
HEALTHCARE IS A HUMAN RIGHT: EXAMINING BARRIERS TO MEDICAID ACCESS

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ABSTRACT

Keywords: Medicaid; Medicaid access; Medicaid expansion; barriers to Medicaid; healthcare access; racial equity; gender equity.

The Medicaid system provides government-funded health insurance to more than 70 million low-income Americans.¹ However, many still struggle to access Medicaid and obtain health insurance, with nearly 11 percent of Americans remaining uninsured in 2019.² Existing literature suggests that administrative burdens, service barriers, socioeconomic and language constraints, and stigma surrounding welfare are common obstacles to applying, and that those barriers are exacerbated by the COVID-19 pandemic. However, limited research exists on the lived experiences of applicants interacting with these barriers to Medicaid access. Thus, this study sought to fill this gap through: A) collecting narratives from applicants navigating barriers and B) determining the most common barriers to accessing Medicaid in seven regions: Alaska, Arkansas, Delaware, New Hampshire, Texas, West Virginia, and Washington D.C. In consultation with the Center for Popular Democracy (CPD) and its affiliate organizations, the team designed a survey that was distributed by the respective affiliate organization in each region. In addition to survey data, the study collected written, video, and audio responses to capture lived experiences of applicants. The research team then analyzed the data and identified key patterns that CPD will use to work with state Medicaid agencies on best practices and to inform future advocacy efforts. Data showed that respondents faced numerous service barriers interfacing with Medicaid system infrastructure, especially phone and customer-service-related challenges. Respondents also reported feeling burdened by the time-consuming process and complicated application and renewal requirements.

¹ Medicaid, "November 2020 Medicaid & CHIP Enrollment Data Highlights."

² Tolbert et al, "Key Facts about the Uninsured Population."

EXECUTIVE SUMMARY

Medicaid provides health insurance to more than 70 million Americans, but many who are eligible still face challenges applying to the program.³ This study sought to identify the most common barriers to applying for Medicaid and gather personal narratives of those seeking Medicaid in seven regions: Alaska, Arkansas, Delaware, New Hampshire, Texas, Washington D.C., and West Virginia. Limited research exists on lived experiences of applicants interfacing with barriers to Medicaid access, and therefore this study contributes to this research gap through highlighting these stories.

Based on a review of the literature, the research team identified and organized common barriers into five categories:

- **Service barriers:** Difficulties interfacing with Medicaid system infrastructure, such as malfunctioning website or clogged phone lines.
- **Administrative barriers:** Cumbersome paperwork demands, strict deadlines, and difficulty understanding eligibility, application, and renewal requirements.
- **Socioeconomic and language barriers:** Structural and social forces that impact an individual's ability to apply for Medicaid, such as lack of internet access, structural racism

and sexism, time demands, and language barriers.

- **Welfare stigma:** The internal shame and/or external stereotypes and mistreatment associated with being enrolled in a government benefits program.
- **Legal barriers:** Federal and state law determining an individual's eligibility for Medicaid.

The focus of this study was to examine barriers experienced by applicants who are already eligible for Medicaid, i.e. the first four barrier categories. Legal barriers, such as income and employment requirements, were outside of the focus of this study, but some data was still collected in these categories.

³ Medicaid, "November 2020 Medicaid & CHIP Enrollment Data Highlights."

Methodology

The Columbia research team developed a survey tool that was distributed by organizers in CPD affiliate organizations in each focus region. The survey targeted anyone who had tried applying for Medicaid since January 2017 and included space for open-ended written responses, audio and video responses, and pre-listed selections. After affiliates collected the data, the research team conducted analysis.

Findings and Analysis

The survey received responses from 286 participants. Over 70 percent of respondents faced at least one challenge during the application process.

Overall, respondents experienced abundant service barriers, the most common of which were (in order of prevalence):

- Phone-related challenges, including long wait times and unanswered calls;
- Unhelpful phone and office representatives and inadequate customer service;
- Difficulty navigating websites;
- Not having access to nearby offices.

In addition to service barriers, written responses in particular revealed that respondents found the application process to be time-consuming and confusing due to complicated requirements and a lack of adequate information. These barriers combined to foster fatigue and frustration with the application process.

Respondents in the case study regions faced most of the above challenges, but also revealed some unique insights:

Alaska: Many Alaskans reported that there was no office nearby or the office was closed when they went. Others commonly did not have transportation to get to the office or lacked a permanent address.

Arkansas: Arkansans were most likely among all regions to report not knowing whether or not they were successfully enrolled in Medicaid because they did not know the status of their application.

Delaware: Delaware reported the highest percentage of respondents without a permanent address. In addition, many did not have transportation to get to the office.

New Hampshire: New Hampshire had the highest enrollment rate among all regions, but also the highest rate of applicants who tried to apply but did not submit their application.

Texas: Texans faced the highest rejection rate among respondents. Eligibility and legal concerns were common, with Texas respondents reporting income changes as their most common barrier. Texas also had the lowest successful enrollment rate, and many respondents did not have transportation to get to the office.

Washington, D.C.: After New Hampshire, D.C. had the second highest enrollment rate. However,

written responses highlighted poor customer service and stigmatizing treatment.

West Virginia: West Virginia had the second highest rejection rate after Texas.

Across all regions, barriers combined to create frustrating, burdensome, fatiguing, and discouraging Medicaid application processes for respondents.

Improving Medicaid access for those eligible should involve expanding service infrastructure, streamlining the application process, and thoroughly informing applicants of every step of the process.

INTRODUCTION

This report investigates barriers to Medicaid access, with a focus on the Medicaid application and renewal processes. The following research question informed the development of the survey tool:

What common extrajudicial barriers do people experience when applying to Medicaid and maintaining coverage in the following regions: Alaska, Arkansas, Delaware, New Hampshire, Texas, West Virginia, and Washington D.C.? What factors, including gender and race, influence these experiences?

This report begins with a background on the state of Medicaid, with an emphasis on policy changes since the passage of the Affordable Care Act and the impact of the COVID-19 pandemic. A summary of existing literature on barriers to accessing Medicaid follows, and the capstone team classifies each barrier into five categories: administrative barriers, socioeconomic and language barriers, service barriers, stigma, and legal barriers. The literature review reveals a gap in research grounded in first-hand accounts from Medicaid applicants and beneficiaries. Next, the report details the development of the survey tool and data collection methods and presents findings. The data show that Medicaid applicants most commonly experienced service barriers, including phone-related challenges, unhelpful customer service, and difficult-to-navigate websites. Further, many respondents did not understand the application or renewal process, and many reported not having enough time to complete the process. These findings will inform recommendations to state Medicaid agencies and support related future advocacy efforts by CPD and its affiliates.

BACKGROUND

Medicaid: An Overview

Medicaid is a means-tested government program that covers the cost of health insurance for qualifying individuals.⁴ It was authorized as part of the Social Security Act in 1965.⁵ Medicaid is administered by the states, according to federal requirements. Nearly 20 percent of the U.S. population receives health coverage from Medicaid.⁶

This study focused only on Medicaid, and not Medicare, the related program that provides coverage to all seniors above the age of 65, nor the Children’s Health Insurance Program (CHIP), which covers children in families earning above the Medicaid income level.⁷

Eligibility

Both the federal government and state governments establish qualifying criteria for Medicaid eligibility. States are required to comply with broad federal guidelines that include providing Medicaid for children in families with income below 138 percent of the federal poverty line (FPL) – \$30,304 for a family of three in 2021⁸ – pregnant people with income below 138 percent of FPL, certain caretakers or parents with very low income, and most seniors and

people with disabilities who receive Supplemental Security Income.⁹ States may determine additional eligibility criteria beyond the federal guidelines, which has resulted in vastly different outcomes for residents in different states.¹⁰

Additionally, many legally authorized immigrants are ineligible for Medicaid. Refugees and asylum seekers qualify for Medicaid, while legal permanent residents must wait five years before

⁴ Center for Medicaid Services, “Program History.”

⁵ Ibid.

⁶ Kaiser Family Foundation, “Health Insurance Coverage of the Total Population.”

⁷ Center for Medicaid Services, “Program History.”

⁸ U.S. Department of Health and Human Services, “Poverty Guidelines.”

⁹ Center on Budget and Policy Priorities, “Policy Basics: Introduction to Medicaid.”

¹⁰ Ibid.

becoming eligible.¹¹ States may elect to remove this 5-year waiting period for minor and pregnant legal permanent residents.¹² Some legally authorized immigrants, such as those with temporary protected status, are ineligible to enroll in Medicaid regardless of time spent in the United States.¹³

Funding

States and the federal government share funding responsibility for the Medicaid program. The federal government matches at least every dollar of the amount states spend on Medicaid, with no preset cap or limit.¹⁴ The portion of total spending that is paid for by the federal government varies depending on the per-capita income of each state, with the federal government paying for a larger portion of Medicaid spending for states with lower per-capita income

than those with higher per-capita income.¹⁵ Therefore, the share of a state's spending on Medicaid that is paid for by the federal government is at least 50 percent of the total cost of Medicaid and has reached as high as 77 percent in 2020.¹⁶ The federal government largely pays for the states' additional Medicaid spending resulting from eligibility expansion under the Affordable Care Act.¹⁷

Application and Enrollment

Qualifying individuals can sign up for Medicaid online, by mail, in-person at an office, or over the phone. Applicants typically need to submit documentation such as personal identification, proof of residence, income, and citizenship or immigration status. Many states also require renewal or re-enrollment after set periods of time to maintain Medicaid enrollment.

Nationally, Medicaid serves approximately 72 million individuals.¹⁸ Twenty percent of nonelderly Medicaid beneficiaries are Black non-Hispanic, 29 percent are Latino, 41 percent are white non-Hispanic, 4 percent are Asian/Native Hawaiian and Pacific

¹¹ Kaiser Family Foundation, "Health Coverage of Immigrants."

¹² Brooks et al, "Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey."

¹³ Kaiser Family Foundation, "Health Coverage of Immigrants."

¹⁴ Rudowitz et al, "Medicaid Financing: The Basics."

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Center for Medicaid Services. "November 2020 Medicaid & CHIP Enrollment Data Highlights | Medicaid."

Islander, 4 percent are Multiple races, and 1 percent is American Indian/Alaska Native.¹⁹ In comparison, 13 percent of the overall U.S. population is Black non-Hispanic, 18 percent is Latino, and 60 percent is white non-Hispanic, 6 percent are Asian/Native Hawaiian and Pacific Islander, 2 percent are Multiple races, and 1 percent is American Indian/Alaska Native.²⁰

Women are slightly overrepresented in Medicaid enrollment compared to the general population, comprising 58 percent of Medicaid enrollees in the nation, compared to 50 percent of the general population, with disparities even higher in some states.²¹ In 2018, 31 percent of Black women and 27 percent of Latina women ages 15 to 44 were enrolled in Medicaid, compared to 16 percent of white women.²² There is a lack of robust population data on trans and nonbinary people because the Census does not collect that data.²³ A 2016 study estimates that at least .5 percent of Americans identify as transgender or gender-nonconforming, which is about 2 million people.²⁴

Nationwide, 10.9 percent of all Americans are uninsured.²⁵ American Indian and Alaska Natives have the highest uninsured rate at 21.7 percent, followed by 20.0 percent of Hispanics, 12.7 percent of Native Hawaiians and Other Pacific Islander people, 11.4 percent of Black people, 7.8 percent of white non-Hispanic people, and 7.2 percent of Asian people are uninsured in the United States.²⁶

Impact of the Affordable Care Act

The Patient Protection and Affordable Care Act (ACA), signed into law in 2010, both expanded Medicaid eligibility and increased enrollment. The ACA originally required all states to expand their Medicaid eligibility for all legal residents and citizens up to 138

¹⁹ Kaiser Family Foundation. "Distribution of Nonelderly Adults with Medicaid by Race/Ethnicity."

²⁰ U.S. Census Bureau, "QuickFacts: United States."

²¹ Kaiser Family Foundation, "Distribution of Nonelderly Adults with Medicaid by Sex."

²² Guttmacher Institute, "Medicaid Coverage of Abortion."

²³ Schmid, "The 2020 Census Is Underway But Nonbinary And Gender-Nonconforming Respondents Feel Counted Out."

²⁴ Ibid.

²⁵ Tolbert et al. "Key Facts about the Uninsured Population."

²⁶ Ibid.

percent FPL.²⁷ This meant that all low-income adults – not only those who are pregnant, caring for children, elderly, or have a disability – would be eligible for Medicaid. Between 2013 and 2016, more than 15 million individuals newly enrolled in Medicaid and CHIP.²⁸

The ACA also held that states that failed to expand would lose federal funding for Medicaid. However, this provision of the law was rescinded in 2012, when the Supreme Court ruled that the proposed penalty for states failing to expand was excessively coercive and unconstitutional.²⁹ As a result, Medicaid expansion became optional. By the beginning of 2014, nearly half of the states declined to expand their Medicaid programs.³⁰ By January 2021, that number had dropped to twelve.³¹ Non-expansion of Medicaid has been particularly harmful to Black Americans. Non-expansion states have higher Black populations, and Black people are amongst the most likely to be uninsured compared to other populations.³² If the remaining twelve states expanded eligibility to all low-income adults as originally established under the ACA, more than 4.3 million people would become eligible for Medicaid.³³

Medicaid Under the Trump Administration

In November 2017, the Trump administration announced that it would approve proposals from states to require work or community engagement from Medicaid beneficiaries³⁴ for the first time in Medicaid's history.³⁵ Nineteen states submitted proposals to implement work requirements.³⁶

²⁷ Kominski et al, "The Affordable Care Act's Impacts on Access to Insurance and Health Care for Low-Income Populations." pp. 489–505

²⁸ Ibid.

²⁹ Ibid.

³⁰ Levy et al, "What's Left of the Affordable Care Act? A Progress Report." pp. 42–66.

³¹ Damico, "The Coverage Gap: Uninsured Poor Adults in States That Do Not Expand Medicaid."

³² Nole et al, "How Foundational Moments In Medicaid's History Reinforced Rather Than Eliminated Racial Health Disparities."

³³ Damico, "The Coverage Gap: Uninsured Poor Adults in States That Do Not Expand Medicaid."

³⁴ Pear, "Trump Administration Will Support Work Requirements for Medicaid."

³⁵ Goldstein, Amy, "The Trump Administration opens door to states imposing work requirements."

³⁶ Kaiser Family Foundation, "Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State."

According to the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicaid, work requirements may promote better health and help beneficiaries escape poverty.³⁷ Critics dispute these claims and warn that work requirements could lead to wide disenrollment from Medicaid.³⁸ Work requirements have been implemented in other social welfare programs, and studies of the effects of those requirements show only modest, short-term increases in employment with no increases in income.³⁹ Most Medicaid beneficiaries already satisfy work requirements – in 2018, about 60 percent of Medicaid beneficiaries were employed, and of those who were unemployed, about 80 percent were disabled, ill, caring for family members, or in school.⁴⁰

Arkansas became the first state to implement work requirements in June 2018.⁴¹ Under its policy, Medicaid beneficiaries 30 to 49 years old were required to work 80 hours per month, participate in another qualifying community engagement activity such as job training or community service, or meet criteria for an exemption such as pregnancy or disability.⁴² Beneficiaries that failed to comply for three months or who did not submit monthly online reports would be disenrolled from Medicaid.⁴³ Nearly 17,000 adults were disenrolled from Medicaid between October and December 2018, representing a 12 percent reduction in Medicaid enrollment in the state.⁴⁴ This loss of Medicaid coverage was accompanied by an increase in the percentage of uninsured adults, suggesting that those removed from Medicaid did not obtain other coverage.⁴⁵ Research into the Arkansas case found no significant change in employment or in overall rates of community engagements activities.⁴⁶ The same study also found that work requirements substantially exacerbated administrative hurdles to maintaining coverage.⁴⁷

³⁷ Center for Medicare and Medicaid Services, “CMS Announces New Policy Guidance for States to Test Community Engagement for Able-Bodied Adults.”

³⁸ Sanger-Katz, . “Can requiring people to work make them healthier?”; Katch et al, “Medicaid work requirements will reduce low-income families’ access to care and worsen health outcomes.”

³⁹ Sommers et al, “Medicaid Work Requirements – Results from the First Year in Arkansas.”

⁴⁰ Levy et al, “What’s Left of the Affordable Care Act? A Progress Report.” pp. 42–66.

⁴¹ Sommers et al, “Medicaid Work Requirements – Results from the First Year in Arkansas.”

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Ibid.

Work requirements in Arkansas were in effect for ten months before reversal by a federal judge who ruled them illegal.⁴⁸ New Hampshire also implemented work requirements in 2019, but the state suspended the policy one month before coverage losses were to go into effect.⁴⁹ Despite outreach efforts, the state had failed to notify 40 percent of the population that would be subject to work requirements about the new policy.⁵⁰ None of the other regions included in this study passed work requirements for Medicaid.⁵¹ In February 2021, CMS under the Biden administration sent notices to states with approved work requirements that CMS had “preliminarily determined” that work requirements do not promote Medicaid program objectives.⁵²

The Trump administration also expanded the “public charge rule” that can be used to deny legal permanent residency or visa status to immigrants that the government determines likely to be financially dependent on government assistance.⁵³ The Trump administration expanded this rule to include previously excluded programs like Medicaid in its public charge determination.⁵⁴ This rule has exacerbated stigma for noncitizen Medicaid beneficiaries and may cause immigrants to hesitate to apply for Medicaid out of fear that doing so could impact their ability to remain in the United States.⁵⁵ The Biden administration formally rescinded the Trump administration’s expanded application of the public charge rule in March 2021.⁵⁶

⁴⁸ Wagner et al, “States’ Experiences Confirm Harmful Effects of Medicaid Work Requirements.”

⁴⁹ Schubel, “NH Medicaid Work Requirement Suspension Confirms: Policy Can’t Be Fixed.”

⁵⁰ Ibid.

⁵¹ Kaiser Family Foundation, “Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State.”

⁵² Ibid.

⁵³ Kaiser Family Foundation, “Changes to “Public Charge” Inadmissibility Rule: Implications for Health and Health Coverage.”

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Swanson, “Biden Rescinds Trump’s ‘Public Charge’ Rule.”

Impact of the COVID-19 Pandemic

Medicaid enrollment has steadily increased since the start of the COVID-19 pandemic.⁵⁷ From February 2020 to November 2020 enrollment grew in every state, for a total increase of 7.6 million enrollees or 11.8 percent growth.⁵⁸ Because states cannot take on debt in the same way that the federal government can, many Medicaid programs expect upcoming budget shortfalls.⁵⁹

Enrollment increases reflect economic downturn and changes made by states to eligibility and enrollment requirements under the Families First Coronavirus Response Act (FFCRA),⁶⁰ which is tied to the Public Health Emergency period announced by Health and Human Services on January 31, 2020.⁶¹ The emergency declaration gave states, tribal, and local health authorities flexibility to loosen Medicaid application and enrollment procedures, making it easier for individuals to qualify for Medicaid and to access coverage.⁶² In order to qualify for enhanced federal Medicaid matching funds under the FFCRA, states cannot make Medicaid eligibility and enrollment more restrictive than policies put in place in January 2020 and must ensure continuous coverage for those enrolled as of March 18, 2020.⁶³

Many states have taken advantage of FFCRA provisions to ease Medicaid enrollment requirements and procedures. For instance, some states have expanded presumptive enrollment, which allows hospitals, clinics, and other entities to screen individuals for Medicaid eligibility and to temporarily enroll those who appear eligible.⁶⁴ Some states have also introduced self-attestation for most non-financial eligibility paperwork – a policy meant to minimize paperwork, which can be particularly challenging during the

⁵⁷ Corallo et al, "Analysis of Recent National Trends in Medicaid and CHIP Enrollment."

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Lowey, Text - H.R.6201 - 116th Congress (2019-2020): Families First Coronavirus Response Act.

⁶¹ U.S. Department of Health and Human Services, "Secretary Azar Declares Public Health Emergency for United States for 2019 Novel Coronavirus."

⁶² Schubel et al, "State Medicaid Changes Can Improve Access to Coverage and Care During and After COVID-19 Crisis."

⁶³ Corallo et.al, "Analysis of Recent National Trends in Medicaid and CHIP Enrollment."

⁶⁴ Schubel et al, "State Medicaid Changes Can Improve Access to Coverage and Care During and After COVID-19 Crisis."

pandemic.⁶⁵ And some states have introduced post-enrollment verification that allows states to quickly enroll individuals in coverage and request verification documents after enrollment.⁶⁶ However, not all states are taking advantage of all available provisions. Furthermore, budget cuts and hiring freezes to human services agencies have led to fewer staff and a lack of technological improvements to meet increased Medicaid demand.⁶⁷

State Medicaid Changes in Response to COVID-19 ⁶⁸								
STATE	Making It Easier to Qualify for Coverage				Making It Easier to Enroll In Coverage			
	Covering Testing for Uninsured	Temporarily Covering Out-of-State & Non-State Residents	Extending Reasonable Opportunity Period	Using Less Restrictive Eligibility Criteria	Expanding Presumptive Enrollment	Allowing Self-Attestation	Conducting Post-Enrollment Verification	Increasing Reasonable Compatibility Standard Threshold
Alaska								
Arkansas								
Delaware								
New Hampshire								
Texas								
West Virginia								
D.C.								

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 clarified changes to FFCRA Medicaid provisions to ensure that states received the federal Medicaid matching rate increase and that uninsured individuals received free COVID-19 testing.⁶⁹ The CARES Act also made additional adjustments including delaying cuts to federal funding to qualifying hospitals that serve large uninsured and Medicaid populations.⁷⁰

Additionally, the American Rescue Plan Act of 2021 included temporary financial incentives to adopt ACA Medicaid expansion for the twelve states that have not adopted the expansion, as well as for Missouri and Oklahoma that have adopted but not yet implemented Medicaid expansion.⁷¹

⁶⁹ McGuire Woods, "CARES Act Refines Medicaid Changes From the Families First Coronavirus Response Act."

⁷⁰ Center for Medicaid Services, "Medicaid Disproportionate Share Hospital (DSH) Payments."

⁷¹ Musumeci, "Medicaid Provisions in the American Rescue Plan Act."

LITERATURE REVIEW: COMMON BARRIERS TO MEDICAID ACCESS

Drawing on a variety of sources including think tanks, academic journals, government reports, news articles, and crowdsourced websites, the team categorized barriers into five groups: administrative barriers; socioeconomic and language barriers; service barriers; welfare stigma; and legal barriers. The capstone team acknowledges that these are imperfect categories and that many barriers are situated in more than category. The purpose of these categories is to more readily identify and explain how and where Medicaid applicants experience barriers.

SERVICE BARRIERS

Barriers in this category include difficulties encountered while interfacing with Medicaid system infrastructure. CPD affiliates reported anecdotes from members that Medicaid applicants were struggling with barriers including clogged websites and no one answering the phone. The capstone team found limited published research on service barriers, but found ample evidence of these kinds of barriers on crowdsourced internet sites.

The Medicaid subreddit, for example, documented online system malfunctions,⁷² waiting months to hear back regarding application and enrollment statuses,⁷³ administrative errors, such as wrongly inputted address information resulting in lost applications⁷⁴ and delays receiving Medicaid cards,⁷⁵ unhelpful phone representatives,⁷⁶ and contradictory information about application procedures on Medicaid websites and

⁷² Reddit. "R/Medicaid - Can There Be a Mistake in Medicaid Eligibility?"

⁷³ Reddit. "R/Medicaid - Maryland Medicaid application still pending enrollment for two months"

⁷⁴ Reddit. "R/Medicaid - Jumping through hoops while applying for Medicaid in Arizona"

⁷⁵ Reddit. "R/Medicaid - [Virginia] Help Needed for Advice , Wrongly sent the Renewal 18 page questionnaire. Please Read the Entire post. It's very complicated situation , and it's all their Fault."

⁷⁶ Reddit. "R/Medicaid - NY Medicaid under COVID"

from representatives.⁷⁷ Additionally, other nationwide barriers in this category are high call abandon rates and inadequate staff support to assist applicants, including sparse or nonexistent communication between applicants and Medicaid representatives during the application and renewal processes.⁷⁸

In Arkansas, for instance, applicants reported encountering online system malfunctions while trying to apply online, which necessitated applying with paper applications or over the phone.⁷⁹ Applicants reported these processes to be tedious, and experienced long wait times on the phone and uncertainties about the process itself and their application, often waiting weeks or months not knowing their application status.⁸⁰

ADMINISTRATIVE BARRIERS

Common nationwide barriers in this category include **cumbersome paperwork demands** and administrative requirements with **stringent deadlines** and **no grace periods** to maintain eligibility.⁸¹ Although verification processes vary nationwide, applicants generally endure lengthy processes to gather required documents and undergo verification processes that require applicants to verify income and other information with supporting documents.⁸² In Texas, Medicaid applicants must have proof of citizenship or immigration status, a social security number, three years of tax returns, and pay stubs for precisely the past 30 days.⁸³ Additionally, applicants must verify their identity with other financial documentation, which presents challenges for many low-income people, refugees, immigrants, and those formerly incarcerated.⁸⁴ Beneficiaries are also required to continually update their Medicaid application with any

⁷⁷ Reddit. "R/Medicaid - Conflicting information about household size Medicaid Eligibility. Got approved for Medicaid but I think they made a mistake."

⁷⁸ Reddit. "R/Medicaid - GA Medicaid question."

⁷⁹ Bachelder et al, "Voices of the Newly Insured: The Experiences of Arkansans in the First Roll Out of the Affordable Care Act."

⁸⁰ Ibid.

⁸¹ Friedman, "The Hurdles and Barriers to Medicaid Coverage."

⁸² Stuber et al, "Barriers to Medicaid Enrollment: Who is at Risk?."

⁸³ Stephans, Stephanie. "Texas Medicaid and CHIP in Perspective - Texas Health and Services Commission 2020." Thirteenth Edition, n.d.

⁸⁴ Ibid.

changes, provide proof of those changes, and then to reapply every 12 months or otherwise risk losing coverage.⁸⁵ Renewals have historically been associated with drops in enrollment, even among eligible individuals.⁸⁶ For noncitizens, research demonstrates that they face Multiple administrative, logistical, and language barriers to applying to Medicaid.⁸⁷ Complicated eligibility and verification paperwork requirements coupled with language barriers creates particular challenges for immigrants to apply for Medicaid.⁸⁸

Research suggests that **complex renewal procedures** and **periodic eligibility** reviews may contribute to disenrollment in Medicaid and increasing uninsured rates.⁸⁹ Although procedures vary nationwide, individuals may need to obtain and submit particular documentation every six months, take time off from work to apply in person, and wait weeks or months to receive a renewal determination.⁹⁰ Focus groups with beneficiaries in Arkansas reveal that individuals without a permanent address, such as college students or people fluctuating in and out of homelessness, failed to receive mailed notices, even if they had submitted a change of address with the state.⁹¹

Additionally, research shows that applicants lack knowledge about Medicaid application rules. A 2005 study found that more than half of respondents answered application questions incorrectly, were unsure about eligibility requirements, and were uncertain about application procedures.⁹² The same study indicated that about 40 percent of respondents found the application processes to be long and complicated, and about one-third of respondents experienced difficulty obtaining the necessary documents to apply.⁹³ Furthermore, this study suggests that demographic, health, and regional factors are associated with “perceived enrollment barriers”. For example, study respondents who had reported a recent mental health problem were more likely to experience

⁸⁵ Ibid.

⁸⁶ Sanger-Katz, “Hate Paperwork? Medicaid Recipients Will Be Drowning in It.”

⁸⁷ U.S. Department of Health and Human Services, “Immigrant Access to Health and Human Services.”

⁸⁸ Ibid.

⁸⁹ Artiga et al, “Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage.”

⁹⁰ Perry et al, “Medicaid and Children: Overcoming Barriers to Enrollment.”

⁹¹ Musumeci et al, “Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees.”

⁹² Stuber et al. “Barriers to Medicaid Enrollment: Who is at Risk?”

⁹³ Ibid.

barriers, as were respondents with less formal education, and women.⁹⁴ Lastly, respondents living in the south were more likely to report experiencing barriers compared to respondents in the northeast, as were those living in the west compared to respondents in the northeast.⁹⁵

SOCIOECONOMIC AND LANGUAGE BARRIERS

This category includes socioeconomic and language barriers that impact the ability of an individual to apply for and/or maintain Medicaid. Such barriers related to socioeconomic status include **lack of broadband connectivity, low adult literacy rates, lack of computer literacy, and limited English proficiencies**,⁹⁶ and can compromise an individual's ability to navigate application and renewal procedures.⁹⁷

One in three Medicaid adults “never use a computer or the internet,” and four in ten do not use email, which can make applying for and maintaining coverage difficult.⁹⁸ Furthermore, only 56 percent of adults with incomes under \$30,000 have access to broadband in their homes.⁹⁹ In rural areas, nearly one-fourth of the population lacks internet access.¹⁰⁰ States with large rural populations, such as Alaska, West Virginia, Arkansas, and New Hampshire, are among the least broadband connected states in the nation.¹⁰¹ This lack of broadband makes it harder to apply online.

Applying in person may be even more difficult if an individual needs to travel long distances to their county's Medicaid office, which in turn requires time and resources. Most Medicaid offices are not open on weekends, and visiting an office may require an individual to make burdensome and costly accommodations, such as taking time off from work and finding transportation and childcare. A 2005 study found that about one-

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ Ponce et al, “Language Barriers to Health Care Access among Medicare Beneficiaries.” pp. 66–76

⁹⁷ State Health Access Data Assistance Center, “Internet Access Measures the Impact of the Digital Divide and COVID-19.”

⁹⁸ Kaiser Family Foundation, “Medicaid's Role for Women.”

⁹⁹ Anders et al, “Digital divide persists even as lower-income Americans make gains in tech adoption.”

¹⁰⁰ Federal Communications Commission, “Eighth Broadband Progress Report.”

¹⁰¹ Park, “The Cost of Connectivity in West Virginia.”

third of respondents expressed difficulties finding transportation to apply to Medicaid, and about one-quarter of participants agreed that the hours when one could apply at Medicaid offices were inconvenient.¹⁰²

Other common nationwide barriers that impact individuals' ability include a **general large demand on time**. Long wait times on the phone and tedious and lengthy application and renewal procedures require that applicants have sufficient time to navigate the system.¹⁰³ These time demands may be compounded for individuals of lower socioeconomic statuses, as research shows that low income people have less leisure and discretionary time compared to higher income groups, also known as "time poverty"¹⁰⁴ among social researchers. Time poverty is especially prevalent for households with children,¹⁰⁵ and is amplified for single parents,¹⁰⁶ who are disproportionately low-income, Black, and Latina women.¹⁰⁷ Furthermore, Black and Latina single-mothers are more likely to live in poverty compared to their white counterparts.¹⁰⁸

Medicaid offices are required by law to provide language access services,¹⁰⁹ but language barriers can still add an extra impediment to an individual's ability to smoothly navigate the system. A 2002 study found that families with limited English proficiency were more likely to face barriers related to information about the Medicaid program, such as not knowing whether children were eligible or how to apply and enroll in the program.¹¹⁰ Additionally, another 2005 study found that 41 percent of respondents

¹⁰² Stuber et al, "Barriers to Medicaid Enrollment: Who is at Risk?." pp. 292-298

¹⁰³ Collins, "Calling Department of Social Services: Prepare to Wait Three Hours."

¹⁰⁴ Kalenkoski et al, "Time Poverty Thresholds and Rates for the US Population." pp. 129-55

¹⁰⁵ Kalenkoski et al, "Time Poverty Thresholds and Rates for the US Population." pp. 129-55

¹⁰⁶ Albelda, "Time Binds: US Antipoverty Policies, Poverty, and the Well-Being of Single Mothers." pp. 189-214

¹⁰⁷ Livingston, "Facts On Unmarried Parents in the U.S."

¹⁰⁸ McLanahan et al, "Family Structure and the Reproduction of Inequalities." pp. 257-76

¹⁰⁹ Migration Policy Institute, "Frequently Asked Questions on Legal Requirements to Provide Language Access Services,"

¹¹⁰ Feinberg et al, "Language Proficiency and the Enrollment of Medicaid-Eligible Children in Publicly Funded Health Insurance Programs."

experienced difficulty finding translators to assist in the application process.¹¹¹ Research finds that expanding language access services can increase enrollment rates.¹¹²

WELFARE STIGMA

Stigma is attributed to low take-up of welfare programs in general.¹¹³ While stigma is broadly understood as “an attribute which is deeply discrediting” in society.¹¹⁴ In the context of anti-poverty programs, welfare stigma promotes the perception that beneficiaries of programs are inherently lazy and lack the autonomy and work-ethic to be self-sufficient.¹¹⁵ Research has documented both how fear of being labeled with negative stereotypes associated with being a Medicaid beneficiary and fear of being treated poorly while applying for Medicaid have deterred potential enrollees from applying.¹¹⁶

Research also suggests that the politicization of the term **“Obamacare” and Medicaid expansion associated with the program has created un-accepting attitudes toward Medicaid applicants, beneficiaries, and the program itself.**¹¹⁷ Research suggests that lower enrollment of Medicaid in conservative states may be related to higher prevalence of welfare stigma.¹¹⁸ However, research also shows that less stigma is associated with Medicaid compared to other welfare programs, which may be attributed to Medicaid having a programmatic identity distinct from other programs.¹¹⁹

¹¹¹ Stuber et al, “Barriers to Medicaid Enrollment: Who is at Risk?.” pp. 292-298

¹¹² Liou, “Word to the Mother(tongue): Language Access and Medicaid for Limited English Proficient Migrants.”

¹¹³ Moffitt, Robert. “An Economic Model of Welfare Stigma.” *The American Economic Review* 73, no. 5. pp. 1023-035.

¹¹⁴ Goffman, “Reviewed Work: Stigma: Notes on the Management of Spoiled Identity.” *American Journal of Sociology* 70, no. 5. pp. 636.

¹¹⁵ Stuber et al, “Sources of Stigma for Means-Tested Government Programs.” pp. 933-45

¹¹⁶ Stuber et al, “Stigma and Other Determinants of Participation in TANF and Medicaid.” pp. 509–30

¹¹⁷ Allen et al, “The Role of Stigma in Access to Health Care for the Poor.”

¹¹⁸ Sommers, Benjamin D., et al. “Reasons for the Wide Variation in Medicaid Participation Rates Among States Hold Lessons For Coverage Expansion in 2014.” pp. 1073–82

¹¹⁹ Stuber et al, “Sources of Stigma for Means-Tested Government Programs.” pp. 509–30

Many noncitizens are eligible for Medicaid, but stigma created from efforts such as a public charge rule can lead individuals to forego enrollment or disenroll in Medicaid coverage out of fear and uncertainty.¹²⁰ Furthermore, those with limited English proficiency or literacy challenges in English or their native language can face barriers.¹²¹

LEGAL BARRIERS

Both federal and state legislation regarding Medicaid eligibility stand as another major barrier to accessing Medicaid. These legal barriers include **work requirements** and **specific income requirements** that determine an individual's eligibility for Medicaid.

Though CMS is currently in the process of rolling back authorization for Medicaid work requirements, the literature showed ample evidence of work requirements presenting a barrier to Medicaid enrollment and renewal.¹²² Work requirements can cause people to lose coverage if they do not work in the formal labor market, do not work enough hours to comply with the state's requirement, or fail to consistently report their work hours to the state.¹²³ For those who work, failing to report hours could result in the loss of Medicaid coverage, which in turn can lead to deteriorating health and a subsequent loss in employment.¹²⁴ Claiming exemptions to the work requirement can be difficult as many Medicaid beneficiaries already struggle to navigate the bureaucracy of obtaining benefits.¹²⁵ Work requirements are also likely to disproportionately affect Black Americans.¹²⁶ Black Americans are less likely to be engaged in the labor market, often because of discriminatory hiring practices, and are more likely to be employed in low-wage jobs that do not provide benefits like health insurance.¹²⁷

¹²⁰ Kaiser Family Foundation, "Changes to "Public Charge" Inadmissibility Rule: Implications for Health and Health Coverage."

¹²¹ U.S. Department of Health and Human Services, "Immigrant Access to Health and Human Services."

¹²² Ibid.

¹²³ Wagner et al, "States' Experiences Confirm Harmful Effects of Medicaid Work Requirements."

¹²⁴ Ibid.

¹²⁵ Ibid.

¹²⁶ "Racial Health Inequities and Medicaid Work Requirements." Georgetown University Health Policy Institute.

¹²⁷ National Partnership for Women and Families, "Advancing Health Equity: Addressing the Role of Structural Racism."

Takeaways from the Literature Review

The literature review found limited published and peer-reviewed research on the lived experience of Medicaid applicants, specifically how applicants interact with the enrollment process. Therefore, this study collected written, video, and audio responses to capture some of those experiences. These anecdotes contribute to a deeper understanding of the varied and compounding barriers that some Medicaid applicants face. Furthermore, less formal research exists on barriers in the Medicaid application process compared to barriers to accessing healthcare services. This study provides an important look into the obstacles people experience at the first step to accessing government-funded health insurance.

METHODOLOGY:

This study focuses on the burdens faced by the applicant when applying for Medicaid: the administrative barriers, socioeconomic and language barriers, and service barriers as well as the stigma surrounding welfare programs in the United States. This report excludes legal requirements such as income levels or work requirements as a barrier to accessing Medicaid, as such eligibility requirements are outside the control of Medicaid administrators and would require federal and state legislation to change.

Survey Tool

The capstone team decided to design a survey to collect both qualitative and quantitative data about individuals' experiences enrolling in and maintaining Medicaid coverage. The survey tool was standardized such that each CPD affiliate organization would be able to use the tool to collect data in their region. The team tested a variety of survey tools before selecting *Airtable*, a survey and data management tool. The team chose *Airtable* because of its user-friendly interface on computers and smartphones, flexibility in types of questions that can be included (including conditional questions), data organization features, and the ability to collect video and audio recordings.

Survey Design

The final survey included 17 questions and one optional free response using video or voice memo (see appendix A.1). Identifying details, such as names and contact information, have been excluded from this report. The full survey and data protection agreement can be found in the appendix and at the current survey link: bit.ly/MedicaidAccess.

The capstone team developed the survey questions in a collaborative and iterative process with CPD and its affiliates. The team and CPD and its affiliates met to discuss drafts of the survey several times over the course of its development. The survey questions were standardized across regions. The questions were ordered in thematic blocks: general experience of applying

for Medicaid, the Medicaid application process, the renewal process, demographic information and contact information, and an optional free response.

In the general experience block, respondents were asked if they had enrolled since the beginning of 2017 (the scope of the survey), how the respondent applied for Medicaid, and how satisfied the respondent was with the application process on a 7 point Likert scale from completely dissatisfied to completely satisfied.

In both the Medicaid application process and renewal process blocks, respondents were asked both open- and closed-ended questions about what challenges they experienced, if any, during the process. By including both open- and close-ended questions, the team intended to collect both quantitative and qualitative data on the Medicaid application experience. Furthermore, the open-ended responses elicited information about attitudes and experiences otherwise difficult to measure in quantitative or observational techniques.

The capstone team was interested in demographic variables of respondents

that may shed light on how race, gender, and age intersect with Medicaid enrollment. Each demographic question included drop-down options as well as a text box to self-identify. The capstone team used the same drop-down options for race/ethnicity that appear in the U.S. Census.

The capstone team also conducted a five day pilot study to evaluate how a sample of individuals from the survey population would respond to the survey questions. Each affiliate organization distributed the pilot and collected survey responses both from their membership and in some instances from staff, for a total of 29 pilot responses. After reviewing the results of the pilot with CPD and the affiliate organizations, the capstone team made changes to the survey in order to clarify the language of the questions and reordered some of the questions.

Data Collection

CPD and its affiliate organizations were responsible for data collection for the period beginning on February 16th, 2021, and ending March 16th, 2021. The team did not participate in data collection. CPD and its affiliates disseminated the survey in the

following ways: phonebanking, textbanking, social media shares, flyerling, outreach to local businesses including grocery stores and barber shops, and internal and coalition group membership outreach. Some respondents filled out their own survey using a computer or smartphone, in other instances an organizer filled out the survey on the behalf of the respondent while asking the survey questions over the phone.

In 30 days, CPD and its affiliates collected 286 responses, including 33 from Alaska, 33 from Arkansas, 50 from Delaware, 33 from the District of Columbia, 31 from New Hampshire, 54 from Texas, and 22 from West Virginia.

Data Analysis

The survey collected two types of data points. One was the frequency of barriers to access Medicaid in the form of Multiple choice questions and the

other was qualitative data, in the form of written and recorded stories. For Multiple choice questions, the team analyzed the frequency of each barrier and each category of barrier in the survey, and tabulated the percentages of respondents who faced each category of barrier. Then the data was analyzed on the basis of different variables like gender and race. The raw numbers appear to suggest that race and gender play a significant role in differing experiences while trying to access Medicaid, however the capstone team could not prove this correlation through quantitative analysis because the sample sizes were too small. On the qualitative side, the team sorted each story by barrier category and looked for stories that did not fit into the existing categories or that highlighted a barrier not listed in the Multiple choice questions. The stories were edited and condensed for clarity and included in each state report.

Challenges and Limitations

The study had a few limitations. Due to time constraint, the affiliate organizations were only given 30 days to complete data collection. With more time, those organizations could have collected more responses.

The survey was also limited in that it reproduced some of the very variables it sought to identify, namely language barriers and the digital divide. The survey was written in English, though some organizers translated the survey into Spanish over the phone. The

survey was also distributed online, through social media and emails. Those who had difficulty accessing Medicaid due to a lack of internet access likely faced challenges accessing the survey itself.

Another limitation stems from the combination of close-ended and open-ended questions. By including both, the respondents may have been skewed in their free response to include or write specifically about barriers that they had already seen listed in the survey.

The capstone team also included more service related choices than other categories of barriers – 10 of the 30 close ended responses were service related – which resulted in the appearance that respondents faced more service related barriers than any other kind of barrier. The capstone team did this intentionally because CPD reported anecdotally hearing about lots of service challenges, while the capstone team found limited published data on service barriers and sought to fill this research gap. Therefore the gross number of barriers experienced in each category should not be compared; for example because someone selected more service barriers than administrative barriers does not mean that service barriers were more prevalent than administrative barriers.

Additionally, respondents were allowed to choose Multiple methods of applying – for instance one respondent could indicate that they applied by mail, in person, and online. However, it was then difficult to isolate each method of applying by other variables in the study. For instance, it is not clear from the data which method of applying had the highest satisfaction rate.

The capstone team had hoped to highlight experiences of minority racial ethnic and gender groups in this survey. In some areas, like Arkansas and Texas where the majority of respondents were Black, that effort was successful. But that effort was less successful when it came to nonbinary and transgender individuals, Asians, Middle Easterners, North Africans, Native Americans, American Indians, Native Hawaiians, and Pacific Islanders, all for whom the team did not receive sufficient data in order to be able to form conclusions about the particular experiences of these groups.

Relatedly, the sample sizes of respondents, particularly in how each respondent identified by race and gender, were too small for the capstone team to be able to test for statistical correlation. For instance, most Chi-Square tests could not be run on this data as 80 percent of expected count values were less than 5, which is a critical condition to perform the test. There was only one instance where the test conditions were met, and it was performed i.e. testing the dependence between satisfaction rate with the application process and the method of applying and here no correlation was found. One way to avoid this issue would have been the truncation of small data points, but that would impact the diversity of responses. As this is only one month's data of a yearlong project, it is expected that in coming months, more data will be collected and the test would be easily performed without truncation of data, which would be truly representative of diversity of the data.

A NOTE ON LANGUAGE

On the advice and suggestion of CPD, this study combines various races into the categories of A) Mixed and Multiple race respondents (all respondents who selected more than one race/ethnicity) and B) people of color who are not Black or Latino/a (including Asian, Middle Eastern or North African, Native American or American Indian, Native Hawaiian or Pacific Islander). This was done to ensure sample sizes that are sufficiently captured in data analysis. These are unique identities that do not form coherent groups, and this study in no way seeks to conflate the experiences of different racial and ethnic groups. The survey did not have enough respondents for each racial/ethnic category to comprise its own group, and so the above categories were formed in order to capture and present the experiences of these respondents.

Further, because the U.S. Census categorizes Latino as an ethnicity – separate and distinct from race¹²⁸ – this study captures that group twice: in both the “Latino/a” category and the “Mixed or Multiple race” category.

¹²⁸ U.S. Census Bureau. “About Hispanic Origin.”

Individuals who selected transgender and nonbinary along with woman or man are also captured twice, in the “woman” or “man” categories and in the “transgender or nonbinary” category. Anyone who selected woman or man as one or more of their genders are captured within those categories.

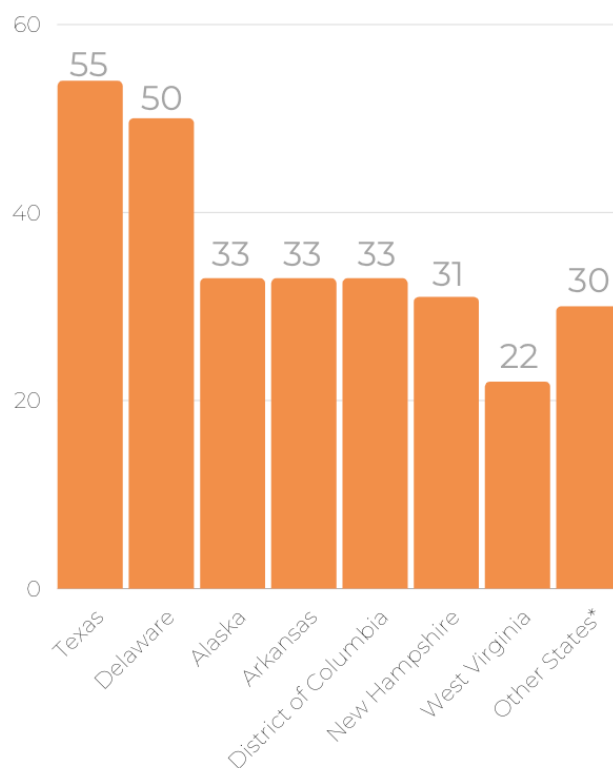
Lastly, for clarity, the remainder of this report will use “Black” to refer to respondents who selected “Black or African American” in the survey and “Latino” to refer to respondents who selected “Hispanic or Latino” in the survey.

FINDINGS AND ANALYSIS: NATIONWIDE RESULTS

SAMPLE DEMOGRAPHICS

In total, 286 respondents filled out the survey across 16 states and the District of Columbia (Figure 1.1). Due to the various methods of survey outreach, there were Multiple responses from states outside of the focus of the study. This survey is not representative of the United States as a whole, but an overview of the aggregated data helps reveal trends across the seven case study regions and various other states.

Figure 1.1: Number of Respondents from Regions Surveyed



Total Respondents: 286

* Targeted study refers to the responses given by individuals within the case study regions of our report, while voluntary responses refers to respondents in states outside of our research. Other states includes states that answered this report that were not part of the targeted study.

*Other states includes California (11), Maryland (8), Virginia (3), Kentucky (2), Alabama (1), Florida (1), New Jersey (1), New York (1), New Jersey (1), New York (1), Pennsylvania (1), Rhode Island (1).

Figure 1.2: Number of Respondents by Race/Ethnicity

Race/Ethnicity of Respondents	Number of Respondents	Percentage of Respondents
Black	107	37.4%
White	94	32.9%
Latino	41	14.3%
Multi-Racial/Mixed*	24	8.4%
Native American or American Indian	9	3.1%
Prefer not to respond	6	2.1%
Asian	5	1.7%
Middle Eastern or North African	5	1.7%
Native Hawaiian or Other Pacific Islander	3	1.0%
Total Respondents	286	102.8%

*This category includes respondents who selected Mixed only (4 respondents), or respondents who selected Multiple races (20). Respondents who selected Multiple races identified as: Native American or American Indian and White (4); Latino and Native American or American Indian (2); Latino and White (2), Black, Middle Eastern or North African, Mixed, White and Native American or American Indian (1); Black, Mixed, and Native American or American Indian (1); Black and Native American or American Indian (1); Black and White (1); Latino, Asian, Mixed, and White (1); Latino and Other (1); Latino and Mixed (1); Latino, White, and Black (1); Middle Eastern or North African and Native Hawaiian or Other Pacific Islander (1); Mixed and Native Hawaiian or Other Pacific Islander (1); Native Hawaiian or Other Pacific Islander and Middle Eastern or North African (1); Other and Black (1).

Respondents were primarily Black, white, or Latino (Figure 1.2). Each racial category, except for Latino, includes respondents who selected only that race. The Latino category includes respondents who selected Multiple races, for reasons aforementioned in the methodology. In addition, 24 respondents selected Multiple races or selected that they were of Mixed identity. This number includes those who selected Latino, thus Mixed Latino respondents are captured in two categories.

Nationally, Medicaid recipients are 41.1 percent white, 29.3 percent Latino, and 20 percent Black.¹²⁹ This survey thus oversamples Black Medicaid recipients and undersamples white and Latino recipients. However, as stated above, this data primarily captures six states and D.C., and does not reflect the entire United States. Additionally, the survey respondents are Medicaid applicants and not necessarily Medicaid recipients. Further details on the representativeness of the sample can be found in the state-specific analysis sections.

Figure 1.3: Number of Respondents by Gender

Gender	Number of Respondents	Percentage of Respondents
Woman	189	66.08%
Man	82	28.67%
Non-binary	9	3.15%
Transgender	6	2.10%
Prefer not to respond	5	1.75%
Other (Femme)	1	0.35%
Total Responses	292	
Total Respondents	286	

Most survey respondents were women or men, with about two-thirds of respondents identifying as women (Figure 1.3). This includes respondents who selected man or woman along with another identity, such as transgender or nonbinary, therefore respondents may be doubly captured in various categories. Nationally, Medicaid recipients are 58 percent women and 42 percent men, and thus this survey oversamples women and undersamples men.¹³⁰ National data on Medicaid does not include data on transgender or nonbinary enrollees. However, as mentioned above, this study only focuses on seven regions and the data only includes 17 states and D.C. Further details

¹²⁹ Kaiser Family Foundation, "Distribution of the Nonelderly with Medicaid by Race/Ethnicity."

¹³⁰ Kaiser Family Foundation, "Distribution of Nonelderly Adults with Medicaid by Sex."

on the representativeness of the sample can be found in the state-specific analysis sections.

Finally, 62.2 percent of respondents were between 21-45 years old and 27.6 percent were between 46-65 years old. Twenty were older than 65 and 8 were younger than 21 or did not list their age. Nationally, over half (54 percent) of enrollees are children under 20, but this includes the Children's Health Insurance Program, which was not the target focus of this study. About 36 percent of beneficiaries are ages 21-45 and 14 percent are ages 46-64.¹³¹ This sample mostly reflects the larger population of Medicaid recipients who are under 45.

ENROLLMENT AND SATISFACTION RATES

“Multiple efforts to get my family member (vulnerable adult) on Medicaid with tons of barriers throughout the process. Felt like giving up.”

- Survey Respondent

Enrollment Rates

Over 60 percent of respondents successfully enrolled in Medicaid, 16 percent applied and were rejected, and 7 percent tried to apply but did not submit the application (Figure 1.4).

¹³¹ Medicaid, “Medicaid and CHIP Beneficiaries at a Glance.”

Figure 1.4: Enrollment Outcomes of Respondents

Enrollment: Since January 2017, have you successfully enrolled in Medicaid?	Number of Respondents	Percentage of Respondents
Yes	182	63.6%
I applied but was rejected	46	16.1%
I tried to apply but didn't submit the application	20	7.0%
Other	16	5.6%
I want to enroll in Medicaid, but I have been told or think I'm ineligible	12	4.2%
I don't know	10	3.5%
Total	286	100%

Out of groups with the largest sample sizes, white respondents had the highest enrollment success rates and Latino respondents experienced the lowest success rates (Figure 1.5).

Q: Since January 2017, have you successfully enrolled in Medicaid?

Figure 1.5: Number of Respondents Successfully Enrolled by Race/Ethnicity

Race/Ethnicity	Yes (Successfully Enrolled)	Percentage Successfully Enrolled	Total Respondents
Black	65	60.7%	107
White	68	72.3%	94
Latino	21	52.1%	41

By gender, 65.6 percent of women respondents and 58.5 percent of men successfully enrolled. However, there was variation among men of different racial groups (Figure 1.6). White men had the highest rate of successful enrollment overall at 83.3 percent of

respondents while Black men successfully enrolled just 53.6 percent of the time. Women of different racial groups enrolled at more similar rates, although Latina women's enrollment rate was lower (57.1 percent). Black and white women enrolled successfully at similar rates (approximately 65 percent).

Q: Since January 2017, have you successfully enrolled in Medicaid?

Figure 1.6: Number of Respondents Successfully Enrolled by Gender and Race

Race/Ethnicity	Percentage of Men Successfully Enrolled	Percentage of Women Successfully Enrolled	Percentage of Non-Binary and Transgender Successfully Enrolled
Black	53.6% (Total = 28)	64.9% (Total = 77)	66.7% (Total = 3)
White	83.3% (Total = 24)	65.1% (Total = 63)	100.0% (Total = 7)
Latino	41.7% (Total = 12)	57.1% (Total = 28)	0.0% (Total = 1)

Respondents used Multiple methods to apply to Medicaid, primarily applying via the website or in-person (Table 1.7). Six percent of respondents applied using an "other" method. Some of these respondents elaborated in written responses clarifying that they applied alongside other government benefits or through healthcare workers.

Methods of Applying

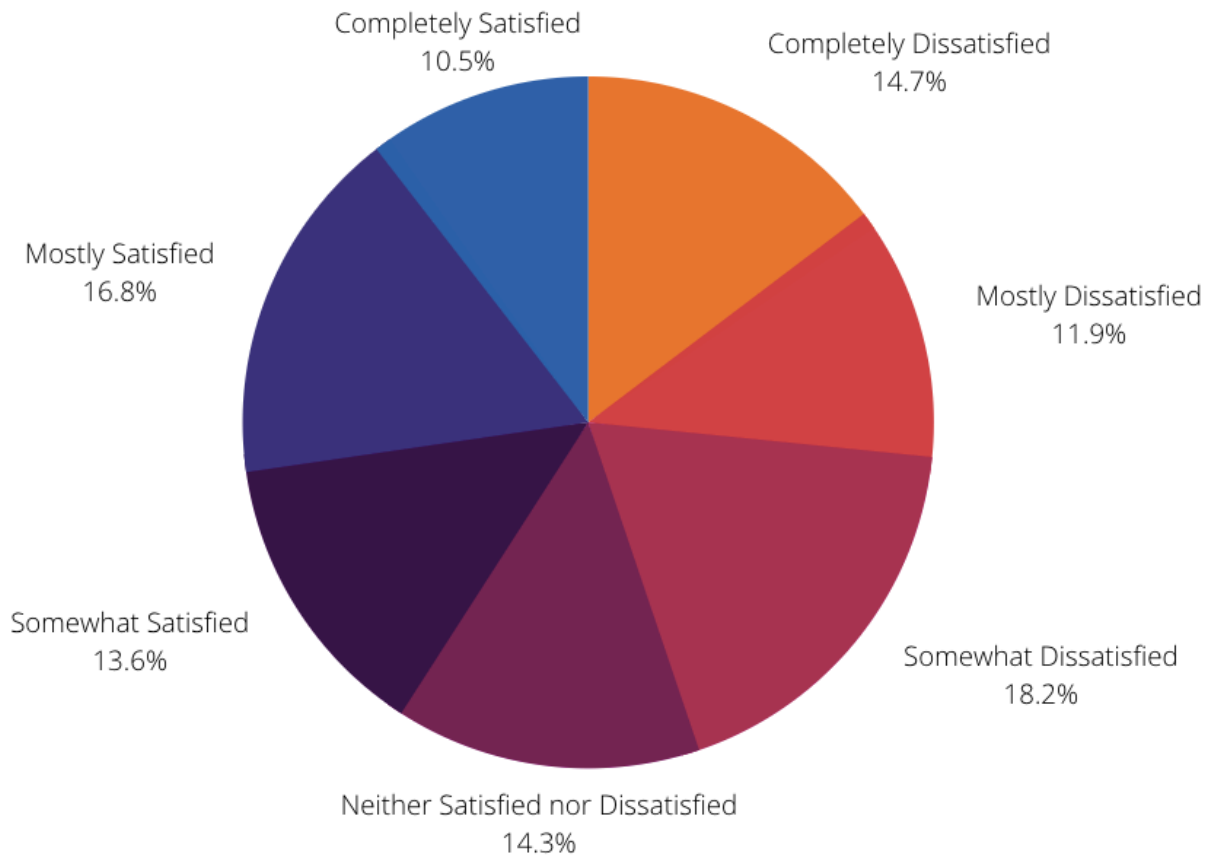
Figure 1.7: Forms of Application Used by Respondents to Apply for Medicaid



Satisfaction Rates

Satisfaction levels among applicants were fairly evenly split among dissatisfaction and satisfaction, with slightly more respondents who were at least somewhat dissatisfied than satisfied (Figure 1.8).

Figure 1.8: Satisfaction Levels of Respondents



Applicants who applied over the phone or via mail had the highest dissatisfaction rates. About 59.6 percent of those who applied over the phone were in the dissatisfied range, and 57.1 percent of respondents who applied by mail were in the dissatisfied range. For website users, about 46 percent were in the dissatisfied range compared to 39 percent who were in the satisfaction range. In-person applicants had the most even balance of satisfaction, with about 41 percent in the dissatisfied range and 42 percent in the satisfied range. However, because many respondents used more than one method to apply, satisfaction cannot be solely linked to the form of application. Please see Appendix A.3 for detailed data on satisfaction and form of application.

COMMON BARRIERS TO MEDICAID NATIONWIDE

General Barriers

About 73 percent of all respondents reported facing at least one challenge during their Medicaid application process. Survey responses revealed various challenges, including many respondents experiencing unreliable phone and website service, with phone-related challenges particularly common. Respondents also expressed frustration at the time-consuming processes to complete requirements and navigate the system. Fatigue and frustration were common themes in written responses. Finally, many respondents lacked information and understanding about eligibility and requirements.

In a written response, one respondent revealed struggles with Multiple barriers: “I was told by the Medicaid office the website is not reliable,” this respondent said. “There are no in-person appointment options at this time, so I have to fill out the paper application and hope for the best. It won’t be processed for months and if the information is not entered correctly this could affect my eligibility. I am scared of losing health coverage.”

Service Barriers

Service barriers are difficulties encountered while interfacing with Medicaid system infrastructure. Among service barriers, the most commonly encountered challenges were calling but experiencing long wait times, calling but no one picked up, the website was difficult to navigate, the phone representative was not helpful, and the office representative was not helpful (Figure 1.9). Respondents also had difficulty accessing offices, reporting that there was no office nearby or the office was closed when they went.

Figure 1.9: Service Barriers Experienced by Respondents

Service Barriers	Number of Responses	Percentage of Total Respondents
I called but experienced long wait times	73	25.5%
I called but no one picked up	65	22.7%
The website was difficult to navigate	39	13.6%
The phone representative was not helpful	37	12.9%
The office representative was not helpful	35	12.2%
I called but my call was dropped	34	11.9%
The office was closed when I went	28	9.8%
There is no office nearby	27	9.4%
The website was not working	15	5.2%
The office was permanently closed	8	2.8%
Total Responses	361	
Total Respondents	286	

As noted above, respondents who applied over the phone had the highest rates of dissatisfaction, and so it is not surprising that three among the top five complaints overall were phone-related challenges. This is despite only 19.9 percent of the sample using the phone to apply.

One respondent described a phone-related challenge exacerbated by the pandemic: “I ended up calling and following up myself after a required call from an unknown number was accidentally missed. Apparently, this is a required step for applying, and since the caseworkers were working from home with unknown numbers, it was impossible to call them back. I remember feeling very panicked and stressed out that day.”

Another respondent wrote, “It was complicated because nearby offices were closed and phone calls took a long time to answer.”

“It was awful no one ever seems to answer the phone there! They’re getting paid to not do their job!” another respondent said, expressing frustration.

Regarding the website, one respondent said, “Application process was challenging because it kept timing out.” Another respondent was frustrated by website-related challenges, saying, “I found the website was down for several hours and I was frustrated by it because I had to cancel a meeting with a caregiver to my mum.”

One respondent expressed frustration with the customer service they experienced during their in-person application experience: “In person representatives are very stern, not customer service oriented at all, negative tone and attitude and don’t assist you with anything. Whatever you need you better figure it out and have it ready before visit.”

Survey responses about service barriers confirmed the anecdotal instances of difficulty interfacing with the Medicaid system, previously reported by CPD, affiliate organizations, and crowdsourced online information.

Administrative Barriers

Administrative barriers include cumbersome paperwork demands and administrative requirements with stringent deadlines to maintain eligibility. The most common administrative barriers experienced by respondents in this survey were not knowing about the renewal requirements and process and not understanding how to apply (Figure 1.10). Many respondents also experienced not having the required forms to apply.

Figure 1.10: Administrative Barriers Experienced by Respondents

Administrative Barriers	Number of Responses	Percentage of Respondents
I didn't know about the renewal requirements and process	30	10.5%
I didn't understand how to apply	27	9.4%
I did not have the required forms to apply	21	7.3%
Total Responses	78	
Total Respondents	286	

Lack of information can make applying to Medicaid very difficult. One respondent described struggling to find guidance for their unique situation: “I was applying for Medicaid for a child who has a disability and a Medicaid waiver. There isn't any written guidance to help understand that specific process that I could find.”

“I applied online and honestly was confused the whole time,” another respondent said. “[I] was convinced I did it wrong and double checked to make sure I was covered.”

Another respondent struggled with both information and paperwork: “My daughter was originally kicked off Medicaid because I didn’t know about what I needed to renew. I received one letter about it at an old address and didn’t know in time.”

“Medicaid requires so much paperwork when you apply and reapply it’s difficult to get all the paperwork together in the time allotted,” another respondent said. “I feel like I’m giving some of the same information every year. At 67, it gets frustrating.”

Individuals commonly expressed fatigue in their written responses. In some cases, they gave up after not being able to figure out the system. “I applied but they said they didn't get my application,” one respondent wrote. “I got my advocate to get on the phone with me but they wouldn't talk to me while she was on call. I gave up.” As noted earlier, 7 percent of the sample tried to apply but didn’t submit the application.

Written responses also revealed that in many instances, individuals experienced both a lack of information (administrative barrier) and receiving conflicting information from Medicaid representatives (service barrier). “When I first applied in the office, the representative never informed me that I had to submit documentation so I went 6 months without coverage,” one respondent wrote. “It wasn't until I called and did the application over the phone that I was able to get Medicaid coverage.”

Another respondent wrote, “Every person I spoke to gave different instructions.”

One respondent summed up the experience of Multiple barriers, including the time consuming application process, difficult website, and lack of information: “My experience has been very stressful and time consuming. The website does not work well and the system to process the application takes too long. I am finding it difficult to find reliable resources to reach out with regards to the application process.”

Socioeconomic and Language Barriers

Socioeconomic and language barriers are barriers that impact the ability of an individual to apply for Medicaid. The most common socioeconomic and language barriers were not having transportation to get to the office, not having a permanent address, not having enough time to complete the renewal process, and encountering language challenges (Figure 1.11). Respondents also noted 14 instances of not having enough time to apply along with the 18 instances of not having enough time to renew. When these two obstacles are combined, lacking time makes up the largest socioeconomic barrier.

This may be partially due to the experience of “time poverty”, which is the fact that low-income individuals have less discretionary time than higher income groups. Notably, the most commonly experienced service barrier, calling and experiencing long wait times, overlaps with this socioeconomic barrier of not having enough time to apply. Individuals who have less free time are likely to be further burdened by other slow processes like call times.

Figure 1.11: Socioeconomic and Language Barriers Experienced by Respondents

Socioeconomic and Language Barriers	Number of Responses	Percentage of Total Respondents
I did not have transportation to get to the office	27	9.4%
I don't have a permanent address	25	8.7%
I didn't have enough time to complete the renewal process	18	6.3%
I encountered language challenges	16	5.6%
I didn't have enough time to apply	14	4.9%
I did not have internet access	11	3.8%
I did not have access to a computer/smartphone/device to apply	8	2.8%
Total Responses	119	
Total Respondents	286	

Written responses consistently revealed that time is a major obstacle for many respondents. “The process felt a bit discouraging as I had to wait long hours and was being passed from one person to the next to get simple answers,” one respondent said. “The process took entirely too long and was extremely too difficult.”

Some respondents described time burdens as well as challenges with calling on the phone: “I had two quick questions. It took 50 minutes to find a person to answer the questions. I was extremely frustrated by how long it took me. The automated voice didn't have the choice I needed.”

Similarly, another respondent wrote, “I have phoned my representative 3-4 times and have left full messages each time and my phone number for her to phone back. These messages have been totally ignored. I have started a new job recently and my hours do not allow me to stop by in-person.” Applying over the phone, or via the website, is often

necessary for those who do not have time to go to an office in-person, do not have transportation to get there, or experience other barriers to going to an office.

Lack of transportation was in fact a common barrier for many, with 27 respondents reporting it was a challenge for them. This burden can be exacerbated when remote methods of application such as phone and website are inefficient.

Individuals without a permanent address, such as those experiencing homelessness or in college, may find it difficult to apply or receive paperwork and important notices in the mail. Twenty-five people, or 8.7 percent of respondents, reported not having a permanent address as a challenge.

In this survey, 11 respondents did not have internet access and 8 respondents did not have access to a smart device. One respondent said, “I did most things online and was able to do so because I was also eligible for food stamps and my internet provider offered service for \$10 a month.” While this respondent did have internet access, their submission reveals the importance of such internet access to obtaining information about Medicaid as well as applying to the program.

Stigma Barriers

Stigma barriers are challenges related to concerns about being labeled with negative stereotypes associated with being a Medicaid beneficiary, or being treated unfairly because of such stereotypes. In this survey, 30 respondents reported feeling stigma or shame in applying, which is further illuminated by written responses.

One respondent noted: “With employment changes you are required to send in updates. It’s challenging and humiliating when you lose work to circle back to [your] employer for written confirmation.”

Another respondent echoed, “The warnings about fraud on every page made me feel like I was doing something wrong just by applying.”

One respondent described a combination of stigma, service, and administrative barriers: “It’s just hard and stressful to apply. The office isn’t open, the wait times are long. Staff

is rude and makes you feel like you are doing something wrong. Renewal notices go out after due dates and one ends up missing the deadline and being outta luck for two months.”

Legal Barriers

Finally, legal barriers are federal and state legislation that determine Medicaid eligibility. These types of barriers were outside the scope of this study, but maintaining eligibility was a significant challenge for survey respondents. Respondents reported 196 instances of legal barriers to maintaining Medicaid. This includes 90 instances of income level changing, which was experienced by 31.5 percent of respondents and was the most commonly reported challenge overall. It also includes 60 respondents whose employment status changed and 32 respondents who reported experiencing challenges with state-mandated work requirements.

Please see detailed data on legal barriers in the appendix Figure A.4.

COMMON BARRIERS BASED ON RACE/ETHNICITY AND GENDER

Due to small sample sizes, it was not possible to claim significant correlations between gender and/or race and their impact on challenges faced. Thus, the data presented below is anecdotal and intended to provide a snapshot of the challenges faced by race and gender among this study’s respondents. Further, respondents were able to check that they applied using Multiple methods, and this analysis did not isolate whether higher rates of barriers for a group are a result of respondents using that method more frequently. Therefore, challenges should be considered a reflection of that group’s experiences applying to Medicaid in this study and not a comparison point between groups.

Service Barriers by Race/Ethnicity

Figure 1.12: Service Barriers Experienced by Respondents by Race/Ethnicity

Service Barriers	Percentage of Black Respondents	Percentage of White Respondents	Percentage of Latino Respondents	Percentage of Multi-Racial/Mixed Respondents	Percentage of POC who are not Black or Latino Respondents
I called but experienced long wait times	32.7%	23.4%	19.5%	25.0%	13.6%
I called but no one picked up	20.6%	22.3%	24.4%	20.8%	40.9%
The phone representative was not helpful	15.0%	13.8%	7.3%	4.2%	18.2%
The office representative was not helpful	14.0%	9.6%	14.6%	16.7%	9.1%
I called but my call was dropped	11.2%	10.6%	14.6%	16.7%	18.2%
The website was difficult to navigate	11.2%	16.0%	14.6%	12.5%	13.6%
The office was closed when I went	6.5%	11.7%	7.3%	16.7%	18.2%
There is no office nearby	3.7%	7.4%	22.0%	16.7%	18.2%
The office was permanently closed	2.8%	4.3%	0.0%	0.0%	4.5%
The website was not working	2.8%	8.5%	9.8%	4.2%	0.0%
Total Respondents	107	94	41	24	22

*This category includes respondents selecting one of the following single race categories: Asian, Middle Eastern or North African, Native American or American Indian, Native Hawaiian or Pacific Islander.

For most racial/ethnic groups, the most common service barriers were the phone-related challenges that the entire sample faced (Figure 1.12). The most common

challenge, calling but experiencing long wait times, was most commonly reported by Black respondents. The second, calling but nobody picked up, was most commonly reported by non-Black, non-Latino people of color.

The next most common challenge for Black respondents was the phone representative not being helpful, and for white respondents, it was having difficulty navigating the website.

While Latino respondents also experienced the phone-related challenges listed above, another one of their most common challenges was having no office nearby, which was reported by 22.0 percent of respondents. Multi-racial respondents and people of color who were not Black or Latino commonly reported this experience as well.

Black and Latino respondents reported that the office representative was not helpful at slightly higher rates than white respondents, and Mixed or multi-racial respondents reported this challenge most commonly. Multi-racial, people of color who were not Black or Latino, and white respondents reported at the highest rates that the office was closed when they went.

Service Barriers by Gender

Figure 1.13: Service Barriers Experienced by Respondents by Gender

Service Barriers	Percentage of Men Reporting	Percentage of Women Reporting	Percentage of Non-binary and Transgender Reporting
I called but experienced long wait times	18.3%	28.0%	20.0%
I called but no one picked up	20.7%	22.2%	33.3%
The office representative was not helpful	8.5%	13.8%	6.7%
The website was difficult to navigate	14.6%	13.2%	20.0%
The office was closed when I went	4.9%	11.6%	0.0%
The phone representative was not helpful	15.9%	11.1%	13.3%
I called but my call was dropped	13.4%	11.1%	0.0%
The website was not working	3.7%	5.8%	0.0%
There is no office nearby	19.5%	5.3%	13.3%
The office was permanently closed	7.3%	1.1%	0.0%
Total Respondents	82	189	15

By gender, men, women, and nonbinary and transgender respondents all faced phone-related challenges (Figure 1.13). Women reported long wait times and unanswered calls more often than men, even though more men reported applying using the phone (25.6 percent of men) than women (18.5 percent of women) (see Appendix A.4.2). Women most commonly reported long wait times and unanswered calls. One of the most significant challenges faced by men, having no office nearby, was reported by 19.5

percent of men but only 5.3 percent of women. This may be a result of men applying in-person more often, men respondents in the sample living in underserved areas, or other reasons. Men also more commonly reported that the office was permanently closed, while women more commonly reported that the office was closed when they went.

Figure 1.14: Service Barriers Experienced by Respondents by Race/Ethnicity and Gender

Service Barriers	Black Men (Percentage of respondents)	Black Women	White Men	White Women	Latino Men	Latina Women
I called but experienced long wait times	25.0%	36.5%	12.5%	23.8%	16.7%	17.9%
I called but no one picked up	21.4%	19.5%	25.0%	20.6%	0.0%	28.6%
The office representative was not helpful	10.7%	15.6%	4.2%	9.5%	16.7%	14.3%
I called but my call was dropped	17.9%	9.1%	4.2%	12.7%	16.7%	10.7%
The phone representative was not helpful	17.9%	14.3%	12.5%	11.1%	8.3%	7.1%
The website was difficult to navigate	17.9%	9.1%	12.5%	17.5%	16.7%	10.7%
There is no office nearby	7.1%	2.6%	12.5%	3.2%	50.0%	14.3%
The office was permanently closed	7.1%	1.3%	12.5%	1.6%	0.0%	0.0%
The office was closed when I went	3.6%	7.8%	0.0%	15.9%	0.0%	7.1%
The website was not working	3.6%	2.6%	4.2%	11.1%	8.3%	7.1%
Total Respondents	28	77	24	63	12	28

Survey respondents were nearly two-thirds women, and primarily Black and white, and so the most illuminating intersectional data exists for Black women and white women. By both gender and race, phone-related problems remained among the most common

service barriers (Figure 1.14). Out of all groups, Black women most commonly reported calling but experiencing long wait times, and Latina women most commonly reported calling but no one picked up.

Black women and Latina women more commonly reported that the office representative was unhelpful compared to white men and women.

Out of all groups, white women most commonly reported that the website was difficult to navigate.

The sample only consisted of 12 Latino men, and therefore this is a group to target for more responses in ongoing research. Half of Latino men reported that there was no office nearby.

Administrative Barriers by Race/Ethnicity and Gender

Across all race and gender groups, the most common administrative barriers reported were related to not understanding the renewal or application process. Men in particular commonly reported not knowing how to apply or about the renewal requirements. White men most commonly reported "I didn't know about the renewal requirements and process" and Black men most commonly reported "I didn't understand how to apply".

Please see detailed data on administrative barriers by group in the appendix Figure A.5-A.7 .

Socioeconomic and Language Barriers by Race/Ethnicity and Gender

Figure 1.15: Socioeconomic and Language Barriers Experienced by Respondents by Race/Ethnicity

Socioeconomic and Language Barriers	Percentage of Black Respondents	Percentage of White Respondents	Percentage of Latino Respondents	Percentage of Multi-Racial/Mixed Respondents	Percentage of POC who are not Black or Latino Respondents
I did not have transportation to get to the office	8.4%	5.3%	12.2%	16.7%	22.7%
I didn't have enough time to complete the renewal process	5.6%	8.5%	2.4%	4.2%	9.1%
I did not have internet access	4.7%	4.3%	2.4%	0.0%	4.5%
I didn't have enough time to apply	3.7%	8.5%	4.9%	4.2%	0.0%
I don't have a permanent address	2.8%	11.7%	14.6%	12.5%	13.6%
I encountered language challenges	2.8%	3.2%	19.5%	4.2%	4.5%
I did not have access to a computer/smartphone/device to apply	2.8%	4.3%	0.0%	0.0%	4.5%
Total Respondents	107	94	41	24	22

Different groups also experienced differing socioeconomic and language barriers. Most commonly, over 19 percent of Latino respondents encountered language challenges

(Figure 1.15). This aligns with Latino Americans experiencing higher rates of limited English proficiency.¹³² Latino respondents also commonly reported not having a permanent address and not having transportation to get to the office.

White respondents most commonly reported not having a permanent address, followed by not having enough time to renew or apply. Black respondents and Non-Black, non-Latino people of color most commonly did not have transportation to get to the office.

Figure 1.16: Socioeconomic and Language Barriers Experienced by Respondents by Gender

Socioeconomic and Language Barriers	Percentage of Men	Percentage of Women	Percentage of Non-binary and Transgender
I did not have transportation to get to the office	9.8%	9.0%	13.3%
I don't have a permanent address	13.4%	6.3%	13.3%
I didn't have enough time to complete the renewal process	7.3%	6.3%	0.0%
I encountered language challenges	4.9%	6.9%	0.0%
I did not have access to a computer/smartphone/device to apply	4.9%	2.1%	0.0%
I did not have internet access	3.7%	4.2%	0.0%
I didn't have enough time to apply	0.0%	0.0%	0.0%
Total Respondents	82	189	15

By gender, both men and women faced the challenge of not having transportation to get to the office (Figure 1.16). Notably, men more commonly reported not having a permanent address, which may align with the fact that more men experience

¹³² Migration Policy Institute, "Language Diversity and English Proficiency in the United States."

homelessness in the United States than women.¹³³ In addition, while there were only 15 nonbinary or transgender respondents in the sample, about 13 percent reported not having transportation to get to the office or not having a permanent address each.

Figure 1.17: Socioeconomic and Language Barriers Experienced by Respondents by Race/Ethnicity and Gender

Socioeconomic and Language Barriers	Black Men (percentage of respondents)	Black Women	White Men	White Women	Latino Men	Latino Women
I did not have transportation to get to the office	10.7%	7.8%	4.2%	6.3%	8.3%	10.7%
I did not have internet access	3.6%	5.2%	8.3%	3.2%	0.0%	3.6%
I encountered language challenges	0.0%	3.9%	8.3%	1.6%	16.7%	25.0%
I didn't have enough time to apply	3.6%	3.9%	0.0%	12.7%	8.3%	0.0%
I did not have access to a computer/smartphone/device to apply	3.6%	2.6%	12.5%	1.6%	0.0%	0.0%
I didn't have enough time to complete the renewal process	14.3%	2.6%	4.2%	11.1%	0.0%	3.6%
I don't have a permanent address	7.1%	1.3%	16.7%	9.5%	25.0%	7.1%
Total Respondents	28	77	24	63	12	28

¹³³ National Alliance to End Homelessness, "Demographic Data Project: Gender and Individual Homelessness."

Analysis of both race and gender illuminates specific challenges most commonly reported by different subgroups of respondents.

The most common challenge reported by Black women was not having transportation to get to the office, followed by not having internet access (Figure 1.17). Black men most commonly reported not having enough time to complete the renewal process and not having transportation to get to the office.

White women most commonly reported not having enough time to apply, not having enough time to renew, and not having a permanent address. White men also most commonly reported not having a permanent address, followed by not having a smart device to access the application.

About 25 percent of Latina women, or 7 respondents, encountered language challenges.

The sample included only 12 respondents who identified as Latino men, but they most commonly reported not having a permanent address or encountering language challenges.

Stigma by Race/Ethnicity and Gender

About 11 percent of women respondents, 5 percent of men respondents, and 20 percent of the 15 total non-binary and transgender respondents reported experiencing stigma or shame in applying (Figure 1.18). By race, Black respondents were least likely to report feeling stigma or shame in applying while all other racial groups commonly reported instances of stigma (Figure 1.19). White women were the most common group to experience stigma or shame in applying.

Figure 1.18: Stigma Barriers Experienced by Respondents by Gender

Stigma Barriers	Men (Percentage of Respondents)	Women	Non-binary and Transgenders
I felt stigma or shame in applying	4.9%	11.1%	20.0%
Total Respondents	82	189	15

Figure 1.19: Stigma Barriers Experienced by Respondents by Race/Ethnicity

Stigma Barriers	Black Only (Percentage of Respondents)	White Only	Latino	Multi-Racial/Mixed	POC who are not Black or Latino
I felt stigma or shame in applying	1.9%	17.0%	14.6%	25%	18.2%
Total Respondents	107	94	41	24	22

Legal Barriers by Race/Ethnicity and Gender

Across the board of all race and gender groups, all respondents commonly reported difficulties maintaining Medicaid due to changing income level or employment status.

Please see detailed data on legal barriers by group in the appendix Figure A.8-A.10.

Expanding on the Literature

The 286 respondents in this survey reported experiencing 361 service barriers, which sheds new and additional light on challenges faced when interacting with the Medicaid administration. The capstone team found scarce peer-reviewed literature about service barriers impacting individuals' ability to apply successfully for Medicaid. In this survey, 10 of the pre-listed challenges in applying or maintaining for coverage were service barriers, the development of which were primarily informed by background research from crowdsourced online information, tips from CPD and affiliate organizations, and some limited studies on challenges to obtaining health insurance. This study highlights that service barriers such as busy and unresponsive phone lines, poor customer service, and difficult-to-navigate websites prevent Medicaid applicants from smoothly applying to Medicaid.

The survey results also support existing literature about administrative barriers, primarily regarding abundant paperwork, not understanding the application and renewal processes, and experiencing fatigue and frustration in navigating both.

The socioeconomic and language barriers revealed through this survey are also significant. In particular, many respondents reported not having enough time to apply or renew, and expressed their frustration about time-consuming processes through written responses. This supports the concept of "time poverty" and intersects with both administrative and service barriers that slow the process of enrolling in Medicaid. In addition, respondents also reported not having a permanent address and lacking transportation.

While the team was unable to come to any significant conclusions about the impact of race and gender on challenges due to the small sample size, the data reveals challenges that certain racial groups in these states commonly faced and expands on the literature by approaching access barriers with a race and gender lens. While the representativeness of the sample varies by state, overall, overall this survey oversampled Black and African American Medicaid applicants compared to the total Medicaid population in the United States. Thus, this study provides an important snapshot of the challenges faced by Black Medicaid applicants, particularly Black women

Conclusion: Overall Results

Several key insights emerge from this survey, including abundant service barriers, inadequate information, and time-consuming and complicated processes and requirements that foster fatigue and frustration with the application process.

Medicaid applicants commonly faced service barriers, or difficulties interfacing with the Medicaid system:

- Some of the most common barrier experiences across demographic groups were phone-related challenges, including long wait times, unanswered calls, and dropped calls.
- Respondents also reported that phone and office representatives were not helpful, and through written responses, expressed their frustration with poor customer service at Medicaid offices. Poor customer service often meant representatives who could not give adequate information or gave unreliable information, but in some instances included poor treatment and stigmatizing attitudes toward applicants.
- Respondents also experienced difficulty navigating the website or reported that the website was not working.
- Many applicants also experienced difficulty accessing offices, reporting that the office was closed when they went or that there was no office nearby.

Frustration with the time-consuming nature of the application process was a common theme in survey responses. Respondents commonly reported not having enough time to apply or renew their application, and written responses consistently revealed that respondents find the application process time-consuming and burdensome.

Respondents also faced other socioeconomic barriers, including not having transportation to get to the office, not having a permanent address, and encountering language challenges.

Respondents also had difficulty understanding the application and renewal requirements and process. This was due to insufficient customer service and conflicting

information as mentioned above, or a lack of informational resources about the complex requirements, or a general lack of time to navigate the complicated process.

By race, Latino respondents commonly faced language challenges and not having an office nearby. White respondents noted experiencing shame or stigma more often than other groups, and Black respondents reported the highest rate of calling and experiencing long wait times.

By gender, men more commonly reported not having a permanent address compared to women, and women more commonly reported feeling stigma or shame about applying.

Finally, while legal barriers relate to Medicaid eligibility and not application processes, and were therefore outside the focus of this study, an overwhelming number of respondents reported experiencing legal barriers. In particular, respondents experienced income changes and employment changes that made it difficult to renew and maintain Medicaid. In fact, with 90 responses, income changes was the single most commonly reported challenge across all respondents.

The above barriers combine to create a frustrating, burdensome, fatiguing, and discouraging Medicaid application process.

Improving Medicaid access for those eligible should involve:

- Expanding infrastructure, including phones, websites, and offices, to be more efficient and accessible
- Streamlining the application process and decreasing paperwork, time, and maintenance demands
- Making proactive efforts to thoroughly inform applicants of every step of the process, including application and renewal.

Further Research

This survey will be passed on to CPD and affiliate organizations as an ongoing project. Thus, there are numerous opportunities for further analysis and research, both with this survey and other studies on barriers to Medicaid access.

The purpose of this survey was to provide a snapshot of common barriers to Medicaid access experienced by individuals in different regions. More significant patterns, conclusions, and insights could emerge from further analysis.

Firstly, a larger sample size would allow for more robust analysis and more significant conclusions about experiences. For example, correlations between race or gender and challenges may emerge and allow for comparison between groups.

Further, isolating forms of application would allow the capstone team to determine whether demographic groups used certain application methods more often than other groups or other methods, and experienced certain challenges as a result.

Deeper analysis could also, importantly, examine groupings of challenges experienced by individual respondents. Researchers could analyze whether respondents who experienced one specific challenge were also likely to have experienced another specific challenge. For example, were respondents who did not understand how to apply also unaware of renewal requirements? Or, were respondents who applied over the phone or at the office also more likely to lack internet access?

Finally, in terms of demographics, the sample could benefit from more men respondents of all races, more nonbinary and transgender respondents of all races, and more Latino, Asian, Middle Eastern or North African, Native American, and Native Hawaiian or Pacific Islander respondents of all genders. The state-specific analysis sections later in the report include data on representativeness for individual states and which demographics should be targeted.

FINDINGS AND ANALYSIS: STATE RESULTS

ALASKA

SAMPLE DEMOGRAPHICS

Thirty-three respondents filled out the survey in Alaska.

Figure 2.1: Respondents by Race/Ethnicity in Alaska

Race/Ethnicity	Number of Respondents	Percentage of Respondents
White	10	30.3%
Black	6	18.2%
Native American, American Indian, or Native Alaskan	6	18.2%
Latino	4	12.1%
People of Color who are not Black or Latino*	4	12.1%
Multi-Racial/Mixed**	4	12.1%
Total Responses	34	
Total Respondents	33	

*POC category includes 4 respondents who selected Asian (2), Native Hawaiian or Other Pacific Islander (2).

**Multi-Racial/Mixed category includes 4 respondents who selected Multiple races: Native American or American Indian and white (3), and Latino and Native American or American Indian (1).

Figure 2.2: Respondents by Gender in Alaska

Gender	Number of Respondents	Percentage of Respondents
Women	17	51.5%
Men	13	38.2%
Non-binary	2	5.9%
Transgender	1	2.9%
Femme	1	2.9%
Total Responses	34	
Total Respondents	33	

This sample slightly underrepresents white applicants (Figure 2.1), who make up 35 percent of Medicaid recipients, and underrepresents Native American populations, who make up 37 percent of Medicaid recipients (Appendix: AK State Chart). Additionally, although Black respondents make up 18.2 percent of this sample, 6 percent of Medicaid beneficiaries in Alaska are Black or African Americans .

Women comprise approximately 55 percent of Alaska’s Medicaid beneficiaries while men make up 45 percent (Appendix: AK State Chart). Therefore, this survey undersamples women and men (Figure 2.2). In terms of non-binary, femme, and transgender populations, population numbers are unknown among Medicaid beneficiaries since options beyond male or female are generally not offered on Medicaid applications and other documentation. Furthermore, our sample sizes for such populations are unfortunately, too small to analyze. Please note that respondents who selected Multiple genders are counted in each category. For example, a respondent who selected both transgender and woman, is counted in both groups.

ENROLLMENT AND SATISFACTION

Enrollment Rates

Figure 2.3: Enrollment Outcomes in Alaska

Enrollment	Number of Respondents	Percentage of Respondents
Yes	26	78.8%
I tried to apply but didn't submit the application	3	9.1%
I want to enroll in Medicaid, but I have been told or think I'm ineligible	2	6.1%
I applied but was rejected	1	3.0%
Other	1	3.0%
Total Respondents	33	100.0%

Nearly 79 percent of respondents successfully enrolled in Medicaid, while one respondent was rejected (Figure 2.3). Other respondents tried to apply but did not submit the application, think they're ineligible, or don't know the status of their application or enrollment.

Methods of Applying

Figure 2.4: Form of Application Used by Respondents to Apply for Medicaid in Alaska

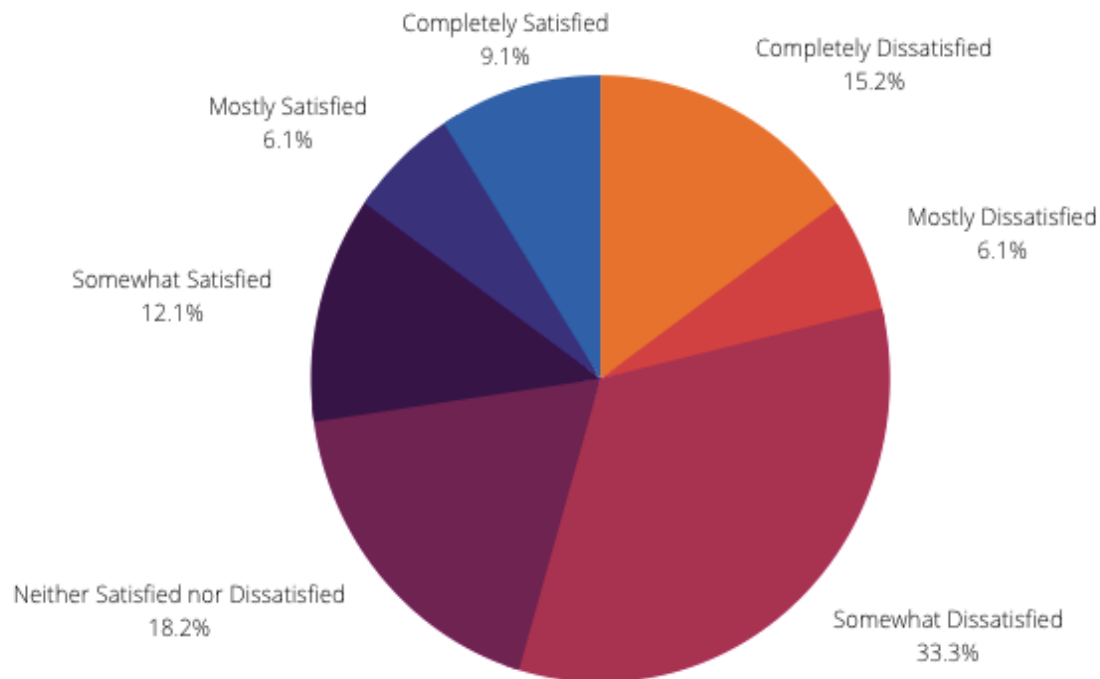


Almost 40 percent of respondents used the website, making it the most common application method (Figure 2.4). Written responses illustrate that many respondents used Multiple application methods to apply for Medicaid, for example, calling the Medicaid helpline followed by an in-person appointment, may be necessary to apply to Medicaid in Alaska. Furthermore, written responses reveal that applicants may turn to different applicant methods when encountering barriers during the application process.

For example, if the online system is malfunctioning, an applicant may visit the Medicaid office to complete their application.

Satisfaction Rates

Figure 2.5: Satisfaction Levels of Respondents in Alaska



Nearly 55 percent of respondents were at least somewhat dissatisfied by the application process, and approximately 27 percent of respondents were at least somewhat satisfied (Figure 2.5). This data suggests that more respondents characterized their application experience as at least somewhat dissatisfactory rather than satisfactory.

COMMON BARRIERS TO MEDICAID APPLICATION

The most common barriers that respondents reported in Alaska were calling but no one picking up, long wait times over the phone, the office being closed, not having the required forms to apply, and not having a permanent address (Figures 2.6-2.8). Respondents reported 62 instances of service barriers, 20 instances of socioeconomic barriers, and 14 instances of administrative barriers.

Service Barriers

Figure 2.6: Service Barriers Experienced by Respondents in Alaska

Service Barriers	Number of Responses	Percentage of Respondents
I called but no one picked up	11	33.3%
I called but experienced long wait times	10	30.3%
The office was closed when I went	9	27.3%
There is no office nearby	7	21.2%
I called but my call was dropped	7	21.2%
The office representative was not helpful	6	18.2%
The phone representative was not helpful	6	18.2%
The website was difficult to navigate	4	12.1%
The office was permanently closed	1	3.0%
The website was not working	1	3.0%
Total Responses	62	
Total Respondents	33	

Among the most common service barriers experienced were calling but no one picking up, long wait times on the phone, and the office being closed (Figure 2.6). One written response characterized the process as discouraging, and described encountering service-related barriers including long wait times and unhelpful experiences with representatives: “The process felt a bit discouraging as I had to wait long hours and was being passed from one person to the next to get simple answers. The process took entirely too long and was extremely too difficult.”

Similarly, another respondent noted that several representatives misinformed them during the renewal process: “Multiple workers said we had met the parameters to reapply, yet we lost coverage.”

Another respondent expressed frustration about encountering Multiple service-related barriers throughout the application process, including poor customer service in-person and over the phone: “It’s frustrating that families can no longer get in-person same day service for Medicaid and other assistance. They don’t have a good record keeping up with paperwork in my experience so it’s hard to trust the drop box. Calling and trying to get a hold of someone or a call back is just as frustrating.”

Lastly, the following written response suggests that application services, in particular the website and paper application, are unreliable. Furthermore, the respondent expressed that such barriers may cost them their health insurance: “I was told by the Medicaid office the website is not reliable. There are no in person appointment options at this time so I have to fill out the paper application and hope for the best. It won’t be processed for months and if the information is not entered correctly this could affect my eligibility. I am scared of losing health coverage.”

Administrative Barriers

Figure 2.7: Administrative Barriers Experienced by Respondents in Alaska

Administrative Barriers	Number of Responses	Percentage of Respondents
I did not have the required forms to apply	6	18.2%
I didn't understand how to apply	5	15.2%
I didn't know about the renewal requirements and process	3	9.1%
Total Responses	14	
Total Respondents	33	

The most common administrative barriers experienced were not having the required forms to apply, not understanding how to apply, and not knowing about the renewal requirements and process (Figure 2.7). Written responses in the previous section on service barriers demonstrate that respondents faced challenges to access reliable information about application processes, such as receiving misinformation or contradictory information from representatives.

Socioeconomic and Language Barriers

Figure 2.8: Socioeconomic and Language Barriers Experienced by Respondents in Alaska

Socioeconomic and Language Barriers	Number of Responses	Percentage of Respondents
I don't have a permanent address	6	18.2%
I did not have transportation to get to the office	5	15.2%
I didn't have enough time to complete the renewal process	4	12.1%
I did not have internet access	2	6.1%
I did not have access to a computer/smartphone/device to apply	1	3.0%
I encountered language challenges	1	3.0%
I didn't have enough time to apply	1	3.0%
Total Responses	20	
Total Respondents	33	

About 18 percent of respondents selected not having a permanent address, making it the most common socioeconomic barrier for this sample (Figure 2.8). Additionally, not having transportation to get to the office and not having enough time to complete the renewal process were selected as common socioeconomic barriers to applying.

Stigma

About 24 percent of respondents reported experiencing stigma while applying for Medicaid. One respondent's written response illustrates how stigma may be reflected in the application process: **"Applying for Medicaid is embarrassing and stigmatizing. The questions are asked in a fashion of condescending tone from the associate."**

Legal Barriers

Figure 2.9: Legal Barriers Experienced by Respondents in Alaska

Legal Barriers	Number of Responses	Percentage of Respondents
My income level changed	10	30.3%
I experienced barriers with state-mandated work requirements*	8	24.2%
My employment status changed	7	21.2%
My age changed	1	3.0%
Total Responses	26	
Total Respondents	33	

* Medicaid work requirements are not currently in effect in Alaska.

Although legal barriers pertaining to eligibility requirements and other factors are not the focus of our study, it is worth noting that about 30 percent of respondents selected changed income levels as a barrier (Figure 2.9).

COMMON BARRIERS BASED ON RACE/ETHNICITY AND GENDER

Due to small sample sizes, Latino respondents and respondents in the Multi-racial/Mixed and people of color categories, were not included in the comparative race analysis in this section. Additionally, this section does not include non-binary, femme, and transgender populations due to small sample sizes. However, these populations are still included in one grouping in the Common Barriers by Gender chart in this section, and respondents who selected Multiple genders are counted in each selected category.

Race/Ethnicity

Figure 2.10: Most Common Barriers by Race/Ethnicity in Alaska

Most Common Barriers	White (Percentage of Respondents)	Black	Native American, American Indian, or Native Alaskan
I called but experienced long wait times	30.0%	16.7%	50.0%
I called but my call was dropped	10.0%	16.7%	33.3%
I called but no one picked up	50.0%	16.7%	50.0%
I did not have transportation to get to the office	0.0%	33.3%	33.3%
I didn't understand how to apply	10.0%	33.3%	33.3%
I felt stigma or shame in applying	20.0%	0.0%	66.7%
The office was closed when I went	40.0%	0.0%	66.7%
Total Respondents	10	6	6

The most common barriers faced by Black respondents were not understanding how to apply, unhelpful experiences with phone representatives, and not having transportation to get to the office (Figure 2.10). Top barriers for Native American, American Indian, or Native Alaskan respondents included feeling shame or stigma in applying and the office being closed. Additionally, Native populations also faced phone-related challenges while applying. Among white respondents, common barriers reported were calling but no one picking up, and the office being closed .

A common theme across racial and ethnic groups in this sample were barriers related to phone services. Additionally, in this sample, Native respondents including those that

selected Native American, American Indian, or Native Alaskan and another race, reported higher rates of feeling shame or stigma in applying compared to other groups.

Gender

Figure 2.11: Most Common Barriers by Gender in Alaska

Most Common Barriers	Men (Percentage of Respondents)	Women	Non-binary, Femme and Transgender
I didn't understand how to apply	23.1%	15.4%	0.0%
I did not have transportation to get to the office	23.1%	15.4%	0.0%
I called but no one picked up	23.1%	46.2%	23.1%
I called but experienced long wait times	15.4%	53.8%	7.7%
The office was closed when I went	15.4%	46.2%	7.7%
There is no office nearby	23.1%	15.4%	23.1%
I felt stigma or shame in applying	7.7%	46.2%	7.7%
Total Respondents	13	17	4

Common themes across both men and women respondents were phone-related barriers (Figure 2.11). Not understanding how to apply and calling but no one picking up were among the most common barriers for men in this sample. Calling but experiencing long wait times, stigma and shame in applying, and unanswered calls are among the most common barriers for women in this sample. Lastly, in this sample, women respondents in this sample experienced more stigma or shame in applying, compared to men.

CONCLUSIONS: ALASKA

Alaskan respondents struggled to navigate various service barriers, especially phone-related challenges. Additionally, respondents struggled with barriers while applying in-person; commonly reported barriers were the office being closed and no office being nearby.

The most common barriers reported in the state were unanswered calls, long wait times on the phone, and the office being closed. Also, written responses underscore frustration with misinformation from representatives, and tedious application processes including long wait times on the phone and to process paperwork.

ARKANSAS

SAMPLE DEMOGRAPHICS

Thirty three respondents filled out the survey in Arkansas.

Figure 3.1: Respondents by Race/Ethnicity in Arkansas

Race/Ethnicity	Number of Respondents	Percentage of Respondents
Black	24	72.7%
White	4	12.1%
Latino	2	6.1%
Prefer not to respond	1	3.0%
People of color who are not Black or Latino*	1	3.0%
Multi-Racial/Mixed**	1	3.0%
Total Respondents	33	

*POC category includes 1 respondent who selected Middle Eastern or North African (1).

**Multi-Racial/Mixed category includes 1 respondent who selected Multiple races: Black, Middle Eastern or North African, Mixed, Native American or American Indian, and white (1).

Figure 3.2: Respondents by Gender in Arkansas

Gender	Number of Respondents	Percentage of Respondents
Woman	30	90.9%
Prefer not to respond	2	6.1%
Man	1	3.0%
Total Respondents	33	100.0%

Sixty percent of Medicaid recipients in Arkansas are women (Appendix: AR State Chart), and so this survey oversamples women at 91 percent of respondents (Figure 3.2).

Seventy three percent of respondents identified as Black. In Arkansas, 23.6 percent of Medicaid recipients are Black (Appendix: AR State Chart) and thus this survey oversamples Black respondents (Figure 3.1). This survey undersamples Latino respondents, who make up 9.7 percent of Medicaid recipients in Arkansas but only 6 percent of survey respondents. This survey also undersamples white respondents, who are 12 percent of the sample but 61 percent of Medicaid recipients in Arkansas (Appendix: AR State Chart).

ENROLLMENT AND SATISFICATION

Enrollment Rates

Figure 3.3: Enrollment Outcomes in Arkansas

Enrollment	Number of Respondents	Percentage of Respondents
Yes	22	66.7%
I don't know	7	21.2%
I applied but was rejected	3	9.1%
I tried to apply but didn't submit the application	1	3.0%
Total	33	100.0%

Of the 33 respondents, 22 or 66.7 percent reported successfully having enrolled in Medicaid (Figure 3.3). Seven respondents, 21.2 percent, reported not knowing if they were enrolled or not. Three respondents applied and were rejected, and one respondent tried to apply but did not submit the application.

Methods of Applying

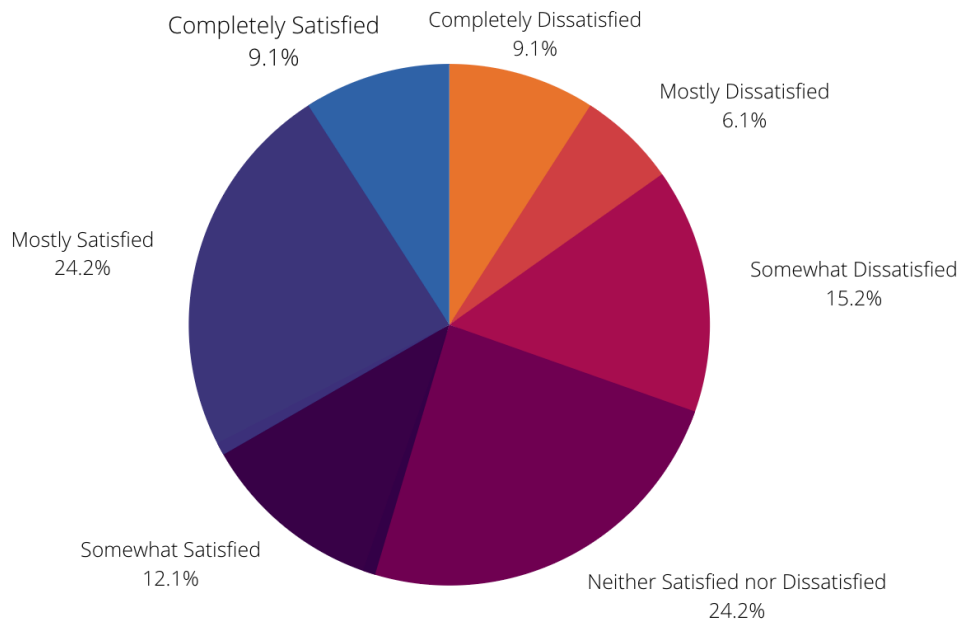
Figure 3.4: Form of Application Used by Respondents to Apply for Medicaid in Arkansas



The most common form of application was in-person, reported by 42.4 percent of respondents, followed by 36.4 percent using the website (Figure 3.4). Some respondents used Multiple methods to apply, and therefore selected Multiple options.

Overall Satisfaction

Figure 3.5: Satisfaction Levels of Respondents in Arkansas



30.3 percent of respondents reported satisfaction in the dissatisfied range, while 45.5 percent of respondents reported satisfaction in the satisfied range (Figure 3.5).

COMMON BARRIERS TO MEDICAID APPLICATION

Respondents in Arkansas reported far more service barriers than any other kind of barrier. Respondents reported 29 instances of service barriers, 15 instances of legal barriers, 7 instances of socioeconomic and language barriers, 5 instances of administrative barriers, and 2 instances of stigma barriers (Figures 3.6-3.8).

Service Barriers

Figure 3.6: Service Barriers Experienced by Respondents in Arkansas

Service Barriers	Number of Responses	Percentage of Respondents
I called but no one picked up	7	21.2%
I called but experienced long wait times	7	21.2%
I called but my call was dropped	4	12.1%
The office was closed when I went	3	9.1%
The office representative was not helpful	2	6.1%
The phone representative was not helpful	2	6.1%
The website was difficult to navigate	2	6.1%
The website was not working	2	6.1%
The office was permanently closed	0	0.0%
There is no office nearby	0	0.0%
Total Responses	29	
Total Respondents	33	

Of the service barriers reported, the most common were that respondents called but no one picked up, and that they called but experienced long wait times.

One respondent shared how even after speaking to a representative, it still took that respondent weeks to access Medicaid: “I had difficulty logging in and was locked out of my account. I had to call the Arkansas Works hotline to get them to unlock my account. They gave me a new password but I still had trouble logging in. It took about 2 weeks to get the problem resolved.”

Another story illustrates how after facing Multiple barriers, some applicants give up on the process. “I work off-hours from office people, so it was hard to find a time to go. When I did make it there, I didn’t know I would need more proof of different things like

our whole household income, which is hard to get being a server. So I never got it and never went back.”

Finally, another respondent who tried to apply by mail, in person, over the phone, and online, indicated feeling “completely dissatisfied” and shared that she “didn't have a pleasant experience in any area.”

Administrative Barriers

Figure 3.7: Administrative Barriers Experienced by Respondents in Arkansas

Administrative Barriers	Number of Responses	Percentage of Respondents
I didn't understand how to apply	2	6.1%
I didn't know about the renewal requirements and process	2	6.1%
I did not have the required forms to apply	1	3.0%
Total Responses	5	
Total Respondents	33	

The administrative barriers captured in the survey all generally relate to a lack of information about the process – either how to apply or how to access the requisite paperwork in order to do so (Figure 3.7).

Socioeconomic and Language Barriers

Figure 3.8: Socioeconomic and Language Barriers Experienced by Respondents in Arkansas

Socioeconomic and Language Barriers	Number of Responses	Percentage of Respondents
I did not have internet access	3	9.1%
I did not have transportation to get to the office	1	3.3%
I encountered language challenges	1	3.3%
I didn't have enough time to apply	1	3.3%
I didn't have enough time to complete the renewal process	1	3.3%
I did not have access to a computer/smartphone/device to apply	0	0.0%
I don't have a permanent address	0	0.0%
Total Responses	7	
Total Respondents	33	

The most prominent socioeconomic and language barriers was a lack of internet access (Figure 3.8).

Legal Barriers

Figure 3.9: Legal Barriers Experienced by Respondents in Arkansas

Legal Barriers	Number of Responses	Percentage of Respondents
My income level changed	6	18.2%
My employment status changed	6	18.2%
My age changed	2	6.1%
I experienced barriers with state-mandated work requirements*	1	3.0%
Total Responses	15	
Total Respondents	33	

* Medicaid work requirements are not currently in effect in Arkansas.

Though legal barriers were beyond the scope of the study, applicants cited changing income levels and employment statuses as key barriers to Medicaid access (Figure 3.9).

COMMON BARRIERS BY RACE/ETHNICITY AND GENDER

22 out of 33 respondents were Black women. This data therefore reflects common experiences among Black women in Arkansas included in this study. The most common barriers Black women respondents faced were calling but experiencing long wait times and calling but no one picking up. The data from this sample however provides little to compare in terms of race and gender. Therefore, comparative race and gender analyses were not feasible for this sample in Arkansas.

Figure 3.10: Most Common Barriers by Race/Ethnicity and Gender in Arkansas

Most Common Barriers	Number of Black Women	Percentage of Black Women
I called but experienced long wait times	6	27.3%
I called but no one picked up	5	22.7%
I called but my call was dropped	4	18.2%
I did not have internet access	3	13.6%
Total Responses	18	
Total Respondents	22	

CONCLUSIONS: ARKANSAS

21.2 percent of respondents could not answer if they were enrolled or not because they did not know the status of their application. This is higher than the percentage of respondents who said that they did not understand how to apply (6.1 percent) or that they did not know about the renewal requirements and process (6.1 percent). Theories for why that is include long lag times between sending in the application and receiving an approval or miscommunication or lack of communication between the Medicaid administrative office and the beneficiary.

Respondents in large part applied in-person (42.4 percent) and online (36.4 percent). Respondents were allowed to select Multiple options for application methods, so it is unclear if in-person and online applications had a higher satisfaction rate than other application methods.

Twenty one point two percent of applicants reported that they called and no one picked up and also that they called and experienced a long wait time. However only 18.2 percent of respondents indicated that they tried to apply by phone. This suggests that not getting through over the phone was a major barrier for those who attempted to apply by phone.

DELAWARE

SAMPLE DEMOGRAPHICS

Fifty respondents filled out the survey in Delaware.

Figure 4.1: Respondents by Race/Ethnicity in Delaware

Race/Ethnicity	Number of Respondents	Percentage of Respondents
Black	19	38.0%
White	19	38.0%
Latino	6	10.0%
People of Color who are not Black or Latino*	3	6.0%
Multi-Racial/Mixed**	3	6.0%
Prefer not to respond	1	2.0%
Total Responses	51	
Total Respondents	50	

* POC category includes 3 respondents who selected Asian (1), Native Hawaiian or Other Pacific Islander (1), Native American or American Indian (1).

**Multi-Racial/Mixed category includes 3 respondents who selected Multiple races: Middle Eastern or North African, Native Hawaiian or Other Pacific Islander (1), White, Latino (1) and Mixed,Native Hawaiian or Other Pacific Islander (1).

Figure 4.2: Respondents by Gender in Delaware

Gender	Number of Respondents	Percentage of Respondents
Women	25	50.0%
Men	24	48.0%
Non-binary	1	2.0%
Total Respondents	50	100.0%

Thirty-eight percent of survey respondents were white (Figure 4.1), which mirrors the 39 percent of Medicaid beneficiaries in Delaware who are white (Appendix: DE State Chart). Thirty-eight percent of survey respondents were Black, which is slightly over-representative of the 33 percent of Medicaid beneficiaries in Delaware who are Black (Appendix: DE State Chart). Ten percent of survey respondents were Latino, which is under-representative of the nearly 21 percent of Medicaid beneficiaries who are Latino. Three respondents identified as Mixed or Multiple races, one respondent was Middle Eastern or North African and Native Hawaiian or Other Pacific Islander, the second respondent was White and Latino, and the third respondent was Mixed and Native Hawaiian or Other Pacific Islander.

Women are 56 percent of Delaware's Medicaid beneficiaries, while men comprise 46 percent of the population, (appendix: DE state sheet), and therefore, this survey is relatively representative of Delaware in terms of men and women populations (Figure 4.2).

ENROLLMENT AND SATISFICATION

Enrollment Rates

Figure 4.3: Enrollment Outcomes in Delaware

Enrollment	Number of Respondents	Percentage of Respondents
Yes	35	70.0%
I tried to apply but didn't submit the application	8	16.0%
I applied but was rejected	3	6.0%
I don't know	2	4.0%
Other	2	4.0%
Total Respondents	50	100.0%

Thirty-five out of 50 respondents successfully enrolled in Medicaid and 3 respondents applied but were rejected (Figure 4.3). Among those rejected, one noted they were rejected because their income was just \$100 above the limit.

Methods of Applying

Figure 4.4: Form of Application Used by Respondents to Apply for Medicaid in Delaware

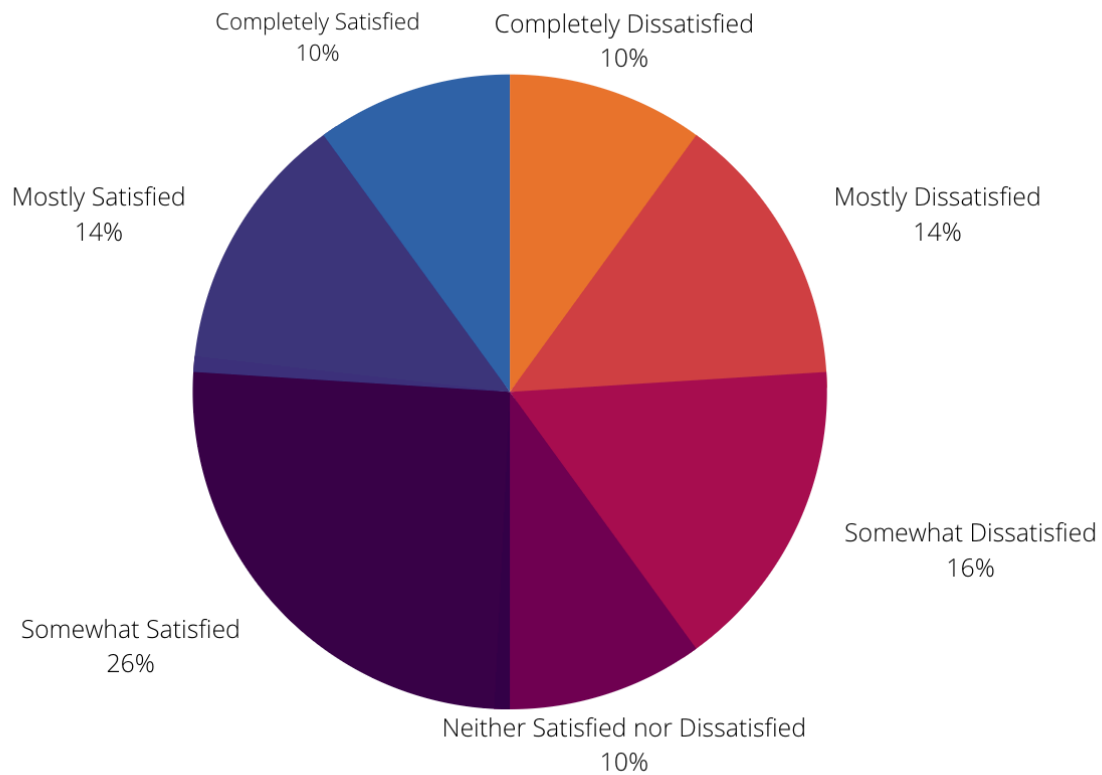


Total Responses: 75
Total Respondents 50

Many respondents used Multiple methods to apply to Medicaid. Almost 58 percent of respondents used the website to apply, making it the most common method (Figure 4.4).

Overall Satisfaction

Figure 4.5: Satisfaction Levels of Respondents in Delaware



Overall, 50 percent of respondents were at least somewhat satisfied with the application experience while 40 percent of respondents were at least somewhat dissatisfied with the experience (Figure 4.5).

COMMON BARRIERS TO MEDICAID APPLICATION

The most common barriers that respondents cited in Delaware were unanswered calls, long wait times on the phone, and not having a permanent address (Figures 4.6-4.8). Respondents reported 91 instances of service barriers, 14 instances of administrative barriers, and 33 instances of socioeconomic and language barriers.

Service Barriers

Figure 4.6: Service Barriers Experienced by Respondents in Delaware

Service Barriers	Number of Responses	Percentage of Respondents
I called but no one picked up	15	30.0%
I called but experienced long wait times	15	30.0%
I called but my call was dropped	9	18.0%
The phone representative was not helpful	9	18.0%
The website was difficult to navigate	9	18.0%
There is no office nearby	8	16.0%
The office was closed when I went	7	14.0%
The office representative was not helpful	7	14.0%
The office was permanently closed	6	12.0%
The website was not working	6	12.0%
Total Responses	91	
Total Respondents	50	

Among the most common service barriers experienced were long wait times on the phone, and calling but no one picking up the phone, difficulty navigating the website, and unhelpful experiences with phone representatives. One written response illustrates experiencing Multiple service barriers that ultimately led the respondent to give up on the application process all together: “I tried online then the website said I needed to call and make an appointment. After several attempts and getting no answer I decided to let it go.”

Two written responses demonstrate encountering Multiple service and administrative-related barriers including faulty websites, tedious applications, unreliable and inaccessible information about application processes, long wait times, and inadequate staff support:

“It’s just hard and stressful to apply. The office isn’t open, the wait times are long. Staff is rude and makes you feel like you are doing something wrong. Renewal notices go out after due dates and one ends up missing the deadline and being outta luck for two months.”

“My experience has been very stressful and time consuming. The website does not work well and the system to process the application takes too long. I am finding it difficult to find reliable resources to reach out with regards to the application process.”

Another respondent also expressed frustration about representatives providing contradictory information. This experience underscores a lack of accessible and reliable information concerning application procedures: “Every person I spoke to gave different instructions.”

Administrative Barriers

Figure 4.7: Administrative Barriers Experienced by Respondents in Delaware

Administrative Barriers	Number of Responses	Percentage of Respondents
I didn't know about the renewal requirements and process	7	14.0%
I did not have the required forms to apply	4	8.0%
I didn't understand how to apply	3	6.0%
Total Responses	14	
Total Respondents	50	

The most common administrative barrier experienced was not knowing about the renewal requirements and process, which suggests a lack of accessible information and clear guidance on how to maintain coverage. The second most common barrier experienced was not having the required forms to apply. This finding is consistent with the background research, as burdensome paperwork demands were found to be a common barrier to Medicaid access.

Socioeconomic and Language Barriers

Figure 4.8: Socioeconomic and Language Barriers Experienced by Respondents in Delaware

Socioeconomic and Language barriers	Number of Responses	Percentage of Respondents
I don't have a permanent address	10	20.0%
I did not have transportation to get to the office	7	14.0%
I encountered language challenges	4	8.0%
I didn't have enough time to complete the renewal process	4	8.0%
I did not have internet access	4	8.0%
I did not have access to a computer/smartphone/device to apply	2	4.0%
I didn't have enough time to apply	2	4.0%
Total Responses	33	
Total Respondents	50	

The most commonly reported socioeconomic and language barriers reported were not having a permanent address, not having transportation to get to the office, and encountering language barriers.

Legal Barriers

Figure 4.9: Legal Barriers Experienced by Respondents in Delaware

Legal Barriers	Number of Responses	Percentage of Respondents
My income level changed	21	42.0%
My employment status changed	15	30.0%
I experienced barriers with state-mandated work requirements*	9	18.0%
My age changed	2	4.0%
Total Responses	47	
Total Respondents	50	

* Medicaid work requirements are not currently in effect in Delaware.

Notably, 42 percent of respondents indicated that income level changes presented barriers to Medicaid access (Figure 4.9). Additionally, 30 percent of respondents indicated changing employment status as a barrier. However, such legal barriers are not the focus of this study.

COMMON BARRIERS BASED ON RACE/ETHNICITY AND GENDER

Due to small sample sizes, respondents in the Multi-racial/Mixed and people of color categories are omitted from the race analysis in this section. Additionally, given that there was only one non-binary respondent in this sample, this population was not included in the gender analysis. These are limitations of this study that warrant further research on the experiences of such populations' experiences with Medicaid application barriers.

Race/Ethnicity

Figure 4.10: Most Common Barriers by Race/Ethnicity in Delaware

Most Common Barriers	Black (Percentage of Respondents)	White	Latino
I called but experienced long wait times	52.6%	15.8%	33.3%
I called but my call was dropped	15.8%	15.8%	33.3%
I called but no one picked up	36.8%	31.6%	16.7%
I did not have transportation to get to the office	10.5%	15.8%	16.7%
I don't have a permanent address	5.3%	36.8%	16.7%
The office representative was not helpful	10.5%	15.8%	0.0%
The office was closed when I went	15.8%	10.5%	16.7%
The phone representative was not helpful	21.1%	15.8%	16.7%
The website was difficult to navigate	5.3%	26.3%	33.3%
The website was not working	0.0%	10.5%	66.7%
There is no office nearby	5.3%	15.8%	50.0%
Total Respondents	19	19	6

Black respondents reported phone related challenges among the most common barriers experienced (Figure 4.10). Latino respondents cited the website not working and no office nearby as top barriers. The most common barrier reported by white respondents was not having a permanent address. Additionally, similarly to Black respondents, white respondents selected calling but not being picked up as a common barrier.

Gender

Figure 4.11: Most Common Barriers by Gender in Delaware

Most Common Barriers	Percentage of Men	Percentage of Women
The office was closed when I went	0.0%	24.0%
I called but no one picked up	25.0%	32.0%
I called but my call was dropped	20.8%	12.0%
There is no office nearby	20.8%	12.0%
I don't have a permanent address	29.2%	12.0%
I called but experienced long wait times	12.5%	44.0%
Total Respondents	24	25

Interestingly, both women and men respondents indicated phone-related barriers as common barriers. However, the barrier of not having a permanent address is a clear difference between men and women's experiences with barriers to Medicaid access (Figure 4.11). While 29 percent of men respondents indicated not having a permanent address as a barrier, only 12 percent of women respondents selected this as a barrier. This disparity may be indicative of the demographic composition of people struggling with homelessness in Delaware. According to a 2017 report by the Delaware Housing Alliance, men are 57 percent of the homeless population in Delaware, while women are 43 percent.¹³⁴

¹³⁴ Housing Alliance Delaware. "The State of Housing & Homelessness in The First State," 2017. Page 6.

CONCLUSION: DELAWARE

Respondents in Delaware experienced Multiple service and administrative barriers during the Medicaid application process. In particular, phone-related challenges characterized the most common barriers in the state, including unanswered and dropped calls, and long wait times. Furthermore, respondents struggled to understand renewal and application processes, and faced socioeconomic barriers including not having a permanent address or transportation to get to Medicaid offices. Written responses highlighted respondents' frustrations with unreliable information about application procedures and poor customer service, and time-consuming aspects of the application process including long wait times and malfunctioning websites.

NEW HAMPSHIRE

SAMPLE DEMOGRAPHICS

Thirty-one individuals responded to the survey from New Hampshire.

Figure 5.1: Respondents by Race/Ethnicity in New Hampshire

Race/Ethnicity	Number of Respondents	Percentage of Respondents
White	26	83.9%
Multi-Racial/Mixed*	4	12.9%
Latino	2	6.5%
Total Responses	32	
Total Respondents	31	

*Multi-Racial/Mixed includes 2 respondents who selected Mixed and 2 respondents who selected Multiple races: Latino, White, Black (1) and East African-Tanzania, Black (1).

Figure 5.2: Respondents by Gender in New Hampshire

Gender	Number of Respondents	Percentage of Respondents
Women	21	67.7%
Men	9	29.0%
Non-binary	2	6.5%
Transgender	1	3.2%
Total Responses	33	
Total Respondents	31	

Nearly 83 percent of Medicaid recipients in New Hampshire are white, and therefore this survey sample is relatively representative for this group with 83.9 percent

respondents identifying as white (Figure 5.1). With 12.9 percent identifying as Mixed or Multiple races and 4.6 percent of Medicaid recipients identifying as Mixed race, this survey over samples that population. However, this survey undersamples Latinos, with 8 percent of Latino populations making up Medicaid recipients and only 6.5 percent Latino respondents. Additionally, this sample does not capture the Black population in New Hampshire who make up 2.4 percent of Medicaid recipients.

Women made up 67 percent of the sample, while men comprised 29 percent (Figure 5.2). Therefore, this survey oversamples women who are 57 percent of Medicaid beneficiaries in New Hampshire, and under-samples men who are 43 percent of beneficiaries (Appendix: NH State Chart). Two respondents were non-binary, and one respondent was transgender. Respondents who selected Multiple genders were counted in each category selected.

SATISFACTION AND ENROLLEMENT RATES

Enrollment Rates

Figure 5.3: Enrollment Outcomes in New Hampshire

Enrollment	Number of Respondents	Percentage of Respondents
Yes	27	87.1%
Other	3	9.7%
I applied but was rejected	1	3.2%
I don't know	0	0.0%
Total	31	100.0%

About 87 percent of respondents successfully enrolled in Medicaid, and one respondent was rejected (Figure 5.3).

Methods of Applying

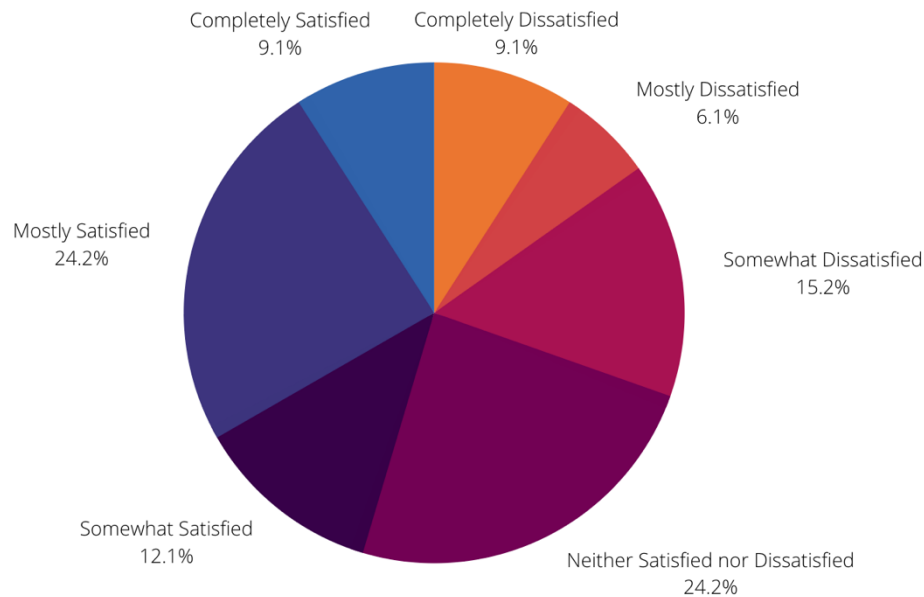
Figure 5.4: Form of Application Used by Respondents to Apply for Medicaid in New Hampshire



Many respondents used Multiple methods to apply. The most common method of application used among respondents was by website (Figure 5.4).

Overall Satisfaction

Figure 5.5: Satisfaction Levels by Respondents in New Hampshire



Nearly 23 percent of respondents were at least somewhat dissatisfied with the application process, and about 61 percent of respondents were at least somewhat satisfied (Figure 5.5). This data suggests that more respondents than not had at least a somewhat satisfactory experience applying to Medicaid.

COMMON BARRIERS TO MEDICAID APPLICATION

The most common barriers that respondents in New Hampshire reported were long wait times on the phone and not understanding how to apply (Figures 5.6-5.8). Respondents reported 24 instances of service barriers, 7 instances of administrative barriers, and 12 instances of socioeconomic barriers.

Service Barriers

Figure 5.6: Service Barriers Experienced by Respondents in New Hampshire

Service Barriers	Number of Responses	Percentage of Respondents
I called but experienced long wait times	9	29.0%
The phone representative was not helpful	3	9.7%
The website was difficult to navigate	3	9.7%
The office was closed when I went	2	6.5%
There is no office nearby	2	6.5%
The office representative was not helpful	2	6.5%
I called but no one picked up	1	3.2%
I called but my call was dropped	1	3.2%
The website was not working	1	3.2%
The office was permanently closed	0	0.0%
Total Responses	24	
Total Respondents	31	

Applicants cited long call wait times, unhelpful representatives, difficult to navigate websites, and office closures as major problems when applying for Medicaid (Figure 5.6). One respondent's experience illustrates difficulty navigating the customer service system over the phone and highlights the frustration this can cause applicants: "...I had two quick questions. It took 50 minutes to find a person to answer the questions. I was extremely frustrated by how long it took me. The automated voice didn't have the choice I needed."

Administrative Barriers

Figure 5.7: Administrative Barriers Experienced by Respondents in New Hampshire

Administrative Barriers	Number of Responses	Percentage of Respondents
I didn't understand how to apply	4	12.9%
I didn't know about the renewal requirements and process	2	6.5%
I did not have the required forms to apply	1	3.2%
Total Responses	7	
Total Respondents	31	

The most common administrative barriers for respondents were not understanding how to apply, and not knowing about the renewal requirements and process (Figure 5.7). A respondent's written response suggests experiencing confusion and uncertainty throughout the application process: "I applied online and honestly was confused the whole time, was convinced I did it wrong and double checked to make sure I was covered "

Furthermore, two different respondents conveyed the heavy paperwork requirements associated with applying and renewing Medicaid, and the confusion and frustration this may cause applicants:

"I have been on NHMedicaid for several years, based on my income. I reapply through the NH EASY website. Year to year they request different forms, rental proof, checking account, taxes. Depending on which they ask for each year, I am left trying to figure out how to get proof."

"Medicaid requires so much paperwork when you apply and reapply it's difficult to get all the paperwork together in the time allotted. I feel like I'm giving some of the same information every year. At 67 it gets frustrating."

Socioeconomic and Language Barriers

Figure 5.8: Socioeconomic and Language Barriers Experienced by Respondents in New Hampshire

Socioeconomic and Language Barriers	Number of Responses	Percentage of Respondents
I didn't have enough time to apply	3	9.7%
I didn't have enough time to complete the renewal process	3	9.7%
I don't have a permanent address	2	6.5%
I did not have transportation to get to the office	1	3.2%
I did not have access to a computer/smartphone/device to apply	1	3.2%
I did not have internet access	1	3.2%
I encountered language challenges	1	3.2%
Total Responses	12	
Total Respondents	31	

Time proved another crucial aspect within socioeconomic barriers, with not enough time to apply or renew accounting for 9.7 percent of the barriers within that category (Figure 5.8). Furthermore, this barrier may be more burdensome for applicants with disabilities. In an audio response, one respondent expressed that her “complaint is that they don't give you enough time to reapply because especially when you're disabled and you have to get so much paperwork together. Every year, sometimes it feels like you're getting the same paperwork over and over again. I mean, I'm usually sending in all my reapplication with 20 pages of paperwork it seems every year.”

Stigma

Stigma and shame was cited five times within the application process as a barrier to applying. One respondent's written response conveys how shame may be embedded in the Medicaid application process: "I felt shame since I was a college grad and was taking something away from others. But I didn't have the income for anything else during open enrollment. I printed out the necessary forms and went to a nearby office. The people were very nice. Process was confusing but ultimately I was approved."

Legal Barriers

Figure 5.9: Legal Barriers Experienced by Respondents in New Hampshire

Legal Barriers	Number of Responses	Percentage of Respondents
My income level changed	8	25.8%
My employment status changed	7	22.6%
I experienced barriers with state-mandated work requirements*	1	3.2%
Total Responses	16	
Total Respondents	31	

* Medicaid work requirements are not currently in effect in New Hampshire.

Although legal barriers such as eligibility requirements are not the focus of our study, nearly 26 percent of respondents reported changed income levels and nearly 23 percent of respondents reported changed employment status as barriers to Medicaid access (Figure 5.9).

COMMON BARRIERS BASED ON RACE/ETHNICITY AND GENDER

Due to small sample sizes of Latino respondents, and of respondents who selected Mixed or Multiple races, a comparative race analysis was not feasible for New Hampshire. Furthermore, given that there was only one non-binary respondent in this sample, this population was not included in the gender analysis.

Gender

Figure 5.10: Most Common Barriers by Gender in New Hampshire

Most Common Barriers	Percentage of Men	Percentage of Women
I didn't understand how to apply	22.2%	9.5%
There is no office nearby	22.2%	0.0%
I called but experienced long wait times	33.3%	23.8%
The phone representative was not helpful	22.2%	4.8%
I felt stigma or shame in applying	11.1%	19.0%
Other (Applying challenges)	0.0%	23.8%
Total Respondents	9	21

Men faced issues in long phone wait times and understanding the application process issues, while women cited issues with time in general –not enough time to complete the application and long wait times on the phone (Figure 5.10). Additionally, women reported more shame and stigma when applying compared to men.

CONCLUSIONS: NEW HAMPSHIRE

Respondents in New Hampshire encountered various service and administrative challenges while applying for Medicaid. The most common barriers reported in the state were long wait times on the phone, and not understanding how to apply. Furthermore, respondents experienced unhelpful phone representatives, difficulty navigating websites, and time-related challenges including not having enough time to apply and complete the renewal process. Written and audio responses underscore this general demand on time imposed by the application process, in particular, the time needed to understand application requirements and collect required documentation.

TEXAS

SAMPLE DEMOGRAPHICS

Fifty-four respondents filled out the survey in Texas.

Figure 6.1: Respondents by Race/Ethnicity in Texas

Race/Ethnicity	Number of Respondents	Percentage of Respondents
Black	24	44.4%
Latino	16	29.6%
White	7	13.0%
Multi-Racial/Mixed*	4	7.4%
Prefer not to respond	3	5.6%
People of Color who are not Black or Latino**	2	3.7%
Total Responses	56	
Total Respondents	54	

*Multi-Racial/Mixed includes 4 respondents who selected Multiple races: Black and Native American or American Indian (1); Black and White (1); Latino and Native American or American Indian (1); Latino and Carribean Native (1).

**POC includes 2 respondents who selected Asian (1), Middle Eastern or North African (1).

Figure 6.2: Respondents by Gender in Texas

Gender	Number of Respondents	Percentage of Respondents
Woman	38	70.4%
Man	15	27.8%
Prefer not to respond	1	1.9%
Total Respondents	54	100.0%

Black respondents comprised 44.4 percent of total respondents in Texas (Figure 6.1). However, 16.5 percent of Medicaid recipients are Black (Appendix: TX State Chart) and thus this survey oversamples Black respondents. This survey undersamples Latino respondents, who make up 57 percent of Medicaid recipients in Texas but only 29.6 percent of survey respondents (including Latinos identifying as Multiple races). This survey also undersamples white respondents, who are 13 percent of the sample but 21.2 percent of Medicaid recipients in Texas (Appendix: TX State Chart).

Seventy percent of Medicaid recipients in Texas are women (Appendix: TX State Chart), and so this survey slightly over-samples women with 70 percent of the respondents identifying as women (Figure 6.2).

Satisfaction and Enrollment

Enrollment Rates

Figure 6.3: Enrollment Outcomes in Texas

Enrollment	Number of Respondents	Percentage of Respondents
I applied but was rejected	24	44.4%
Yes	15	27.8%
I want to enroll in Medicaid, but I have been told or think I'm ineligible	9	16.7%
Other	5	9.3%
I don't know	1	1.9%
Total	54	100.0%

Twenty-four respondents, or 44.4 percent of the sample, applied for Medicaid but were rejected (Figure 6.3). Only 15 respondents successfully applied for Medicaid. Out of the respondents who were rejected, over half explicitly mentioned not qualifying on the basis of income, a legal barrier to enrollment.

Methods of Applying

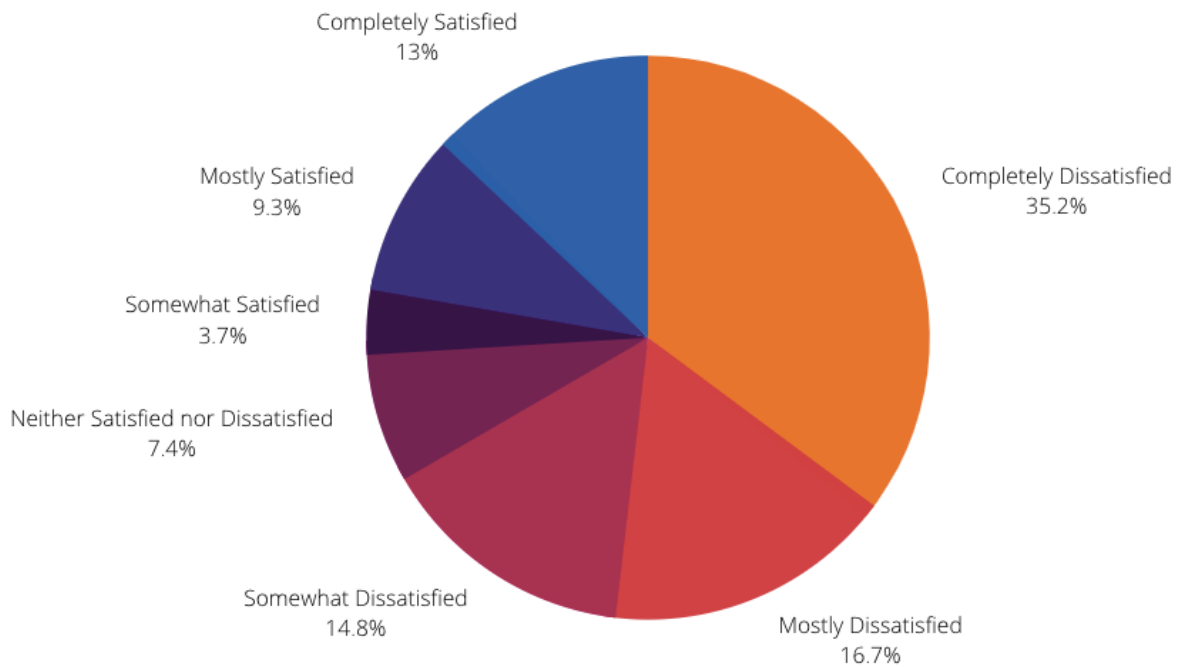
Figure 6.4: Form of Application Used by Respondents to Apply for Medicaid in Texas



Many respondents used Multiple methods to apply to Medicaid. Over half of the sample applied using the website as at least one of their methods (Figure 6.4).

Overall Satisfaction

Figure 6.5: Satisfaction Levels of Respondents in Texas



Sixty-seven percent of respondents were at least somewhat dissatisfied with their application experience. Notably, about 35 percent of respondents were “completely dissatisfied” (Figure 6.5).

COMMON BARRIERS TO MEDICAID APPLICATION

The most common barriers that Texans reported were challenges related to applying over the phone, difficulty navigating the website, not having transportation to get to the office, and that office and phone representatives were unhelpful.

Texans identified 62 instances of service barriers, 15 instances of socioeconomic and language barriers, 13 instances of administrative barriers, and 7 instances of stigma barriers (Figures 6.6-6.8). Notably, there were also 34 instances of legal barriers, with 17 respondents, or 31 percent of the sample, reporting their income level changed.

Service Barriers

The most common service barriers experienced by applicants were calling and experiencing long wait times, calling and no one picked up, phone representative was not helpful, and the website was difficult to navigate.

Figure 6.6: Service Barriers Experienced by Respondents in Texas

Service Barriers	Number of Responses	Percentage of Respondents
I called but experienced long wait times	15	27.8%
I called but no one picked up	11	20.4%
The phone representative was not helpful	9	16.7%
The website was difficult to navigate	8	14.8%
The office representative was not helpful	6	11.1%
I called but my call was dropped	6	11.1%
The office was closed when I went	3	5.6%
The website was not working	3	5.6%
There is no office nearby	1	1.9%
The office was permanently closed	0	0.0%
Total Responses	62	
Total Respondents	54	

Phone-related service barriers were especially common. Fifteen respondents, or 27.8 percent of the sample, called but experienced long wait times, 11 respondents called but no one picked up, 9 said the phone representative was not helpful, 6 said their call was dropped (Figure 6.6). “As soon as you begin to get somewhere or if you question things the call is always dropped,” one respondent said in a written response. “I am left feeling like I am on a wild goose chase.”

This same respondent also added, “Once they tried to act like I needed a representative because I have a disability.” While the research team did not ask for disability information in the survey to minimize the amount of personal information solicited, this might be an instance of a socioeconomic barrier or disability discrimination.

One respondent described various dimensions of barriers, including service and administrative, in a written response: “I tried filling an application online and it was difficult. I tried calling on the phone and the waiting times were long, or it would disconnect. I had to get help from a friend to navigate the application, and even then it took a long time to be approved.”

Administrative Barriers

The most commonly experienced administrative barriers were not understanding how to apply and not knowing about the renewal requirements or process (Figure 6.7). One respondent wrote, “The application is not simple or clear. It doesn't have any explanations or examples for questions or needed forms.”

Figure 6.7: Administrative Barriers Experienced by Respondents in Texas

Administrative Barriers	Number of Responses	Percentage of Respondents
I didn't understand how to apply	6	11.1%
I didn't know about the renewal requirements and process	5	9.3%
I did not have the required forms to apply	2	3.7%
Total Responses	13	
Total Respondents	54	

Socioeconomic and Language Barriers

Figure 6.8: Socioeconomic and Language Barriers Experienced by Respondents in Texas

Socioeconomic and Language Barriers	Number of Responses	Percentage of Respondents
I did not have transportation to get to the office	7	13.0%
I didn't have enough time to apply	4	7.4%
I did not have access to a computer/smartphone/device to apply	2	3.7%
I don't have a permanent address	1	1.9%
I didn't have enough time to complete the renewal process	1	1.9%
I did not have internet access	0	0.0%
I encountered language challenges	0	0.0%
Total Responses	15	
Total Respondents	54	

The most commonly experienced socioeconomic barriers were not having transportation to get to the office, experienced by 7 respondents or 13 percent of the sample, followed by not having enough time to apply (Figure 6.8).

Stigma

Notably, 7 respondents, or nearly 13 percent of the sample, reported feeling stigma or shame when applying. One respondent summed up their experience: *“I felt intimidated, misinformed and uninformed all at the same time.”*

Legal Barriers

Finally, legal barriers were outside the scope of this study, but as noted above, 17 respondents noted that their income level changed (Figure 6.9). In addition, 3 written responses mentioned that child support counting as income caused difficulty in maintaining coverage.

Figure 6.9: Legal Barriers Experienced by Respondents in Texas

Legal Barriers	Number of Responses	Percentage of Respondents
My income level changed	17	31.5%
My employment status changed	9	16.7%
I experienced barriers with state-mandated work requirements*	5	9.3%
My age changed	3	5.6%
Total Responses	34	
Total Respondents	54	

* Medicaid work requirements are not currently in effect in Texas.

COMMON BARRIERS BASED ON RACE/ETHNICITY AND GENDER

Respondents in the Multi-racial/Mixed and non-Black, non-Latino people of color categories are omitted from the race analysis of this section due to small sample sizes of these groups.

While the survey did receive responses from Latino respondents, it still under sampled the population in relation to the Medicaid population in Texas. Further research efforts should involve targeting Latino Medicaid applicants for a more robust sample, as well as targeting the other above-mentioned groups that were not adequately represented.

Race

Figure 6.10: Most Common Barriers by Race/Ethnicity in Texas

Most Common Barriers	Percentage of Black	Percentage of Latino	Percentage of White
I called but experienced long wait times	33.3%	18.8%	57.1%
I called but my call was dropped	4.2%	6.3%	57.1%
I called but no one picked up	20.8%	18.8%	42.9%
I did not have transportation to get to the office	8.3%	18.8%	14.3%
I didn't understand how to apply	12.5%	18.8%	0.0%
The phone representative was not helpful	16.7%	6.3%	57.1%
Total Respondents	24	16	7

In terms of service barriers, both Black respondents and Latino respondents mostly reported calling and experiencing long wait times or calling and nobody picked up (Figure 6.10). Regarding socioeconomic barriers, both groups also reported not having transportation to get to the office.

Gender

Figure 6.11: Most Common Barriers by Gender in Texas

Most Common Barriers	Percentage of Men	Percentage of Women
I called but experienced long wait times	20.0%	31.6%
I called but no one picked up	20.0%	21.1%
The phone representative was not helpful	26.7%	13.2%
The website was difficult to navigate	20.0%	13.2%
I did not have transportation to get to the office	13.3%	13.2%
I felt stigma or shame in applying	13.3%	13.2%
I called but my call was dropped	6.7%	13.2%
I didn't understand how to apply	20.0%	7.9%
Total Respondents	15	38

Both men and women experienced phone-related challenges (Figure 6.11). Nearly 32 percent of women reported calling but experiencing long wait times and 21 percent reported calling but no one picked up. Nearly 27 percent of men reported that the phone representative was not helpful, which was men's most commonly reported barrier.

CONCLUSION: TEXAS

Eligibility concerns, or legal barriers, were the biggest obstacles for Texas Medicaid applicants. Nearly 45 percent of Texans (or 24 respondents) reported applying to Medicaid but being rejected, and while 15 respondents successfully enrolled, 9 respondents said they think or have been told that they are ineligible. Notably, the most commonly reported challenge among all respondents in Texas was income level changing. This is a legal barrier related to eligibility and outside the purview of this study, but 31.5 percent of the sample reported it as a challenge to maintaining coverage. It is important to understand that Medicaid applicants are struggling to navigate a complicated system, shifting between eligibility and ineligibility based on income thresholds, and all the while struggling with navigating precarious financial situations.

Texans also experienced difficulty navigating the time-consuming and complicated application process. The most common challenges to applying for Medicaid in the state were service barriers, followed by not understanding application and renewal requirements and lacking transportation to get to the office. Among service barriers, the most common were phone-related challenges, unhelpful phone and office representatives, and difficult-to-navigate websites. The most common phone-related challenges were long wait times and unanswered calls.

Finally, Texans reported high rates of dissatisfaction with the application process –two-thirds of the sample were somewhat dissatisfied, mostly dissatisfied, or completely dissatisfied.

WASHINGTON, D.C.

SAMPLE DEMOGRAPHICS

Thirty-three respondents filled out the survey in Washington, D.C.

Figure 7.1: Respondents by Race/Ethnicity in Washington, D.C.

Race/Ethnicity	Number of Respondents	Percentage of Respondents
Black	26	78.8%
Latino	3	9.1%
White	2	6.1%
People of Color who are not Black or Latino*	1	3.0%
Multi-Racial/Mixed**	1	3.0%
Total Respondents	33	

*POC includes 1 respondent who selected Asian.

**Multi-Racial/Mixed includes 1 respondent who selected Multiple races: Black, Mixed, Native American or American Indian.

Figure 7.2: Respondents by Gender in Washington, D.C.

Gender	Number of Respondents	Percentage of Respondents
Woman	26	78.8%
Man	8	24.2%
Transgender	1	3.0%
Non-binary	1	3.0%
Total Responses	36	
Total Respondents	33	

Fifty-six percent of all Medicaid beneficiaries in D.C. are women (Appendix: D.C. State Chart), and thus this survey oversamples women, who comprise nearly 79 percent of respondents (Figure 7.1).

Approximately 79 percent of survey respondents were Black (Figure 7.2), which mirrors the 80 percent of Medicaid beneficiaries in D.C. who are Black (Appendix: D.C. State Chart). This survey undersampled Latino beneficiaries, who make up 12 percent of D.C. Medicaid beneficiaries (Appendix: D.C. State Chart).

SATISFACTION AND ENROLLMENT

Enrollment Rates

Figure 7.3: Enrollment Outcomes in Washington, D.C.

Enrollment	Number of Respondents	Percentage of Respondents
Yes	28	84.8%
Other	3	9.1%
I applied but was rejected	2	6.1%
Total	33	100.0%

Nearly 85 percent of respondents successfully enrolled in Medicaid (Figure 7.3). Among those who did not report that they successfully applied, one noted in a written response that they and their entire family tried to enroll but only two members enrolled successfully.

Another respondent stated that they were attempting to renew coverage, but their online application would not update. “I can't get much needed Medicaid because D.C. government chooses to be lax and noncompliant,” this respondent said, suggesting a frustration with interfacing with the system.

Methods of Applying

Many respondents used Multiple methods to apply to Medicaid. Most respondents reported applying in-person or using the website (Figure 7.4).

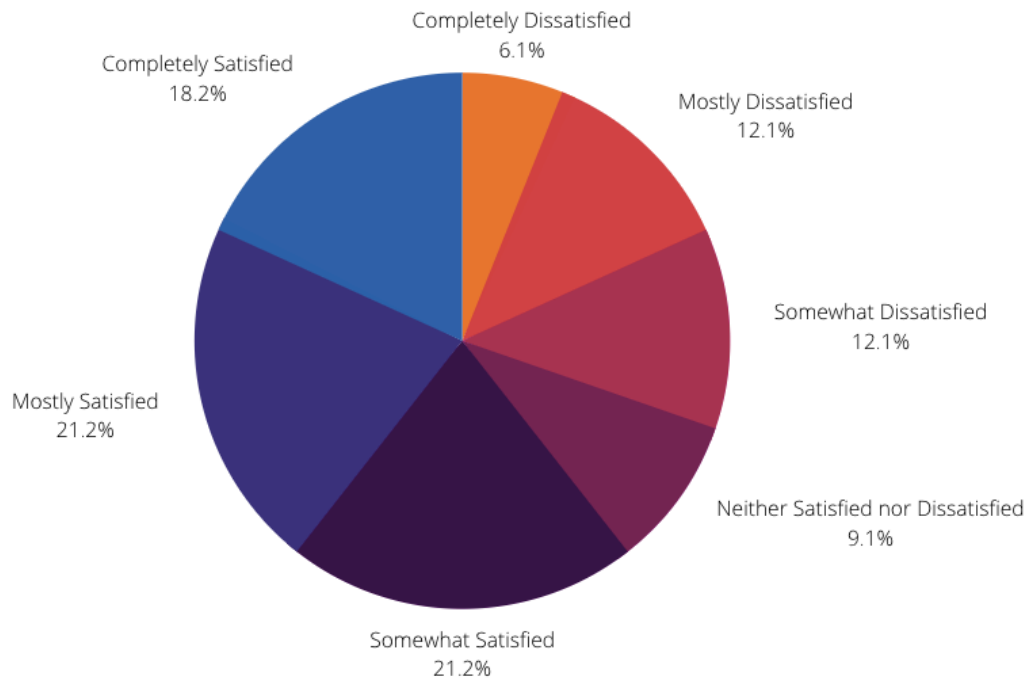
Figure 7.4: Form of Application Used by Respondents to Apply for Medicaid in Washington, D.C.



Total Responses: 44
Total Respondents 33

Overall Satisfaction

Figure 7.5: Satisfaction Levels of Respondents in Washington, D.C.



Common Barriers to Medicaid Application

The most common barriers that D.C. residents reported included calling but experiencing long wait times, unhelpful office and phone representatives, difficulty navigating the website, and not knowing about renewal requirements (Figures 7.6-7.8). D.C. residents identified 37 instances of service barriers, 11 instances of administrative barriers and 10 instances of socioeconomic and language barriers.

Service Barriers

Figure 7.6: Service Barriers Experienced by Respondents in Washington, D.C.

Service Barriers	Number of Responses	Percentage of Respondents
I called but experienced long wait times	9	27.3%
The office representative was not helpful	8	24.2%
The website was difficult to navigate	6	18.2%
The phone representative was not helpful	4	12.1%
There is no office nearby	3	9.1%
I called but no one picked up	3	9.1%
I called but my call was dropped	2	6.1%
The office was permanently closed	1	3.0%
The website was not working	1	3.0%
The office was closed when I went	0	0.0%
Total Responses	37	

Among the most common service barriers were long wait times on the phone, office representatives not being helpful, and difficulty navigating the website.

One story shared in an audio response illustrates the experience of Multiple service barriers.

“After filling out my recertification form and putting it back in the mail, I received a letter, probably about two months afterward, stating that my Medicaid was terminated because I didn't recertify.

After receiving the letter, I tried to call. One day I called, I was on hold for so long. The phone just went blank. Then the next morning I tried, I was on hold for a long time. But finally, when someone answered, the young lady told me that she couldn't mail me –my request was to see if she could send me another recertification application so I can fill it out and send it back in. She said, no, because I've already been terminated because I didn't send it. So I tried to convince her that I did put it in the mail, however, I had to go there.

So I went there to the office. When I got there, you had to stand in a line and wait... I showed the security guard I had a portable oxygen tank on me and I asked him, is it possible that I could ask one of the ladies for an application that I've already sent in, but they say they didn't receive it. And he was like, no, you have to sit and wait. And I was like, sir, you know, I don't want my oxygen to run out and he was like, I'm sorry, ma'am you know what the policy is, you have to wait.

My tank started giving me an indication that it was getting hot, you know, from being on the charger and me on it also. I went back to the desk. They don't even allow you to go to the desk. The security guard jumped up and he kinda like, you know, stop you from even getting close to them. So I saw that I wasn't getting anywhere. I sat down.

The whole process at the beginning to take a number, just for them to call your name, to give you an application, the whole 40 minutes waste of time.

There was nowhere to sit. There were other people still coming in the door. There were people standing. And I just think the operation is unnecessary and it is very frustrating. It was torture to me. And I just think someone just, they need to look into a more compromising or sensible process. I really don't want to deal with it anymore, but I have to because of my health. You're forced to be tortured just to get some Medicaid coverage."

Regarding the website, 6 respondents reported the website was difficult to navigate, and 1 responded that the website was not working (Figure 7.6). One respondent

described the application experience as “frustrating and nonresponsive” and elaborated on their attempts to maintain Medicaid using the website: “I cannot renew, modify or delete my application on D.C. Health Link because the website will not update the application.”

Administrative Barriers

Figure 7.7: Administrative Barriers Experienced by Respondents in Washington, D.C.

Administrative Barriers	Number of Responses	Percentage of Respondents
I didn't know about the renewal requirements and process	6	18.2%
I did not have the required forms to apply	4	12.1%
I didn't understand how to apply	1	3.0%
Total Responses	11	
Total Respondents	33	

Respondents also encountered administrative barriers. Six respondents did not know about the renewal requirements and process, and 4 respondents did not have the required forms to apply (Figure 7.7).

Socioeconomic and Language Barriers

Figure 7.8: Socioeconomic and Language Barriers Experienced by Respondents in Washington, D.C.

Socioeconomic and Language Barriers	Number of Responses	Percentage of Respondents
I encountered language challenges	3	9.1%
I did not have transportation to get to the office	2	6.1%
I didn't have enough time to complete the renewal process	2	6.1%
I did not have access to a computer/smartphone/device to apply	1	3.0%
I didn't have enough time to apply	1	3.0%
I don't have a permanent address	1	3.0%
I did not have internet access	0	0.0%
Total Responses	10	
Total Respondents	33	

Respondents reported 10 incidents of socioeconomic and language barriers, including language challenges, lacking transportation to get to the office, and not having enough time to complete the renewal process (Figure 7.8).

Stigma

Although no respondents reported stigma as a barrier, written responses from respondents who indicated that office or phone representatives were not helpful reveal stigmatizing experiences and treatment. *“Receiving looks, overhearing staff talk about others was not professional,”* one respondent said.

Another respondent described: “My experience with Medicaid was condescending. I feel like because I was applying and that I needed it at the time [the Medicaid representative] looked down on me and she spoke to me as if I was unable to comprehend or as if I was unintelligent.”

Legal Barriers

Figure 7.9: Legal Barriers Experienced by Respondents in Washington, D.C.

Legal Barriers	Number of Responses	Percentage of Respondents
My income level changed	6	18.2%
My employment status changed	4	12.1%
My age changed	1	3.0%
I experienced barriers with state-mandated work requirements*	1	3.0%
Total Responses	12	
Total Respondents	33	

* Medicaid work requirements are not currently in effect in Washington D.C..

Notably, 18.2 percent of respondents said their income level changed and 12 percent said their employment status changed, which led to challenges maintaining their Medicaid coverage (Figure 7.9). However, these are legal barriers related to eligibility, which are not the focus of this study.

COMMON BARRIERS BASED ON RACE/ETHNICITY AND GENDER

Due to small sample sizes of respondents in the white, Multi-racial/Mixed, and Latino categories, a comparative race analysis was not feasible for Washington D.C.. Similarly, small sample sizes of transgender and non-binary respondents prevented feasible analysis of these populations, however, respondents are still included in the Common Barriers by Gender chart. Furthermore, respondents who indicated Multiple genders are counted in each category selected. For example, respondents who selected both woman and transgender are counted in both groups.

Additionally, 26 out of 33 respondents identified as Black and 26 as women (Tables 7.1-7.2). Moreover, in total, 21 respondents were Black women. Thus, this survey provides a snapshot of Black women's experiences applying for Medicaid in D.C., but provides little to compare to in terms of race and gender.

Race/Ethnicity

Figure 7.10: Most Common Barriers by Race/Ethnicity and Gender in Washington, D.C.

Most Common Barriers	Percentage of Black Women Reporting
I called but experienced long wait times	33.3%
The office representative was not helpful	28.6%
The phone representative was not helpful	19.0%
Total Respondents	21

The most common barriers for Black women in this sample were experiencing long wait times on the phone, and unhelpful phone and office representatives (Figure 7.10).

Gender

Figure 7.11: Most Common Barriers by Gender in Washington, D.C.

Most Common Barriers	Percentage of Women	Percentage of Men	Percentage of Transgender and Non-binary
I didn't know about the renewal requirements and process	15%	38%	100%
I encountered language challenges	12%	13%	0%
I called but experienced long wait times	27%	25%	0%
There is no office nearby	8%	25%	0%
The office representative was not helpful	27%	13%	0%
The phone representative was not helpful	15%	0%	0%
The website was difficult to navigate	15%	25%	100%
Total Respondents	26	8	2

Major service barriers women respondents were calling but experiencing long wait times, and unhelpful office and phone representatives. Top barriers for men in this sample included not knowing about the renewal requirements and difficulty navigating the website (Figure 7.11).

CONCLUSION: WASHINGTON, D.C.

While applicants were mostly in the satisfied range and successfully enrolled at high rates, Washington, D.C. residents experienced service barriers, especially challenges with poor or inadequate customer service. Notably, written responses revealed frustration with poor customer service, including respondents experiencing stigmatizing treatment from Medicaid representatives.

The most common service barriers in the state were calling but experiencing long wait times, the office representative was unhelpful, and the website was difficult to navigate. Respondents also struggled to navigate the time-consuming application process, and many did not understand specifically the requirements to renew and maintain coverage.

WEST VIRGINIA

SAMPLE DEMOGRAPHICS

Twenty-two respondents filled out the survey in West Virginia.

Figure 8.1: Respondents by Race/Ethnicity in West Virginia

Race/Ethnicity	Number of Respondents	Percentage of Respondents
White	20	90.9%
Latino	2	9.1%
Multi-Racial/Mixed*	2	9.1%
Total Responses	24	
Total Respondents	22	

*Multi-Racial/Mixed includes 2 respondents who selected Multiple races: Latino, Asian, Mixed, White (1) and Latino, White (1).

Figure 8.2: Respondents by Gender in West Virginia

Gender	Number of Respondents	Percentage of Respondents
Woman	19	86.4%
Non-binary	2	9.1%
Man	1	4.5%
Total Respondents	22	100%

Fifty three percent of all Medicaid beneficiaries in West Virginia are women (Appendix: WV State Chart), and thus this survey oversamples women, who comprise 86.4 percent of respondents (Figure 8.2).

Ninety-one percent of survey respondents identified as white (Figure 8.1), which nearly mirrors the 93 percent of Medicaid beneficiaries in West Virginia who are white (Appendix: WV State Chart). Two respondents identified as white and at least one other race. None of the survey respondents were Black, and therefore this survey is not representative of West Virginia’s Black population that makes up 5 percent of the state’s Medicaid beneficiaries (Appendix: WV State Chart).

ENROLLMENT AND SATISFACTION

Enrollment Rates

Figure 8.3: Enrollment Outcomes in West Virginia

Enrollment	Number of Respondents	Percentage of Respondents
Yes	14	63.6%
I applied but was rejected	7	31.8%
Other	1	4.5%
Total	22	100%

Nearly 64 percent of respondents successfully enrolled in Medicaid and 32 percent were rejected (Figure 8.3).

Methods of Applying

Figure 8.4: Form of Application Used by Respondents to Apply for Medicaid in West Virginia



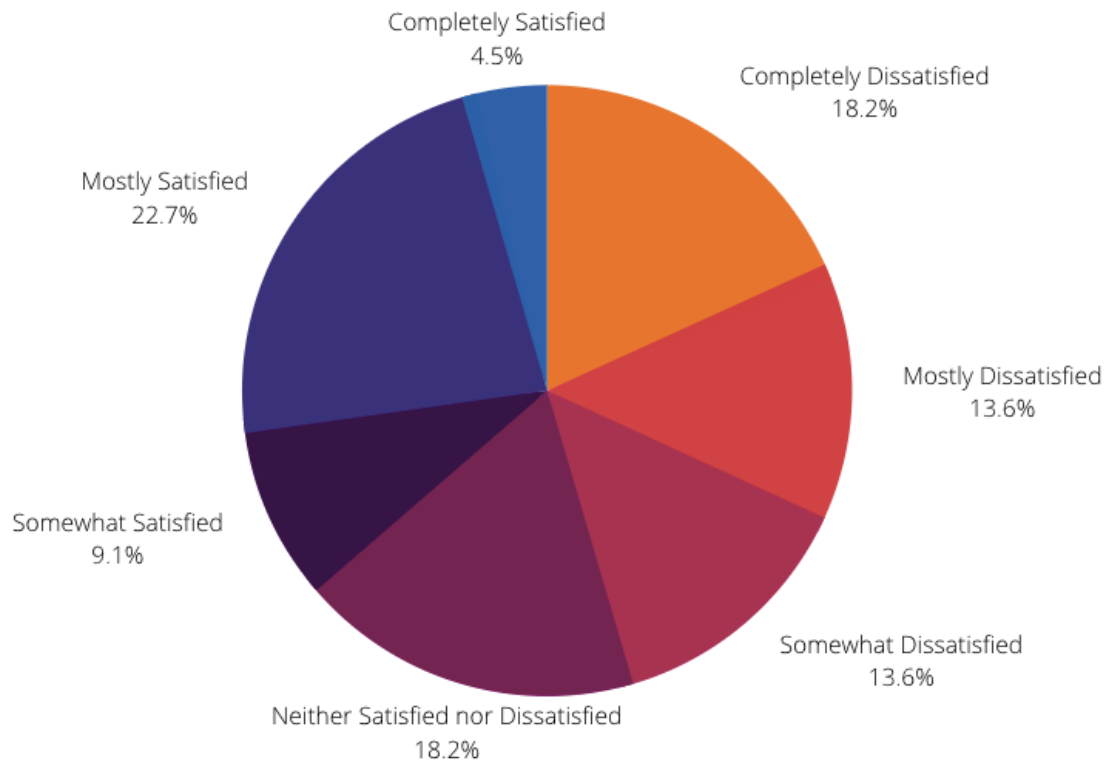
Total Responses: 26

Total Respondents: 22

Many respondents used Multiple methods to apply to Medicaid. Written responses convey that Multiple methods, for example website-use followed by mailing in documents, are often necessary to apply to Medicaid in West Virginia. Furthermore, written responses reveal that applicants may turn to different application methods when facing barriers during the process. For instance, when the online application portal fails to work, applicants may call a Medicaid representative for assistance.

Satisfaction Rates

Figure 8.5: Satisfaction Levels of Respondents in West Virginia



Approximately 45 percent of respondents were at least somewhat satisfied with the application experience, and about 35 percent of respondents were at least somewhat dissatisfied with the experience (Figure 8.5).

COMMON BARRIERS TO MEDICAID APPLICATION

Service Barriers

Figure 8.6: Service Barriers Experienced by Respondents in West Virginia

Service Barriers	Number of Responses	Percentage of Respondents
I called but no one picked up	5	22.7%
The website was difficult to navigate	5	22.7%
I called but experienced long wait times	2	9.1%
The phone representative was not helpful	2	9.1%
The office was closed when I went	1	4.5%
The office representative was not helpful	1	4.5%
I called but my call was dropped	1	4.5%
The website was not working	1	4.5%
The office was permanently closed	0	0.0%
There is no office nearby	0	0.0%
Total Responses	18	
Total Respondents	22	

The barriers of calling but no one picking up and the website being difficult to navigate, were the most common faced by West Virginians in this sample (Figure 8.6).

One written response demonstrates Multiple barriers encountered while navigating application procedures on the website: “I have found that the West Virginia path website is very difficult to navigate... The system will only notify you via U.S. mail which is ridiculous. Also updates that I have been told were in place did not reflect on the

website. I have no idea how anyone is able to navigate and handle their application given the way the system works currently.”

A story captured in a written response illustrates an experience encountering Multiple administrative and service-related barriers including website issues and challenges applying over the phone: “The website is difficult to navigate and is not clear about how to answer questions. It was also very long and unnecessarily thorough. The process was unclear and it’s difficult to communicate with the DHHR. I ended up calling and following up myself after a required call from an unknown number was accidentally missed. Apparently this is a required step for applying and since the caseworkers were working from home with unknown numbers it was impossible to call them back. I remember feeling very panicked and stressed out that day. Fortunately I was lucky enough to get one of the supervisors on the phone at my local office and she was nice enough to help me complete my application over the phone on her lunch break. I was lucky!”

Another respondent who applied over the phone also expressed frustration about the step in the application process involving answering an unscheduled call from an unknown number: “...required to be available for an unknown call interview at an unscheduled time from a case manager. I missed the call and they did not leave a message.”

Lastly, this written response underscores the occurrence of phone-related barriers, specifically calls to representatives going unanswered. Additionally, this story touches on how the Medicaid application process may impose demands on discretionary time, which is especially challenging for low-income individuals: “I have phoned my representative 3-4 times and have left full messages each time and my phone number for her to phone back. These messages have been totally ignored. I have started a new job recently and my hours do not allow me to stop by in person.”

Administrative Barriers

Figure 8.7: Administrative Barriers Experienced by Respondents in West Virginia

Administrative Barriers	Number of Responses	Percentage of Respondents
I didn't understand how to apply	3	13.6%
I didn't know about the renewal requirements and process	3	13.6%
I did not have the required forms to apply	0	0.0%
Total Responses	6	
Total Respondents	22	

Respondents also encountered administrative barriers. The most common barriers identified were not understanding how to apply, and not knowing about the renewal requirements and process (Figure 8.7).

Socioeconomic and Language Barriers

Figure 8.8: Socioeconomic and Language Barriers Experienced by Respondents in West Virginia

Socioeconomic and Language Barriers	Number of Responses	Percentage of Respondents
I didn't have enough time to complete the renewal process	1	4.5%
I did not have transportation to get to the office	0	0.0%
I did not have access to a computer/smartphone/device to apply	0	0.0%
I encountered language challenges	0	0.0%
I didn't have enough time to apply	0	0.0%
I don't have a permanent address	0	0.0%
I did not have internet access	0	0.0%
Total Responses	1	
Total Respondents	22	

Only one respondent reported experiencing a socioeconomic barrier, not having enough time to complete the renewal process, and therefore, analysis is limited for this barrier category (Figure 8.8).

Stigma

Three respondents reported feeling stigma or shame while applying. One written response demonstrates how stigma can be reflected in the application process: *"The warnings about fraud on every page made me feel like I was doing something wrong just by applying."*

Legal Barriers

Figure 8.9: Legal Barriers Experienced by Respondents in West Virginia

Legal Barriers	Number of Responses	Percentage of Respondents
My income level changed	10	45.5%
My employment status changed	4	18.2%
My age changed	1	4.5%
I experienced barriers with state-mandated work requirements	1	4.5%
Total Responses	16	
Total Respondents	22	

While legal barriers such as eligibility requirements are not within the scope of this research, nearly 46 percent of respondents reported changed income levels as a barrier to Medicaid access (Figure 8.9). One respondent elaborated on this challenge, expressing that their disability income was over the limit despite considerable out-of-pocket medical expenses: “Disability income over limit, even with extreme medical bills.”

COMMON BARRIERS BASED ON RACE/ETHNICITY AND GENDER

Twenty out of 22 respondents were white, and two respondents selected Multiple races including white. Additionally, 19 respondents were women, two were non-binary, and one respondent was a man. Thus, although this sample may provide insight into white women’s experiences applying for Medicaid in West Virginia, the data provides little to compare to in terms of race and gender. Therefore, given our sample data, a comparative race and gender analysis was not feasible for West Virginia. These study limitations warrant further research to conduct comparative, race and gender analysis on Medicaid beneficiary demographics in West Virginia.

Figure 8.10: Most Common Barriers by Race/Ethnicity and Gender in West Virginia

Most Common Barriers	Percentage of White Women
I called but no one picked up	29.4%
The website was difficult to navigate	23.5%
Total Respondents	17

The most common barriers for white women respondents in this sample were phone and website related; 29.4 percent experienced unanswered calls and difficulty navigating the website (Figure 8.10).

CONCLUSIONS: WEST VIRGINIA

West Virginian respondents struggled to navigate Multiple service and administrative barriers during the application process. The most common barriers reported in the state were unanswered calls and difficulty navigating the website. Furthermore, respondents reported not understanding how to apply, and not knowing about the application or renewal process. Written responses highlighted respondents' frustrations with the websites lack of functionality, and with inadequate or poor customer service, especially with phone representatives.

CONCLUSION

Overall and across the seven case study regions, many respondents faced the following challenges:

- Phone-related challenges, including long wait times (25.5 percent of respondents), unanswered calls (22.7 percent), and dropped calls (11.9 percent)
- Inadequate or poor customer service, including unhelpful office representatives (12.2 percent) or phone representatives (12.9 percent) and unreliable information from representatives
- Time-consuming processes due to service, administrative, and socioeconomic barriers
- Difficulty understanding complex application processes (9.4 percent) and/or renewal requirements (10.5 percent)
- Difficulty navigating the website (13.6 percent)
- And, fatigue and frustration as a result of all of these challenges.

The case study regions also faced some unique challenges, revealing the following insights:

Alaska: Alaskans faced instances of inaccessible offices, with over 20 percent of respondents each reporting often that there was no office nearby or the office was closed when they went. Many respondents in Alaska also faced the socioeconomic barrier of lacking a permanent address or transportation to get to the office.

Arkansas: At 21.2 percent of respondents, Arkansans were most likely among all regions to report not knowing whether or not they were successfully enrolled in Medicaid, because they did not know the status of their application.

Delaware: At 20 percent of respondents, Delaware reported the highest percentage of respondents without a permanent address. In addition, 14 percent did not have transportation to get to the office.

New Hampshire: New Hampshire had the highest enrollment rate (87.1 percent) among all regions, but also the highest rate of applicants who tried to apply but did not submit (16 percent of NH respondents).

Texas: Texans faced the highest rejection rate, with 44.4 percent of the sample applying to Medicaid but getting rejected. As such, eligibility and legal concerns were common, with Texas respondents reporting income changes as their most common barrier. Texas also had the lowest successful enrollment rate, at just 27.8 percent. Many Texans also did not have transportation to get to the office.

Washington, D.C.: After New Hampshire, D.C. had the second highest enrollment rate, at 84.8 percent. However, written responses highlighted poor customer service and stigmatizing treatment.

West Virginia: West Virginia had the second highest rejection rate (31.8 percent) and second lowest enrollment rate (63.6 percent) after Texas.

Improving Medicaid access for those eligible should involve expanding infrastructure, including phones, websites, and offices, to be more efficient and accessible; streamlining the application process and decreasing paperwork, time, and maintenance demands; and making proactive efforts to thoroughly inform applicants of every step of the process, including application and renewal.

Appendices:

A.1: Survey Questions

The survey consisted of the following questions. An asterisk (*) indicates the question was required and the form could not be submitted without a response. Boxes indicate areas where respondents were free to type in responses:

1. Who is filling out this survey? *

- a. You
- b. Your representative
- c. Organizing Staff

2. Electronic Consent *

Checking the box below indicates that:

- The survey taker has read the data protection information above
- The survey taker voluntarily agrees to participate in this survey

3. State *

Choose the State you were a resident of when you applied to Medicaid most recently since January 2017.

[Dropdown of 50 states and D.C.]

4. Since January 2017, have you successfully enrolled in Medicaid? *

- a. Yes
- b. I applied but was rejected
- c. I tried to apply but didn't submit the application
- d. I want to enroll in Medicaid, but I have been told or think I'm ineligible
- e. I don't know
- f. Other [Prompted free response box: "Please explain your enrollment status here."]

5. How did you apply or try to apply for Medicaid? *

Please use your most recent application experience since January 2017. (Respondents were allowed to choose Multiple options.)

- a. Phone
- b. Website
- c. Mail
- d. In-person
- e. Other [Prompted free response box: "How did you apply?"]

6. How satisfied were you with your recent Medicaid application process? *

Please use your most recent application experience since January 2017.

- a. Completely Dissatisfied
- b. Mostly Dissatisfied
- c. Somewhat Dissatisfied
- d. Neither Satisfied nor Dissatisfied
- e. Somewhat Satisfied
- f. Mostly Satisfied
- g. Completely Satisfied

7. Did you face any of these challenges while applying for or renewing Medicaid coverage? *

Please use your most recent application experience since January 2017. Select all that apply.

- a. The office was closed when I went
- b. The office was permanently closed
- c. There is no office nearby
- d. I did not have transportation to get to the office
- e. The office representative was not helpful
- f. I called but no one picked up
- g. I called but my call was dropped
- h. I called but experienced long wait times

- i. The phone representative was not helpful
- j. I did not have access to a computer/smartphone/device to apply
- k. I did not have internet access
- l. The website was difficult to navigate
- m. The website was not working
- n. I did not have the required forms to apply
- o. I encountered language challenges
- p. I didn't have enough time to apply
- q. I didn't understand how to apply
- r. I felt stigma or shame in applying
- s. I did not face any challenges
- t. Other [Prompted free response box: "What other challenges did you experience? Please use only a few words."]

8. Please walk us through the details of your application experience. *

What was the experience like for you?

We are collecting stories and additional details will strengthen our report and advocacy efforts. Your name and identity will not be attached to your story.

9. Did you face any challenges in maintaining your Medicaid coverage? *

Please use your most recent experience since January 2017. Select all that apply.

- a. My age changed
- b. My income level changed
- c. My employment status changed
- d. I experienced barriers with state-mandated work requirements
- e. I don't have a permanent address
- f. I didn't know about the renewal requirements and process
- g. I didn't have enough time to complete the renewal process
- h. I did not experience any barriers

- i. Other [Prompted free response box: "What other challenges did you experience? Please use only a few words."
- j. N/A

10. Please walk us through the details of your experience maintaining Medicaid coverage here. *

What was the experience like for you?

We are collecting stories and additional details will strengthen our report and advocacy efforts. Your name and identity will not be attached to your story.

11. Racial/Ethnic Identification *

Select all that apply.

- a. Asian
- b. Black or African American
- c. Hispanic or Latino
- d. Middle Eastern or North African
- e. Mixed
- f. Native American or American Indian
- g. Native Hawaiian or Other Pacific Islander
- h. Other [Prompted free response box: "What is your race/ethnicity? *"]
- i. White
- j. Prefer not to respond

12. Gender *

Select all that apply.

- a. Woman
- b. Man
- c. Transgender
- d. Non-binary
- e. My gender is... [Prompted free response box: "Other gender"]
- f. Prefer not to respond

13. Age *

14. First Name

15. Last Name

16. Phone Number

17. Email

18. Optional: Video/Audio

Please tell us your story of applying for or renewing Medicaid. We're looking for individual stories about your personal experience. Your story will be used to advocate for the reduction of Medicaid barriers and the expansion of healthcare access. Please note that your video/audio will not be confidential.

Upload a video or audio clip of no more than 5 minutes below. Please be sure to include your name and which state you live in.

Data Charts

A.2: Regions Surveyed

State	Targeted Study/Voluntary Responses*	Number of Respondents
Texas	Targeted Study	54
Delaware	Targeted Study	50
Alaska	Targeted Study	33
Arkansas	Targeted Study	33
District of Columbia	Targeted Study	33
New Hampshire	Targeted Study	31
West Virginia	Targeted Study	22
California	Voluntary Responses	11
Maryland	Voluntary Responses	8
Virginia	Voluntary Responses	3
Kentucky	Voluntary Responses	2
Alabama	Voluntary Responses	1
Florida	Voluntary Responses	1
New Jersey	Voluntary Responses	1
New York	Voluntary Responses	1
Pennsylvania	Voluntary Responses	1
Rhode Island	Voluntary Responses	1
Total		286

* Targeted study refers to the responses given by individuals within the case study regions of our report, while voluntary responses refers to respondents in states outside of our research.

A.3: Forms of Application and Satisfaction Reported by Respondents Across All the Participating States

Form of Application	Number of Responses	Percentage
In Person (Office)		
At Least Somewhat Dissatisfied	34	41.0%
Neither Satisfied nor Dissatisfied	14	16.9%
At Least Somewhat Satisfied	35	42.2%
At Least Somewhat Dissatisfied	28	57.1%
At Least Neither Satisfied nor Dissatisfied	7	14.3%
At Least Somewhat Satisfied	14	28.6%
At Least Somewhat Dissatisfied	34	59.6%
At Least Neither Satisfied nor Dissatisfied	6	10.5%
At Least Somewhat Satisfied	17	29.8%
At Least Somewhat Dissatisfied	69	46.0%
At Least Neither Satisfied nor Dissatisfied	23	15.3%
At Least Somewhat Satisfied	58	38.7%

A.4: Legal Barriers Reported by Respondents Across All the Participating States

Legal barriers	Number of Responses	Percentage of respondents
My age changed	14	4.9%
My income level changed	90	31.5%
My employment status changed	60	21.0%
I experienced barriers with state-mandated work requirements	32	11.2%
Total Responses	196	
Total Respondents	286	

A.4.1: Form of Application by Race reported by Respondents Across All the Participating States

Form of Application	Black (Percentage of Respondents)	White	Hispanic or Latino	Multi-Racial/ Mixed	POC who are not Black or Latino	Prefer not to respond
Phone	16.8%	23.4%	17.1%	20.8%	27.3%	0.0%
Website	43.0%	59.6%	63.4%	58.3%	45.5%	50.0%
Mail	15.0%	17.0%	19.5%	16.7%	27.3%	0.0%
In-person	32.7%	25.5%	29.3%	33.3%	27.3%	16.7%
Other	9.3%	4.3%	0.0%	4.2%	13.6%	33.3%
Total Respondents	107	94	41	24	22	6

A.4.2: Form of Application by Gender reported by Respondents Across All the Participating States

Form of Application	Men (Percentage of Respondents)	Women	Non-binary and Transgender	Femme	Prefer not to respond
Phone	25.6%	18.5%	6.7%	0.0%	0.0%
Website	47.6%	55.0%	53.3%	0.0%	40.0%
Mail	24.4%	13.2%	26.7%	0.0%	0.0%
In-person	19.5%	33.3%	20.0%	100.0%	60.0%
Other	9.8%	5.8%	13.3%	100.0%	20.0%
Total Respondents	82	189	15	1	5

A.5: Administrative Barriers by Gender Reported by Respondents Across All the Participating States

Administrative Barriers	Percentage of Men	Percentage of Women	Percentage of Non-binary and Transgender
I did not have the required forms to apply	7.3%	6.9%	6.7%
I didn't understand how to apply	13.4%	7.4%	13.3%
I didn't know about the renewal requirements and process	15.9%	8.5%	26.7%
Total Respondents	82	189	15

A.6: Administrative Barriers by Race/Ethnicity Reported by Respondents Across All the Participating States

Administrative Barriers	Black (Percentage of Respondents)	White	Latino	Multi-Racial/Mixed	POC
I did not have the required forms to apply	6.5%	7.4%	7.3%	4.2%	9.1%
I didn't understand how to apply	8.4%	10.6%	12.2%	4.2%	9.1%
I didn't know about the renewal requirements and process	9.3%	14.9%	9.8%	0.0%	9.1%
Total Respondents	107	91	41	24	22

A.7: Administrative Barriers by Race/Ethnicity and Gender Reported by Respondents Across All the Participating States

Administrative barriers	Black Men (Percentage of Respondents)	Black Women	White Men	White Women	Latino Men	Latino Women
I did not have the required forms to apply	7.1%	6.5%	8.3%	4.8%	8.3%	7.1%
I didn't understand how to apply	17.9%	5.2%	8.3%	9.5%	16.7%	10.7%
I didn't know about the renewal requirements and process	10.7%	9.1%	25.0%	9.5%	25.0%	7.1%
Total Respondents	28	77	24	63	12	28

A.8: Legal Barriers by Gender Reported by Respondents Across All the Participating States

Legal Barriers	Percentage of Men	Percentage of Women	Percentage of Non-binary and Transgender
My age changed	4.9%	5.3%	0.0%
My income level changed	30.5%	32.8%	13.3%
My employment status changed	26.8%	18.0%	33.3%
I experienced barriers with state-mandated work requirements	17.1%	7.9%	20.0%
Total	82	189	15

A.9: Legal Barriers by Race/Ethnicity Reported by Respondents Across All the Participating States

Legal Barriers	Black (Percentage of Respondents)	White	Latino	Multi-Racial/Mixed	POC
My age changed	7.5%	1.1%	7.3%	4.2%	4.5%
My income level changed	19.6%	36.2%	46.3%	45.8%	40.9%
My employment status changed	18.7%	17.0%	26.8%	33.3%	36.4%
I experienced barriers with state-mandated work requirements	7.5%	9.6%	7.3%	16.7%	31.8%
Total Respondents	107	94	41	24	22

**A.10: Legal Barriers by Race/Ethnicity and Gender Reported by Respondents
Across All the Participating States**

Legal Barriers	Black Men (Percentage of Respondents)	Black Women	White Men	White Women	Latino Men	Latino Women
My age changed	7.1%	7.8%	0.0%	1.6%	8.3%	7.1%
My income level changed	17.9%	20.8%	41.7%	34.9%	33.3%	50.0%
My employment status changed	25.0%	16.9%	12.5%	15.9%	41.7%	21.4%
I experienced barriers with state-mandated work requirements	14.3%	3.9%	20.8%	4.8%	0.0%	10.7%
Total Respondents	28	77	24	63	12	28

A.11: Case Study Overviews (State Charts)

The following charts present an overview of Medicaid enrollment and the Medicaid system in each of the seven case study regions of this survey.¹³⁵

¹³⁵ The following data is taken from the following resources:

"Distribution of Nonelderly Adults with Medicaid by Sex." 2020. *KFF* (blog). October 23, 2020.

<https://www.kff.org/medicaid/state-indicator/medicaid-distribution-nonelderly-adults-by-sex/>.

Kaiser Family Foundation. 2021. "Total Monthly Medicaid/CHIP Enrollment and Pre-ACA Enrollment."

KFF (blog). April 7, 2021. <https://www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/>.

United States Census Bureau. 2019. "U.S. Census Bureau QuickFacts: New Hampshire; Texas; District of Columbia; Delaware; Arkansas; Alaska." July 1, 2019.

<https://www.census.gov/quickfacts/fact/table/NH,TX,DC,DE,AR,AK/PST045219>.

Alaska Medicaid Fact Sheet

JULY 2019

IN 2019 DOLLARS

JULY 2019

NOVEMBER 2020

731,545

TOTAL POPULATION

\$77,640

AVERAGE INCOME

10.1%

LIVING IN POVERTY

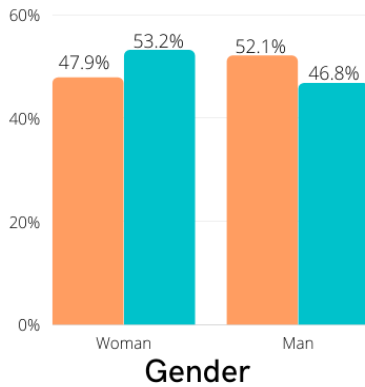
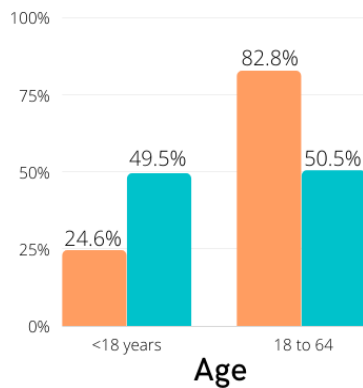
237,622

ENROLLED IN MEDICAID

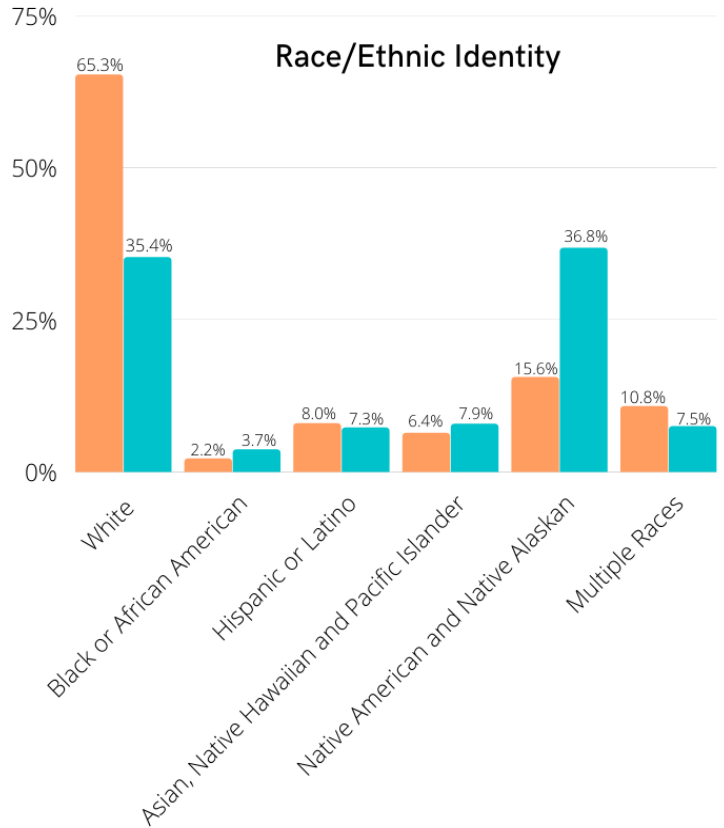
Medicaid Demographics

Total Population ■ vs. Medicaid Recipients ■

*Percentage of Total Populations



*Trans and non-binary not included for lack of state data



Increase in Enrollment During COVID-19: **6.6%**

Eligibility Requirements:

To be eligible for Medicaid in Alaska, one must be :

- A resident of the state of Alaska, a U.S. national, citizen, permanent resident, or legal alien
- Pregnant, or
- Be responsible for a child 18 years of age or younger, or
- Blind, or
- Have a disability or a family member in your household with a disability.
- Be 65 years of age or older.

To be eligible, you must have an annual household income that is below the following amounts:

For a Single Household: \$21,400 (before taxes)

State Agency Housing Medicaid:

Alaska Department of Public Assistance determines eligibility, and is administered by Division of Health Care Services (DHCS)

Expansion Status: Adopted in 2015

Federal Medical Assistance Percentage:



Federal Funding: 56.2%
State Funding: 43.8%

Arkansas Medicaid Fact Sheet

JULY 2019

IN 2019 DOLLARS

JULY 2019

NOVEMBER 2020

3,017,804

TOTAL POPULATION

\$47,597

AVERAGE INCOME

16.20%

LIVING IN POVERTY

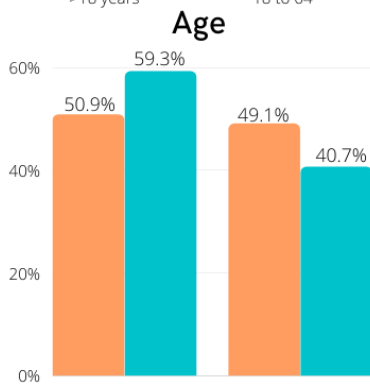
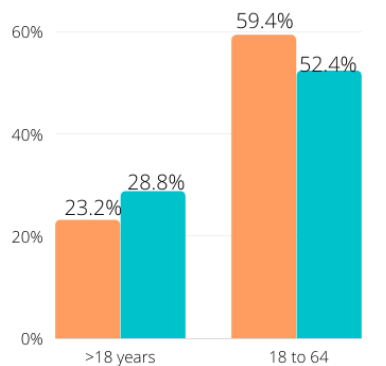
869,127

ENROLLED IN MEDICAID

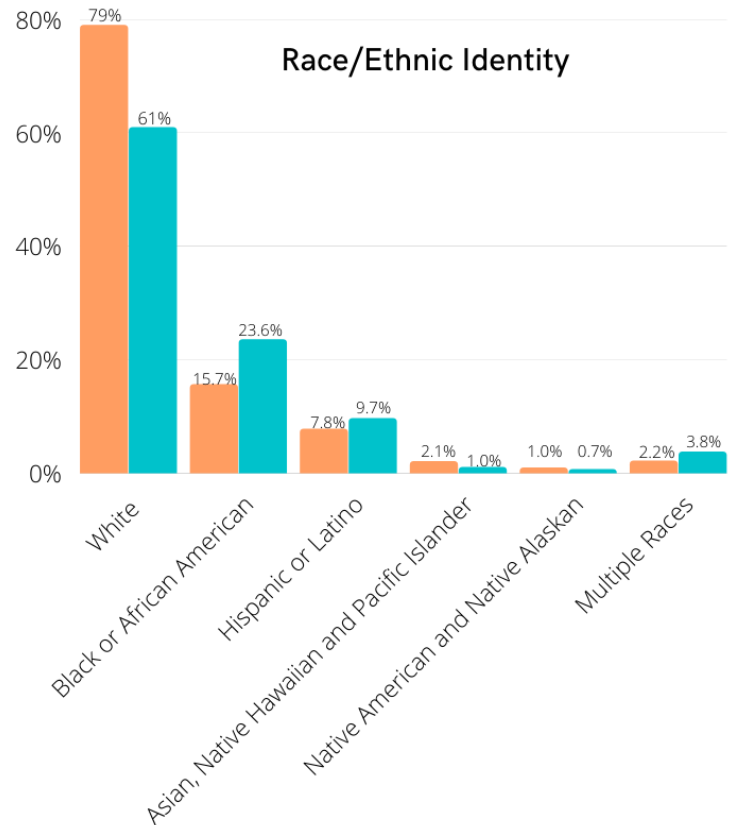
Medicaid Demographics

Total Population ■ vs. Medicaid Recipients ■

*Percentage of Total Populations



*Trans and non-binary not included for lack of state data



Increase in Enrollment
During COVID-19:

8.82%



Eligibility Requirements:

To be eligible for Medicaid in Arkansas, one must be :

- A resident of the state of Arkansas, a U.S. national, citizen, permanent resident, or legal alien
- Pregnant, or
- Be responsible for a child 18 years of age or younger, or
- Blind, or
- Have a disability or a family member in your household with a disability.
- Be 65 years of age or older.

To be eligible, you must have an annual household income that is below the following amounts:

For a Single Household: \$17,131 (before taxes)

State Agency Housing Medicaid:

Administered by the Department of Human Services' (DHS) Division of Medical Services (DMS)

Expansion Status: Adopted in 2014

Federal Medical Assistance Percentage:



Federal Funding: 77.4%

State Funding: 22.6%

Delaware Medicaid Fact Sheet

JULY 2019

IN 2019 DOLLARS

JULY 2019

NOVEMBER 2020

973,764

TOTAL POPULATION

\$68,287

AVERAGE INCOME

11.30%

LIVING IN POVERTY

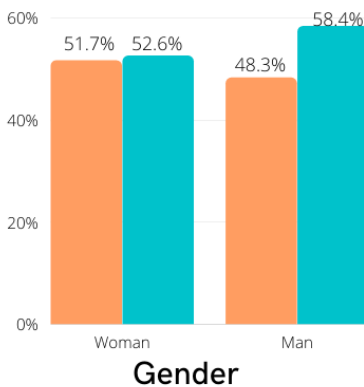
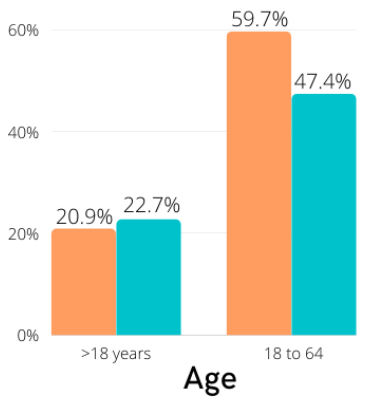
221,044

ENROLLED IN MEDICAID

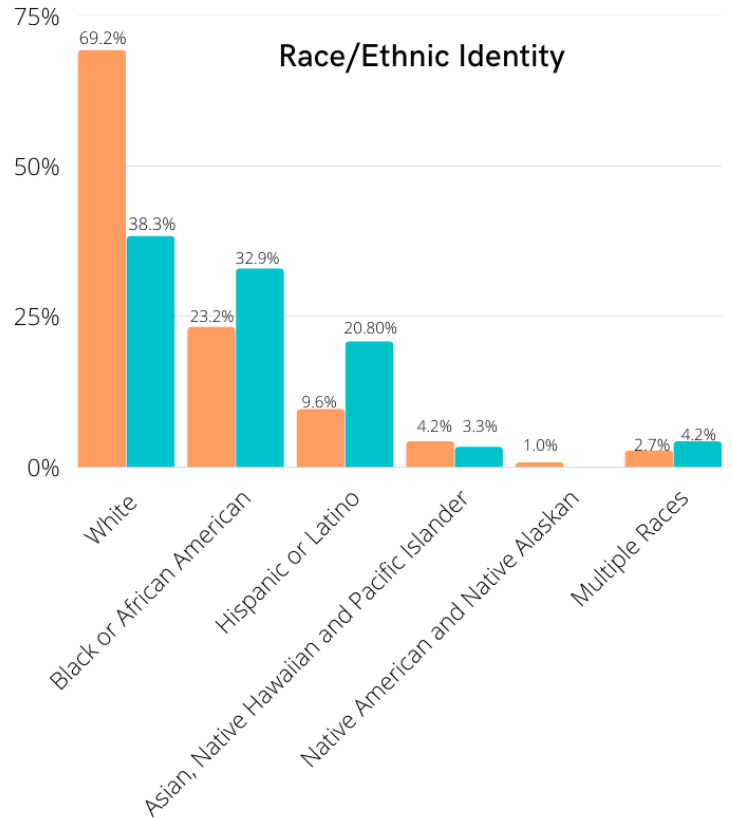
Medicaid Demographics

Total Population ■ vs. Medicaid Recipients ■

*Percentage of Total Populations



*Trans and non-binary not included for lack of state data



Increase in Enrollment
During COVID-19:

8.82%



Eligibility Requirements:

To be eligible for Medicaid in Delaware, one must be :

- A resident of the state of Delaware, a U.S. national, citizen, permanent resident, or legal alien
- Pregnant, or
- Be responsible for a child 18 years of age or younger, or
- Blind, or
- Have a disability or a family member in your household with a disability.
- Be 65 years of age or older.

To be eligible, you must have an annual household income that is below the following amounts:

For a Single Household: \$17,131 (before taxes)

State Agency Housing Medicaid:

Delaware Department of Health and Social Services (DHSS) Division of Public Health

Expansion Status: Adopted in 2014

Federal Medical Assistance Percentage:



Federal Funding: 63.9%

State Funding: 36.1%

District of Columbia Medicaid Fact Sheet

JULY 2019

IN 2019 DOLLARS

JULY 2019

NOVEMBER 2020

705,749

TOTAL POPULATION

\$86,420

AVERAGE INCOME

13.5%

LIVING IN POVERTY

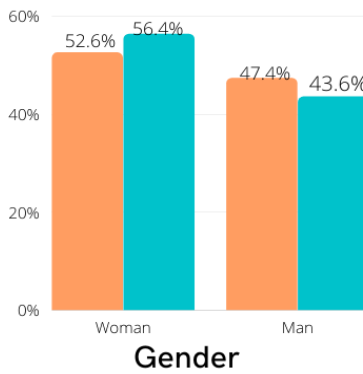
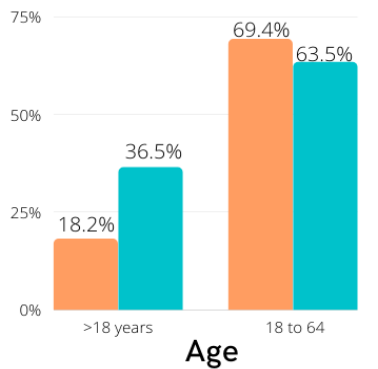
181,377

ENROLLED IN MEDICAID

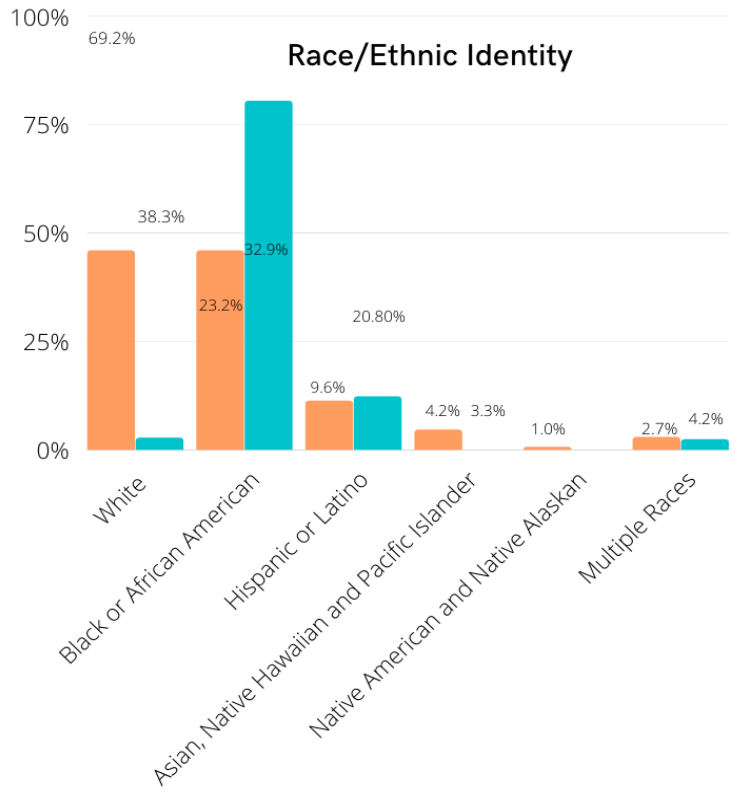
Medicaid Demographics

Total Population vs. Medicaid Recipients

*Percentage of Total Populations



*Trans and non-binary not included for lack of state data



Increase in Enrollment During COVID-19: **7.13%** ↑

Eligibility Requirements:

To be eligible for Medicaid in D.C., one must be :

- A resident of the state of D.C., a U.S. national, citizen, permanent resident, or legal alien
- Pregnant, or
- Be responsible for a child 18 years of age or younger, or
- Blind, or
- Have a disability or a family member in your household with a disability.

Be 65 years of age or older.ble, you must have an annual household income

that is below the following amounts:

For a Single Household: \$17,131 (bef\$16,971 es)

State Agency Housing Medicaid:

Department of Health Care Finance

Expansion Status: Adopted in 2014

Federal Medical Assistance Percentage:



Federal Funding: 63.9%
State Funding: 36.1%

New Hampshire Medicaid Fact Sheet

JULY 2019

IN 2019 DOLLARS

JULY 2019

NOVEMBER 2020

1,359,711

TOTAL POPULATION

\$76,768

AVERAGE INCOME

7.3%

LIVING IN POVERTY

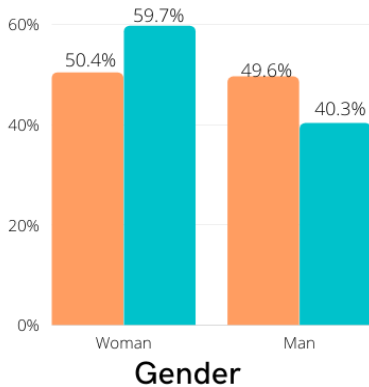
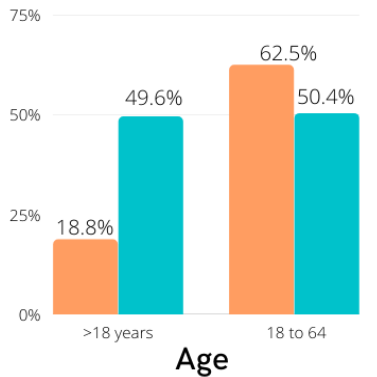
199,878

ENROLLED IN MEDICAID

Medicaid Demographics

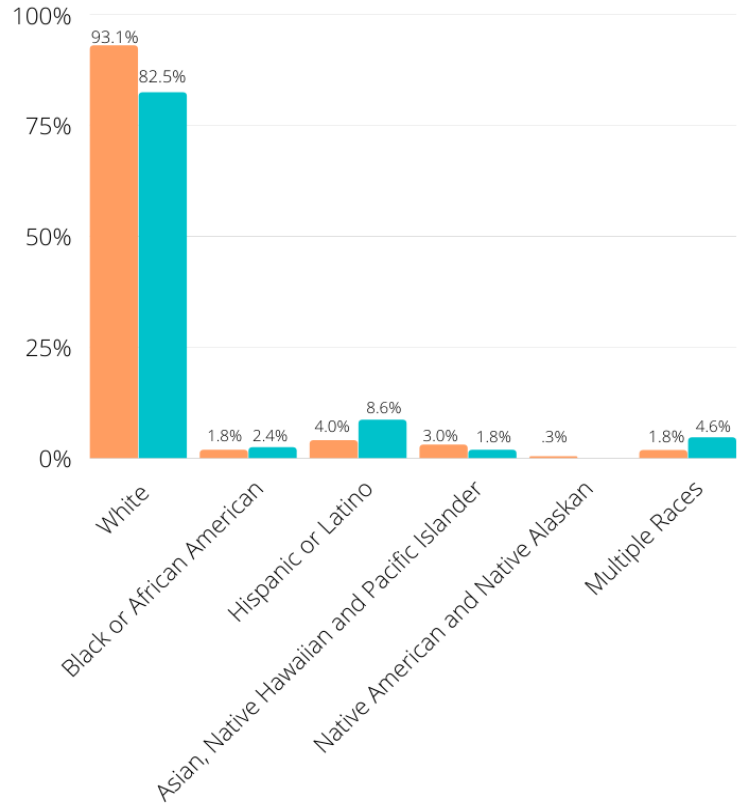
Total Population ■ vs. Medicaid Recipients ■

*Percentage of Total Populations



*Trans and non-binary not included for lack of state data

Race/Ethnic Identity



Increase in Enrollment
During COVID-19:

7.30%



Eligibility Requirements:

To be eligible for Medicaid in New Hampshire, one must be :

- A resident of the state of New Hampshire, a U.S. national citizen, permanent resident, or legal alien
- Pregnant, or
- Be responsible for a child 18 years of age or younger, or
- Blind, or
- Have a disability or a family member in your household with a disability.
- Be 65 years of age or older.

To be eligible, you must have an annual household income that is below the following amounts:

For a Single Household: \$17,131 (before taxes)

State Agency Housing Medicaid:

New Hampshire Department of Health and Human Services (DHHS)

Expansion Status: Adopted in 2014

Federal Medical Assistance Percentage:



Federal Funding: 56.2%

State Funding: 43.8%

Texas Medicaid Fact Sheet

JULY 2019

28,995,881

TOTAL POPULATION

IN 2019 DOLLARS

\$61,874

AVERAGE INCOME

JULY 2019

13.6%

LIVING IN POVERTY

NOVEMBER 2020

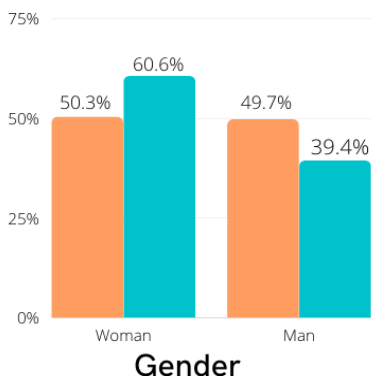
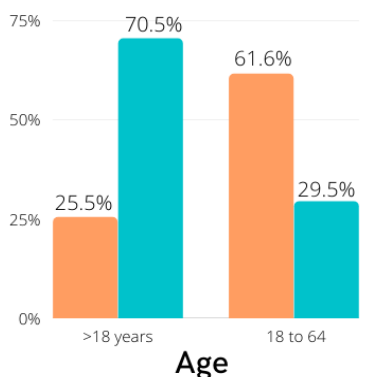
4,668,337

ENROLLED IN MEDICAID

Medicaid Demographics

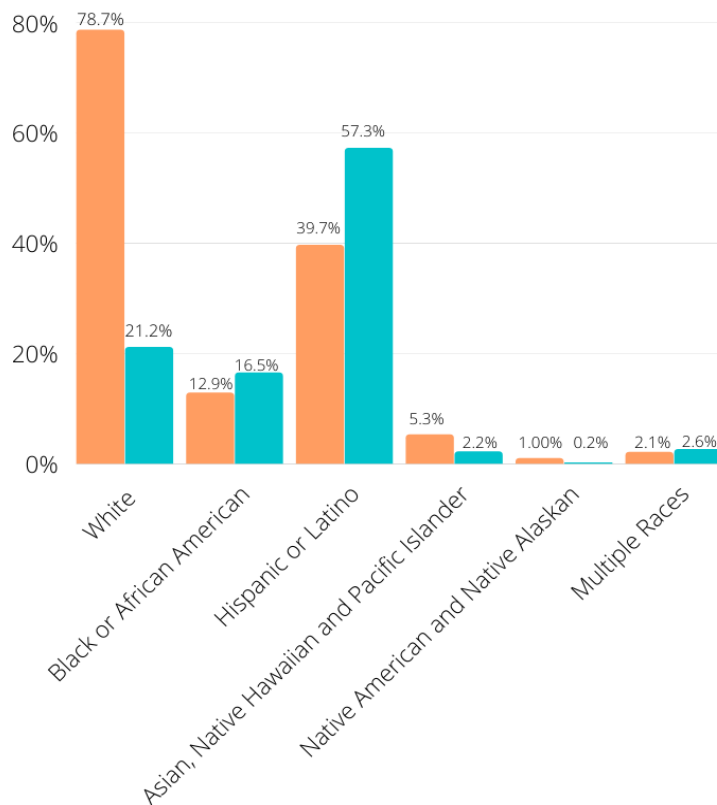
Total Population ■ vs. Medicaid Recipients ■

*Percentage of Total Populations



*Trans and non-binary not included for lack of state data

Race/Ethnic Identity



Increase in Enrollment
During COVID-19:

13%



Eligibility Requirements:

To be eligible for Medicaid in Texas, one must be :

- A resident of the state of Texas, a U.S. national, citizen, permanent resident, or legal alien
- Pregnant, or
- Be responsible for a child 18 years of age or younger, or
- Blind, or
- Have a disability or a family member in your household with a disability.
- Be 65 years of age or older.

To be eligible, you must have an annual household income that is below the following amounts:

For a Single Household: \$25,503 (before taxes)

State Agency Housing Medicaid:

Texas Department of Health and Human Services (HHS)

Expansion Status: Has yet to expand

Federal Medical Assistance Percentage:



Federal Funding: 68.4%

State Funding: 32.0%

West Virginia Medicaid Fact Sheet

JULY 2019

IN 2019 DOLLARS

JULY 2019

NOVEMBER 2020

1,792,147

TOTAL POPULATION

\$46,711

AVERAGE INCOME

16%

LIVING IN POVERTY

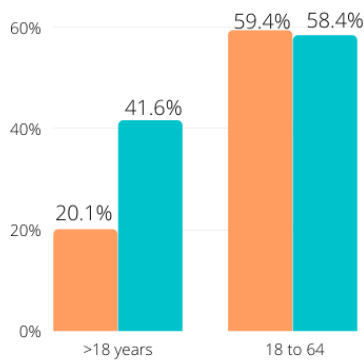
539,436

ENROLLED IN MEDICAID

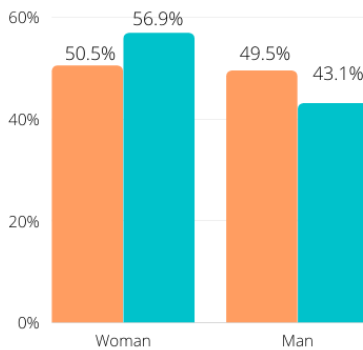
Medicaid Demographics

Total Population ■ vs. Medicaid Recipients ■

*Percentage of Total Populations



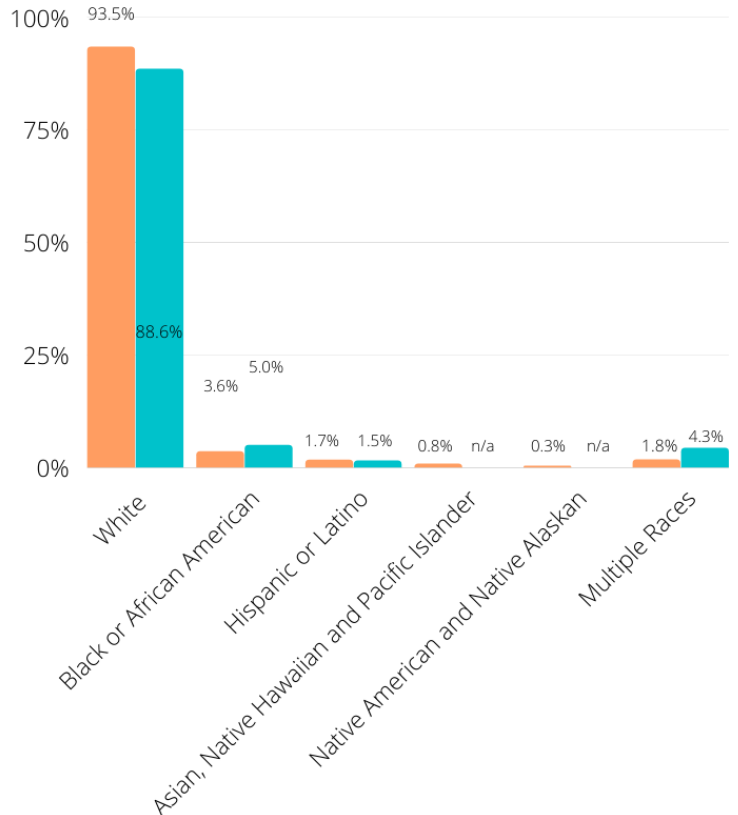
Age



Gender

*Trans and non-binary not included for lack of state data

Race/Ethnic Identity



Increase in Enrollment
During COVID-19:

16%



Eligibility Requirements:

To be eligible for Medicaid in West Virginia, one must be :

- A resident of the state of West Virginia, a U.S. national, citizen, permanent resident, or legal alien
- Pregnant, or
- Be responsible for a child 18 years of age or younger, or
- Blind, or
- Have a disability or a family member in your household with a disability.
- Be 65 years of age or older.

To be eligible, you must have an annual household income that is below the following amounts:

For a Single Household: \$17,131 (before taxes)

State Agency Housing Medicaid:

Department of Health and Human Resources,
Bureau for Medical Services (BMS)

Expansion Status: Adopted in 2014

Federal Medical Assistance Percentage:



Federal Funding: 81.2%

State Funding: 18.8%

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