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**Impact of the federal  
2005 Deficit Reduction  
Act on Colorado  
Medicaid enrollment:  
Findings from the  
Outreach and  
Enrollment Worker  
Survey**

survey findings

Colorado Health Institute

Denver, Colorado

## Table of Contents

Introduction .....	2
Acknowledgments .....	3
Study Population and Survey Response Rate.....	4
Findings.....	5
1. O&E Workers report more work and job stress since the DRA took effect .....	5
2. Applications to the CHP+ program for children have been delayed or denied because of DRA-related factors .....	6
3. DRA rules allow flexibility in documentation of citizenship and identity, but not all workers are fully aware of the range of options.....	7
4. DRA documentation does not appear to be uniformly implemented by Medicaid eligibility technicians within and across counties.....	9
5. The DRA creates barriers to Medicaid enrollment and access to health care for low-income people .....	10
6. Medicaid applicants who have trouble getting documents are not always able to get help when needed.....	12
7. The top-ranked barriers to Medicaid enrollment are directly attributable to the DRA .....	12
8. The 10-day limit for submitting DRA documents is a barrier to Medicaid enrollment .....	13
9. Misinformation may be affecting Medicaid enrollment post-DRA.....	16

## Introduction

Applying for Medicaid has gotten more complicated in Colorado. In July 2006 the federal Deficit Reduction Act (DRA) went into affect requiring pregnant women and parents applying 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, Medicaid applications are 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 community-based outreach and enrollment

workers (O&E workers) who assist families in applying for Medicaid and CHP+ coverage. 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 county eligibility technicians also is 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 the Medicaid enrollment of low-income families 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 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

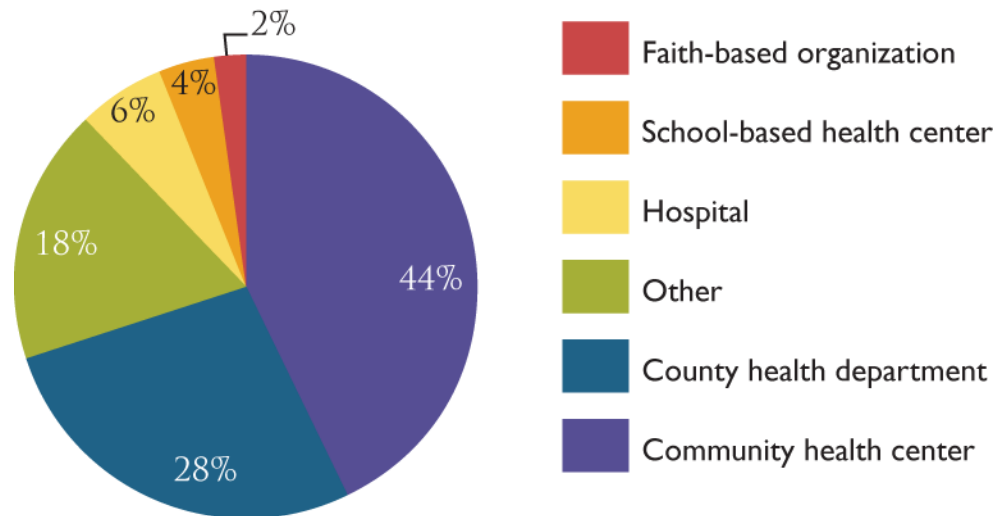
The Colorado Health Institute (CHI) in spring 2007 sent an electronic survey to 249 outreach and enrollment (O&E) workers who represent the known universe of O&E workers in Colorado. The sample excluded some number of workers that are housed in hospitals.<sup>1</sup> Fifty-three percent (132) completed the survey. Of these, 88 respondents met the study criteria: they directly assist individuals applying for the Medicaid or Child Health Plan Plus (CHP+) programs, and they have experience assisting people with applications both before and after the Deficit Reduction Act (DRA) took effect in July 2006.

Workers representing all 64 Colorado counties responded to the survey, although the majority was concentrated in the state's 12 most populous counties. Most respondents meeting the study criteria worked either for a community health center (44%) or a county health department (28%), but another 6 percent worked at a hospital, 4 percent at a school-based health center and 2 percent at a faith-based organization. Nearly one-fifth of O&E workers (18%) were employed by other types of organizations such as private nonprofit organizations, schools without school-based health centers, Head Start preschool programs or community resource or mental health centers<sup>2</sup> (See Graph 1).

No attempt was made to weight responses to represent all Colorado O&E workers.

Most respondents help people apply for both Medicaid (95%) and the CHP+ program for children (83%).

Graph 1. Survey respondents by type of organization



<sup>1</sup> CHI did not have access to the e-mail addresses of O&E workers at hospitals, except for three large hospitals in Denver County. In a parallel study, the Colorado Center on Law and Policy targeted hospitals for key informant interviews on the effects of the DRA.

<sup>2</sup> Due to rounding, percentages may not add up to 100 percent.

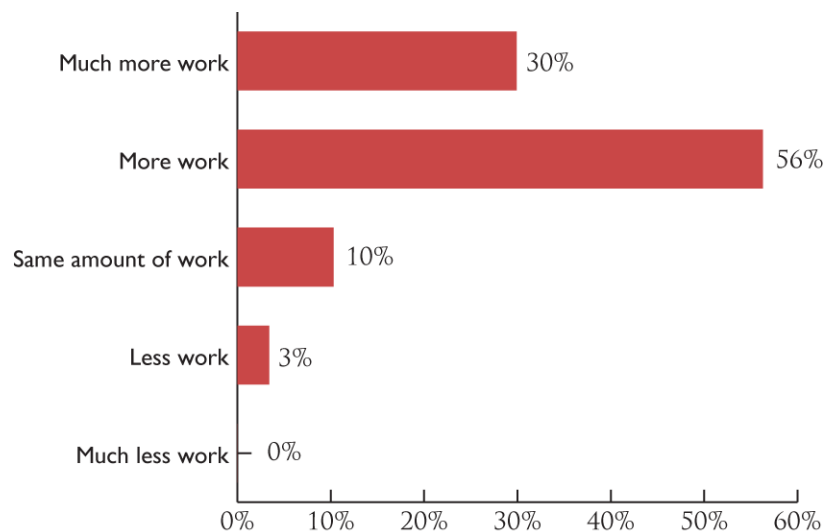
## Findings

### I. O&E WORKERS REPORT MORE WORK AND JOB STRESS SINCE THE DRA TOOK EFFECT

Of the O&E workers meeting the study criteria, 86 percent reported having *more work* since the DRA took effect. Of these, 30 percent (n=26) reported having *much more work*. By contrast, 10 percent (n=9) reported they had the *same amount of work* and only 3 percent (n=3) reported having *less work* (Graph 2).

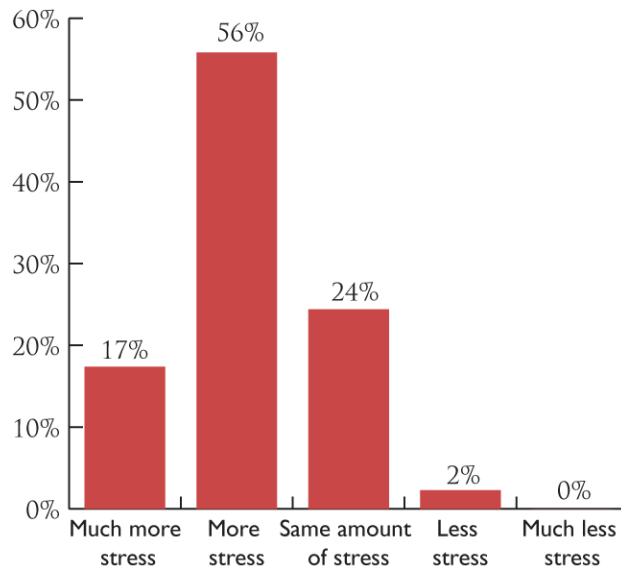
Since implementation of the DRA rules, workers reported spending on average an extra hour per day explaining the rules to families, helping them to understand program letters and making follow-up calls. In addition, workers spend an extra half hour per day helping people obtain citizenship and identity documents. O&E workers also reported spending an extra 20 minutes *per application* notarizing or attesting to DRA documents, taking affidavits and making copies.

Graph 2. How have the new document requirements affected your workload? (n=87)



Of 86 respondents, nearly three-quarters reported having *more job stress* and of these, 17 percent (n=15) reported *much more job stress* since implementation of the new DRA requirements. One-quarter (n=21) reported having the *same amount of job stress*, while two individuals reported *less job stress* (Graph 3).

Graph 3. How have the new document requirements affected your stress level at work? Do you have...? (n=86)

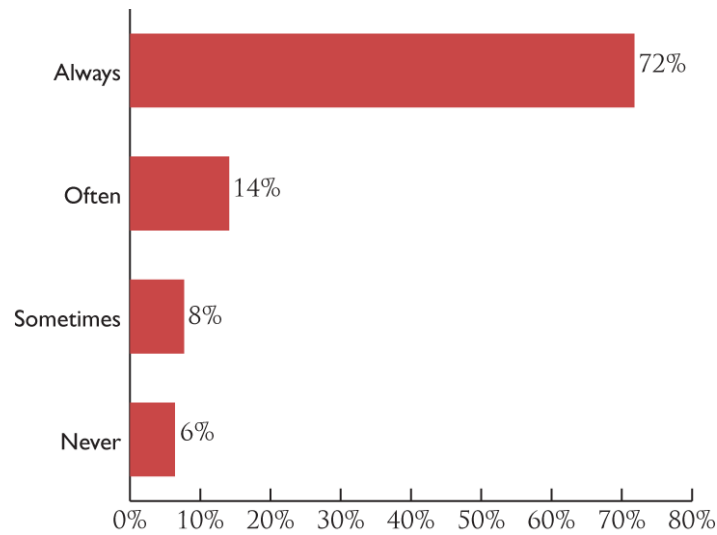


## 2. APPLICATIONS TO THE CHP+ PROGRAM FOR CHILDREN HAVE BEEN DELAYED OR DENIED BECAUSE OF DRA-RELATED FACTORS

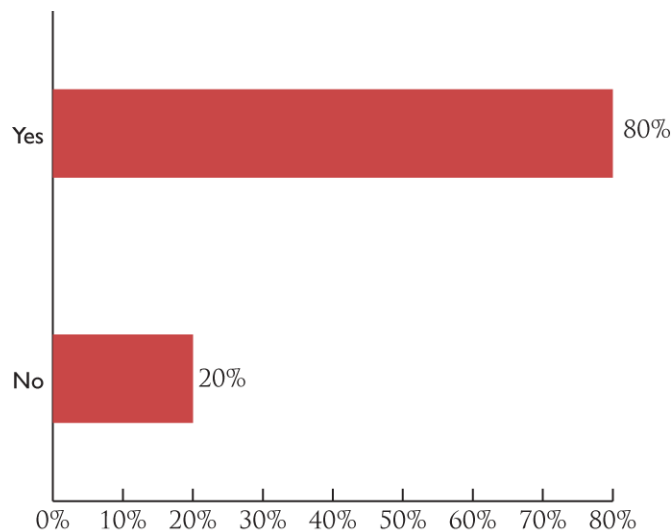
Applications to the CHP+ program for children under the age of 18 years do not require proof of citizenship or identity to qualify for enrollment in the program. Among the 78 O&E workers who reported assisting families with CHP+ applications, 72 percent (n=56) reported that parents are *always* asked and another 14 percent (n=11) reported parents are *often* asked for documents to prove their child's citizenship and identity. Eight percent (n=6) indicated that parents are *sometimes* asked for these documents and only 6 percent (n=5) reported parents are *never* asked for these documents (Graph 4).

Of 75 respondents to a question about CHP+ applications, 80 percent of O&E workers (n=60) reported that children's CHP+ applications are sometimes held up or denied if they don't include proof of citizenship and identity, although program rules do not require these documents (Graph 5).

Graph 4. 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=78)



Graph 5. Are the CHP+ applications of children (under 18) ever held up or denied if they don't include proof of citizenship and identity? (n=75)



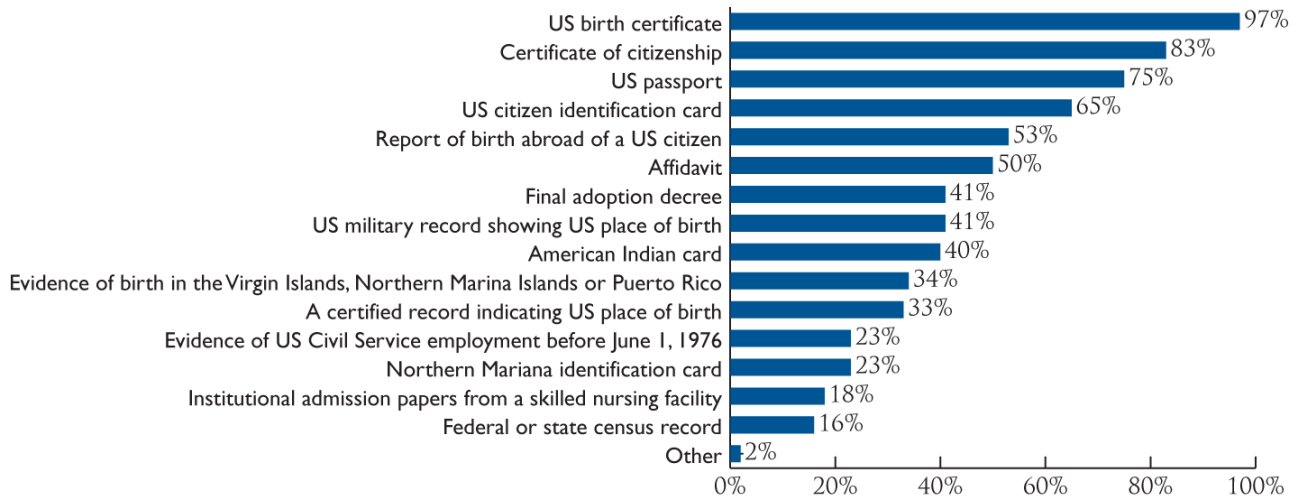
### 3. DRA RULES ALLOW FLEXIBILITY IN DOCUMENTATION OF CITIZENSHIP AND IDENTITY, BUT NOT ALL WORKERS ARE FULLY AWARE OF THE RANGE OF OPTIONS

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. Some O&E workers, however, are not familiar with the many different documentation options and, in cases where applicants lack some of the more common documents, workers may not be aware of acceptable alternative documents.



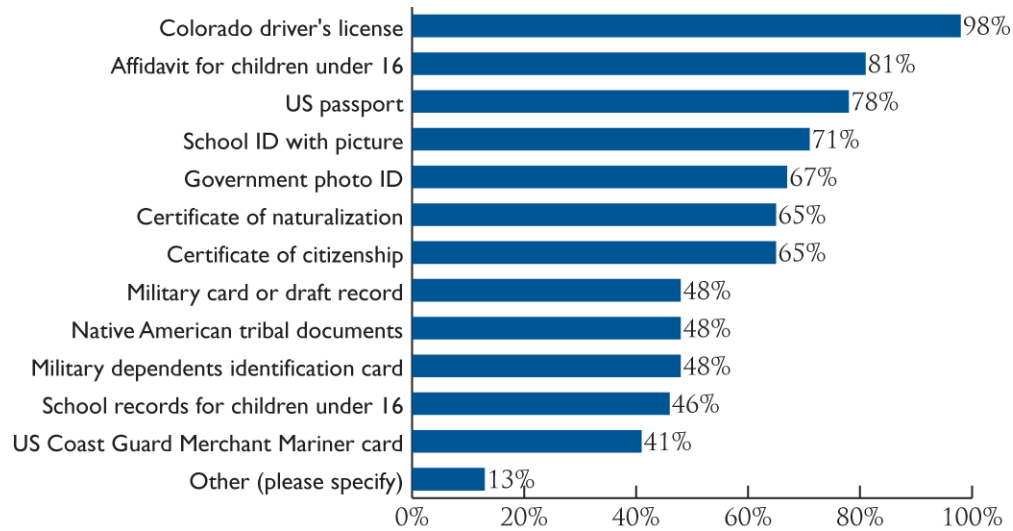
Survey respondents were given a list of documents accepted by Medicaid as proof of *citizenship* and asked to identify those documents they believed Medicaid would accept. Even though all the listed documents are allowable under Medicaid rules, they were not universally identified by workers as acceptable proof. Almost all of the 88 workers responding to this question understood that a birth certificate could be used as proof of citizenship (n=85), but only half understood that an affidavit could be used and fewer still (n=14) knew that a federal or state census record is acceptable proof of citizenship (Graph 6).

Graph 6. Which of the following documents does Medicaid accept as proof of citizenship? (Check all that apply) (n=88)



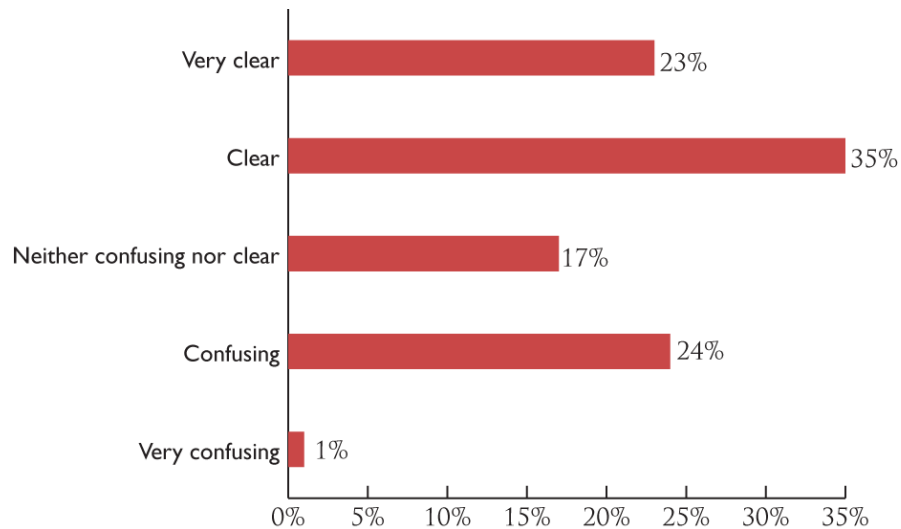
A second survey question related to acceptable documentation for proof of *identity*. Once again, all of the documents on the list are acceptable forms of identity proof under Medicaid rules, yet none was universally identified by all respondents. As expected, almost all of 88 respondents knew that a Colorado driver's license is an acceptable form of identification, but far fewer understood that a military ID (n=42) or military dependent's card (n=42) is acceptable (Graph 7).

Graph 7. Which of the following documents does Medicaid accept to prove identity? (Check all that apply) (n=88)



More than half of respondents reported that the new Medicaid requirements to prove citizenship and identity are either *very clear* (n=20) or *clear* (n=31). Alternatively, one quarter (n=21) felt they were *confusing* and one person reported they are *very confusing* (Graph 8).

Graph 8. For you, are the new Medicaid requirements to document citizenship and identity...? (n=88)

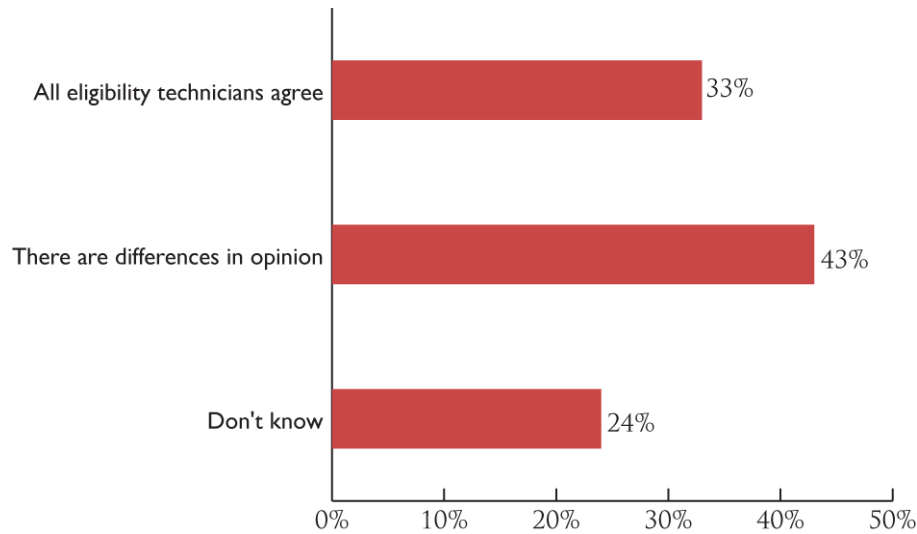


#### 4. DRA DOCUMENTATION DOES NOT APPEAR TO BE UNIFORMLY IMPLEMENTED BY MEDICAID ELIGIBILITY TECHNICIANS WITHIN AND ACROSS COUNTIES

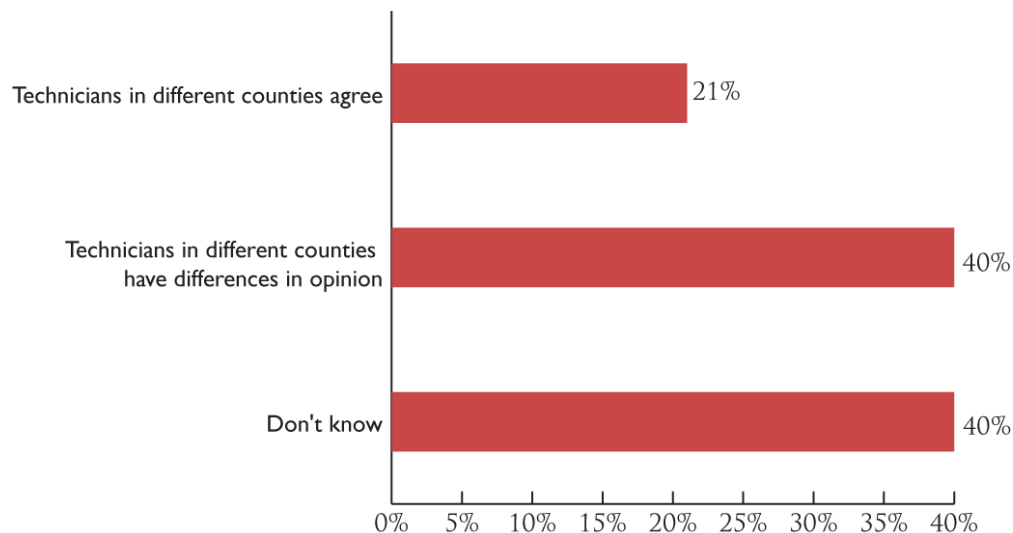
Lack of agreement over which documents are acceptable is not limited to O&E workers. Thirty-eight of the 88 O&E workers responding (43%) reported that the Medicaid eligibility technicians with whom they work in a single county accept different forms of documentation (Graph 9), while

35 (40%) reported that Medicaid eligibility technicians in different counties accept different forms of citizenship and identity documentation (Graph 10).

Graph 9. *Within a county*, do the eligibility technicians you work with agree on which documents are acceptable as proof of identity and citizenship, or are there differences of opinion among eligibility technicians? (n=88)



Graph 10. In your experience, do eligibility technicians from *different counties* agree on which documents are acceptable as proof of identity and citizenship, or are there differences in opinion among eligibility technicians from different counties? (n=88)

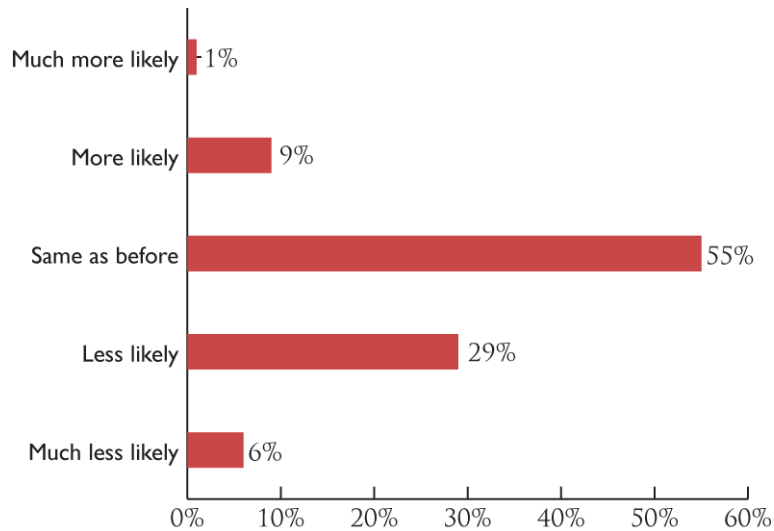


## 5. THE DRA CREATES BARRIERS TO MEDICAID ENROLLMENT AND ACCESS TO HEALTH CARE FOR LOW-INCOME PEOPLE

O&E workers were asked whether they believed the eligible individuals with whom they work were more or less likely to apply for and complete an application for Medicaid since implementation of the DRA documentation rules. Of the 86 workers responding, 55 percent (

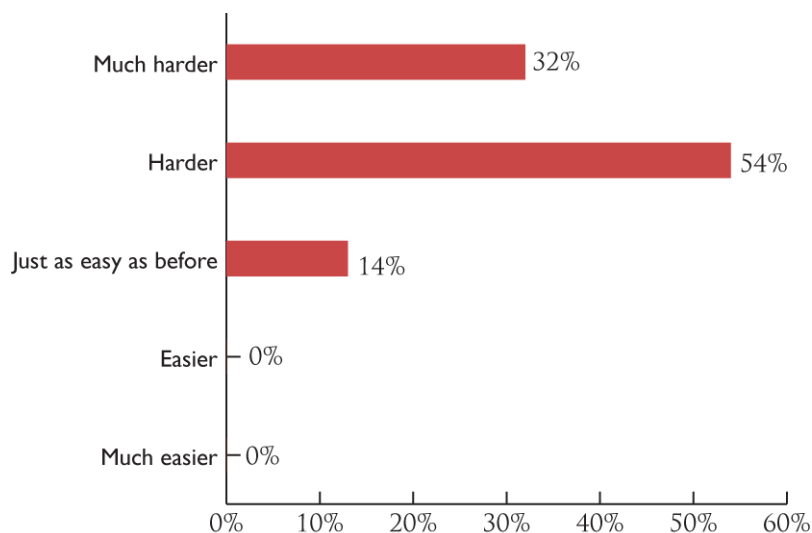
n=47) reported no change from before the new documentation requirements were implemented, although 35 percent (n=30) reported that eligible individuals were *less likely* or *much less likely* to complete an application (Graph 11).

Graph 11. Since the new documentation requirement, do you think the eligible people who contact you for help are more likely to begin and complete Medicaid applications, less likely or just as likely as before? (n=86)



To assess the impact of the DRA from another perspective, 86 percent of the 87 O&E workers responding reported that they felt it is *harder* (n=47) or *much harder* (n=28) for low-income people to get health care since implementation of the new documentation requirements (Graph 12).

Graph 12. Since the new document requirements took effect, is it easier or harder for low-income people to get health care? (n=87)

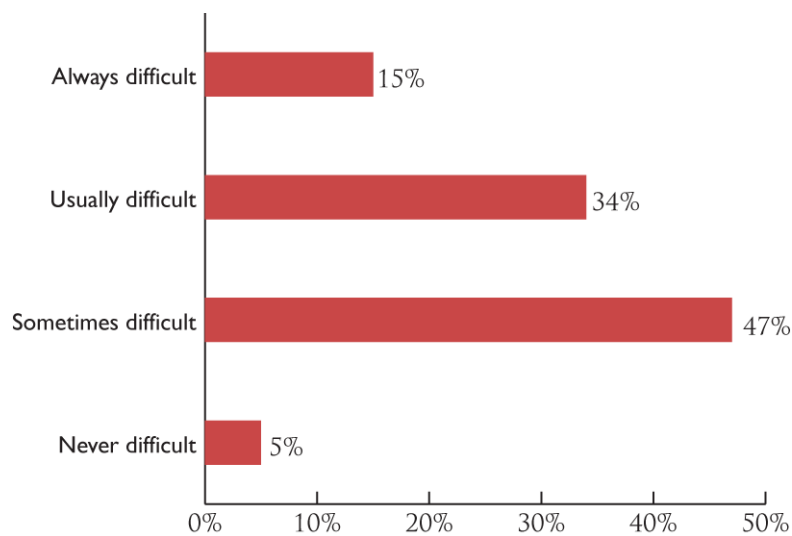


## 6. MEDICAID APPLICANTS WHO HAVE TROUBLE GETTING DOCUMENTS ARE NOT ALWAYS ABLE TO GET HELP WHEN NEEDED

Various organizations, including county agencies, provide financial and other assistance to Medicaid applicants who need help securing their citizenship and/or identity documents. The survey data, however, suggest that many Medicaid applicants who need assistance are having difficulty getting it.

Ninety-six percent of the 86 O&E workers responding to this question reported that when someone needs assistance in getting citizenship or identity documents for a Medicaid application they have trouble getting help to obtain those documents (Graph 13).

Graph 13. When someone has trouble getting documents for an application, how difficult is it for him or her to get help to obtain documents? (n=86)

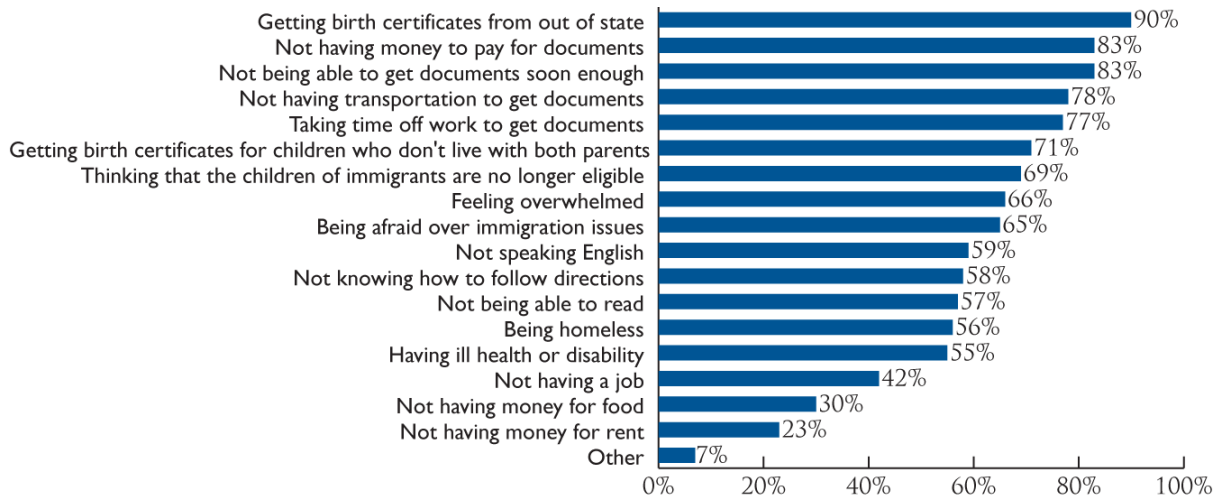


## 7. THE TOP-RANKED BARRIERS TO MEDICAID ENROLLMENT ARE DIRECTLY ATTRIBUTABLE TO THE DRA

Survey respondents were provided a list of factors and asked whether or not they are barriers preventing eligible people from successfully enrolling in Medicaid. The list was generated from pre-testing with O&E workers prior to administration of the online survey, relevant literature and accounts from other informants. The barriers included factors directly related to the new DRA document requirements as well as factors not directly related to the documentation rules. In addition, workers were given the opportunity to identify additional barriers not included on the list.

The seven factors most frequently identified by respondents as barriers to Medicaid enrollment were directly related to the DRA (Graph 14).

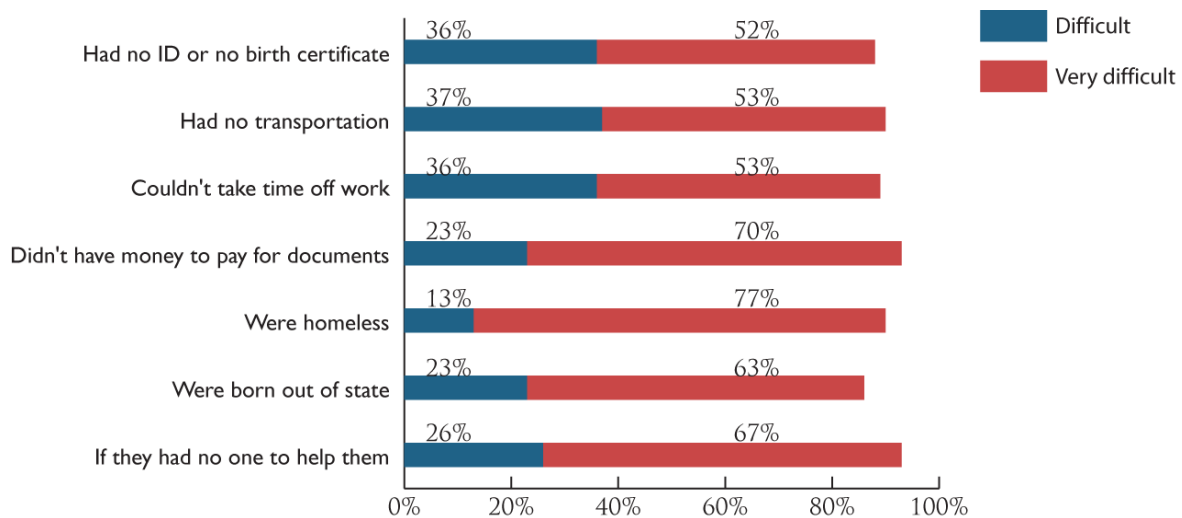
Graph 14. Which of the following are barriers that can prevent citizens from completing an application? (n=86)



### 8. THE 10-DAY LIMIT FOR SUBMITTING DRA DOCUMENTS IS A BARRIER TO MEDICAID ENROLLMENT

Under current DRA-related rules, individuals who submit a Medicaid application without citizenship or identity documents are sent a letter stating that they have 10 days in which to submit the required documents or their application will be denied. Cases are closed without acceptable documents, although they may be reopened if an applicant submits acceptable documents within 10 weeks. To get a sense of whether the 10-day limit is serving as a barrier to establishing eligibility, O&E workers were asked about extenuating circumstances that might make the 10-day limit difficult to meet and how often they occur. Most respondents reported that it would be *difficult* or *very difficult* for parents to meet the 10-day requirement on behalf of their children under the listed circumstances (Graph 15).

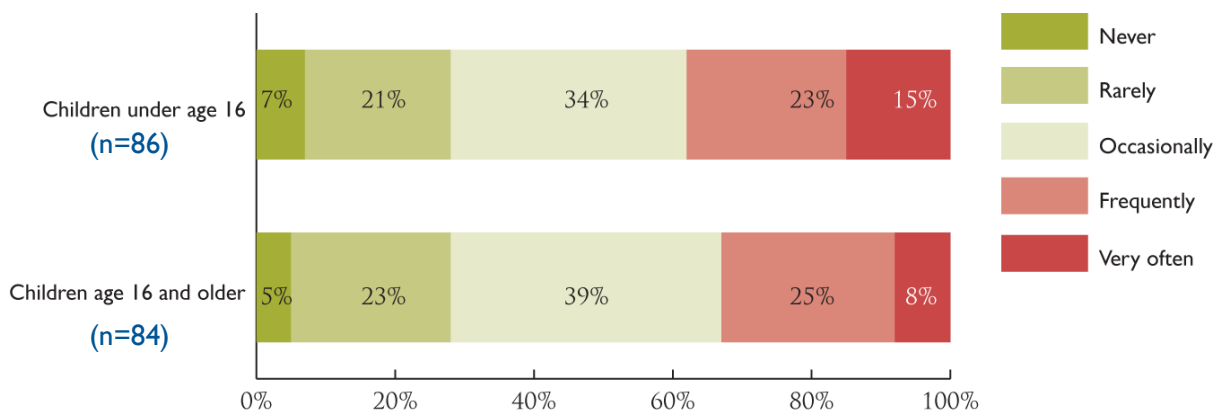
Graph 15. How easy would it be for parents to get proof of their child's identity if the parents...? (n=87)



O&E workers also were asked *how often* it would be difficult for the parents with whom they work to get proof of their child’s identity within the 10-day limit. For children under 16 years of age, 15 percent (n=13) reported that it is *very often* difficult; 23 percent (n=20) reported *frequently* difficult and 34 percent (n=29) reported it is *occasionally* difficult. Alternatively, 21 percent (n=18) reported that it is *rarely* difficult and another 7 percent (n=6) reported *never* difficult.

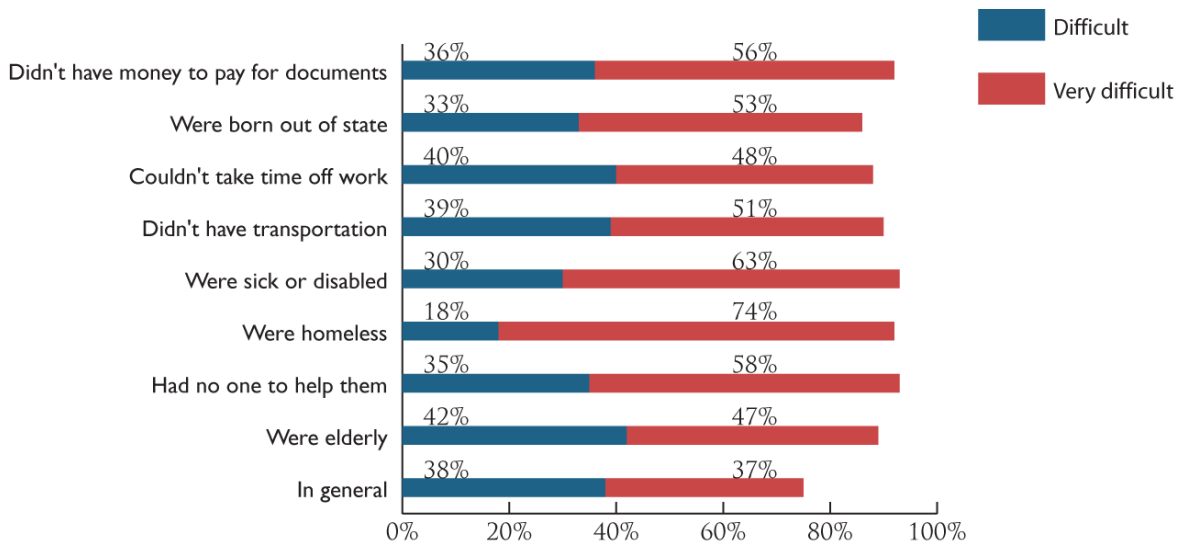
The results were similar when asked about children aged 16 years and older who are subject to different documentation requirements than younger children. For this group, 8 percent (n=7) of the O&E respondent reported it is *very often* difficult, 25 percent (n=21) reported *frequently* difficult and 39 percent (n=33) reported it is *occasionally* difficult to get proof of a child’s identity within the 10-day limit (Graph 16).

Graph 16. How often would it be difficult for parents to get proof of their child’s identity within 10 days?



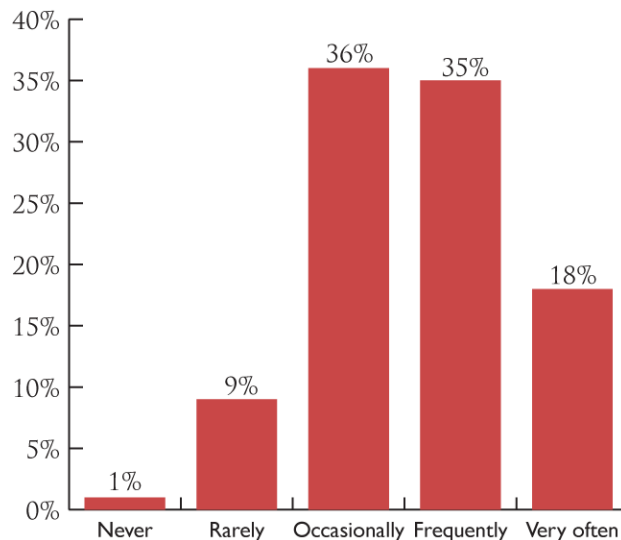
O&E workers then were asked how difficult it would be for an adult to get proof of his or her own identity within the 10-day limit given a similar set of extenuating circumstances. The vast majority of the 88 workers responding reported that it would be *difficult* or *very difficult* for an adult applicant to meet the 10-day limit under the listed circumstances (Graph 17).

Graph 17. 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=88)



Ninety percent of the 88 workers responding reported some level of difficulty encountered by adults in securing proof of their own *identity* within 10 days. Of these, 36 percent (n=32) reported *occasional* difficulty, 35 percent (n=31) *frequent* difficulty and 18 percent (n=16) reported it is *very often* difficult. Alternatively, eight workers reported it is *rarely* difficult and one that it is *never* difficult (Graph 18).

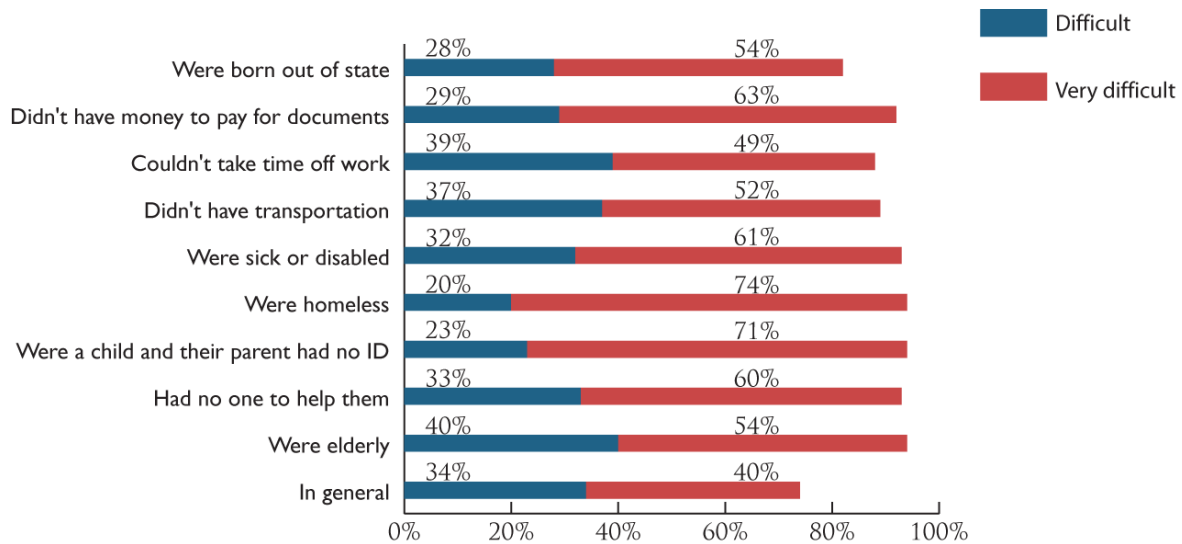
Graph 18. In general, how often would it be difficult for an adult to get proof of his or her own identity within 10 days? (n=88)



A similar set of questions was asked concerning the relative ease of getting proof of *citizenship* within the 10-day limit. Between 82 and 94 percent of workers reported that it would be *difficult* or *very difficult* for an applicant to get citizenship documents within the 10-day time limit under various circumstances (Graph 19) and 74 percent said it is *difficult* or *very difficult* “in general.”

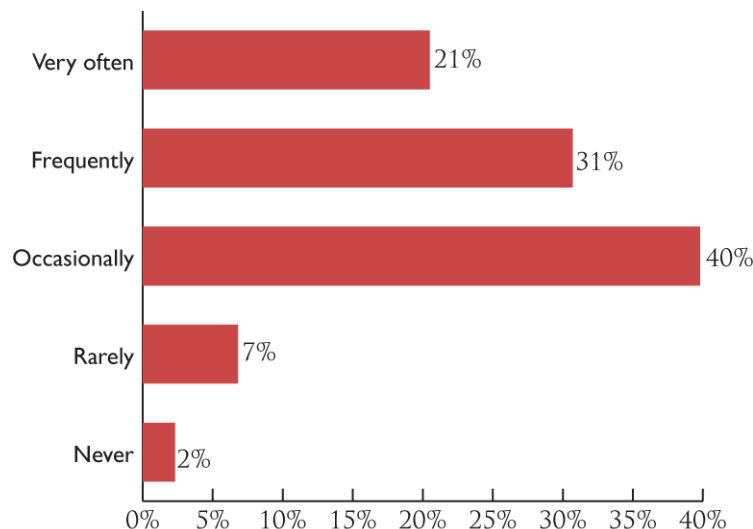


Graph 19. How easy would it be for someone to get proof of his or her citizenship within 10 days if he or she...?



The last set of questions in this series related to how difficult it is for applicants to get proof of citizenship within the 10-day limit. Ninety-two percent of the 88 O&E workers responding reported that applicants experience some level of difficulty—40 percent (n=35) reported it is *occasionally* difficult, 31 percent (n=27) reported *frequently* and 21 percent (n=18) reported *very often* difficult. Alternatively, eight workers reported it is *rarely* or *never* difficult to get citizenship documents within the 10-day time frame (Graph 20).

Graph 20. In general, how often would it be difficult for someone to get proof of his or her citizenship within 10 days? (n=88)



## 9. MISINFORMATION MAY BE AFFECTING MEDICAID ENROLLMENT POST-DRA

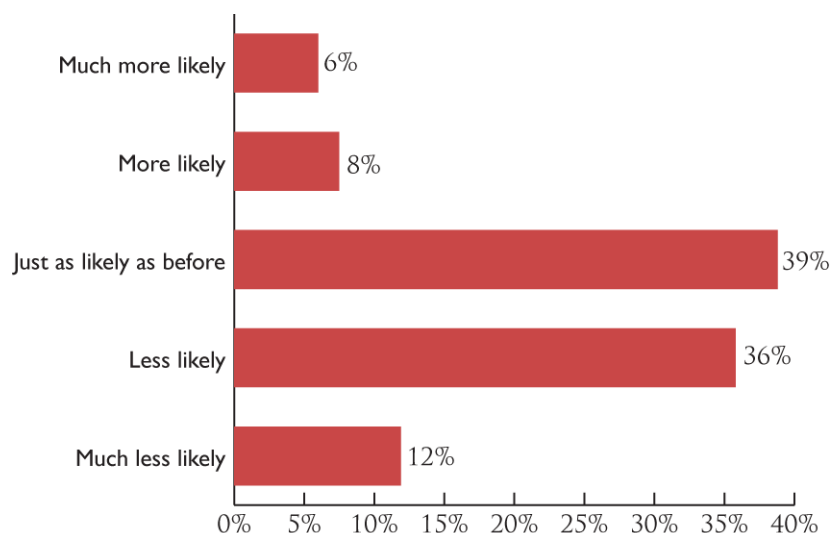
In the development and cognitive testing of the survey, CHI learned that some immigrant families had heard that their *citizen* children are no longer eligible for Medicaid due to the DRA

documentation requirements. To learn more about the potential impact this misinformation might have on legitimate applications, O&E workers were asked, “*Since the new document requirements went into effect, how likely are immigrant families with citizen children to apply for Medicaid?*” Additionally, they were asked whether *thinking* the children of immigrants are no longer eligible for Medicaid was preventing parents of citizen children from applying.

Nearly half of the 67 O&E workers responding that they directly assist immigrants with their Medicaid applications reported that immigrant families with citizen children are *less likely* (n=24) or *much less likely* (n=8) to apply for Medicaid since the new document requirements took effect. A larger number, however, reported that immigrant families are *just as likely* to apply (n=26), *more likely* (n=5) or *much more likely* (n=4) to apply compared to before the DRA (Graph 21).

More than two-thirds of responding O&E workers (59 of 86) reported that *thinking* the children of immigrants are no longer eligible could prevent parents from enrolling citizen children in Medicaid. Further, two-thirds (n=56) of them reported that *fear over immigration issues* also could serve as a barrier to citizens’ enrollment in Medicaid.

Graph 21. Since the new document requirements went into effect, how likely are immigrant families with citizen children to apply for Medicaid...? (n=67)





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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.

