



# Reducing Enrollee Churning in Medicaid, Child Health Plus, and Family Health Plus

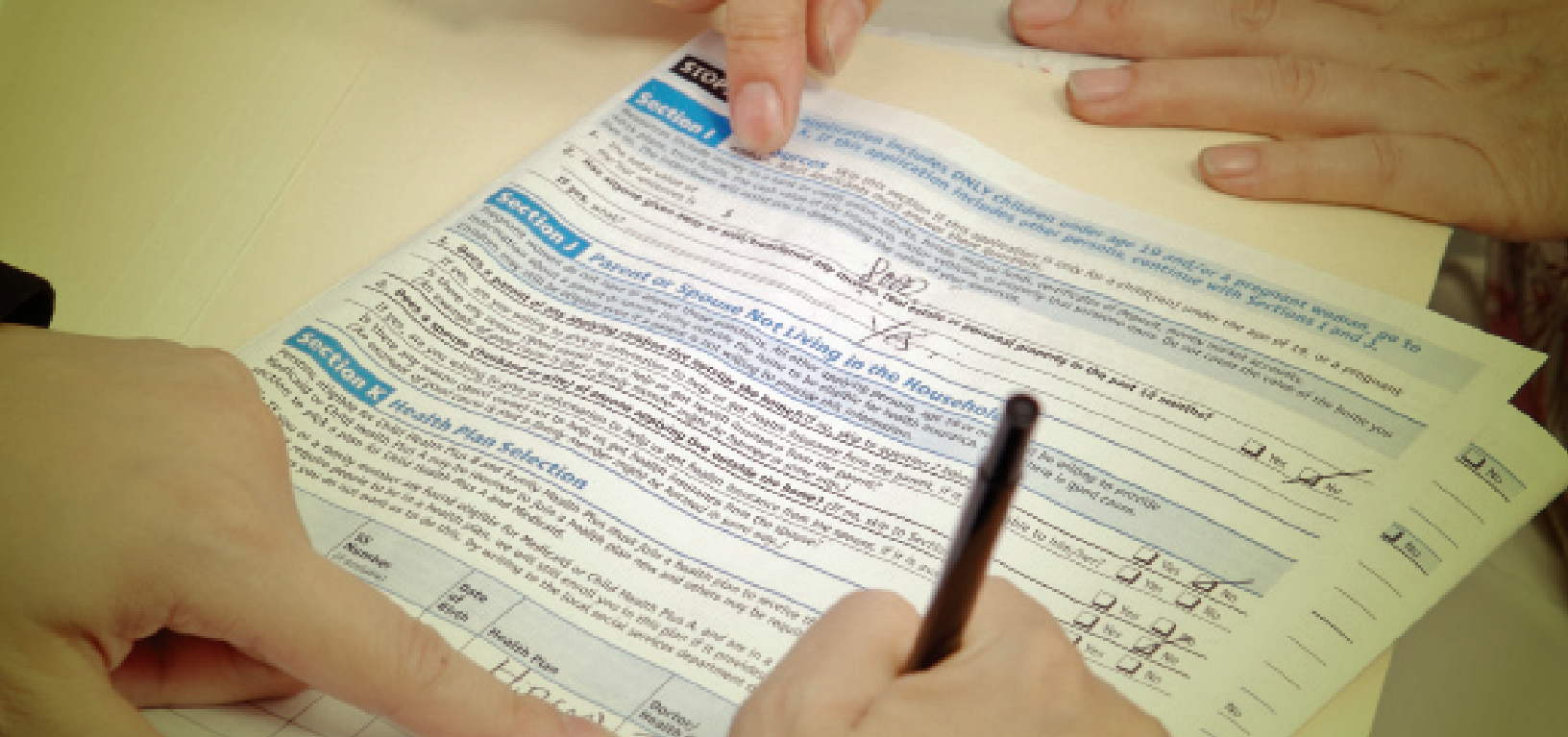
Findings from Eight Focus Groups  
with Recently Disenrolled Individuals

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# Executive Summary



**N**ew York State’s public health insurance programs—Medicaid, Family Health Plus (FHP), and Child Health Plus (CHP) — experience high levels of enrollee “churning.” It is estimated that at least one-third of eligible people fail to complete the recertification process each year and lose coverage. When people lose the protection of continuous insurance coverage, they and their children often fail to receive preventive and primary care, chronic illnesses such as diabetes can get out of control, and pressures increase on already overburdened emergency rooms. After losing their coverage, some former beneficiaries manage to reenroll months later.

There are an estimated 2.5 million uninsured children and adults throughout the State of New York. The current economic recession is likely to exacerbate this number and put even more strain on public programs. Improving recertification rates is a primary means of ensuring continuous health coverage for New Yorkers.

During troubled economic times, it is more essential than ever that the safety net is intact, stable, and functioning smoothly. The New York State Health Foundation sponsored this study to learn directly from recently disenrolled individuals about the challenges they faced in recertifying for Medicaid, FHP, and CHP. The goal was to identify and test ideas to improve the recertification process in order to retain more eligible former beneficiaries. Lake Research Partners conducted eight focus groups and analyzed the results. Groups were held in Albany, Buffalo, and New York City during November and December 2008 with former beneficiaries. Groups were conducted in English, Spanish, and Chinese (Mandarin).

## **MAJOR FINDINGS INCLUDE:**

- Former beneficiaries value Medicaid, FHP, and CHP and want to keep their coverage. All want to stay enrolled and none intentionally dropped their coverage. The programs are viewed as important, affordable, and comprehensive. Former beneficiaries said that they cannot afford health care services without these free or low-cost coverage programs, and employer-sponsored coverage is not available to them. They also appreciate the access to preventive services, primary care, hospitals, medications, dental care, and other services through these programs.
- Most former beneficiaries are now uninsured and a number have unmet health care needs. Some are putting off critical care such as medications for their high blood pressure and diabetes due to costs. Some are becoming sicker and this affects their ability to look for work. Keeping health insurance for their children is a priority for low-income parents and they experience a high degree of stress now that their children are uninsured. Most are planning to reapply and a few have already been reinstated in Medicaid, FHP, or CHP.
- Misconceptions about eligibility, confusion about recertification, too much paperwork, and complicated lives are the main barriers to recertification. Some former beneficiaries also perceive the recertification process to be unnecessarily burdensome. Former beneficiaries sometimes lost their coverage due to mistaken ideas. For example, some incorrectly assumed that employment or owning a car would automatically disqualify them from coverage. Most former beneficiaries feel recertification is more

## Executive Summary *(continued)*

of a hassle than it needs to be and urge simplification of the process. Many former beneficiaries also identify with their health plans rather than with Medicaid, FHP, or CHP, which confused them during recertification. Communication challenges also exist, as many former beneficiaries were unaware they had lost their coverage until they were recruited for the focus groups (i.e., they received no notification from the State).

### **SUGGESTED IMPROVEMENTS INCLUDE:**

- Telephone recertification is the most favored improvement idea for boosting renewal rates. Most said that recertifying by telephone would have made a difference in their recertification. The ease of telephone plus the ability to have a trained staff member assist them are the main reasons for their support.
- Online recertification is another popular option. The majority of former beneficiaries said they have access to a computer and perform at least some regular tasks online, mainly e-mail. These former beneficiaries said they are comfortable completing applications online, and would find the online process convenient since they could do it on their own schedule.
- Most former beneficiaries support telephone reminders. Since a number of former beneficiaries put off recertifying until it was too late, they would appreciate reminder phone calls if they are in danger of being terminated. Some also want the option to receive reminders through e-mail or text messages.
- “Pre-populated” recertification forms would streamline the recertification process. Former beneficiaries would like to receive renewal forms that already contain basic information such as their names, birth dates, family members’ names, and addresses so that they can simply indicate that the information is correct or make updates as needed.
- Many former beneficiaries also support the State inputting additional data from their original enrollment applications or recent applications to other State and Federal programs. This can include income information, but some former beneficiaries expressed nervousness about the State accessing their tax returns for this purpose.
- Offer “recertification facilitators” to those who need help. Many feel the “enrollment facilitators” were very helpful when they originally signed up for Medicaid, FHP, or CHP. They would appreciate the same kind of assistance for recertification. While educational materials can help clarify rules and requirements, one-on-one help to gather documents, complete forms, file applications, and ensure the timely and accurate processing of recertification would make a positive difference.
- Limit interaction with local Department of Social Services (DSS) offices. Most former beneficiaries reported having negative experiences with the DSS staff and offices. These interactions included long waits, unreturned telephone calls, and rude service. Many want to avoid going to offices and interacting with caseworkers. They prefer telephone and online recertification, as mentioned, as well as recertification through health plans.

## Executive Summary *(continued)*

- Chinese and Spanish-speaking former beneficiaries want recertification forms in their language. Chinese and Spanish-speaking individuals reported facing language barriers to recertification; they were sent forms in English, which they could not understand. These participants also seemed to know least about the recertification process overall. Translating renewal forms and other educational information into multiple languages would benefit non-English speakers and help overcome language and cultural barriers.
- Most former beneficiaries recognize the recertification notices and package, and know what they need to do. All said they were clear on what the packet was for and that it “stood out” from other mail. While many would prefer to streamline the recertification process with pre-populated forms, the outside packaging does not need to be redesigned.

Stable and continuous health coverage is crucial for low-income New Yorkers, who are the most vulnerable to becoming uninsured. Structural improvements to the recertification process in Medicaid, FHP, and CHP can greatly improve retention of eligible individuals in these programs and reduce the number of uninsured in New York State.

# Introduction

**N**ew York State’s public health insurance programs—Medicaid, Family Health Plus (FHP), and Child Health Plus (CHP) — experience high levels of enrollee “churning.” It is estimated that at least one-third of eligible people fail to complete the recertification process each year and subsequently lose coverage. With more than 4 million New Yorkers enrolled, a failure of one-third to successfully renew translates to more than 1.3 million who lose coverage each year, thereby joining the ranks of the uninsured. They may only be uninsured for a few months until they enroll again, but this churning creates a burden on enrollees and the programs. It also places the health of these children and adults at risk. Enrolling all eligible uninsured New Yorkers into the program for which they qualify would be easier if those already on the program kept their coverage.

The current economic recession is likely to exacerbate the number of uninsured New Yorkers and put more pressure on State health programs. As people lose jobs, they and their families lose their health coverage too. The Bureau of Labor Statistics reported in January 2009 that job loss accelerated at a record pace at the end of 2008, bringing the year’s total job losses to 2.6 million or the highest level in more than six decades. It is estimated that each 1% rise in the nation’s unemployment rate could lead to 1.1 million additional uninsured people and one million new Medicaid enrollees.<sup>1</sup> It is likely that New York State’s health programs—Medicaid, FHP, and CHP—are experiencing a sharp rise in enrollment as a result of the economic downturn. Keeping eligible children and adults enrolled in these programs, and reducing barriers to sustaining health coverage should be priorities during troubled economic times.

The annual recertification process remains the most significant threat to ongoing health coverage for the individuals enrolled in Medicaid, FHP and CHP. For this reason, the New York State Health Foundation sponsored this study to hear directly from former beneficiaries about the challenges they face in recertifying for Medicaid, FHP, and CHP. The goal was to identify and test ideas to improve the annual recertification process in order to retain more eligible individuals in the programs.

## **THE RECERTIFICATION PROCESS**

New York State requires that beneficiaries in Medicaid, FHP, and CHP renew their coverage every 12 months. New York has a mail-in recertification process for these health insurance programs. For children enrolled in CHP, the health plan in which they are enrolled handles the recertification process and mails a simplified renewal form directly to the family approximately 90 days before their coverage is due to end. The Local Departments of Social Services (LDSS) handles recertification for beneficiaries in Medicaid and FHP. The LDSS mails beneficiaries a renewal packet that is pre-populated with case specific information approximately 90 days before their coverage is set to expire. Beneficiaries are instructed to write in their current income and asset (if required) information and to report any changes in life circumstances. The beneficiary is instructed to return the completed form to the LDSS by the date listed on the packet. Those beneficiaries who do not return their recertification forms as instructed are sent a notice stating that their coverage will be closed at the end of their 12 months. With the implementation of a number of renewal

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<sup>1</sup> Kaiser Commission on Medicaid and the Uninsured, 2008, “Unemployment’s Impact on the Uninsured and Medicaid.”

## Introduction *(continued)*

simplifications including self-attestation of income and change of residency, many beneficiaries can complete the recertification process without having to submit any additional documentation.

### **KEY RESEARCH QUESTIONS**

Below are the questions explored in the focus groups:

- What is your current health coverage situation now that you/your children have been disenrolled from public health insurance?
- What is the impact of having no health coverage and how do you currently obtain care?
- What are your overall feelings about Medicaid, FHP, and CHP?
- Why did you enroll in the program in the first place and what was that process like?
- What kept you from successfully recertifying?
- How do you feel about the recertification materials that you received in the mail?
- What is your understanding of the recertification process?
- What improvements to the process would have enabled you/your children to stay enrolled?

### **METHODS IN BRIEF**

The goal of the study was to better understand why many beneficiaries are not successfully completing the annual recertification process for Medicaid, FHP, and CHP. The study conducted focus groups with former beneficiaries who were potentially still eligible for these programs, but had not successfully completed the recertification process.

Eight focus groups were conducted during November and December 2008 in three cities: Albany, Buffalo, and New York. Two focus groups were held with parents of children recently disenrolled from CHP and six focus groups were held with individuals recently disenrolled from either Medicaid or FHP. Four of the focus groups were racially and ethnically mixed. Two focus groups were conducted with Latino former beneficiaries (one in Spanish); one focus group was held with Chinese former beneficiaries (primarily in Mandarin); and one group was held with African-American former beneficiaries.

Participants in the focus groups had recently been disenrolled from Medicaid FHP, or CHP. For the New York City participants, the disenrollment usually occurred within the last four months prior to the focus groups. For the upstate participants, disenrollment occurred over a span of three to nine months before the focus groups.



## Introduction *(continued)*

The New York State Department of Health (NYSDOH) provided Lake Research Partners with the sample of former beneficiaries from which to recruit. All participants in this study were recruited because they “failed to complete the recertification process.” Individuals who were disenrolled for other reasons (e.g., they obtained other health coverage, aged out of the program (CHP), moved out of state, or no longer qualified for other reasons) were not recruited for this study. For more detail about the research methods, please refer to the Appendix of this report.

As with all qualitative research, the findings from this study cannot be generalized to all beneficiaries of New York State’s public health programs. Rather, focus groups offer insights and ideas that can be explored further in quantitative research.

# Findings

## **A. High Praise for Medicaid, Child Health Plus, and Family Health Plus**

### **ALL FORMER BENEFICIARIES VALUE THE HEALTH INSURANCE PROGRAMS AND WANTED TO STAY ENROLLED.**

**T**he former beneficiaries who participated in this study feel positively about Medicaid, Family Health Plus (FHP), and Child Health Plus (CHP). All said they wanted to keep their coverage and are disappointed that they were disenrolled. They did not lose coverage intentionally and plan to reenroll.

With all of the challenges in their lives—finding or keeping a job, paying bills, raising children—having Medicaid, FHP, or CHP meant they had one less worry. Their health care needs were covered. Parents of children enrolled in CHP talk about the peace of mind they had knowing their children had health coverage. “[CHP] is a great program. The fact that you’re covered for everything is absolutely amazing,” explained a Buffalo parent of a child formerly enrolled in CHP. Another parent, this one in New York City, said, “I like [Child Health Plus]. It’s affordable and [my children] see the doctor when they need to. I’m happy with that.”

“I’m a diabetic so all of the supplies, I got [through FHP]. I’m talking about \$700 or \$800 dollars in diabetic supplies that I get for just a couple of dollars as co-pay. It’s worth it and back when I lost my coverage [through my employer], it covered everything.” —FORMER FHP BENEFICIARY, ALBANY

### **ALL FORMER BENEFICIARIES VALUE THE HEALTH PROGRAMS BECAUSE THEY KEPT THEIR FAMILIES HEALTHY**

Those with ongoing medical needs and chronic health conditions explained that the programs gave them access to the specialists and medications they need to manage their health. Chronically ill former beneficiaries particularly value the programs and regret being disenrolled. Dental care is important to all of the former beneficiaries and they mentioned that Medicaid, FHP, and CHP enabled them to have their teeth cleaned regularly and to take care of dental problems. Many also commented on preventive health services like check-ups and mammograms they were able to access through Medicaid, FHP, and CHP.

## Findings *(continued)*

### **MOST IMPORTANT TO THESE FORMER BENEFICIARIES ARE THE ECONOMIC PROTECTIONS OF MEDICAID, FHP, AND CHP.**

Former beneficiaries stress that Medicaid, FHP and CHP make health care affordable and provide a sense of economic security. They did not have to worry about being financially ruined if they had a serious medical emergency. “Even if you’re healthy or not, [Medicaid] is always good just to have because you never know what’s going to happen. It gives you peace of mind,” mentioned an African American former Medicaid beneficiary in New York City.

Most former beneficiaries said that the programs removed economic barriers to care. “[FHP] has really low co-payments. I mean like a \$220 dollar prescription and you’re paying a dollar or two dollars,” said an Albany beneficiary who used to be enrolled in FHP. Others said that with Medicaid, FHP, or CHP they could go to the doctor when they were sick without worrying about whether they could pay the bill that follows. These low-income former beneficiaries explained that the programs helped them save their money or put it to other expenses such as rent and food. “[FHP/ Medicaid] helps you save. You have coverage. You don’t have to be worried if you have to go to the doctor,” said an African American beneficiary from New York City who used to be enrolled in Medicaid.

“I think [FHP/ Medicaid] is a great program because there are a lot of single parents out there enrolled who struggle like me. I get no child support, I have to do everything on my own...It all adds up and you are kind of scrapping for change because you have to do this and you have to do that and ‘Oh God, the kids are sick.’” —FORMER FHP BENEFICIARY, ALBANY

### **MANY FORMER BENEFICIARIES HAVE NO OTHER INSURANCE OPTIONS AVAILABLE.**

Many of the former beneficiaries in this study reported that they have no other option than Medicaid, FHP, or CHP. Most are currently working part-time or full-time jobs, but said they are not offered health coverage or that the coverage is too expensive (often hundreds of dollars per month). Those who have explored purchasing health coverage on their own said that it is beyond their reach also. Without these programs, many said they have no choice but to do without coverage and hope they do not get sick.

### **MOST ARE UNINSURED NOW THAT THEY HAVE LOST MEDICAID, FHP, OR CHP. THEY ARE ANXIOUS. SOME ARE PUTTING OFF NEEDED MEDICAL CARE. OTHERS ARE HOPING THEY DO NOT BECOME SICK. MOST PLAN TO REAPPLY OR HAVE DONE SO.**

Parents of children formerly enrolled in CHP are particularly nervous about having uninsured children. They worry about accidents and the typical childhood injuries that could put the family in debt if they need medical care. Other former beneficiaries said they feel more stress since losing Medicaid, FHP, or CHP. They are doing without dental care and check-ups. Many are skipping

## Findings *(continued)*

medications. Some have cancelled medical appointments because they cannot afford them. “I had a doctor’s appointment yesterday and I didn’t go because I didn’t have insurance. I mean, I don’t have money to do that,” explained an Albany beneficiary who used to be enrolled in FHP/Medicaid. Another beneficiary from that same city had to put off a doctor’s visit even though she was feeling ill and needed medical care. She said, “I had stomach problems. I had to see a specialist for an upper gastro-intestinal [issue] and I put all of that off because I had no medical coverage.”

A number of former beneficiaries have serious health conditions such as diabetes, high blood pressure, and cancer that are going untreated since losing Medicaid, FHP, or CHP. Not only are they doing without the supervision and treatments of a health care provider but many of these newly uninsured individuals are not taking their medications, or are taking them infrequently, because they cannot afford them. A few were receiving mental health services when they were enrolled in the programs but are now doing without those services as well. A number feel that they are “walking time bombs” and are worried that their health will decline the longer they are uninsured. For this reason, most said they planned to reapply for Medicaid, FHP, or CHP. A number have already started the process and a few have already been reinstated in the programs. Most are not content to remain uninsured for a long period of time, and with no options in the private market or through an employer, they are looking to Medicaid, FHP, or CHP for their health coverage.

“I have breast cancer and I haven’t had insurance for four and a half months, so I couldn’t go [to get treatment]. I was told to go once a month and get tested and biopsied and everything, and I just couldn’t go to my doctor because I couldn’t afford a visit...let alone what they do to me while I’m in there. I have an appointment coming up towards the end of this month, but I haven’t gone in five or six months due to not having insurance.” —FORMER FHP BENEFICIARY, ALBANY

## Findings *(continued)*

### **B. Barriers to Recertification**

#### **MANY WHO ATTENDED THE FOCUS GROUPS DID NOT KNOW THEY HAD LOST THEIR MEDICAID, CHP, OR FHP COVERAGE.**

Approximately half of the former beneficiaries in the focus groups did not know they or their children were no longer enrolled in Medicaid, FHP, or CHP prior to being recruited for this research. Some had tried to use health services recently and were told that they no longer had health coverage. “For some reason [Medicaid] cut him off without telling me and when I went with him to the doctor, the doctor told me that he didn’t have any insurance,” said an Albany parent of a child formerly enrolled in Medicaid. A few had tried to fill a prescription and were told at the pharmacy that their coverage was no longer valid. One or two had gone to a hospital emergency room and discovered there that they no longer had coverage. While some recall receiving termination notices from the programs, a number of former beneficiaries said they were never informed by the program or their health plan that they were disenrolled. They were frustrated by this lack of communication about their enrollment status and said they would like more warning before being terminated.

“I’m suspecting that we were probably kicked off, but I didn’t even get a letter saying that.” — **FORMER CHP BENEFICIARY, BUFFALO**

#### **FORMER BENEFICIARIES OFFER MANY REASONS WHY THEY DID NOT RECERTIFY SUCCESSFULLY, AND CHIEF AMONG THEM ARE THEIR COMPLICATED LIVES, MISCONCEPTIONS ABOUT THEIR ELIGIBILITY, AND CONFUSION ABOUT THE ANNUAL RECERTIFICATION PROCESS.**

##### **The complicated and fluid lives of former beneficiaries can make sustaining their enrollment difficult.**

The participants in this study were typically working (some with multiple jobs), struggling to pay bills, and caring for young children. Many have complicated personal lives that involve separation, divorce, or unstable living situations. Their lives are in flux; some have recently lost or found jobs, some have moved, and many have changed telephone numbers. These former beneficiaries said that meeting deadlines, compiling recertification materials, tracking down the necessary documents, and the other steps required to recertify are, at times, more than they can handle. They acknowledged that it is their responsibility to meet the program requirements, but said the pressures of everyday life sometimes interfere with their best intentions.

Those who are self-employed are even more likely to experience fluctuations in income and difficulty documenting their income and meeting recertification requirements. “I’m self-employed and it can be tough if you are on the program [to get all of your documents],” asserted an Albany

## Findings *(continued)*

beneficiary who used to be enrolled in FHP/Medicaid.

Finally, a number of former beneficiaries have chronic health conditions —everything from asthma to diabetes and high blood pressure—that make it harder to stay on top of the recertification process and meet program deadlines, particularly if they are experiencing a period of ill health.

### **Many are simply confused about the process.**

Many of the former beneficiaries in this research are confused about the recertification process with Medicaid, FHP, and CHP. Some did not understand that they would be disenrolled from the programs if they did not return a completed recertification form along with the required documentation. Those with limited or no English language capabilities—in this study, Latino and Chinese former beneficiaries—were least informed about the recertification process and most surprised when they lost coverage. Many former beneficiaries said they were not told about the recertification requirement or process when they initially enrolled.

“You’re on your own with the recertification.” — FORMER CHP BENEFICIARY, NEW YORK CITY

### **There is also a “branding” problem with the programs.**

Many former beneficiaries identify with their specific health plan, and not Medicaid, FHP, or CHP. Indeed, when asked about the name of the program in which they participate, they often gave the name of their health insurance plan and did not mention a New York State health program. Also, some said there are so many program names, new health plans, and changes to their health coverage overall that they are confused about which program they are enrolled in. Complicating the matter, many former beneficiaries said they initially enrolled directly with a health plan, not at a local Department of Social Services office. Once enrolled, communications that former beneficiaries received also came from the health plan, not DSS. When asked, many former beneficiaries said they do not understand the relationship between their health plan and the programs. In fact, almost all feel more attached to their health plan than to Medicaid, FHP, and CHP.

### **Many praised the help they received with initial enrollment, but did not know where to turn for similar help with recertification.**

Enrollment processes for public programs are typically not something that former beneficiaries praise. However, those who worked with an enrollment facilitator from a community-based organization or health plan did indeed praise the process. These enrollment facilitators were trained individuals who helped explain the enrollment process step-by-step, clarified the

## Findings *(continued)*

documentation requirements, completed the application, and helped with the selection of a managed care health plan.

A few had an enrollment facilitator come to their homes. “The first time I applied, I actually had a caseworker come to my house to do an interview and fill out the paperwork. That was really helpful,” said a Buffalo parent whose child was formerly covered by CHP. “I remember a man came to my house [to help me enroll]. He told me about Medicaid and Family Health Plus. It was real good. He sat me down and explained everything. He helped me out,” commented an African American beneficiary in New York City who was formerly enrolled in FHP/Medicaid. Former beneficiaries would like the same kind of assistance for recertification—someone to help them through the process and to answer their questions.

“I got [the recertification packet] but I was too busy working and had other stuff on my mind, so those papers went to the side and I forgot about them.”

— FORMER CHP BENEFICIARY, NEW YORK CITY

### **Many former beneficiaries have inaccurate information about eligibility.**

Misconceptions persist about eligibility requirements. Some former beneficiaries believe that you cannot have a job and still qualify for Medicaid or FHP. Other former beneficiaries explained that they did not even try to recertify because their income had increased and they assumed they could no longer qualify. When asked directly, none knew the actual income eligibility level to qualify for Medicaid, FHP, or CHP, but one stated “you can’t earn any real money and still qualify.” One beneficiary in an Albany focus group also thought she could no longer qualify for Medicaid or FHP because she had bought a car. “[The caseworker] told me...to sell my car [in order to qualify for the program],” she said. Other former beneficiaries also believed this to be true.

### **Multiple recertification dates in the same household confuse some, while others did not renew because they had other applications pending.**

There were a number of cases where former beneficiaries belonged to households in which numerous family members were enrolled in the same or different health programs. As a result, there were different recertification dates for children, for example, and other dates for parents. There was at least one case where the parent remembered her child’s recertification date, but forgot hers. There were also some individuals who said that they had applied for “cash assistance” or to move from CHP to Medicaid and did not believe they needed to recertify for their health coverage as long as their other application was pending.

## Findings *(continued)*

### **SOME FORMER BENEFICIARIES SAID THEY RAN OUT OF TIME AND COULD NOT COMPLETE THE RECERTIFICATION WITHIN THE DESIGNATED TIME PERIOD.**

These former beneficiaries explained that they received the recertification packet and intended to complete it, but just ran out of time. They knew what the packet was for and what would happen if they did not complete it, but still could not get it done in time. These former beneficiaries do not blame the programs but said they wished they could have had more time, received a reminder, or been given a window to complete it once they were in danger of termination. In a few cases, parents put a lower priority on their recertification than their children's—completing their children's packet but not their own. Also, younger former beneficiaries in their twenties seemed more likely to let their coverage lapse and to forget about recertification than older beneficiaries.

### **FORMER BENEFICIARIES ALSO SAID THERE IS A SIGNIFICANT HASSLE FACTOR WITH RECERTIFICATION THAT THEY FEEL IS UNNECESSARY.**

A number of former beneficiaries consider the current recertification process to be redundant, inefficient, and unnecessarily difficult. Some wonder why they must continue to provide the same information that they already supplied when they enrolled the first time. "It was surprising that they asked for the same paperwork over and over. It takes a lawyer to figure it out," commented a Buffalo parent whose child was formerly enrolled in CHP. Many CHP parents said they must resubmit all of the original documentation again for their child's recertification, including birth certificates, picture identification, proof of income, housing information, etc. A few said their

“[Recertifying] is very complicated. There is a lot of pain to go through the process.” —FORMER CHP BENEFICIARY, ALBANY

caseworkers told them to just resubmit all of the documentation “just to make sure.” Finally, a few stated that the size of the recertification packet was enough to cause them to procrastinate and put off the process. They said the packet was “very thick” and they felt that it would require a “huge effort” to complete.

### **LATINO AND CHINESE FORMER BENEFICIARIES RECEIVED ENGLISH LANGUAGE RECERTIFICATION MATERIALS, WHICH MOST COULD NOT READ OR UNDERSTAND.**

One focus group was held with Latinos who primarily speak Spanish, and another was held with Chinese former beneficiaries who primarily speak Mandarin. These individuals have limited English language capability, and the main reason they offered for not completing the recertification packet was that they could not understand the forms or the process. These former beneficiaries said they received forms in English and put them aside because they could not read them. “I just got this form one day and it was all in English. I didn't understand and so I put it aside and forgot about it. Then one day my coverage was terminated,” explained a Chinese former beneficiary in New York



## Findings *(continued)*

City who was formerly enrolled in FHP/Medicaid. Another beneficiary from that same focus group commented, “To me [their materials are] completely unworkable because I don’t know any English. So it would be best if they could communicate with us in Chinese.”

Limited-English speaking former beneficiaries generally knew the least about the programs, how they work, and how to recertify due to communication problems. For example, one Chinese participant did not recertify because she wanted to switch health plans and believed she needed to re-enroll in the program in order to choose a new plan.

One reason there is so much confusion among these participants about recertification is that most received substantial help to enroll in the programs initially and that assistance was in their own language. When it was time to recertify, however, there was no one to help them and this was a significant barrier.

“I got my renewal packet a week after my renewal date. That’s how I lost my Medicaid in the first place.” —FORMER FHP/MEDICAID BENEFICIARY, ALBANY

### **SOME SAID THEY NEVER RECEIVED THE RECERTIFICATION PACKET OR ELSE RECEIVED IT TOO LATE TO COMPLETE IN TIME. A FEW MAILED BACK THEIR RECERTIFICATION PACKETS BUT STILL WERE DISENROLLED.**

Some former beneficiaries said that it was not their fault that they did not recertify. While a few acknowledged that they changed addresses during the recertification period and did not inform the program, some said they did not move and still did not receive a recertification packet. “So [the health plan] told me that [my son] had to reapply even though they hadn’t sent me a notice to reapply for him,” said an Albany parent of a child formerly enrolled in Medicaid. Other former beneficiaries said they received the recertification packet just days before it was due, while a few received it after the date. Finally, a handful said they completed the packet, obtained the needed documentation, and then mailed the packet. They assumed they had completed the form correctly, but only recently learned they were disenrolled from Medicaid, FHP, or CHP. These former beneficiaries are the most confused about why they were disenrolled. They assume the program lost their packet. “I’ve had a couple of times where I mailed in [my packet] and they’ve lost it and I lost my Medicaid. I didn’t know that I didn’t have it because I mailed everything,” explained an Albany beneficiary formerly enrolled in FHP/Medicaid.

## Findings *(continued)*

### **C.** Ideas to Improve Recertification

The following ideas to improve the recertification process in Medicaid, FHP, and CHP were considered by focus group participants who offered their feedback and insights. A number of these ideas emerged from the former beneficiaries and respond directly to the problems they experienced during recertification.

#### **RECERTIFICATION BY TELEPHONE IS THE MOST FAVORED IDEA.**

Former beneficiaries raise this idea in every focus group and it is clearly the one improvement they most want to the recertification process over all others. “Why don’t they just [let us recertify] over the phone then? Call me and get the information over the phone. That would be better,” suggested a Buffalo parent of a child formerly enrolled in CHP. Most feel that recertifying over the phone would greatly reduce the number of beneficiaries who are disenrolled each month. It is easy and convenient, they said. Those who face many obstacles to completing the form and mailing it in said that if they could pick up the telephone and recertify, then they would definitely do that and not put it off.

“I love the computer, so yeah. Upload it, download it, whatever I got to do to ship it out because we are in the modern times and everybody or almost everybody got computers that I know of, so that’s much better.” —FORMER CHP BENEFICIARY, NEW YORK CITY

Most importantly, they can speak with an informed person and ask questions if they are confused by the process. Many former beneficiaries like the idea of receiving assistance to recertify just like many received when they applied for the program. “A phone call [to recertify] is the best because you’re speaking to a human being,” commented an African American beneficiary in New York City who used to be enrolled in FHP/Medicaid.

Medicaid, FHP, and CHP must have informed and reachable telephone operators/caseworkers to conduct the recertification, however. Former beneficiaries said they do not want to call back numerous times to supply additional information. Also, because many have had difficulty reaching caseworkers and enrollment workers by telephone previously, they want to ensure there are enough operators so that they do not spend long periods on hold or have to leave numerous messages in order to reach an operator.

#### **MANY ALSO SUPPORT ONLINE RECERTIFICATION.**

The majority of former beneficiaries said they have access to a computer and perform at least some regular tasks online, mainly e-mail. “You should be able to [recertify] online, you could scan your papers. Online is quicker,” explained an African American beneficiary from New York

## Findings *(continued)*

City who was formerly enrolled in FHP/Medicaid. Some said they are online all of the time and that this would be their preferred method of recertification. “[I like recertifying online] because I do everything online,” explained a Latino beneficiary in New York City who was formerly enrolled in FHP/Medicaid. These former beneficiaries said they are comfortable completing applications online and would find the process convenient since they could do it on their own schedule. “I do a lot of my work on computers because I’m a full-time student and I’ll go on my school’s Web site and do what I have to do and I feel like if we were able to do that for [CHP], it would be easier for a lot of people,” said a Buffalo parent of a child who used to be enrolled in CHP.

While some former beneficiaries do not either own a computer or are not frequently online—usually older former beneficiaries, those former beneficiaries are who non- or limited-English proficient, and those with jobs that are not in offices, such as truck drivers—they still support the option of online recertification. As long as they can still mail in their recertification forms or recertify by telephone, they support online as another option.

“A phone call from someone stating that your insurance is going to expire or it has to be renewed, that is always good because it only takes one phone call to put that on somebody’s mind and then it will stay there until it gets done.”

—FORMER CHP BENEFICIARY, NEW YORK CITY

A handful of former beneficiaries raised security concerns relating to putting personal information online. They are concerned that information like Social Security numbers could be stolen if they recertify online. Ultimately, most acknowledge they shop online or complete other applications online and are comfortable recertifying online as long as the site is secure.

**MOST WANT TELEPHONE REMINDERS WHEN IT IS TIME TO RECERTIFY. A NUMBER ALSO WANT THE OPTION OF E-MAIL AND TEXT MESSAGE REMINDERS. THE KEY IS TO HAVE SOME FORM OF CONTACT FROM THE PROGRAMS BEFORE THEY ARE ABOUT TO LOSE COVERAGE.**

Many times in the focus groups former beneficiaries asked, “Why doesn’t the program just contact us when we are about to be dropped?” They understand it is their responsibility to recertify, but because their lives are so overwhelming, they would be grateful for a warning when they are about to be disenrolled from the program. “I don’t necessarily need to do anything over the phone. If they can just call me and let me know,” commented a Buffalo parent of a child who used to be enrolled in CHP. Another parent from the same focus group said, “I’m a most forgetful person...[Phone calls] would be nice...it will give you a second chance.”

## Findings *(continued)*

The idea of e-mail and text message reminders were only discussed in two focus groups, but both ideas received mostly positive feedback. These former beneficiaries said they would like to be given options about how they receive reminders.

### **LIMIT INTERACTION WITH DSS OFFICES, CONSIDER USING RECERTIFICATION FACILITATORS, AND EDUCATE BENEFICIARIES ABOUT THE RECERTIFICATION PROCESS.**

Most former beneficiaries who participated in this research have positive impressions of their health plans, but have negative impressions of their local DSS office and want to avoid them. They complained of poor customer service, including long waits, rude caseworkers, unreturned phone calls, and a generally unpleasant experience. “[The caseworkers] look at you like you are lying, like you are stealing,” explained an Albany beneficiary who was formerly enrolled in FHP/Medicaid. They said they leave messages and never receive return phone calls. For this reason, they want to limit interaction with the DSS office when it comes to recertification.

Former beneficiaries do have questions about recertification and want access to someone who can help them through the process. A number of former beneficiaries like the idea of a recertification facilitator who would function like an enrollment facilitator. This role would be filled by a trained individual who works with community-based organizations or health plans and whose main job is to help beneficiaries through the recertification process. “[A re-enrollment specialist is good] to explain it better to people in words that the person can understand...I’m with that,” said a Latino beneficiary in New York who used to be enrolled in FHP/Medicaid.

A related idea is to undertake an education effort to inform beneficiaries about recertification. There is clearly a gap in knowledge about the process that is leading many eligible beneficiaries to lose their coverage.

### **PRE-POPULATED RECERTIFICATION FORMS HAVE APPEAL AND WOULD STREAMLINE THE RECERTIFICATION PROCESS.**

A number of former beneficiaries would like to receive renewal forms that already contain such information as their birth dates and addresses so that they can simply indicate that the information is correct or make updates as needed. They want to reduce the redundancy of providing information multiple times and resubmitting documentation that the State already has.

### **THEY ALSO SUPPORT THE STATE INPUTTING DATA FROM THEIR ORIGINAL ENROLLMENT APPLICATION OR OTHER APPLICATIONS TO OTHER STATE AND FEDERAL PROGRAMS.**

Those who are enrolled in other State/Federal programs particularly like this idea, which would reduce their recertification burden. “I do like [being able to use the information from other programs], yeah. I just renewed for my Food Stamps, if my renewal [for CHP] was now I would [not have to] put in that paperwork,” explained a Buffalo parent of a child formerly enrolled in CHP. However, many former beneficiaries are not comfortable with the idea of the Medicaid, FHP, or CHP program accessing other databases, including tax returns, to verify their income.

## Findings *(continued)*

A number felt that this use would be an invasion of privacy and did not want the programs to have this much authority to probe into their personal information.

### **CHINESE AND LATINO FORMER BENEFICIARIES WANT RECERTIFICATION FORMS IN THEIR LANGUAGE.**

The main reason that Chinese and Latino former beneficiaries offer for why they did not recertify is that they could not read or understand the English forms that were sent by mail. They did not understand the purpose of the forms or what would happen if they failed to complete them on time. To avoid this problem, they requested that all recertification materials be translated into their language. “I would like them to send [the recertification materials] in Spanish. I am sure that if that had been in Spanish, I would not have made the mistakes that I did make,” said a Latino beneficiary in New York City who was formerly enrolled in FHP/Medicaid. They would also benefit from recertification assistance in their own language if they need help with the process.

“I would like for Medicaid] to send the letters in Chinese...because the majority of Chinese don’t have a strong command of English. So if the letter is in Chinese it enhances its urgency. If it is in English they don’t know what it is about and put it aside. When they realize it, it is too late and when they go to reapply it takes three months.” —FORMER CHINESE-SPEAKING CHP BENEFICIARY, NEW YORK CITY

### **SOME FORMER BENEFICIARIES WORRY ABOUT THE INTEGRITY OF THE PROGRAM IF INCOME INFORMATION IS NOT BACKED UP BY DOCUMENTATION.**

We tested the notion of beneficiaries attesting to their incomes in the recertification process without having to provide proof of income, thus removing the burden of extra documentation. While many liked this idea and immediately saw that it would simplify the process, a few participants in every focus group raised concerns. They worry that some beneficiaries might offer inaccurate income information in order to remain in the program.

### **MOST RECOGNIZE THE RECERTIFICATION NOTICES—THEY DO NOT NEED TO BE REDESIGNED.**

The majority say these documents stand out from their other mail and that they were clear that these were recertification forms. While many prefer streamlining the recertification process with pre-populated forms, the outside packaging does not need to be redesigned.

### **MANY FORMER BENEFICIARIES FEEL THERE SHOULD BE A BRIEF GRACE PERIOD.**

Many former beneficiaries believe there should be a longer window for recertification once they are past their assigned date—even 15 extra days would make a difference. This would give them a better opportunity to submit the requested information and stay covered. better opportunity to submit the requested information and stay covered.

# Conclusions

**N**ew York State Medicaid, Family Health Plus (FHP), and Child Health Plus (CHP) experience a high level of “churning” each year as 30% of former beneficiaries fail to successfully recertify. This focus group study highlights the kinds of challenges beneficiaries face when it comes to sustaining their enrollment in these public health programs. During times of economic recession, keeping eligible families enrolled in Medicaid, FHP, and CHP is even more crucial. If their employers do not offer affordable coverage, there is no other option for these low-income individuals to obtain health coverage outside these programs.

All but a few of the individuals in this study are now uninsured. As a consequence, a number are foregoing needed medical services and prescription medications because they cannot afford to pay out of pocket. Some are becoming sicker, and some are risking their lives because of financial barriers to care.

A few have already re-enrolled in Medicaid, FHP, or CHP, and most said they are planning to reapply. Continually re-enrolling eligible families who were just disenrolled a few months before is wasteful and inefficient. In addition, re-enrollment strains the resources necessary for newly uninsured families to access the programs.

Most of the reasons for disenrollment from Medicaid, FHP, and CHP that emerged in this study are preventable. Misconceptions about eligibility and confusion about the recertification process are primary reasons why many fell out of the programs. Complicated lives also made successfully completing the process harder than it needed to be, but most also feel that recertification is a hassle and unnecessarily complicated. Chinese and Latino former beneficiaries faced language barriers that kept them from recertifying, while some former beneficiaries simply ran out of time and insisted they would have renewed if the process had been simpler. Medicaid, FHP, and CHP also seem to have a “branding” problem —beneficiaries do not necessarily identify with the programs, they feel more attached to their health plans, and they do not understand which entity controls their recertification.

Importantly, all of these former beneficiaries value the programs and most want to re-enroll. They did not intentionally disenroll. They appreciate Medicaid, FHP, and CHP mainly because they make health care affordable but also because they provide access to doctors, medications, dental care, mental health, and other services. For these reasons, they offer ideas for simplifying and improving the recertification process:

- telephone recertification and the option to recertify online;
- telephone reminders and the option to receive e-mail and text message reminders;

## Conclusions *(continued)*

- recertification materials translated into multiple languages;
- pre-populated recertification forms; and
- “recertification facilitators” for those who need help and more effort to educate beneficiaries about the recertification process.

Many former beneficiaries assert that with these changes—particularly the option to recertify by telephone—would make a difference and keep them in the programs.

# Appendix—Methodology

**T**he goal of the study was to better understand why many beneficiaries are not successfully completing the recertification process for Medicaid, Family Health Plus (FHP), and Child Health Plus (CHP). The study sought to do this by including in the focus groups those former beneficiaries who were potentially still eligible for these programs but had not successfully completed the recertification process.

Lake Research Partners conducted a total of eight focus groups in three cities in New York: Albany, Buffalo, and New York City. The sites were chosen to provide geographic diversity and because large recruitment pools of former Medicaid, FHP and CHP beneficiaries were available from each area. Six groups were conducted among recent disenrollees from Medicaid/FHP, and two were conducted among parents of children who recently were disenrolled from CHP.

The group compositions varied to reflect the diversity of former beneficiaries in the State. Four of the focus groups were racially and ethnically mixed. Two focus groups were conducted with Latino former beneficiaries (one in Spanish) and one focus group was held with Chinese former beneficiaries (primarily in Mandarin). One group was also held with African American former beneficiaries. The following tables provide details about each group.



## Appendix—Methodology *(continued)*

**Table 1: Group Composition, Dates and Locations**

WED., NOV. 5	THUR., NOV. 6	WED., NOV. 12	THUR., NOV. 13	WED., DEC. 3
<b>Group 1:</b>  Parents of recent CHP disenrollees, mixed races, mixed premium amounts, from across NYC area	<b>Group 3:</b>  Medicaid/FHP recent disenrollees, Latino (language: Spanish) from across NYC area	<b>Group 4:</b>  Medicaid/FHP recent disenrollees, mixed races	<b>Group 5:</b>  Parents of recent CHP disenrollees, mixed races, mixed premium amounts	<b>Group 7:</b>  Medicaid/FHP recent disenrollees, Latino, across NYC area
<b>Group 2:</b>  Medicaid/FHP recent disenrollees, Chinese (language: Mandarin) from across NYC area			<b>Group 6:</b>  Medicaid/FHP recent disenrollees, mixed races	<b>Group 8:</b>  Medicaid/FHP recent disenrollees, African-American, from across NYC area
NYC	NYC	ALBANY	BUFFALO	NYC

### **SAMPLE**

The New York State Department of Health (NYSDOH) provided Lake Research Partners with a sample from which to recruit. With discussion and support from NYSDOH staff, the team defined potential former beneficiaries in the study as those who have failed to complete the Medicaid/FHP/CHP recertification process. The team rigorously reviewed a number of codes for disenrollment, and NYSDOH assisted with identifying those codes relevant for the research.

## Appendix – Methodology *(continued)*

NYSDOH drew the sample by the agreed-upon disenrollment codes for those who did not recertify during the months of January through August 2008. A sample was drawn for all cases meeting these criteria with telephone numbers from seven counties (all five boroughs plus Erie and Albany counties).

Lake Research Partners then randomized the sample by geographic location, race/ethnicity (for our targeted groups) and date so that those who most recently disenrolled would be recruited first. All samples received by Lake Research Partners and the focus group facilities will be destroyed at the close of this project.

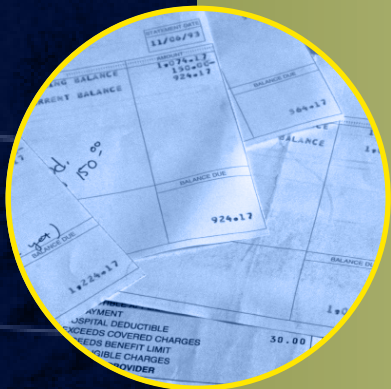
### **RECRUITING**

Focus group facility professionals in each location recruited former beneficiaries from the randomized lists provided by Lake Research Partners. After reaching a potential participant, screening questions were asked to verify the family still qualified for Medicaid, FHP, or CHP. Lake Research Partners reviewed updates and final grids of beneficiaries prior to the groups.

### **FOCUS GROUP DETAILS**

Each focus group lasted approximately two hours, and included between five and 10 former beneficiaries. Each beneficiary received a financial reimbursement for his/her travel and time. One group was recruited and conducted in Mandarin, and another in Spanish, both using professional moderators.

The focus groups were audio-taped and later transcribed. Lake Research Partners analyzed the transcripts, which served as the basis of the report. Quotations in the report were drawn directly from the focus group transcripts.



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