was notified that I was automatically enrolled in the new Iowa Wellness Plan and that letter to me was a great relief! Thank you so much.

It was easy. I just hope the professionals don't stereotype and talk to you like you’re an idiot just because you have the IA Wellness Plan.

Everything was well expanded. Had no problems with understanding.

Smooth as silk.
It has been easy.

I was hardly aware a change took place. The only made of notification was mail perhaps, try other methods of communication.

The change was relatively painless and helpful in not having the travel, pharmacy wait, etc., but [HOSPITAL] is not a bad hospital.

The change was great and had no effect on my health care. I am very grateful for the Iowa Wellness Plan.

It has been an easy transition.

It has been a breeze. I like that you can be seen anywhere and it no longer takes months for an appointment.

I have not experienced a hard time since I changed from IowaCare to Iowa Wellness. But unfortunately, I am still waiting for my physical exam.

It was very easy. I only used the IowaCare 1 time and that was in [DATE].

Thank you for being so prompt in giving out information regarding doctors I could choose to go to with this new plan. You all are terrific in putting all this information out there. Keep up the good work! P.S.: I used the $2.00 to buy postage to write to my mom in TX.

A lady from [CLINIC NAME] helped me with the change, and finding a provider close to me. Very easy with her help.

It was extremely simple to switch doctors, it only took approx. 10 mins on the phone and we've had no issues since.

I have a number of conditions that require regular monitoring. I found the transition to be very smooth and I don't feel that my health maintenance missed a beat.

It was very simple.

The transition was good with no problems.

I thought they made it very easy and I am very satisfied with my health care!

To me it was a smooth transition.

My change to Iowa Wellness was pretty seamless. What was setup for me worked well and needed no changes. I'm not too sure about my doctor's attitude but we will see.

Transition went as smooth as I could anticipate, that was a relief!

It all went very easy (so far) for myself and my husband. We are very grateful for this program and appreciate all it has done for us. The transition was easy and all have been over the top helpful, so thank you to all.

Part 3A. Able to See Provider of Choice/Provider Closer to Home: Marketplace Choice Members

I love that I do not have to drive an hour to [CITY] to see a doctor. Thank God for the Marketplace Choice Plan!

When I went to [CITY] I had the transport me. I am fine with transportation if I don’t have to go very far or very often because of the cost of gasoline and being laid on our car.

Since I moved to [CITY] I don’t have to travel far for health care.

The Marketplace has made it much easier to visit a primary care physician as opposed to driving an hour away just to see a doctor for a sore throat or other cold symptoms. Now I can do that in my home town.
When I was on Iowa Care I did not like the doctor I was told to go to for covered services. So to get to see the doctor I have known a long time I paid for everything out of my pocket = full cost. But I saw a doctor who knew me and cared.

I like it I get to see my own doctor.

I can stay close to home and not have to worry about driving or gas for an hour ride or two.

I never used IowaCare - too far to go to [CITY]. I'm glad I can return with the Dr's I used to go to with now having Coopportunity.

I like it so much better, last year I would have to drive to [CITY], Iowa to see a doctor.

I like that I can use a local doctor and not have to drive out of town for routine exams or such things as a cold.

I have a great need for transportation especially to [HOSPITAL]. I cannot afford $30 a trip to ride public transportation, or gas money. We live on SS Disability so that doesn't leave much for extras. Especially since they keep cutting food stamps.

It is nice to go see a doctor that is closer.

What is great about this insurance is that I don’t have to travel to [CITY] to see a doctor. Besides the wear and tear on my vehicle it was costly because of the high price of gas and oil.

Greatly appreciate not needing to travel to [TOWN] for appts and care, that was a hardship, now can receive care at home in [TOWN]! Thank you!

I appreciate that there are more providers to choose from and not just one health care facility. I can get care closer to home where I choose.

I could never use IowaCare because the only doctors were two hour from my home. I could not afford to drive there or take off work, I am very thankful for the new insurance.

Before I was ready had to get an appt. in [TOWN] and it took almost three hours round trip drive time.

I like it a lot that I can go to a doctor I like and is closer to home. She has helped me more than the doctor I had at [CLINIC] ever thought about. I also like being able to go to an ER closer to home. I think this program is better than IowaCare. I am very pleased with [INSURANCE PLAN].

I understand can go hospitals and clinics in my own hometown and not travel hundreds of miles for health care.

The biggest difference is we can now go to a doctor at the local clinic which we did before we were on IA Care. Still not sure what all is covered under [INSURANCE PROVIDER]. Website not much help.

I can have health care in my city instead of traveling to [CITY]. Also, it is great that I will have dental coverage.

I am actually able to get healthcare and see my provider. When on IowaCare I was required to go to [CITY]. It was not feasible to go to [CITY]. I live in [COUNTY] I did go to [CLINIC] in [CITY]. If not for them I would not have received any healthcare while on Iowa Care. It was not covered by Iowa Care because it was not my assigned clinic. They do have sliding scale though.

Have no idea what doctor or hospital is in this plan. I'm not traveling half across the country for general health care.

It allows me to go to a local doctor or hospital instead of driving a long distance out of town.

I like that you don’t have to travel to [CITY] anymore. More convenient to go in the city I live.

Grateful to have more choices on selecting a doctor.

Under IowaCare health plan I had to travel to [CITY], about 1 1/2 hours away from my home, drive in heavy traffic that is difficult for me, see doctors that I'm unfamiliar with (my van is not reliable and gas is expensive).
so I didn't go. Now I'm only 17 miles to my family doctor and I can go if I need to. I believe it will save my life. Thank you so much.

Not having to travel to [CITY] to see a doctor is the biggest benefit so far with this new plan.

I love that I do not have to go to [CLINIC]!

With IowaCare I had to, at first, drive all the way to [CITY] for care; then it was changed to [CITY]. Care at [CITY] was A+; at [CLINIC] - D-, with the new plan, I was able to go back to my regular physician that I used to see. Thank you for that!

I appreciate that I have more choices now as far as where to get medical care.

I appreciate being able to go to clinic instead of [HOSPITAL NAME] or walk-in clinic!

### Part 3B. Able to See Provider of Choice/Provider Closer to Home: Iowa Wellness Plan Members

IowaCare had no money for emergency room or ambulance transportation when my wife needed this while we were IowaCare. We are stuck with bills to pay, at least this plan has coverage for emergencies that IowaCare didn't. Also we no longer have to travel 2 hours to 5 hours to receive medical care.

I like that I can see someone in the town I live and don't have to travel.

I am very happy with my new plan; because I now can go to a doctor's office here in [CITY], IA; instead of having to find transportation all the way up to [CITY].

Only big difference that I appreciate is how many more doctors I can go to.

I'm glad I don't have to drive from [TOWN], Iowa all the way to [CITY] clinics. I did appreciate their service in [CITY] though, very nice and helpful.

I get to stay in my home town and see my regular doctor. Great not having to go 2 hours away to get help!

I never used the IowaCare because I did not want to travel all the way to [CITY]. But now I can get care here in [TOWN].

I had no doctor in IowaCare. [CITY] is too far to go for health care, and have no money to go to [CITY]. I had to use my hometown ER for doctor care while on IowaCare. Iowa Wellness Plan let me choose my own doctor close to me which I can afford to go to. They have helped even with my eye classes and eye appointment.

Allowed to see my own doctors instead of traveling farther to see their doctors.

I feel Iowa Wellness Program is much easier to obtain healthcare than the IowaCare Program. IowaCare Program required me to drive to [CITY], an hour plus drive for me, Iowa Wellness allows me to visit a clinic that is located in the town I reside.

It was a relief I didn't have to travel out of my county to get medical help.

Better service and I don’t need to drive (one way) 2 1/2 to 3 hours to get to medical care! I've called around (closer) to see who takes this plan, and I'm much happier w/close drive than before!

I am VERY, very glad it changed as I was having to drive or find a ride to [CLINIC] in [CITY] and was great that I really didn't have to do anything as I was automatically changed over.
I really do like it because I could get a doctor in my hometown and hospitals closer for my family and friends to come. I really like my doctor.

With the Wellness Plan, I can go to hospitals close to me. With the IowaCare Plan, the nearest hospital was 50 miles away.

I don’t have to drive as far to see my doctor.

It has been a big help. I don’t own a car. It was almost impossible to get to [CITY].

I don’t have to travel far to see a doctor.

The Iowa Wellness Plan is by far more convenient for me considering my transportation situation, considering I would have to go to [CITY] any time I needed care under the IowaCare coverage.

I’m glad that I can go to a doctor where I live, when it was IowaCare, I had a hard time getting to [CITY], to get my Rx's. I haven't had my pills for almost 2 years!

IowaCare. I had to go to [CITY] for some stuff, which is a 4 to 5 hour drive. With Iowa Wellness I can stay in my area.

It’s better because I can stay in my community and not have to travel to [CITY]. Less stress on me.

I am quite pleased with my new health care program so far, and am very thankful for it. It's a little hard for me to pay the $30 for the [TRANSPORTATION SERVICE] on every visit. I do not drive and am dependent on it.

The IA Care Plan you could only go to [CITY] or [CITY]. The Wellness Plan I can go in the city I live in now. That does help me out a lot. I did not have a car or money to go to [CITY] to see a PCP, so I just keep on going to my PCP here in my hometown. I also have a large bill to pay at the doctor’s office here in my hometown. I only go to an emergency room, when it is truly an emergency.

The new plan is great! Before I had the IowaCare Plan I had to drive 2 1/2 hours from my home to go see a doctor, take a full day off of work and not get paid.

It has saved me from having to travel 2 hours one way for doctor care and given me a chance to finally see a dentist, it’s all very, very good and very, very needed! Thank you.

I like the Wellness Plan better, because I don’t have to travel to [CITY], I can now be seen at my local doctor's office.

Now that I don’t have to go clear to [CITY] from [CITY], I never run out of meds and I can see my doctor whenever I need to, usually little to no waiting.

I like the Iowa Wellness plan so much better. I can get care closer to home and don't have to drive two -three hours for emergency care or to see a specialist... It covers my meds and cpap supplies. It makes me relax more and take better care of myself

I do like being able to stay local, not travel 120 miles for care. I also appreciate getting eye exam and glasses, and also was able to go to a chiropractor who helped and fixed my back first visit and with maintenance appoints, no more pain! Five years of pain and nothing helped. Thank you!

I had to go to the free clinic and see a different doctor each time always took 2-3 hours. Now I have a PCP closer to home and easy to get appt when needed. Now I can also get the cancer screenings I need to have because of family history. Thank you.

I like the Iowa Wellness Plan because I can see my doctor in my town instead of having to go to [CITY] like I had to with IowaCare.

Health care is closer to where I live. Appointments seem to go quicker. Thank you for the health care. Also $2 is not needed to fill out questionnaire. Thanks.
I had to use IowaCare to have hernia surgery in [CITY] (couldn't get it done in my hometown, not covered) since the new plan I went back to my old doctor, (close by) but [CITY] did a very good job, just the distance was a problem.

I’m glad that I don’t have to travel out of town to get to a doctor that the help is close by now. I had to call around to find out what kind of help or what or how I was covered. It’s nice to know that I can go to a doctor now w/out ins. It was hard for me to go see a doctor $ wasn’t there. Thank you!

No more 75 mile drive, no more rude doctors, [CITY] had the worst doctors for IowaCare, they were very very rude and judgmental, didn't listen to your problems. Will NEVER go there again, I'd rather be sick. [DOCTOR] was the WORST! He shouldn't be allowed to work there!

I no longer have to drive to [CITY] from [CITY], it's great! Faster and easier and I can get a specialist in this town.

Overall just like that it's local now...

Great don’t have to travel 45 miles for medication and the doctor’s office.

At least it's in my home town and not travel when had to.

I like it because I can chose any doctor I want. In IowaCare I can’t not if I want to go see the doctor I have to go to the [CLINIC] and that takes a long time to get in. So I really like Iowa Wellness Plan.

I hated the Iowa Care Plan! Every time I needed to be seen by a doctor, I had to travel to [CITY]. It's a 65 mile for me. I could NEVER get in to a regular physician. They were always scheduled 5-6 months out. So, I would end up in the ER for flu symptoms

It is good not being forced to go to [CLINIC] in [CITY] or [CITY] for hospital.

I can stay in my home town. I did not have to drive 5 or 6 hours to keep a doctor’s appointment. Everything I need is here in [CITY] Iowa.

I am very glad to be able to go locally to see a doctor. Before, I had to drive 3 hours to see a P.A. who barely looked at me and I avoided going.

I enjoy being able to go to a doctor of my choice and using a hospital closer to me.

My clinic is only 6 miles away now not 65 miles. I really like my new doctor she is so thorough and caring.

[CLINIC] was just too far away and I could never get an appointment. They were too busy. I lost my health ins in my divorce almost 10 years ago. I now can see my family doctor again with this new insurance. Thank you so much.

Much easier to receive hospital treatment now, it is better than traveling across state, especially with a LOW income.

Can I go to [CLINIC NAME] for any mental health concerns I may have, in [TOWN], IA.

I like being able to go to my personal doctor that I have gone to for years without having to worry about the high cost bill that was keeping me from going in for routine checkups or being very very ill or hurt.

I like having a doctor in my own community, instead of [HOSPITAL]. It was a ways to drive.

I don’t have to drive 70 plus miles to [CITY] for a doctor’s appointment. That saves me time and money for gas/time off from work. Am very thankful for both plans that have provided me with health care, God bless you all.

The reason I switched was because the hospital and doctor here where I live is about a mile away. If I had to, I could walk to the hospital. Otherwise, I was very happy with my doctor there. [CITY].

Finally can go to doctor closer to my town.
Under IowaCare I had to drive 50 miles to [CLINIC]. Under Wellness plan human services assigned a provider in my home town who I've never seen.

I am thrilled that I don’t have to go to [CITY].

It has been very good because now he can go to a local doctor where he is comfortable.

I love the Iowa Wellness Plan. Living in [CITY], I could not get to [CITY] for health care (in the IowaCare Program). Now I have access to health care again.

**Part 4A. Experienced Difficulty with Transition Process: Marketplace Choice Members**

I had to call 3+ times to make sure I was enrolled, it did not happen automatically and I had to call healthcare.gov 1st then they lost my application or deleted it and then I called [PROVIDER] directly in [CITY]) to sign up. It took 6+ weeks to verify that I had successfully signed up for this plan. If I thought IowaCare was going to automatically enrolled me I would have liked to have known that in 2013.

Very confusing. The whole thing sucks. How did you manage to take something simple into this complete fiasco? When you need to talk to someone you just get this run around. It's like dealing with the IRS.

I was put into [INSURANCE PROVIDER] even though I had signed up for [INSURANCE PLAN] by sending the card to register by mail. Don’t know what happened to the card, but all I had to do was call in and it was changed.

I had a lot of trouble trying to use the website, I even spoke with a representative and finally just called [PROVIDER] ad asked for their website and filled out an application there, it was quick.

There was some confusion about plan. We were told we had IA Health and Wellness but then it turned out we had been switched to [INSURANCE PLAN], but after that was straightened out everything has been good.

It was hard to understand at first but [HOSPITAL] explained it well. Haven't had any problems yet.

I was not aware I needed a card for co-opportunity along with the Iowa medical assistance card. I still am adjusting to all the changes.

Took time cause was having problems with website for Marketplace but get done before 1st year so my wife surgery in Jan was covered.

Getting thru on the phone was not easy and when you did the prompts were annoying. Whatever happened to a live person on the phone that say "hello, may I help you"?

Locations I need to go for care. Doctors I needed to go for care all were confusing. I feel like everything was rushed and not enough info was distributed and discussed, needed town meetings.

It took 5 separate phone calls to get card once assigned. Some operators gave false information, i.e. "I was not in computer".

As with other changes like these in life it makes your schedule disrupted, your choices somewhat confusing and the idea of a new doctor a little nerve racking. I am thankful for the medical coverage. I will not complain. I am thankful for dental coverage as well.

With [INSURANCE PROVIDER] health care, I need to call and make sure I'm covered when the doctors suggest I have test done. I've had some problems with [INSURANCE PROVIDER] wanting me to change my prescriptions. I am very grateful for having IowaCare and Marketplace Choice Plan. I wouldn't have had any insurance! Thank you.
At first I had trouble getting a doctor's office who accepted my [INSURANCE PROVIDER] insurance for mental health care. After several calls I found someone for a primary care doctor, I had no problems finding a doctor to accept [INSURANCE PROVIDER].

The communication was very difficult in the transition period. Express scripts are very confusing and moderately stubborn. [INSURANCE PROVIDER] is not a courteous business. I am thinking of changing because of their lack of professionalism. The doctors are great [INITIALS].

I had one issue with Iowa Choice Marketplace, [INSURANCE PROVIDER] forced express script on me for my meds to be sent to house. I tried to call express script was on hold 20 minutes and hung up, tried to go online to do it and there was no decline button, so therefore I had to pay for my meds at the pharmacy this last time.

I am having some adjustment problems getting accustomed to [INSURANCE PROVIDER] strict policies on the prescription plan.

It was confusing because I had 3 letters that said and didn't have to do anything, but I got a call from the hospital that told me I did have to apply.

Switching from IowaCare to [INSURANCE PROVIDER] was made without my knowledge. I got a letter from IowaCare saying I was no longer eligible. Then got a letter from [INSURANCE PROVIDER] saying I was enrolled.

If I can get on to check for dr appointment and find where I wanted to go but have problem getting on and I've tried to call for help but I don't think they understand what I am talking about I thought they can help me to reset my password.

### Part 4B. Experienced Difficulty with Transition Process: Iowa Wellness Plan Members

I was totally surprised. I had appt w/specialist in Jan and it was already switched over.

It did take some time to know what my insurance was going to be.

When I went to change providers I was informed [CLINIC] had enrolled me to them as a hmo so I had to wait to enroll in the primary doctor I wanted

I had trouble signing up for a provider. The doctor I was assigned to was an internist and said I had to pick someone else.

It was very confusing at first, my doctor's office did not know what I was talking about at first. They had to call around to find out about it and let me know. I did not know what I was talking about. This is just confusing.

Question #3 - I received a couple letters from the state last fall stating there would be changes in the care the state would provide me and that I would receive information shortly explaining those changes, but never received anything. Question #4 - I was automatically enrolled with either a PCP or an HMO? I was? News to me. Question #11 - What written materials? I haven't received anything explaining how Iowa Wellness works. Question #12 - Can't understand where to go if I'm not sent anything. Question #21 - Hard to answer much of this since I have no clue what's covered or where to get services. Question #25 - Anything I have to spend is a major expense and just hope my car won't be needing any repairs. Questions #27/28 - How is a lay person supposed to know when emergency services may be needed or not depending? Under many circumstances, they wouldn't have a clue. Question #29 - Penalizing people $8 isn't fair if they don't have a clue or money to start with. Question #30 - This survey is the first I've heard I'm required to get a physical exam this year. Question #31 - When one has nothing, even $5 is a major expense. My overall comment? Hard for me to know anything if the state doesn't mail me anything. The only thing I've recently received was a letter stating that dental care will be provided starting May 1st and [INSURANCE PROVIDER] sent me information about their services. I've received nothing concerning medical care. I'll take that back, I received a letter telling me
that my estate may be sued for services provided. And don’t ask me to go the website, if I'm broke, I don’t have the internet. And don’t ask me to call in, I can’t afford a phone.

It was done for me or so I was told but I never received any paperwork or a Wellness Plan card.

Thought I had filled out papers to see doctor then got another form saying I hadn't changed.

Lack of readily available local MD. Miscommunication between human services/Iowa Wellness (re: means of enrollment) and disconcerting. Human services say that I was automatically assigned but I did timely complete my paperwork and received a confirmation.

It was a little confusing and I had to call the new insurance place to understand what I was supposed to do and where to go. There are a few things I still don’t understand.

Everything seems so ad hoc. No one could tell before inauguration what would happen. Dental coverage came out of the blue at five months. I didn’t' change providers largely because there was no info about what else to do.

There was too much text on the initial letter about this change. There was not enough white space on the page ad I sort of thought, "oh well, I will deal with this later".

Both patients and health care (doctors) providers frustrated that "can't call and find out what's covered. For e.g.: to find out if certain medical treatments are covered, how many PT visits, etc. IA Wellness reps tell me they can only tell the PROVIDERS this and the doctors are too busy to call (and waste of their time). I want to know in advance (how many for example PT visits I can have) so I know what I'm financially responsible for. Solution: let patients get the answers from you.

Changing from one county to another is almost impossible. PLEASE help communication with Iowa Wellness and hospitals. I cannot change my care locations because of block put in by hospitals.

Some confusion. First I was sent cards for Medicaid then sent new cards for Iowa Wellness. Caused a lot of confusion cause with Medicaid I could go anywhere and I did, then to find out I was switched to Wellness and couldn’t return back to the previous place I chose. I think Medicaid is better due to the fact if you were out of state you could still get medical help.

As of today the program should be more organized. There is a major lack of understanding of the procedures and the step by step process of obtaining care. I have spoken to and met with three different doctors’ offices. All three have given me different answers to the same questions.

Wish I could of keep my doctor with IowaCare, don’t really understand why I had to change doctors and have not seen the new one that they appointed to me yet!

I wasn't sure if I was accepted or not for a long time during the switch over it was about 3 months before. I was told I was in the Iowa Wellness Plan.

It has been very stressful.

The change from IowaCare to Iowa Wellness Plan should have been planned better. No one seems to know much about this new one and people are confused.

Tried to change to a different provider, and sent in the forms and got my coverage stating it had been changed but is still same doctor I wanted changed. Tried calling 3x's and never can get thru.

Part 5A. Need Additional Information about New Plan/Covered Providers: Marketplace Choice Members

Just wish there was more info on coverage and where to go to for doctor etc. and help with dental work.
I did not know it had changed, I do not know what to do about it.

At first I thought it to be easy, then after I started to think of questions, I had a difficult time getting an answer or understanding the answer. People I asked seemed to be confused themselves, especially with using [PHARMACY NAME].

Would like to know if eye care and dental are included with this insurance or not, those are two major things I need. Please email me, [EMAIL ADDRESS].

It's almost impossible to understand the details of the health care plan.

When I read the original material I could not perceive a difference in coverage between my 2 choices; I still worry if this was correct.

I would like more information on who is accepting the Marketplace Choice Plan. (Neurologist, dermatologist, and physicians for general checkups, colds, etc.). Is there a co-pay for office visits? All I know is that I am enrolled in this plan from IowaCare. So more information would be appreciated. Thank you!

Not knowing where to go for doctor care or hospital; on new puling [INSURANCE PLAN].

Main problem was finding doctor to take me as a patient. They ask questions about my health and said would call back (they did not) ended up with a physician’s assistant.

While I am certain that adequate information in which to better understand my plan, accessibility, options, etc., in the jumble that is one overload of information, a straight forward booklet w/providers and other necessary info would help expedite understanding and avoid any future confusion as to what is expected as a recipient of coverage under such a plan, e.g. physicals, rise in co-pay, etc. Thank you.

I did ask a friend to look over the materials I received from [PROVIDER] because I wasn't sure I understood correctly. I tried to call with questions but [PROVIDER] said I should call the insurance company and they wanted to sell me a policy. So I ended up looking up my questions on google and found the answers there. My question was how much it cost?

If anything changes with my plan, that I would be notified about it ahead of time.

[SERVICE PROVIDER] did a very poor job of giving information about the choices of the two insurance options. Instead, I was given phone numbers and had to call the companies myself for information which was better than what [SERVICE PROVIDER] had supplied but still incomplete. Several times I was told, the companies didn’t know the answer to my question.

It was a little confusing realizing there were different doctors who I thought were on the plan till I realized that words CHOICE PLANS made a difference in who would cover us.

I kind of wondering that did I have to do physical exam and when? And I like to know about researcher study. So, I like to know how long and what is main things didn’t cover from my insurance.

I have no clue if I even have health care, I received a letter stating I would have it one year so I did not look for other healthcare and then received a letter that I no longer have insurance and my son was put on [INSURANCE PLAN] that took 4 months to even get

Need more info about the plan and coverage doctor and so on. Dental would be great!

If [PROVIDER] or IowaCare whatever they call themselves change people health care they need to let them know.

I do not know what plan I am on. The last Medicaid card I received paired me with a doctor in [CITY], makes no sense.

When I try to understand the details of how to use the insurance, I don’t comprehend it and don’t know what to do.

To start with nobody knew anything about the plan.
Would be nice to know about the mandatory physical and the $8 fee isn't fair when you feel physically ill. I called ask a nurse but went to the ER she recommended I go to the ER, probably not life threatening would that count as an $8 charge.

I would like to receive a list of physicians in [COUNTY].

I wish I knew where I'm able to go for the yearly exam.

Make packets easier to understand w/a list of doctors and hospitals. I still don't know what hospital is covered or what's covered.

I appreciated how IowaCare sent a list of doctors I could choose from if I didn't like the one assigned to me. I now have no idea if I even have a doctor or even who I could choose. Quite worries me and feel like I will just have to figure it out for myself should the need arise, which I hope it doesn’t! I hope this study makes it easier for people in my similar situation (working/single mother) and others in the future to feel confident in knowing their health care needs will be met, as it’s a very stressful feeling!

I would like to know for sure if I can still go to [CLINIC] and see doctor.

Is hard to find what coverage is.

I turn 65 on [DATE]. I have not heard anything as to when I have to transfer off Marketplace Choice Plan to Medicare? Do I have 3 mo. after birthday?

So far it has been excellent but some type of a guide to what dr's and the types of care available (example eye, dental, surgeries).

[PRIVATE HEALTH INSURANCE] was a mess. Websites are difficult for Coop. Can't find doc on it and I have little access to computer. There should be a manual that lists all docs!

The plan is great! However I still have to call the doctor to make sure they take the plan, sometimes the website is out of date. Also, wish you had told me sooner. I spent 4-5 hours on the Affordable Health Care website and help line trying to choose my own plan, before I got the letter about my automatic enrollment in this plan.

I wish I had a list of doctors that accepted Marketplace without having to call and ask every time I need a doctor for something, but overall I am grateful to have this health care plan in my life.

Can’t get through on phone lines for questions.

When I went to the emergency room I was told I didn't have health insurance. How do I find out for sure?

Just like to know who my family doctor is and who I get a hold of.

Don’t know too much about it, they switched me over and said I'm still covered so guess I haven't read into this plan.

With regard to question #30, I have received no information, effective since 2-14-2014, that a monthly premium charge would be required should I not have an annual physical examination.

I don’t feel they explained things at all! As far as I know I’m still required to go to [CLINIC] for care. Haven't been told any different. Also not happy with prescription part either.

Still somewhat confused about the types of medical care that will be covered, and wondering if I need pre-approval.

Outside of this survey. Which will we be made aware of changes? I hate that my meds had to be changed to what my plan cover.

I would like to get a list of doctors that I can go close to home ([TOWN]) instead of going to [CITY] that is 1 1/2 hour drive one way.
Don’t know which doctors accept this plan. I also have concerns on an injury that I have been living with for 5 years now and haven't been allowed further treatment.

Some things are different and you don’t know about them but we are just getting started.

It would be nice to get a letter w/bullet points of what you need to do this year w/the physical exam, etc. to ensure all expectations are met.

When asking questions to Marketplace, they could not tell me how much I would have to pay for medications or doctor visits. It would be very beneficial to have regular dental visits approved; as I have never had good teeth and for the past 5 years or so, I have not been able to have dental insurance to get them cared for properly, causing pain to deal with along with other health issues.

No information given in any care. IowaCare or [INSURANCE PROVIDER]. Rec’d card but nothing else. Have need to see doctor for back and arm but don’t know where or who to go to!

I would like to have more information on where I can go with new insurance and policy details in general.

It’s hard to find a doctor and it would help if it would be explained better.

I’m confused. I pay for my insurance, [INSURANCE PROVIDER]. Can someone contact me?

Urgent care called in a prescription to Walgreens, then Walgreens wouldn’t cover it. Help, where do I get a prescription!

I misplaced my packet from [INSURANCE PROVIDER]. Can I get another one so I know who honors [INSURANCE PROVIDER] insurance? I would especially like to know who to go to for vision and dental.

I would like to know if my insurance that I have would pay for me to see a dentist and if it would pay for me to get my eyes checked and for new glasses.

I did not know anything about it till I got this survey because I never got any notices that my medical was changing.

It isn’t the easiest to remember to find out what doctors or surgeons are in network. Working with [INSURANCE] for mail order they don’t explain themselves complete, always different person when you call, communication is not the best.

We have never got an info list of doctors or hospitals we can go to, so we don’t know what plans or doctors we can go to and if it is in our plan or we will have to pay for services.

They NEVER sent a letter saying that we would have to pay back in our State! When we are gone. This was uncalled for!

Just hope I can stay updated on any changes.

I’d have no idea how I was or that I would be enrolled in this health plan. It is a little vague at times on who to see and what is covered but access to a real person to answer my questions has always been prompt and easy.

Have not been to dr. and been off my meds because I don’t know who accepts the insurance.

I think they should send out a list of doctors you can go to.

I would like to know more about the fees.

I still do not have a doctor when I changed, I called the doctor I wanted, they said yes but when I called to make an appointment they said they could not take me. I called about 5 other doctors and none of them could take me.

I still don’t understand it and lost when I read the packet. It’s easier on getting the meds.

Some things are hard to understand but the 1-800 from [INSURANCE PROVIDER] or [CITY] are very helpful in any questions I may have or may booklet.
No one seemed to be able to tell me if my husband’s insulin pump supplies would still be covered. It took many phone calls, much waiting on hold, and a frustrating process. But since then have been very happy.

Haven't gotten far with finding a Dr. as I don't have access to a computer and have a pay as you go phone, so I am limited to short calls.

When I go to the [INSURANCE PROVIDER] website and search for a doctor near my zip code, the list that is generated contains primarily Illinois based locations. This seems odd for an Iowa-based health plan and even more so due to the fact that I live just 3 miles from [HOSPITAL] in [CITY] and even closer to a [CLINIC] and multiple doctors’ offices.

They did not give you a list of doctors so you can find one.

Will any of my doctors refuse this insurance? A couple years ago I was on IowaCare and my doctors here in [CITY] would not take me.

Still have never received any info from either plan had to look everything up online

Getting a list of doctors that you can go to was difficult for me. Tried to get it online but wouldn't let me. I'm not sure what is covered and what is not, like eye care and dental care.

The new plan lets me see my own doctor, but any other care I need takes weeks to approve. I have a back problem and have to see a chiropractor and I cannot find out if it is fully covered.

### Part 5B. Need Additional Information about New Plan/Covered Providers: Iowa Wellness Plan Members

It would have been nice getting information and or list of names of health providers. Have no idea what this program is all about.

I haven't had to use the IowaCare Health Plan, and I would like to know more about what I'm entitled to with the Iowa Wellness Plan.

I never did get info on the Wellness Plan. I got letter saying I would get info but never got any, and I didn't know about these fees ($5 and $8).

I haven't gone to a doctor because I don't know who my doctor is. I was not given a primary healthcare provider and I can't find out where to even get that information. I was also told this plan is only good for emergencies and I couldn't go to a doctor.

I'd feel that I would benefit more on obtaining knowledge from my health plan if someone (a person) would personally call me and go over my plan with me and do their best to answer any question I may have.

A way to figure out where I can go to be seen by a doctor.

I like the Iowa Wellness Plan better but would like a package that explains the benefits again.

Under IowaCare I was told what doc to see and where they were located, usually 100 miles away. Under this new plan I have no idea what doc to see or where they’re located. I would hope I could see a local doc for my primary care.

I never got any information. I would like the details. Thank you.

I never got informational materials from the plan regarding coverage.

I still have no idea of what benefits or doctors I must see. I was sent a letter saying my IowaCare was ending and I would be auto enrolled in the new program. But I have yet to receive any further or clarifying information.
I haven't received any information from the Iowa Wellness Plan, other than dental and mental or drug abuse. I didn't know what doctor or hospital I could go to, I just went to local doctor so I could get my prescription. I have glaucoma and I don't know where I can go or if they will pay for it. They didn't send me any information I need.

Not sure of the program and how it works. Have not had to go to doctor or hospital on the program yet. Hope I don't experience any issues with it.

Would have been good to have a hand out packet or something so I know more information.

One? Can you get a second opinion if you don't like the results?

I am still waiting for information that was to be sent by mail as to who is my PCP. Very poor communication from IA Wellness Plan as to PCP.

In transition from IowaCare to Iowa Wellness I was told I would be informed by April 1st of dental plan, i.e. changes, coverage, etc. I have ongoing dental issues, I have not as yet been informed, nor can I find info.

When I wanted to get a doctor in the city I lived I had to call so many people who directed me elsewhere. Now I pay even more b/c I can't get to the doctor's office they appointed me.

During autumn 2013 I received two or three mailings from [SERVICE PROVIDER] advising that IowaCare would terminate 12/31/2013, and to await more information. Shortly after 01/01/2014 I received an Iowa Medicaid card but no additional information. I have received no information about a PCP or the need for a physical exam.

Not a lot of clarity as far as the program is concerned. Need to have better explanations still never received a card with the Iowa Wellness?

Can't I be eligible for a transit?

I would like to get help for mental issues and not sure where to start.

I'm confused on what qualified. I have major hearing loss for my age and I need to do something about this. It affects my everyday life. But I cannot afford hearing aids.

It would be nice to get information on all the requirements I need to fulfill for this Wellness Plan.

The only problems I'm having is not knowing how to find a regular doctor and I still can't afford the things that Iowa Wellness still doesn't cover. Like I need glasses and not sure how to come up with the money to get them.

Iowa Wellness Plan said they would send more information. But never did. I don't know how long I am covered or very much about Iowa Wellness Plan.

Seems to have switched smoothly but I just don't know what this medical all covers.

The biggest problem I have is knowing who will take Iowa Wellness and being turn down, living in [TOWN], and having to travel to [CITY] for care, transportation is the biggest problem.

The fact that I am supposed to be able to get my teeth pulled right here in town but I don't know who to go see about them all of my teeth are rotted off or below the gum need help with them fast they are degrading my health fast.

Went to doctor that call center told me would be covered, then I received a letter from "you" telling me that I was not covered.

I'm not sure whether dental is covered or not. I know that it was NOT covered for IowaCare; supposedly I was to find out at the beginning of May whether it was now or not. It was a pleasant surprise to find out that my eye checkup was covered.

First I would like to receive letter that I have joined them.
Some local doctors that I would prefer won't take my plan
I hope the card I carry is the correct one.
If it can be used at many clinic and hospitals?
The only problem I received was the fact that I never received an Iowa Wellness packet. So, the hospital had to help me figure out where I should go.
I was kind of in the dark about the Wellness Program as far as what was covered, where I could be seen, if I owed money, and who I even signed up for it through. Luckily I know enough that I had it since I was on IowaCare. I'm still somewhat confused.
Received almost no information. An 8$ fee for emergency room is a joke when most people pay hundreds no matter why they go to the ER
I don't know if I am enrolled in the program. Can someone let me know?
I would like to know more about the dental part. I have false teeth and need to know where to go to get new ones.
I need more information about what I am covered on like eye, dental does it pay for dentures mine got broke and need them. Please let me know.
I would like more information where to find a doctor, in my town. And more about next year’s costs.
Lack of information regarding availability and coverage.
Still unsure about benefits related to vision care, hearing loss, and dental.
I wish someone would send me some paperwork on it so I know what's going on and then I could get some things done.
I'm confused. I was on the [PROGRAM] now have Iowa Plan and [INSURANCE PROVIDER]. Was going to [CLINIC] for my mammogram and PV's. [INSURANCE PROVIDER] says I need to go to one of their providers, which one do I use the plan or [INSURANCE PROVIDER]. Would still like to go to [CLINIC] for my mammograms, etc. Close to home.
Can I see specialist without a referral?
Be nice to know it changed and what have to pay out if go to doctor, dentist, eye doctor!
It has been slow getting benefit information in the mail. Someone called me from the plan and they told me I had vision coverage all this time. I did not know. I am nearly blind and have not had glasses for several years now.
When we received a letter about choosing a provider, I didn't know any doctors listed in my area, so was assigned a provider. I really would like to switch to a provider I know, but she is in the [CITY] area, and I am in the [CITY] area.
The shift went smoothly. The only thing I would like is a little more information concerning the plan. I am sure I can find it online so it is not a big deal but would make things easier where internet access is limited.
Very little usable information was sent out, nothing was sent about vision plan except that it exists, have drug coverage but again no information sent, but at least my pharmacy knew what was going on because I didn't know anything, no information was sent about copays, what is and isn't covered. Calling [PROVIDER] for information does no good because they admit that they don't know either and no information is available, it is very hard to make an informed decision.
I feel like I get a lot of information but I don’t know what to do next. Finding a doctor in the area is also difficult because I'm here for school, it would be helpful to have a rating on doctors.
It was difficult to coordinate [PROVIDER] with [INSURANCE] as far as adding an authorized representative to my account.

Aside from having a hard time finding a physician who accepts Iowa Wellness and medications covered, it is more convenient to have everything closer to home.

The only issue that has me worried and/or confused is the massive amount of information that's been sent for me as which doctor to choose and/or what to ask from a doctor.

I haven't found a doctor to take it yet. Would like to know if the University takes it.

I never used the IowaCare Health Plan. I'm not sure how to find a doctor for this new plan. I need to have a pap smear and a mammogram. Went through a divorce and lost my insurance.

I would have liked to know what I'm qualified for.

Not all of the approved providers on my plan are taking new patients. Maybe further research should be done prior to listening and approval.

Prior to completing this survey I didn't know I was req'd to get yearly physicals, that's fine but a letter should be sent out to patients. I also didn't realize I could go to the emergency room for a "non-emergency" at all. This is a fact that could save lives when people aren't sure and the $8 fee is a small price to pay. I thought if my issue wasn't deemed an "emergency" I would incur the total cost of the visit. This was very useful information.

I'm just wondering about how I could get a list of dentists and doctors that I can choose to use besides [CLINIC]?

Before I paid no premium but could only go to [CLINIC NAME] or [TOWN]. I would like it to be made more clear what is the lowest plan to choose my own doctor because I rarely go to the doctor.

I need to know more about how to get detailed benefit info about the plan. What is the website?

I do not know when they changed it over and I have no information on it. Could someone send me information on it?

I have never received any information about what's covered, what isn't covered, meds, doctor visits, specialty clinics, I had skin cancer/throat, stent in heart, HBP, high cholesterol don't get because I can't afford them, don't know who to call, and when IA [PROVIDER] I'm put hold for 20 min and so hand up, it sure would nice booklet or pamphlet to read, but blame all on Terry Branstad.

[NAME] never received a new medical card. We requested one online and got a reply that card would be mailed that was two months ago.

Not sure if I can keep going to the [HOSPITAL] since I moved to another home county and if I need to call my new doctor every time I need to go to the [HOSPITAL].

Where do I get treatment for my eyes? I need an answer please!

I was fine I just don’t know what I’m covered for because my packet got wet when a pipe broke this winter.

I have had problems trying to understand if I'm on Medicaid of Iowa Wellness and it makes me question what I will have to pay out of pocket to get to a weight specialist and or knee doctor to get seen what my current health condition is cause I need to be seen but am concerned about the cost of what the outcome would be? Please help.

I would like to get a physical. Do I need to go to [CLINIC]?

I would like more information on where I can go to the doctor can. I use my same doctor I have had for several years. My number is [PHONE NUMBER]. I would like to ask more questions.

Need to know a bit more about what is covered for dental, eyes, and mental. Thanks.
Not sure what doctors changed from IowaCare health plan to Iowa Wellness plan. Have never received a list on what doctors take Iowa Wellness Plan.

**Part 6A. Experiences with Care/Providers: Marketplace Choice Members**

My doctor is drowning in patients. A tired doctor makes me nervous. Finding a local doctor is difficult if not impossible for those without a computer.

I feel I really have a doctor who knows what she is doing. I hope I can stay on this plan.

My wife had her gallbladder taken out on [DATE], finally, when she was first diagnosed she was on IowaCare and it took her a month to even get an ultrasound that was in [DATE], they told her it would probably be another month before she would get a scan of her gallbladder. We got tired of the run around. So we pay cash $60.00 out of our pocket to go see her old doctor, before IowaCare she made an appointment with him and the next day he scheduled a scan. The next day after scan doctor office called her and told her she needed to talk to surgeon. They would set up an appointment to see one. But couldn't because of the IowaCare. I would have to go through IowaCare doctor. I told [CITY] doctor what was happening they told me that I would have to wait until she could get an appointment in [HOSPITAL]. She waited and waited and didn't hear anything, so she waited until we got our [INSURANCE PLAN], and went back to old family doctor where referral was still good to see surgeon. She had her gallbladder out on [DATE]. I'm so thankful that we have [INSURANCE PLAN]. We get to go back to our regular family doctor. We get to get proper health care. Thank you.

I disliked the doctor at the clinic in [CITY] that I would only go for Rx renewal and if was unavoidable. Each visit would result in my feeling totally dissatisfied w/doctor and most of staff. Have not had much opportunity to utilize program and benefits. But have accomplished with ease what I have needed to.

Physicians seemed to put you on hold until you actually switched and they knew what type of insurance you have.

Didn't change with insurance but cannot get appt. to see own dr., have to go to walk in [HOSPITAL NAME].

My doctor's only in on Monday's only and they're given me the wrong medicine.

My new doctor treats me as a human, he cares about me and how I'm feeling, and if he believes I need pain med he gives them to me! P.C. never addressed pain, ever.

I loved my dr. before he got sick and had to not be around sick people. The doctor they gave me next wasn't a good at listening as my other dr. I have not met the new dr. yet but it has been difficult getting prescriptions correct.

IowaCare was [CLINIC] based and had bad quality of patient care. I want to see a doctor that knows my case and helps keep me healthy and prevent illnesses.

IowaCare doctor just prescribed meds, no actually finding problem. Personal doctor ran test to find out, but unable to find true problem does not take time to read x-rays. Chiropractor read x-rays and showed where and what nerves was damage and trying to make problem better.

My doctor seems too busy every time I see her because so much I need referred here and there she only focuses on one thing!

Happy to get away from [HOSPITAL] for care that system was horrible and care lacking.

Thankful for my insurance and my doctor of understanding my needs.

Hi, we had [DOCTOR NAME] when we went to [HOSPITAL]. She was very rude to us, and is a very terrible doctor, very rude, and made us feel like we were bothering her. Will not ever go back to her.
Please keep it simple and make sure you inform the doctors’ offices. They still question the [INSURANCE PROVIDER] cards and which doctors are on it even when you tell them they are.

Has been very good. Help that I got was excellent. Thank you.

With IA Care and this coverage (always went to [CLINIC]), they have always treated me excellently. Good hospital.

## Part 6B. Experiences with Care/Providers: Iowa Wellness Plan Members

<table>
<thead>
<tr>
<th>I broke my leg and ankle on [DATE]. I had to have surgery 3 times and therapy. I had excellent care. Thank you.</th>
</tr>
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<tbody>
<tr>
<td>It's like when I ask about self and issues of myself feel like kept out of information of sickness and things not explained but future times and appts.</td>
</tr>
<tr>
<td>I have been very satisfied with my care and the doctors.</td>
</tr>
<tr>
<td>Transportation can be an important issue for people like myself. Current providers in my state/county are inefficient and difficult to work with. [PROVIDER] should NOT be considered a reputable contractor!</td>
</tr>
<tr>
<td>I've got anxiety issues and it's hard for me to see new doctors. I do want a doctor from [HOSPITAL]. I would appreciate it if I could have a personal physician or (reg dr) list for [CITY], IA, as well as dentist also if you guys handle that also. Thank you.</td>
</tr>
<tr>
<td>I had excel care while getting my right knee (complete) replaced. Thank you for all your help getting me back on my feet.</td>
</tr>
<tr>
<td>It was hard to decide to choose health care closer to home. I was very pleased with my previous care provider and staff. The practical side to choose a provider close to home won out. I'm just as pleased with my new provider and very grateful for all of the care I've received! Also, thanks for the $2.00.</td>
</tr>
<tr>
<td>[SERVICE PROVIDER] did everything for me. And they were pleasant and fast at getting me to the doctor. I wanted and sending my cards out.</td>
</tr>
<tr>
<td>Haven't had to see my doctor yet. Just hope I'm not judged, like I have been in the past, people speak to you like you're an idiot, and I have addressed the problems, when needed.</td>
</tr>
<tr>
<td>I wish the doctors would had done more than they did. Got very angry when these doctors told me there's nothing wrong with me. Just go back to work, got hurt even more. I have too much pain to ever get over this ordeal. Please call anytime [PHONE NUMBER].</td>
</tr>
<tr>
<td>Good service from health care provider at [HOSPITAL].</td>
</tr>
<tr>
<td>I don't go to the doctors that often. But when I have it's been a very easy process.</td>
</tr>
<tr>
<td>With both I have to change doctors within the clinic about every 6 months making it difficult to really treat me.</td>
</tr>
<tr>
<td>I have been told several things about this plan if I was still on IowaCare I would have done had my surgery but now I am being put through the same test and then new ones. And it is all going to same. That surgery is going to be the only option and the letters I got say transportation is provided you get the appointment and then you call you get told your plan does not cover it. I really thought doctors were there to help but if retaking test that have been done not once but twice and now a 3rd time is just wasting money. On IowaCare I had 2 MRI's and was told by 4 doctors on IowaCare that I need surgery and 2 of those doctors were microsurgery so because of the change in my IowaCare I am having to go through painfully test that all have come back to the same thing. And what is sad there are more being ordered and you just have to wait months. And the meds</td>
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</tbody>
</table>
you are on don't work, and they will not change them. This says I will be a # but I have a name I am a person. I have feelings. I am going to give you my name.

I have been on the same prescriptions for over 10 years and I think having to do a P.A. every time the doctor makes adjustments to my medicines is outrageous. I've been trying for over a month to try a new med and you keep denying it.

The doctor I had with [HOSPITAL], [DOCTOR NAME] was very nice and caring. I would like to thank her.

I really would like to not be afraid to ask the doctor questions!

The [HOSPITAL] was great to me and I switched ONLY for location reasons.

At [CLINIC NAME] in [TOWN], my doctor I see is the best doctor I have ever seen. He goes above and beyond to help find the problem to fix it. He's awesome.

My general doctor that I have had for years, I now have to change to a different clinic and doctor. It is worth the adjustment for medical insurance.

Not all doctors under IowaCare were bad, but one in particular was horrible and he happened to be the one running the clinic at [HOSPITAL]. Very happy to be free of the draconian IowaCare system.

The nurses at the new doctor’s office treated me rudely and wouldn't make the apt with the ear specialist until I called and asked to see my doctor for another appointment. The receptionist and doctor at the specialist were also rude and I heard her say "why do we need to see people like that here"!

The phone number on the provider list for the doctor assigned to me is incorrect. I'm sorry I've taken so long to complete the survey. Thank you.

Appt take too much time to wait.

[DOCTOR NAME] took 9 months to recommend me to a doctor for gallbladder procedure after test saying I needed it removed. I was always frustrated after being to doctor. Transportation was not a problem but the "trip" was major cause of stress. When going to specialists in [TOWN] the best doctors in the world cared for me and I never felt more secure with health care as then. Iowa Wellness plan itself makes me feel I am worthy of the health care I would choose for myself if I had my own healthcare that I could afford. I feel there is no discrimination and no denial of care. It is some of the best care and the changes were sure welcome.

My doctor is pushing me to change rheumo doctor not too happy about it as I like doctor [NAME].

Part 7A. Problems with Access to Care/Need Additional Coverage: Marketplace Choice Members

The new plan doesn't have vision or dental for adults diabetic's in case the new plan would add both it will end up costing me a lot of money for dentures and the cost of dilation to have my eyes checked.

Please get vision coverage.

My doctor recommended another eye exam. My eye exam under IowaCare was totally covered, but this one under MCP was not. Now I owe $250 and which I'm certain won't be paid. I wish my doctor had advised me to check my plan for coverage.

Dental and eye exams, would be great if they were covered or partly covered. I have both false teeth and poor eyesight (glasses). Dentures fit poorly and have needed glasses for 3 years.

Changeover was easy, but why do they only offer vision care for children and not for adults?

It is harder in general nowadays to get the help needed for things because of people using prescription drugs inappropriately. Now people who need them can't utilize them.
<table>
<thead>
<tr>
<th>Not much change, would be nice to have eye care and dental available.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental and vision coverage are greatly needed. Just discounts on glasses and preventative care for teeth. The waiting period to get an appointment is 2-3 months unless you do a walk-in appointment at [HOSPITAL NAME] which means standing in line at 5 am and hoping they take more than 4-6 people.</td>
</tr>
<tr>
<td>The doctor I was assigned can never get me in referred me to urgent care then I got the bill said I had no coverage. And could not get meds I needed said I have no coverage for prescriptions. Only for things to help quit smoking which I do not do. Helps with nothing.</td>
</tr>
<tr>
<td>I have severe profound hearing loss since I was 6 months old and right now cannot get assistance for my hearing loss. Need some kind of coverage for my hearing loss.</td>
</tr>
<tr>
<td>I have to go 30 miles to get a doctor to see me. My home town hospital will not see me or doctors. Not very happy!</td>
</tr>
<tr>
<td>It's hard because everything has to be pre authorized, and there's only generic meds you can get. I need 1 brand name drug, because there is no generic yet. Med = Nexium. I like [INSURANCE PLAN], but they should cover more. Like dental and eye glasses.</td>
</tr>
<tr>
<td>Would like to know why I can get health care coverage and my husband cannot. I do not know what my coverage is on my health care plan. I would like to go back to IowaCare.</td>
</tr>
<tr>
<td>I wish the plan would include dentures. I had my teeth pulled and haven’t had the means to buy my dentures. Even if there was a plan to help with some of the cost would help a great deal.</td>
</tr>
<tr>
<td>Its difficult having to go to [CITY] for all major things I need. I live in [CITY], where there are 3 hospitals, but neither 3 will see me. The inconvenience of driving nearly 2 hours to [HOSPITAL] is annoying and very costly. That's my only complaint. Why can't I be seen in [CITY]?</td>
</tr>
<tr>
<td>That it is a concern when I have to wait 6 months to get an appt. for a physical. I will try to get in sooner through.</td>
</tr>
<tr>
<td>There's nothing different just my prescription has changed, no more co-payment. Why won't they pay for the dentists? I've to pay 150-200 just to see the doctor to get my teeth clean.</td>
</tr>
<tr>
<td>I could not get my meds refilled.</td>
</tr>
<tr>
<td>I have found that I cannot go to a dentist or get my eyes checked, I can probably afford to pay for the eye exam but dental care is expensive, I am thankful to have the insurance though.</td>
</tr>
<tr>
<td>I get free health care at [HOSPITAL] but NO dental! I need major dental care, that's the only reason I signed up. Have NO clue how this works!</td>
</tr>
<tr>
<td>I need my teeth fixed.</td>
</tr>
<tr>
<td>I have R.A. and have difficulty driving (hands). It would be beneficial if transportation was included to get to doctor appts.</td>
</tr>
<tr>
<td>Very disappointed in the mental health coverage part. There is NO ONE in my area that takes the full coverage. Not happy about it.</td>
</tr>
<tr>
<td>Dental and vision is necessary, even if it were on a couple-year basis. Had to pay $290 out of pocket for glasses (first pair in 7 years-trifocals). Could use dental care very bad but cannot afford it. My son has mental issues and probably will not send in his questionnaire. He needs medical, mental, and dental care but will not go to a doctor. I cannot afford to pay $10 a month for him next year just because he refuses to get care. Why wouldn't necessary info be given to us? I.e. $8 for ER visit and $10/mo. Next year if no physical exam this year?</td>
</tr>
</tbody>
</table>

31
I am pleased we had coverage, but we have to send in proof every year we need insurance, (self-employment income tax return) this stopped our coverage, because the office who does review is so busy. I hope it works out for us. We have no insurance now.

I just am not getting my meds. Right now I need them. I have asthma and high blood pressure. They still haven't figure out when I am getting it. I am sick and disappointed with the health care program. I need my meds.

No one in [TOWN], Iowa would schedule a colonoscopy. [CLINIC] is listed on [INSURANCE PROVIDER] one's list of providers but they said they are not in [INSURANCE PROVIDER] one's network. Frustrating! As big business hospitals and clinics not cooperative? Because they are against Obama Care?!

I don't have any coverage for vision care and hearing aids, that's what is most important to me so I could see and hear. I didn't want this plan at first but since it was pushed and forced on me this is what I have till Iowa decides to change the plan in the future.

Overall, it has been a very smooth transition. My main health concerns are visual. Whom should I contact? (Paid out of pocket at [CLINIC], and [CLINIC] in [DATE]). Not satisfied with outcome.

I will need help with my pills and supplies.

I had a hard time getting a doctor, it took me a while. Also I never got any help with my new glasses when I got them.

I've learned since changing plans my Symbicort inhaler is no longer covered by my insurance plan.

I don't think I should have to go 3h+ to go to a dr. I should be able to see a dr. right here where I live.

Why is there no dental!

Not very happy with the prescription plan, I had to change my long term insulin and neither my "doctor" at [CLINIC] or the new DR. I tried to see would change the prescription. I am still trying to get it changed

I was just disappointed in the prescription process, some meds were not covered and we had to call [INSURANCE PROVIDER] several times to let them know we are using local pharmacy.

My problem was my meds, I couldn't get two through mail because they were narcotics and doctor wouldn't let me, I had some problem they wanted them to be mailed.

I did not like that they wanted (pressured) me to use a mail order pharmacy. When I received the original materials they did not indicate it. Sneaky.

I've had a great deal of trouble receiving prescribed medications and glucose test strips. I'm a type I diabetic and to need prior authorization is ridiculous. Instead of receiving insulin through the mail I get letters stating prior authorization is required. This has forced me to purchase at the local pharmacy at full cost.

I have a neck injury and went to a specialist doctor (in [DATE]) he recommended an injection to my neck in my spine to relieve pain and it was turned down. Reason, my medical issue did not meet criteria to allow it done.

Had some problems getting my meds every month.

Would be nice if [CITY] had something available rather than having to drive to [CITY]

I should be able to get meds anywhere I choose. Do not like mail-order!

I need a doctor closer to home but brochures said I had to continue going to [CITY].

| Part 7B. Problems with Access to Care/Need Additional Coverage: Iowa Wellness Plan Members |
|---|---|
| I am pleased we had coverage, but we have to send in proof every year we need insurance, (self-employment income tax return) this stopped our coverage, because the office who does review is so busy. I hope it works out for us. We have no insurance now. |
| I just am not getting my meds. Right now I need them. I have asthma and high blood pressure. They still haven't figure out when I am getting it. I am sick and disappointed with the health care program. I need my meds. |
| No one in [TOWN], Iowa would schedule a colonoscopy. [CLINIC] is listed on [INSURANCE PROVIDER] one's list of providers but they said they are not in [INSURANCE PROVIDER] one's network. Frustrating! As big business hospitals and clinics not cooperative? Because they are against Obama Care?!

I don't have any coverage for vision care and hearing aids, that's what is most important to me so I could see and hear. I didn't want this plan at first but since it was pushed and forced on me this is what I have till Iowa decides to change the plan in the future. |
<p>| Overall, it has been a very smooth transition. My main health concerns are visual. Whom should I contact? (Paid out of pocket at [CLINIC], and [CLINIC] in [DATE]). Not satisfied with outcome. |
| I will need help with my pills and supplies. |
| I had a hard time getting a doctor, it took me a while. Also I never got any help with my new glasses when I got them. |
| I've learned since changing plans my Symbicort inhaler is no longer covered by my insurance plan. |
| I don't think I should have to go 3h+ to go to a dr. I should be able to see a dr. right here where I live. |
| Why is there no dental! |
| Not very happy with the prescription plan, I had to change my long term insulin and neither my &quot;doctor&quot; at [CLINIC] or the new DR. I tried to see would change the prescription. I am still trying to get it changed |
| I was just disappointed in the prescription process, some meds were not covered and we had to call [INSURANCE PROVIDER] several times to let them know we are using local pharmacy. |
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| I did not like that they wanted (pressured) me to use a mail order pharmacy. When I received the original materials they did not indicate it. Sneaky. |
| I've had a great deal of trouble receiving prescribed medications and glucose test strips. I'm a type I diabetic and to need prior authorization is ridiculous. Instead of receiving insulin through the mail I get letters stating prior authorization is required. This has forced me to purchase at the local pharmacy at full cost. |
| I have a neck injury and went to a specialist doctor (in [DATE]) he recommended an injection to my neck in my spine to relieve pain and it was turned down. Reason, my medical issue did not meet criteria to allow it done. |
| Had some problems getting my meds every month. |
| Would be nice if [CITY] had something available rather than having to drive to [CITY] |
| I should be able to get meds anywhere I choose. Do not like mail-order! |
| I need a doctor closer to home but brochures said I had to continue going to [CITY]. |</p>
<table>
<thead>
<tr>
<th>Have depression therapy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure there's dental care for checkups and other like fillings and root canals. And removal as teeth if very bad condition like wisdom teeth. Thank you.</td>
</tr>
<tr>
<td>When I need to get a refill on one of my medicines, I have to wait till the insurance allows me to have it again, and several times me and my husband have completely run out and have days we have to go without, my opinion that is wrong.</td>
</tr>
<tr>
<td>I like my family doctor but IowaCare doesn't cover my medicine. What can I do?</td>
</tr>
<tr>
<td>Yes had vision tested, IC AP and IWP paid for it, but I needed glasses, which they don't pay for why get eye exam? Yet they will pay for mammograms, colonoscopies makes no sense.</td>
</tr>
<tr>
<td>Ok, I need eye glasses and IWP doesn't pay for them. I have no income coming in so $160 is too much to help me out.</td>
</tr>
<tr>
<td>I wish there were more places to use IWP. I have to drive to [CITY] which means taking at least a half day of work off. If it was local I could use my lunch time to go. Thank you!</td>
</tr>
<tr>
<td>Not covering for a replacement screw for by BAHA hearing implant. Was denied for no reason at all. I'm supposed to have a bilateral implant. It's not covering what I need it for. I'm hearing impaired with [DISABILITY] syndrome.</td>
</tr>
<tr>
<td>Can't get a dentist they say Iowa Wellness doesn't cover dental.</td>
</tr>
<tr>
<td>I would like to be able to go to a doctor and emergency room in my town.</td>
</tr>
<tr>
<td>I wish it included dental right away instead of a few months later.</td>
</tr>
<tr>
<td>Can you assist on gas expenses; child expenses or daycare during appt.? I never read any materials on IowaCare.</td>
</tr>
<tr>
<td>Having prescriptions filled has been extremely frustrating. So far, I have had to pay over $200.00 out of pocket due to issues like the health plan covering a capsule vs. a tablet.</td>
</tr>
<tr>
<td>I don't like this plan at all because it does not cover several of the things that entitled my Wellness of health such as glasses, dentures, meds and other services.</td>
</tr>
<tr>
<td>I'm not happy with prescription card. I've had to get two prescriptions filled and had problems filling them. It doesn't cover one of my prescriptions, so I have to pay $30 when I need this filled.</td>
</tr>
<tr>
<td>Just would like to get some kind of transportation to and from doctors if I need it. Also if you have any other programs that I qualify for please let me know might be interested in them.</td>
</tr>
<tr>
<td>They appointed me a doctor in [CITY], I recently moved to [CITY] from [CITY] and cannot get a doctor here to accept me. No money, no transportation.</td>
</tr>
<tr>
<td>Pain clinic had nerve block work 50%. Will not reduce every 6 months like they should. Because insurance will not pay at 50% improvement. Only at 80% to 90%. So I suffer without help. Set to therapy 50 pump. If I was with private insurance they would.</td>
</tr>
<tr>
<td>Wanting health insurance closer to my home, like [CITY] or [CITY] would be good.</td>
</tr>
<tr>
<td>This is much nicer to have. Would be nice to have some dental. At least the minimum 2 checkups a year, just something basic.</td>
</tr>
<tr>
<td>I am having trouble getting the same meds that work for me. I can't get same med or in 1 case I can't get the mg. so I have to take twice as many pills.</td>
</tr>
<tr>
<td>I was surprised I have to pay for my gloves but not for exam. I was surprised I had to wait so long to get dentist help because it wasn't there at first but now they will have us after May 1.</td>
</tr>
</tbody>
</table>
Nothing that I can think of. But need to see a dentist I keep having to pull my own teeth 3 so far. I need lower dentures.

Have had lots of back pain and insurance only pay for 2 MRI's a year what if you need more what do you do? Already had that problem.

Need dental very, very bad!

I like this plan, but they don’t pay for glasses or hearing aids. They should. I had to get my own glasses. I need hearing aid now, but no money to get them.

Liking the fact Iowa Wellness has a dental plan in place. Was hoping it covered mental health more effectively.

It has been a nightmare getting medications. The free clinic gives you name brands that the "new plan" refuses to cover. For example insulin quick pens given by clinic "new plan" refuses to cover. They only will cover syringes which I will not use. I never have used them. It takes a lot of work going back and forth with the doctor's office concerning pre-auth's. Very disgusted with this process!

Getting meds for my lung condition.

I had no trouble changing to Iowa Wellness Plan. The only trouble I have had is getting the type and amount of prescriptions I need in a timely manner. In spite of my going to my new doctor and getting all my prescriptions transferred.

Assistance with transportation for medical services would be a great help. Thank you.

The change was fairly easy except prescription. At first you were only able to obtain 2 weeks of medicine, this made it difficult as I don’t live in same town as I get medicine.

Would like if it would help pay for eye glasses. Any little bit of help from the plan for this would be appreciated.

I would really love if this would work for dentist visits. I have bad teeth. And I also think that it should cover one set of eye glass frames a year.

I don’t like that they don’t cover eye care!

Dental is a problem. Under IowaCare I could get some dental care. Under Iowa Wellness I have none.

It was printed that we had dental coverage as of Jan 1 2014. But after I and many others went to the dentist we were told there was no coverage! So we ended up stuck with the bills and couldn't afford to pay! This was very misleading!

Making appointments w/PCP has a 4-6 week wait. That is the main reason people are going to the ER for non-emergencies. I can only imagine the wait to schedule a physical exam! Need more providers!

Needing eye glasses and dental.

I thought dental was covered and just recently learned that it wasn't until May 2014. So now I have a dentist bill for over $300 that I cannot afford to pay.

It all happened by itself. I got a letter in the mail informing me of it. When I need a visit that my doctor is unable to do (mammo) I have to find a way to [CITY] (35 miles), the cost of gas is a big concern and I am driving a borrowed vehicle. P.S.: Thank you for the $2.00.

I like the Iowa Wellness plan except there isn't any transportation to [CITY] so I can't get there to see my seizure doctor.

My wife has the same coverage. Had her teeth pulled on the IowaCare [DATE] We said we didn't want to do it if the new plan wouldn't cover the dentures. They said no problems. So she had them pulled. Called in Feb to make the denture fitting appointment and they said they weren't' covered. Wouldn't know anything till May.
Talk about stress! They are now covered but she went thru a lot of anxiety and stress and now has shingles thanks to the stress.

I want to stay with 1 doctor and not be jumped around because it makes it harder for new doctors to keep track of what is wrong because they are new seeing me.

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### Part 8A. Problems with Cost: Marketplace Choice Members

I hope the Marketplace Choice Plan does not plan to start charging money for every little thing people cannot afford to pay. They need to pay for all of dental work. If people could pay for this they wouldn't be on this program.

I just need some health care I can afford.

Mostly I was wanting surgical help, but the price went up by 10,000 dollars, can I use my health care out of state?

I am on a tight budget.

I am very happy to have health care and be under my previous dr. (practitioner). I am concerned about the fees that will occur as per letter at my death, from all dr. visits, test, therapy, etc. I need to find out how to try to pay them off as they occur or find coverage from other insurance if possible to go along with the Marketplace Choice Plan. I've had a scare that led me to acute care, doctor visit, ultrasound on leg, ER visit for heart and leg, PAD test, and more doctor, lab, and finally physical therapy and mammogram and colonoscopy.

I am not pleased at all. No one wants to touch this new insurance and all the co pays for my glasses and full payment of any dental is going to break me. Might as well not have insurance. Cost would be the same for the most part.

MCP is a great improvement over IowaCare Plan. Some hospital charges are going unpaid under IowaCare when I was put in the hospital from the emergency room and I guess I was only allowed the stay, tests, treatment, etc. if I had gone to [CITY] or [CITY]. I went in directly from the ER so I don’t understand, and I am being threatened by collections.

Dental co pay is really high I didn’t have $40.00 co pay for abscess on my gum was really in pain and couldn't go to dentist.

When on IowaCare I had to go to [CITY] to get health as I went to [CLINIC] in [TOWN] and now I have to pay all the bills. So now I don’t go at all, I can't pay the bills.

I am so worried to be in Marketplace because maybe I don’t have enough money to pay.

I was told I would receive a letter containing a list of Doctor’s that I can choose from for my new plan. I still have no choice but to continue going to the [HOSPITAL] for doctor visits which costs me $25.00 in gas for a round trip.

I did not understand some of the changes, but now I can get my medicine, I had to pay full price for meds, I had to pick to eat or buy my meds. It was very hard on me.

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### Part 8B. Problems with Cost: Iowa Wellness Plan Members

I have a problem with my prescriptions I have to pay out of pocket of $58, now I have two more med rounded off to $72. Why is that? What happened to the $4.00 plan? Help rx plans this to me I can' afford it.

Not sure how many other things I may have to pay for.
Can't afford any more bills than I have already. Income is SO LOW, I can barely get by now ($503/monthly). It would be devastating.

I have only gone for carpal tunnel in both hands. I still have to set an appointment at [CITY] for the heart doctor so without I can't afford my medicine I'd have to stop taking otherwise I've hardly used it yet.

My (0) zero to none co-pay for my prescriptions as before I could not afford to pay even on a sliding fee scale, which I had to ask family and friends to please help me if they could. I still owe that help back. With IWP I don’t have to worry so much, little to none. I am very appreciative for IWP.

I went to the ER at [HOSPITAL] for insect/spider bites on my left arm. I had to pay the total cost of $116.00 for the emergency room.

I work full-time and try to live on 500.00 a month. I barely have gas money to get to work, going to the doctor is only a necessity and can't afford all my medications. I hope this survey helps. I didn't care for IowaCare at all because I had to drive 150 miles to see a doctor I could only see every 6 months and they didn't pay for medication at all, this ins I do get my meds (hopefully) as soon as I can find a doctor that will take me, with all my health problems.

I believe that unnecessary Emergency room visits should cost more than $8 a visit if it is something a routine doctor’s visit could handle.

The not knowing and not understanding of the plan caused and continues to cause stress. Never was anything said or wrote about a $5 monthly fee or having to get a physical exam, or an $8 fee for going to the emergency room. I don’t go to the doctor now because I CAN'T AFFORD to go, forcing me to pay for monthly fees isn't going to help with stress which will end up causes stress that will just make health.

Prescription costs are the biggest hurdle in getting treatment.

I had to because of the financial strain on my family. I had to switch from [CITY] to [CITY] since I was able to through the new health care reform.

I have more coverage but I still need cheaper vision care.

I worried about where and how much I had to pay for medications at first until I called [PROVIDER] and it was explained to me. I have several fillings that have fallen out and I can't/don’t have the funds to get them taken care of. One even broke under gum line and ATB was prescribed to help but tooth still not taken care of after 2 months. Preventative care would have secured my teeth and my health as well. Plus the pain I am experiencing presently, from these bad teeth would've been prevented.

I'm a single mom so an extra bill makes me a little nervous.

I owe [CLINIC] a bill $450.00. I need to pay that bill to get back on my high blood pressure meds or make an appointment to [CITY]. My job is not making ends meet I have just enough to pay bills. Thank you for your time.

I don’t like the idea of the charges. I do not have any income right now that is why I am on this insurance.

First of all I have no income so a premium is unaffordable per month any second I am applying for disability for several health issues and Iowa Wellness will not cover certain procedures needed to be taken to attain disability.

Need way to get glasses exam paid with copay but have to pay for the glasses.

**Part 9A. General Negative Comments: Marketplace Choice Members**

At this point the only thing bad I have to say is the time between seeing my primary health care provider and actually being seen by a Marketplace doctor for my condition.
You guys change a lot to your benefit not to us. If you don’t do this we change you or don’t let you get more help, your definition is different than ours. If I had a heart attack it might not cover anything or you guys change too much on different items like doctors, x-ray, hospital, medicine because you guys want to make money not help the people who can’t afford them.

Hate it. It’s like starting all over again. Have to go back to PT after been dealing with an issue for 3 years. I would rather not have it. Rude people. Frustrating!

Iowa care was working for me fine. When [PROVIDER] sent me the two different plans I never responded so they chose a plan for me. I don't like being forced to choose something I never wanted. I don't see any difference with Iowa care and [INSURANCE PLAN].

I got this letter in the mail that said my estate would have to pay for any medical costs/premiums paid by Medicare, what's that all about? Obama Care forced me to carry insurance from Jan. to Oct. of this year, 'til I'm 65 and now my estate has to pay for it, sucks!

I got changed from [CITY] to [CITY]. Now why would I want to drive an extra 2 hours?

My doctor explained how I could go to any doctor in town instead of traveling to [CITY] but when she tried getting me in the doctor and hospital said they will not see me until total of past bills are paid in full. How does that help me? If I couldn't pay bill before I can't now neither. Also when they signed me up (dictatorship) they said I had to pick [INSURANCE PLAN] in order to continued care through [CITY], said if I picked other one that they could no longer see me.

I don’t like going to [CITY] for my doctor. The driving is too hard on me and they keep moving my doctor in the [HOSPITAL].

It's a pain, and the federal government needs to stay out of health care!

Prescription refills are confusing, when you go to get refills no charge is asked, then receive notice to but through the mail or be charged, rather not go through the mail.

Stop requiring healthcare.

Doing stuffs online is very hard and impossible for our family.

I have not been happy at all. I was doing fine and then I got a letter canceling me due to lack of information I was not asked to give. Very upset!

My wife now carries insurance on everyone in family and we had to call 3 times to cancel this plan and we still keep getting cards and information on this plan.

Do not like having to change my medicines to get them paid for. The ones I had worked best. Don’t like only getting one month at a time because I have to go to the store many times now.

Somewhat confused there are people that their jobs offer insurance and they don’t want to pay that amount. They refuse and still get Title XVIII automatically. Think there should be a requirement everyone apply for market place not automatically be put on Title XVIII without.

I want to see my doctor once a year. I want my prescription written for a 12 month supply. I have no desire to see doctor unless a change in my health warrants it.

Although my doctor is closer getting my meds is very difficult. The communication with doctor office is very poor. Obama has ruined this country.

### Part 9B. General Negative Comments: Iowa Wellness Plan Members

I had a paramedic last year seen her once in a year she got fired for not following up on patient. Nurses are to help a doctor not treat a patient they don’t know enough. If I have to go to doctor I want a doctor not a nurse.
[CLINIC] and [CITY] are both good hospitals. ACA/Obama Care is just wrong this is communism at best, needs to be repealed. No government should cover health care. That’s between the doctor and patient not government to look at, or to look at bank accounts. This is all wrong and against the constitution and bill of rights.

If these are the changes you’re trying to make you’re just being money hungry and not trying to help the less fortunate ones. This is silly/stupid/*******.

Nothing, but I don’t feel its right that getting Medicare we have to have a supplement insurance also. I do not like Obama Care!

Having to pay for parking at [HOSPITAL] is a load of ****. Don’t they make enough money already?

[PROVIDER] decided for me, I chose, when given the right, the co-opportunity program. [PROVIDER] changed it against my will. I don’t care, I guess, at this point. But it should be the individuals’ choice when provided.

The "government" is becoming nothing more or less than that of a dictatorship. This "Wellness Plan" is just another way to suppress Americans; Americans that are supposed to be free; free to choose for themselves. However, this country is no longer free!

Wish it would’ve stayed Iowa Health Care.

I don’t think I should’ve had to call to find out! Also, I had to call to get verified! Lastly, I am unable to get glasses b/c [INSURANCE PLAN] doesn't pay for them! That's pitiful! Haven't been able to get them for 3 years b/c of no ins. Now, I still can't and I have insurance!

I used to get rides from the [HOSPITAL] transit to go to my appointments, and after they stopped my iowacare the transit stopped.

Don’t like it. Don’t like being forced into this ****!

I would rather choose which doctor I want to go to.

This new system sucks. Plus last year I actually paid for Iowa Wellness, now I'm on Medicaid and I feel like a low life with no local care that's worth a damn. I will say this, primary care is great but I'm in [CITY], driving is expensive.

I'm disappointed that administrating the health care process requires further administration, in the form of a "university study", to get people the care they need, deserve, and are entitled to.

I think when all he bugs get worked out it will be a lot better deal for everyone. I don’t believe Obama meant for it to be this big of a problem. It was everybody else that don’t want Obama to look good, makes it a problem! Thanks Obama for trying for the working man!

All health care providers and employees of WP are very well informed and competent.

Haven't really used it yet but for treatment and one ER visit, but so far great to have.

I no longer have the $4 per prescription and that help a lot.

It is good to know that if I've get sick we do not need a referral to get the attention we need.

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**Part 10A. Other Comments: Marketplace Choice Members**

Nothing pertaining to my health or coverage has changed. I still go to my family doctor I have seen for 25 years and just pay his office fee.

I believe if I didn't specify [INSURANCE PLAN] I would have been auto enrolled in [INSURANCE PLAN]. I chose [INSURANCE PLAN], my IowaCare general doctor at [CLINIC] and drive the 1 1/2 to see her.

I would not let a copay stop me from going to the E.R. if nothing were open.
Iowa Care was fine for me. I had no problems with it. I didn't chose. The new market place option. [PROVIDER] did it for me. I thought if I didn't use it I would be fined a penalty.

I liked IowaCare and I do believe we should have co pays to help this Obama Care. Couldn't afford to drive but I also like [INSURANCE PLAN].

I did not have any health care, low income, hard to get a job, [CLINIC] was free in case I needed it.

I never used my IowaCare health plan I only signed up when I had to go to the Dentist, prior to that I would fill out a financial statement with [HOSPITAL] in [CITY] and I would get 100% coverage for 3mth period and I would do this on a as needed basis.

No change to me.

I am on Medicare and Medical part A&B.

Guess that's it for going to doctors.

The biggest problem with the change is in the transportation. The closest doctors would not accept me without first paying off previous bill which is impossible. Next closest one is a better doctor but hard to get to.

Used IA Care once, haven't since transitioned over to new plan.

Because my health is pretty good, I don't think so much about this health plan, though I deeply appreciate having it. I had occasions to use Iowa Care for a surgery on an epidermal cyst on my right index finger. And some other routine things.

I really don't know because I haven't had to use the insurance yet.

This is the first!

I have not used it yet however I do need to see a heart doctor and get prescriptions renewed.

I feel why they made it a law. People isn't working or on a tight budget, how are we try to survive.

I was first told my income was too much to qualify for the plan. I had to make copies of my biweekly pay stubs and send them in to prove I did not make the kind of money they (for some reason) thought I made.

I wish our governor (Brandstad) would let us use Obama Care. It would cut cost. We are getting less than we pay for and deserve. Everyone should have affordable health care not just politicians and the rich people who pay for their campaigns. I think this is better insurance than I had with [INSURANCE], it's much more affordable than [INSURANCE] was. I like my current dr. my old dr. retired. I miss her.

So far, there has been no difference except that my medication is now free including one inhaler I needed but could not afford.

I didn't get any changes after changing from the IowaCare Health Plan to Marketplace Choice Plan. It is same as IowaCare.

Have not used.

I kept my doctor in [CITY] partly because I go there to see the Dermatologist and also because it was difficult to find a doctor in [CITY] that wasn't at [CLINIC], which I don't like, that accepts Medicaid.

Wonderful. I tried to get my thyroid checked in June of 2013 only 1 time per year. Not until after [DATE]. In 2013 I lost my directions move to different ramp I had gotten to the hospital for my 3:00 apt at 2:30. I had gotten such a run around I had not found my car until 6:30 pm and I had to go back to work after my apt.

I have not had the need to use it.

Never went to the doctor as I would have had to travel over an hour each way with IowaCare.

I go to [CLINIC] for my health services. I have no personal doctor. I go to [HOSPITAL] for my mamo (haven't gone this year as I don't know if it's covered).
Need to have a co-pay for visits and prescriptions.

Communication, from [PRIVATE HEALTH INSURANCE] customer service - to patient - to doctor - to pharmacy.

Though I suffered from lost wages, due to the flu last January, because of expeditious care and a prescription to address my laryngitis (my job is [OCCUPATION]) I was able to use my voice within 5 days. Too bad that they didn’t give me that steroid when I was a [PERSONAL INFORMATION] and had laryngitis! That was over 20 years ago.

I have [INSURANCE PROVIDER] emergency room and a $10.00 monthly premium would be a little problem.

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Part 10B. Other Comments: Iowa Wellness Plan Members

I have not used the Iowa Wellness Plan yet. I practice prevention to maintain perfect health. The Iowa Wellness Plan is for unexpected health emergencies.

I am now on XIX from Iowa Wellness. Cannot go to dentist till May. They told me that any money towards services would come from sale of house for reimbursement.

Really haven’t had me time to go over and review both.

Thinking about disability SS but don’t know.

I’m his mother and my son won’t go to a doctor unless he needs to. It makes him upset to think about it.

I probably already have prostate and lung cancer and kidney and liver damage. I don’t think I’ve physical in 30+ years never could get to [CITY].

I stay in [CITY], Iowa and I hope I don’t have to drive to [CITY].

I tried to change to a pcp in [TOWN], where we moved to from [CITY], and got a letter saying that regional medical center had to call to say they would see us, after we had been going there for 2 months. We still go there.

After receiving notice of the estate recovery program stating that medical bills paid by Medicaid must be paid back from my estate at the time of my death, I will not use this program for fear of my children losing my small house, which has been in my family for 75 years and was built by my grandparents. I believe this policy is a travesty of justice.

I do not want to change doctors or doctor’s office, which is, [CLINIC] and [DOCTOR].

I had a heart attack last year was at [CITY] have had no tests done at all since.

I am a Vietnam Vet and homeless, living in a fold down camper by a creek in [COUNTY]. I am praying that with the Iowa Wellness Plan I can get my teeth fixed as they are causing me problems. My address is my mothers.

Not much.

What will happen if I ever decide to marry? Will my health plan change drastically or what?

Medical was cancelled when I started a part time job, I was sent an income verification questionnaire to fill out. I had some trouble filling it out I kept calling the phone numbers they told me to use. On the [PROVIDER] form they would not help me. So I told my doctor's office about it. And they told me they had their own [PROVIDER] workers which I did not know. And they help me correct the problem about a month, almost in.

I do not know that I have IowaCare Health Plan or Iowa Wellness Plan. All I was having was Medicaid which I am no longer having. I don’t know what you guys talking about.

I never use let.

Will probably go to the doctor instead of waiting and treat myself.
Right now I haven't needed any kind of treatment so I see nothing different.

There's a lot of differences. But dental has always been a problem, trying to find good people to fix your teeth the right way.

I never used it before and now get health care issue seen.

I didn't go see a doctor when I had IowaCare.

I have [PERSONAL INFORMATION], low self-esteem, not much to look forward to.

I don’t quite understand your letter. What is the difference between IowaCare and the Iowa Wellness Plan? I am a [CLINIC] patient either way.

I have same doctor at [CLINIC]. I plan on making appt for physical, mammogram and cervix exam.

I was only enrolled in the IowaCare health plan for a short time, maybe six months. I never needed to use that plan.

My insurance is [INSURANCE PROVIDER]. Was I supposed to fill this out?

My mom helped me, I have learning disabilities. I read the questions and she helped me understand what they meant and how to answer them.

My answers may be different because our Iowa care or title 19 is secondary. I have [INSURANCE] as primary. I was not asked to be put on this. We are on the edge of qualifying for iowacare based on our income. My husband and I are trying to conceive.

No comments, thank you.

I was at [COLLEGE] then broke both legs and they're asking me for money when I thought I took a medical leave.

I just hope it will get better and just wish I can understand it more.

I have yet to secure a doctor. My meds ran out in Jan.

Regarding #26 - My worry is that when I die any asset (my humble home in this case) will be sold to pay Medicaid premiums that I had incurred during my life. My poor son (lives in poverty but holds a PhD and teaches full time) will not be able to move out of a 35 year old trailer w/his wife and children and move into my house. I feel Medicaid, for the impoverished, should be FREE for always.

When on IowaCare I was told that they would make my 1st appointment and I would have to be seen in [CITY]. I couldn't see my doctor here in [TOWN]. So I went to someone who wasn't with IowaCare and would have continued seeing them if I had been left on IowaCare. Since I am on Iowa Wellness I can go back to my regular doctor. IowaCare would have put a hardship on me and one of my children would have had to miss work as I do not drive in [CITY]. Also in my opinion IowaCare also put a hardship on the hospital and doctors. People from 14 counties were to go to 1 hospital. Dumb idea. I do not get sick very often and I am not on any medication. I am in excellent health and plan on staying that way. I live in a FREE country and don’t appreciate anyone telling me that I have to do as they say. And if you check my records you will see I NEVER ONCE used IowaCare. Thank heaven someone did away with it.

The only reason I wanted to switch from [CLINIC] was that my doctor would change every six months or so.

It has been excellent however receiving a physical should be decided by my doctor and myself. Not the state of Iowa. Especially when I have been being seen on a regular basis anyhow.

Nothing for now.

I don't know, wait and see.

Prescriptions are refilled for 30 days at a time now. The prescription assistance program gave you 90 days of prescriptions.
I didn't use the IowaCare plan much but it's nice to have it if I need it. Yes, I do need a physical.

No changes from the experience. My problem is I've missed 2 procedures because I could not afford to drive to [CITY] when I live completely on the other side of the state. And I'm not sure if I can get my doctors in [CITY] to refer me to a gastroenterologist and endocrinologist in [CITY] Iowa. I'm not sure how to get that done.

I have not used it yet but I am planning on getting my physical.

IowaCare allowed me to get necessary medical screenings as ordered by my doctor. Both screenings were done conveniently at a nearby medical facility. I would have to go to [CITY] or [CLINIC] for same procedures under IowaCare.