



# Medicaid and Children

Overcoming  
Barriers to  
Enrollment  
Findings from a  
National Survey

January 2000



THE HENRY J.  
KAISER  
FAMILY  
FOUNDATION

THE KAISER COMMISSION ON  
**Medicaid and the Uninsured**

The Kaiser Commission on Medicaid and the Uninsured serves as a policy institute and forum for analyzing health care coverage and access for the low-income population and assessing options for reform. The Commission, begun in 1991, strives to bring increased public awareness and expanded analytic effort to the policy debate over health coverage and access, with a special focus on Medicaid and the uninsured. The Commission is a major initiative of the Henry J. Kaiser Family Foundation and is based at the Foundation's Washington, DC office.

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# FOREWORD

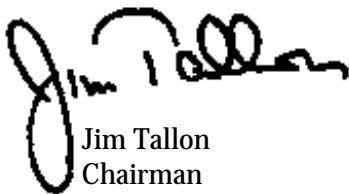
We are pleased to release this report, *Medicaid and Children: Overcoming Barriers to Enrollment, Findings from a National Survey*, from the Kaiser Commission on Medicaid and the Uninsured. This national survey of parents represents a major effort to better understand the barriers to Medicaid enrollment and to test the usefulness of ideas to facilitate enrollment. Today, more than 11 million children, or one in seven, lack health insurance coverage despite recent state and federal expansions and the implementation of the Children's Health Insurance Program (CHIP). It is estimated that of these children, 4.7 million are potentially eligible for Medicaid—a key source of health coverage for children.

The survey findings document that parents attach a high level of importance to having health insurance coverage for their children and value the coverage provided by the Medicaid program. Despite these positive feelings, a burdensome enrollment process blocks Medicaid from reaching its full potential to cover low-income children.

Most barriers to Medicaid enrollment are not inherent to the program but are problems with practical, feasible solutions that all states can implement. Many states are already aggressively reaching out to families and simplifying the Medicaid enrollment process. These efforts pay off through increased enrollment of children. However, all states can take advantage of the options available to them to ensure that all eligible children are enrolled and stay enrolled. The challenge ahead lies in making the Medicaid program work effectively as a health insurance program, though concrete steps can be taken now to assure full health insurance coverage for our nation's low-income children.

We appreciate the contributions of all who helped in the development and preparation of this report. In particular, we recognize the efforts of Michael Perry and Susan Kannel at Lake Snell Perry & Associates, Dr. R. Burciaga Valdez at the UCLA School of Public Health, and Christina Chang of the Commission staff in the design and analysis of the survey and the drafting of the report. We also appreciate the efforts of Patricia Seliger Keenan and Peter Long who helped guide this project to completion. We also thank Barbara Lyons, Julie Hudman, Andy Schneider, Larry Levitt, and Janet Lundy for thoughtfully reviewing the report, and Sara Knoll for coordinating its production.

Finally, we would like to thank the Henry J. Kaiser Family Foundation for its continued support of the Commission's work as well as members of the Commission for their encouragement and guidance throughout this effort.



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Chairman



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# EXECUTIVE SUMMARY

Over 44 million Americans today are uninsured — nearly 18% of the total non-elderly population. Despite recent state and federal expansions in children’s health insurance programs, over 11 million children, or one in seven, still lack coverage. Yet it is estimated that 4.7 million children are potentially eligible for Medicaid — a key source of health coverage for children in low-income households — but are not enrolled.

This national survey, conducted for the Kaiser Commission on Medicaid and the Uninsured, represents a major effort to better understand the barriers to Medicaid enrollment and to test the usefulness of ideas to facilitate enrollment by low-income parents using survey data. The study is comprised of a nationwide telephone survey of 1,335 low-income parents and six focus groups. Interviews were completed both in English and Spanish according to the preferences of the respondent. Two groups of parents participated in this research: 1) parents of children currently enrolled in Medicaid (“Medicaid enrolled”) and 2) parents of children who are uninsured but who appear to be eligible for Medicaid (“eligible uninsured”). In accordance with federal Medicaid eligibility levels, families qualified for the survey if the youngest child was under the age of 6 with incomes below 133% of poverty or if the youngest child was between the ages of 6 and 14 with incomes below 100% of poverty. Design and analysis of the survey was accomplished through the collaborative efforts of Lake Snell Perry & Associates, Dr. R. Burciaga Valdez of the UCLA School of Public Health, and Commission staff.

## Key Survey Findings

### **Children who are currently uninsured but eligible for Medicaid come from two-parent, working families with little welfare participation.**

A large majority of eligible uninsured children live in two-parent households (67%). Three-quarters of parents of eligible uninsured children (75%) work, and only 5% of these families receive welfare.

Parents of Medicaid enrolled children share similar family (48% live in two-parent households) and work status (62% of these parents work) characteristics. Although parents of Medicaid enrolled children are more likely to participate in welfare, less than one-third (30%) receive cash assistance.

### **Eligible but uninsured children have less access to health care services.**

Due to the unaffordability of services, parents of eligible uninsured children are more likely than Medicaid enrolled parents to postpone health

care (41% to 16%), seek medical care for their child even when they could not afford it (45% to 23%), and not fill a prescription for their child because they could not afford to (26% to 13%).

### **The vast majority of low-income parents value the Medicaid program.**

Over nine in ten parents believe that having general health insurance coverage for their children is very important. Overwhelmingly, parents of Medicaid enrolled children (94%) and parents of eligible uninsured children (81%) say that Medicaid is a good program. Low-income parents appreciate the program because it is affordable and free and because it provides access to health care services. In fact, over half of parents of eligible uninsured children (56%) say their children have previously been enrolled in Medicaid. Despite the numerous enrollment barriers identified in the survey, over nine in ten parents of eligible uninsured children appear willing to enroll in Medicaid if their child were eligible (93%).

### **A complex and burdensome enrollment process is the greatest barrier to enrollment.**

**Enrollment hurdles.** Since its inception, Medicaid eligibility has been tied to the welfare program and subject to the means-testing and other requirements of the welfare system. Although the link has recently been severed, the Medicaid enrollment process continues to impose many of the requirements for cash assistance. As a result, the most often cited barriers to enrollment relate to difficulties in the enrollment process. Important reasons parents offer for not completing the enrollment process include: the difficulty of getting all the required documentation (72%); the overall hassle of the enrollment process (66%); and the complexity of the process (62%).

Parents who have never tried to enroll their children in Medicaid share these views of a difficult process. Over half (52%) never applied because they believed the application process would take too long. Four in ten parents say that the office where they need to apply is not open when they are able to go (44%) or is too hard to get to (39%).

**Lack of knowledge.** A general lack of knowledge of Medicaid eligibility rules compounds the perception of the difficulties of completing the enrollment process. Over half of these parents did not try to enroll because they did not think their child would qualify (58%). Many others did not know how or where to apply (56%) or believed the rules and regulations are too confusing and the forms are too complicated (50%).

**Medicaid's link to welfare.** Given the historical ties between Medicaid and welfare, the negative public image associated with the welfare program has created barriers to Medicaid enrollment. Over one-third of parents who

have never tried to enroll their child did not want to go to the welfare offices to apply (38%) and 42% feared that they would be treated badly by people at the enrollment office.

**Language issues.** Among Spanish-speaking parents, language concerns posed significant barriers to enrollment. Nearly half reported they did not complete the enrollment process because the forms and information were not translated into their language (46%). Half of Spanish-speaking parents (50%) said the belief that application materials would not be available in their language discouraged them from even trying to enroll their child.

### **Low-income parents want a more user-friendly enrollment process.**

**Greater convenience.** The top three strategies that would make parents of eligible uninsured children much more likely to enroll include: mail-in or phone-in enrollment (60%); immediate enrollment with completion of forms later (56%); and extended enrollment office hours (55%). Parents of Medicaid enrolled children ranked better doctors (54%); automatic enrollment through the school lunch program (53%); and extended enrollment office hours (52%) as ideas that would make them much more likely to enroll.

**Medicaid as a stand-alone program.** The negative associations with welfare are apparent; four in ten parents of Medicaid-eligible children (42%) say not having to go to the welfare office to enroll would make them much more likely to enroll. However, simple fixes are not enough to counter these negative feelings. Only 14% of parents of Medicaid enrolled children and 17% of parents of eligible uninsured children say that changing the name of the program to something other than “Medicaid” alone would make them much more likely to enroll in the program. The findings suggest that reinforcing Medicaid’s identity as a health insurance program for low-income families is key to encouraging parents to initiate and complete the enrollment process. However, mechanisms are still needed to ensure that eligible children living in families that receive cash assistance are enrolled in Medicaid.

**Bilingual services.** Spanish-speaking parents would welcome more translated enrollment materials. In addition, half of these parents (52%) would be much more likely to enroll if they could receive assistance from someone who was fluent in their language.

## **Policy Implications**

After testing the usefulness and appeal of strategies to reduce barriers to enrollment, the survey findings point to four policy or process changes to increase Medicaid enrollment:

- 1. Streamlined enrollment processes.** Surveyed parents cite various difficulties of the Medicaid enrollment process as major barriers to



completing or even initiating the process. To ensure that eligible children are enrolled, states should focus on strategies that make the enrollment process less burdensome and more convenient for working families.

- 2. Expanded outreach and clearer communication of program information.** Many parents who have never tried to enroll their children do not know that their child qualifies for Medicaid and lack the knowledge of how to apply. These findings suggest that more needs to be done to reach low-income parents to educate them about eligibility rules and about how to initiate and complete the enrollment process. This information should be available in different languages for parents with limited English-language abilities. Particular attention should be placed on marketing Medicaid as health insurance for low-income, working families.
- 3. Simplification of eligibility criteria.** The survey affirmed the fluidity in the economic lives of low-income families. States can help these families complete the enrollment process and bridge periods of income fluctuations to maintain health insurance coverage for their children by eliminating asset tests, employing income disregards, and adopting 12-month continuous eligibility.
- 4. Better Medicaid “product.”** Concerns about quality of care and low levels of provider participation emerged as barriers to enrollment for parents who have never tried to enroll. Yet over two-thirds of parents of Medicaid enrolled children are very satisfied with the care their children are receiving. Efforts to maintain and monitor quality of care in Medicaid are critical to countering these negative perceptions of Medicaid. These efforts are especially important in order to reach parents with no previous contact with the Medicaid program.

### Looking beyond enrollment

It is clear from the survey findings that low-income parents value health insurance for their children and Medicaid as a vehicle for obtaining coverage. Barriers that impede enrollment in Medicaid clearly exist today, but the survey results demonstrate that most barriers to Medicaid enrollment are not inherent to the program but are problems with practical, feasible solutions that all states can implement. In fact, many states have recognized the significant role Medicaid can play and have begun to aggressively reach out to families. By using their discretion to restructure their Medicaid enrollment processes to make it more user-friendly, they have already seen growth in enrollment numbers. The new focus on extending health insurance coverage as broadly as possible and on increasing Medicaid and CHIP enrollment gives policymakers a great opportunity to examine the enrollment process itself to find ways to make it more accessible to eligible children. The

challenge ahead lies in making these programs work effectively as insurers of low-income children.

The survey reveals a significant amount of Medicaid “churning” with children cycling on and off the program. Although this survey did not focus specifically on issues of retention and redetermination, many of the same measures to streamline the initial enrollment process should be applied to the reenrollment process to ensure that eligible children retain their coverage if appropriate.

It is important to bear in mind that eliminating barriers to enrollment is only the first step in providing health insurance coverage and assuring access to health care services for low-income children and their families. Once enrolled, it is essential that parents learn about their health care choices and how to navigate the system to access care.

Like the barriers to enrollment explored in this survey, these additional challenges are not insurmountable but will require willingness, creativity, and flexibility to overcome. In the meantime, concrete steps can be taken now to assure full health insurance coverage for our nation’s low-income children.

# INTRODUCTION

Over 44 million Americans today are uninsured — nearly 18% of the total non-elderly population. Children make up a quarter of the nation's uninsured. Medicaid, a federal and state program that finances health care for low-income Americans, covered about 21 million children in 1997. States administer the program under federal guidelines; this flexibility has resulted in considerable variation in eligibility and coverage across states. Originally tied to the welfare system, Medicaid eligibility was expanded in the late 1980s and early 1990s to cover more low-income children. To further broaden coverage to low-income uninsured children who do not qualify for Medicaid, Congress enacted the State Children's Health Insurance Program (CHIP) as part of the Balanced Budget Act of 1997. As of June 1999, 1.3 million children were covered by CHIP.

Despite these state and federal expansions in children's health insurance programs, over 11 million children, or one in seven, still lack coverage. It is estimated that 2.6 million children are eligible for CHIP and 4.7 million children are potentially eligible for Medicaid but are not enrolled.

Much research has already been done to identify barriers to Medicaid enrollment and suggest strategies to overcome them. However, this national survey, conducted for the Kaiser Commission on Medicaid and the Uninsured, represents a major effort to better understand the barriers to Medicaid enrollment and to test the usefulness and appeal of ideas to facilitate enrollment by low-income parents using survey data.<sup>1</sup> Design and analysis of the survey was accomplished through the collaborative efforts of Lake Snell Perry & Associates (LSPA), Dr. R. Burciaga Valdez of the UCLA School of Public Health, and the Commission staff.

The study is comprised of a nationwide telephone survey of 1,335 low-income parents and six focus groups.<sup>2</sup> The survey was conducted in winter 1998 and in spring 1999; the focus groups were held in fall 1998. Interviews were completed both in English and Spanish according to the preferences of the respondent. Two groups of parents participated in this study: 1) parents of children currently enrolled in Medicaid ("Medicaid enrolled") and 2) parents of children who are uninsured but who appear to be eligible for Medicaid ("eligible uninsured"). Families qualified for the survey if the youngest child was under the age of 6 with incomes below 133% of poverty (\$21,878 for a family of four in 1998) or if the youngest child was between the age of 6 and 14 with incomes below 100% of poverty (\$16,450 for a family of four in 1998).

<sup>1</sup> A report presenting the complete survey findings is available through the Kaiser Commission on Medicaid and the Uninsured (Publication #2173). In addition, an analysis of the data from four oversampled counties is forthcoming.

<sup>2</sup> Eight focus groups of parents of potentially Medicaid-eligible children were conducted in California in March 1998 to better understand barriers to enrollment. The findings are presented in *Barriers to Medi-Cal Enrollment and Ideas for Improving Enrollment* from the Henry J. Kaiser Family Foundation (Publication #1436).

Ultimately, 419 parents of eligible uninsured children and 836 parents of Medicaid enrolled children participated in the survey.<sup>3</sup> The purpose of including both groups of parents was to learn about similarities and differences in attitudes and experiences between families that have successfully enrolled a child in Medicaid, and those who currently have not. For this reason, the two sets of parents are compared throughout this report, to gain insights into barriers that impact these families as well as outreach strategies that will work for them.

The survey findings indicate that there is no panacea when it comes to encouraging more parents to enroll their eligible but uninsured children in Medicaid. Rather, increasing enrollment will require taking meaningful steps to simplify and streamline the enrollment process and educate parents about their child's eligibility and program benefits. Since a majority of the parents of eligible uninsured children work, it may mean adjusting current practices to better attract working families to the program. Findings also suggest trying a variety of enrollment strategies to find those that successfully reach specific sub-groups of these families, particularly those parents who have never tried to enroll their children in Medicaid.

Despite the significant barriers to enrollment, the survey findings also reveal that low-income parents with or without prior Medicaid experience have positive attitudes toward the program and the benefits that it provides. In fact, most parents with eligible uninsured children express a strong desire to enroll their children in Medicaid. The challenge lies in translating these positive views into successful enrollment through streamlined enrollment processes, expanded outreach and clearer communication of program information, simpler eligibility rules, and a better Medicaid "product" with access to high-quality services.

<sup>3</sup> 80 parents (5%) reported that their child was enrolled in some other state program and were excluded from the analysis, except where noted.

# A PROFILE OF MEDICAID-ELIGIBLE CHILDREN

Medicaid-eligible children come from two-parent, working families.

Many eligible uninsured children have been enrolled in Medicaid.

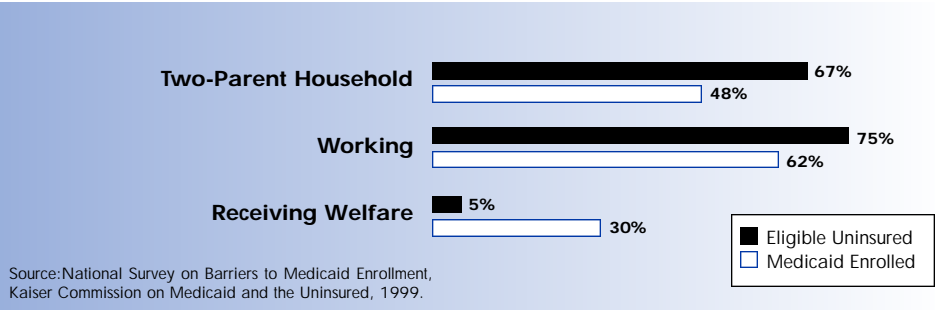
Eligible uninsured children have less access to services.

Having health insurance coverage is a priority for low-income families.

## Medicaid-eligible children come from two-parent, working families.

The survey findings make clear that certain stereotypes about low-income families with uninsured children are off the mark. The survey shows a diverse population that includes (Figure 1):

**Figure 1: Family and Work Status**



- Two-parent households.** A substantial number of both Medicaid enrolled children and eligible uninsured children come from two-parent households (48% and 67% respectively).
- Working parents.** Six in ten parents of Medicaid enrolled children (62%) work and three-quarters of parents of eligible uninsured children (75%) work.
- Low welfare participation.** Less than one-third of Medicaid enrolled children (30%) and only 5% of families with eligible uninsured children receive welfare.

- **Uninsured parents.** The coverage status of parents mirrors that of their children. Over half of parents of Medicaid enrolled children are themselves insured (62%) whereas a large majority (78%) of parents of eligible uninsured children lack health insurance coverage.

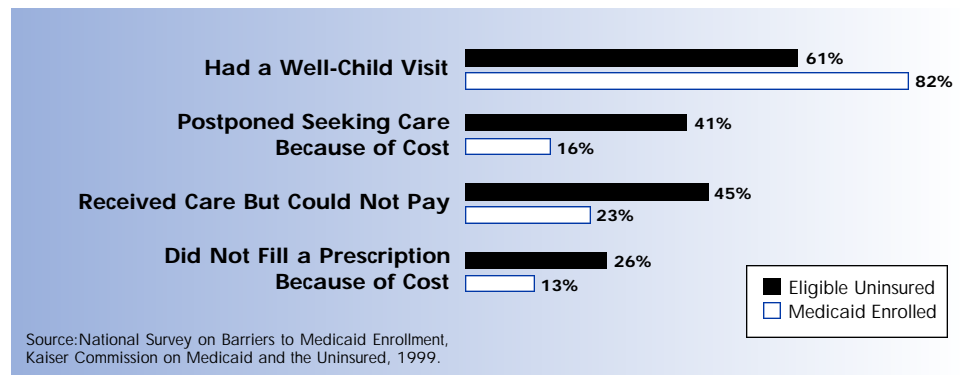
## Many eligible uninsured children have been enrolled in Medicaid.

- A majority of eligible uninsured children (56%) have previously been enrolled in Medicaid.
- About a third (36%) of these parents say their child was dropped from Medicaid because their financial situation changed, underscoring the significant financial fluidity among families with children who are eligible for Medicaid.
- More than half of the parents of eligible uninsured children (53%) say they cannot afford to pay for health insurance coverage on their own.

## Eligible uninsured children have less access to services.

Survey findings indicate that Medicaid enrolled children have better access to health services and are more likely to use these services than eligible uninsured children (Figure 2).

Figure 2: Access to Care



- **Well-child care.** Eight in ten Medicaid enrolled children (82%) used well-child care services in the last twelve months, whereas only six in ten eligible uninsured children (61%) used these services in that same time period.
- **Impact of the cost of care.** In addition, parents of eligible uninsured are more likely than Medicaid enrolled parents to:

- Postpone health care (41% to 16%);
- Receive medical care for their child when they could not pay for it (45% to 23%); and
- Not fill a prescription for their child because they could not afford to (26% to 13%).

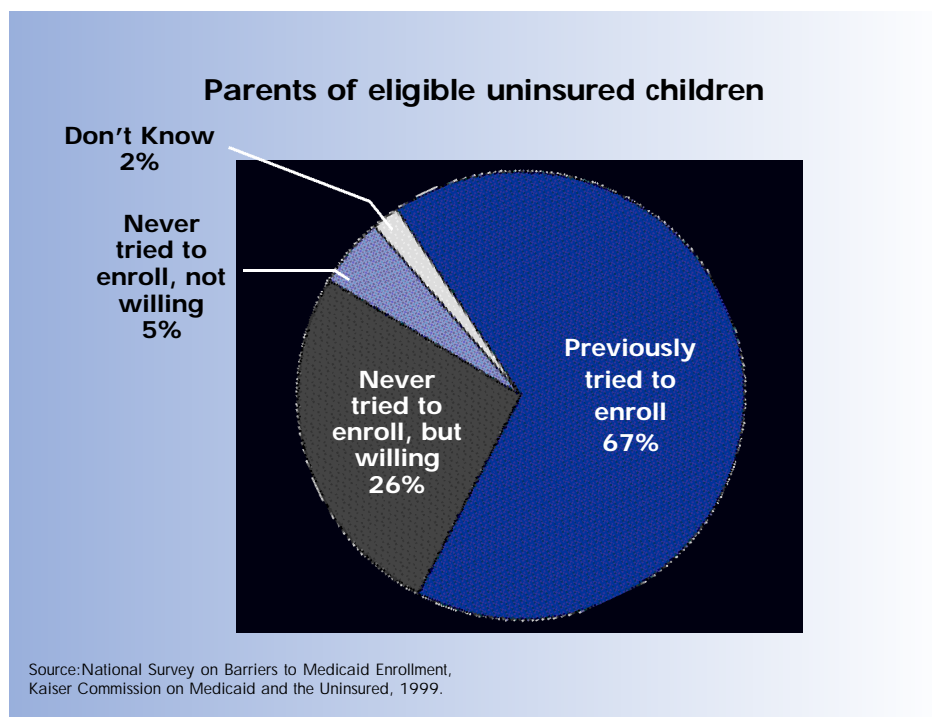
Given that nearly one in five of parents of both Medicaid enrolled and eligible uninsured children (18%) report their child to be in fair or poor health, this lack of access to services is particularly distressing.

### Having health insurance coverage is a priority for low-income parents.

Having health insurance coverage for their children is very important to parents of Medicaid enrolled and eligible uninsured children alike and most would consider Medicaid as a means for obtaining coverage.

- **Coverage is important.** Overwhelming numbers of parents from both groups say that having health insurance coverage for their children is very important — (97% of parents of Medicaid enrolled children; 91% of parents of eligible uninsured children).
- **Most would enroll if eligible.** Over nine in ten parents of eligible uninsured children (93%) appear willing to enroll their child in Medicaid — 67% have previously tried to enroll and 26% say they would if their child were eligible (Figure 3).

Figure 3: Willingness to Enroll Their Child in Medicaid



# MEDICAID KNOWLEDGE AND PERCEPTIONS

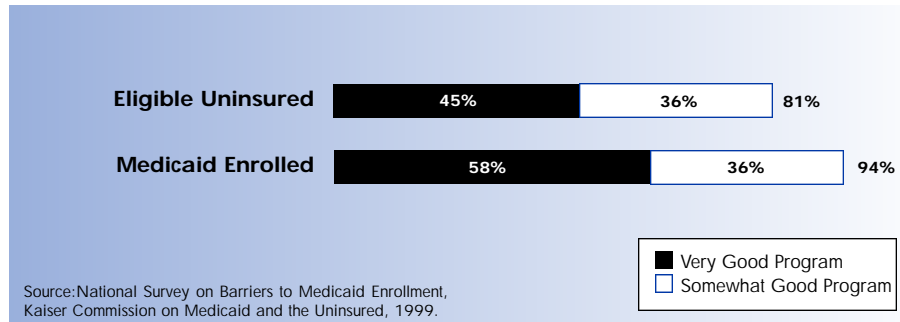
Low-income parents think that Medicaid is a good program.

Parents are confused by Medicaid eligibility rules.

## Low-income parents think that Medicaid is a good program.

The vast majority of parents of both Medicaid enrolled and eligible uninsured children agree that Medicaid is a good program (94% and 81%, respectively) (Figure 4).

Figure 4: Views on Medicaid



When asked what is good about Medicaid, the top two responses volunteered by parents of Medicaid enrolled children and parents of eligible uninsured children are:

- **Medicaid is affordable and free** (30% and 22%, respectively) and
- **Medicaid provides access to health care** (20% and 21%, respectively).

Parents with Medicaid experience report that a very important reason they enrolled their child was:

- **To receive prescription drug coverage** (93%);
- **To obtain immunizations and check-ups** (92%); and
- **To have coverage in case of serious illness** (91%).

## Parents are confused by Medicaid eligibility rules for children.

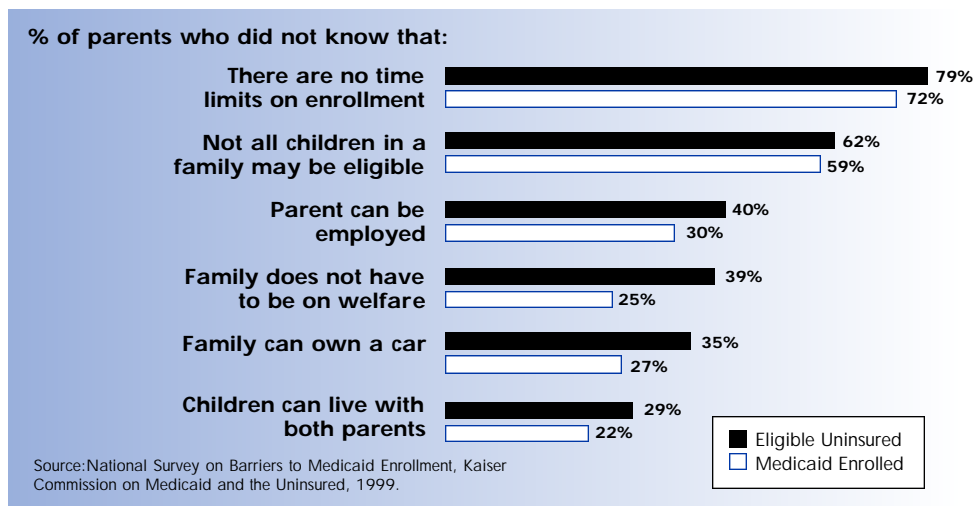
Parents of Medicaid enrolled and of eligible uninsured children were asked a series of questions to test their knowledge of Medicaid eligibility rules. Not surprisingly, more parents of Medicaid enrolled children answered correctly



than those of eligible uninsured children. Parents are particularly confused about several Medicaid eligibility rules (Figure 5):

- **No time limits for Medicaid.** Over seven in ten low-income parents mistakenly believe that welfare reform provisions such as time limits also apply to Medicaid enrollment (72% of Medicaid enrolled children; 79% of eligible uninsured children).
- **Different eligibility levels for children in the same family.** Medicaid eligibility levels vary by age and income levels. This may result in one child qualifying for Medicaid benefits while another child in the same family is ineligible. Because parents often think in “whole family” terms, about six in ten parents do not know that these differing eligibility levels exist (59% of Medicaid enrolled children; 62% of eligible uninsured children).
- **Welfare, work, and Medicaid.** Four in ten parents of eligible uninsured children (39%) either do not know whether a family must be on welfare to qualify for Medicaid or wrongly believe that this is so. In fact, 40% of these parents do not know that their child is eligible even if they are employed. Since a large majority of parents of eligible uninsured children work and are not attached to the welfare system, many may assume their child does not qualify for Medicaid coverage.

**Figure 5: Confusion over Medicaid Rules**



- **Lack of direct contact with outreach workers.** These gaps in knowledge may be explained in part by the fact that direct outreach efforts to inform parents about Medicaid and to explain the enrollment process and program benefits do not seem to be reaching many parents, and are least likely to reach parents of eligible uninsured children.
  - Only a third of parents of Medicaid enrolled children (36%) and a quarter of parents of eligible uninsured children (26%) say that they have ever talked to someone or received information from someone about enrolling in Medicaid.
  - Instead, surveyed parents named the welfare office as the single largest source of information on enrolling in Medicaid (35%), reinforcing the link between the two programs.

# BARRIERS TO MEDICAID ENROLLMENT

Parents of uninsured children experienced difficulties trying to enroll in Medicaid.

The Medicaid enrollment process is too difficult for some parents to complete successfully.

Lack of “know-how” and the perceived “hassle” of Medicaid enrollment keep some parents from trying to enroll.

Barriers to enrollment can stymie the efforts of parents to enroll their children in Medicaid at three distinct phases:

- Parents may try to enroll their child in Medicaid but do not complete the process;
- Parents may complete the application process but are then denied coverage; and
- Parents may be discouraged from ever initiating the enrollment process.

The survey examines the experiences of parents at each stage of the enrollment process to better identify strategies to counter these barriers. Despite the significant barriers explored in the survey, most parents want to enroll their child if they are eligible.

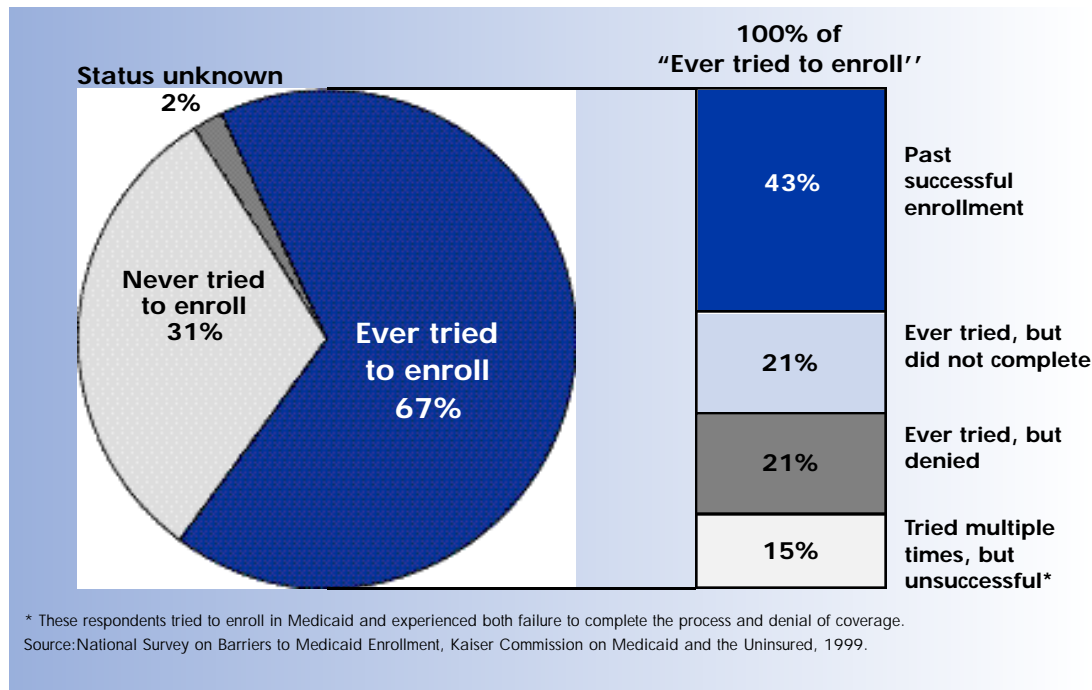
## Parents of uninsured children experienced difficulties trying to enroll in Medicaid.

Two-thirds of parents of eligible uninsured children (67%) have tried to enroll their children in Medicaid (Figure 6). Among these parents, over half (57%) were unsuccessful:

- 21% tried but could not complete the process;
- 21% tried but were ultimately denied coverage; and
- 15% tried to enroll numerous times and reported problems both in completing the process and obtaining approval.

These negative experiences are especially damaging in that they may discourage low-income parents from trying to enroll again.

**Figure 6: Past Medicaid Enrollment Experiences of Eligible Uninsured Children**



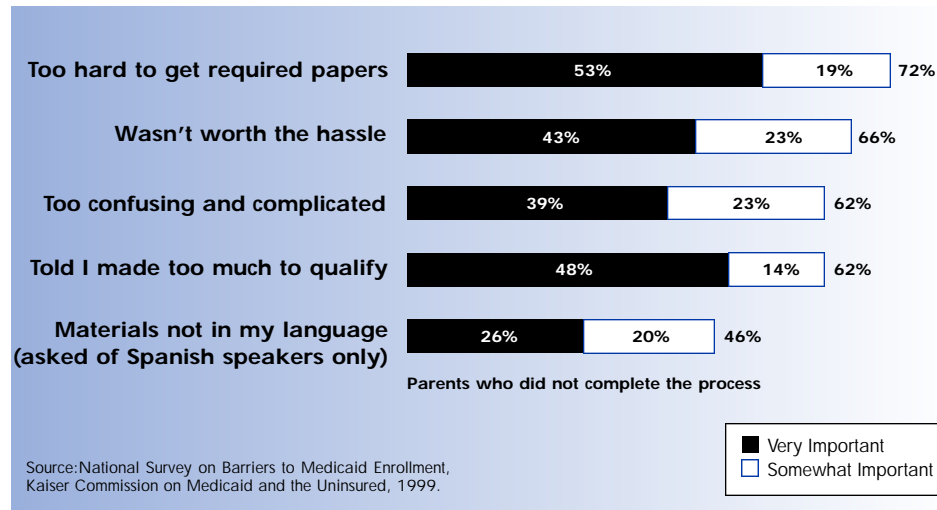
Almost one-third of parents of eligible uninsured children (31%) has never tried to enroll. This group represents those hardest-to-reach parents who may face the most serious barriers to enrollment. Their experiences are explored in detail later in this chapter.

### The Medicaid enrollment process is too difficult for some parents to complete successfully.

Both groups of parents experienced difficulty in getting through the enrollment system. Among parents who tried to enroll their child in Medicaid but did not complete the entire process (13% of all respondents), a prevailing theme emerges: the Medicaid enrollment process is too difficult and complicated (Figure 7). Important reasons these parents cite for not completing the enrollment process include the:

- **Difficulty of getting all the required papers** (72%);
- **Overall hassle of the enrollment process** (66%); and
- **Belief that the process was complicated and confusing** (62%).

**Figure 7: Important Reasons for Not Completing the Enrollment Process**



### Other barriers to completing the process

- **“I make too much to qualify.”** Another important reason why a majority of parents drop out of the enrollment process is that they believe they probably earn too much money for their child to qualify (62%).

This could mean that parents of potentially eligible children fail to complete the enrollment process without knowing for certain if they make too much for their child to qualify or that income fluctuations may push some low-income families over the income eligibility levels.

- **Language issues.** Finally, about half of the Spanish-speaking parents (46%) say that not having materials available in their language is a reason why they did not complete the enrollment process for their child.

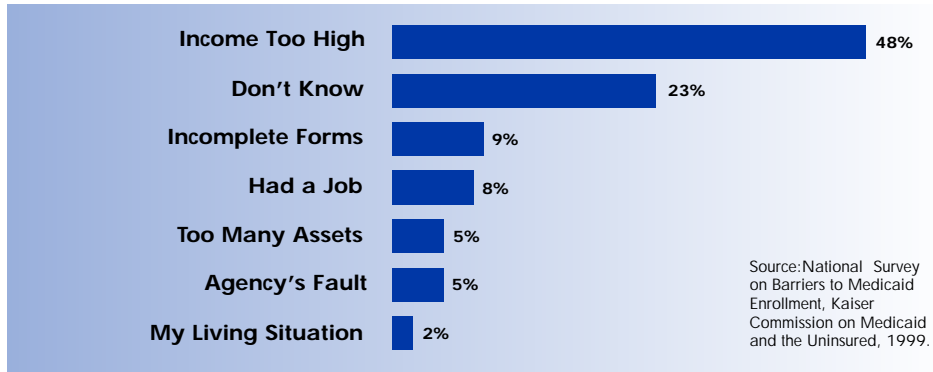
### Reasons for denial of coverage

Some parents manage to complete the Medicaid enrollment process but are later denied coverage for their children (15% of all respondents). Because eligibility levels for the Medicaid program have been expanded over time, these denials may have occurred before the current federal income and age eligibility floors were set or for a different child in the family. Figure 8 lists the reasons they were given for their denied application.

- **Income too high.** Nearly half say they were denied because their incomes were too high for their child to qualify at the time (48%). However, given that the respondents qualify for this survey, it appears that they may indeed meet income eligibility levels for their youngest child.

- Reason unknown.** Almost a quarter of parents (23%) do not know why their child was denied coverage. This finding is of particular concern because if parents of eligible uninsured children do not know why their child was denied coverage in the past, they are unlikely to know how to qualify for Medicaid in the future.

**Figure 8: Reasons for Denial of Coverage**



### Lack of “know-how” and the perceived “hassle” of Medicaid enrollment keep some parents from trying to enroll.

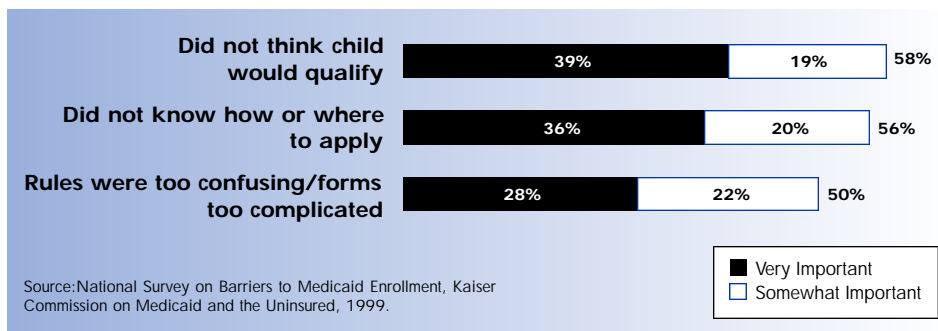
Parents of children who have never tried to enroll their child in Medicaid (12% of all respondents) offer important insights into why some parents do not even seek out enrollment. Table 1 (see page 12) outlines five reasons that prevent or discourage these parents from trying to enroll. The two most significant barriers to enrollment are the lack of knowledge on how to enroll and the perception of onerous enrollment processes.

#### Lack of knowledge and “know-how”

Parents who have never tried to enroll their child in Medicaid appear to lack basic information about eligibility rules and the enrollment process.

At least half of parents cite the following as important reasons why they have not tried to enroll (Figure 9):

**Figure 9: Important Reasons for Not Trying to Enroll: Lack of Knowledge and “Know-how”**



- They did not think their child would qualify (58%);
- They did not know how or where to apply (56%); and
- The rules and regulations are too confusing and the forms are too complicated (50%).

These three barriers scored among the top five and speak to a lack of information, misperceptions, and real confusion about Medicaid rules and processes among parents who have never been part of the program.

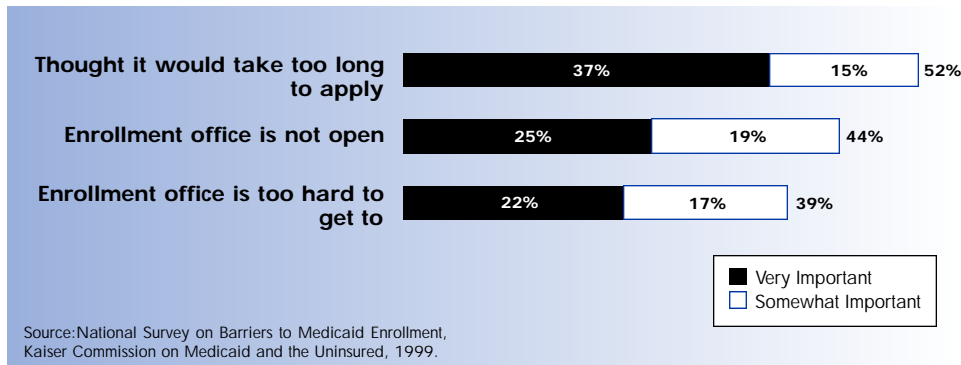
<b>Table 1: Important Reasons Parents Have Not Tried to Enroll their Child in Medicaid</b>	
	<b>Important Reasons* (%)</b>
<b>Lack of knowledge and “know-how”</b>	
• Did not think child would qualify	58
• Did not know how or where to apply	56
• Rules and regulations too confusing/forms too complicated	50
<b>Medicaid enrollment “hassle factor”</b>	
• Applying takes too long	52
• Office is not open when I can go	44
• Office is too hard to get to	39
<b>Concerns about quality of care</b>	
• Did not think child would get good medical care	46
• Child’s doctor does not take Medicaid	30
<b>Medicaid’s historical link to welfare</b>	
• Thought people at Medicaid office would treat me badly	42
• Did not want to go the welfare office to apply	38
• Did not want child to be considered a Medicaid “recipient”	37
<b>Language concerns</b>	
• Did not think information and forms would be available in my language	50
* Includes “Very Important” and “Somewhat Important” reasons.	

### **The Medicaid enrollment “hassle factor”**

The perceived hassle of enrolling in Medicaid is an important reason why parents have never tried to enroll their child. Several barriers tested in the survey illustrate this point (Figure 10):

- **Long application process.** More than half (52%) have never tried to enroll their child because they believe that applying for Medicaid takes too long.

**Figure 10: Important Reasons for Not Trying to Enroll:  
The “Hassle” Factor**



- **Inconvenient locations and hours.** Four in ten parents say that the office where they need to apply is not open when they are able to go (44%) or is too hard to get to (39%).

Since most of these parents work, taking time off from a job, waiting long periods at enrollment offices, and driving far distances are important considerations. These findings suggest that the Medicaid enrollment process is not structured in a way that helps working parents enroll their children in the program.

## Other barriers that keep parents from trying to enroll

- **Concerns about quality of care.** Low-income parents with no experience with Medicaid are concerned about the quality of care the program provides.
  - Almost half of parents who have never tried to enroll their child in Medicaid (46%) say they are worried that their child would not receive good medical care.
  - A quarter of these parents (30%) cite the fact that their child’s present doctor does not take Medicaid as an important reason for not enrolling.

Comments from parents in focus groups suggest that these quality concerns center on long waits to receive medical care, seeing less-qualified doctors, and receiving generic rather than brand-name drugs because they are Medicaid beneficiaries.

This finding, however, should be tempered by the fact that 89% of surveyed parents believe that Medicaid is a good program. In fact, 68% of parents of Medicaid enrolled children are very satisfied with the care their child received and only 1% of parents of children who were previously enrolled in Medicaid quit the program because they did not like the quality of the medical care.

- **Medicaid's historical link to welfare.** The negative public image of welfare and the historical link between Medicaid and cash assistance has created barriers to Medicaid enrollment. Important reasons parents who have not tried to enroll their child identified include:
  - **Welfare office.** One in three parents (38%) does not like having to go to the welfare offices to enroll in Medicaid;
  - **Poor treatment by eligibility workers.** Four in ten (42%) fear that they would be treated badly by people at the enrollment office; and
  - **“Medicaid recipient.”** Four in ten parents (37%) say they did not want their children to be considered a “Medicaid recipient.” It is important to note that low-income parents who have never tried to enroll their children seem to be reacting to the negative association between Medicaid and welfare, not to the Medicaid program itself.
- **Language concerns.** Half of parents (50%) who completed the survey in Spanish report that they have not tried to enroll their child in Medicaid because they did not think the information or forms would be available in their language. Recall, a similar number of parents say that they did not complete the enrollment process because information and forms were not available in Spanish. Both these findings suggest real and serious language barriers for non-English speaking parents to enrolling their child in Medicaid.



# STRATEGIES FOR IMPROVING MEDICAID ENROLLMENT

Barriers do not dampen parents' desire to enroll their children.

Focus on greater convenience and smoother processes.

Reinforce Medicaid's identity as a health insurance program for low-income, working families.

Address concerns about quality of care.

Provide enrollment materials and assistance in different languages.

Different approaches are necessary for different groups.

## **Barriers do not dampen parents' desire to enroll their children.**

Despite the many reasons parents give for not trying to enroll their children in Medicaid, nine in ten parents of eligible uninsured children appear willing to enroll if their child were eligible (see Figure 3). The perceived and actual barriers to enrollment they identify do not make them feel negatively about the program (recall that a large majority of parents say it is a good program) nor lessen their desire to enroll their children. These findings suggest that parents want to overcome obstacles to obtaining health insurance coverage for their children.

The survey tested ideas to help facilitate Medicaid enrollment. Generally, parents responded positively toward many strategies for encouraging Medicaid enrollment. Most parents, especially parents of eligible uninsured children, placed the highest priority on making the enrollment process easier and more convenient. Table 2 (see page 16) below lists seven ideas to improve enrollment and parents' responses.

**Table 2: Ideas That Would Make Parents “Much More Likely” to Enroll Their Children in Medicaid**

	Medicaid Enrolled	Eligible Uninsured
	Much More Likely to Enroll	
	(%)	(%)
<b>Making enrollment more convenient:</b>		
• Mail in the enrollment form or enroll over the phone	51	60
• Immediate enrollment and provide all the forms later	51	56
• Enrollment office open after work or on weekends	52	55
• Shorter enrollment form	41	53
• Enrollment forms available at more places in the community	44	41
<b>Enrolling when signing-up for other programs:</b>		
• Automatic enrollment when my child enrolls in the school lunch program	53	53
<b>Enrolling at more convenient locations:</b>		
• Enroll at a doctor’s office or clinic	52	54
• Enroll at my child’s school or day care center	42	51
• Enroll at a local community center	34	40
• Enroll where I get food stamps	42	31
<b>Talking to someone before enrolling:</b>		
• An 800 number to talk with someone about what to do before going to the office	49	53
• Talk with someone actually enrolled in Medicaid before I enroll	37	35
<b>Reinforcing Medicaid’s identity as a health insurance program:</b>		
• Better treatment at enrollment office	47	55
• Not go to the welfare office to enroll	42	42
• Call it something other than “Medicaid”	14	17
<b>Improving quality of care:</b>		
• Get better doctors	54	47
<b>Overcoming language barriers:</b>		
• Help from someone who speaks my language (asked only of Spanish-speakers)	53	50

## Focus on greater convenience and smoother processes.

Parents ranked most ideas that make enrolling in Medicaid easier high. Given these preferences, simple process improvements could substantially increase enrollment of eligible uninsured children. The gaps in knowledge about how to enroll and about eligibility criteria, however, show that education will also be needed before some parents will even attempt to enroll.

### 1. Make the enrollment process more convenient.

When asked what would make them much more likely to enroll, parents placed the highest priority on making Medicaid enrollment more convenient and less of a “hassle.” These strategies resonated particularly with parents of eligible uninsured children who tend to be workers with limited time.

- **Mail-in or phone-in enrollment.** This was the most popular idea tested; half the parents of Medicaid enrolled children (51%) and six in ten parents of eligible uninsured children (60%) say this would make them much more likely to enroll.
- **Presumptive eligibility.** Many liked the idea of immediate enrollment with the ability to complete all of the forms later (Medicaid enrolled, 51%; eligible uninsured, 56%).
- **Extended office hours.** Half of parents also rank keeping enrollment offices open after work and on weekends (Medicaid enrolled, 52%; eligible uninsured, 55%) high.
- **Shorter enrollment form.** Four in ten parents of Medicaid enrolled children (41%) and half of parents of eligible uninsured children (53%) say a shorter enrollment form would make them much more likely to enroll.

### 2. Enroll eligible children when signing-up for other programs.

- **Automatic enrollment with school lunch.** More than half of parents of Medicaid enrolled children (53%) and eligible uninsured children (53%) say that they would be much more likely to enroll if their application was made automatically when their child enrolled in the school lunch program. Clearly, many parents appreciate the ease and efficiency of accelerated enrollment in Medicaid when they are found to qualify for other public programs.

### 3. Enroll eligible children at more convenient locations in the community.

In addition to streamlining the process, parents say they would be much more likely to enroll their children in Medicaid if they could do so in more convenient locations within their community.

- **Doctor’s office or clinic.** Half of parents of Medicaid enrolled children (52%) and parents of eligible uninsured children (54%) say that they would be much more likely to enroll if they could do it at their doctor’s office or a clinic.
- **School or day care center.** Four in ten parents of Medicaid enrolled children (42%) and half of parents of eligible uninsured children (51%) say they would be much more likely to enroll if they could do it at their child’s school or a day care center.

Notably, both groups of parents are less enthusiastic about enrolling at local community centers and food stamps offices, reflecting the fact that they may be less likely to have reasons for going to these locations.

#### 4. Establish venues to allow parents to talk to someone before enrolling.

- **By telephone.** An important idea for about half of parents is to have a conversation with a knowledgeable person by telephone prior to visiting the Medicaid office to enroll.

As one might expect, more parents of eligible uninsured children than parents of Medicaid enrolled children say that this idea would make them much more likely to enroll in Medicaid (53% to 49%). This makes sense because their knowledge of Medicaid lags behind that of parents with children currently enrolled in the program.

### Reinforce Medicaid’s identity as a health insurance program for low-income, working families.

Many low-income parents are confused by Medicaid eligibility rules and the delinking of the program from the welfare system and its requirements. Medicaid outreach and marketing efforts should emphasize the program’s new image as a health insurance program for low-income, working families, separate from the welfare system.

Survey results indicate that the negative associations between welfare and Medicaid are still strong and that simple fixes are not enough to counter these negative feelings:

- **Avoid the welfare office.** Four in ten parents of Medicaid enrolled children (42%) and parents of eligible uninsured children (42%) say not having to go to the welfare office to enroll would make them much more likely to do so.
- **Program name change is not critical.** Only a small number of parents of Medicaid enrolled children (14%) or parents of eligible uninsured children (17%) say that changing the name of the program to something other than “Medicaid” would make them much more likely to enroll in the program. While changing the

name may help improve the program's image, the action must be supported by other significant changes in the application process to boost enrollment.

- **Better treatment is preferred.** Instead, greater sensitivity and better treatment at the enrollment office appeal to both parents of Medicaid enrolled (47%) and of eligible uninsured children (55%).

### **“Medicaid Stigma:” Less Of A Barrier Than Previously Believed**

The stigma associated with public programs is often cited anecdotally as a barrier to enrollment in Medicaid. However, the survey findings suggest that parents of eligible children believe Medicaid is a good program but find enrollment processes challenging:

- Nearly nine out of ten surveyed parents (89%) think Medicaid is a good program;
- Over two-thirds of parents of Medicaid enrolled children (68%) are very satisfied with the care their child receives;
- The top two reasons parents named for not trying to enroll their child are: they did not think their child would qualify (58%) and they did not know how or where to apply (56%); and
- Nine out of ten parents of eligible uninsured children appear willing to enroll their children in Medicaid if they were eligible.

The negative public image of welfare and the historical link between Medicaid and cash assistance has created barriers to Medicaid enrollment (recall 37% of parents who never tried to enroll say they did not want their child to be considered a Medicaid recipient). These negative perceptions, however, should not necessarily be construed as people rejecting the Medicaid program. The responses to this survey suggest that low-income parents value the program; the challenge lies in further severing the association between Medicaid and welfare, and in capitalizing on these positive feelings about the coverage and protection afforded by the program. In addition to encouraging parents to initiate and facilitating the completion of the enrollment process, it is critical to change the perception of Medicaid from a welfare program to a stand-alone, health insurance for low-income families.

## Address concerns about quality of care.

- **Better doctors.** Both parents of Medicaid enrolled children and parents of eligible uninsured children are much more likely to enroll in Medicaid if better doctors participated (54% to 47%).

However, these anxieties about quality of care may be more perceived than real given that 68% of parents of Medicaid enrolled children state that they are very satisfied with the care their child receives and 94% of these parents believe Medicaid is a good program. Nevertheless, the findings do underscore the need to address negative perceptions about the quality of care under the program.

## Provide enrollment materials and assistance in different languages.

The recurring theme of language barriers for Spanish-speaking parents again surfaces when considering strategies for encouraging Medicaid enrollment.

- **Bilingual enrollment workers.** In addition to translated enrollment materials, half of Spanish-speaking parents (Medicaid enrolled, 53%; eligible uninsured 50%) in the survey say they would be much more likely to enroll their child in Medicaid if they could receive help from someone who speaks their language fluently.

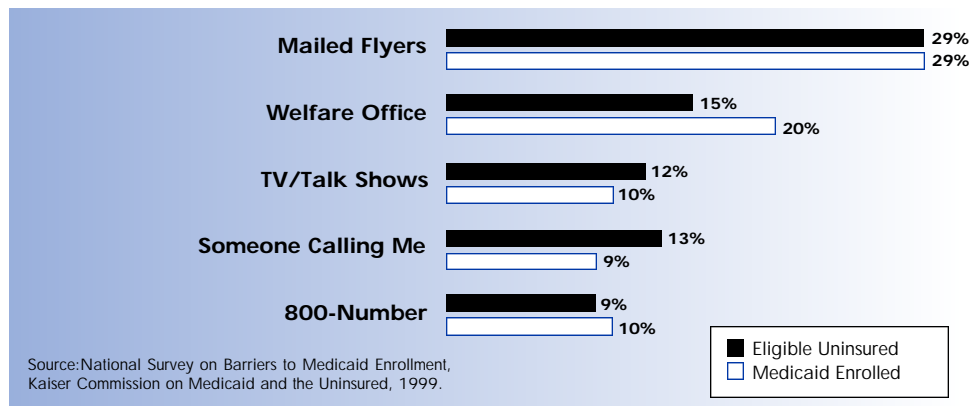
### Different Approaches Are Necessary For Different Groups

Different groups of parents respond differently to specific ideas tested for encouraging Medicaid enrollment, which means one approach will probably not work for everyone. The survey shows that households with two working parents are the most supportive of ideas that have to do with making enrollment in Medicaid more convenient, such as mailing in the application form (63% of working, two-parent households vs. 54% of all parents). Similarly, parents of eligible uninsured children are more receptive to this idea than parents of Medicaid enrolled children (60% to 51%).

Spanish-speaking parents, on the other hand, seem least supportive of almost all of the ideas tested, possibly because they doubt their ability to take advantage of these ideas because they do not speak English. Conversely, African-American parents seem open to most of the ideas, particularly those that add greater convenience and avoid them having to go to the welfare offices (51% of African-American parents vs. 43% of all parents).

The survey also shows that parents of uninsured children with prior Medicaid experience seem to be among the most supportive of all of the ideas tested. Their support may come from their prior experience with Medicaid and, perhaps, stems from some of the difficulties they encountered while applying for the program.

**Figure 11: Parental Preferences for Obtaining Medicaid Program Information**



## Printed materials and personal contact are key ingredients to effective outreach.

No single method or source of information was identified by low-income parents as the preferred way to receive Medicaid program information. When asked what would be the best way to get information about Medicaid, parents tend to name traditional sources and outlets (Figure 11):

- **Mailed fliers.** The number one way that parents of Medicaid enrolled children and parents of eligible uninsured children want to receive information about enrolling in Medicaid is through mailed fliers (29% for both groups).
- **Welfare offices.** Despite the negative associations they may hold of cash assistance programs, parents named the welfare office as the best place to receive information about Medicaid. This finding reaffirms the connection that low-income parents have of the two programs, though this location appeals less to parents of eligible uninsured children than to parents of Medicaid enrolled children (15% to 20% respectively). This difference may reflect the negative feelings parents who have never tried to enroll their children have toward the welfare system and the fact that most of these parents are workers who are perhaps less familiar with the welfare program.
- **Other locations and sources include:**
  - **T.V. and talk shows** (Medicaid enrolled, 10%; eligible uninsured, 12%);
  - **Telephone call from someone with information about enrollment** (Medicaid enrolled, 9%; eligible uninsured, 13%); and
  - **800 number to call for information** (Medicaid enrolled, 10%; eligible uninsured, 9%).

Like enrollment strategies, effective outreach efforts should target specific groups with tailored messages in appropriate languages and media outlets.

# POLICY IMPLICATIONS

The survey findings point to four policy or process changes to increase Medicaid enrollment:

- Streamlined enrollment processes;
- Expanded outreach and clearer communication of program information;
- Simplification of eligibility criteria; and
- Better Medicaid “product.”

The survey results show that Medicaid-eligible children come from working families, with moderate to little contact with the welfare system. Low-income parents view the program and the services it provides positively and many want to enroll their children. However, confusion about eligibility rules and barriers to enrollment at various points in the process prevent some parents from realizing this desire.

After testing the usefulness and appeal of strategies to reduce barriers to enrollment, the survey findings point to four policy or process changes to increase Medicaid enrollment:

1. Streamlined enrollment processes;
2. Expanded outreach and clearer communication of program information;
3. Simplification of eligibility criteria; and
4. Better Medicaid “product.”

## Streamlined enrollment processes

Surveyed parents cite various difficulties of the Medicaid enrollment process as major barriers to completing or even initiating the process. Strategies focusing on making the enrollment process more convenient consistently ranked high among both sets of parents. These include mail-in or phone-in enrollment, more convenient office hours, more locations in the community at which to enroll, and automatic enrollment in Medicaid when enrolling in other programs such as the school lunch program. In addition, fewer documentation requirements (e.g. one pay stub instead of eight) would ease the burden on families, encouraging them to apply to and enabling them to complete the enrollment process. These enrollment simplification efforts should also be carried over to streamline re-enrollment processes to ensure that eligible children maintain their Medicaid coverage when appropriate.



## Expanded outreach and clearer communication of program information

The majority of surveyed parents work and have no contact with the welfare system, especially parents of eligible uninsured children. Few parents have spoken to knowledgeable people about enrolling in Medicaid. It is therefore not surprising that when tested on their knowledge of Medicaid eligibility rules, both sets of parents show considerable confusion about some rules. In addition, many of the most frequently cited reasons parents say they have never tried to enroll their children center on the lack of knowledge of how to apply.

These findings suggest that more needs to be done to reach and educate low-income parents about eligibility rules and how to initiate and complete the enrollment process. While different groups prefer different approaches, the most promising sources of outreach include mailed fliers and traditional media sources targeted to groups that historically have not participated in cash assistance programs. Particular attention should be placed on reinforcing Medicaid's identity as a stand-alone health insurance program for low-income, working families, separate from the welfare system. In addition, more resources are needed for bilingual services to inform parents with limited English language skills. While outreach and education efforts are critical to reach potentially eligible families, they must be supported with less cumbersome and more humane enrollment processes.

## Simplification of eligibility rules

The survey affirmed the fluidity in the economic lives of low-income families. One-third of parents of uninsured children who were previously on Medicaid say their children were dropped from the program because their financial situation changed. Nearly half of parents who completed the Medicaid enrollment process but were denied coverage say their incomes were too high; yet, given that they qualify for this survey, their children appear to meet Medicaid income eligibility levels. Parents from focus groups support these findings, claiming that the moment they receive a slight increase in their paycheck, Medicaid drops them.

States have considerable latitude in simplifying income criteria and extending coverage to more low-income children and their families. They may exercise this discretion in determining income eligibility by eliminating asset tests and employing income disregards. In addition, by adopting 12-month continuous eligibility, states can help families bridge periods with income fluctuations and maintain health insurance coverage for their children.

## Better Medicaid “product”

Finally, concerns about quality of care and low levels of provider participation emerged as barriers to enrollment for parents who have never tried to enroll. However, over two-thirds of parents of Medicaid enrolled children are very satisfied with the care their children are receiving and very few quit the program because of dissatisfaction with the quality of care.

These seemingly contradictory findings may simply reflect the concerns about quality of care among the population in general. They may also suggest that, especially among parents with no experience with the Medicaid program, more steps, such as efforts to monitor quality of care in Medicaid, should be taken to counter the negative perceptions of Medicaid. Increasing provider participation and their attitudes toward Medicaid beneficiaries remain issues for program improvement.

## Looking beyond enrollment

It is clear from the survey findings that low-income parents value health insurance for their children and Medicaid as a vehicle for obtaining coverage. Barriers that impede enrollment in Medicaid clearly exist today, but the survey results demonstrate that most barriers to Medicaid enrollment are not inherent to the program but are problems with practical, feasible solutions that all states can implement. In fact, many states have recognized the significant role Medicaid can play and have begun to aggressively reach out to families. By using their discretion to restructure their Medicaid enrollment processes to make it more user-friendly, they have already seen growth in enrollment numbers. The new focus on extending health insurance coverage as broadly as possible and on increasing Medicaid and CHIP enrollment gives policy-makers a great opportunity to examine the enrollment process itself to find ways to make it more accessible to eligible children. The challenge ahead lies in making these programs work effectively as insurers of low-income children.

The survey reveals a significant amount of Medicaid “churning” with children cycling on and off the program. Although this survey did not focus specifically on issues of retention and redetermination, many of the same measures to streamline the initial enrollment process should be applied to the reenrollment process to ensure that eligible children retain their coverage if appropriate.

It is important to bear in mind that eliminating barriers to enrollment is only the first step in providing health insurance coverage and assuring access to health care services for low-income children and their families. Once enrolled, it is essential that parents learn about their health care choices and how to navigate the system to access care.

Like the barriers to enrollment explored in this survey, these additional challenges are not insurmountable but will require willingness, creativity, and flexibility to overcome. In the meantime, concrete steps can be taken now to assure full health insurance coverage for our nation’s low-income children.

# APPENDIX A: SURVEY RESPONDENT DEMOGRAPHICS

	Parents of Medicaid Enrolled Children (%)	Parents of Eligible Uninsured Children (%)
<b>Gender:</b>		
Male	8	18
Female	92	82
<b>Race/ethnicity:</b>		
White	24	23
African-American	28	22
Latino	41	46
American Indian	4	6
Other	3	2
<b>Education Level:</b>		
1-11th Grade	41	37
High School Graduate	34	40
Non-College, Post-High School	1	3
Some College	15	14
College Graduate	6	4
Post-Graduate School	1	1
Don't Know	1	1
<b>Age:</b>		
24 and Under	20	15
25 to 29	18	18
30 to 34	16	23
35 to 39	16	20
40 or Older	29	23
Don't Know	0	1
Refused	1	0
<b>Household Type:</b>		
Two-parent	48	67
Single-parent	51	34
<b>Source of Income:</b>		
Work	62	75
Welfare/TANF	30	5
Soc Sec/SSI/Disability	15	11
Unemployment Insurance	4	5
Child Support/Alimony	4	4
Veterans Benefits	1	1
Other	4	3
<b>Insurance Status:</b>		
Insured	60	23
Uninsured	38	78
<b>Interview Language:</b>		
English	79	77
Spanish	21	23
	N=836	N=419



# APPENDIX B: METHODOLOGY

This study was comprised of two components: a nationwide telephone survey and a series of focus groups.

## Survey

In winter 1998 and spring 1999, we interviewed 1,335 low-income parents of children age 15 and under whose children were uninsured at the time and potentially eligible for Medicaid, or were currently enrolled in the program.<sup>4</sup> Specifically, we polled 836 parents with children enrolled in Medicaid and 419 parents with children who are currently uninsured.<sup>5</sup>

The target population for our survey was low-income parents, including those with children who are currently uninsured and those with children participating in a Medicaid program. The youngest child in the family was designated the “target child” (e.g., the child who was the focus of the questionnaire). Either parent could be the respondent for a target child. In some cases, legal guardians or grandparents were interviewed in place of parents.

The total survey effort yielded a 58% response rate. The margin of error for the 836 parents whose target child was enrolled in Medicaid is plus or minus four percentage points. The margin of error for the 419 parents whose target child was currently uncovered is plus or minus five percentage points.

In determining eligibility, we looked at the age of the target child as well as household income and household size. Families were eligible for the survey if they met the following conditions:

- Families with a target child under the age of 6 and with incomes below 133% of poverty (\$21,878 for a family of four in 1998); and
- Families with a target child between the age of 6 and 14 with incomes below 100% of poverty (\$16,450 for a family of four in 1998).

In developing the sample for this survey, we followed four steps:

- First, we selected telephone exchanges that serve low-income areas of households reporting incomes of less than \$25,000. For the four Census regions, we used a uniform 50 percent criteria to select telephone exchanges that serve these areas.

<sup>4</sup> In addition to the nationwide survey of 1,335 parents, this study included 1,609 parents in four oversample counties. In total, 2,944 parents were surveyed. This report focuses on the national sample; results from the oversample sites will be analyzed and reported in a future Kaiser Commission on Medicaid and the Uninsured publication.

<sup>5</sup> The remaining 80 parents reported that their target child was in some government insurance program other than Medicaid.

- Second, among exchanges that met the first criteria, we picked exchanges that serve areas with populations reporting that at least 25 percent are under age 18.
- Third, we selected telephone blocks (i.e., area code (XXX) — exchange (XXX) — blocks (YY)) within these exchanges with the minimum of 32 percent residential listings.
- Finally, we generated random numbers for the last two digits (YY) in selected blocks within selected exchanges and produced samples for the survey.

After completing the 1,200 interviews originally planned, we found that only a quarter (27%) of those surveyed were the parents of uninsured, potentially eligible children; most (73%) reported that the target child was enrolled in Medicaid or some other government insurance program. In order to increase the number of uninsured children available in the final data for analysis, we conducted a second wave of the survey. After several weeks in the field, the second wave survey increased total completed surveys from 1,202 to 1,335. After Wave Two, roughly a third (31%) of the completed cases represented uninsured children. Therefore, comparisons between families with uninsured children and those currently enrolled in Medicaid could be accomplished with more precision.

## Focus Groups

In the winter of 1998, we conducted focus groups with low-income parents of children age 15 and under whose children were uninsured at the time and potentially eligible for Medicaid, or were currently enrolled in the program. A total of six focus groups were conducted in Cleveland, OH, Albuquerque, NM, and Macon, GA. In each city, two focus groups were conducted: one with parents of uninsured children and one with parents of children covered by Medicaid.<sup>6</sup> The findings from the focus groups were used to design the survey questionnaire and served as a qualitative supplement to the main component of this research effort, the national survey.<sup>7</sup>

<sup>6</sup> Within any family, the health care coverage status of children can vary; some children might be uninsured while others are covered by Medicaid or private insurance. To simplify the recruitment and placement process, we concentrated on the coverage status of the youngest child.

<sup>7</sup> In addition, eight focus groups of parents of potentially Medicaid-eligible children were conducted in California in March 1998 to better understand barriers to enrollment. The findings are presented in *Barriers to Medi-Cal Enrollment and Ideas for Improving Enrollment* from the Henry J. Kaiser Family Foundation (Publication #1436).







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