# AMPLIFYING UNHEARD VOICES OF THE MEDICAID COMMUNITY: PEOPLE OF COLOR, WITH DISABILITIES, AND LGBTQ+

## S E N S I S

### SEPTEMBER 2021

## Hispanics who are Medicaid Eligible or Enrolled

- Acculturated in this study refers to high English proficiency and immersion in dominant U.S culture, whereas unacculturated refers to limited English-proficiency and low immersion in dominant U.S. culture with preference for native culture and traditions.
- An individual's preferred method of enrollment is influenced by the level of acculturation. Of the Hispanic MEEs surveyed, 50% of those acculturated and 38% of the unacculturated prefer to enroll online.
- Focus group research uncovered struggles with online enrollment in Medicaid among unacculturated Hispanics. MEEs from this group cite struggles commonly due to the lack of non-English language Medicaid program materials available online, compared to phone and in-office resources which tend to offer greater access to translators and in-language support.
- Among the Hispanic MEEs surveyed, 53% of unacculturated Hispanics and 64% of acculturated Hispanics have gone through the Medicaid renewal process.
- Among Hispanics enrolled in the Medicaid program, unacculturated Hispanics (46%) and acculturated Hispanics (61%) report clinical staff described as 'helpful' during care delivery.
- When examining preferred methods of housing assistance, 45% of unacculturated Hispanic MEEs and 39% of acculturated Hispanic MEEs report they would be "very interested" in a Medicaid program assisting with stable, safe housing.

"I thought that they were just very laborious with the paperwork, with the requirements, and so forth, and even with providing documentation."

— English-speaking Hispanic, NY

#### Solutions & Recommendations:

- Fund Enrollment Assisters to connect Medicaid patients to care
- Increase investment in non-English language assistance and resources

Recommendation: Collect and report comprehensive data from health plans and state and federal agencies to help reduce disparities in Medicaid access

- Merge SNAP benefits and Medicaid application into dual-qualification
- Connect Medicaid program beneficiaries to healthy food organizations and resources
- Expand in-community peer-to-peer support and care services

**Recommendation:** Close the Medicaid coverage gap

Decentralized
Program
Information
and Resources

Extensive
Documents
and Complex
Application
Requirements

Acquiring a Social Health Beyond the Doctor's Office

Inconsistent
Access to Care
and Quality
Providers

- Drive enrollment and renewal through multiple channels
- Consider auto enrollment and simplifying the enrollment process for Medicaid
- Rethink the renewal process and redesign the methods of notification

Recommendation: Conduct further research on the impact of language and identity in recruiting of unacculturated and LGBTQ+ communities

- Incentivize physicians to accept telehealth appointments for Medicaid enrollees.
- Encourage and incentivize MCOs to cultivate a more robust, diverse, culturally-competent and stable health care workforce

Recommendation: Continue study into the unique user journeys of Medicaid eligibles and enrollees of color, persons with disabilities, and LGBTQ+

## **Pain Points Among all Surveyed Populations**

## **Searching for Information**

- Medicaid eligibles and enrollees (MEEs) learn about Medicaid from a variety of sources because of the lack of a central, comprehensive source for information.
- When searching for initial information about the Medicaid program, 70% of MEEs have not visited the official Medicaid website and 27% of respondents find searching for Medicaid applications, resources, or information on the internet difficult.

## **Understanding Enrollment and Renewal**

 39% of Medicaid eligibles find the overall process of applying to Medicaid to be difficult, compared to 26% of Medicaid enrollees.

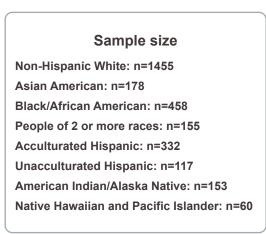
## **Examining Delivery and Care**

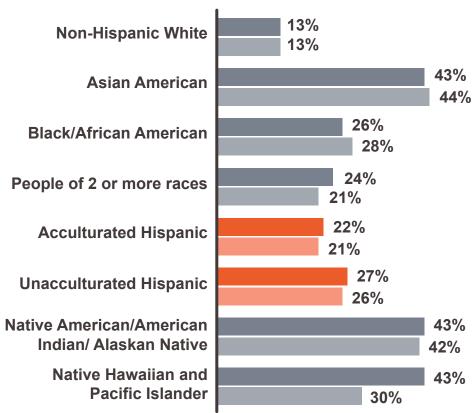
Nearly a quarter of respondents report a negative experience finding a provider who accepts Medicaid (24%). Medicaid enrollees say their options are limited because many doctor's offices do not accept Medicaid, and the clinics that do accept Medicaid insurance are not in locations accessible to their communities.

## **Rethinking Social Needs**

- MEEs desire Medicaid program assistance accessing affordable, nutritious foods. Over half (54%) of MEEs surveyed have experienced concerns about having enough food, with 78% being "somewhat interested" in the Medicaid program helping them get nutritious food.
- MEEs struggle with costs associated with housing rather than finding housing. 61% say it would be helpful for the program to offer assistance in the form of cash payments to help with utility bills and rent payments (59%).
- Social isolation and loneliness are the most commonly experienced social need among MEEs. 62% surveyed say they, or their families, have been concerned about being lonely and away from friends at some point.







SENSIS

Related Resources: sensishealth.com/rwif

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The views here do not necessarily reflect the views of the foundation.

About the Research

This study gathered the opinions and experiences of 3,080 Mediciad eligible and enrolled people of color, individuals with disabilities, and LGBTQ+ across age and gender groups. Feedback on this research was provided by a 12-member Policy Advisory Group comprised of experts across Medicaid, advocacy, and policy.