



Beneficiary Preferences for Communications Regarding Eligibility, Enrollment, and Renewal

Medicaid and CHIP Payment and Access Commission

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September 23, 2021

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Overview

- Background
- Stakeholder interviews
- Beneficiary focus groups
- Takeaways

Background

Modes of Application

- State Medicaid agencies must allow individuals to submit applications, renewal forms, and other necessary information by phone, mail, in person, and online
 - In almost half of states, the majority of applications are submitted online
- Most states have online accounts that can be used to report changes, submit documentation, or renew coverage

Notices

- States must provide timely and adequate written notice of any decision affecting eligibility
- Notices must be written in plain language and be accessible to individuals who are limited English proficient and to individuals with disabilities
- States also must give beneficiaries a choice to receive notices electronically or by regular mail
 - In 33 states, beneficiaries can opt to go paperless and receive notices electronically

Use of Technology

- Most Medicaid enrollees own smartphones and many rely on their phone for internet access
- Forty-four states allow individuals to submit applications via a mobile device
 - Twenty states have a mobile-friendly design for their applications
 - Twenty-three states have mobile-friendly designs for their online accounts

Barriers to Use of Technology

- Beneficiaries' ability to use online tools is limited by:
 - Lack of access to high-speed broadband service at home
 - Affordability of internet service or devices
 - Lack of mobile-friendly applications and websites
- Adults with annual household income below \$30,000 are less likely than higher-income adults to use the internet, and almost half do not own a computer

Stakeholder Interviews

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Stakeholder Interviews

- MACPAC staff conducted 28 interviews with state and federal officials, beneficiary advocates, legal aid organizations, provider organizations, nonprofits, and other national experts
- Included six states representing a mix of geography and technology use: Florida, Kentucky, Louisiana, Michigan, Missouri, and Texas

State Use of Technology

State	Online Medicaid account	Can submit online application / Access account using mobile device	Mobile-friendly design for online application / Online account	Online account allows individuals to view notices	Go paperless and receive notices electronically
Florida	Y	Y / Y	N / N	Y	Y
Kentucky	Y	Y / Y	Y / Y	Y	Y
Louisiana	Y	Y / Y	Y / Y	Y	N
Michigan	Y	Y / Y	Y / Y	Y	Y
Missouri	N ¹	Y / NA	Y / NA	NA	NA
Texas	Y	Y / Y	Y / Y	Y ²	Y

Notes: Y is yes. N is no. NA is not applicable.

¹ Missouri does not offer online accounts but applicants who apply online are able to return to the application to check its status.

² In Texas, only certain notices can be viewed from a client's online account if the client does not elect to receive electronic notices.

Source: Brooks, T., L. Roygardner, S. Artiga, O. Pham, and R. Dolan. 2020. *Medicaid and CHIP eligibility, enrollment, and cost sharing policies as of January 2020: Findings from a 50-state survey*. Washington, DC: Georgetown University Center for Children and Families and Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey/>.

Multiple Modes of Communication

- Multiple methods to apply for Medicaid, as well as to receive and access information, is necessary to reach everyone
 - For example, providing the option for beneficiaries to receive notices online is an important tool for timely communication
- Beneficiary preference for mode of communication and use of technology varies

State Capacity for Improvements

- State capacity for making improvements varies, but all face constraints in adopting newer technologies
- State officials commented on limited funding and staffing (e.g., number of eligibility workers, staff time), and changing priorities as barriers
- Some states have been making changes and testing innovative approaches, while others have not made many recent changes

Issues with Notices

- Many stakeholders cited issues with the readability of notices and the time afforded to respond to requests for information
- CMS has put out model notices for states, but it is unclear how many states are using them
- Electronic notices address some but not all of the concerns raised by advocates

Focus Groups

September 23, 2021



Insights from Online Focus Groups with Medicaid Beneficiaries

Beneficiary Experiences with the Medicaid Enrollment and Renewal Processes

CONDUCTED FOR THE MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION (MACPAC)
PREPARED BY PERRYUNDEM

The findings, statements, and views expressed in this report are those of the authors and do not necessarily reflect those of MACPAC

SEPTEMBER 2021

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MACPAC commissioned nine online video focus groups with Medicaid beneficiaries (or a caregiver representative).

- The nine online focus groups were conducted from May to July 2021 by PerryUndem with residents in four states: Florida, Louisiana, Michigan, and Texas. These states were selected to align with MACPAC's larger work.
- Two groups each were held in English in Florida, Louisiana, Michigan, and Texas. One group was held in Spanish with Latino participants from Texas and Florida.
- Each group lasted 90 minutes and included five to seven participants.
- To make participating in this research as accessible as possible, participants could join by phone or by video from laptops, desktops, or mobile phones. Still, this research may not be representative of the larger Medicaid population because not all beneficiaries have access to the technology needed for focus group recruitment or participation.

— FOCUS GROUP PARTICIPANTS



Each group included a mix of participants based on gender, age, city or town size, Medicaid tenure, and race or ethnicity.

The participants also included those with and without chronic health conditions. Some conditions they faced included diabetes, high blood pressure/cholesterol, irritable bowel syndrome, arthritis, chronic pain, and mental health conditions. Many were taking prescription medications.

The Spanish-speaking Latino group included three participants from Florida and three from Texas. All other groups included participants from the same state.

*Participant characteristics

	N =		N =
TOTAL	53	Florida	15
Women	29	Louisiana	12
Men	24	Michigan	11
Ages 18 to 30	5	Texas	15
Ages 31-44	23	Black	18
Ages 45-54	13	Hispanic (Spanish-speaking=6)	16
Ages 55-64	10	White	16
Ages 65+	2	Asian/AAPI	2
Urban	34	Other	1
Suburban	13	First enrolled 2020 to present	7
Small town/Rural	6	First enrolled 2015-2019	21
Caregiver**	10	First enrolled 2014 or earlier	25

*Characteristics reflect the participant (the beneficiary or caregiver that participated).

**Caregivers were defined as a person who handles the enrollment/renewal of a Medicaid beneficiary (e.g., parents of children on Medicaid, adult family members who assist older parents or relatives); there were not Medicaid beneficiaries themselves. In the Spanish-speaking focus group, one male participant participated with his daughter who assists him in managing Medicaid. She was not included as a caregiver since the Texas man participated for himself.

Key Insights.

Medicaid context:

Beneficiaries appreciated Medicaid and said it provided health coverage that would otherwise be unavailable to them.

- Most participants had a positive impression of Medicaid. They said that it allowed them to access care at little to no cost.
- Nearly all the participants said they would like to continue with Medicaid coverage if possible. But some worried about surpassing the income threshold required to qualify.
- Still, they expressed a few concerns about the program, such as some doctors not accepting Medicaid coverage, issues with transportation, or how they were treated by some in the system (e.g., providers or office staff, caseworkers, etc.)

Overall, I'd have to say it's pretty positive. I've had Medicaid my whole life. I was born disabled, so I've gotten used to it, and I've been through a lot of experiences where I've had to learn about the different parts of Medicaid and what it can do, what it can't do...overall, it does what it needs to do and gets me what I need.

(Florida man)

Comfort with technology:

Most had access to technology like computers and smartphones, and they felt comfortable doing things online.

- Nearly all participants had smartphones, and most had a laptop, desktop, or tablet.
- They felt comfortable online, and most had little to no problems using technology.
- Still, online was not always the fastest or most dependable way for them to access information. Individuals said that sometimes their technology or internet access could be unreliable.
- And, despite their own comfort, many participants also acknowledged that others did not have access or the ability to use technology—particularly older adults.

I still have a barrier, but I had a flip phone up until three months ago. (My children) bought me a phone, it's not a smartphone or whatever you call it, but I've been learning and learning and learning...but I'm still with my landline. And if I could do without, I'll try to do without. I'm 61; it's just sometimes you can't teach an old dog new tricks.

(Michigan woman)

Enrollment methods:

Participants said that there should not be a one-size-fits-all approach to the enrollment process.

- Participants thought it was important that people had different options for how to enroll and renew in the Medicaid program. They thought people needed an option that works best for them.
- Most participants applied either online or in-person, with just a few applying over the phone.
- Some used a combination of approaches to complete the application process, including online, over the phone, and in-person.
- Generally, those who applied longer ago were more likely to have applied by mail or in-person. More recent applicants were the most likely to have done all or part of their application online.

*I'd try to figure it out online first and then if I couldn't figure it out myself online, I would probably go make a phone call and just keep pressing zero until I got somebody to talk to.
(Michigan woman)*

Ease of enrollment process:

Most participants found the application process easy and straightforward—particularly those who applied online.

- Participants who applied for Medicaid online generally said it was quick and easy. They were able to navigate the process without too many issues.
- The online system was seen as a big improvement for those who applied by other means initially, but then reapplied online.
- Those who said the enrollment process was more difficult, frustrating, or time consuming usually applied in-person, by mail, or over the phone. But most still did so without issues.
- Participants who found enrolling more difficult—regardless of how they enrolled—often said there was too much information to provide or too many questions to answer.

I feel really good about it. It was easy; it was user friendly. They didn't ask a lot of information that you really didn't have on hand. The format of the website was easy to use so it made it really easy.

(Louisiana man)

Ease of renewal process:

Most described the renewal experience as quick and simple.

- Participants who were more comfortable with technology considered the online renewal system to be convenient.
- They often said that the renewal process was easier than the enrollment process. This was due to many factors, including already knowing the documents they would need.
- Many of those who originally renewed on paper, in-person, or by mail felt the online renewal system was more streamlined (e.g., information was already pre-populated).
- Some reported that they had automatic renewal. But even those without automatic renewal generally felt that their renewal went through quickly.

I feel like the renewal process was a lot easier than the initial enrollment process. They didn't require as much from me, it didn't take as much time, as much energy, effort, thought; it was just a lot easier to renew than it was to enroll.
(Texas woman)

Enrollment and renewal challenges:

Participants still experienced some challenges, most notably submitting documents or answering situation-specific questions.

- During enrollment and renewal, submitting documents was the most common issue. For example, participants spoke of having to go to a library or resource center to print, fax, or scan documents, or having to do so from work.
- Gathering documents was difficult too—with a few who mentioned having to seek documentation from landlords and past employers.
- A few also mentioned challenges answering questions on the application that did not seem to apply to them or did not have an easy answer. These issues delayed their application being completed or accepted.

Taking pictures of the [documents] and trying to send it...the hardest part is trying to make sure that it's a certain way because then they say, 'oh it's not uploaded right.' The computer will actually not allow it to be uploaded if it's not clear, so like that portion was kind of hard.

(Texas woman)

Going paperless:

Participants were worried that it would be a problem for beneficiaries if all Medicaid communications moved online.

- Although states must provide enrollees the option of going paperless, participants pushed back against the idea of state Medicaid programs requiring paperless communications with beneficiaries.
- They noted that a paperless system would disadvantage those who did not have access to technology or were not familiar, comfortable, or able to use an online process—particularly older adults.
- Many also liked having a hard copy for easy record-keeping and to maintain a paper trail. They worried emails could go to spam, get deleted, or be difficult to find and pull up.
- Others were simply more comfortable with mail, making a phone call, or going in-person to manage their Medicaid.

I think a lot of us younger crowd prefer online applications, but the big thing is we're talking about health care. It's got to be accessible for, you know, folks around the state that don't have internet access. They can't afford a smartphone and stuff like that, I think (that) is really important.

(Louisiana man)

Other communication tidbits:

Participants said they got hard copy renewal reminders, but they also thought email and text reminders were helpful.

- Nearly all participants received renewal notices and reminders by mail. Some also got email notifications or text alerts to visit their online account for renewal information. Others said they would like their states to send email and text alerts.
- Many would like to see more reminders of upcoming renewal deadlines to help reduce the chance that they forget to take action.
- Many had an online Medicaid account, but they rarely used it for anything other than renewals. Still, they felt confident they would be able to use their account for other things if needed.
- There was little familiarity with state Medicaid mobile apps (where offered), and only a few participants had used them.

Text alerts that maybe you could opt in, so that way they could also text your phone when it was time to renew or...you could opt out if you don't want those or opt in if you do.

(Texas woman)

Closing:

Beneficiaries wanted a broad range of communication options.

- Participants believed all Medicaid beneficiaries should have different enrollment and renewal options available and accessible to them.
- They felt that online access had made the Medicaid process easier and more streamlined over recent years.
- But they also valued having the option of in-person help, talking to someone over the phone, or enrolling or renewing through the mail. For some, these were preferable.
- They were also wary of everything moving paperless because of concerns that some people would be unable to use or access online tools.

My mom is not computer savvy...so she still needs these letters in the mail...she can't go online and do the things that I do...it's not for everyone.
(Florida woman)

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Takeaways

- Beneficiary communication preferences and ability to access technology vary
- Providing multiple avenues to connect with Medicaid programs ensures that individuals complete processes in a way that best meets their needs
- Tech-savvy individuals are able to use online tools; however, the need for paper-based communication and ongoing assistance is important, particularly for those with more complex circumstances

Takeaways Continued

- States use technology to different degrees
 - Not all states are keeping pace with changing technology, and in many states additional improvements would increase accessibility
- No single policy was cited as a barrier to improving beneficiary communications
 - Limited state capacity and implementation challenges were cited as the principal barriers to improving communication
 - Stakeholders raised concerns about the readability and understandability of notices and the time to respond to notices



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