

Final Report

SCHIP/Medicaid Non Re-enrollee Focus Groups

June 22, 2005

Nelums and Associates conducted a total of 5 focus groups consisting of individuals who did not re-enroll in SCHIP/Medicaid in counties identified by the Mississippi Division of Medicaid as having the highest percentages of non re-enrollees. Those counties were: DeSoto, Lafayette, Lee, Neshoba, and Warren. The purpose of conducting the focus groups was to identify barriers to SCHIP/Medicaid renewal and explore possible solutions to these problems.

Methods

Sample

The focus groups consisted of a total of 22 participants across the five counties and averaged 4.5 participants per group. The overwhelming majority of the participants were female (95%). Sixty-seven percent of the participants reported their race as Caucasian, 26% self-identified as African American, and 7% self-identified as Native American. The ages of participants ranged from 19 to 50, with a mean age of 38 ($SD = 10.23$). Two-thirds (66.7%) of the sample reported being currently unemployed.

Recruitment of Sample. The names, addresses, and telephone numbers of individuals who had not re-enrolled in SCHIP/Medicaid in the targeted counties were provided to Nelums and Associates by the Division of Medicaid. Fifty names were randomly selected from the total list of names for each county. Research assistants called

these individuals 1 week prior to the scheduled focus group to invite them to participate (see Appendix A for recruitment script). A \$25.00 Walmart gift certificate was offered as an incentive for participation. The random selection and calling process was repeated until a minimum of 15 participants agreed to participate or the list of names was exhausted. Once a participant agreed to participate, their mailing address and telephone contact numbers were confirmed. They were mailed a confirmation letter giving the place and time of the focus group. In addition, they received a phone call reminding them of the focus group on the night before the scheduled meeting.

The focus groups were held at several locations within the county seats: the fellowship halls of local churches in Warren and Neshoba Counties, the conference room of a local non-profit agency in Lee County, and hotel meeting rooms in Lafayette and DeSoto Counties. The researchers made every attempt to choose locations that the participants would not associate with the Department of Human Services and the Division of Medicaid in order to reinforce their assertion that they were private contractors and not employees of either state agency.

Procedure

Participants were greeted by the focus group facilitators upon arrival and were given an informed consent document to read and sign. After informed consent was obtained, participants were asked to fill out a brief demographic survey. The facilitators then introduced themselves, described the focus group and its purpose, and asked the participants to introduce themselves and to include in their introduction the gender and ages of their children and how long they had lived in the area. After introductions were completed, the facilitators asked the focus group questions (see Appendix B). The

responses were written on a flip chart and recorded using audiotape. A summary of the findings follow.

Results

The responses to the focus group questions were very consistent across counties. The responses to the discussion questions are as follows.

II. Starting Points (Questions 1-8)

Questions 1-2 assessed the number of participants who currently had health insurance and the source of that insurance. The majority of participants did not currently have insurance (82%). The sources of health insurance for those participants who indicated they currently had it were their jobs or their spouse's employment and through the Veterans Administration (CHAMP Widow Benefits).

When asked why participants were currently uninsured and if they had ever been insured, typical reasons given were:

- Cannot afford insurance at job
- Do not offer health insurance at job
- Husband self-employed and insurance rates too high
- Lost insurance due to unemployment
- No income in household, and
- Not enough income

A small percentage of the sample (9%) indicated that they had had health insurance coverage previously but lost it due to unemployment, or it became too expensive to carry on their current jobs.

Question 4 addressed healthcare coverage for the participants' children. Two participants indicated their children had healthcare coverage. The sources of that coverage were "my husband's benefits" and "my job." Most of the children of the participants received or had received Medicaid. The common themes for SCHIP

recipients were that they were either “kicked off” the program without prior notice or that the child turned 19 and was no longer eligible.

When participants were asked what they did when their uninsured children get sick – where do they take them, how often this happens, etc., the majority of the participants indicated that they take them to the emergency room (most frequently given response) or to a clinic. Several participants indicated that they try and take care of them at home using home remedies, or that they utilize a relative or friend who has some medical background (i.e., nurse, nurse practitioner, paramedic) to provide medical advice. One example of taking care of a sick child at home was provided by a participant who indicated that their son was asthmatic and that they can’t always afford the medication he needs. To treat “mild” attacks, they have him breathe in the steam from a hot shower to avoid the expense of a doctor’s visit. Considering the potential fatal nature of this chronic disease and the availability of medications that are very effective at preventing asthma attacks, this particular account was extremely disturbing.

All of the participants indicated that they were able to obtain shots and check ups on a regular basis at the “health department” or at medical clinics, and they indicated that their children generally get check ups every 6 months to a year. The accuracy of this information, however, is contraindicated by their responses to Question 8, which asked if they ever put off seeking medical care for their children or filling prescriptions because they were afraid they couldn’t afford it. A number of participants indicated that they had put off seeking medical care and filling prescriptions due to financial concerns and that they had attempted to treat the child at home using over the counter medications. The number of times this occurred ranged from once per month to once per year.

III. SCHIP Knowledge and Experience (Questions 1 – 5)

The participants reported two ways of enrolling in SCHIP – through the Mississippi Department of Human Services and through the Health Department (Question 1). They indicated that they enrolled their children because they couldn't afford health insurance through their jobs and that they made too much for Medicaid (Question 2). Their knowledge of the SCHIP program came from attempting to obtain Medicaid and/or being automatically switched from Medicaid to SCHIP. However, the majority of the participants indicated that they did not know anything about SCHIP prior to being switched to the program from Medicaid or applying for Medicaid and being told about SCHIP. The overall consensus across focus groups regarding enrolling in SCHIP appeared to be that:

- Participants understood how the program worked
- Information about the program was obtained at the Medicaid office from eligibility workers, and
- Information about the program was hard to get (phone calls are not returned by eligibility workers, long waits in Medicaid offices to speak with eligibility workers, no one available to answer questions over the phone, etc.)

In response to Question 5, participants reported that they liked the SCHIP program; specifically, they liked the small co-pay and that it was very similar to having insurance. The common dislike across focus groups was the removal of children when they become 19 and the lack of notification when children are no longer eligible to receive SCHIP (several participants reported that their children had been removed from the program without their being notified).

IV. Barriers to Re-enrollment (Questions 1-6)

Generally, participants indicated that the re-enrollment process involved filling out a form and returning it. They indicated that the form was easy to obtain (from your eligibility worker at the local “welfare” and/or Medicaid office). One participant indicated, however, that the form was difficult and that they had to have assistance in completing it. The researchers suspect that this individual had literacy problems and acknowledge that literacy may be a barrier for many enrollees, but that they may not be willing to admit not being able to read in a focus group or to an eligibility worker. Participants indicated they understood the income verification process (“you provide them with two check stubs”), but in each group some participants indicated they were not told and were not aware that they would have to re-enroll every year and were not aware of the re-enrollment process.

Indeed, one of the most consistent group responses to the question about their biggest concerns with the re-enrollment process was not being notified that it was time to re-enroll. Being “kicked off” without notification was also a response seen consistently across groups. Other re-enrollment concerns raised across focus groups primarily dealt with complaints about how these non re-enrollees were treated by eligibility workers, such as:

- Lack of contact from eligibility workers (failure to return phone calls, etc.)
- Being placed on hold on the telephone for long periods of time when they have questions
- Eligibility workers are rude and unfriendly
- Eligibility workers are not available when they go to office
- Eligibility workers do not listen

V. Improving the Re-enrollment Process

The focus group participants were asked to list ways of making it easier to re-enroll children and better ways of getting out the word about re-enrollment. Their responses were as follows:

- Improve eligibility workers' attitudes
- Have someone available to answer simple questions
- Lower the income qualifications – base eligibility on net, not gross income
- Place information about SCHIP in schools, emergency rooms and doctors' offices
- Radio public service announcements
- Re-enroll every two years unless circumstances change
- Workers should review eligibility information on the computer to re-certify
- Enrollees should not be dropped in the middle of the year – eligibility should last for an entire year

The focus group participants were then asked to rate several re-enrollment options using a 4 point Likert scale with 1 = not at all, 2 = a little, 3 = some, and 4 = liking it a lot. After rating all of the options, they were asked to choose three that they considered to be the most important. Using a toll-free number to re-enroll was the first choice across all focus groups. Other options that emerged as priorities for improvement were: getting re-enrollment information at a hospital or clinic, having someone there whose job was to help you get re-enrollment information and help you fill out the forms, and being able to re-enroll at children's school or day care center.

The final question asked for ways to improve the re-enrollment process. A number of suggestions for improvement were made, such as:

- Remove the 3 month waiting period
- Having workers available to answer questions and assist with the process
- Making eligibility determinations within 1 week
- Notifying applicants of eligibility in a timely manner
- Have re-enrollment forms in doctor's offices, drug stores, day care centers, Walmart, etc.
- Advertise the program and where you can enroll/re-enroll on TV and in the media, and
- Train eligibility workers in communication skills and professionalism.

Summary

The overwhelming sentiment of the focus groups was that SCHIP and Medicaid were much needed programs. The major barriers that emerged regarding re-enrollment were failure to receive re-enrollment letters, being dropped from the program without notification, difficulties in getting questions related to eligibility answered, and being treated poorly by eligibility workers. Several working participants also indicated that the income requirements were not low enough, as indicated by one participant's statement, "I make just enough not to qualify for benefits, but not enough to be able to buy health insurance on my job."

The major limitation of these findings is a lack of generalizability due to the small number of participants in the focus groups. However, it is the opinion of this researcher that the findings reported here can provide valuable information to the Mississippi Division of Medicaid on ways they can possibly improve the re-enrollment process.

APPENDIX A

FOCUS GROUP RECRUITMENT SCRIPT AND FOLLOW UP LETTER

Script for Focus Group Recruitment

Hello, may I speak with _____? Hi. My name is _____ and I'm calling because you were identified by the Mississippi Division of Medicaid as a person who recently did not re-enroll in the state's Medicaid/CHIP program. They would like to know why people do not re-enroll in these programs and have asked my consulting firm to hold a discussion group with people in _____ County to discuss the reasons they don't re-enroll and to discuss ways that the re-enrollment process can be improved. Nelums & Associates is a private research and consulting firm that has a contract with the Mississippi Division of Medicaid to have discussions with people around the State who did not re-enroll in the CHIP program. The discussion will last approximately an hour, and you will receive a \$25.00 Walmart gift certificate at the end of the discussion. Does this sound like something you'd be interested in doing?

If the individual says yes, state the following: Great! Let me verify your mailing address so that I can send you a letter with the time and place for the discussion group. *Then confirm the address that's on the printout.* I will also call you again the night before the discussion group to remind you. Thanks again for agreeing to help us improve the re-enrollment process in _____ County.

If the individual says they're not interested, then Thank them for their time and end the conversation.

DATE

NAME AND ADDRESS

Dear Mr./Ms. _____:

Thank you for agreeing to participate in our group discussion on the CHIP/Medicaid reenrollment process. The discussion will be held on Monday, May 10, 2004 at 6:30 p.m. The location is:

Holy Cross Church
406 Wilson St.
Philadelphia, MS

The group discussion will begin promptly at 6:30. You might want to arrive 10 – 15 minutes early so that you can grab some refreshments and relax before the discussion begins. You will be given a \$25.00 Walmart gift certificate at the end of the discussion. Thanks again for agreeing to participate. See you there!

Sincerely,

Dr. Safiya R. Omari
Focus Group Facilitator

APPENDIX B

FOCUS GROUP PROTOCOL

BARRIERS TO CHIP RENEWAL
Focus Group Guide for Parents of Children who are not re-enrolled

I. STANDARD INTRODUCTION (5-10 Minutes)

- A. Guidelines and Instructions
- B. Introductions
 - How many children do you have, include gender and ages?
 - How long have you lived in the (_____) area?

II. STARTING POINTS (20 Minutes)

1. How many of you currently have health insurance? (*hand count*)
2. If yes: From where? (*write on flip chart*)
3. If not: what are the reasons you don't have insurance right now? (*write on flip chart*).

Have you ever had healthcare coverage? From where/what source?
Why don't you have that coverage anymore?

4. What about your children, do some of them have healthcare coverage? If so, how many? and where is the insurance from? (*write on flip chart*)

How many of your children receive Chip or Medicaid?
How long have they received Chip or Medicaid?

5. Briefly, tell me what you do when your uninsured children get sick? Where do you take them for medical care?

Listen for:

- Take care of them myself at home
- Go to the emergency room
- Go to the clinic
- Go to a doctor

6. Do your child(ren) have a family doctor or a regular place you take them for medical care? Where is that?
7. Are you able to get your children shots or regular checkups? Where do you go to do that? How often do you go?

8. Have you ever had to put off taking your child(ren) to the doctor, the emergency room or getting a prescription filled because you were worried that you wouldn't be able to pay for it?

How often has this happened?

What did you do to take care of your child?

III. CHIP KNOWLEDGE AND EXPERIENCE (10 Minutes)

1. Where can you go to enroll your children in CHIP? Name all the places and ways you can enroll in CHIP. (*write on flip chart*).
2. Why did you enroll your child(ren) in CHIP? What were your reasons? (*flip chart*)
3. How did you enroll your children in CHIP?
Where did you go?
Who did you talk with?
How did you know your children were eligible?
4. What were your expectations of CHIP before you enrolled your children in the program?
Did you feel you really understood how the program worked?
If so, where did you get that information?
Do you think information about CHIP is hard or easy to get?
Where

Moderator: Now let me ask you some questions about how CHIP works. You don't need to know any specific facts-I just want your impressions or what you think.

5. From your experiences with your children in the Chip /Medicaid programs..
What do you like about CHIP/Medicaid?
What do you dislike about CHIP/Medicaid?

IV. BARRIERS TO Re-enrollment (40 Minutes)

1. Anyone, please tell me what the CHIP re-enrollment process looks like in _____ county?

2. Now let me ask everyone about the CHIP re-enrollment process. First, tell me your impressions of the places you can go to re-enroll in CHIP? (*flip chart*)
3. What do the CHIP re-enrollment forms look like?
 - *Are they difficult to fill out?
 - *Do you feel you can fill them out yourself, or would you need help?
 - *Did you get a notice from DHS that you didn't recognize as being related to your CHIP status?
 - *Did you get the follow-up letter?
 - *Did you understand the income verification needs?
 - *Did you attach your income verification?
4. When you enroll for CHIP, are you told that you **must** re-enroll every year and how that process work?
5. Where are places that you may go to re-enroll in CHIP?
6. What are your biggest concerns about the CHIP/Medicaid re-enrollment process right now?

V. IMPROVING RE-ENROLLMENT (45 Minutes)

Moderator: We've talked about reasons why some people do not respond to the re-enrollment forms for CHIP.

Now I'd like to get your ideas about how the people running the program could do a better job in terms of helping people learn about the re-enrollment process.

1. Thinking about all the reasons why some people do not reenroll their children in the CHIP program, let's just list some of those things that would've helped you to re-enroll.

Write Answers To The Following Questions on A Flip Chart.

How could CHIP have made it easier for you to re-enroll your children? Medicaid?

What would be a better way of getting the word out to you about how to re-enroll your children?

Moderator: Thank you for your great input. I would like you to tell me what you think about the following ideas for improving the re-enrollment process. For each suggestion tell me if you like it a lot, some, a little, or not at all.

A. Improving The Re-enrollment Process

1. What if you were able to re-enroll at some state agency, like the Driver's License office?
2. How about if you could call an 800 (free) number to get information about re-enrolling? What if you could even re-enroll by calling that number?

What if you could re-enroll over the Internet?
3. What if you could re-enroll for CHIP using a one-page application. Would that be helpful?
4. How would you feel about being able to re-enroll for CHIP using the same form that you would use to apply for other programs?
5. What if you could re-enroll at your children's school or day care center? Would you feel ok about re-enrolling in CHIP there?
6. What if you could get re-enrollment information at a hospital or clinic?
7. What if CHIP re-enrollment information was available at work? Would you feel ok about getting information and re-enrolling there?
8. How helpful would it be if there were someone you could go to whose job it was to help you to get the re-enrollment information and who would also help you fill out the forms? Would that make it more likely that you would re-enroll?
9. How would you improve the process?

B. Priorities for Improvement

Of all the ideas we've been talking about--all the things that might make it easier to re-enroll in CHIP--which THREE would you say are the most important? Please write them down on the pad in front of you, then I will ask you to tell me what you wrote. **WRITE ALL RESPONSES ON A FLIP CHART**