

Application, Renewal and Closure Surveys for the CHIP and Medicaid Programs

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Sam Vanous Ph.D.
Keely Cofrin Allen Ph.D.

Office of HealthCare Statistics
Utah Department of Health



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Introduction

Both CHIP and Medicaid are programs that pay for the medical expenses of Utahns. CHIP focuses on children under the age of 19, and takes into account both the family's size and income. Presently, over 37,000 Utah children are enrolled in CHIP. The program covers a number of medical expenses for children including: well-child visits, immunizations, doctor visits, and emergency care.

While Medicaid does not have age requirements, it does have strict financial requirements. To qualify for Medicaid, depending on the program, applicants must make less than 133% of the Federal poverty level. The Medicaid program offers a variety of medical services to its enrollees to help ensure their healthcare needs are met. Currently, there are over 250,000 Utahns enrolled in various Medicaid programs. Without these safety-net programs, this vulnerable population would not be able to acquire the medical care necessary to maintain their health.

The quality of the healthcare provided, and the satisfaction of Medicaid and CHIP enrollees is monitored yearly, but the application and renewal processes for both Medicaid and CHIP are not regularly monitored. For both Medicaid and CHIP to act as a safety net, eligible families must be able to apply and be accepted in a timely fashion, or the care may not be provided or be as effective.

The Bureau of Managed care contracted with the Office of Health Care Statistics to conduct a survey to discover how enrollees felt about the application, renewal and closure processes for Medicaid and CHIP. Two of these surveys were updates of surveys conducted in the Fall of 2010 (application and renewal surveys). The surveys were mailed to the primary parent on the case, for a child in the home who had applied for or renewed eligibility for Medicaid or CHIP in the previous 12 months and were currently eligible for benefits. The closure surveys were mailed to the primary parent on the case for a child that had received CHIP for a minimum of 6 months in the past 12 months and had been closed for a minimum of 30 days.

Application Survey

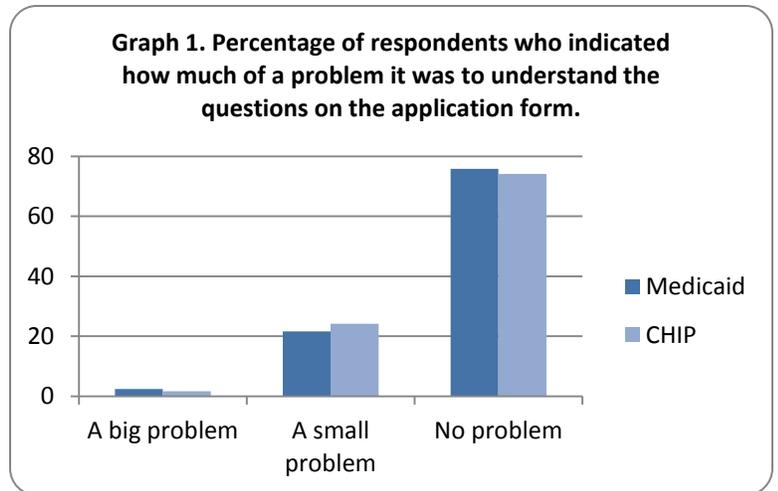
Survey Summary

A total of 1,100 surveys were mailed to people who had applied for Medicaid or CHIP. The purpose of the survey was to investigate characteristics of the application process, such as how long the process took, and how difficult the process was. Forty percent of the Medicaid enrollees who received a survey responded, while 45% of CHIP enrollees who received a survey responded. Spanish surveys were sent to 100 additional enrollees who had indicated on their Medicaid or CHIP records that they prefer to receive materials in Spanish. There were only minor differences between Spanish speaking and English speaking respondents, so this report will describe differences between the Medicaid and CHIP programs.

Application Survey Findings

Application Form

The application form was the first aspect to be investigated, since this is the first contact that potential enrollees have with the application process. When asked how much of a problem it was to understand the questions on the application form, 75.90% of Medicaid respondents indicated it was “not a problem”, while 74.20% of the CHIP respondents indicated it was “not a problem” to understand. This can be seen in Graph 1.



Fifty-five percent of the Medicaid respondents

filled out the application form online, while 45.30% of the CHIP respondents used the online form.

Ten percent of the Medicaid respondents who used the online application form had technical difficulties, while 9.80% of the CHIP respondents indicated they had technical difficulties.

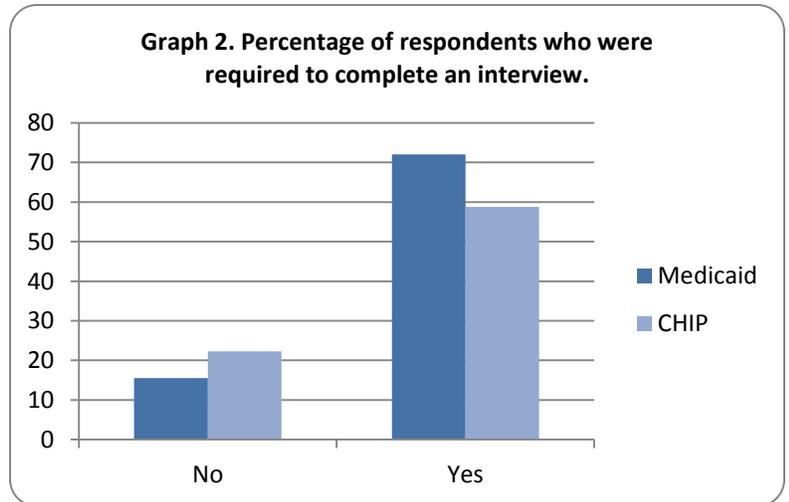
Overall, according to the respondents, it appears the application form is being completed with few problems, about half of the respondents are using the online form, and about 10.00% of those who

use the form online are having technical issues; the technical issues may be a source of frustration to enrollees, and may have to be investigated at a later date.

Application Process

While the application form is a crucial step to the application process, it is only the first step. The applicants may need to provide other information or be interviewed, which may cause the process to take a considerable length of time. The survey asked a variety of questions about the application process that respondents completed in order to enroll in Medicaid or CHIP,

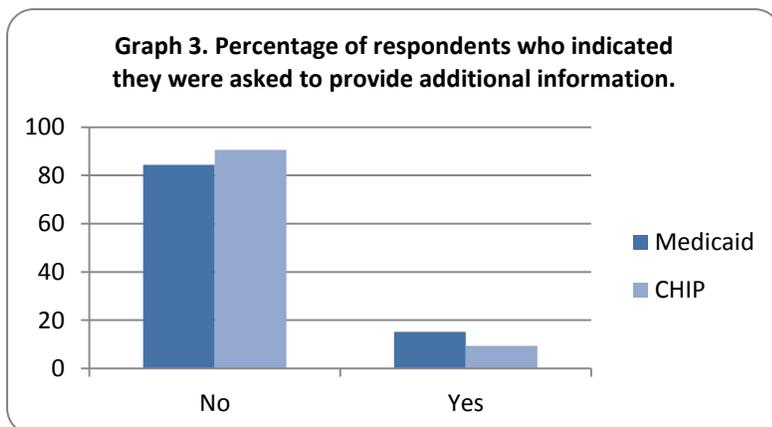
When asked if they were required to complete an interview, 82.40% of the Medicaid respondents indicated “yes,” while 77.70% of the CHIP respondents indicated “yes.” This can be seen in Graph 2.



Of those who needed to be interviewed, 69.50% of Medicaid respondents answered "they" called the eligibility office, while 79.20% of the CHIP respondents answered the same.

Of the Medicaid respondents who completed an interview, 62.50% indicated they had done so within one to seven days after filing the application. The CHIP respondents took slightly longer with only 53.70% indicating they completed the interview within one to seven days after filing their applications.

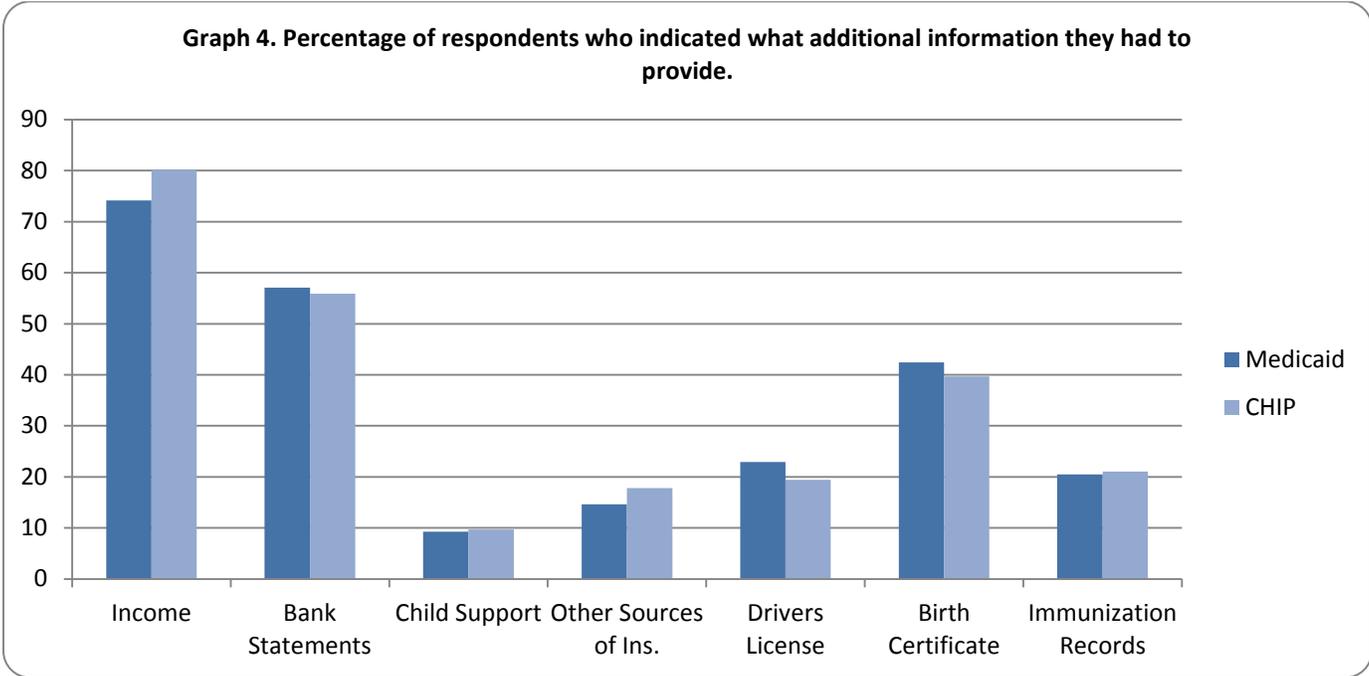
In addition to completing an interview, respondents may also have to provide additional information.



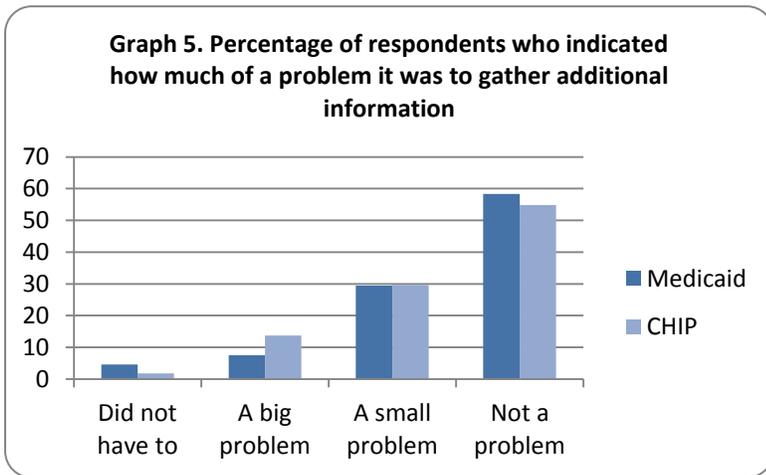
This may include proof of income or child support, driver’s license, and immunization records. Eighty-four percent of the Medicaid respondents were asked to provide additional information, and 90.70% of the CHIP respondents were asked to provide

additional information. This can be seen in Graph 3.

The most common request for additional information was “proof of income”. 74.10% of Medicaid respondents indicated they needed to provide this information while 84.20% of CHIP respondents needed to provide it. This can be seen in Graph 4.

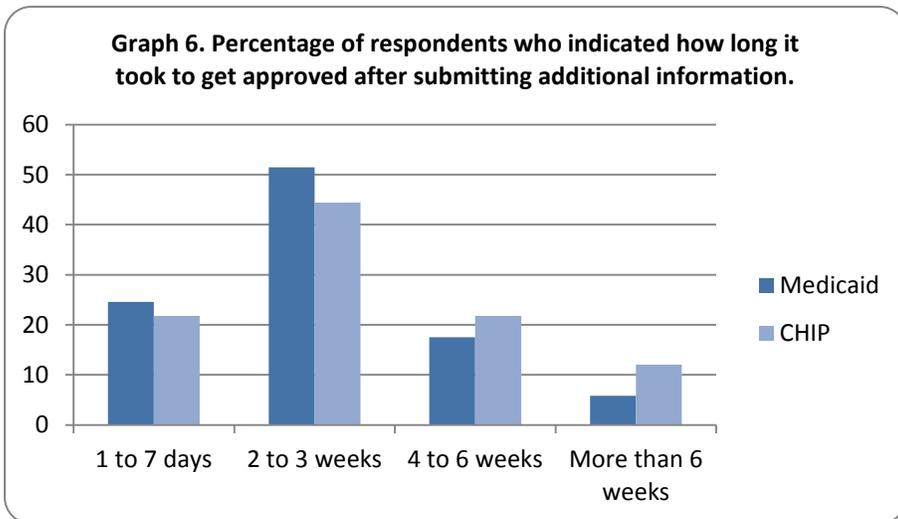


Another question focused on the way in which the applicants supplied the requested additional information: fax, email, mail, or delivering it in person to an eligibility office. It appears the most popular method of delivery is personally delivering it to an eligibility office. Forty-five percent of Medicaid respondents indicated this was their method, while 42.90% of CHIP respondents indicated it was also their method.

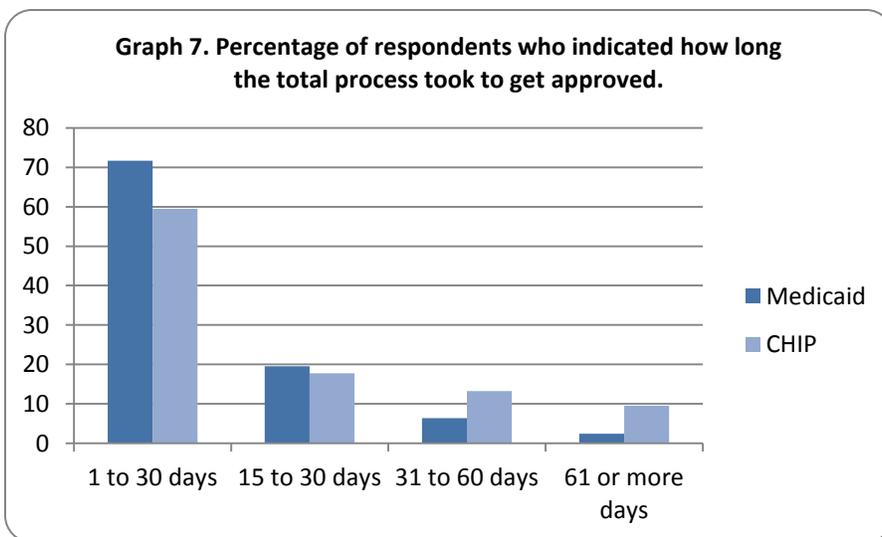


When asked how much of a problem it was to gather the additional information, 61.20% of Medicaid respondents indicated it was “not a problem,” while 55.90% of CHIP respondents indicated it “was not a problem.” This can be seen in Graph 5.

The survey also included a question about the time it took for respondents to receive their approval or denial after obtaining additional information. Twenty-five percent of Medicaid respondents got their notices within a week, while 21.80% of the CHIP respondents receiving their notices within one week. The majority of both Medicaid (51.50%) and CHIP respondents (44.40%)



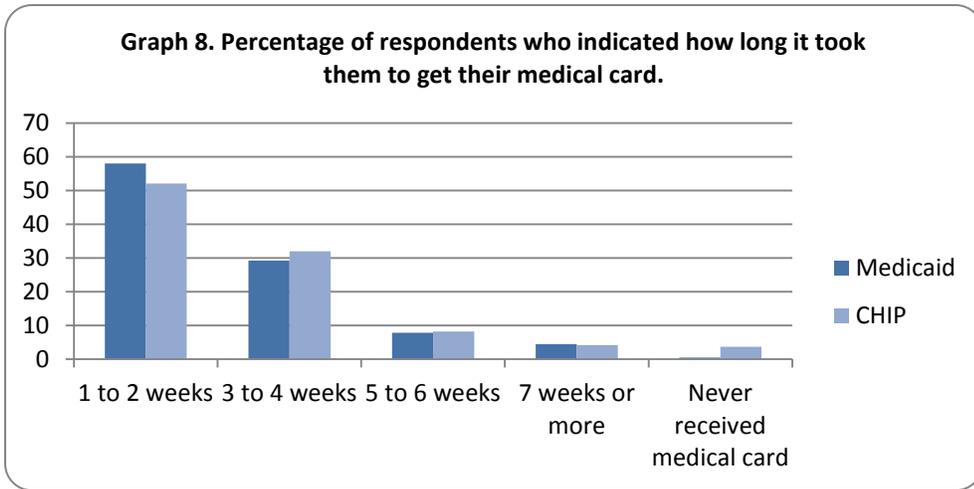
indicated that their notices were sent between two to three weeks. This can be seen in Graph 6.



Respondents were asked how many times they had contacted their eligibility workers. Forty-six percent of Medicaid respondents indicated that they contacted their eligibility workers "once or twice", while 43.30% of CHIP respondents indicated the same.

One of the most crucial questions on the survey is regarding the time it took to complete the application process. Seventy-two percent of Medicaid respondents indicated that it took them between one to 30 days, while 59.50% of CHIP respondents indicated the same. This can be seen in Graph 7.

Once their applications are approved, enrollees will then receive their medical cards. A question on the survey asked them how long it took this to occur and 58.00% of Medicaid respondents indicated

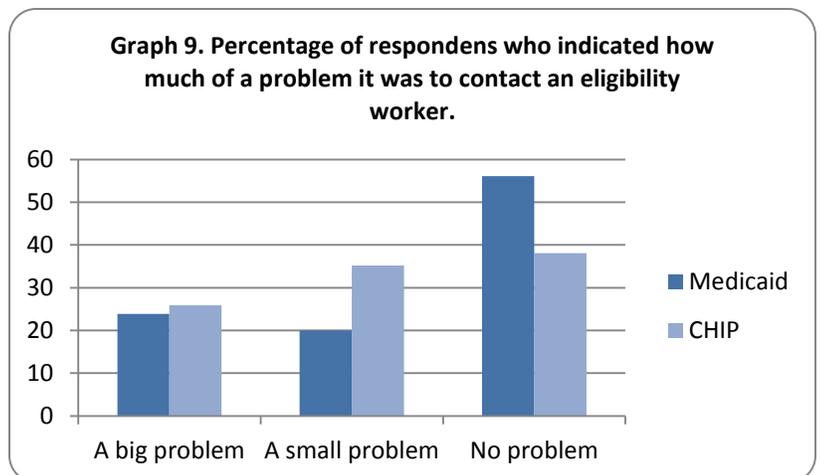


they received their card between one to two weeks after being approved. Fifty-two percent of CHIP respondents received their cards within one to two weeks after approval. This can be seen in Graph 8.

Another question focused on whether the respondents had all of their questions answered about the application. Ninety-one percent of the Medicaid respondents indicated they had all of their questions answered, while 85.90% of the CHIP respondents indicated they had all of their questions answered.

Respondents were asked how much of a problem it was to contact their edibility worker. These results can be seen in Graph 9.

Overall, both programs are operating similarly, although it appears Medicaid applicants are more likely to be asked for an interview while CHIP applicants are being asked to provide more additional information and are taking longer to process. CHIP respondents are also taking slightly longer to receive their medical cards.



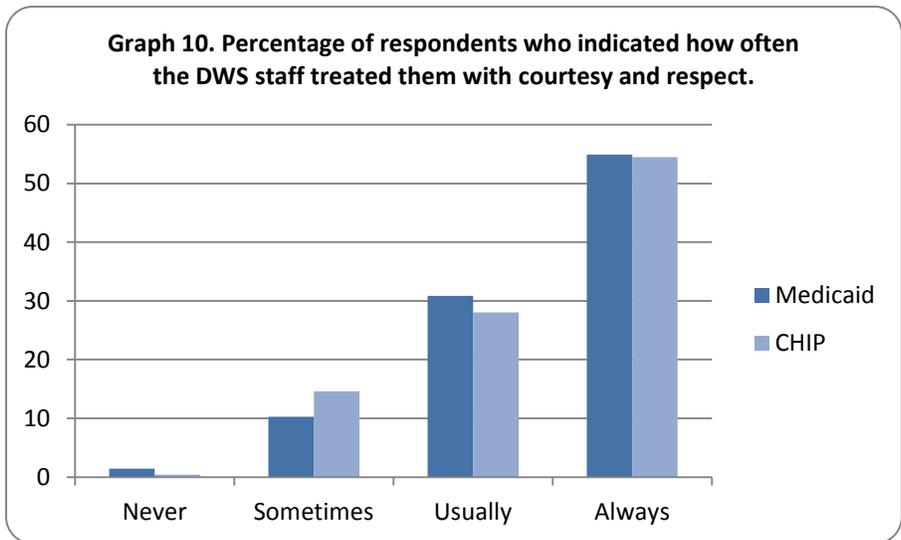
Customer Service

Due to the complex nature of the process and the amount of information needed to complete the applications, customer service is very important. Respondents may need to have a variety of questions answered about the application process, benefits, eligibility, etc. How the respondents feel about customer service plays a large role in how they feel about their healthcare.

The responses to the question of how much of a problem it was to contact an eligibility worker were surprising. Fifty-six percent of Medicaid respondents indicated that contacting an eligibility worker was “not a problem” while 38.10% of CHIP respondents indicated the same. This suggests that nearly 44.00% of Medicaid respondents believe it is a “problem” to contact an eligibility worker, and nearly 62.00% of CHIP respondents hold the same belief. This can be seen in Graph 9.

One important aspect of customer service is the way in which customers are treated. One question asked if respondents were treated with courtesy and respect. Fifty-six percent of Medicaid respondents indicated they are “always” treated with respect, while 55.80% of CHIP respondents indicated the same. This can be seen in Graph 10.

Another important part of customer service is the ability to answer questions. The survey asked the respondents



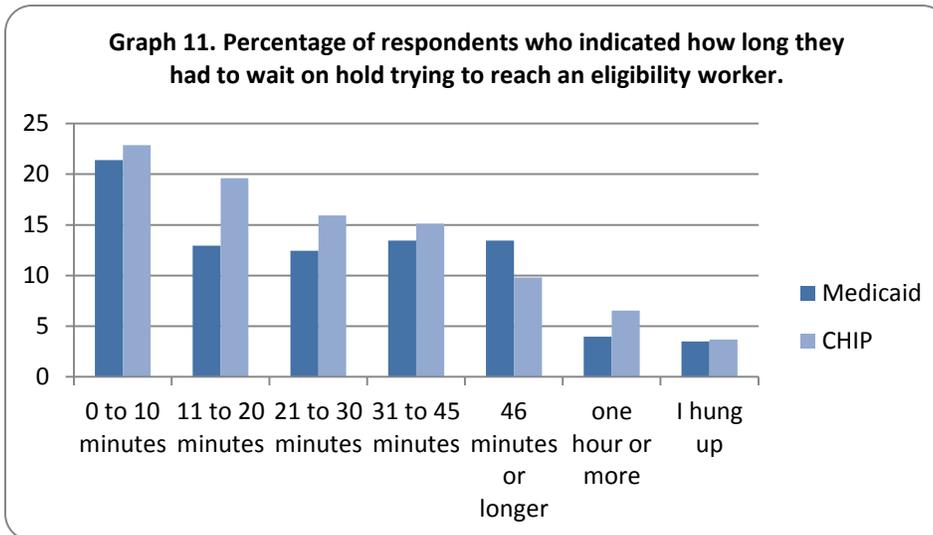
if all of their questions were answered by customer service. Fifty-three percent of Medicaid respondents indicated their questions are always answered, while 58.80% of CHIP respondents indicated the same.

After the Medicaid or CHIP applications are fully processed, approval or denial notices are sent to the applicants; these notices may be difficult to understand. When asked how much of a problem it was to understand the approval/denial notice, 72.10% of Medicaid respondents indicated it was “not a problem” to understand the notice, while 71.70% of CHIP respondents indicated the same.

Telephone Service

Although telephone service is part of customer service, it is considered separately since there are aspects of technology that play a large role. There are “live” agents that respondents can speak to, as well as an automated system. Medicaid and CHIP wanted to investigate different aspects related to the telephone system, such as hold times and problems using the system.

On the survey there were questions regarding the respondents’ use of the telephone system. The first question was asked to gauge the how often the respondent spoke to their eligibility worker by telephone. Twenty-three percent of the Medicaid respondents indicated that they contacted their eligibility worker “once every six months,” while 35.80% of CHIP respondents indicated the same. It is interesting to note that 40.70% of Medicaid respondents and 31.30% of CHIP respondents indicated that they have “never” contacted their eligibility worker by telephone.



Respondents were asked how long they had to wait on “hold” during their last telephone call to their eligibility worker. This can be seen in Graph 11. Five percent of Medicaid respondents indicated they waited “one hour or more,” and 7.0% of CHIP

respondents indicated the same. Forty-two percent of Medicaid respondents indicated they waited 31 minutes or more on hold, and 37.60% of CHIP respondents indicated the same.

When asked how much of a problem it was to use the automated telephone system, 54.0% of Medicaid respondents indicated that using the automated telephone service was “not a problem,” and 41.30% of CHIP respondents indicated the same.

Costs

This section of the survey was only completed by CHIP applicants; Medicaid applicants were not included. The questions in this section were about the costs required to participate in CHIP, such as premiums, copays, and late fees. This can be seen in Table 1.

Table 1. Percentage of respondents indicating if payments were “not a problem”, a “small problem” or a “big problem”.

	Not a Problem	Small Problem	Big Problem
How much of a problem was it to pay the premium?	66.70%	23.50%	9.80%
How much of a problem was it to pay the premium late fee?	56.90%	19.60%	23.50%
How much of a problem was it to pay the co-pays or deductibles?	64.70%	28.90%	5.80%
How much of a problem was it to pay the co-pays for specialty care?	65.30%	23.80%	9.90%
How much of a problem was it to pay emergency room deductible?	53.50%	32.40%	12.70%

The reader should note that in most categories for costs, nearly one-third of the respondents indicated that they had at least a “small problem” paying for CHIP services.

The survey found that 65.40% of CHIP respondents indicated that they had to pay a premium for their child’s coverage. Of these respondents, 47.70% utilized the online system to make their payments, while 31.00% sent in their payments by mail, the rest paid by telephone. Fourteen percent of the CHIP respondents indicated their coverage had been closed for failure to pay their CHIP premium which resulted in having to pay a premium late fee in order for their case to be reopened.

When asked whether CHIP respondents had to pay a co-pay or deductible, 78.10% indicated they did have to pay a co-pay or deductible. Ninety percent of the CHIP respondents also indicated that the expense of co-pays and deductibles were not a reason to “not” seek care. However, 47.80% of CHIP respondents indicate “not enough money” was a reason care was not sought in the past. It is important to note that 83.90% of the CHIP respondents believe the co-pays and premiums are not “too high.”

When asked if CHIP respondents have taken their children to seek urgent or specialty care, 41.60% responded they had. Of those seeking urgent care, 67.50% had to pay a co-pay. Twenty-five percent of the CHIP respondents also indicated they have taken their children to the emergency room.

The survey asked several questions about spending less on basic needs to pay for healthcare. Twenty-three percent of the CHIP respondents indicated they spent less on basic needs to pay for CHIP costs and late fees and 7.10% of the CHIP respondents indicated that they had a family member or friend help pay some of the costs. An additional, 1.70% of the CHIP respondents had a faith-based organization, or other association, help pay the costs.

Renewal Survey

Survey Summary

A total of 1,100 surveys were mailed to people who had renewed their applications for Medicaid or CHIP. The purpose of the survey was to investigate the renewal process, such as how long the process took, and how difficult the process was. Thirty-seven percent of the Medicaid enrollees who received a survey responded, while 52.0% of the CHIP enrollees who received a survey responded. Spanish surveys were sent to 100 additional enrollees who had indicated on their Medicaid or CHIP records that they prefer to receive materials in Spanish. There were very few differences between Spanish speaking respondents and English speaking respondents, so the comparisons to be made will be between the Medicaid and CHIP programs.

Renewal Survey Findings

Renewal Process

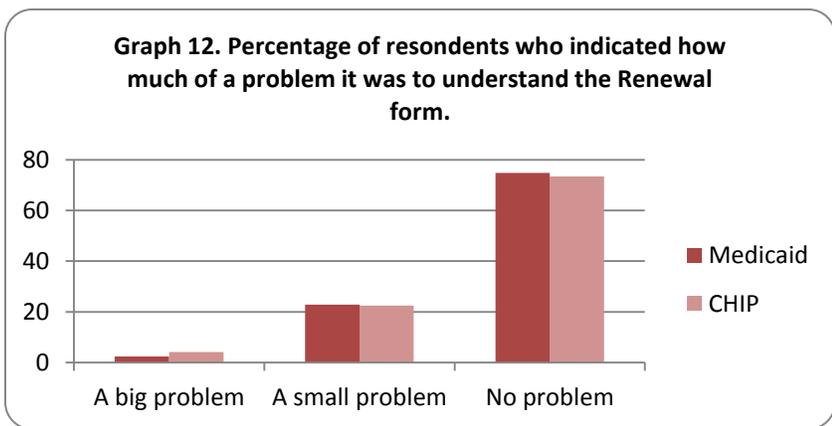
The first set of questions the survey asks about is the renewal process that respondents completed in order to re-enroll in Medicaid or CHIP. The questions were regarding various processes that take place, such as how the renewals occurred and whether there were any problems.

Respondents were asked how they delivered the renewal forms to the eligibility office, the majority of responses were for the same category: 42.10% of the Medicaid respondents chose “Mail,” and

39.90% of the CHIP respondents indicated the same. MyCase was also a popular choice: 20.60% of the Medicaid respondents utilized this system to complete their renewals, while 18.80% of the CHIP respondents indicated the same. When asked if they would prefer to complete their renewals online, 34.20% of the Medicaid respondents indicated “Yes,” while 40.40% of the CHIP respondents indicated the same.

One of the most important questions on the survey is whether the renewal form was a problem to understand. Seventy-five percent of the Medicaid respondents indicated that the renewal form was

“not a problem” to understand, and 73.40% of the CHIP respondents indicated the same. This can be seen in Graph 12.

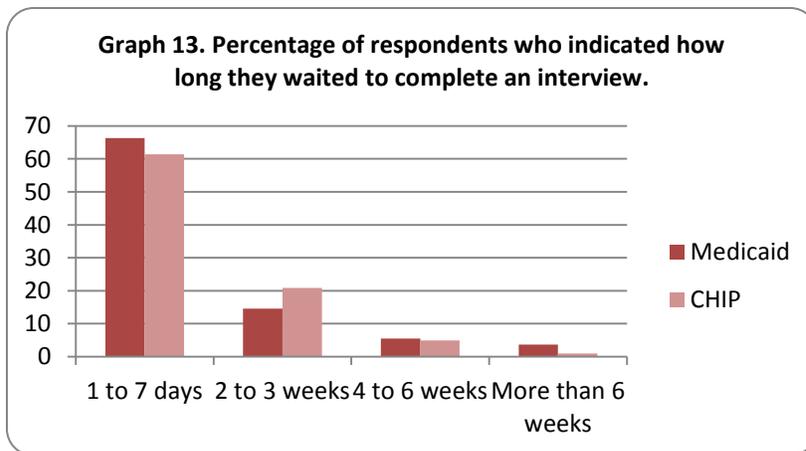


Another important question is whether the renewal process was a problem to complete. Fifty-eight percent of the Medicaid

respondents indicated that the renewal process was “not a problem,” and 58.60% of the CHIP respondents indicated the same.

An integral part of the renewal process is interviews. In this survey, 40.20% of the Medicaid respondents indicated they had to complete an interview, and 43.0% of the CHIP respondents indicated the same.

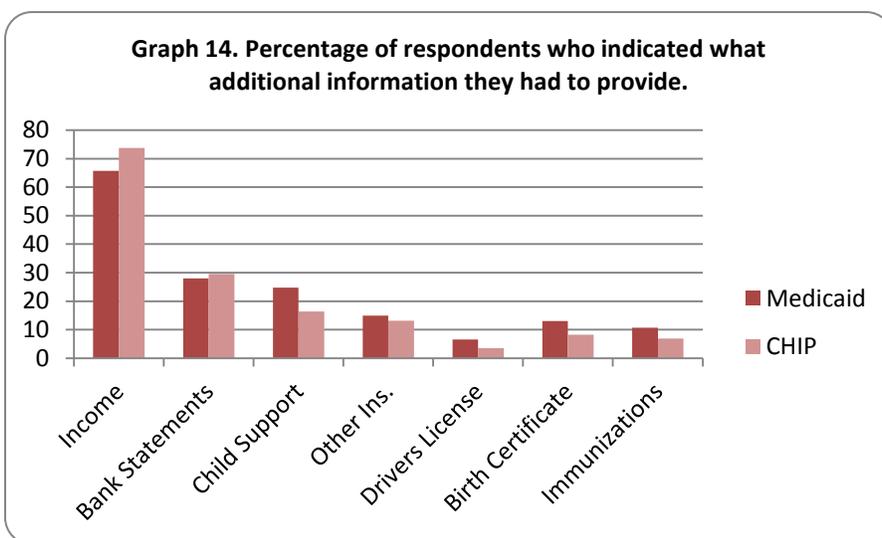
When asked if the respondents called the eligibility worker, or if the worker called them, 74.20% of the Medicaid respondents indicated they called the worker, and 81.70% of the CHIP respondents indicated the same.



After the renewal process is started, some of the respondents had to complete interviews; those that did were asked when this

interview occurred. 73.7% of the Medicaid respondents indicated they completed their interview between one and seven days, and 69.70% of the CHIP respondents completed their interviews in this period. This can be seen in Graph 13.

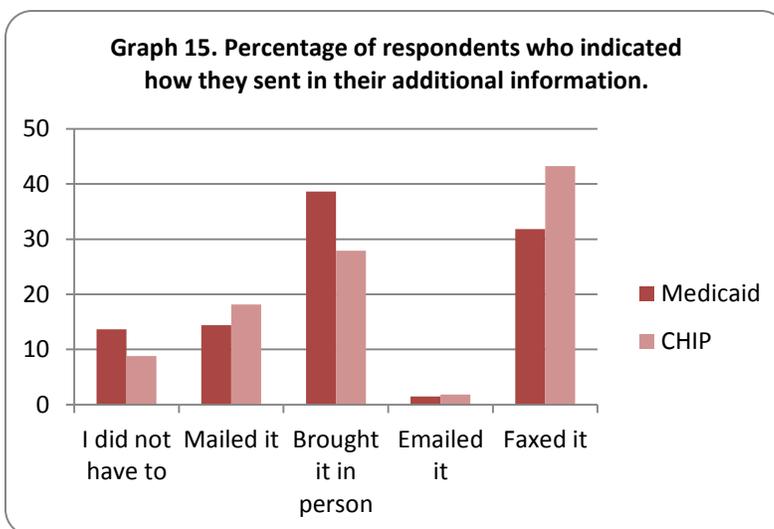
Many of the respondents had to provide additional information to complete the renewal process, Sixty-one percent of the Medicaid respondents had to provide additional information, and 72.50% of



the CHIP respondents indicated they had to provide additional information. Additional information can include immunizations, birth certificates, financial information, etc. The most common answer chosen by both Medicaid and CHIP respondents was “proof of income,” Sixty-six percent of

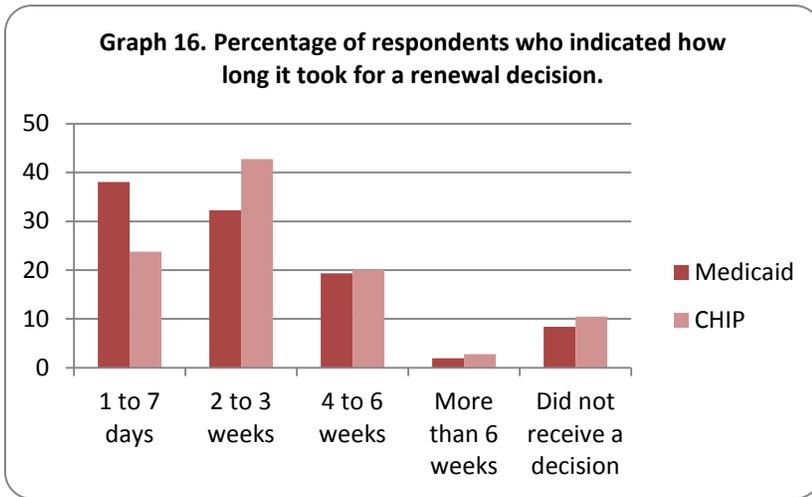
the Medicaid respondents chose this answer, and 73.70% of the CHIP respondents chose the same. This can be seen in Graph 14.

Additional renewal information can be submitted in a variety of ways, such as mailing it, faxing it, or delivering it to the eligibility office. The most common form of delivery was delivering it to the eligibility office themselves; this was indicated by 44.70% of the Medicaid respondents and 30.61% of the CHIP respondents. This can be seen in Graph 15.



While the majority of respondents supplied additional information, it is important to know how difficult the respondents perceive it to be. Half of the Medicaid respondents indicated that supplying

additional information was “not a problem,” and 52.80% of the CHIP respondents indicated the same. This suggests that approximately half of the respondents in both programs believe there is at least “a small” problem with the supplying of additional information.

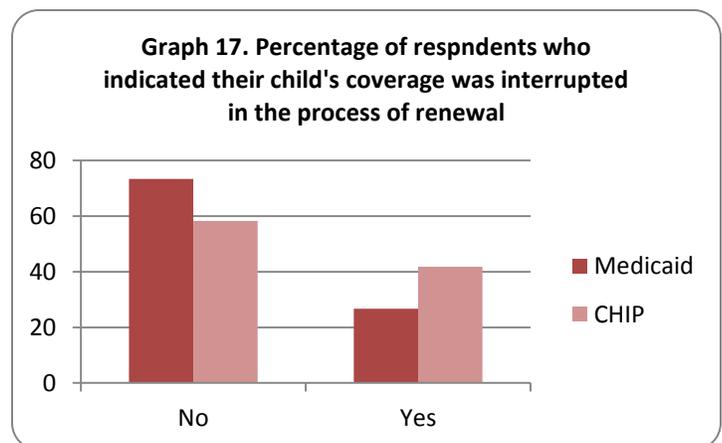


While the renewal process does take time to complete, the easier and more efficient the process can be made, the better it is for all those involved. A crucial question on the survey is how long it took for applicants to receive their approval/closure notice after beginning the process. The most common response from the

Medicaid respondents was “one to seven days” (38.10%), while the most common answer for CHIP respondents was “two to three weeks” (42.70%). This can be seen in Graph 16.

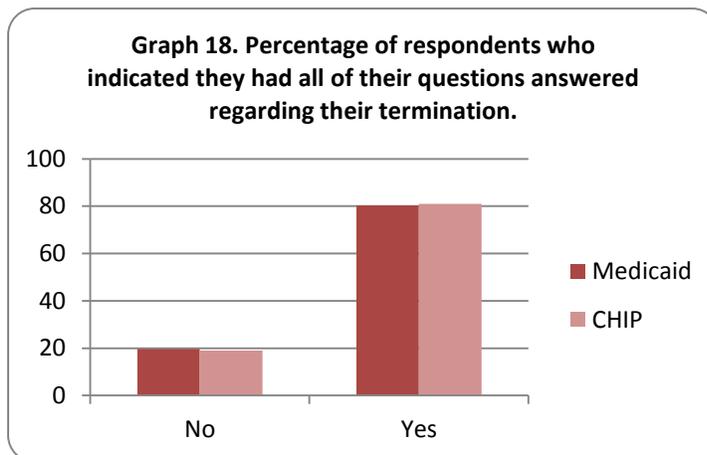
The respondents were also asked how many times they contacted their eligibility worker before receiving their approval/denial notices. Nearly half of the Medicaid respondents (49.0%) indicated that they did not call their eligibility worker, and 46.50% of CHIP respondents indicated the same.

Both Medicaid and CHIP enrollees depend on the programs for health care. Their coverage is very important and during the renewal process, it can be interrupted. The respondents were asked if coverage was interrupted for any period during the renewal process. Twenty-seven percent of Medicaid respondents indicated their coverage was interrupted during the process, and 41.80% of CHIP



respondents indicated their coverage was interrupted. This can be seen in Graph 17.

Of those who did begin the renewal process, 86.20% of the Medicaid respondents and 84.30% of CHIP respondents indicated their coverage was renewed. Seven percent of the CHIP respondents indicated they had switched to Medicaid. For those who did have their coverage terminated, the survey asked if all of their questions about the termination were answered. Eighty percent of the Medicaid respondents indicated their questions were answered and 81.0% of the CHIP respondents indicate the same. This can be seen in Graph 18.



Costs

The following section only applied to those respondents with CHIP; Medicaid respondents were not included. The questions in this section are about the costs required to participate in CHIP, such as premiums, copays, and late fees. These can be seen in Table 2.

Table 2. Percentage of respondents indicating whether payments were “not a problem”, a “small problem” or a “big problem”.

	Not a Problem	Small Problem	Big Problem
How much of a problem was it to pay the premium?	51.60%	30.20%	18.10%
How much of a problem was it to pay the premium plate fee?	64.30%	22.40%	13.20%
How much of a problem was it to pay the co-pays or deductibles?	60.50%	31.50%	8.10%
How much of a problem was it to pay the co-pays for specialty care?	55.30%	32.70%	12.0%
How much of a problem was it to pay emergency room deductible?	43.80%	41.70%	14.60%

It should be noted that in most categories for costs, almost 50.00% of the respondents indicated that they had at least a “small problem” paying for CHIP services.

Seventy-four percent of the CHIP respondents indicated that they had to pay a premium for their child’s coverage. Of these respondents, 40.50% utilized the online system to make their payments, while 37.20% sent in their payments by mail, and the rest paid by telephone. One quarter of the CHIP respondents indicated their case had closed for failure to pay their CHIP premium and resulted in having to pay a premium late fee in order to have their case reopened.

When CHIP respondents were asked whether they had to pay a co-pay or deductible, 82.30% indicated they did. Eighty-percent of the CHIP respondents also indicated that the expense of co-pays and deductibles were not a reason to “not” seek care. However, 45.30% of CHIP respondents indicated “not enough money” was a reason care was not sought in the past.

More than half (55.70%) of CHIP respondents indicated that they had sought urgent or specialty care. Of those seeking urgent care, 69.50% had to pay a co-pay. Forty-seven percent of the CHIP respondents also indicated they have taken their children to the emergency room.

The survey asked several questions about spending less on basic needs to pay for healthcare. A third of the CHIP respondents indicated they spent less on basic needs to pay for CHIP costs and late fees. Twenty percent of the CHIP respondents indicated that they had a family member or friend help pay some of the costs. Lastly, 13.10% of the CHIP respondents had a faith-based organization, or other association help pay the costs.

Closure Survey

Survey Summary

Five hundred and fifty surveys were mailed to those who had their CHIP cases closed. The purpose of the survey was to investigate the closure process, including how long the process takes, and how difficult the process is. The response rate for this survey was the lowest, only 28.00% of the CHIP enrollees who received a survey sent in a response. Spanish surveys were sent to 100 additional enrollees who had indicated on their Medicaid or CHIP records that they prefer to receive materials

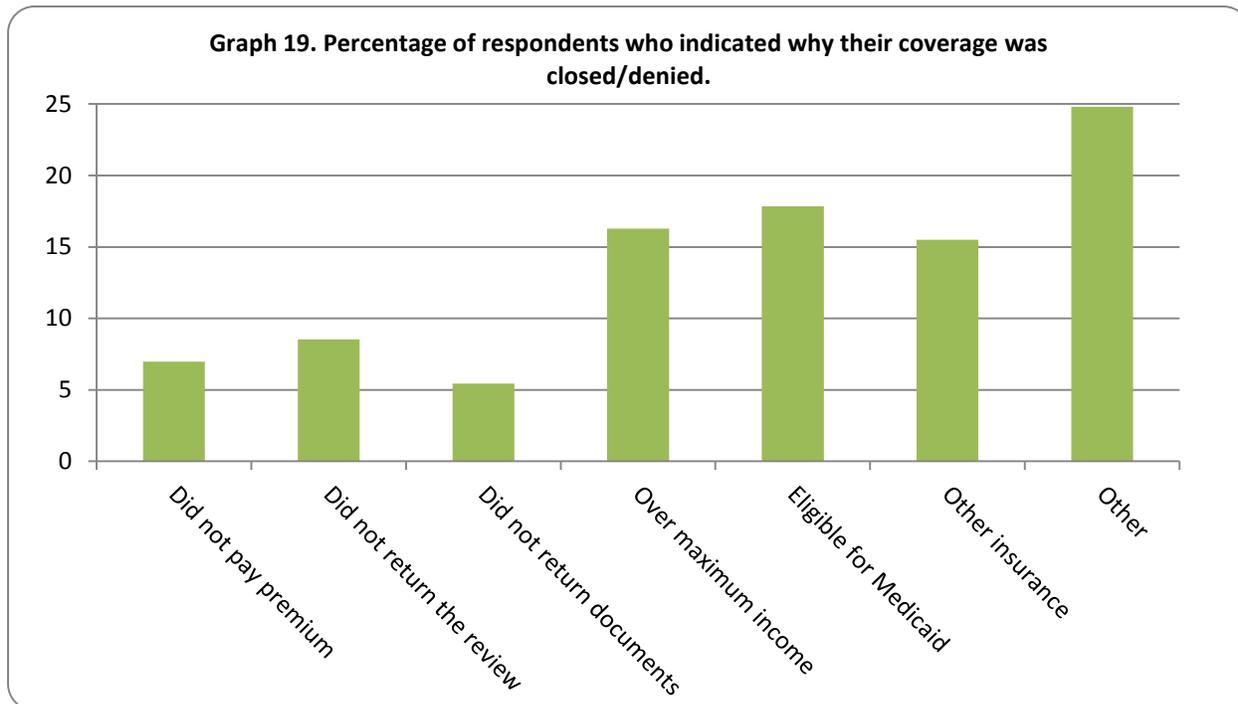
in Spanish. There were very few differences between Spanish speaking respondents and English speaking respondents.

Findings

Closure Process

The first set of questions the survey asks about is the closure process. The questions were regarding various processes that take place, such as how the closures occurred and whether there were any problems.

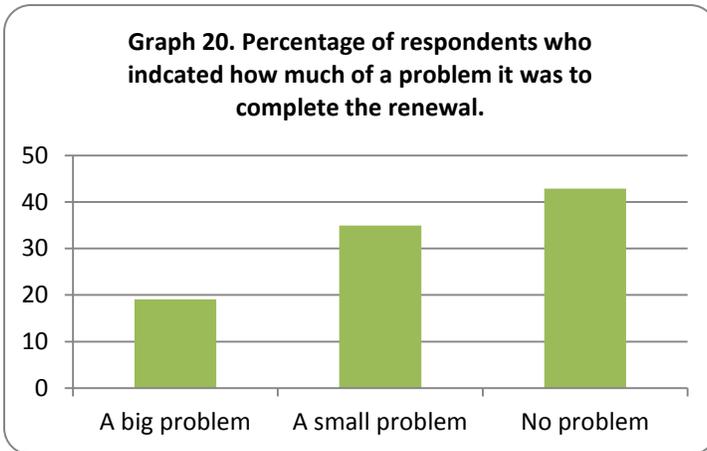
The first question asked the respondents to indicate why their CHIP coverage was closed or denied.



The most common answer, besides “other,” was being eligible for Medicaid, 17.80% of the respondents chose this answer. Other answers can be found in Graph 19.

In many instances CHIP cases must be reviewed, respondents were asked about their experiences with the review process. 42.20% of the respondents indicated they had to have their cases reviewed.

Of these respondents, 42.90% had “no problem” completing the review, while 57.10% had at least a “small problem.” This can be seen in Graph 20.



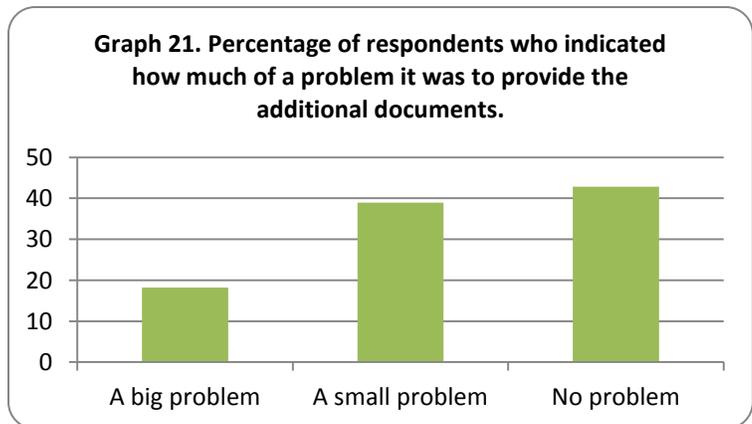
The respondents had various reasons for their case being closed at renewal, “other” being the most popular (55.30%); however “enrolled in other insurance” was the second most common reason (15.80%).

48.90% of the respondents indicated they had to provide additional documents. Of these respondents, 42.90% believed

providing additional documents was “no problem”; while 57.10% of the respondents indicated they had at least a “small problem” providing

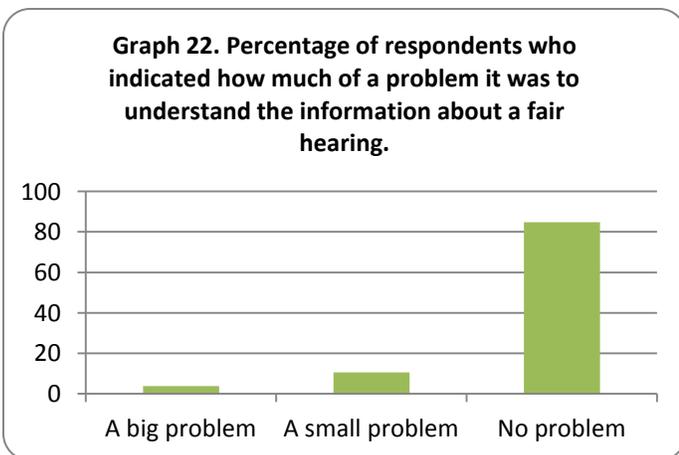
the additional documents. This can be seen in Graph 21. The majority of the respondents indicated they had supplied the additional documents (86.10%).

When asked if the respondents had followed up with DWS about the additional documents, 72.80% indicated



they had. While most of the respondents indicated they had supplied the additional documents, the most common answer for not supplying the additional documents was “unable to gather them all”

(29.60%).



When cases are closed in CHIP, notices are sent out to the enrollees. 80.40% of the respondents indicated they had received a notice of closure or denial. 75.70% of the respondents also indicated they received information about their rights to a fair hearing. Of those respondents that received the information, 84.80% indicated

that understanding the information was not a problem. This can be seen in Graph 22. All of the respondents that received information about their rights to a fair hearing indicated they did not file for a hearing. Very few respondents answered any other questions regarding the fair hearings, making the responses unreliable.

Respondents were then asked about the approval/denial decisions. 70.40% of the respondents agreed with the agency’s decision. Finally, the respondents were asked if the child named on the survey had some other form of health insurance. 41.30% indicated they had some other form of health insurance.

Costs

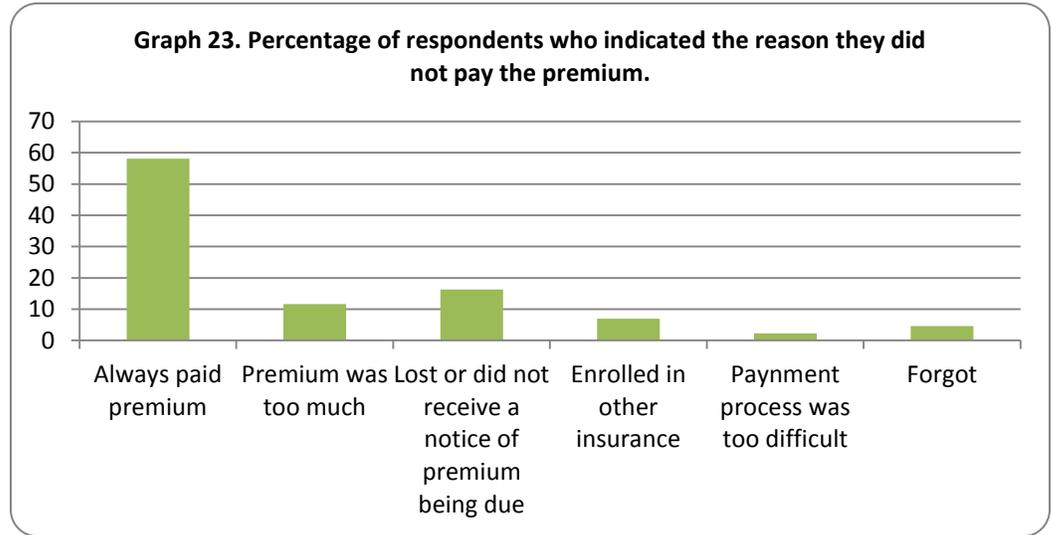
The questions in this section were all about the costs required to participate in CHIP, such as premiums, copays, and late fees. This can be seen in Table 3.

Table 3. Percentage of respondents indicating payments were “not a problem”, a “small problem” or a “big problem”.

	Not a Problem	Small Problem	Big Problem
How much of a Problem was it to pay the Premium?	73.10%	17.30%	9.60%
How much of a Problem was it to pay the Premium Late Fee?	53.10%	34.40%	12.50%
How much of a Problem was it to pay the Co-Pays or Deductibles?	69.70%	22.20%	8.10%
How much of a Problem was it to pay the Co-Pays for Specialty Care?	59.60%	29.80%	10.60%
How much of a Problem was it to pay Emergency Room Deductible?	63.80%	21.30%	14.90%

Respondents were asked to provide a reason why they did not pay their premium; the majority indicated they had

paid their premiums (57.60%). Of those that did not pay, the most common reason provided was “did not receive notice/lost notice (38.90%). This can



14.90% of the

respondents indicated they had to pay a Premium Late Fee.

When asked whether respondents had to pay a co-pay or deductible, 66.90% indicated they did have to pay a co-pay or deductible. 88.80% of the respondents also indicated that the expense of co-pays and deductibles were not a reason to “not” seek care. However, 57.70% of CHIP respondents indicate “not enough money” was a reason care was not sought for in the past.

When asked if the respondents had taken their child to seek urgent or specialty care, 41.20% responded they had. Of those seeking urgent care, 60.70% had to pay a co-pay. 34.60% of the respondents also indicated they have taken their children to the emergency room.

The survey asked several questions about spending less on basic needs to pay for healthcare. 25.90% of the respondents indicated they spent less on basic needs to pay for costs and late fees. 8.00% of the respondents indicated that they had a family member or friend help pay some of the costs. Lastly, 3.60% of the respondents had a faith-based organization, or other association help pay the costs.

Summary

This report described the results of a survey conducted with Medicaid and CHIP enrollees in the Spring of 2012. The goal of the survey was to examine any problems that the applicants had with the process of applying, renewing, or closing their Medicaid or CHIP enrolment. Problems with either the application process or with costs can prevent Utahns from accessing vital healthcare services.

Application/Renewal/Closure Process

The survey revealed no significant problems encountered by any group of enrollees during the application, renewal, or closure process. Typically more than 75% of the enrollees indicated they had “no problems” understanding the materials that they needed to complete the process. Even for those who had to provide additional documentation beyond the initial forms, indicated “small” or “no” problems doing so. Timeliness was not found to be a problem with the vast majority of applicants completing the entire process between 1 week to 30 days. Finally, application respondents overwhelmingly reported that they were “usually” or “always” treated with courtesy and respect by the DWS staff.