Early Insights into Medicaid Enrollment in Expansion States

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RESEARCH/COMMUNICATION

Background

The study explored:

- Awareness of the Affordable Care Act and new health coverage opportunities;
- Feelings about Medicaid;
- Motivations for and barriers to enrolling in Medicaid;
- Details about the enrollment process and ideas to improve it; and
- How newly enrolled individuals plan to use their Medicaid coverage in the future.

Background

We conducted 8 focus groups:

- 2 groups with Latinos who recently applied for Medicaid (one group was conducted in Spanish);
- 2 groups with young adults 18-34 who recently applied for Medicaid;
- 1 group with parents of young children who recently applied for Medicaid for themselves;
- 1 group with childless adults who recently applied for Medicaid; and
- 2 groups with individuals who are newly eligible for Medicaid but have not yet applied.

16 Key Insights

1 New Medicaid applicants really want health coverage.

Being uninsured is stressful. Most have been putting off medical care. Some have medical debt. Some applied unsuccessfully for Medicaid before. Others found private insurance too costly.

2 Few knew Medicaid had expanded.

Many just wanted health coverage and had heard about ACA open enrollment. Some were told they might qualify by navigators or others. Some applied specifically for Medicaid without knowing they were eligible. There are big information gaps about Medicaid and the ACA.

3 People had many motivations to apply, including wanting protection from unexpected medical bills.

Some also applied for Medicaid because they have children who depend on them, to address ongoing health needs, and because they do not want to pay the fine.

4 Many are unfamiliar with Medicaid.

They have no experience with the program. They want to know about costs, access to doctors, and what services are covered. They would like to receive basic education about how Medicaid works – "Medicaid 101."

5 Most wanted in-person help to enroll (but not necessarily at county offices).

A few enrolled online with no problems but most wanted help. Some sought out or were directed to navigators, others encountered them randomly. They want the opportunity to ask questions of an informed person and to make sure they are doing it right.

6 Auto-enrollment helped.

A few were auto-enrolled into Medicaid because they already participated in an adult coverage program. They are confused about the auto-enroll process but grateful. Participants indicated they might have otherwise missed this opportunity to enroll in Medicaid.

7 Medicaid = health coverage.

These new applicants see Medicaid as health insurance, not a poverty program. They were specifically seeking health coverage when they applied. Most were not applying for other public benefits – insurance was all they wanted.

8 Some worry about Medicaid stigma.

They worry about being treated badly and fear doctors will not accept Medicaid. Most of this is based on hearsay but some draw on past negative enrollment experiences in county offices. Stigma was not a deterrent to enrolling for these individuals.

9 They want dental care.

Some applied for Medicaid to get dental care. Most are confused about whether dental care is covered by Medicaid or not. Some will be disappointed if they learn dental care is not covered. Vision care is also a priority for some.

10 Many want their own doctor and to get a check up.

Many have been without a doctor for years. Most have been putting off preventive care. Finding a doctor and scheduling a check-up are the probable first steps for many once Medicaid coverage begins.

11 Eligible individuals who have not yet applied have the biggest information gaps.

They lack knowledge about Medicaid. Most do not know about their state marketplace. They are unclear about enrollment deadlines and how to apply. Many know about the fine but not much else.

12 Most are unaware they could qualify for free or low-cost coverage.

They just assume health coverage is too expensive. They have not yet heard that Medicaid eligibility levels have changed and that they may now be eligible.

13 Spanish-dominant Latinos know less about Medicaid, the ACA.

Language may be a barrier to awareness. Spanish-dominant Latinos in the focus groups were the least likely to know details about Medicaid or that they could be eligible. English-proficient Latinos seemed to know more.

14 Eligible Latinos would likely respond well to special outreach.

The Latino participants in the focus groups expressed an eagerness to enroll. They have positive impressions of Medicaid. They would be receptive to outreach and materials in Spanish.

15 Many are unclear about next steps.

As of mid-December, most had not received any more information about what to do or expect. They assumed they will hear by mail or email soon about their enrollment status but are not sure.

16 Participants' ideas for improvement include more public education and better follow up.

Many feel they did not know enough about changes to Medicaid, about the ACA, and about how to enroll before they applied. They suggest more outreach to others like them. Many also want a contact person or online access so they can follow up on their application. Some want 24-hour customer service to answer questions or help with applications.

Next Steps

We will continue to analyze the focus group results and then write a detailed report of insights that will be available in late January 2014.

During April-June 2014, we will conduct 6 additional focus groups in three new sites to gain insight into how new Medicaid enrollees are using their coverage.