



PERRYUNDEM
RESEARCH/COMMUNICATION

Early Insights into ACA Implementation and Medicaid Enrollment in Expansion States

A Focus Group Study of the Experiences of Individuals Who Applied
for Medicaid and Those Who Are Eligible but Have Not Yet Applied

Conducted on behalf of the
Medicaid and CHIP Payment and Access Commission (MACPAC)

March 2014

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Introduction

The Medicaid and CHIP Payment and Access Commission (MACPAC) is tasked with reviewing state and federal Medicaid and CHIP access and payment policies and making recommendations to the Congress and to the Secretary of Health and Human Services (HHS). The Affordable Care Act (ACA) provided funding to allow states to expand their Medicaid programs up to 138 percent of the federal poverty level, which enabled millions of uninsured Americans to qualify for Medicaid for the first time. As of February 2014, 25 states and the District of Columbia have accepted these Federal funds and expanded their Medicaid programs, while four other states are considering Medicaid expansion.

Outreach and enrollment efforts for the new Medicaid eligible population in these states have been underway since October 1st, 2013, to coincide with the open enrollment period for the health insurance marketplace. Coverage for those who applied and were deemed eligible began January 1st, 2014, and rolling enrollment continues in these states and the District of Columbia.

As part of their efforts to track ACA implementation and its impact on Medicaid and CHIP, MACPAC commissioned PerryUndem Research and Communication (PerryUndem) to conduct focus groups with new Medicaid applicants and those who are newly eligible but not yet enrolled. The purpose of the study is to understand motivations and barriers to apply and gain insight into the enrollment process. The research occurred in December 2013 – slightly more than two months into the open enrollment period for the health insurance marketplace. The insights from the study therefore reflect early experiences with enrollment into the newly expanded Medicaid program.

While there is much attention currently on learning about the experiences of consumers who are enrolling in qualified health plans through the health insurance marketplace, there has been less focus on the lower income, newly eligible Medicaid population. This study seeks to fill that knowledge gap.

This study focused on three states that have established their own state-based marketplaces and expanded their Medicaid programs to include adults up to 138 percent of the federal poverty level. These states are: California, Maryland, and Nevada.

Methodology

PerryUndem conducted eight focus groups in three cities: Baltimore, Los Angeles, and Reno. Of the eight groups, six were held with individuals who had recently applied for Medicaid and two groups were held with individuals who are eligible for Medicaid but have not yet applied. To hear from a cross section of individuals, groups were held with parents as well as individuals without children in the home; Latinos, including Spanish-speaking Latinos; and younger individuals between the ages of 18-34. These cohorts represent some of the key populations who are newly eligible for Medicaid. See Table 1 below for details about the focus groups.

Table 1			
Location	Date	Group #	Group Composition
Baltimore	12/4	Group 1	Parents (children under age 19), ages 35-64, mostly new applicants, mix of race/ethnicity, mix of gender
		Group 2	Non-parents, ages 35-64, mostly new applicants, mix of race/ethnicity, mix of gender
Reno	12/17	Group 3	Young adults (18-34), new applicants, mix of race/ethnicity, mix of gender
		Group 4	Latinos, parents/non-parents, mostly new applicants, mix of age, mix of gender,
		Group 5	Eligible for Medicaid but have <u>not</u> applied, mix of race/ethnicity, mix gender/age/ parental status
Los Angeles	12/18	Group 6	Eligible for Medicaid but have <u>not</u> applied, mix of race/ethnicity, mix gender/age/parental status
		Group 7	Latinos, parents/non-parents, mostly new applicants, mix of age, mix of gender, Spanish-speakers
		Group 8	Young adults (18-34), new applicants, mix of race/ethnicity, mix of gender

Executive Summary

PerryUndem conducted eight focus groups for MACPAC to learn about Medicaid enrollment during the first three months of the health insurance marketplace open enrollment period. The focus groups were held in Baltimore, MD; Los Angeles, CA; and Reno, NV. All three states expanded their Medicaid programs up to 138 percent of the federal poverty level as part of the Affordable Care Act, making tens of thousands of uninsured individuals eligible for Medicaid in these states.

The focus groups were divided into two segments; six focus groups were held with individuals who applied for Medicaid since open enrollment began on October 1st, 2013 and two focus groups were held with uninsured individuals who are eligible for Medicaid but had not yet applied. The focus groups were held in December 2013. Following are highlights from the focus groups.

The new Medicaid applicants and uninsured individuals in this study wanted affordable health coverage.

Most of the new applicants were uninsured before they applied for Medicaid. Many said that being uninsured is stressful; for example, they worried about becoming sick and about accidents that could send them to the hospital ER. Most put off medical care because they did not want to incur a bill, and some said they have significant medical debt due to a hospital visit while uninsured. Most had been looking for affordable health insurance but had not been able to obtain it through their jobs or purchase a private plan on their own that they could afford. Some had applied for – and been turned down by – Medicaid in the past. Almost all said they wanted health insurance and valued the protection and peace of mind it provides.

Few participants knew Medicaid had expanded.

Many of those who applied for Medicaid said they just wanted health coverage – they did not know they could qualify for Medicaid– and few knew that their state had expanded Medicaid or that the program’s income eligibility limits had changed. Some had heard about the Affordable Care Act, about HealthCare.gov and their state marketplace, and so decided to apply. Some were told they might qualify for Medicaid by navigators or other individuals involved in outreach efforts. The majority of participants said they were surprised when they learned they qualified for Medicaid.

Participants had many motivations to apply for health coverage, including wanting protection from unexpected medical bills.

Many of the participants were financially motivated to apply for health coverage – to be covered in case of illness or accidents without having to worry about going into debt. Some also applied because they have children who depend on them, or to address ongoing health needs. Others applied because they wanted to either avoid paying the penalty for being uninsured, or to be in compliance with the law by obtaining coverage.

Many were unfamiliar with Medicaid.

Most of the new applicants to Medicaid knew very little about the program, even after going through the enrollment process. They had fundamental questions about costs, access to providers, and the services that are covered. They wanted basic, “Medicaid 101” information about the program. Participants were not sure where to find this information or who to ask. Those with prior Medicaid experience or with children enrolled in Medicaid or CHIP knew a lot more about Medicaid than their less experienced counterparts.

Most had large knowledge gaps about the ACA.

Many of the study participants had been paying attention to news stories about the health care law and most were aware of website glitches and problems with enrollment. Many also seemed to know they could be fined if they did not obtain health coverage and that they could not be turned away from coverage because of pre-existing conditions, but this tended to be the extent of their knowledge. Most were lacking information that might help them to enroll; for example, they had questions about the new plans that are available – were they affordable, and what did they cover? Participants were not clear about enrollment deadlines, nor did they know there were trained navigators to help them enroll. Most did not know Medicaid had expanded in their state and that they could be enrolled in the program.

Those who were eligible but had not yet applied did not know they could qualify for free or low-cost coverage.

Like most others in the study, the eligible individuals who had not yet applied lacked knowledge that Medicaid rules had changed and they might now qualify for the program. Most were also unaware that financial help to pay for their plans was available through their state-based marketplace. This information – that they could

qualify for Medicaid and that financial help was available – would likely have affected their enrollment decisions. Most said affordability concerns were what kept them from applying for health coverage during this open enrollment period.

Most wanted in-person help to apply (but not necessarily at local and county Medicaid offices).

Because they were confused about so many aspects of the ACA, most said they would have appreciated in-person enrollment help from a knowledgeable, trained person. A number of study participants did actually receive help from a trained navigator, and they said this helped. A few applied online and had no problems, while some encountered problems with the website and found this frustrating. Some participants called their state Call Center for help with mixed results; for example, some had long waits on the phone and did not receive the answers they needed, while others did receive help in a timely way. Of note, some said they did not want to go to a county or local Medicaid office for enrollment help if there were other alternatives available. Some have had prior negative experiences in these offices with long waits and unhelpful caseworkers.

Auto-enrollment helped some.

A few study participants in Baltimore and Los Angeles explained that they were automatically enrolled into Medicaid because they participated in a public adult health coverage program that was transitioning into full scale Medicaid. These individuals said they received a notification telling them about the auto-enrollment and that they did not need to take any additional steps to apply. One or two actually submitted a new application anyway just to make sure they would obtain coverage. Many were thankful for auto-enrollment – they might have missed the opportunity to enroll in Medicaid otherwise. But some were worried – they had not yet received their Medicaid card and were worried coverage would not start January 1st, 2014.

Most viewed Medicaid simply as health coverage.

For most of the new applicants, Medicaid was seen as health insurance, not a poverty program. Almost all said they were specifically looking for affordable health insurance when they applied and were not seeking other kinds of public benefits. Since many did not have prior experience with Medicaid, they viewed it as health insurance.

Some worried about Medicaid stigma.

While Medicaid may just be health insurance to many new applicants, others worried about the program's stigma. They were concerned about being treated badly and feared some doctors would not accept Medicaid. Most of this anxiety was based on hearsay but some drew on past negative enrollment experiences in county offices during the enrollment process. A few who had prior Medicaid experience told of personal experiences being treated badly by a doctor's front office staff or by a provider and believed it was because they had Medicaid coverage.

Many wanted their own doctor and to get a checkup.

Many study participants said they had not had a regular doctor for years. Instead, they had put off preventive care services, perceiving this kind of care as less necessary when they were financially struggling. Finding a doctor and scheduling a check-up were the probable first steps for many once Medicaid coverage began.

Some applied in order to obtain dental coverage.

For a large number of study participants, dental care was a priority and a main reason they applied for coverage. Most had been putting off dental care while uninsured because of cost and were hoping their new insurance would cover it. They were unsure if Medicaid covers this service or not and would be disappointed to learn that Medicaid does not cover dental care in a number of states. Similarly, vision care was also a priority for some who have had to put off this type of care while uninsured.

Spanish-dominant Latinos had large knowledge gaps.

Language may be a barrier to awareness for some Latinos. Spanish-dominant Latinos in the focus groups seemed to know less than other participants about the ACA and how it might impact them. Many seemed to know about the fine/penalty, but knew little else. They also knew less about Medicaid than other study participants. Spanish-language materials and information explaining new health coverage options seemed to be lacking so far for these individuals.

Eligible Latinos would likely respond well to special outreach.

Despite language and knowledge barriers, the Latino participants in the focus groups expressed an eagerness to enroll in Medicaid once they learned they might

now be eligible. Lacking for this group was any sense of stigma with Medicaid – they only had positive associations with the program. Additionally, immigration status concerns did not seem a big barrier for those individuals who applied.

Many study participants who applied were unclear about next steps.

As of mid-December, most study participants who had applied for Medicaid had not received any more information about what to do or expect. Once they concluded the enrollment process, whether online or with help from a navigator, they said they were given no instructions about next steps or follow up. Most did not know who to contact to ask about their status. They assumed they would hear by mail or email soon but were not sure. Many felt in limbo.

Participants' ideas for improvement to the enrollment process included more public education, more support during the enrollment process, and better follow up.

Many felt they were not prepared to enroll. They lacked important information about the new health coverage options and about key features of the ACA that may affect them. They wished they knew in advance they could qualify for Medicaid. They recommended more public information to prepare others who have not yet enrolled and to help set their expectations. They also wanted more support during the enrollment process. They felt states should do a better job of directing people to navigators who can help them to enroll. They also wanted 24/7 Call Centers to be able to answer their questions with shorter wait times. Finally, many wanted better follow-up once they had completed the enrollment process so that they could check on the status of their application and know for sure they actually did have health insurance coverage.

To learn more about these and other insights from the focus groups, please read the Detailed Findings section, which follows.

Detailed Findings

A. Context

Insurance Status and Experience

Study participants included individuals who recently applied for Medicaid and individuals who were eligible but had not applied for Medicaid. Almost all the participants were coming from a period of being uninsured. Some had been uninsured for months and some for years; a few had not had health insurance for decades or ever. A few participants in Baltimore and Los Angeles were in adult health coverage programs – Primary Adult Care (PAC) in Baltimore and Healthy Way LA in Los Angeles – and were being transitioned into full scale Medicaid.

Some study participants had experience with Medicaid or other public health programs. Some had been enrolled in Medicaid in the past. Some had tried to enroll in Medicaid in the past and been told they were ineligible. Some of the parents had children enrolled in CHIP or Medicaid.

Other participants had been privately insured in the past. Of those, many lost their insurance when they or a family member was laid off or changed jobs. For example, a Latino man in Reno explained that he lost his insurance coverage when his employment status changed from full-time to per diem. A woman in Reno who was eligible but had not explained, “I’ve been uninsured for about three years. My husband had a really, really good job and then he lost it due to the economy, so there went the insurance.”

Some participants had tried to get insurance but had not been able to qualify or afford it. Some had tried to buy insurance on the private market. As a female applicant in Baltimore explained, “Being now self-employed, I was trying to go through CareFirst or some other private insurance companies. Oh my gosh, the rates are ridiculous.”

Others were offered insurance through employers but were not able to afford their share of the premium. For example, a Baltimore father said, “I actually changed employers and the insurance... that they offered us, the rates were just astounding. It just was too much.”

**“I wasn’t going to spend
\$200, \$300 a month for
health insurance.”**

Young male applicant, Reno

Current Care

When asked what they were doing about medical care during this period of being uninsured, many said they had not seen a doctor in years. Some of those who had not seen a doctor in many years were not overly concerned, noting that they were fairly healthy. A woman in Los Angeles who was eligible but had not applied said, “My kids don't get colds... I never get sick, my husband doesn't get sick so we just, this is going to sound really unorthodox, but we don't go in for physicals.”

Others had not seen a doctor despite serious health conditions. For example, a man in Baltimore explained that he has high blood pressure, high cholesterol, and mental health issues. He was getting medicines when he was incarcerated. However, since he had been released, he had not taken any medications. When asked how his health had been without these medications, he said, “I really don't know how it is because I don't go to a doctor to find out.”

Others, including some with serious health conditions, had been paying out of pocket for the care they need. For example, a female participant from Baltimore who has diabetes had been without insurance for three years. She had been paying out of pocket for her prescriptions and to see her doctor. She explained that her doctor works with her, charging \$80 a visit and trying to limit the visits to every three to six months.

Some participants said they have obtained care at free clinics or clinics that charge on a sliding scale. Several in Reno, for example, said they have received care at HAWC Community Health Centers. A few study participants mention having prescription cards or other means of getting their prescriptions at a discount. Some Latinos in the study mention going to Mexico or elsewhere in Latin America to obtain care, dental care in particular.

B. Knowledge

All the study participants were aware that changes were happening in health care. Many paid attention to the news and were aware of “Obamacare” and that there were problems with the HealthCare.gov website. Many had heard that health coverage would now be mandatory and that they would be fined if they did not have it. Many knew that they could not be denied coverage due to pre-existing conditions. Many were also vaguely aware they could sign up for health coverage now but were unclear about enrollment deadlines or specifically how to enroll. Beyond this, their knowledge was vague.

Most were unclear about the relationship between “Obamacare,” HealthCare.gov, their state marketplace, and Medicaid. Some seemed more familiar with HealthCare.gov than they were with their state marketplace. Indeed, some people went to the federal site to enroll before being rerouted to their state marketplace website.

“I know that most people really didn't [know] who would stand to benefit from [health care reform]. I go to college and I know a lot of people who are around me aren't covered. And I know a lot of them just don't know anything about it. They know about what they hear on the news or from word of mouth about the Obamacare website and having to pay all this money to buy insurance and people are confused by it. I don't feel a lot of people are really aware that they could get on Medi-Cal and for free...”

Young female applicant, LA

Study participants’ confusion was evident in the questions they asked. A Baltimore man asked, “So is it Obamacare and Medicaid [are] the same thing now?” Similarly, a Reno woman who was eligible but had not applied said, “[Nevada Health Link] is different than Medicaid though, right?” A Los Angeles man who was eligible but had not applied was upset about the complexity; he said, “Now you see how convoluted ... and bizarre the whole thing is. A lot of people don't understand it. I'm not the only one. It's really complex.”

Some participants were not convinced that the insurance available as a result of health care reform would be affordable. By way of example, a Baltimore man explained that he heard insurance would be cheaper but wondered, “How much more cheap is the question.” Many assumed or had heard that plans available under the ACA were going to be too expensive for them. As one young female applicant in Los Angeles explained, “[T]he Affordable Care Act... just didn't seem that affordable.... It seemed like if you were to get your own insurance it would be about the same amount if you were to pay outright for it...I saw stories about it so I said, ‘I'm not going to go their route.’”

Lack of Awareness of Medicaid Expansion

Perhaps the biggest awareness gap among study participants was that most were unaware they could qualify for Medicaid. A Spanish-speaking Latina from Los Angeles complained, “If you don't have the money to pay insurance, they're going

to penalize [you] for not [buying] insurance.” She was angry that there was not a free or low-cost option available – this was before she learned she might qualify for Medicaid. Some said that all the talk – from both the government and the media – had been about the exchanges and there had been little mention of Medicaid. A young male new applicant in Los Angeles complained that no one explained that you could get Medi-Cal [Medicaid]. He said, “Too many people are saying, ‘Go on the Insurance Exchange and... buy a plan.’ Rather than [saying], ‘Hey, you can get a free plan.’ I haven’t really heard... that at all”.

“Even when you see the President on TV he's not [saying], ‘You can get free healthcare.’ He's [saying], ‘Sign up for the insurance exchanges. Sign up for the private insurance.’”

Young male applicant, LA

As a result of this lack of awareness, finding out they were eligible for Medicaid was a welcome surprise for some. They applied expecting to buy coverage through the marketplace, not knowing they could qualify for Medicaid. As a Baltimore man explained, “I wanted to see the options and the next thing I know, the people I was with said, ‘Oh well the system booted you into Medicaid.’” A woman in the same group had a similar experience: “I was trying to do the options to see how much it would cost for the private side, but when they put in my income it kicked me out on Medicaid.” A young female new applicant in Los Angeles said, “I can’t afford the Obamacare exchanges. I mean I, I’ve got a job and everything, but still it’s a lot of money and so Medi-Cal is an improvement for me.”

Limited Knowledge of How Medicaid Works

Along with this lack of knowledge about Medicaid expansion, there was a lack of knowledge about Medicaid basics. A few confused Medicaid and Medicare. Some believed Medicaid is only available to adults if they have young children. Some had applied for Medicaid in the past, prior to Medicaid expansion, and been denied. For example, a young female new applicant in Reno explained, “I was told you had to have kids [or be disabled]... to even apply. So that’s kind of discouraging to you. You think, ‘Okay, well, I can’t even apply so why even bother?’”

Because many study participants had limited or no prior experience with Medicaid, they had fundamental questions about the program. A few participants asked about costs and believed they would be paying co-payments and perhaps have a deductible. Others had questions about doctor networks, seeing specialists, and were confused about whether or not they need referrals. As mentioned, many were unclear if Medicaid covers dental care for adults. Some wanted to know what

benefits are covered and what happens if their income increases in the upcoming year. Most were not sure where to find this information or who to ask. Even those who completed the enrollment process were not given any contact information or a resource to learn more about Medicaid. As a Los Angeles woman who was eligible but had not said, "I'd like to hear everything."

The Fine

As mentioned, many if not most study participants knew that individuals would be required to have insurance and that those who do not have it would be fined. However, there was confusion about the amount of the fine. A few had heard that, at least for the first year, it would be "about \$100." However, some others had heard much larger amounts. A woman in Reno who was eligible but had not applied explained, "When I did my taxes last year [the tax preparer] was going crazy warning us, 'If you don't have [insurance] you're going to get fined \$1,400 per person in your family.'"

Enrollment Deadlines

Dates were also a source of confusion for study participants. At the time the focus groups were conducted, there was a great deal of media coverage about changes to the deadlines for enrollment in qualified health plans. Most were aware that there were dates by which one needed to apply and when coverage would begin, but few were clear on what those dates were. For example, in the Reno focus group with eligible individuals who had not yet applied, participants mentioned various dates that they believed were the deadline for signing up. They mentioned December 15th, 23rd, 31st, and January 1st as various deadlines. A few just said "sometime in January."

A few were unaware of any dates. For example, a Los Angeles woman who was eligible but had not applied said, "I didn't know there was a deadline and so [signing up] wasn't [a priority.] I was just going to kind of wait it out... I was really uninformed with a lot of this... If I'd heard you have to sign up by a certain date, then I probably would have."

Pre-Existing Conditions and Coverage Up to Age 26

Some had heard that individuals could no longer be denied coverage due to pre-existing conditions. For example, in discussing the ACA's effects, a Baltimore man said, "It's going help me significantly because I will now be covered. [Companies cannot say], 'Oh you have a pre-existing condition you're not covered or you have

to pay this expensive premium.’” Some had not heard this was the case and were impressed with this aspect of the ACA. Similarly, while a few had heard that children could stay on their parents’ health insurance until the age of 26, many had not. After learning this, a Baltimore man presumed this provision was only applicable to those children enrolled in college. He and others were impressed to learn that it applied to all children up to age 26, regardless of whether enrolled in college.

Sources of Information

Participants’ misinformation and lack of knowledge about the ACA may stem from their main sources of information on this topic. In all three cities, participants said they were hearing about the ACA and new coverage opportunities mainly through the news media. They referred to evening news shows, morning news programs, local newspapers, and online news from a variety of sources. Only in Reno did participants mention seeing public service announcements; some said they had seen an ad in the *Reno News and Review*, a free paper, and one mentioned seeing a TV ad. In Baltimore and Los Angeles, participants did not mention advertising. In fact, a Los Angeles study participant who was eligible but had not applied said, “They’re not spending a lot of money, because I don’t see it on television.”

Because news was their main source of information, they were aware of website glitches and about the early problems with the roll out of open enrollment. Many had heard of HealthCare.gov and they knew people could enroll in health coverage online. Some got the impression from the news coverage that the new plans would be more affordable, but others did not have this impression. Some felt that HealthCare.gov and the state marketplace were insurance programs related to “Obamacare” and did not understand this was a marketplace for them to look for health coverage.

Some also mention word of mouth as a source of information – and misinformation – about the ACA, the marketplace, and new coverage opportunities. Many agreed that the marketplace was a topic of conversation among their networks of family and friends but that in many cases, other people were just as confused as they were.

C. Motivations and Barriers

Study participants offered a variety of reasons for wanting to apply for health coverage. Likewise, those participants who were eligible but had not yet applied identified reasons why they had delayed enrollment or might not apply at all.

a) Motivations

Placing a High Value on Insurance

At the most basic level, those who applied said they just wanted health coverage. These participants believed it is necessary and something that everyone should have. In some cases, they were individuals who were used to having health insurance – being uninsured was a new or infrequent experience for them. As a young male Medicaid applicant in Reno put it, “[I applied] because I need it; I’ve always needed health insurance.”

Some participants also wanted health coverage to deal with ongoing health needs, including some serious conditions. Some of these individuals had simply not been receiving treatment for their conditions. There were individuals in the groups who had serious medical conditions like diabetes and multiple sclerosis who were making do without insurance coverage. A young man in Reno who was eligible but had not yet applied

“[I need medical assistance for] two reasons. The first is I have multiple sclerosis so I need health insurance because without any insurance, my prescriptions annually will be \$55,000. And I’m not earning \$55,000. I earned \$14,200 last year, so I can’t even afford anything private.”

Male participant, Baltimore

told the group, “I have been diabetic for 15 years. I have a slight case of kidney failure. It’s not anything rare. I don’t have to be on dialysis or anything. But, eventually, at some point [I will need dialysis]. And that is a humongous amount of financial responsibility that I can’t cover by myself.” A young female applicant in Reno talked about a possible melanoma on her arm. She explained, “[I’ve been] praying for something to fall out of the sky for about the last six months because far too many people – average people and health professionals – have told me that I need to get this looked at.”

Avoid Big Medical Bills

Some participants said they wanted health insurance to avoid being hit with large medical bills as a result of an accident or serious illness. A father in Baltimore said, “I think it’s more of a necessity than wanting it. Things happen and we’re already just above the poverty line so one trip to the ER and it’s like, you’re done financially.” A Reno woman who was eligible but had not applied explained, “I think that everybody needs to have health insurance. I really do, because [if you]

have a heart attack you go to the hospital [and] your bills are going to be close to a hundred thousand dollars.”

Some participants had already experienced financial difficulties due to medical bills. For example, a young man who applied for Medicaid in Reno explained that he had owed a local hospital \$12,000 from treatment he received after an accident several years prior. He thought that he had paid off much of the debt and the rest had been forgiven. However, when he attempted to purchase a home he discovered the debt was on his credit report and that, due to interest and penalties, he again owed over \$10,000.

Access Quality Care

Some feared that without health coverage they would not be able to receive needed, quality medical care should they face a serious health crisis. As a Latina in Reno explained, “I know situations, family and friends, people who... got very sick and have extreme medical need. It’s not even the debt. I mean yes, that’s one level of the anxiety, one level of the worry. But, not being able to get the same quality care if I have no insurance versus if I have Medicaid versus if I have regular employer insurance [worries me].”

Gain Dental Coverage

Some said one of the reasons – or even the main reason – they wanted health coverage was to get dental care. A woman in Los Angeles who was eligible but had not yet applied but planned to do so explained that getting coverage was a priority for her, “[because] I need dental work.” In fact, some study participants seemed to feel that one could go without regular preventive health care but that regular dental care is a necessity. As a woman in Reno who was eligible but had not yet applied explained, “Most people are healthy, but teeth [are important]... because you use them every day. You have to have [dental care].” This focus on dental care is especially concerning to study participants because there was a lack of clarity as to whether and to what extent adult dental care is covered under Medicaid. Some have had experiences – in both private and public insurance – where dental is not covered or requires separate, higher premiums or co-pays.

A few participants made similar points about vision care and prescriptions, saying that the main reasons they applied or may apply is to help pay for vision care or prescriptions. In the words of a Baltimore man, “I don’t care if they pay 30% of a doctor visit, I really don’t... It’s not the doctor visits that’s going to drive me bankrupt, it’s the cost of the medication.”

Avoiding the Fine

The one aspect of the ACA that most study participants were familiar with was the fine they would have to pay if they did not obtain insurance. And to some participants, this was a good reason to apply for health insurance. It seemed to be more than just paying the fine for some. Instead, it was the idea that having health insurance is mandatory and they wanted to be in compliance with the law. This notion was particularly strong among Latino participants. When asked why he applied for health coverage, one Reno Latino man said, "It is the law."

Pressure from Mom

A few said they applied because of pressure from family and friends. When asked what the main reason he applied for coverage was, a young male applicant in Reno answered, "My wife [is] on my back about getting health insurance." A young male recent applicant in Los Angeles explained, "I never had any motivation about thinking about insurance. My mom's the one that told me, 'You need to get insurance in case something happens to you.'" For others, the pressure came from the responsibility of being a parent to young children. A Baltimore mother explained, "I just can't even think of being without it personally... In case [I] get sick, I have ... kids to take care of." Another mother in the same group who had just applied explained, "I really had to get it because I have two children and when your children see you taking care of yourself, they will take care of themselves." Some new applicants seemed to be applying for their children; their own coverage was secondary. For example, a Latino father in Reno who had just applied explained that he did it, "just for the simple fact that my kids needed actual insurance, comprehensive insurance."

The Stigma of Being Uninsured

A few said they felt there is a personal stigma in not having insurance. In the words of a Reno man who was eligible but had not applied, "It's almost as an envy when you look at people that do have health insurance. It's almost a stigma if you don't have health insurance."

b) Barriers

Not Affordable

As mentioned earlier, many study participants had gaps in knowledge about new health coverage opportunities – specifically around costs. Few knew Medicaid had expanded and that they could qualify for free or low-cost coverage. Few also knew that subsidies would be available through the marketplace for those with incomes between 100 percent and 400 percent of the poverty level. Many of those who appeared eligible for Medicaid but had not yet applied worried that coverage through the marketplace will not be affordable. They believed the costs would be similar to those they have seen on the private market before the ACA and so did not take steps to enroll. Because they had never been able to qualify for Medicaid, they did not know it was now an option for them.

Hoping for a Change in Their Situation

Among those who were eligible but had not enrolled, some said they had held off because their personal situation was in flux. For example, a man in Los Angeles who was eligible but had not applied explained that he had put off signing up because he was expecting to join a union through which he would get insurance. A Reno man who had not applied said, “Well, I’m also hoping maybe I’ll get a regular job with benefits.” These individuals were hoping that they would obtain health insurance in the near future so did not think it was worth it to apply for coverage during the open enrollment period.

A Fluid Law

A few said that part of the reason they had put off applying for health coverage was that the status of the ACA seems fluid. As one Reno Latino man put it, “the whole thing just seems tenuous. At any moment [the program could go away.]” The changing deadlines and shifting timelines of the open enrollment period were adding to this perception that the law was in flux.

D. Feelings about Medicaid

Study participants had different levels of experience with Medicaid as well as varying levels of knowledge about the program. Study participants also varied in their feelings about the program.

Positive Feelings about Medicaid

Some had a positive view of Medicaid. A male parent in Baltimore said, "It covers a lot of things such as doctor visits. It will lower co-pays. So if I'm paying \$25 for my medication now, all I will pay is at most \$3 for my medications." A Latina in Reno shared how impressed she was when she learned about the program. She explained, "[The lack of co-pays] is what blew me away when I was talking to the lady on the phone. I said to her, 'What's my co-pay?' She said, 'There is none.' I said, 'What do you mean there's no co-pay? What do I pay at the pharmacy if I need a prescription?' She said, 'Nothing.' I was blown away.... To me that's a plus." A Los Angeles woman who was eligible but had not yet applied said, "[Medi-Cal] is the best worldwide if you're under those circumstances [of being lower-income]. It's the best worldwide. That's the first place that you should connect."

Conflicted Feelings about Medicaid

Other study participants had mixed or negative impressions of the program. Some complained about the difficulty or unpleasantness of applying for and maintaining Medicaid. For example, a Reno woman who was eligible but had not applied explained that part of her hesitancy was that that she had been in the program in the past and, "it's just so much of a hassle, honestly. It is a huge, huge hassle." In Reno, several Latinos complained about the Medicaid program. Among the complaints cited were that it is hard to qualify, that the application process is onerous and confusing, and that the staff is not professional. As one Latino put it, "The staff is rude and everyone has different answers." These comments suggested much of the negative feelings about Medicaid were based on past experiences going through the enrollment process in Social Services offices – they were not related to new enrollment processes.

"I had a negative impression [of Medi-Cal] ... as far as having to wait a long time to see a doctor. That was my impression: that you don't want to get on Medi-Cal."

Young female applicant, LA

Stigma

For some, there was a stigma with Medicaid. A female study participant in Baltimore said, "There's definitely a stigma there... and it's kind of embarrassing too." Another woman in the same group explained that as a Medicaid enrollee sometimes you feel you are being looked down upon by others – primarily Medicaid caseworkers. She explained, "[T]hey kind of belittle you. They say, 'You know, you're a welfare recipient.'"

Some cited experience with or fears of being treated poorly by health care providers. As a Latino in Reno explained, “You can see the change [in attitude] when you tell the [doctors], ‘You know what, I got Medicaid.’ Wow, they change face.” Others feared they would receive substandard care or not be able to see doctors they want to see. A mother in Baltimore said, “I will say that a lot of providers too, act like they don’t want to take Medical Assistance.” A Latino in Reno said, “I’ve heard rumors... that doctors are cherry-picking in terms of if they’ll see Medicare or Medicaid patients. They only want the best plans for reimbursement. So I’m afraid I’m going to get secondary care.”

A Sense of Gratitude

Despite some worries about stigma, most said they were grateful they were able to apply for Medicaid. All appreciated that they did not have to pay a premium and only had minimal copayments, if any. Those who had been uninsured were just thankful they could now see a doctor. Those with children enrolled in Medicaid and CHIP also seemed positive and thankful that they too could now receive care through Medicaid. Even those who felt that Medicaid is lower quality care were appreciative. As one young male new applicant in Los Angeles explained, “I’d prefer better healthcare, but I mean, right now it’s free.”

E. Enrollment Process

Many of the study participants who had applied for health coverage faced some difficulties during the enrollment process. Most of those who applied online in October and November experienced website glitches. A number of study participants had to use multiple enrollment methods – for example, starting the process online then completing the process in person with a navigator. A number of participants called the customer service phone number with mixed results. If participants received help in-person, then the process tended to go better.

Website Problems

Many study participants who applied online through their state marketplace website experienced problems. Some had issues when trying to create a password. A man in Reno who was eligible but had not yet applied explained, “I’ve tried to get on the Nevada Health Link [site]. I’ve gotten on twice [but] I’ve just been spit out because they didn’t like my password configuration. And then it locked me out.” A few participants were initially able to create an account but then encountered problems later on in the process. A Baltimore woman filled out the application

online at a Maryland Health Connection Center with the help of an assistant. She explained that all was going smoothly until toward the end of the process when the system “did not recognize [her] name.” A manager was called and they “did it three or four times” at which point the application was accepted and she got a confirmation number. A few mentioned that they visited their online state marketplace numerous times and found the site to be down or non-responsive.

A number of online applicants also said they had to complete the application process over the course of numerous sessions. A female applicant from Baltimore said, “My church is one of the centers for Baltimore County that does [enrollment] and I was the very first one that came in... I filled out a paper application and she put it in the computer. We had a couple of glitches, so then I had to come back again about two weeks later [and do it again]. [The second] time it went all the way through and it gave me a confirmation number.”

Even some savvy consumers found the online enrollment process confusing. A young male applicant from Los Angeles explained, “The Medi-Cal website was pretty confusing. A lot of the links I'd click and it would just lead to another confusing page... I felt like I was pretty prepared and knew what I was looking for. I knew I wasn't trying to buy an insurance plan with a subsidy. I knew I wanted to get on Medi-Cal, but it was a little difficult... [Eventually] I just went online and found the number for Medi-Cal and I called that and it was pretty easy from there.” Some encountered problems when it was time to choose a health plan. A Latina from Reno explained, “I started trying to apply [online] back in October, and the same thing has happened over and over again. When I enter my information it says that I qualify. I've even been able to take a look at some of the plans, but then when I try to [choose a] plan nothing happens.”

A few were told they qualified for Medicaid and then went back into the system and were told something else. A young man from Reno explained, that when he first attempted to apply online [on Nevada Health Link] the system told him that he qualified for Medicaid. He then “went over to the Medicaid side” and started the process of applying. However, he explained, “some issues arose” because he lives in Nevada but works in California. After spending a lot of time trying to resolve the issue he gave up. He tried again sometime later and this time it said he did not qualify for Medicaid which, given that his income was less than \$9,000, did not make sense to him. He had to file an appeal, but remained confident that he would qualify for Medicaid.

Some who applied online, however, experienced no problems or glitches. These were often individuals who applied in late November and early December when

some early glitches may have been fixed. A young female new applicant in Los Angeles said, “My [online application experience] was pretty self-explanatory. I mean, they were pretty good with showing you the way though. It was pretty easy navigation.”

Customer Service Telephone Assistance

A number of participants who started the process online ended up calling the customer service telephone line for assistance when they ran into problems. The most frequent complaint about this process was the long wait times. Some said they were on hold for more than an hour. A number called back numerous times before

they reached a person. A few were never able to get through to a real person. A Baltimore woman explained, “She gave me a number and that number, it just kept ringing.” A Reno Latina explained what happened when she called the toll-free number: “The first several times, the phone didn’t even ring. It just kept dropping the line. Then, finally, there was a male voice that said, ‘All circuits are busy.’ So then I tried again... over a period of days. Then I got on and I was on hold for 78 minutes.” In the end, the person she spoke to was able to answer many of her questions, but could not clarify whether or not she was actually registered. A Spanish-speaking Latina in Los Angeles explained, “They did answer a few times but I was on hold forever; sometimes for 20 [or] 40 minutes.”

“I always like to speak with someone... so I can just ask whatever questions that I feel like are most important, get right to the point.”

Participant, LA

Some of those who did get through and were able to receive assistance said the customer service representatives were helpful and could answer their questions. Some were even able to complete the application over the telephone and were happy with the experience. A young male new applicant from Los Angeles explained, “It was actually pretty good. It was a lot faster than I was expecting. I was expecting I’d be on hold forever and that wasn’t the case. She was really helpful and she was actually friendly. And so after that I did receive some things in the mail, filled them out and sent them back and then it was pretty smooth from there.”

In-Person Help

Those who applied in person appeared to be most satisfied with the experience. Many who started the process online or via the telephone ended up seeking in-person assistance. Others went straight to the in-person application process. Some of the participants who were connected with health clinics or other community

organizations went to those locations initially to seek help with enrollment. For example, a Baltimore man who was receiving treatment for substance use was referred by his counselor to a navigator who could help him to enroll. Likewise, another Baltimore woman was referred by her church to a navigator. In Reno, individuals involved with a local low-cost health program received letters in the mail and even phone calls directing them to navigators and insurance brokers who could help them enroll. In other cases, participants who received in-person help randomly encountered navigators – at a table outside of a grocery store, for example – and were able to apply for health coverage then and there.

Of note, few participants in the study found navigators through links on the state marketplace website. Indeed, most did not know in-person help was available until they took steps to seek it out or randomly encountered it.

Regardless of how they found a navigator to help them enroll, what most seemed to appreciate was the ability to ask questions and to know they were applying correctly. Those less confident online were particularly appreciative of the in-person help. In fact, a few who had not yet applied said they had been delaying because they were intimidated by the online process. When a woman in Reno who had not yet applied heard she could complete the process in person, she said, “Definitely it’ll get done especially now that there is some place I can [be] face-to-face with someone. Absolutely, because if I had to do it on the Internet that would stop me right there.”

Some said they did not want to go to a county or local Medicaid office for enrollment help if there were other alternatives available. Some had prior negative experiences in these offices with long waits and unhelpful caseworkers. In the words of a Baltimore mother, “You go there and you’re there for hours... You really don’t want to have to go that route if you don’t have to.”

Auto-enrollment

Some applicants were auto-enrolled into Medicaid – i.e., they did not need to do anything to enroll but were automatically enrolled in the program. These were individuals who were enrolled in a limited adult health coverage program in their state and who would become eligible for expanded Medicaid starting January 1st 2014. Many of these participants said they received a notification in the mail telling them about the auto enrollment and that they did not need to take any additional steps to apply. As one young male applicant in Los Angeles explained, “I already had an LA county type of insurance called Healthy Way and I was informed that it automatically turns into Medicaid the coming year. So I received a bunch of

paperwork and [sent it back]... I already received the card and everything.” One or two of these individuals submitted a new application anyway just to make sure they would obtain coverage.

For most who experienced it, auto-enrollment appeared to be a smooth process, but for a few it was not. For example, a Spanish-speaking Latina in LA explained that she had heard that she was going to be switched over from Healthy Way LA to Medi-Cal. As such, she was expecting to get information about the switch in the mail. When she did not, she called Healthy Way. She explained, “[When I called they] asked me some questions and they said they were going to send me a package, but I never received it so I called again. They asked me the questions again and then they sent me another packet that had more questions.” In the end, she had to make three different phone calls. Others in this group had similar experiences with multiple calls and long delays, and several ended up visiting the Medi-Cal office.

Many were thankful for auto-enrollment. After hearing others in the focus group tell about their complicated enrollment processes, a few said they were glad they did not have to go through this process.

Paperwork

While marketplace enrollment was intended to be a streamlined and largely paperless process, it seemed that most of the study participants who applied for Medicaid still needed to submit a substantial amount of documentation. Most said they were asked to scan, fax or mail pay stubs, tax forms, utility bills, immigration documents, and more. To those who had applied to Medicaid before at a county or Social Services office, the process as well as the documentation requirements seemed the same as before.

Follow-up Issues

The focus groups were held in early and mid-December. At that time, most study participants who had applied for Medicaid had not received a card or any more information about what to do or expect. Some did not know whether they had successfully enrolled in Medicaid or not. Most did not know how to check on the status of their application. Most were told they were going to receive information from Medicaid in the mail but as time dragged on, they were becoming worried. For example, a Baltimore man said, “When it comes to getting the packets [in the mail], I don’t see why there is such a long delay. I signed up in the beginning of November, late in October, somewhere in those two weeks and I’m still waiting on

the packet.... I go off my parent's health insurance as of January 1st and ... now I'm worried that [my medical assistance] won't be filed in time because of government holidays." A Latina parent in Reno who had submitted a paper application explained, "I still haven't gotten a response [and] I've gone a couple times to actually ask what was going on or if they knew what was going on. They said just because of the online process; that it's slowing down the paper process." Many wanted better follow-up once they apply. They would like contact information of someone they could call to check-up on their application.

F. Latinos

Two focus groups were held specifically with Latino individuals who had recently applied for Medicaid – one in Spanish and one in English. Like participants in the other focus groups, the Latino participants had substantial knowledge gaps about the ACA, Medicaid, and their state marketplace.

Indeed, the Spanish-dominant Latinos in Los Angeles focus group seemed to know the least about these issues and had the most questions. A man in that group asked, "I want to ask a question because I'm more confused now than ever. So if I have Medi-Cal I don't have to worry about Obamacare; the Affordable Health Care Act? This is where I'm getting confused." A Latina in the group explained, "I went to a food bank in North Hollywood and a lady there told me... if you don't have insurance by January [they are going to fine you] ... She told me go through Covered California but I didn't know what she was talking about. I [still] don't know."

"I think they should put everything in the simplest terms in whatever language it is. [And they should] create more jobs...I'm assuming the reason when I called I was on hold for so much is because there's probably not enough operators to help people. There should be more workers to help people like us."

Spanish-speaking Latina, LA

Like other participants, most Latino participants said they applied for coverage because they hoped it would be affordable and they wanted to avoid big medical bills in the future. Also, more than other participants, the Latino participants had heard it was "the law" to have insurance and they wanted to comply with the law. The Latino participants were also more likely than others to have sought out in-person assistance to apply. Many were intimidated to apply online and felt they just did not know enough on their own to complete the application. Most were also connected to an organization or health clinic that could help them enroll. All of

those who wanted to receive assistance from someone who spoke Spanish said they were able to do that.

Language barriers did not seem to be a major barrier for most of these individuals, although a few felt they had to wait longer to receive assistance in Spanish. Some were aware of Spanish language ads for Covered California and heard about the ACA in Spanish-language news. Likewise, immigration concerns did not seem to be a barrier for these individuals to apply for health coverage. However, since we did not speak with Latino individuals who had not yet applied for coverage, we do not know how much of a barrier immigration concerns may be for some Latinos.

A final insight from the Latino participants is that they expressed the most enthusiasm for Medicaid of all of the participants in this study. Lacking for this group was any sense of stigma – they only had positive associations with Medicaid. They value that Medicaid is free or low cost and enables them to see the doctor and obtain medications. Almost all were happy when they learned they were eligible for Medicaid.

G. Using Their Coverage

Study participants were asked how they intend to use their Medicaid coverage when and if they were approved. Most said that they plan to get a physical as soon as they were able. Many explained that they had not received preventive care for years and wanted to check up on their health now that they will have insurance. A large number also did not have a primary care physician and so will have to choose one in the near future. Many of these individuals said they will look through the list of providers and just choose one.

Many applicants were also anxious to obtain dental care once they have Medicaid. As mentioned, many were confused whether or not Medicaid even covers dental care but this is the service many wanted to use most. Some explained that a dental visit can be expensive and that more extensive dental services had just been financially out of reach while they were uninsured. Some had ongoing dental needs they had been putting off that they wanted to address.

Finally, many looked forward to obtaining their prescription medications on a regular basis once they had insurance. While some participants said they have been using discount programs at Walmart and elsewhere to pay for their medications, others said their medications had been expensive and they had been paying out of pocket. These participants particularly looked forward to having prescription drug coverage through Medicaid.

Improvements Ideas

The study results suggest a number of ways to improve outreach and enrollment for Medicaid. These can be divided into three categories: more public education and outreach, an improved enrollment process, and better follow-up.

More Public Education

Study participants suggested more public education about the ACA, the marketplace, and the Medicaid expansion would encourage more people to apply. Most felt they went into the enrollment process with too many questions and information gaps. Most still felt confused about the process and about their future health coverage.

The biggest gap in public education was around the Medicaid expansion. Most study participants were unaware they could qualify for Medicaid until they were already in the application process. Participants also wanted more explanation of the relationship between “Obamacare” and their state marketplace. Most were still unclear about the connection.

Many also wanted more clarity about deadlines. They were confused by the many enrollment dates they were hearing. Also, they thought there should be more information about navigators and where to find them. They believed that most of the public was unaware that they could receive in-person enrollment assistance.

A few felt that public education efforts should also emphasize prevention. A Reno woman who was eligible but had not applied recommended, “stress[ing] that they offer free preventive care.” Some also suggested emphasizing the fact that dental care is covered (in areas where this is the case) because it might encourage people who were otherwise not interested in Medicaid to enroll.

Some also wanted basic Medicaid information so they knew more about how the program works. Those who did not have experience with Medicaid had many questions about costs, coverage, and access to providers. They wanted a booklet that explains Medicaid, FAQs about Medicaid, or a link on the marketplace website to the Medicaid website.

Many also thought outreach could be improved. Many study participants said they had friends who were confused about the ACA and the marketplace who would benefit from outreach. One outreach idea they suggested is having newly enrolled

people tell their stories about how their life has improved because they enrolled in Medicaid. Some parents also suggested sending materials home from schools. A Latino parent in Los Angeles said, “There’s a lot of people that might not know about these programs... [F]or the people that have children... the schools can send information to the parents about obtaining insurance.”

Improve the Enrollment Process

Most study participants felt the website glitches needed to be fixed first and foremost. Those who applied in October and November – the time period when glitches were most common – were most adamant about fixing the website.

“Don't put links on there like 'chat with a specialist' or 'email a specialist' if they're not going to work.... Don't put [those links] up there until [they work].”

Young female applicant, Reno

Many also wanted the customer service telephone line to be more efficient and accessible. They suggest hiring more staff, cutting down on wait times, and 24/7 access. As young male new applicant in Reno said, the toll-free number should be open for 24 hours because “Nevada is a 24 hour town.”

Some also stressed the need for more navigators since personal help seemed to be a preferred method of enrollment for many in this study. They felt this meant more promotion of navigators on the marketplace website and elsewhere and hiring more navigators so that more people can receive help.

Many also would like the process to require less documentation. This did not seem like an online and paperless process to many, who still needed to submit supporting documentation as part of their application. If they needed to require this documentation, then some study participants suggest letting people know what to bring before they apply.

Better Follow-up

Many suggested that the follow-up process once an application has been submitted be improved. They wanted a contact person and a telephone number or email address to check in on their application. They wanted to know how long the wait would be before hearing from Medicaid. They wanted to have a clearer sense of when their coverage might start. Some would like a tracking number on their application that they could use when interacting with the marketplace or Medicaid. A few even suggested a confirmation email from the marketplace letting them know their application was received.