



Colorado Covering Kids and Families

## **Impact of the Deficit Reduction Act of 2005: Community Health Center Specific Findings from the Outreach and Enrollment Worker Survey**

### **Introduction**

The Deficit Reduction Act of 2005 (DRA) requires many Medicaid applicants to prove their citizenship and identity and was implemented in Colorado on July 1, 2006. In order to document the effect of the new requirement on families and on the sites and workers that provide application assistance, the Colorado Center on Law and Policy and Covering Kids and Families partnered with the Colorado Health Institute to conduct two surveys. The first survey of outreach and enrollment workers was conducted during March of 2007. The second survey of eligibility technicians in five Colorado counties was conducted during April of 2007. The complete survey findings are contained in two Colorado Health Institute reports:

1. [Impact of the federal 2005 Deficit Reduction Act on Colorado Medicaid enrollment: Findings from the Outreach and Enrollment Worker Survey](#)
2. [Impact of the federal 2005 Deficit Reduction Act on Colorado Medicaid enrollment: Findings from the eligibility Technician Survey](#)

Over 220 outreach and enrollment workers (O&E workers) and Medicaid eligibility technicians (ETs) participated in the surveys. The results demonstrate that the new citizenship and identity verification requirement imposed by the DRA creates additional barriers to enrollment in Medicaid and the Child Health Plan *Plus* (CHP+) and access to healthcare for low-income people in Colorado. The results also show that the requirement is difficult to implement, inconsistently applied and that the costs associated with implementation are likely greater than initially anticipated.

The majority of workers that completed the O&E worker survey provide application assistance at Community Health Centers (CHCs). This paper reports the CHC specific results from that survey and is largely based on the Colorado Health Institute report.

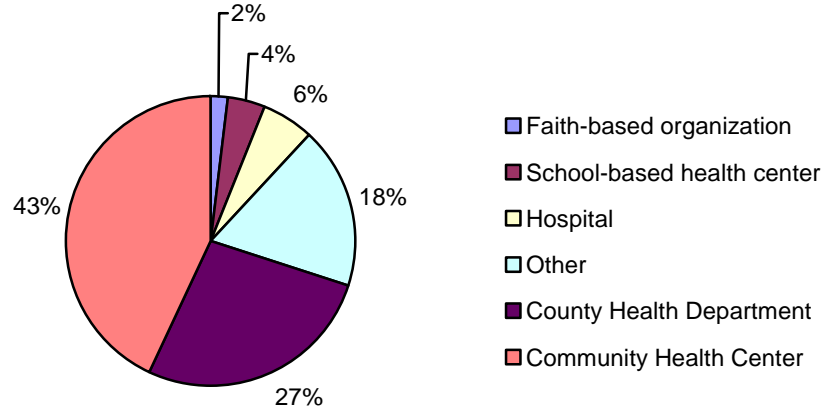
Key Findings from CHC survey data:

- The DRA creates barriers to Medicaid and CHP+ enrollment and access to health care for CHC patients
- CHC O&E workers spend more time providing application assistance and have more job stress since the DRA took effect
- DRA implementation is difficult and inconsistent

### Study Population and Response Rate

The Colorado Health Institute sent an electronic survey to 249 outreach and enrollment workers in March of 2007. Of the fifty-three percent that completed the survey, 95 met the study criteria of directly assisting families to apply for Medicaid and CHP+ both before and since the implementation of the DRA citizenship and identity verification requirement. Forty-three percent of eligible survey respondents work at Community Health Centers. Ninety-three percent of CHC respondents assist families with Medicaid applications and 95% assist families with CHP+ applications.

Graph 1. Survey respondents by type of organization



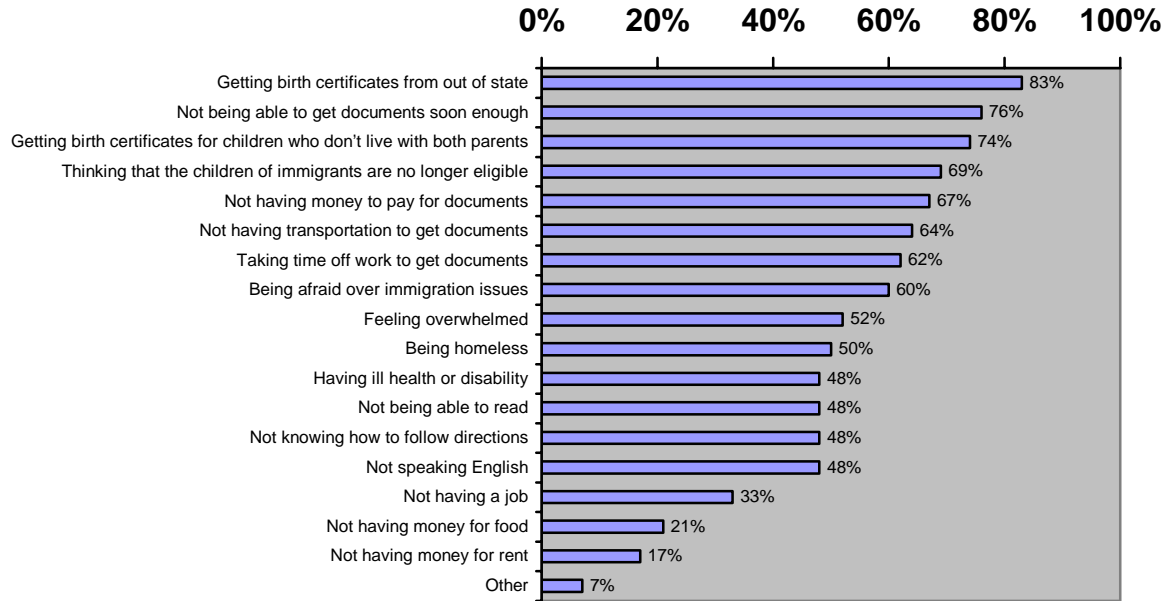
### Community Health Center Specific Findings

#### 1. THE DRA CREATES BARRIERS TO MEDICAID AND CHP+ ENROLLMENT AND ACCESS TO HEALTH CARE FOR CHC PATIENTS

Top ranked barriers to completing Medicaid applications are directly related to the DRA O&E workers were provided with a list of factors that create barriers to enrollment and asked their opinion on which prevented eligible people from successfully enrolling in Medicaid (Graph 2). According to CHC O&E workers the top six barriers to submitting a complete application are directly related to the DRA. These include:

- Getting birth certificates from out of state
- Not being able to get documents soon enough
- Getting birth certificates for children that don't live with both parents
- Thinking that the children of immigrants are no longer eligible
- Not having money to pay for documents
- Taking time off from work to get documents

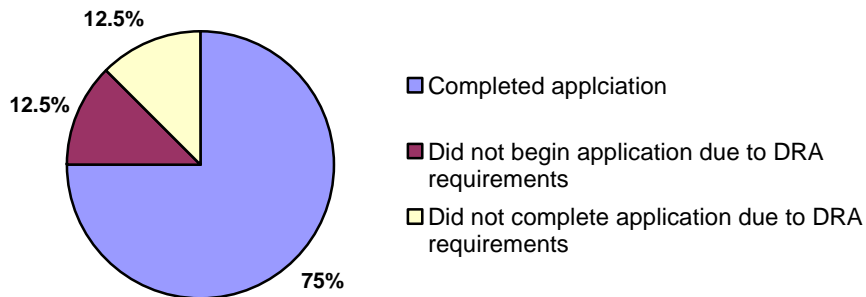
Graph 2. Which of the following are barriers that can prevent citizens from completing an application?



Eligible people are less likely to apply for Medicaid as a result of the DRA

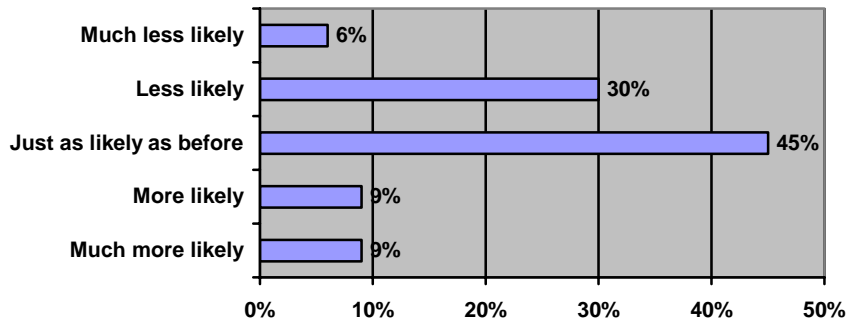
O&E workers were asked whether they believe that the eligible people with whom they work were more or less likely to apply for and complete an application for Medicaid since the implementation of the DRA. CHC O&E workers estimated that 25% of the people they either did an intake with or talked to in person or by phone about applying for Medicaid decided not to begin or did not complete the application as a result of the DRA requirement (Graph 3).

Graph 3. Likelihood that eligible people begin or complete a Medicaid application since DRA implementation



O&E workers were also asked about their perception of the barriers the DRA creates for the citizen children of immigrant parents. During the testing of the survey, the Colorado Health Institute learned that some immigrant families had heard that their citizen children were no longer eligible for Medicaid because of the DRA requirement. In order to explore this issue further, the survey asked O&E workers how likely it is for immigrant families with citizen children to apply for Medicaid. Thirty percent of CHC O&E workers reported that it is less likely that immigrant families will apply for Medicaid for their citizen children (Graph 4).

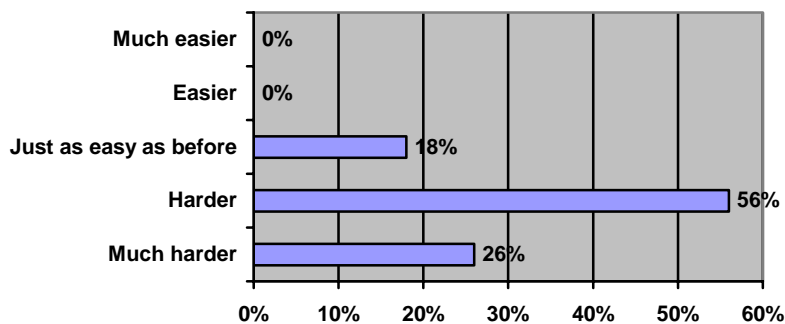
*Graph 4. Since the new document requirements went into effect, how likely are immigrant families with citizen children to apply for Medicaid?*



The DRA imposes a new barrier to accessing health care for low-income people

Eighty-two percent of CHC O&E workers responded that since the DRA was implemented, it is harder (56%) or much harder (26%) for low-income people to get health care (Graph 5).

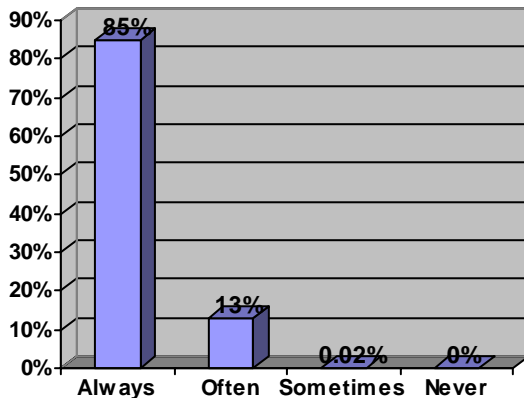
*Graph 5. Since the new documentation requirements took effect, is it easier or harder for low-income people to get healthcare?*



The DRA impacts CHP+

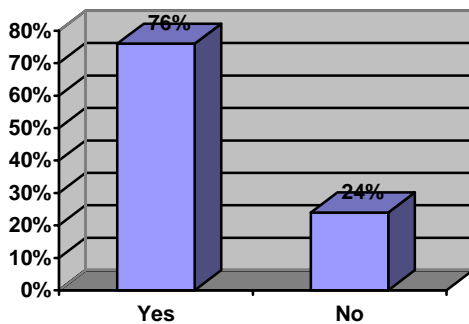
Although the DRA citizenship and identity verification requirement does not apply to the CHP+ program, it is the State's policy to request DRA documents from CHP+ applicants. Ninety-eight percent of CHC O&E workers that assist families with CHP+ applications reported that parents are always (85%) or often (13%) asked to provide documents proving their child's citizenship and identity (Graph 6).

Graph 6. How often are the parents of children (under 18) that apply for CHP+ asked for documents to prove their child's citizenship and identity?



Seventy-six percent of CHC O&E workers also reported that CHP+ applications are held up or denied if they do not include proof of citizenship and identity (Graph 7).

Graph 7. Are the CHP+ applications of children (under 18) ever held up or denied if they don't include proof of citizenship and identity?



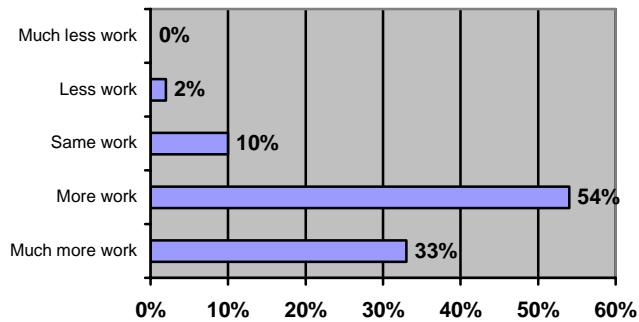
## 2. CHC O&E WORKERS SPEND MORE TIME PROVIDING APPLICATION ASSISTANCE AND HAVE MORE JOB STRESS SINCE THE DRA TOOK EFFECT

Eighty-seven percent of CHC O&E workers report having much more (33%) or more work (54%) since the DRA took effect (Graph 8). CHC O&E workers reported spending an average of 12 hours per week giving people information about Medicaid and providing application assistance. The survey found that since the new document requirements were implemented, CHC O&E workers spend an average of:

- 27 extra minutes per 8 hours of work explaining the new rules to families, helping them understand program letters, and making follow-up calls, and
- 35 extra minutes per 8 hours of work helping people get documents.

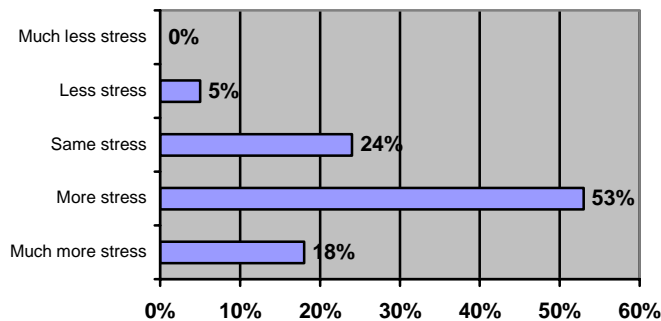
The extra time works out to an average of 62 extra minutes a day on DRA-related activities. In other words, almost half of the twelve hours each week that CHC O&E workers spend assisting patients with Medicaid applications are devoted to DRA-related activities. The additional time does not take into account the reported average of 15 extra minutes per application that CHC O&E workers spend notarizing or attesting to documents, taking affidavits, and making copies.

*Graph 8. How have the new document requirements affected your work load? Do you have..?*



Almost three-quarters of CHC O&E workers report experiencing much more (18%) or more (53%) job stress since the DRA's implementation. Twenty-four percent reported no change in stress level and 5% reported less stress (Graph 9).

*Graph 9. How much have the new document requirements affected your stress level at work? Do you have...?*



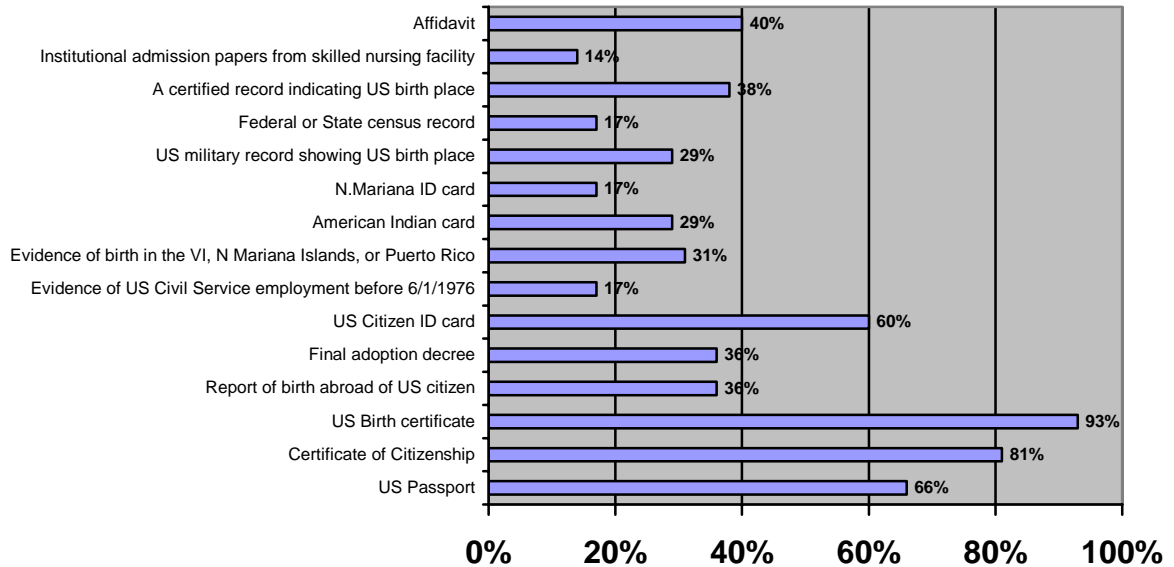
### 3. DRA IMPLEMENTATION IS DIFFICULT AND NOT CONSISTENT

#### CHC O&E workers are not fully aware of acceptable documents

The DRA provides a long list of acceptable documents to accommodate applicants that for whatever reason are not able to provide a birth certificate or acceptable State ID. While the majority of CHC O&E workers responded that the Medicaid citizenship and identity verification requirements imposed by the DRA were very clear, clear, or neither clear nor confusing (85%), the survey results show a lack of familiarity with all of the acceptable documents. For example, one-third of respondents did not correctly identify a US Passport as acceptable proof of both citizenship and identity.

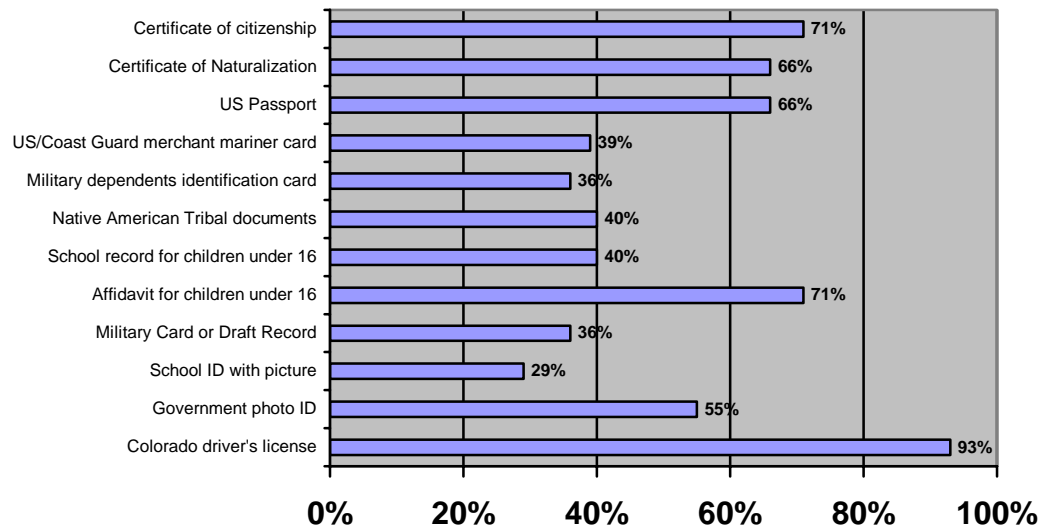
Survey respondents were given a list of documents accepted by Medicaid as proof of citizenship and asked to identify which documents they thought Medicaid would accept. Even though all the listed documents are allowable under Medicaid rules, they were not universally identified by CHC O&E workers. As expected, 93% of respondents identified a birth certificate as acceptable proof of citizenship, but only 60% recognized that a US Citizen ID card is acceptable, and fewer still (36%) knew that a final adoption decree is as well (Graph 10).

*Graph 10. Which of the Following documents does Medicaid accept to prove citizenship?*



A second survey question asked respondents to choose all documents sufficient to prove identity. As with proof of citizenship, all the documents listed were acceptable but not all were identified as such by all respondents. As expected, most (93%) identified a Colorado driver's license; however CHC O&E workers did not universally recognize the alternative documents available for use by children under age 16. Twenty-nine percent did not recognize the affidavit for children under 16, 60% missed the school record, and 71% did not choose the school picture ID (Graph 11).

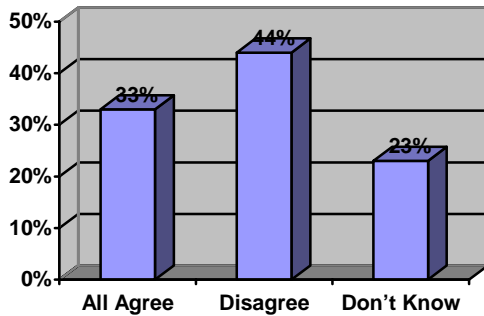
*Graph 11. Which of the following documents does Medicaid accept to prove identity?*



The DRA is not uniformly applied within counties and between counties.

The survey asked several questions designed to get at the consistency with which the DRA is applied within and among counties. Forty-four percent of CHC O&E workers reported that within a county, eligibility technicians disagree about which documents are acceptable as proof of identity and citizenship (Graph 12). Thirty-three percent reported that eligibility technicians from different counties have differences of opinion about which documents are acceptable (Graph 13).

*Graph 12. Within a county, do the eligibility technicians you work with agree on which documents are acceptable as proof of identity and citizenship or is there differences of opinion among eligibility technicians?*



*Graph 13. In your experience, do eligibility technicians from different counties agree on which documents are acceptable as proof of identity and citizenship or are there differences of opinion among eligibility technicians from different counties?*

