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Study Cites Obstacles for Poor to Renew Health Insurance

By Julie Bosman

More than a third of New York State's recipients of Medicaid and other public health insurance programs fail to re-enroll on time, losing coverage even though they remain eligible, because of daunting paperwork and other obstacles, according to a new study.

The study by the New York State Health Foundation, a nonprofit organization that aims to improve public health through education and expanding access to high-quality care, said many people were deterred by Medicaid's annual recertification process and that the resulting churning, in which recipients fall off the rolls and then reapply from scratch, costs the state money because it is more inefficient.

"We've tried to open the front door as wide as possible to these programs," said David Sandman, the senior vice president of the New York State Health Foundation. "And now we need to focus just as much attention on closing the back door to make sure eligible people stay enrolled."

The study, based on eight focus groups that met in Albany, Buffalo and New York City in November and December, set out to determine why so many eligible recipients were dropping their health care. It focused on three programs: Medicaid, Child Health Plus and Family Health Plus, which together cover about 4.6 million people statewide.

People with incomes up to the federal poverty guidelines — \$10,830 for a single adult, \$18,310 for a parent and two children — generally qualify for Medicaid; the other programs serve people with slightly more money.

The 60 participants of the focus groups — all former recipients of public health insurance — said they valued the health insurance programs and had wanted to remain enrolled.

But many said they had recently lost coverage because they were daunted by the requirements for re-enrollment. After 9 or 10 months in the program, active participants are mailed a thick pink packet of paperwork that they must fill out and return. The state is supposed to send at least one reminder notice.

"It takes a lawyer to figure it out," one person quoted in the report said of the packet.

Others said they did not receive follow-up notifications, or only got the packet after the deadline to return it had passed.

Many in the focus groups said they only realized their coverage had lapsed when they arrived at the doctor's office for an appointment. (Others learned when they were asked to participate in the study.)

Judith Arnold, director of the Division of Coverage and Enrollment for the state Office of Health Insurance Programs, said she has been focused for two years on streamlining the re-enrollment process.

"It makes your job harder if you're chasing after people who used to be enrolled," Ms. Arnold said. "So if you make it easier for people to stay on, the number you have to go out and reach becomes smaller."

The state has already begun to develop a new enrollment center so that recipients can extend their benefits over the phone, as many participants in the study said they wished to do.

Deborah Bachrach, deputy commissioner of the state Office of Health Insurance Programs, said the lengthy paper application is being streamlined, and a new version could be introduced as early as October.

"Our job is to get every New Yorker that is eligible on, and we want to keep them on," she said.