

January 2022

National Brief



Sick of Waiting

Barriers to Medicaid Keep Healthcare Out of Reach

All people who meet Medicaid eligibility criteria are guaranteed coverage.¹ However, many Americans who are eligible still struggle to enroll in and maintain Medicaid coverage. To better understand the barriers faced by people trying to access Medicaid, the Center for Popular Democracy (CPD), CPD affiliates in Alaska, Arkansas, DC, Maryland, New Hampshire, Texas, and West Virginia, and researchers at Columbia University surveyed 1057 community members about their experiences applying for Medicaid.



Percentage of respondents that experienced challenges

Challenges were widespread across different means of applying (in-person, website, mail, and phone).

All Respondents
63.1%



Alaska **86.8%**



Arkansas **40.8%**



Delaware **75.9%**



DC **58.4%**



Maryland **63.6%**



New Hampshire **59.2%**



Texas **56.3%**



West Virginia **63.9%**



All Other States **86.4%**

Policy Solution

Create navigator or assister programs.

Specifically, fund trusted community-based organizations to implement these programs, where organizational staff and community members are trained to provide enrollment and renewal assistance to community members. Navigators should have the tools and access required to help community members officially submit applications. Some community-based organizations are already providing navigator-type services, and they should be funded for this vital work.

Medicaid is a vitally important federal public health insurance program for people with low incomes. It insures 75.9 million people in the US,² while also substantially financing the nation's hospitals, community health centers, nursing homes, doctors, and other health care jobs. Medicaid covers a diverse range of health care services and is an especially important source of comprehensive children's health care, long-term care including nursing home care and community-based long-term services, care for pregnant people, and primary care through community health centers.³ It has helped narrow long-standing economic and racial disparities in health insurance and health care access.⁴ The program has been particularly important during the COVID-19 pandemic and the related recession, supporting continued health care access for many people who lost their jobs due to the pandemic.⁵

Medicaid is a safety net, allowing many vulnerable people to access affordable health care, including many people who work but whose employers do not offer health insurance benefits.⁶ Research shows that people with Medicaid have much better access to health care, better health outcomes, and greater financial security than uninsured people.⁷

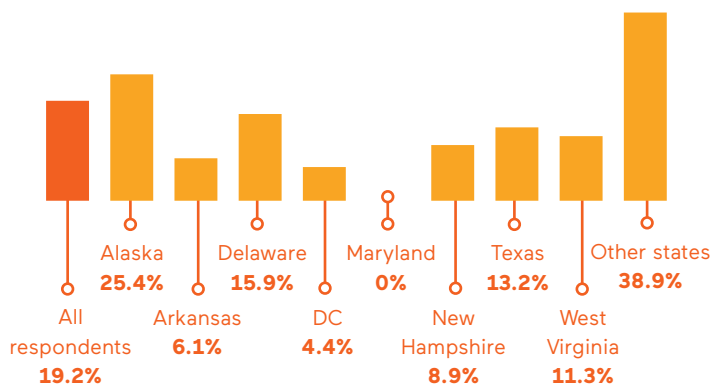


“ I was told to apply by Planned Parenthood when they found cancerous tissue on my cervix. Over the next 8 months I tried to apply but kept getting rejection letters. At one point I just gave up and resigned to having cancer. Then I received a card in the mail stating I had valid insurance for 6 months. I called almost daily. I had gone into the office. I was told to keep applying but was approved all along. No one in those offices or phone calls helped. Some of the doctors I needed to see were booked out past when my insurance would expire due to the lack of communication about my approval...It's been a nightmare...No one should have to work so hard for basic care.” —Community member from Alaska

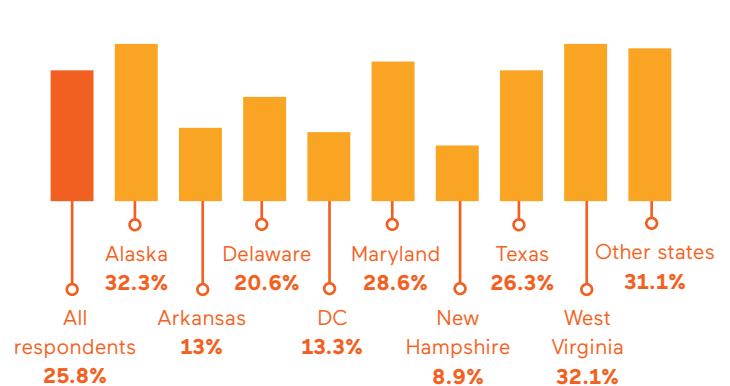
Application Process

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

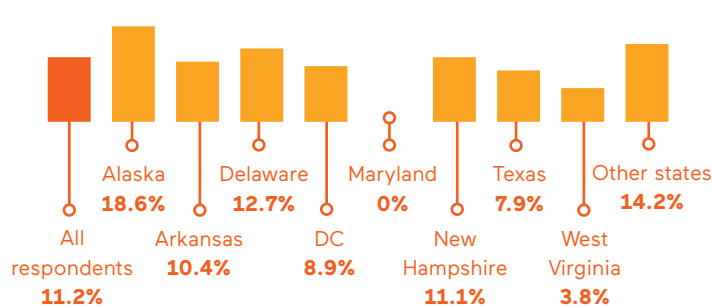
The office was closed when I went.



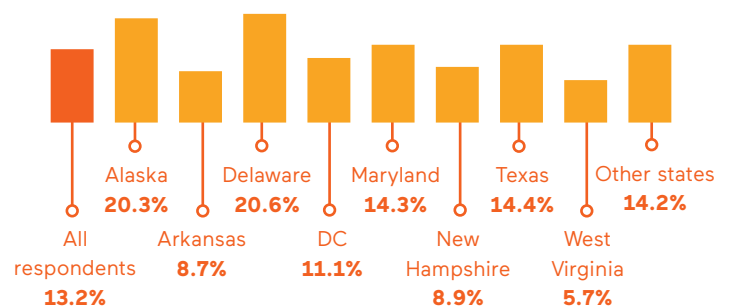
I called but no one picked up.



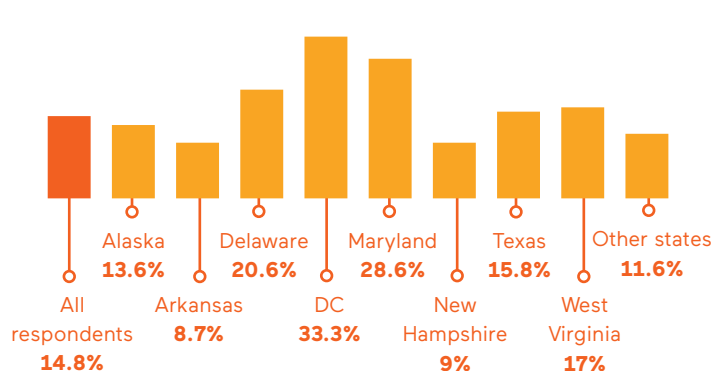
There was no office nearby.



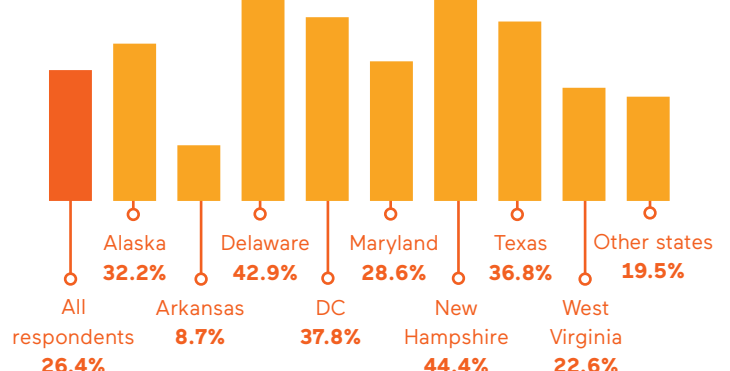
I called but my call was dropped.



The office representative was not helpful.

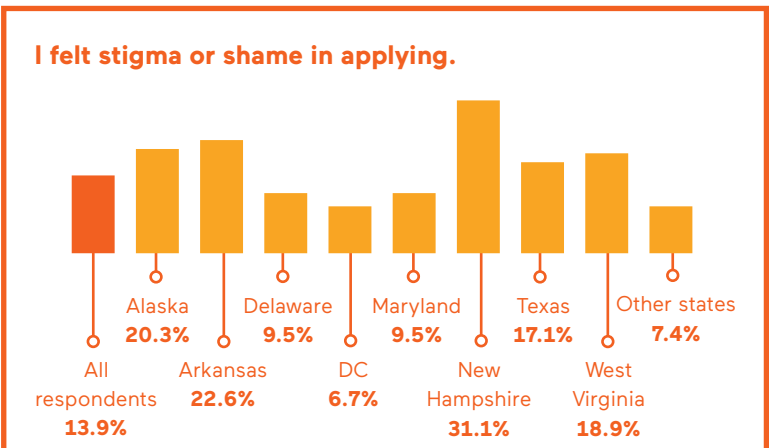
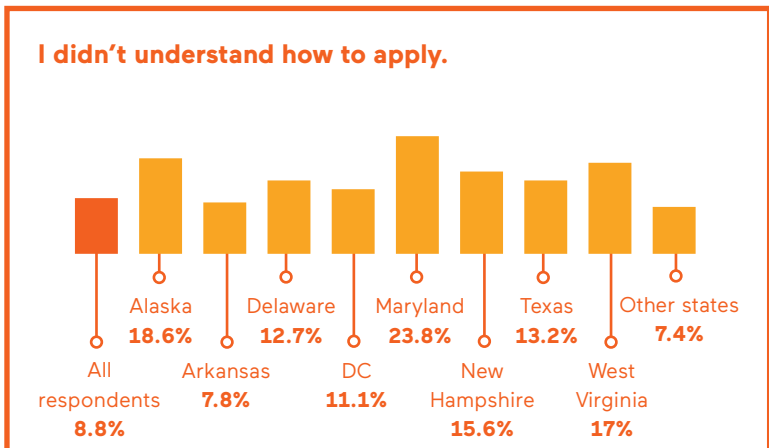
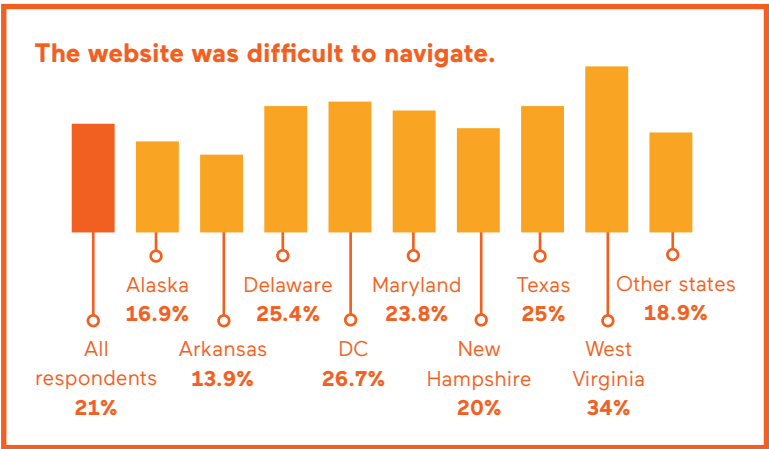
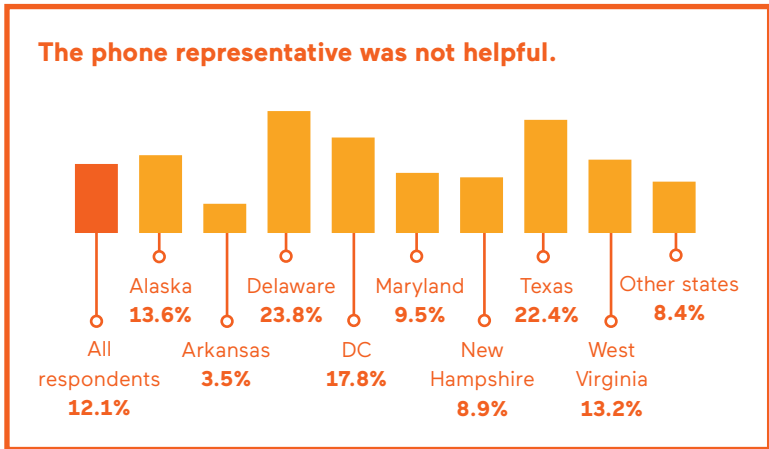


I called but experienced long wait times.



“ I reapplied and was accepted, however the process was so stressful! It was lengthy, confusing and makes me feel bad every time...Overall I found the application to be too extensive, too personal, vague and confusing because some of the questions didn't really apply to my situation, and a lot more complicated than it used to be. I also received conflicting information from different people in the notices sent to me and when I tried to contact someone I wasn't able to get through. There isn't an email address...no way to communicate that you need assistance.” —Community member from New Hampshire

“ Every time I apply and have to speak with a representative, they have nasty attitudes like I am stupid or beneath them. I really hate applying because of the employees' attitude. I haven't had medical coverage in years, it's not offered through my job but I don't make enough for private insurance. It seems like the applications are getting longer and I understand it's to be thorough and to battle fraud BUT there are some of us who honestly just need help. These applications make me feel like the social workers think I'm lying when they process it and call.” —Community member from Delaware



Policy Solutions

Staff call centers, online support representatives, and in-person support staff to meet demand.

Representatives should be well-trained in the application process and customer service. In particular, train staff to embody the idea that they are expected to help people get healthcare, not stigmatize or otherwise look down on applicants or assume that applicants are not eligible.

Create an online live chat option, so that applicants can ask questions to a representative as they fill out their application online.

Medicaid Renewal

People can also face challenges and barriers to maintaining Medicaid once they are enrolled. Complex renewal procedures, administrative requirements with strict deadlines and no grace periods to maintain eligibility, and periodic or even frequent eligibility reviews can contribute to disenrollment in Medicaid and increase uninsured rates.⁸ Recipients losing coverage and having to reapply can be devastating for their health and finances. It is also costly for states, since it takes more resources to process new applications than to assess continuing eligibility.⁹

“ Whenever it is time for me to renew, I’m always denied. I have to lose coverage and reapply and I regain coverage back. So frustrating, I don’t know why, but this is what always happens. I should not have a gap in my kids coverage when I’m qualified the entire time. Whoever is doing the renewals needs help!” – Community member from Texas

“ You have to reapply every year and every year they manage to lose the original paperwork and I lose benefits until I go down and sit in the office for up to 8 hours to get it dealt with.” – Community member from Alaska

“ My daughter was originally kicked off Medicaid because I didn’t know about what I needed to renew. I received 1 letter about it at an old address and didn’t know in time.” – Community member from Arkansas

“ 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.” – Community member from New Hampshire

Policy Solutions

Adopt a continuous eligibility policy, which keeps recipients enrolled for 12 months, regardless of fluctuations in income. This policy can be implemented for adults through an 1115 waiver and for children through a state plan amendment.¹⁰ Continuous eligibility is important for low-income families whose income fluctuates throughout the year, especially for people who are self- or seasonally employed, have unpredictable schedules, or are tipped workers, but also for people who pick up an extra shift or work overtime that puts them slightly over the income limit for a month. Low-income families and families of color disproportionately experience income volatility.¹¹

Create automatic renewal systems (or “ex parte” renewals), where your state agency uses available federal and state data sources to determine continued eligibility without requiring recipients to provide information, unless necessary. This automatic renewal system can use the same databases as the real-time eligibility determination system.

Income Eligibility Cap



Nearly **1 in 4** respondents who had successfully enrolled in Medicaid reported that they had challenges renewing their coverage because of an income change.

Policy Solution

Significantly raise the income eligibility ceiling and asset limits for all eligible groups. Doing so will not only allow more low-income families to access needed health care but also allow current recipients to accept raises, higher paying jobs, more shifts, and/or save without fearing that they would lose their health insurance.

“ I am on the brink of earning out of Medicaid. Unfortunately I’m nowhere near earning enough to pay for insurance so I will once again be uninsured. Wish me luck. Medicaid saved my life.” - Community member from West Virginia

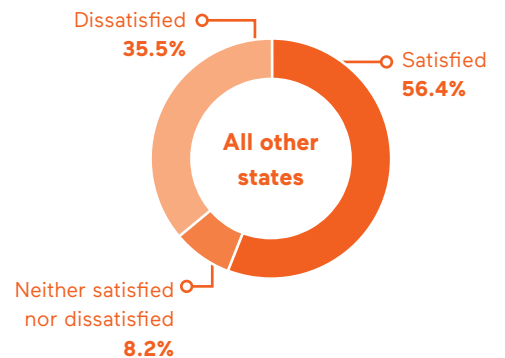
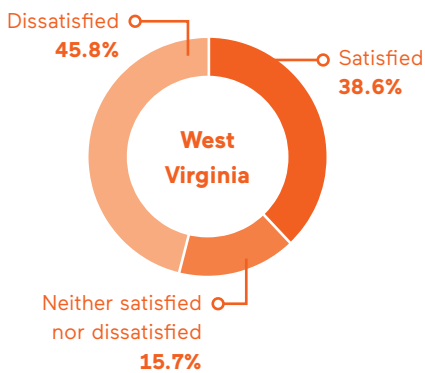
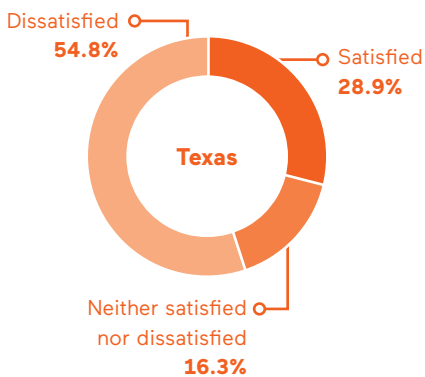
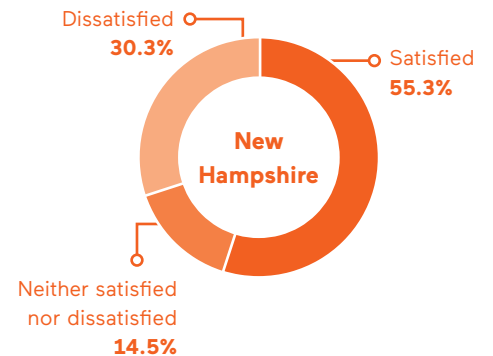
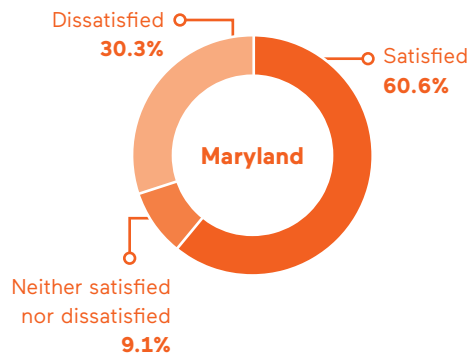
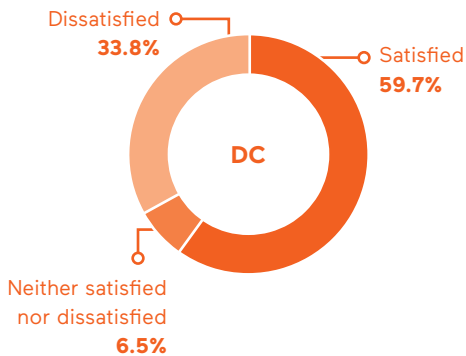
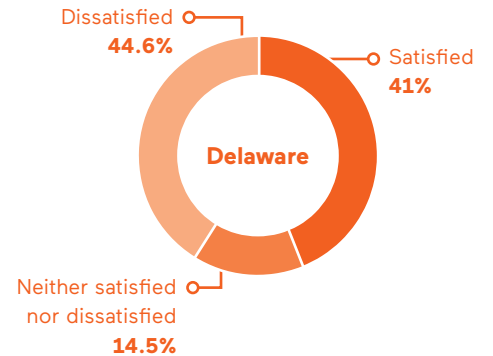
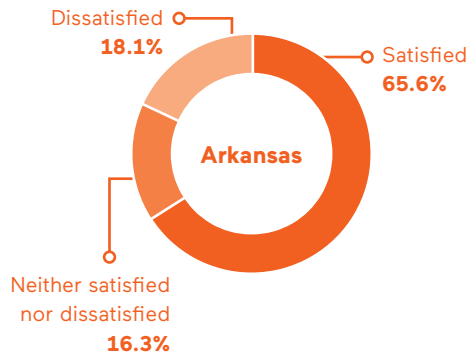
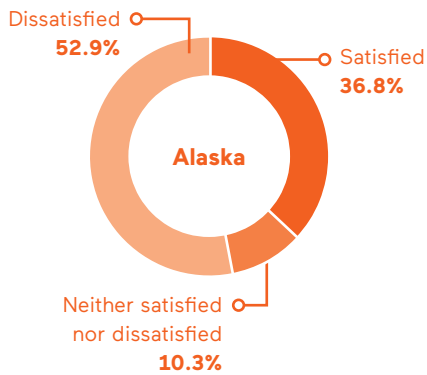
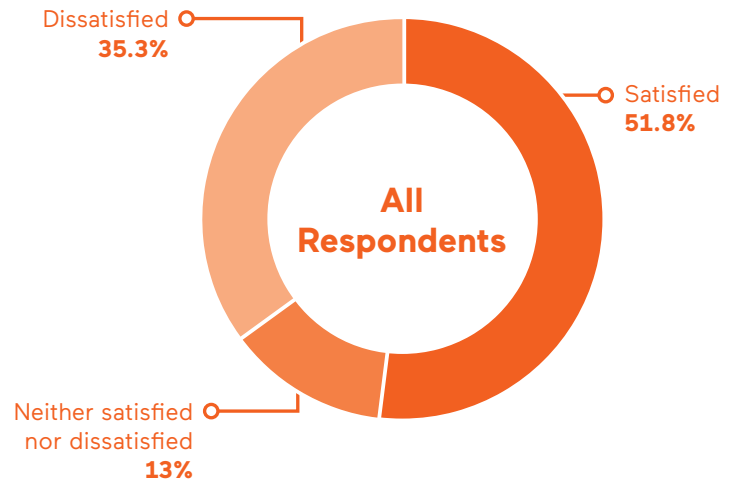
“ I was a full time student and a working single parent. They said I wouldn’t qualify because I was going to school. There is a gap between poverty and success. Programs don’t sufficiently help to bridge the gap and further the cycle of poverty. Lower middle class and people going to school should still qualify until they’re fully self sufficient.” - Community member from Alaska

“ The whole process always makes me feel like I’m doing something wrong... The fear of making ‘too much money’ to qualify is awful because the stakes are too high. The cost of losing this ‘help’ is unaffordable. I get so angry when I’m going through this degrading application because I believe it should be a basic human right to receive health care.” - Community member from New Hampshire

“ When I was denied I was told I made too much income. I get paid \$8.00 an hour and I work 22 hrs a week. I have [multiple health issues]... They told me that I have to make about \$100 a month to qualify for Medicaid, but the ACA told me I did [not] make enough money for any of their health plans especially if I needed help from specialist. I’m basically being left to die. I can’t afford the proper health care.” - Community member from Texas



How satisfied were you with your recent Medicaid application process?



Survey Sample at a Glance

Respondents in each state

1057

All respondents

68

Alaska

282

Arkansas

83

Delaware

77

DC

33

Maryland

76

New Hampshire

135

Texas

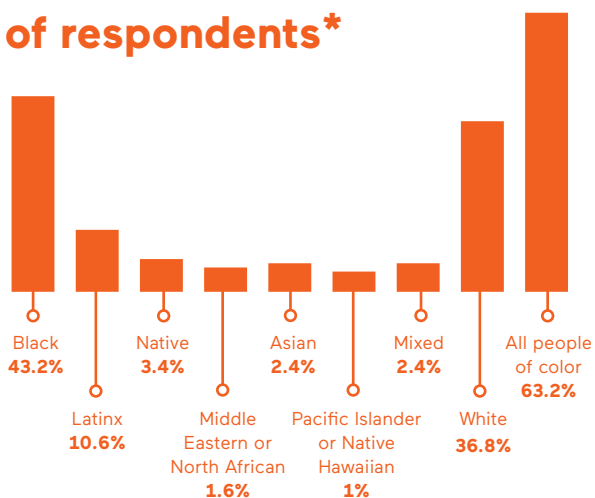
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West Virginia

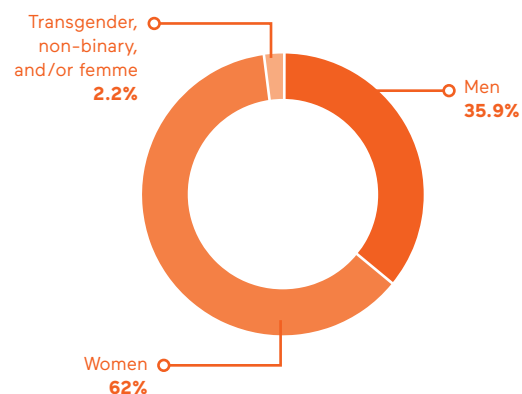
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All other states

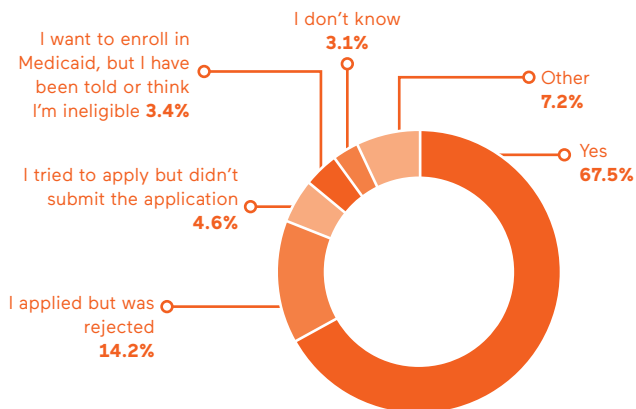
Race/ethnicity of respondents*



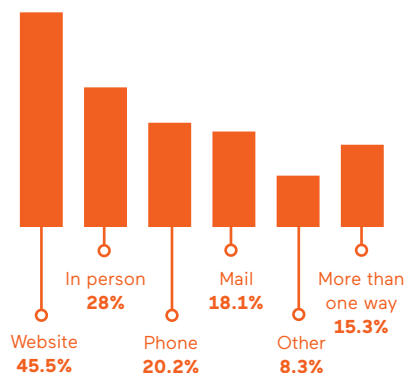
Gender of respondents*



Enrollment Status of respondents



How respondents applied for Medicaid*



* Percentages add to more than 100% because respondents could check all answers that applied

Full findings for the states are available at sickofwaiting.us

This report was written by Eli Vitulli. It was edited by Jennifer Flynn Walker, Vinay Krishnan, and Emily Gordon (Center for Popular Democracy) and staff members from Alaskans Take a Stand, Arkansas Community Organizations, Opportunity Knocks Delaware, Rights and Democracy, Texas Organizing Project, Our Future West Virginia, and SPACes in Action. This research was also supported by graduate students at Columbia University's School of International and Public Affairs, including Arianna Bankler-Jukes, Drashti Brahmabhatt, Brittany Cronin, Diana McCaffrey, Etizaz Hassan Shah, Aastha Uprety, and Bingmei Zhou, as well as Kristina Eberbach (faculty advisor).

Notes

- 1 Robin Rudowitz, Rachel Garfield, and Elizabeth Hinton, "10 Things to Know about Medicaid: Setting the Facts Straight," Kaiser Family Foundation, March 6, 2019, <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/>.
- 2 "May 2021 Medicaid & CHIP Enrollment Data Highlights," Medicaid.gov, accessed October 28, 2021, <https://www.medicaid.gov/medicaid-program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>; Brynn Epstein and Daphne Lofquist, "US Census Bureau Today Delivers State Population Totals for Congressional Apportionment," April 26, 2021, <https://www.census.gov/library/stories/2021/04/2020-census-data-release.html>.
- 3 Robin Rudowitz, Rachel Garfield, and Elizabeth Hinton, "10 Things to Know about Medicaid: Setting the Facts Straight," Kaiser Family Foundation, March 6, 2019, <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/>.
- 4 *Racial and Ethnic Disparities in Medicaid: An Annotated Bibliography* (Medicaid and CHIP Payment and Access Commission, April 2021), <https://www.macpac.gov/wp-content/uploads/2021/04/Racial-and-Ethnic-Disparities-in-Medicaid-An-Annotated-Bibliography.pdf>; Madeline Guth, Samantha Artiga, and Olivia Pham, Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care (Kaiser Family Foundation, September 30, 2020), <https://www.kff.org/medicaid/issue-brief/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care/>.
- 5 Jessica Banthin, et al., *Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation* (Robert Wood Johnson Foundation and Urban Institute, July 2020), https://www.urban.org/sites/default/files/publication/102552/changes-in-health-insurance-coverage-due-to-the-covid-19-recession_4.pdf; Chethan Bachireddy, Christopher Chen, and Mohammad Dar, "Securing the Safety Net and Protecting Public Health During a Pandemic: Medicaid's Response to COVID-19," JAMA 323, no. 20 (March 19, 2020), <https://jamanetwork.com/journals/jama/fullarticle/2763487>.
- 6 Rachel Garfield, et al., *Work Among Medicaid Adults: Implications of Economic Downturn and Work Requirements* (Kaiser Family Foundation, February 11, 2021), <https://www.kff.org/coronavirus-covid-19/issue-brief/work-among-medicaid-adults-implications-of-economic-downturn-and-work-requirements/>.
- 7 Madeline Guth, Rachel Garfield, and Robin Rudowitz, *The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020* (Kaiser Family foundation, March 17, 2020), <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>; Key Findings on Access to Care (Medicaid and CHIP Payment and Access Commission, ND), accessed October 18, 2021, <https://www.macpac.gov/subtopic/measuring-and-monitoring-access/>.
- 8 Samantha Artiga and Olivia Pham, *Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage* (Kaiser Family Foundation, September 24, 2019), <https://www.kff.org/medicaid/issue-brief/recent-medicaid-chip-enrollment-declines-and-barriers-to-maintaining-coverage/>.
- 9 Sarah Sugar, et al., *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic* (Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, April 12, 2021), 4, https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/199881/medicaid-churning-ib.pdf.
- 10 Farah Erzouki and Jennifer Wagner, "Unwinding the Medicaid Continuous Coverage Provision: What States Can Do Now to Keep Eligible People Covered," Center on Budget and Policy Priorities, March 23, 2021, <https://www.cbpp.org/research/health/unwinding-the-medicaid-continuous-coverage-provision-what-states-can-do-now-to-keep>.
- 11 Jennifer Wagner and Judith Solomon, "Continuous Eligibility Keeps People Insured and Reduces Costs," Center on Budget and Policy Priorities, May 4, 2021, <https://www.cbpp.org/research/health/continuous-eligibility-keeps-people-insured-and-reduces-costs>.