

## Grant Outcomes Report

# Reducing The Number of Uninsured People in New York State: Making It Easier to Renew Health Coverage Through Medicaid, Family Health Plus, and Child Health Plus

### I. Executive Summary

A substantial number of New York State Medicaid, Family Health Plus (FHP), and Child Health Plus (CHP) beneficiaries lose their health coverage each month. Under this New York State Health Foundation (NYSHealth) grant, Michael Perry of Lake Research Partners conducted eight focus groups with former Medicaid, FHP, and CHP participants or their parents who had recently lost their public health insurance coverage because they did not complete the annual recertification (or renewal) process. The goal of the study was to understand more about why many beneficiaries are not successfully completing the annual recertification process for Medicaid, FHP, and CHP.

Prior to this project, the perspectives and preferences of beneficiaries themselves had been largely absent; the focus groups, therefore, provided participants with a venue to discuss their confusions and frustrations, and to offer suggestions for improvement. The study uncovered reasons for losing health coverage that ranged from beneficiaries not actually knowing they had lost their coverage, to not receiving the necessary materials for renewal in the mail. The results were featured in a *New York Times* article about the difficulties associated with renewing Medicaid coverage in New York. Throughout the study, Lake Research worked closely with both NYSHealth and staff members from the New York State Department of Health's (NYSDOH's) Office of Health Insurance Programs (OHIP). The focus group results also showed strong support of OHIP's decision to move ahead with their project to allow beneficiaries to renew by telephone. OHIP will also continue its simplification efforts to make the public health insurance program renewal process less confusing.

This project was part of a larger NYSHealth authorization that funded a series of quick-strike analyses to New York State to identify strategies to streamline and expand its public health insurance programs. A summary of findings from this authorization is available on NYSHealth's website.

### KEY INFORMATION:

**GRANTEE**

Lake Research Partners

**GRANT TITLE**

Insight into How to Reduce Churning in New York's Medicaid Program

**DATES**

November 1, 2008 – December 31, 2008

**GRANT AMOUNT**

\$98,175

## II. The Problem

Though many of the barriers that result in churning (i.e., people moving in and out of public coverage programs rather than staying continuously enrolled) exist for reasons such as reducing fraud and abuse, churning is neither a desired nor an efficient result. It disrupts the health care of some of the most vulnerable New Yorkers and results in higher administrative costs for the State. Although some beneficiaries do not renew their coverage because they gain private health insurance or move out of state, others who may have received a slight increase in income are rendered ineligible for public health insurance coverage and are left uninsured. Additionally, there have been cases of former beneficiaries who wanted to retain their coverage but did not successfully renew because of various barriers and obstacles.

“A substantial number of New York State Medicaid, FHP, and CHP beneficiaries lose their health coverage each month, and it is one of the main issues facing states struggling to cover their uninsured.”

Other studies have suggested a number of reasons why otherwise qualified Medicaid and children's health insurance plan beneficiaries lose their coverage during renewal periods. First and foremost is a burdensome renewal process (e.g., requirements for resubmitting income forms and paycheck stubs, completing the renewal application, and meeting the deadline for renewal) that can make renewal difficult. Another factor is that the inflexibility of the renewal process and deadlines make it difficult for people leading busy lives—often with multiple jobs, changing work status, and other personal transitions—to submit forms on time. Some beneficiaries say they never receive renewal notices, so State data are often obsolete and not updated frequently enough. Some beneficiaries throw away their renewal notices by mistake because these notices do not stand out or indicate their importance. Finally, some beneficiaries do not report a change of address, so they never receive their renewal packet.

## III. Grant Strategy

This study specifically addressed New York State's Medicaid, FHP, and CHP programs to identify ways to improve the renewal process so that fewer qualified beneficiaries lose their coverage.

NYSHealth commissioned Lake Research to conduct eight focus groups with former Medicaid, FHP, and CHP beneficiaries who had recently lost their coverage under the program. The former beneficiaries

### EXPECTED OUTCOMES

Through the NYSHealth grant, Lake Research expected to achieve the following goals:

- Discover and explain why former Medicaid, FHP, and CHP beneficiaries did not renew in the programs; and
- Provide insight on barriers to renewal and potential process changes that could help beneficiaries stay in the programs.

who participated in these focus groups were potentially still eligible for these programs but had not successfully completed the renewal process.

“What was unique about this project was the partnership between the Foundation and the State’s Medicaid agency,” says Michael Perry, Partner at Lake Research. “So we were able to test ideas on focus group participants that were not theoretical, but very much under consideration by the State—the focus groups were tied to action.”

#### IV. Grant Activities

Lake Research subcontracted with four organizations to recruit participants and manage the focus groups.<sup>1</sup> Eight focus groups were conducted during November and December 2008 in three cities: Albany, Buffalo, and New York City. Two focus groups were held with parents of children recently disenrolled from CHP and six focus groups were held with former beneficiaries recently disenrolled from either Medicaid or FHP. Four of the focus groups were racially and ethnically mixed: two groups were held with Latino participants (with one group conducted in Spanish); one group was held with Chinese participants (conducted in Mandarin); and one group was held with African-American participants.



OHIP provided Lake Research with the sample of former beneficiaries who failed to renew coverage. From this sample, Lake Research recruited individuals for the focus groups who appeared to still be eligible for coverage, with the goal of identifying the reasons why eligible individuals failed to renew. Individuals who were dropped from the program for appropriate reasons, such as obtaining other health coverage, aging out of the program, or moving out of state were not recruited for the focus groups.

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Lake Research developed a discussion guide and facilitated the focus groups. Some of the questions in the discussion guide were based on reforms that may have been approved by the Legislature but had not yet been implemented. Other questions focused on potential policy changes to improve the recertification process. Both management staff at NYSHealth and officials from OHIP made comments to

<sup>1</sup> Focus Suites and New York Focus in New York City, The Medical & Executive Center in Albany, and Survey Service, Inc. in Buffalo.

strengthen the discussion guide to ensure that the results of the focus groups could be useful and actionable for the State.

In addition, staff members from OHIP attended every focus group meeting to hear firsthand the accounts of disenrolled beneficiaries. Local Medicaid directors and staff also attended some of the focus groups. Finally, Perry of Lake Research was invited to present the findings of the study to the Governor's Children's Cabinet Advisory Board Children's Health Insurance Work Group. This invitation allowed him to discuss the project in detail and share results on a real-time basis.

## V. Challenges

Lake Research encountered some difficulty in recruiting New York City Latino groups because the focus group subcontractor facility's efforts did not yield an appropriate pool of participants. Ultimately, Lake Research had to re-recruit for these focus groups in December 2008. This was its only obstacle of note during the project and was quickly remedied a few weeks later.



## VI. Key Findings

The research conducted through this grant garnered a fair amount of media attention, the most important of which was a *New York Times* article on the difficulties associated with recertifying Medicaid in New York State. The *Times* piece was unusual in two respects: **1)** it used qualitative data, which is atypical for a *Times* article; and **2)** it focused on the issue of public health insurance coverage renewals, which is generally not on the public's radar screen.

“Parents of children enrolled in CHP spoke about their peace of mind in knowing that their children have health coverage.”

**FOCUS GROUP PARTICIPANTS GAVE HIGH PRAISE FOR MEDICAID, FHP, AND CHP.** All former beneficiaries value these health insurance programs and want to stay enrolled. Parents of children enrolled in CHP spoke about their peace of mind in knowing that their children have health coverage. All former beneficiaries value the health programs because these programs keep 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 needed to manage their health. In addition, former beneficiaries stressed the importance of the economic protections offered by Medicaid, FHP, and CHP.

**MANY WHO ATTENDED THE FOCUS GROUPS DID NOT KNOW THEY HAD LOST THEIR MEDICAID, FHP, OR CHP COVERAGE.** Some former beneficiaries had tried recently to use health or pharmacy services and were told that they no longer had health coverage. Although some recalled receiving termination notices from the programs, a number of former beneficiaries say they were never informed about being disenrolled from their Medicaid program or their CHP health plan.

**FORMER BENEFICIARIES OFFERED MANY REASONS WHY THEY DID NOT RE-ENROLL SUCCESSFULLY:**

- The complicated and fluid lives of former beneficiaries can make sustaining their enrollment difficult. These former beneficiaries say that meeting deadlines, compiling recertification materials, tracking down the necessary documents, and other steps required to recertify are, at times, more than they can handle.
- Many are simply confused about the process, especially those with limited or no English language capabilities.
- There is also a “branding” problem with the programs. Many former beneficiaries identified with their specific health plan, and not Medicaid, FHP, or CHP. Some say 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.
- Many praised the assistance they received with initial enrollment but did not know where to turn for similar help with re-enrollment.
- Many former beneficiaries have inaccurate information about eligibility. For example, many assumed that an income increase rendered them ineligible.
- Multiple re-enrollment dates in the same household confused some while others did not renew because they had other applications pending. Some people who said they had applied for “cash assistance” or to move from CHP to Medicaid did not believe they needed to renew their health coverage as long as their other application was pending.

**FORMER BENEFICIARIES SAID THEY RAN OUT OF TIME AND COULD NOT COMPLETE THE RE-ENROLLMENT WITHIN THE DESIGNATED TIME PERIOD.** Some had received the renewal packet and knew what it was for, but just ran out of time to complete and submit it. Others said they never received the renewal packet or received it too late to complete and submit on time. A few mailed back their renewal packet but were still disenrolled.

**FORMER BENEFICIARIES STATED THAT THERE IS A SIGNIFICANT “HASSLE FACTOR” WITH RE-ENROLLMENT THAT THEY FEEL IS UNNECESSARY.** Many consider the current recertification process to be redundant, inefficient, and unnecessarily difficult. Some are confused about why they must continue to submit the same information that they had already supplied for their initial enrollment.

**FORMER BENEFICIARIES HAD IDEAS FOR IMPROVING THE RE-ENROLLMENT PROCESSES FOR MEDICAID, FHP, AND CHP:**

- Renewing by phone was the most favored idea.
- Many also supported online renewal. The majority of former beneficiaries said they have access to a computer and routinely complete tasks online, mainly e-mail.
- Many also supported the idea of the State inputting data from their initial enrollment application or their applications to other State and Federal programs.
- Chinese and Latino former beneficiaries requested renewal forms in their native language.
- Many former beneficiaries felt there should be a brief grace period to complete and submit renewal packets.

The recession added another interesting element to the findings from this study. Some of the families in the focus groups had been middle-income earners, but the downturn in the economy had a negative impact on their income, making them eligible for public coverage programs. These families were not accustomed to public programs and therefore, some of their re-enrollment challenges may have been unique.

Additional outcomes of these focus groups resulted in strong support of OHIP’s decision to move ahead with its telephone renewal project. OHIP will also continue its simplification efforts to make the public health insurance program recertification process less confusing.

## VII. Lessons Learned

The original Lake Research proposal included a survey. “Though I wish we could have gathered some more quantitative evidence to support the lessons we learned through the focus groups, it turns out the State had enough from the qualitative data to make its desired policy changes,” says Perry. “That survey would have been very costly given that we needed to find former Medicaid beneficiaries, not current ones. So the focus groups were a wise use of Foundation funds and the Foundation got enormous bang for its buck in return.”

## VIII. The Future

The future of this project lies primarily in implementation of the ideas it has generated. As stated earlier, OHIP is working to implement a statewide telephone renewal system. Although this project was already being planned when the focus groups started, the results of the study strongly support its implementation. In addition, OHIP continues to use the Lake Research report to develop new ideas for simplifying its public health insurance program renewal processes.

“OHIP is working to implement a statewide telephone renewal system. Although this project was already being planned when the focus groups started, the results of the study strongly support its implementation.”

In terms of replicating these focus groups, Lake Research is now working on a similar project in California on the state's food stamp program. In this case, the California Endowment is the funder and their partner is the state agency. The state agency is providing input on the discussion guide and attending all of the focus groups. Perry credits the NYHealth grant as the basis for the ideas behind this newer project in California.

## Publications

Lake Research Partners. *Reducing Enrollee Churning in Medicaid, Child Health Plus, and Family Health Plus: Findings from Eight Focus Groups with Recently Disenrolled Individuals*. New York, 2009.

## BACKGROUND INFORMATION:

### ABOUT THE GRANTEE

Lake Research Partners is a public opinion and political strategy firm providing research-based strategy for campaigns, issue advocacy groups, foundations, unions, and nonprofit organizations.

### GRANTEE CONTACT

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### GRANT ID #

2519660