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**Impact of the federal
2005 Deficit Reduction
Act on Colorado
Medicaid enrollment:
Findings from the
Eligibility Technician
Survey**

survey findings

Colorado Health Institute

Denver, Colorado

Table of Contents

Introduction	2
Acknowledgments	3
Study Population, Survey Response Rate and Limitations	4
Findings.....	4
1. Medicaid populations not subject to the DRA are being asked to provide DRA citizenship and identity documents	4
2. ETs have more work, more job stress and are able to process fewer cases each week since the DRA took effect.....	5
3. ETs spend four times longer on DRA-related activities than was estimated by the Centers for Medicare & Medicaid Services	6
4. DRA-related processes are not uniformly implemented.....	6
5. The number of applications and redeterminations that are denied for being incomplete has increased since the DRA took effect	7
6. The number of applicants requesting retroactive Medicaid has increased since implementation of the DRA	9
7. Applications to the CHP+ program have been delayed or denied because of DRA-related factors	9
8. The 10-day limit for submitting DRA documents is a barrier to enrollment.....	10
9. The DRA makes Medicaid enrollment more difficult for eligible people.....	14
10. Top-ranked barriers to Medicaid enrollment are directly attributable to the DRA	15
11. Medicaid applicants that have trouble obtaining and paying for DRA documents are not always able to get help when needed.....	15
12. DRA rules allow flexibility in documentation of citizenship and identity, but workers are not aware of the full range of options	16
13. Misinformation and misunderstandings may affect Medicaid enrollment post-DRA	17

Introduction

Applying for Medicaid has gotten more complicated in Colorado. In July 2006 the federal Deficit Reduction Act (DRA) went into effect requiring pregnant women and parents who apply for Medicaid coverage to submit original or notarized forms documenting their citizenship and identity and that of their children for whom they make application. Short of producing these documents, the Medicaid application is denied.

The new rule is not intended to affect legal permanent residents who were already required to prove their lawful presence and identity or undocumented immigrants who are not eligible for Medicaid except for emergency services. The new rule is also not intended to affect children whose parents apply for coverage under the Child Health Plan Plus (CHP+) program, although the Colorado Health Institute's (CHI) survey findings suggest this is often the case.

This summary of findings presents the results of a CHI survey that queried county eligibility technicians (ETs) who enroll families in the Medicaid and CHP+ programs. The survey focused on the impact of the new DRA documentation requirements on the enrollment processes in which they engage.

This paper is one of two CHI publications on DRA impacts in Colorado. A summary of findings from a survey conducted with outreach and enrollment (O&E) workers is also available.

We hope you find this document informative and that its findings contribute to our collective understanding of how this new federal rule is affecting Medicaid enrollment in Colorado.



Pamela P. Hanes, PhD
President and Chief Executive Officer

Acknowledgments

In late fall 2006, the Colorado Center on Law and Policy and Colorado Covering Kids and Families approached the Colorado Health Institute (CHI) about conducting a survey of community-based outreach and enrollment (O&E) workers and county eligibility technicians (ETs) who assist individuals and families with their application to the Medicaid program. The intent of the survey was to document these workers' assessments of the impacts on Medicaid enrollment of recently enacted citizenship and identity documentation requirements imposed by the federal Deficit Reduction Act of 2005. Specifically, the survey was intended to illuminate the experiences of workers and the individuals and families they assist in applying for Medicaid and CHP+ benefits.

Several CHI staff members were involved in survey development, administration and data analysis. CHI Senior Research Analyst Jennifer Kincheloe, PhD, MPH, was team leader for survey design and cognitive testing, data analysis and writing the report of findings. Reid Reynolds, PhD, director for policy and research, and Pamela Hanes, PhD, president and CEO, provided overall project direction and editorial support. Jeff Bontrager, MSPH, senior research analyst, provided technical assistance in the development of the online survey instrument. Kindle Fahlenkamp-Morell, senior communications specialist, provided graphic design and report formatting and Sherry Freeland Walker, communications director, oversaw the final editorial process.

CHI would like to acknowledge the contributions of Elisabeth Arenales, Health Care Program director, Colorado Center on Law and Policy, and Stephanie Arenales, outreach coordinator at Colorado Covering Kids and Families, for their invaluable assistance. Both helped to frame the scope of the project, provide editorial comments on the survey questionnaire and recruit O&E workers and ETs to participate in the study. In addition, Donna Cohen-Ross of the Center on Budget and Policy Priorities, Stacey Moody of Colorado Covering Kids and Families, Denise de Percin of the Colorado Consumer Health Initiative and Robin Baker of the Bell Policy Center each provided input on the questionnaire design.

CHI would like to recognize the many outreach and enrollment workers and county eligibility technicians who assisted us in survey development and testing. Lastly, we would like to thank the county directors who facilitated the administration of the survey to their employees.

Study Population and Survey Response Rate

CHI sent an electronic survey to 165 county eligibility technicians (ETs) who assist families in Denver, Summit, Larimer, Boulder and Arapahoe counties with Medicaid eligibility determinations. Of these, 126 ETs responded to the survey (a response rate of 77 percent). Sixty-eight respondents met the full study criteria which included:

1. Directly assisting individuals with their initial Medicaid eligibility determination or assisting with the re-determination process;
2. Experience assisting people with applications or re-determinations both before and after the Deficit Reduction Act (DRA) took effect in June 2006; and
3. Assisting Medicaid applicants who are subject to the DRA documentation requirements, including pregnant women (excluding those applying for presumptive eligibility), parents and parents of eligible children.

Among respondents meeting the screening criteria, 32 percent worked for Larimer County, 31 percent for Denver County, 28 percent for Arapahoe County and 9 percent for Boulder County. Summit County employs only two ETs; one responded to the survey but was ineligible because the population served by this individual is not subject to the DRA documentation requirements. The second did not respond to the survey, but provided feedback during cognitive testing of the survey. Seventy-two percent of respondents regularly process new Medicaid applications, 90 percent process Medicaid re-determinations and 75 percent help parents or legal guardians apply for the Child Health Plan Plus (CHP+) program.

Thirty-four ETs mostly assist with Medicaid applications not subject to the DRA documentation requirements (e.g., foster care children, aged, blind and disabled on Supplemental Security Income (SSI) and/or low-income Medicare and pregnant women applying for presumptive eligibility). Because they assist mostly DRA-exempt applicants, these 34 were not deemed appropriate to participate in the entire survey, although they were asked one additional question beyond the screening questions, “*Are all your Medicaid clients required to provide proof of identity and proof of citizenship?*”

It is important to note that respondents come from a convenience sample of four large counties that lie along the front range of Colorado where the majority of the population lives. No attempt was made to weight responses to represent all Colorado ETs or even all ETs working in the sampled counties.

Findings

I. MEDICAID POPULATIONS NOT SUBJECT TO THE DRA ARE BEING ASKED TO PROVIDE DRA CITIZENSHIP AND IDENTITY DOCUMENTS

Twenty of the 34 ETs who predominately serve Medicaid applicants *not* subject to the DRA reported asking *all* Medicaid applicants to provide proof of identity and citizenship.

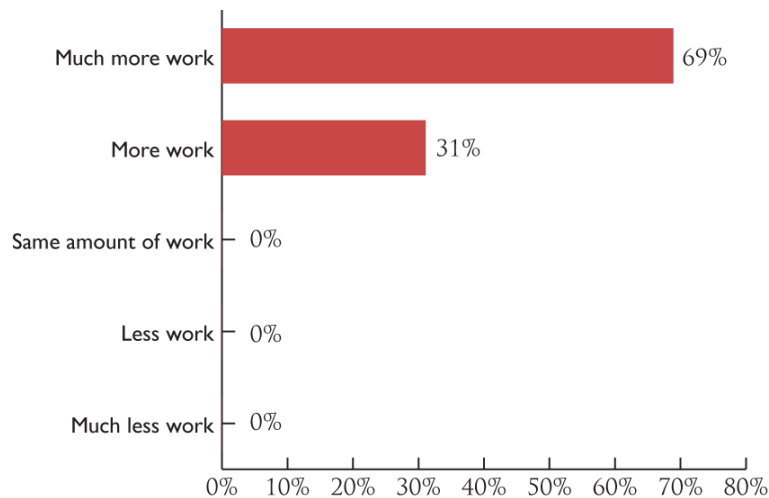
2. ETs REPORT MORE WORK, MORE JOB STRESS AND ARE ABLE TO PROCESS FEWER CASES EACH WEEK SINCE THE DRA TOOK EFFECT

One hundred percent of the 61 survey respondents reported having either *more work* (n=19) or *much more work* (n=42) as a result of the new documentation requirements (Graph 1).

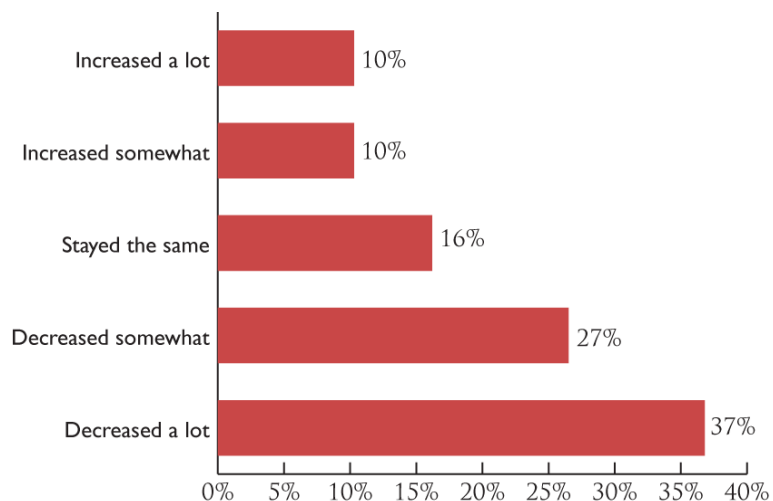
Sixty-three percent reported that the number of cases they could process each week either *decreased somewhat* (n=18) or *a lot* (n=25). By contrast, 16 percent (n=11) reported that their workload *stayed the same*; seven respondents reported that the number of cases they could process had *increased somewhat* and seven more that it had *increased a lot* (Graph 2).

Eighty-six percent of the 63 ETs responding said they had either more stress (n=37) as a result of the documentation rules or *much more stress* (n=17), while 14 percent (n=9) said they had the *same amount of stress*. No workers reported having *less stress* (Graph 3).

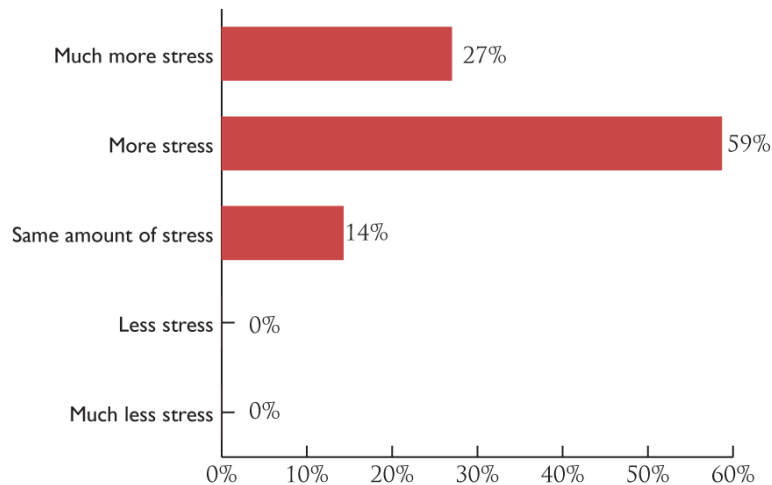
Graph 1. How have the new document requirements affected your workload? Do you have...? (n=61)



Graph 2. Since the new document requirements went into effect, has the number of cases you can process each week increased or decreased? (n=68)



Graph 3. How have the new document requirements affected your stress level at work? Do you have more stress or less stress? (n=63)



3. ETs SPEND FOUR TIMES LONGER ON DRA-RELATED ACTIVITIES THAN WAS ESTIMATED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES

The Centers for Medicare & Medicaid Services (CMS) estimated that ETs would spend five additional minutes per Medicaid application to process the DRA proof of citizenship and identity documents. This five-minute estimate formed the basis for a supplemental budget appropriation in Colorado. The ETs in this study, however, reported spending 20 additional minutes per application because of the DRA — four times the CMS estimate.

They also reported spending 15 hours per week on DRA-related activities such as explaining DRA rules to families, sending letters about the new document requirements, reactivating closed cases, checking files for DRA documents, helping people get DRA documents and making follow-up phone calls.

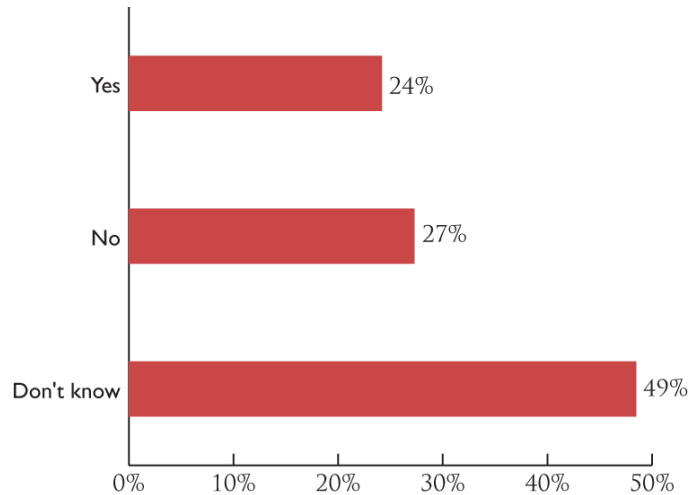
4. DRA-RELATED PROCESSES ARE NOT UNIFORMLY IMPLEMENTED

Thirty-five percent of the 65 respondents reported that they felt staff in their counties are *not all on the same page* about DRA-related processes that eligibility technicians must follow; alternatively, 42 ETs (65%) reported that they are *on the same page*.

During cognitive testing of survey questions, ETs reported that technicians with heavier caseloads do not always have time to implement all of the DRA-related processes and that staff trainers, supervisors and technicians do not always share the same understanding of established processes. They also reported that these processes could change as frequently as monthly.

Twenty-seven percent (n=18) of the 66 respondents reported that the county and other agencies are *not on the same page* with regard to the DRA-related processes, while 24 percent (n=16) reported that the county and other agencies are *on the same page*. Almost half (n=32) didn't know (Graph 4).

Graph 4. Do you feel that the county and other agencies are on the same page with regard to the DRA-related processes eligibility technicians must follow? (n=66)



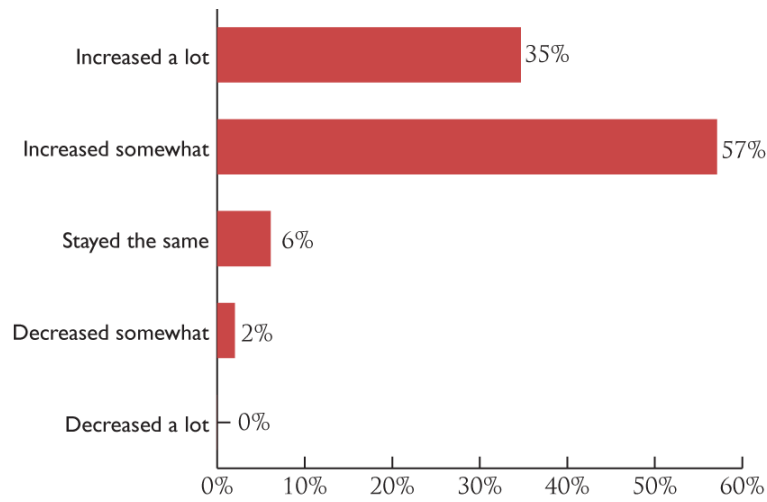
5. THE NUMBER OF APPLICATIONS AND REDETERMINATIONS THAT ARE DENIED FOR BEING INCOMPLETE APPEARS TO BE INCREASING SINCE THE DRA TOOK EFFECT

Among the 49 ETs responding that they process Medicaid applications, 28 reported that the number of walk-in applications denied for being incomplete had increased *somewhat* and another 17 reported they had increased *a lot*. Only three ETs reported that the number of denials had *stayed the same* and one person said they had *decreased somewhat* (Graph 5).

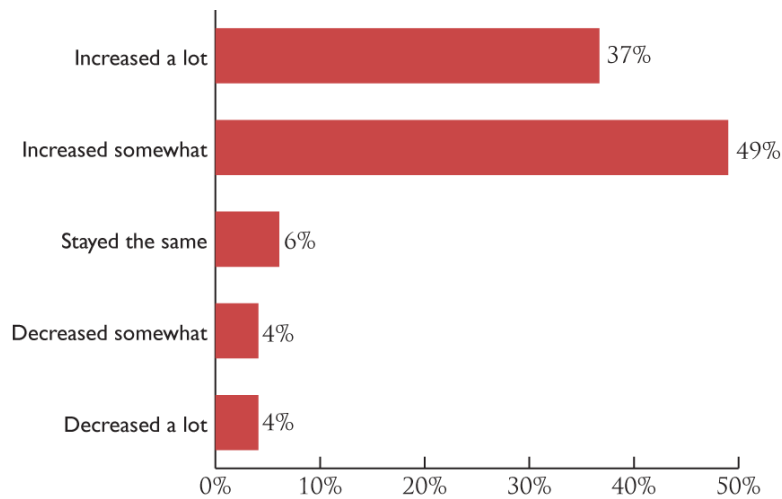
For mail-in applications, results were similar—42 ETs reported that the number of mail-in applications denied for being incomplete had *increased somewhat* (n=24) or *a lot* (n=18). Three technicians reported that the number of denied mail-in applications had *stayed the same*, two that the numbers had *decreased somewhat* and two that they had *decreased a lot* (Graph 6).

Among ET respondents who process re-determinations for the Medicaid program, 73 percent reported that the number of clients who successfully complete their re-determination had either *decreased a lot* (n=16) or *somewhat* (n=28) since the DRA took effect. Twelve ETs reported that successful completions *stayed the same*, while one respondent reported that they had *increased somewhat* and three that they had *increased a lot* (Graph 7).

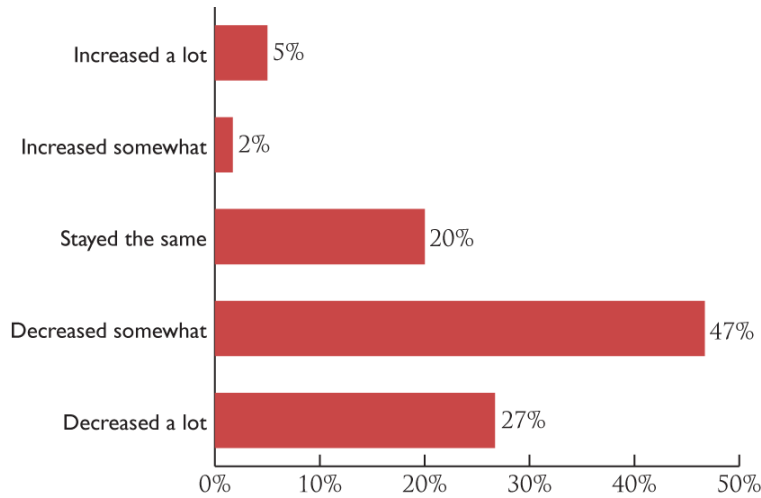
Graph 5. Since the DRA took effect, has the number of walk-in applications that are denied for being incomplete increased or decreased? (n=49)



Graph 6. Since the DRA took effect, has the number of mail-in applications that are denied for being incomplete increased or decreased? (n=49)



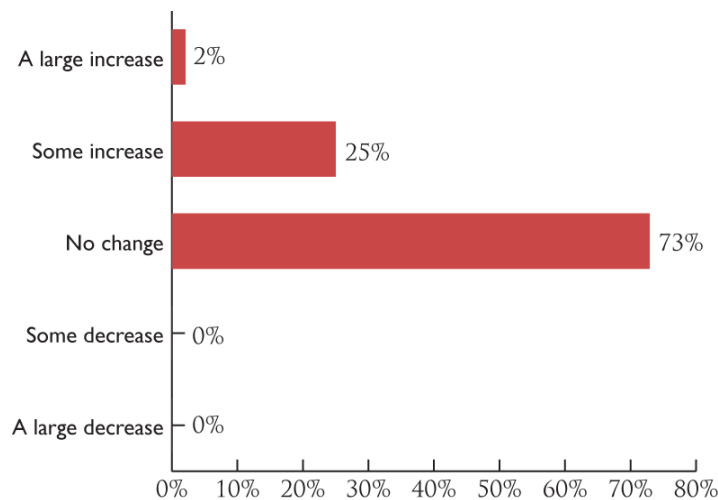
Graph 7. Since the DRA took effect, has the number of Medicaid clients who successfully complete their re-determination increased or decreased? (n=60)



6. THE NUMBER OF APPLICANTS REQUESTING RETROACTIVE MEDICAID APPEARS TO BE INCREASING SINCE IMPLEMENTATION OF THE DRA

Thirteen respondents reported that they have seen *some increase* (n=12) or a *large increase* (n=1) in the number of applicants requesting retroactive Medicaid (Graph 8). Applicants request retroactive Medicaid when they incur unpaid medical bills in the three months prior to a Medicaid application. If the applicant is found eligible, Medicaid will pay the medical bills retroactively.

Graph 8. Since the DRA has taken effect, have you seen a change in the number of Medicaid clients who request retroactive Medicaid? (n=48)



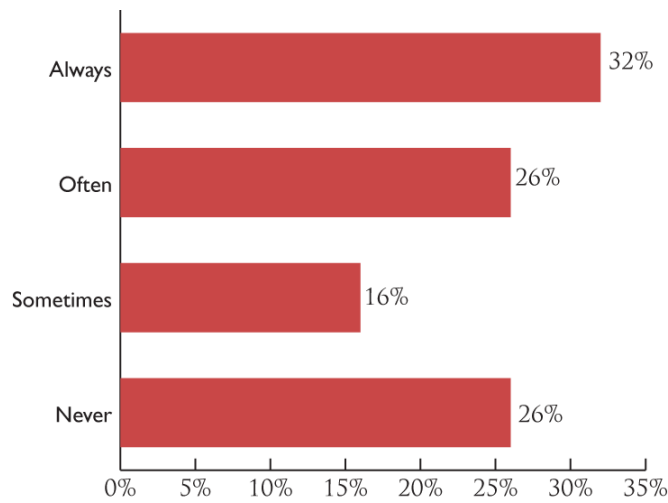
7. APPLICATIONS TO THE CHP+ PROGRAM MAY BE DELAYED OR DENIED BECAUSE OF DRA-RELATED FACTORS

The DRA does not require proof of citizenship or identity for children under age 18 to qualify for the CHP+ program. Of the 50 ET respondents who assist families with CHP+ applications, however, 29 reported that parents are either *always* asked (n=16) or *often* asked (n=13) for

these documents. Another 16 percent (n=8) reported that parents are *sometimes* asked, while 26 percent (n=13) reported that parents are *never* asked for citizenship and identity documents (Graph 9).

Ten of 44 ETs responding to a question about CHP+ reported that CHP+ applications for children are held up or denied if they don't include proof of citizenship and identity. Conversely, 34 reported they are not held up or denied for this reason.

Graph 9. How often are the parents of children (under 18) that apply for CHP+ asked for documents to prove their child's citizenship and identity? (n=50)



8. THE 10-DAY LIMIT FOR SUBMITTING DRA DOCUMENTS APPEARS TO BE A BARRIER TO ENROLLMENT

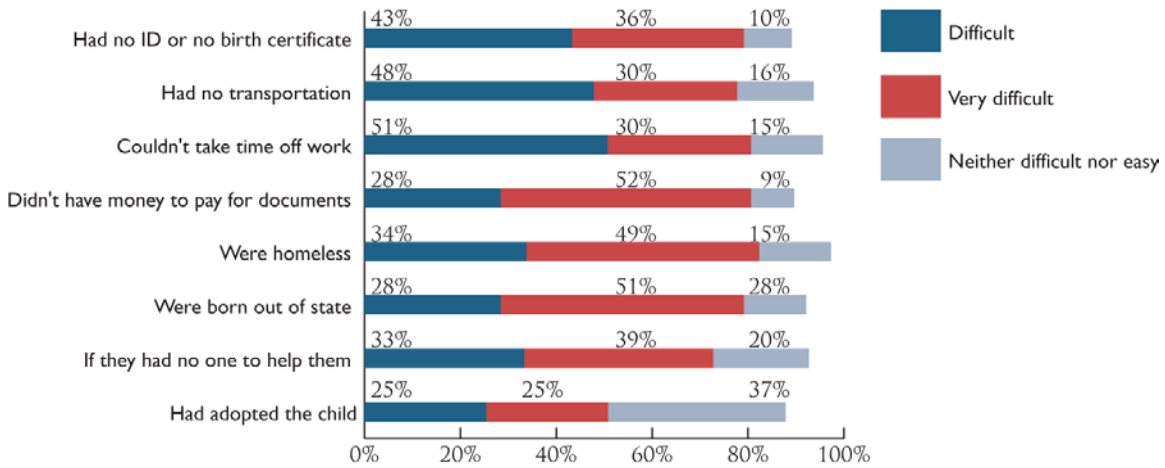
Under current rules, individuals who submit a Medicaid application without citizenship and identity documents are sent letters stating that they have 10 days in which to submit the required documents or their application will be denied. Cases are subsequently closed, although they may be reopened if the applicant submits the required DRA documents within 10 weeks.

To get a sense of whether the 10-day limit is making enrollment more difficult, ETs were asked about extenuating circumstances that make the 10-day limit difficult to meet. The circumstances provided were identified by outreach and enrollment workers during the process of survey development. Using this list, ETs were asked to estimate how often the 10-day limit made it difficult to establish eligibility.

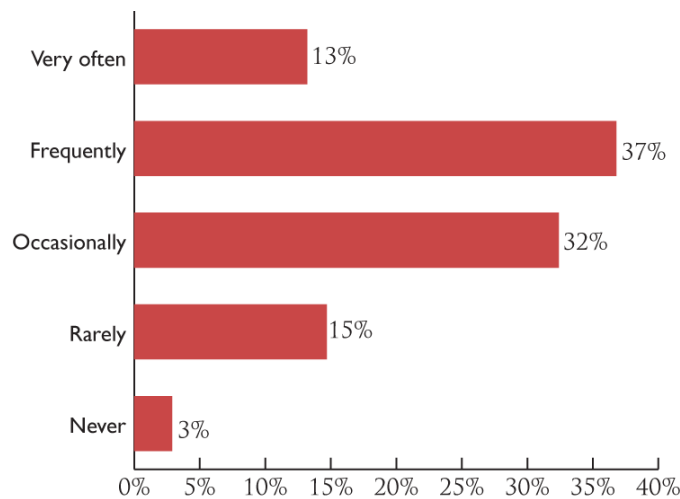
Proof-of-identity questions were asked separately for adults and children because different rules apply to each. The majority of the 68 ETs responding reported that it would be *difficult* or *very difficult* for parents to meet the 10-day requirement on behalf of their children under the circumstances noted in Graph 10.

Respondents were then asked *how often* it would be difficult for parents to get proof of their child's identity within the 10-day limit. Half of the 68 respondents reported that it is *frequently* (n=25) or *very often* (n=9) difficult for parents to get proof of a child's identity within this time period. Another 22 respondents reported that it is *occasionally* difficult, while 10 reported it is *rarely* difficult and two *never* difficult (Graph 11).

Graph 10. How easy would it be for parents to get proof of their child's identity within 10 days if the parent... (n=68)



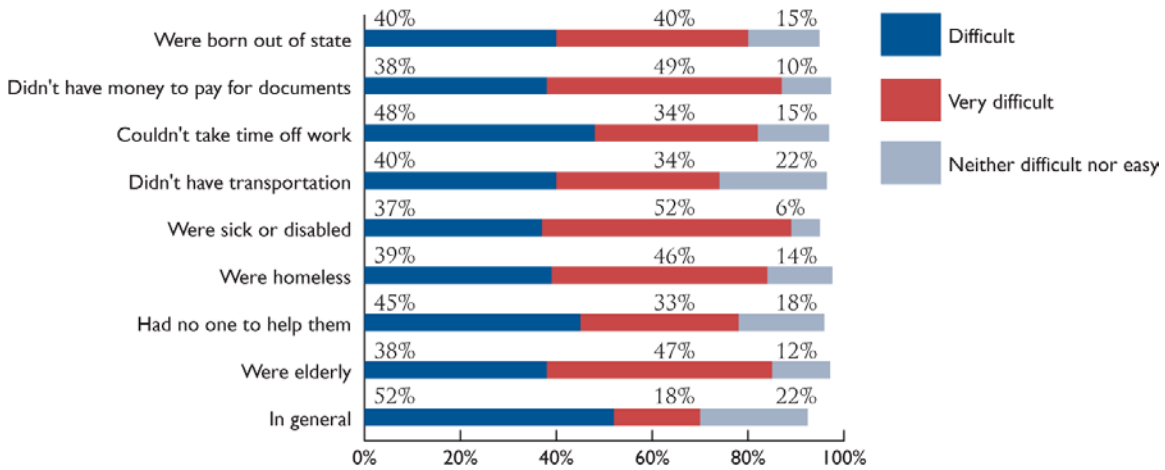
Graph 11. How often would it be difficult for a parent to get proof of their child's identity within 10 days? (n=68)



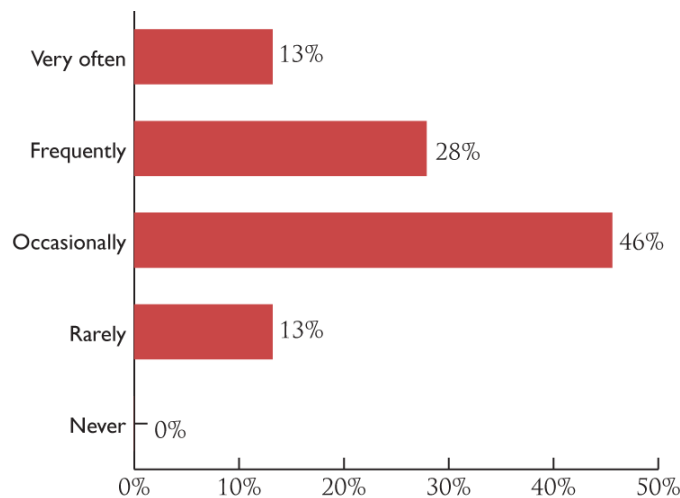
Between 75 and 90 percent of the 68 respondents reported that it would be *difficult* or *very difficult* for an adult applicant to get proof of his or her own identity within the 10-day limit under the listed extenuating circumstances, and 70 percent said it would be difficult in general (Graph 12).

When asked how often it would be difficult for an adult applicant to get proof of identity within the 10-day limit, 19 ETs reported it is *frequently* difficult and another nine *very often* difficult. Forty-six percent (n=31) reported it is *occasionally* difficult, while nine respondents said *rarely* difficult (Graph 13).

Graph 12. How difficult would it be for an adult to get proof of his or her own identity within 10 days if he or she...? (n=68)



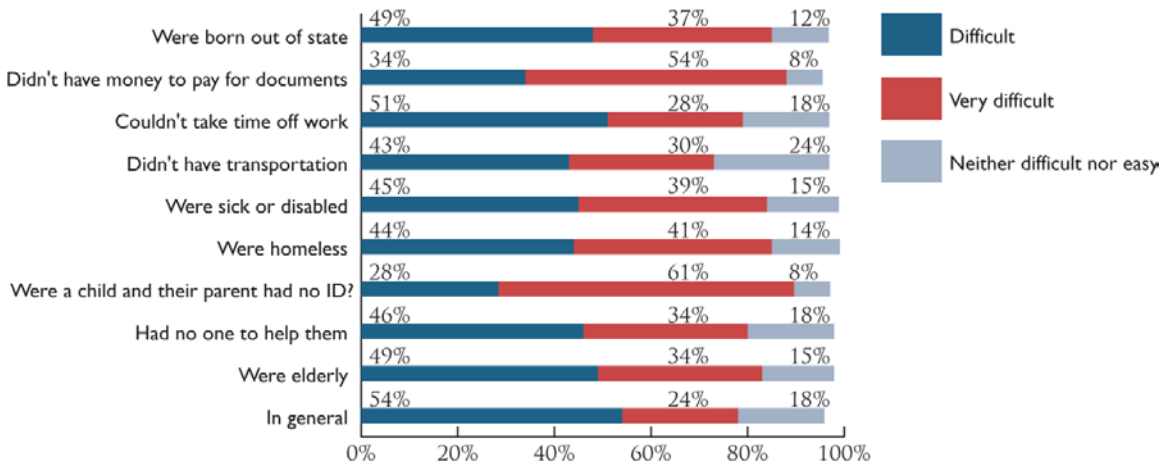
Graph 13. How often would it be difficult for an adult to get proof of his or her own identity within 10 days? (n=68)



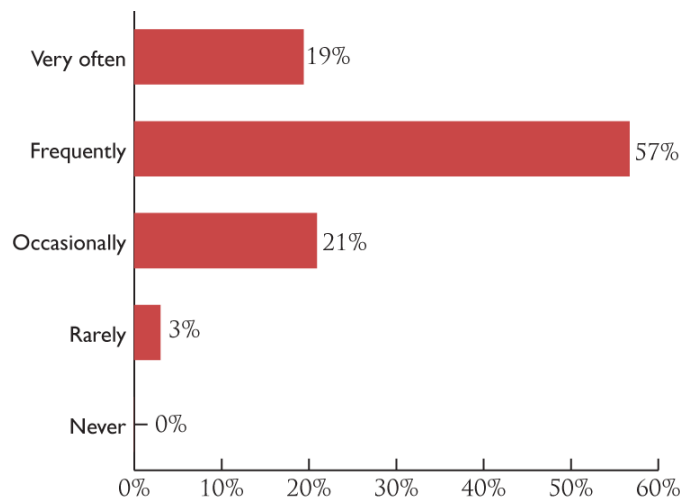
A similar set of questions was asked concerning the relative ease of getting proof of citizenship within the 10-day limit.

Of the 68 ETs responding, between 73 and 90 percent reported that it would be *difficult* or *very difficult* for an applicant to get citizenship documents within the 10-day limit under the noted circumstances (Graph 14). Thirty-eight ETs reported it is *frequently* difficult and another 13 *very often* difficult for someone to get proof of his/her citizenship within 10 days. Only 14 respondents reported that it is *occasionally* difficult and two *rarely* difficult to get proof of citizenship within the 10-day period (Graph 15).

Graph 14. How easy would it be for someone to get proof of his or her citizenship within 10 days if he or she... (n=68)



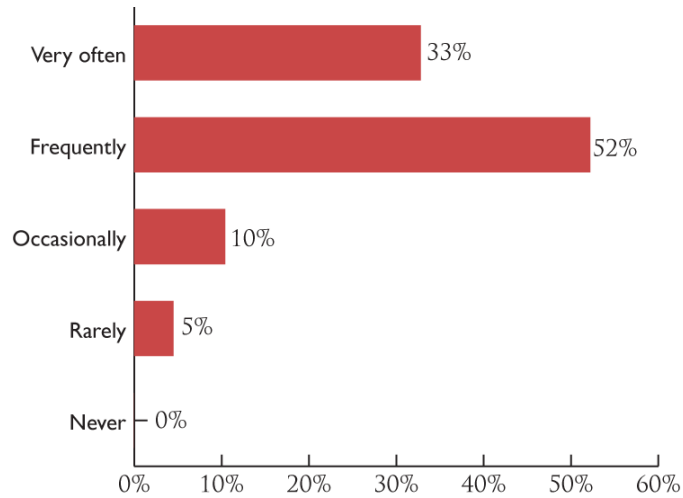
Graph 15. How often would it be difficult for someone to get proof of his or her citizenship within 10 days? (n=67)



In addition to asking whether the 10-day time limit made it difficult for Medicaid applicants to establish eligibility, the survey asked how often cases are closed because applicants lack citizenship or identity documents, only to be reopened and approved within the 10-week time frame.

Fifty-seven of the 67 ETs responding reported that cases denied for lack of DRA documentation are *very often* (n=22) or *frequently* (n=35) reopened and approved within 10 weeks. Another seven reported that cases are *occasionally* reopened and approved, while only three ETs reported they are *rarely* reopened and approved (Graph 16).

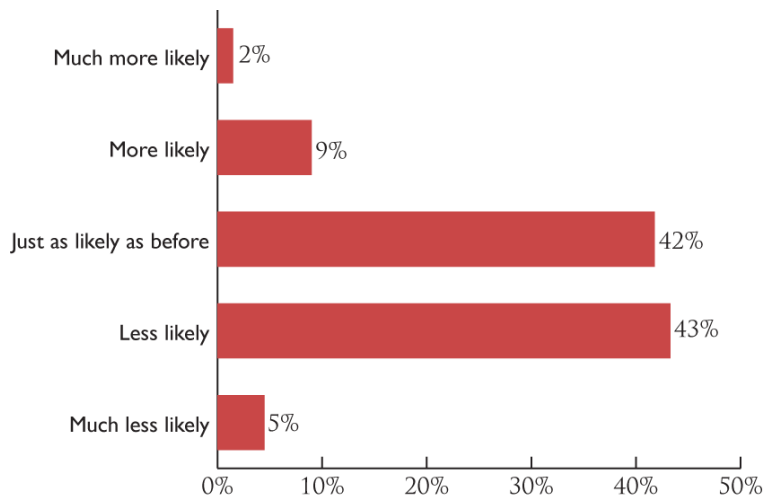
Graph 16. How often are cases closed because applicants lack citizenship or identity documents, but are then reopened and approved within the 10-week timeframe? (n=67)



9. THE DRA MAY BE MAKING MEDICAID ENROLLMENT MORE DIFFICULT FOR ELIGIBLE PEOPLE

Survey respondents were asked whether they thought eligible people are more or less likely to begin and complete a Medicaid application since implementation of the DRA documentation rules. Nearly half of the 67 ETs responding reported that eligible people are either *less likely* (n=29) or *much less likely* (n=3) to begin and complete an application, while 28 respondents reported they are *just as likely* as before, and seven said *more likely* or *much more likely* (Graph 17).

Graph 17. Since the new documentation requirements, do you think eligible people are more likely to begin and complete their Medicaid application, less likely or just as likely as before? (n=67)



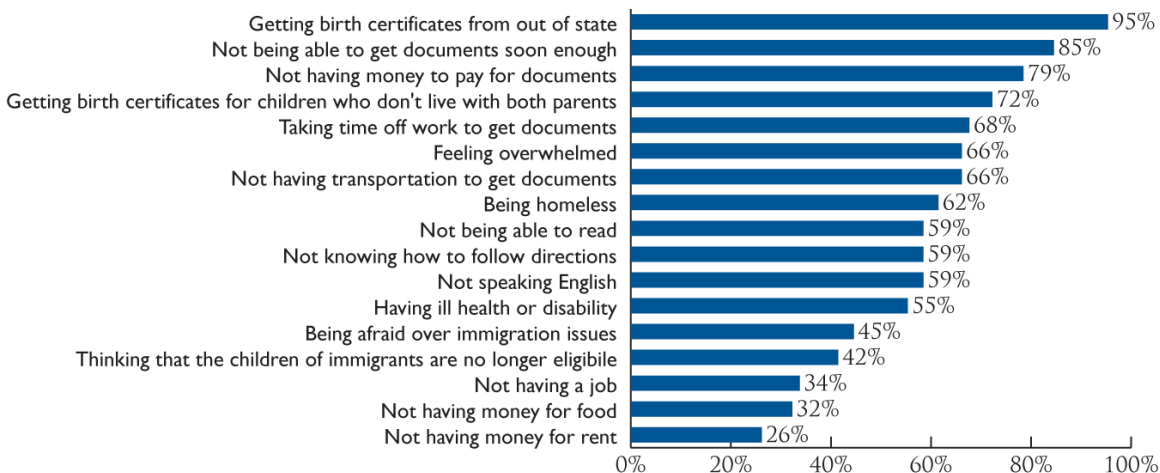
10. TOP-RANKED BARRIERS TO MEDICAID ENROLLMENT ARE DIRECTLY ATTRIBUTABLE TO THE DRA

Respondents were given a list of factors and asked whether or not they considered them to be barriers that kept citizens from successfully enrolling in Medicaid. The list was generated from pre-testing done with outreach and enrollment workers prior to the administration of the survey, a literature review and accounts from other informants. The barriers included factors directly related to the new DRA document requirements as well as factors not directly related.

Of the top seven factors most frequently identified as barriers to Medicaid enrollment, five were directly related to the DRA (Graph 18).

1. Getting birth certificates from out of state (95%)
2. Not being able to get documents soon enough (85%)
3. Not having money to pay for documents (79%)
4. Getting birth certificates for children who don't live with both parents (72%)
5. Taking time off work to get documents (68%)

Graph 18. Which of the following are barriers that can prevent citizens from completing an application or eligibility re-determination? (Check all that apply) (n=65)

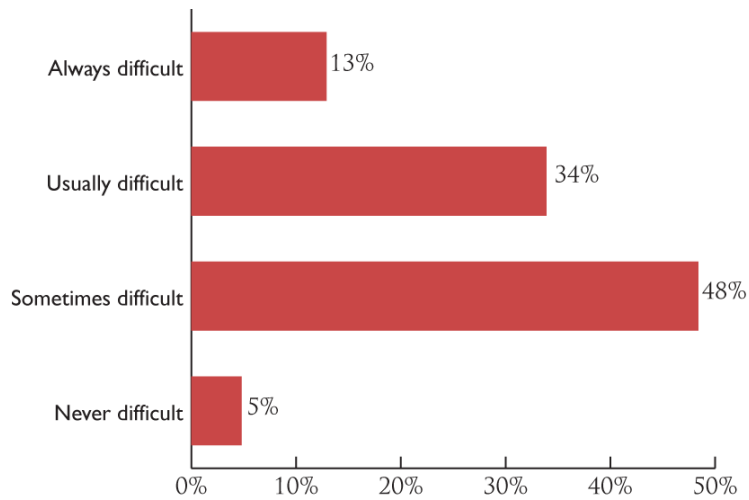


11. PROGRAMS INTENDED TO HELP MEDICAID APPLICANTS OBTAIN AND PAY FOR DRA DOCUMENTS ARE NOT UNIFORMLY AVAILABLE

Various organizations, including counties, provide financial and other assistance to Medicaid applicants who need help securing citizenship and/or identity documents. The survey data suggest that many Medicaid applicants who need assistance are having difficulty getting the help they need (Graph 19).

Ninety-five percent of the 62 ETs responding reported that when someone has trouble getting DRA documents for Medicaid eligibility purposes it is either *always difficult* (n=8), *usually difficult* (n=21) or *sometimes difficult* (n=30) to get help. Only three ETs reported that it is *never difficult*.

Graph 19. When someone has trouble getting DRA documents for Medicaid, how difficult is it for them to get help to obtain documents? (n=62)

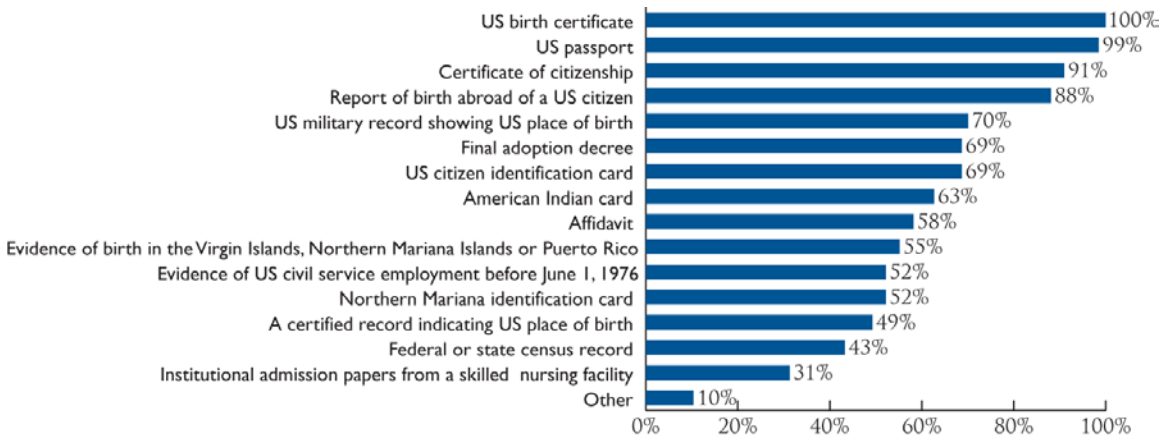


12. DRA RULES ALLOW FLEXIBILITY IN DOCUMENTATION OF CITIZENSHIP AND IDENTITY, BUT NOT ALL WORKERS ARE AWARE OF THE FULL RANGE OF OPTIONS

DRA regulations allow for flexibility regarding the documents that are deemed acceptable proof of citizenship and identity for Medicaid applications. This flexibility is intended to accommodate applicants with unusual circumstances such as not having ready access to a birth certificate or driver's license. Survey findings suggest that some ETs are not familiar with the full range of document options.

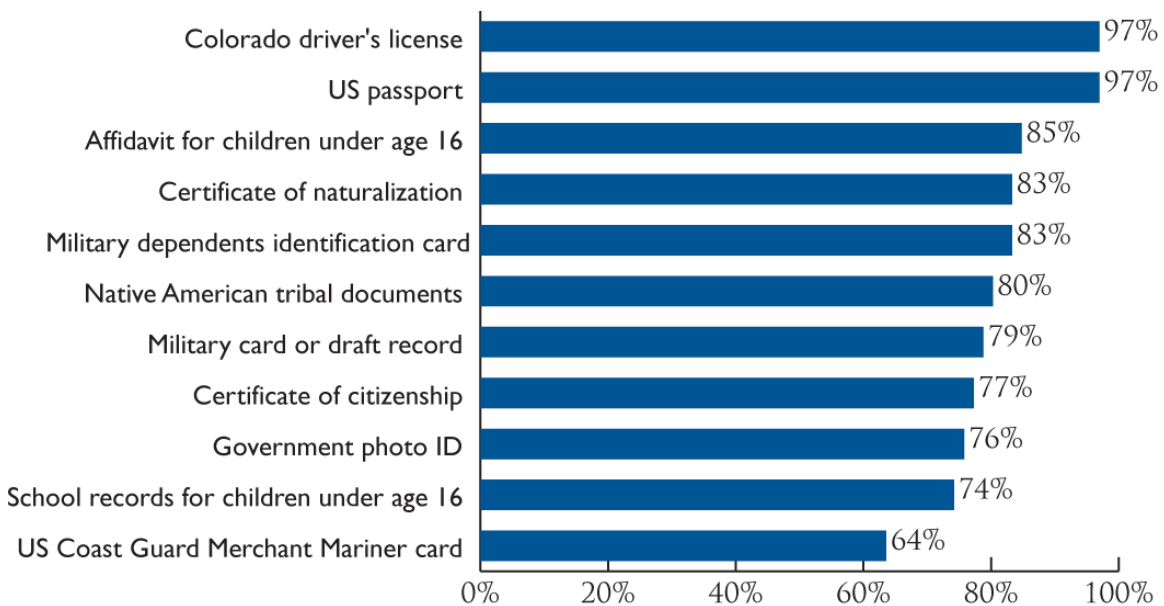
Survey respondents were given a list of documents accepted by Medicaid as proof of citizenship and asked to identify the documents on the list that they believed Medicaid would accept. While all documents on the list are allowable under Medicaid rules, they were not universally identified by workers (Graph 20). For example, all of the 67 responding ETs understood that a birth certificate could be used as proof of citizenship, but 42 percent did not acknowledge that an affidavit could be used, nor did 57 percent know that a federal or state census record is acceptable proof of citizenship.

Graph 20. Which of the following documents does Medicaid accept as proof of citizenship? (Check all that apply) (n=67)



A second survey question asked about acceptable documentation for proof of identity. Once again, all the documents on the list are acceptable forms of identity proof under Medicaid rules, yet none was universally identified by all ETs. While only two technicians of the 66 responding did not report that a Colorado driver's license was an acceptable form of identification, 17 did not know school records could be used and 16 missed a government photo ID (Graph 21).

Graph 21. Which of the following documents does Medicaid accept to prove identity? (Check all that apply) (n=66)



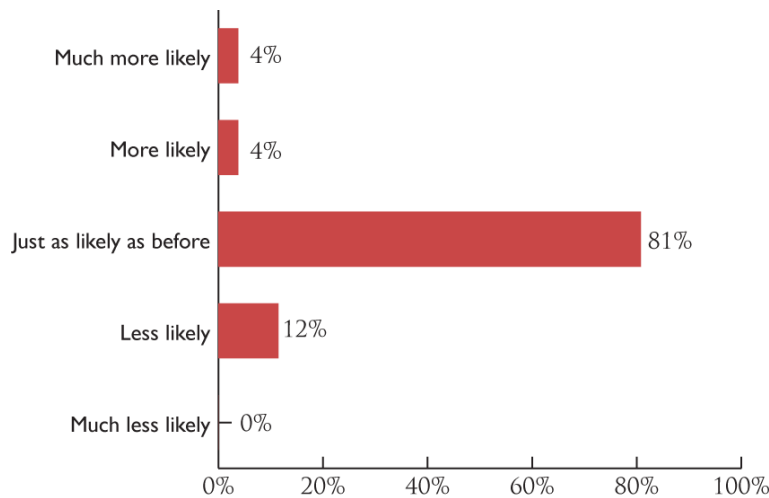
13. MISINFORMATION AND MISUNDERSTANDINGS MAY BE AFFECTING MEDICAID ENROLLMENT POST-DRA

In the development and cognitive testing of the survey, CHI learned that some immigrant families believe their citizen children are no longer eligible for Medicaid because of the DRA documentation requirements. To learn more about the potential impact this misinformation might have on legitimate applications, technicians were asked, “*Since the new document*

requirements went into effect, how likely are immigrant families with citizen children to apply for Medicaid?” Respondents also were asked whether *thinking* that the children of immigrants are no longer eligible for Medicaid could create a barrier for completing an application or eligibility re-determination.

Only 26 ETs responded to this question with a majority (n=21) reporting that immigrant families with citizen children are *just as likely* to apply for Medicaid coverage for their children as before the DRA took effect. Three ETs reported they are *less likely*, one *more likely* and one *much more likely* to apply (Graph 22).

Graph 22. Since the new document requirements went into effect, how likely are immigrant families with citizen children to apply for Medicaid? (n=26)



Finally, more than 40 percent of the 65 ETs responding to the barriers question (n=27) reported that *thinking* the children of immigrants are no longer eligible is a barrier that could be preventing parents of citizen children from applying for Medicaid. Similarly, 45 percent (n=29) said *fear over immigration issues* is a barrier that could prevent *citizens* from completing a Medicaid application or eligibility re-determination.



1576 Sherman St., Ste. 300 • Denver, CO 80203-1728 • 303.831.4200 • 303.831.4247 fax • www.coloradohealthinstitute.org

The Colorado Health Institute (CHI) is an independent, nonprofit health policy and research organization based in Denver. It was established in 2002 by Caring for Colorado Foundation, The Colorado Trust and Rose Community Foundation. CHI's mission is to advance the overall health of the people of Colorado by serving as an independent and impartial source of reliable and relevant data for informed decisionmaking.

