

## Barriers to Re-Enrollment in Medi-Cal and Strategies for Retaining Eligible Children: Parents and County Workers Speak Out in Santa Clara County

### Summary:

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Medi-Cal for Children, a public health insurance program for low-income children, is an important source of health coverage for nearly 59,500 children in Santa Clara County. Once enrolled, children receive comprehensive medical care coverage that safeguards their health. Because a stable source of coverage has significant implications for children's health and development, helping eligible children retain their Medi-Cal coverage is a priority for Santa Clara County. Many children who are enrolled in Medi-Cal, however, do not remain on the program.

In support of the Children's Health Initiative goal to insure 100% of the children in Santa Clara County, the Santa Clara County Social Services Agency (SSA) commissioned this study to examine what clients and county staff perceive as barriers for re-enrollment of children in Medi-Cal and to formulate best practices to retain eligible children in the program. The findings from this study will inform the Social Services Agency's overall restructuring effort to establish a customer-friendly, "one-stop shopping" approach to providing non-cash benefits to the working poor, including health insurance coverage for low-income children in Santa Clara County.

To gain these insights, SSA wanted to hear from families who have a child or children that stopped receiving coverage for a preventable reason under the Medi-Cal program. This group was more likely to have had a negative experience with Medi-Cal and is not necessarily reflective of the experience of the Santa Clara Medi-Cal population as a whole. Separate focus groups were organized with county workers who interact with Medi-Cal families. In the focus group discussions with parents we asked about their understanding and experiences with Medi-Cal, the reasons they perceive their child stopped receiving Medi-Cal, and their ideas for ways to make the re-enrollment process smoother. Similar questions were posed to the county workers, with some additional questions on reasons for children's discontinuance and ideas for developing short- and long-term retention strategies.

The findings presented in this issue brief suggest that simplifying redetermination forms, improving communication between the County Social Services Agency and families, enabling county workers to serve families better, increasing the program's convenience for families, and reducing parents' share of cost are important changes to retain children in the Medi-Cal program.

# Barriers to Medi-Cal Retention:

## What Parents Say...

### *The Re-Enrollment Paperwork Is Lengthy and Complicated.*

The majority of parents in this study point to paperwork issues as a root cause for why their child no longer receives Medi-Cal. Parents' frustration runs high on this issue, and they do not understand why Medi-Cal makes it so hard to stay in the program. They say the renewal forms are lengthy and ask redundant, often intrusive and unnecessary questions. Many parents also say it can be difficult for them to obtain the income stubs and other verification needed to complete the forms.

### *Their Family's Share of Cost is Too High.*

Share of cost is the family's share of monthly medical expenses (similar to a deductible). When their child receives medical care, Medi-Cal will pay for expenses beyond this amount. Many parents say that these Medi-Cal costs are too high for their child to stay enrolled. While parents believe health insurance is important, some do not complete the redetermination forms because they question if Medi-Cal is really worth the high out-of-pocket costs. They believe Medi-Cal is not taking into account the high cost of living in Santa Clara County and the expensive housing costs when determining a family's share of cost.

### *They Never Received Notice that Their Child Would be Disenrolled.*

Many parents are bewildered by Medi-Cal's notification process. A number of parents do not know why their child was "dropped" from Medi-Cal, and say they have never heard from the program. Others who do know why their child stopped receiving Medi-Cal say they failed to receive any sort of notification in the mail.

### *They Experienced Difficulties with County Workers.*

Parents' comments suggest that interaction with their county worker plays an important role in whether their child stays enrolled in Medi-Cal or not. Parents say that county workers who are helpful, polite and knowledgeable can make a big difference in whether their child stays enrolled or not. If parents have difficulty in reaching their county worker, or have an experience where their county worker is insensitive or ill informed, they become much less inclined to keep their child in the program. In addition, parents believe they are sometimes transferred between county workers. Not only does this mean each new county worker has to re-familiarize themselves with the family's circumstances, but also parents are deprived of a meaningful, one-on-one relationship with their county worker, something they say they would like to have.

### *Office Locations and Hours are Inconvenient.*

Parents voice a few basic problems with office locations and hours. For example, county offices are only open from the hours of 9 to 5, which means parents must take time off from work in order to meet with their county worker. Changes in office location are also frustrating for many parents, who in some cases, may be required to take several buses (often with children) in order to reach the appropriate county office.



parents

# What County Workers Say...

## *Parents Don't Take the Necessary Steps to Keep Their Child in the Program.*

Workers say that parents forget to return the redetermination form, provide the verification, or return the renewal packet on time. While they perceive on one hand that Medi-Cal parents lead very busy lives (often working two jobs) and sympathize with them, on the other hand they also believe that Medi-Cal retention starts with parents making an effort to complete enrollment for their child or children.

## *The Application is Too Complicated.*

Even though many county workers say that the redetermination form has been simplified, they still believe it could be made even simpler. They say they often have to help parents complete the form. They also explain that the form is accompanied by many other documents, so parents receive a thick pile of papers each year for re-enrollment. Workers believe some parents may be intimidated by all the documents, even though they are only required to complete the redetermination form.

## *Parents May Not Receive Warning Notices.*

While workers assert that every family is sent at least two mailed notices before being discontinued, they also say that these families tend to move frequently, or live with other families, and may not be receiving their mail. They also believe families are so used to receiving "junk mail" from Medi-Cal that they simply throw out the notices without reading them.

## *County Workers Need to Make Phone Contact with Families.*

Workers relate that they make phone contact with families who are about to stop receiving Medi-Cal to see if they can help them with the

renewal forms. They say this telephone contact is very effective, and often helps families stay enrolled. However, workers also observe that not all county workers make follow-up calls, as it is not a requirement to do so.

## *Parents are Busy and Difficult to Reach.*

Workers relate that parents are not always home during the day and frequently do not have answering machines, so it is often difficult to reach parents by phone. Workers note, however, that they make their phone calls during daytime hours when most parents may be working.

## *Supervisors are Crucial in Supporting County Eligibility and Continuing Workers.*

County workers indicate that they are more likely to take initiative with retaining families if their supervisor sets out clear standards and expectations for retention activities. Some workers also indicate that there was a difference among supervisors in facilitating clients' requests to change eligibility workers.

## *Annual Renewal Also Translates into Less Contact with Families.*

While workers support less paperwork for families, they also say there is a downside to this change. They say they have less contact with families than they did previously when families had to provide quarterly forms. This loss of contact means that families move and the workers do not know it, or their job and family situation changes, or they feel disconnected from the Medi-Cal program—all of which impacts retention.

( Continued )

## What County Workers Say... *(continued)*

### *County Workers are Overworked and Undertrained.*

Continuing eligibility workers are often responsible for managing Food Stamps and Medi-Cal cases. Each case is assigned a particular “case weight” based on specific Medi-Cal or Food Stamps aid codes. Case weight combinations determine the caseload or number of cases each worker manages. Workers expressed the need to lower case weights for cases they are responsible for to allow for additional time to engage in retention activities.

*County workers also say that many offices have less eligibility workers than is required for their workload.*

With so much work, they say they cannot make as much effort as they would like to help families remain in the program. Additionally, many county workers feel they are not adequately trained on the various programs available to families and require additional training. A number of county workers say that training has not been emphasized in their offices, and that it is easy to fall behind in knowledge and understanding of the available programs.

### *The Minimum Maintenance Need Level is Too Low for Families.*

County workers are not surprised to learn that parents complain about their share of cost—they agree it is too high. They blame the high cost of living in Santa Clara County for this problem. The current maintenance need level, based on a standard cost for nonmedical expenses such as rent, utilities, food and clothing, is extremely low in their opinion. Because rents are so high, as are other expenses, they believe the formula for devising the minimum maintenance need should be adjusted for the above average living costs, particularly housing costs, in the County. Workers perceive that some parents simply let their child’s Medi-Cal eligibility lapse because they do not feel the program, relative to other living necessities, is a good value for the money. Families also may know that they can reapply and get back on the program if they have a health need.



# Group Variation

In general, the views and experiences across the parent focus groups tended to echo along similar themes. However, some ethnic and geographic differences did emerge that bears further discussion.

The Spanish-speaking focus group, as mentioned earlier, was held in the City of Gilroy located in the southern area of Santa Clara County. Gilroy is a growing, semi-rural area that is populated by mostly small to medium-size businesses, many of which are agriculture-related. Latino parents in the Gilroy focus group were mostly agricultural workers. Parents talked about the difficulties in keeping their child in Medi-Cal because they are in atypical, particularly seasonal, work situations. This kind of seasonal employment affords them private insurance that leads them to disenroll from Medi-Cal. However, they say this type of insurance is usually short-term in nature. Once they stop working again, they are left without insurance, often for months at a time. These parents do not seem to know they can have other insurance and keep Medi-Cal too. This group also seemed to have the most confusion about why their children were no longer in the program.

Vietnamese parents in San Jose face significant language barriers in their experience with the Medi-Cal program. While they share many of the issues with the other parents, the greatest problem that Vietnamese parents face is that they do not understand English. They say Medi-Cal does not have an application or renewal form in their language, so they must struggle in English or find someone to complete the form for them.

This group also believed that the reason they were no longer on the program was because they had found employment and were no longer eligible.

Parents and county workers also say that the county sometimes linguistically and culturally “mismatches” county workers and clients—for example, assigning Spanish-speaking parents to a Vietnamese county worker who does not speak Spanish. County workers are not sure why this happens, but believe it can hurt communication between a client and their eligibility worker.

Finally, Latino and Vietnamese parents in the focus groups tend to have more complaints about the application. They tend to have the most difficulty answering questions, and appear to need the most help in completing the forms.



# Findings and Recommendations

Parents in the focus groups express a high degree of satisfaction with the health care services received through the Medi-Cal program. They make positive comments about the quality of medical care, the range of services covered, and were mostly satisfied with the doctors and nurses who cared for their child. Their only real criticisms relate to the dental and prescription drug coverage, which they believe is not comprehensive enough, and about the lack of dentists willing to see Medi-Cal patients. In almost every case, parents say they wish their child was still enrolled in Medi-Cal. Most are interested in re-enrolling in the program. Most of the parents in the focus groups reveal that their child has been uninsured since they stopped receiving Medi-Cal.

Importantly, almost all parents blame administrative and communication problems with Medi-Cal as the main reason their child is no longer enrolled. In retrospect, very few parents point to anything they could or would have done differently to continue enrollment.

The county workers identified almost all of the same barriers raised by parents. Indeed, there was a remarkable degree of consistency between the parents and the county workers on this topic. County workers blame breakdowns in communication and paperwork problems for many eligible families' disenrollment from Medi-Cal. They differ with parents, however, in how they assess responsibility for these problems. County workers believe many parents lack the will to take the steps necessary for their child to remain enrolled in Medi-Cal. They perceive that parents generally consider the paperwork as too much hassle or too difficult to complete. They also believe parents lose track of time, believe they can always re-enroll later, or are unwilling to make the effort for their child to stay in the program.

But county workers also believe some of the responsibility for disenrollment lies with their colleagues and with the Medi-Cal program. They admit there are problems in how the program and its staff members communicate with families, and in the forms and the renewal process,

that makes it hard for parents to keep their child enrolled. They acknowledge that some county workers do not try hard enough to keep eligible families enrolled, and thus these families “slip through the cracks.” Many feel their offices are understaffed, and that workers are overworked—both factors making it difficult for them to concentrate on retaining families in Medi-Cal. They also explain that Medi-Cal does not give county workers incentives to keep eligible families enrolled.

## Recommendations

The common challenges and barriers that parents and county workers identify to Medi-Cal retention means that they also tended to offer similar types of solutions to these problems. Their solutions are grouped into five major areas for improvement.

**NOTE:** This study recognizes that regulatory limitations impact the County's ability to implement some of these recommendations at the county level and that state legislative changes may be needed.

### Simplify the Paperwork

- Simplify redetermination forms by removing unnecessary questions.
- Pre-print redetermination forms—i.e., forms would already be filled out based on the previous year's information; families would only need to change any information that is now different, and then sign the form.
- Create Vietnamese language Medi-Cal Statement of Facts (MC 210) and redetermination forms.
- Mail out the redetermination form by itself without all of the accompanying paperwork that is unnecessary for renewal.
- Be more flexible in documentation verification requirements.

## Improve Communication

- Issue warnings prior to discontinuance to allow clients ample time to complete outstanding requirements.
- Place more importance on notifications. Do not rely on mailed notices of discontinuance. Expand the number of ways to remind families about the importance of renewing their health insurance coverage, such as quarterly reminders and posters placed in county offices.
- Require county workers to telephone families about to be discontinued—and to not give up until they reach that family.
- Phone families after business hours.
- Give straightforward explanations to families as to why their child stopped receiving Medi-Cal, and if they are eligible, how to renew their coverage.
- Assign families to county workers who speak their language.
- Enable families to switch county workers if they are dissatisfied (since county workers are key to retaining families in Medi-Cal).
- Remind families they need to inform their county worker if they relocate.
- Engage health plans in coordinating with county case workers to communicate with families about renewing their child's eligibility.
- Supply clients with more information about Medi-Cal generally, including better orientation sessions, orientations in each language, and informing clients of their rights.

## Increase Convenience for Families

- Extend office hours into evenings and weekends—like most other consumer-oriented institutions—so that working families can find the time to meet with their county workers.
- Provide a 15-minute window for clients who are late for appointments.
- Make evening phone calls to warn families who may be discontinued from Medi-Cal.
- Allow incoming morning and evening calls from clients.
- Enable families to keep the same county worker if they want to but also enable families to switch county workers if they are dissatisfied.

## Enable County Workers to Service Families Better

- Provide opportunities for staff development and additional training for county workers.
- Continue to stress the consumer-oriented approach in county offices.
- Target “old school” county workers and those who often have problems with families for additional training.
- Reward county workers based on their ability to retain eligible families.
- Place agencywide emphasis on customer service for all staff who interact with Medi-Cal clients.
- Expand staffing and reallocate county worker caseloads in order to free up workers so they can focus on retention and “going the extra step” to keep families enrolled.

## Reduce Parents' Share of Cost

- Set up a tiered system, such as with Cal-Works, to reflect clients living in more expensive and less expensive areas.
- Provide clients with an easy to understand explanation of what share of cost means, and how much their share of cost is on a monthly and annual basis.
- Train eligibility workers to refer families with higher share of cost to the Healthy Families or the Healthy Kids programs, which have lower out-of-pocket costs.

# Study Methods

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The average monthly Medi-Cal discontinuance rate in Santa Clara County is less than 10% of the total beneficiaries enrolled<sup>1</sup>. From these discontinuances, parents with children who stopped receiving Medi-Cal between January 2000 and May 2001 for a “preventable” reason were identified. These preventable reasons included: failure to return the renewal form, failure to cooperate with Medi-Cal requirements, failure to provide information to determine eligibility, or recipient requests discontinuance.

Forty-one parents were chosen from these families to participate in five focus groups held from May 21-23, 2001 in San Jose and Gilroy, California. Two of these focus groups were held in English, two in Vietnamese and one in Spanish. Most participants in the parent focus groups were earning less than 133% of the federal poverty level for their family size (\$22,600 for a family of four). The income threshold for families with children in Medi-Cal reaches 200% of the federal poverty level, depending on the child’s age and family size<sup>2</sup>.

Three focus groups were held with county staff from May 24-25, 2001 in San Jose, California. Participants for the staff focus groups volunteered or were selected by the County of Santa Clara Social Services Agency. These participants were employed an average of 6.8 years with the Social Services Agency and included clerical staff, intake workers, continuing eligibility workers and supervisory staff.



## Contact

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Liane Wong and Theresa Guerrero Winterbauer of the Institute for Health Policy Solutions prepared this issue brief.

For further information contact:

Liane Wong, Dr.P.H.  
Child and Family Coverage Technical Assistance  
Center (CFCTAC)  
Institute for Health Policy Solutions  
(510) 894-1058  
lwong@ihps.org

A copy of this study and its findings can also be downloaded at [www.cfctac.org](http://www.cfctac.org).

<sup>1</sup>Santa Clara County Social Services Agency, July 2001.

<sup>2</sup>Pregnant women and children between ages 0 and 1 can qualify for Medi-Cal if they are in families with incomes up to 200% of the federal poverty level.