

Summary of post-pandemic survey of members disenrolled from Medicaid

December 2023

Background

At the beginning of the COVID-19 pandemic, the federal government declared a public health emergency. The federal government offered additional funds to state Medicaid programs but required state Medicaid agencies to continue Medicaid coverage for nearly all members, even if their eligibility changed. As a result, nearly all Utah Medicaid members have remained covered for the previous three years regardless of eligibility.

With the end of the public health emergency, public assistance programs have returned to pre-pandemic rules. In a process referred to as Medicaid unwinding, states are required to review all Medicaid cases to ensure ongoing enrollment eligibility. Over a 12 month period, each member must go through the same annual review process that was in place prior to the pandemic to determine if they still qualify for Medicaid coverage.

Survey methodology and overview

The purpose of the Medicaid disenrollment survey was to better understand why Medicaid members did not renew their enrollment and solicit feedback regarding the renewal process. Respondents were asked specific questions regarding their reasons for disenrollment, renewal process, overall satisfaction with the program, customer service, and current health status.

The Department of Health and Human Services (DHHS) contracted with Lighthouse Research to develop, distribute, and analyze an electronic survey administered by email to former Medicaid members. DHHS provided Lighthouse Research a list of Medicaid members who had been disenrolled in the past six months, with at least one month of gap in eligibility and in which DHHS also had their email address. All data collection for this survey was completed between October 11-17, 2023. Lighthouse Research completed a total of 1,003 surveys, allowing for an overall confidence level of 95% with a margin of error of $\pm 3.08\%$.

The results presented in the survey are based solely on member responses. They reflect the perceptions reported by the member and were not validated against state agency systems data.

Summary of findings

Reasons for disenrollment

What is the current status or health coverage for you or the members of your household?

- When asked about their current healthcare coverage, respondents most frequently said they or the members of their household have **employer-provided health insurance**.

Employer-provided	Uninsured	Marketplace	Medicare	Private insurance	CHIP
39%	30%	16%	7%	4%	4%

From your point of view, which of the following describes the reasons you or another family member in your household is no longer enrolled in Medicaid?

My household income was too high for Medicaid eligibility limits	51%
I or my household member(s) have other health insurance now	24%
The department took me or my household member(s) off	18%
I did not complete the renewal process	14%
I did not think I, nor my household member(s), qualified for Medicaid	11%
I moved out of Utah	4%
I decided I did not want or need Medicaid anymore	4%

- 55% of respondents reported having children under the age of 18 who live in their homes and were on Medicaid last year.
- 57% of respondents did not attempt to renew their Medicaid coverage this year.

Why respondents did not attempt to complete the renewal.

I did not need Medicaid anymore	35%
I never received renewal documents from the Department of Workforce Services (DWS)	19%
I did not get around to doing the paperwork	14%
The paperwork was too difficult to complete	13%

My household income exceeded the Medicaid eligibility limits	10%
I did not want to have Medicaid anymore	8%

- 43% of respondents attempted to complete the Medicaid renewal process this year.

What happened when respondents attempted to renew coverage:

I submitted the forms, but I was told I don't qualify	71%
I submitted the forms, but I was told they were incomplete	12%
I tried completing the forms, but did not understand them and gave up	6%
I submitted the forms and have not heard back	4%

Customer service perceptions

- 58% of respondents said they reached out to the Department of Workforce Services (DWS).
- Of those that reached out to DWS, 58% of respondents reported that the issue was resolved within 7 days.

Evaluation of the Medicaid processes

Respondents' perceptions of Medicaid processes:

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Not applicable or don't recall
Renewal process	6%	19%	27%	22%	25%
Documentation	11%	26%	31%	22%	10%
Forms	11%	29%	29%	15%	16%

Medicaid program perceptions

If you could re-enroll yourself or your household member(s) in Medicaid today, would you?

Definitely not	Probably not	Undecided	Probably	Definitely
4%	5%	12%	21%	58%

State agency implemented efforts

Throughout the unwinding effort, DHHS and DWS have collaborated on the following efforts to help members navigate the renewal process:

- **Ex-Parte implementation and automation**
 - Ex-parte is the renewal process used by DWS to renew eligibility without the member submitting any information. Ex-parte can be done automated (system completed) and manually (worker completed), however neither requires member engagement. In October 2023, DWS enhanced its eligibility determination system so additional renewals could occur through the automated process without manual action.
 - Average monthly ex-parte renewals (total) - 23%
 - Automated monthly ex-parte renewals - 13%
- **Call wait time improvements**
 - Average call wait time reduced by 48% from May 2023 to October 2023.
- **myCase enhancements**
 - myCase is the online member portal used by members to apply and renew their Medicaid benefits. Significant enhancements were made in 2023 resulting in the following:
 - Average member time to complete an application reduced by 34%
 - 44 minute previous average; 29 minute current average
 - Average member time to complete an annual renewal - 24 minutes
- **Average days to decision and timeliness**
 - The Medicaid (excluding Disability Medicaid) average days to decision (days from application submission to decision) during the unwinding is 10 days, with 93% approved in under 30 days.

Renewal support efforts

DHHS and DWS continue to collaborate on the following efforts to help members navigate the recertification process:

- **12-Month continuous eligibility for children**
 - Beginning January 1, 2024, all children on Medicaid and CHIP will be eligible for 12 months of continuous coverage, even if the family experiences a change in income during the year.
- **Utah Health Policy Project (UHPP) contract**
 - DHHS has entered into a contract with UHPP to expand outreach and navigator efforts offered to members and the unenrolled. These services help individuals who need assistance with the application and renewal process.