



Enrolling in Medi-Cal: The Consumer Experience

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About the Endowment

The California Endowment, a private, statewide health foundation, was established in 1996 to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians. The Endowment challenges the conventional wisdom that medical settings and individual choices are solely responsible for people's health. The Endowment believes that health happens in neighborhoods, schools, and with prevention. For more information, visit www.calendow.org.

About the Foundation

The **California HealthCare Foundation** works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care. For more information, visit us online at www.chcf.org.

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I. Introduction

UNDER THE AFFORDABLE CARE ACT (ACA), millions of Californians will be added to the health insurance ranks, further straining an enrollment system already stretched thin. Examining what is and is not working within the current enrollment system will help the state make much-needed changes before the wave of new enrollees in 2014.

Understanding the consumer's point of view is one key piece of the system improvement puzzle. This project was co-sponsored by the California HealthCare Foundation and The California Endowment to document the experiences and preferences of low-income, uninsured Californians as they used various modes to enroll in Medi-Cal and Healthy Families.

The feedback in this report comes from 106 low-income Californians who applied for health coverage using online, telephone, and in-person enrollment methods. The project started with two focus groups in February 2011 with 14 low-income individuals who had recently applied for Medi-Cal in county social services offices. These focus groups helped researchers identify the issues they were likely to encounter in the second phase of the project.

The second phase involved recruiting and following 92 low-income individuals as they applied for health coverage using a variety of enrollment methods. Because the project's primary focus was to better understand enrollment in Medi-Cal and Healthy Families, the vast majority — 87 — of the participants applied for these specific programs. An additional five participants used commercial websites to search for private insurance, providing insights about those tools.

Participants in the second phase applied for health coverage between May and July 2011 and then participated in interviews and focus groups with researchers from Lake Research Partners to talk about their experiences. These discussions focused on what worked well, what did not work well, and how enrollment methods could be improved. While all of these individuals focused on enrolling in health coverage, some also applied for other programs such as CalFresh, formerly known as the Food Stamps Program, or CalWORKs, the state's welfare program providing cash and services to families in need, if they could do so with the enrollment method they were using.

This report relies on participants' impressions based on their own enrollment experiences. In some cases, consumers may have shared feedback based on a misunderstanding of the programs and processes; however, since the goal of this research was to capture the consumer experience, these comments were preserved without correction.

As of September 2011, 41 of the 92 individuals recruited for this project had successfully enrolled in Medi-Cal or Healthy Families, and eight had applications still pending. Thirty were denied coverage, four had moved, and nine could not be reached.

II. Understanding the Consumer Mindset

TO UNDERSTAND THE FEEDBACK captured in this report, it is helpful to consider the mindset with which project participants approached the enrollment experience. Following are insights about their lives and their frame of mind when it comes to enrolling in public health coverage.

- **Busy and stressed consumers want health insurance to be simple.** Some consumers had recently lost a job, and some had been unemployed for a year or more. Some struggled with debt and paying all of their bills. Putting off medical care was a common theme; some mentioned ignoring chronic health conditions because they could not afford the medication or doctor visits. Many consumers were under stress, and some did not want to go through a complex, multi-step enrollment processes. Consumers' enrollment wish lists included convenient options for enrollment modes, straightforward language on forms, clear deadlines and next steps, and someone by their side to help them. Overall, most wanted to avoid any process that added more complexity, uncertainty, or confusion to their lives.
- **Overwhelmed and intimidated by enrollment process.** A number of consumers were not confident in their ability to enroll successfully. Some consumers were intimidated by the process and doubted whether they could answer all the questions correctly or get through the application on their own. A small number of consumers with literacy and comprehension challenges found the enrollment process overwhelming. Encountering a friendly and informed Certified Application Assistant (CAA), eligibility worker, or customer service representative on the phone or in person made a positive difference to those who had this kind of help available.
- **Worried about mistakes.** Many consumers said they were anxious about making a mistake that could ruin their chances of obtaining coverage. Some consumers, especially those who applied online, felt there were right and wrong answers to questions. As a result, these individuals tended to overthink their answers.
- **Need more upfront information on the program and enrollment process.** Many consumers acknowledged that they did not know much about Medi-Cal, Healthy Families, or the private plans for which they were applying. Many also said they did not know how to prepare for the enrollment process or what documents and information to have available. Many consumers felt unprepared for and anxious about the enrollment process. A few participants wanted to pause midway through the process to do research, consult their doctor or a family member, or think through their answers more thoroughly. Many wanted more information and a step-by-step explanation of the process before starting the application.
- **Concerned about being treated poorly.** Some individuals applying for Medi-Cal or Healthy Families were concerned about potentially being treated poorly by eligibility workers and other staff members at county social services offices. Some had heard that Medi-Cal applicants, in particular, were not treated well by county

staff members. This perception caused some consumers to feel tense and on guard.

- **Hesitant to ask questions.** While many consumers felt comfortable asking eligibility workers and CAAs questions, others did not. Only one of the online applicants used the telephone help line, even though others reported later that they did have questions. One online applicant said that they thought it was “too late to call the number,” and another said that they were worried they would have “a long wait on hold to get help.” Some consumers decided not to ask questions in county offices or approach CAAs whom they perceived to be busy.
- **Some struggled with online applications.** Many consumers acknowledged that they felt intimidated by the online enrollment process. Those who used computers at home or at work and who were frequently online were the most enthusiastic about this option. They appreciated the convenience and flexibility. Those with limited computer or Internet experience were uncomfortable with the online experience and said that they would have benefited from having someone help them complete the application. Because researchers randomly assigned consumers to specific enrollment modes, there were some mismatches that provided important insights. In some cases, tech-savvy people enrolled in person at county offices. These individuals were frustrated by the slow-moving process and said they would have preferred applying online from home. In other cases, less tech-savvy people struggled through online applications. One consumer with literacy challenges quit the online application after the second question because she could not understand the questions and had no one to help her.

III. Guiding Principles for Enrollment Systems

SEVERAL COMMON THEMES REGARDING enrollment preferences emerged from the conversations with consumers. Certain comments and suggestions were heard repeatedly throughout the interviews and focus groups, reflecting consumers' guiding principles for enrollment systems.

- **Promote availability of multiple enrollment options.** Most consumers valued the ability to choose between different health coverage enrollment modes. Those assigned to online or phone enrollment methods had not previously known that these options were available. Those who applied through a CAA did not know there were locations outside the county office where enrollment assistance was available. Most participants assumed that the only way to enroll in Medi-Cal or Healthy Families was to do so through a county office, and they were pleasantly surprised to learn that they had enrollment choices. A number of consumers appreciated the convenience of the online and phone options in particular. Some liked receiving enrollment help from an informed assistor in their community. Still others preferred going into the county office because it seemed like the most official way to enroll.
- **Offer pre-enrollment checklists.** Many of the consumers involved with this project stressed the importance of being prepared for the enrollment process. Consumers appreciated receiving checklists or other application process information in advance of enrollment. They liked knowing what to expect and which documents to have ready.
- **Provide evidence of being official.** Many participants, particularly Spanish-speakers, wanted assurances that the enrollment process they were using was official, which could include website branding, a logo on an application, or a message spoken by a telephone customer service representative. Some consumers were not convinced that phone and online enrollment modes were connected to the state. When not certain that the application process was official, some consumers were nervous about sharing their personal information.
- **Make background information on programs available.** Some consumers applying for Medi-Cal or Healthy Families for the first time wanted to have a basic understanding about the program before starting the application process. When they felt the application started too quickly, without providing sufficient background, many stopped and wondered, "What am I actually applying for?"
- **Provide eligibility and cost information.** When applying for Medi-Cal or Healthy Families, some consumers said they wanted to know upfront whether their income fell within the eligibility range for the programs and how much coverage would cost. They did not want to go through a cumbersome application process without assurance that they would qualify for and afford coverage.
- **Clearly articulate privacy policies.** Many consumers wanted assurances about privacy, especially when enrolling online. Consumers wanted to know who would have access to their

personal information. Many applicants worried about giving their Social Security number online and over the phone, and some indicated general concern about identity theft.

- **Make the application comprehensive.** Many consumers were willing to spend 40 minutes or more completing an application if they thought it would be a comprehensive, one-time task. While many applicants valued brevity in the application process, they valued not having to complete multiple applications with redundant questions even more. Many consumers reacted negatively when they were told an application process required a follow-up interview or involved additional steps at a later date.
- **Promote good customer service.** Whether applying on the phone, in person, or online, a number of consumers said they wanted to interact with enrollment professionals who were friendly, informed, and respectful. They wanted help from someone who was understanding and non-judgmental of their life circumstances. Some consumers recounted bad customer service experiences that they found disheartening, including unfriendly front office workers at county offices, “scripted” customer representatives on the telephone, and CAAs who did not seem engaged in their work.
- **Make enrollment convenient and flexible.** Consumers wanted to be able to apply from home or at a nearby location in their community, and at a time of their choice. Consumers appreciated online and phone enrollment methods for these reasons. In almost every case, those who applied online or by phone did so in the evening — after work, after dinner, and after spending time with family. In some cases, consumers started an online application, stopped

the application process to engage in another activity such as putting children to sleep, and then continued afterwards.

- **Reduce language barriers.** Many of the monolingual Spanish-speakers in this project wanted to be able to enroll while using their primary language and receive assistance from county staff members who also spoke Spanish.
- **Create a safe, welcoming environment.** The physical environment of the county office should be safe and comfortable for all consumers, including parents with children and people with different abilities. Women, in particular, highlighted the need to feel safe.

IV. Insights into Specific Enrollment Methods

THE CONSUMERS IN THIS STUDY applied for health coverage through in-person, online, and phone-assisted enrollment methods. This section details consumer reactions about five commonly used enrollment modes:

- In Person –
at the County Social Services Office
- Online
- In Person –
with a Certified Application Assistant
- Phone-Assisted
- In Person –
at a Provider Site (CHDP Gateway)

In Person Enrollment – at the County Social Services Office

Insights about the county social services office enrollment process came from two sources: 1) the 14 focus group participants who had applied for Medi-Cal at county offices in the previous 12 months and 2) the 44 uninsured, low-income consumers recruited for this study to apply for Medi-Cal or Healthy Families at social services offices in Alameda, Fresno, Humboldt, and Los Angeles Counties. Their feedback suggests that the enrollment processes in Alameda, Humboldt, and Los Angeles were very similar, while the process in Fresno differed.

In general, enrollment proceeded in a similar way. Consumers were instructed to enroll at the county social services office and were not given any further information about location or required documentation. The consumers found the address of the office online or through some other method,

gathered paperwork (some knew what to bring; others did not), and went in person to apply at the office. Upon arrival, most waited in line to receive a number and were told to wait until that number was called. They were also given an application to fill out. When their number was called, applicants met with an eligibility worker who then entered information from their application into the computer. The worker asked questions to clarify the consumer's application information. The consumer had the opportunity to ask questions of the county worker. At the end of the application, the worker explained how the applicant should submit his or her documentation and described the next steps in the process.

In Fresno County, the process was slightly different. Upon arrival at the county office, consumers were given applications to complete. They were then asked to come back on another day for an orientation, followed by an appointment with an eligibility worker, rather than complete the process in the same day as in the other locations.

Overall, consumers had mixed feelings about the in-person application process in county offices. While the enrollment process seemed to be fairly straightforward for most consumers, many found certain aspects to be frustrating or unpleasant. At the same time, many valued the opportunity to meet face-to-face with an eligibility worker and ask questions. Participants provided specific feedback on their experience enrolling in person at a county office:

- **Lack of transportation and childcare posed logistical challenges.** Some consumers without access to a vehicle or public transportation found it difficult to get to the county office. Many relied

on rides from family members and friends. Some consumers had to bring their children to the county office because they did not have daycare arrangements and could not afford a babysitter. Others had to take time off from work.

- **Many had low expectations of the process.** One man from Alameda County said, “I knew it was going to take all day.” Many came prepared for long lines and crowded offices; most said they arrived early in anticipation of a long wait. Some expected to encounter “attitude” from county office workers and had prepared themselves for a negative experience.
- **County offices were perceived to be crowded, chaotic, and uncomfortable.** Some consumers, particularly those applying for the first time, had negative initial impressions of the county office environment, calling it “drab and dingy.” Many were confused about where to line up. They thought the signage was unclear. A few were unsettled by people in the waiting area whom they described as “homeless or on drugs.” A man from Alameda described the county office as chaotic and lacking a logical system; he said he felt like he was in a hospital in a war zone. Some said that having to go through metal detectors and scanners before entering the office made them feel like criminals. One pregnant woman was forced to fill out her application while standing because the office was so crowded. Another woman said that the restrooms were dirty and lacked a garbage can. Others described the workers as dressed too casually.
- **Unclear wait times were frustrating.** Consumers were frustrated by not knowing how long they would have to wait. Most said no one in the county office explained the delays or updated

them on wait times. After filling out the application, several consumers asked how long they could expect to wait. One man was told, “You will be here all day.” Others said that they were told they could wait up to two or three hours. Expecting long waits, some consumers left the office and returned at a later time. Some were told that the county office closed for lunch and that consumers would have to wait an extra hour during this period.

“I feel like I’m begging for help. It made me feel bad all day, like they don’t care.”

— COUNTY OFFICE APPLICANT FROM HUMBOLDT COUNTY

- **The application was easy to understand for most consumers.** The majority of consumers completed the paper application on their own with no problems. However, some had difficulties. One consumer said that questions about income, jail time, and inheritance seemed like trick questions. Some questions felt intrusive, including those asking how much they pay in rent, how many cars or boats they owned, and whether or not they owned a cemetery plot. Other questions felt redundant.
- **Consumers had mixed experiences meeting with eligibility workers.** Most consumers felt good about their face-to-face meetings with the eligibility worker. Consumers appreciated the one-on-one interaction and the ability to ask questions and receive answers. Many saw the worker as a helpful advocate; they were

Mary's Story

Mary, 18, lives in Humboldt County. She makes \$2,400 a year and is living with her boyfriend and two children, ages 1 and 3. Mary has very bad eyesight and chronic hearing problems. Just one year ago, Mary was homeless and living in a shelter in Oregon. While she had Medicaid coverage in Oregon, she was unable to find a dentist who would accept it when she needed treatment for tooth pain. Consequently, her dental issues were left untreated.

Mary lost her health coverage altogether when she moved to California. Her daughter became very sick in April 2011 and ended up in the emergency room. Mary cannot afford to pay the \$1,000 hospital bill.

Mary wants Medi-Cal coverage for herself and her children and went to apply at a county social services office near her home. When Mary and her children entered the county office, no one directed Mary where to go, and she could not navigate by herself due to her poor eyesight. Embarrassed and overwhelmed, Mary left the office and asked her sister to come help her apply. During her two-hour wait, her children fussed and screamed, making the wait seem longer. She did not let them play in the children's area because it looked dirty. The forms were hard for her to fill out because of her eyesight and because, she said, "I guess I'm just not that smart." She had questions but was afraid to ask the front office workers who repeatedly told her to "sit down." She noticed one worker who seemed "very nice" and like someone who genuinely wanted to help. Once Mary was able to go over her application with an eligibility worker, the process went more smoothly. The worker answered Mary's questions and helped her complete the application. While Mary felt better about the process by the end of her visit, she left the office without knowing about the next steps.

straightforward and honest about next steps and the timeline to hear about coverage. Some consumers perceived the eligibility worker as having their family's well-being in their hands and felt the need to be particularly gracious. Some consumers focused on giving the "right" answers to questions so that they would not be denied coverage.

Some consumers did not have a positive experience with the eligibility worker. One said that the person she met with at the county office had a "negative attitude" and was intimidating and disrespectful. Some consumers said their questions were not always clearly answered. A few said that the workers seemed too busy and over-worked.

- **Language was a barrier for some.** Some Spanish-speaking consumers did not find Spanish-speaking front office workers when they arrived at the county office and could not get answers to their questions. These consumers were among the most confused about the process and often did not know where to stand in line or how to get an application. Consumers who were able to meet with a Spanish-speaking eligibility worker reported positive experiences. Some said they waited longer than other consumers to meet with a worker who spoke Spanish.
- **Paperwork submission process and next steps were clear to most.** Many consumers said the eligibility worker explained what verifications to submit and how to submit them. However, some consumers worried that their paperwork would

be lost if they mailed or faxed it back to the office. Many planned to drop their paperwork off in person so they could be reassured that it was submitted correctly.

Snapshot of Enrollment at County Offices

What Consumers Liked

- Knowledgeable eligibility workers
- Easy application
- Receiving language-appropriate help
- Security officer on site
- Knowing the application was filled out correctly
- Official nature of the enrollment process

Where Consumer Had Problems

- Long waits
- Inconvenience — time off from work, transportation challenges, having to bring children along
- Unhelpful front office staff
- Chaotic, overcrowded, confusing, and unpleasant atmosphere

Online Enrollment

Twenty-one consumers applied for Medi-Cal or Healthy Families online. These consumers used One-e-App (Los Angeles), Health-e-App Public Access (Los Angeles), Benefits CalWIN (Fresno), and Your Benefits Now (Los Angeles). Five consumers searched for private health insurance using eHealthInsurance, Kaiser Permanente's website, and Blue Shield's website. (See the sidebar on page 11 for more information about each website.)

Most used the online enrollment systems from their homes in the evening. The online application processes varied in duration from 10 to 15 minutes (Your Benefits Now) to 60 minutes (eHealthInsurance). While these online enrollment sites are each unique, the general experience of using online application tools is reported here. In a few instances, feedback specific to the commercial insurance sites is highlighted separately.

Overall, consumer feedback on the online enrollment experience was positive. Most consumers completed the applications on their own or with help from a family member. Most would choose to use an online application again. Specific insights from their feedback are below.

- **None were previously aware of the online enrollment option.** Consumers had not seen promotions about online applications nor were they aware of their existence prior to this project. Most assumed the only way to enroll in Medi-Cal or Healthy Families was to go to a county social services office, which many consumers said they wanted to avoid. One woman from Los Angeles explained, "The online application is more convenient. The county office would have a long wait. And the workers there can have an attitude." Most consumers were grateful to be able to complete the application from their home, in the evening, and at their own pace. They

appreciated being able to stop and return to the application as needed.

- **Privacy and security were concerns.** Some consumers were concerned about who would see their personal information. They were particularly nervous about entering their Social Security numbers. One consumer who applied using Health-e-App Public Access received a sales call the next day from a private insurance company and worried that his personal information from the online application had been shared. Privacy concerns were heightened for consumers who thought that the enrollment website appeared informal or unofficial. Consumers looked for state seals and other messaging to indicate that the website was secure and sponsored by the state. This was a particular concern for Spanish-speaking consumers who stressed wanting to be confident that an online application site was credible.
- **Internet experience and confidence mattered.** Many, but not all, of the consumers who applied online were experienced Internet users. The online application process was straightforward for these consumers. “It was an easy step-by-step process that guided me along smoothly,” said one man from Los Angeles about Health-e-App Public Access. Those completing the Your Benefits Now and Benefits CalWIN applications found those tools to be easy and quick to complete. Not realizing that there might be additional steps and questions to answer after completing the Your Benefits Now online application, one woman from Los Angeles said, “It seemed almost too easy.... the application was so simple that I thought I was doing something wrong.” However, consumers with less online experience faced challenges. One consumer

Online Applications and Websites

Benefits CalWIN is an online benefits resource that allows consumers in certain California counties to apply for Medi-Cal and CalFresh benefits.

www.benefitscalwin.org

Blue Shield of California allows consumers to shop online for different health plans offered by Blue Shield, get price quotes, and enroll in plans.

www.blueshieldca.com

eHealthInsurance is an online marketplace that enables consumers to shop for different commercial health plans, compare prices, and apply online.

www.ehealthinsurance.com

Health-e-App is a web-based application used throughout California to enroll eligible applicants in the Healthy Families and Medi-Cal programs.

www.healtheapp.net

Kaiser Permanente allows consumers to shop online for individual and family health plans, get price quotes, and enroll.

www.kaiserinsuranceonline.com

One-e-App is a web-based tool designed to streamline enrollment in public programs such as Medi-Cal, Healthy Families, CalFresh, and other local and state health and social services programs. One-e-App is used by consumers themselves (in Fresno and Los Angeles) or by staff who assist families and individuals at community clinics, hospitals, state and county agencies, food banks and other locations.

thecenter.oneeapp.org

Your Benefits Now! allows Los Angeles County residents and residents of other counties to apply for Medi-Cal, CalFresh, and other benefits. Consumers can also view their benefits through this site.

www.dpssbenefits.lacounty.gov

with literacy challenges stopped the application after the second question because she could not understand the questions. An older consumer asked her 12-year-old granddaughter to help her with the application, but she still could

not complete it. Unaware that she could fill in the income field with “\$0,” she stopped the application, thinking she had to fill in an income amount to continue. These less Internet-savvy consumers also struggled with usability aspects of the websites.

- **Consumers wanted upfront explanations.** First-time applicants to Medi-Cal or Healthy Families wanted more information about the programs and the enrollment process before starting the application. One consumer commented, “If I do it again, I’d prefer to do it in person, just so I can talk to someone and really understand what I’m getting.” A few consumers felt the sites rushed them into enrollment; they would have liked a simple explanation about the programs first.
- **The ability to apply for programs in addition to health coverage was appreciated.** Some online health benefit applications allowed consumers to simultaneously apply for other public programs like CalFresh. Some private insurance websites allowed applicants to apply for dental or life insurance in addition to health insurance. Consumers valued this one-stop shopping approach and were willing to spend more time completing an application if it meant they could apply for other programs simultaneously.
- **Consumers offered usability feedback.** Consumers highlighted aspects of usability that they found helpful and those aspects they found to be challenging.
 - **Creating an account was difficult.** Some consumers had difficulty opening an account and creating a password. For some, including consumers with experience creating passwords, it took 10 to 15 minutes. Some

said their computers froze during this process. Others were told their passwords were weak. Some received error messages. Creating an account was particularly difficult for consumers with little online experience. One woman in Los Angeles who applied through Your Benefits Now explained, “I wasn’t sure if my username and password were accepted. It kept bringing me to the beginning page again, then I was receiving an error message.”

- **“Help” tools were not widely used.** Even though a number of consumers had questions during the application process, only one used the help line. Some consumers said they did not call the help line because they wanted to move through the application quickly and assumed that calling a phone number and waiting on hold would delay the process. Other consumers thought it was too late to call the help line; they did not find the hours of operation posted on the website. One woman from Los Angeles did call the help line while she was completing the Health-e-App Public Access application and received useful assistance.
- **Simple terminology and design were appreciated.** Consumers appreciated straightforward application language. Some liked being able to scroll over a term and read an explanation. Some participants thought the font size was too small. Some liked having the option to enlarge the font size, but others could not figure out how to do this. Others thought the pages were too crowded with text. A few consumers using commercial sites thought that the language on those sites was difficult to understand. One consumer who was confused by the terminology on the

commercial insurance website said, “PPO or HMO? What are coinsurance, deductibles, and copayments?”

- **Spanish and Chinese language options were appreciated.** Some consumers completed One-e-App and Health-e-App Public Access applications in Spanish. One Cantonese-speaking consumer completed the Your Benefits Now application in Chinese. Language access was important to these consumers because they would not have been able to complete online applications in English. These consumers spoke highly of the translations on the sites.
 - **Early qualification information was motivating.** One consumer completing One-e-App said that receiving a message early in the application about his likelihood of qualification encouraged him to complete it. Other consumers said they wished this feature existed on all applications.
 - **Reviewing pages was difficult.** Some consumers found it difficult or not possible to review their answers. Some were frustrated by only being able to go back a limited number of pages. Other consumers said they could not go back at all. Consumers felt nervous about submitting an application without reviewing it first. Even when sites did include a function that allowed for review before submission, some consumers did not notice it.
 - **Consumers liked seeing price quotes and choosing a doctor on private insurance websites.** One woman who applied through eHealthInsurance said, “I liked seeing all the insurances that were available and the prices next to them.” Others liked the ability to search for
- their doctor in a particular health plan, as this information heavily influenced their decision-making.
- **Choosing a health plan online was challenging for some.** Some consumers — those using commercial sites, One-e-App, and Health-e-App — were asked to choose a health plan during the enrollment process, and this was difficult for some. Consumers said they did not feel ready to choose a health plan based solely on the information available on the website. One consumer wanted to talk with his doctor before choosing a plan. Another consumer explained that she was looking for the “right coverage for me” and could not make this determination with the information available on the website. She said, “It would have been nice to have a little more explanation on what each plan was or something like ‘if you’re single and in good health these are the plans that would be best for you.’” One woman from Fresno who applied through eHealthInsurance found it hard to understand what was covered under each plan. Participants did not notice the “Help Me Choose” tool on the eHealthInsurance website. Once it was pointed out to them, participants said they wished they had tried it.
 - **The final steps of the application process were problematic.** Many online applicants had problems with the e-signature function and submitting the application correctly. A few applicants did not understand what to do with their paperwork after completing the online application. While all of the sites had instructions for paperwork submission, some first-time applicants to Medi-Cal or Healthy Families did not see this information. Some applicants appreciated being provided with a

contact list with addresses and phone numbers of government departments at the end of the application process.

“It would have been nice to know what the next process was after your application was submitted....”

— ONLINE APPLICANT FROM LOS ANGELES COUNTY

- **Many were unable to tell if the application process was completed.** After completing the online application, some consumers were unsure if they had submitted their application correctly and uncertain about next steps or the timeline for hearing from the program about coverage. One woman from Los Angeles said, “When I got to the last page and clicked ‘next’ and everything was gone, I wasn’t sure if I was finished and it got sent, or if I’d have to start all over.” Those consumers who received an ID number or barcode receipt at the end of the application process appreciated this type of confirmation.

Snapshot of Online Enrollment

What Consumers Liked

- Quick and convenient process
- Ability to apply at any pace
- Straightforward, easy-to-complete applications
- Applications in different languages
- Messaging early on about likelihood of qualification
- Ability to save applications and return later
- Ability to scroll over words for more detailed descriptions and explanations
- Price quotes
- Ability to search for specific doctors
- Ability to apply for multiple programs at the same time
- List of agencies and additional resources
- ID number or receipt confirming application submission

Where Consumers Had Problems

- General usability problems for those with little Internet experience
- No upfront information about programs or the enrollment process
- Sites that did not look official
- Difficult account and password creation process
- Privacy concerns about entering information such as Social Security number
- No hours of operation posted for the help line
- Complicated terminology on private insurance websites
- Medical history section of applications was time consuming and confusing
- Not enough information to choose a plan online
- Difficult e-signature process
- Lack of closure at the end of the process

Phillip's Story

Phillip, 47, lives in Los Angeles County with his wife and 15-year-old son. Phillip has been out of work since 2008, when he lost his job at a trucking company. His wife is also unemployed, and their combined income has dropped to just \$800 a year. They cannot afford private health insurance.

Self-described as computer savvy, Phillip uses the Internet regularly for his banking and job-search needs. One evening, he sat down at his computer and started the One-e-App online application to enroll his son in Medi-Cal or Healthy Families. He liked the ability to work on the application at his own pace. There were several distractions in his home that made the process take longer than he anticipated, but when he was timed out of his session, Philip was able to log back in and continue the application. He was pleased with the convenience of the online application and had no problems answering the questions.

However, at the end of the process, Philip was unnerved by not knowing if he had successfully completed the application. He had trouble with some of the final steps. The e-signature function did not work correctly for him even after several attempts. He tried to print out the completed application to sign it by hand instead. However, Philip was unsure if he took all the right steps and found the instructions confusing. He was also unable to go back and edit his application. While he saw that there was a 1-800 number to call for help, he did not use it because he assumed it was too late in the evening. He then logged back into his account and saw that his application was “pending.” For Phillip, this indicated that he had completed the process. He assumed that someone would call him to follow up if he were eligible for coverage, but he did not receive any formal communication that this is what he should expect.

When asked what he would suggest to improve the process, Phillip said the online enrollment system should provide a sense of completion, clarify ambiguous language on the final instructions, and offer 24/7 customer support.

In Person Enrollment – with a Certified Application Assistant

Certified Application Assistants (CAAs) are staff members from community-based organizations (CBOs) or insurance agents who have been trained to help people fill out applications for Medi-Cal, Healthy Families, and other programs. Twelve consumers in two counties — Fresno and Los Angeles — applied for Medi-Cal or Healthy Families through a CAA. Most of these consumers found a CAA on the Healthy Families website by doing a zip code search of registered CAAs. Others were referred to specific CAAs from contacts in their communities.

Many of those who found a CAA through the Healthy Families website had negative experiences. The consumers who went to a familiar community organization or insurance agent for enrollment help found trained, motivated, and informed CAAs and had positive experiences. Consumers commented about their enrollment experiences with CAAs.

- **Consumers were unaware of the CAA enrollment option.** None of the consumers who participated in this study knew that CAAs were an option for enrollment. Some called CAAs a “well kept secret” and believed, like others in this study, that the only way to enroll in Medi-Cal or Healthy Families was to go to a county office. This insight also emerged in the two focus

groups held with recent applicants to Medi-Cal; participants did not know that enrolling through CBOs or insurance agents in their community was an option. Many suggested that the state better promote this enrollment option.

- **Website contact information was out of date.** A number of the consumers who used the Healthy Families website to find a local CAA found out-of-date contact information on the site. In some cases, the phone numbers were disconnected or wrong. In other cases, the individual who answered the phone said he or she was no longer working as a CAA. “On the website, there was a list of six locations where I could enroll close to me. Three of the six [phone numbers] were disconnected when I called them. It wasn’t until the fourth call that I got a [working number],” explained a man from Fresno.
- **Consumers liked the convenience of working with a CAA.** Many consumers appreciated finding in-person enrollment assistance near their homes. Most called ahead to schedule an appointment and could be seen within one to three days. Once at the CAA’s office, none of the participants had to wait long to be seen, and appointments usually lasted less than one hour. Many appreciated not having to go to a county office to apply.
- **Many were told what papers to bring with them to the appointment.** Many of those consumers who called ahead to schedule an appointment were told what documents and information they would need to have available during the application process. Consumers appreciated getting this information in advance.

- **Many liked having an informed person answer their questions.** This process assured consumers that they were completing the process correctly. One man from Los Angeles said, “I think it’s pretty important to have a live person [help with the application] because I was able to ask him information about childcare, and I asked if I should put it down. He was giving me all the right information.”

- **Some CAAs were not very helpful.** A number of applicants who used the Healthy Families website to find a CAA ended up working with insurance agents for whom helping people enroll in Medi-Cal and Healthy Families was not their primary function. Consumers said these experiences were not positive. One man from Fresno explained, “I called him, and I felt like he wasn’t motivated to help. I tried to make an appointment to come in, but he said ‘Oh, that’s not necessary, we’ll come and bring it to you.’ He was happy to come down, and he came to deliver it to me within the hour, but he just handed me a form. He said it was self-explanatory, but you could tell that he just wanted to go. I asked him to stay because I wanted to make sure I did it right, but it was really awkward because I could tell he just wanted to get out of there.”

A woman from Los Angeles had a similar experience with a different insurance agent she found on the Healthy Families website. She said the agent gave her the paper application and told her to complete it herself. When she was done, the CAA looked it over quickly without providing any guidance or explanation.

Snapshot of Enrollment with Certified Application Assistants (CAAs)

What Consumers Liked

- Location – ability to enroll in their own community
- Convenience of setting up an appointment
- Ability to avoid county offices and long waits
- Personal attention and ability to ask questions
- Receiving advice prior to meeting about required documents and information
- Opportunity to complete the application in a language other than English
- Knowing the application was completed correctly

Where Consumers Had Problems

- Out-of-date CAA contact information on the Healthy Families website
- Lack of information about each CAA on the Healthy Families website (name and type of organization)
- CAAs who were not engaged or informed about programs
- Lack of help completing the application

Phone-Assisted Enrollment

Consumers seeking health coverage for their uninsured children in California can apply for Healthy Families or Medi-Cal by phone. The customer representative asks the consumer questions, fills out a form, and mails the form to the consumer for their signature. Five consumers in this study applied for health coverage for their children using this method. Following is their feedback on the experience.

- **Consumers were unaware of the phone-assisted enrollment option.** The consumers who applied by phone said they were unaware that this option was available. They appreciated the opportunity to avoid going to a county office and waiting in long lines.
- **Enrolling by phone was convenient and quick.** For busy parents, being able to apply from their home was appealing. Many also said this option was quick; some said they spent only 20 to 30 minutes on the phone to complete their application. All were connected to a customer service representative after just a short time on hold.
- **Many liked the personal interaction.** Consumers appreciated the chance to talk with someone about the programs and enrollment process and to get answers to their questions.
- **One consumer felt the process was not official enough.** This consumer commented that enrolling through an unknown voice over the phone left him wondering if the enrollment process was official. He said it made him nervous to give his personal and financial information over the phone to a stranger. He wished he were given more assurances about the official nature of

the enrollment process and that his information would remain secure.

- **Phone representatives were not always able to answer questions.** Some consumers said they were disappointed in the customer service, finding the representative to be too “scripted” and not always able to answer questions. Of the five consumers using this mode, three encountered an unfriendly customer service representative who seemed to be reading from a script rather than engaging with the caller. One first-time applicant had never heard of Healthy Families and wanted background information on the program, but felt rushed by the representative to complete the application. A mother from Los Angeles said that the customer service representative was friendly but could not answer many of her questions. She was put on hold while the representative asked his colleagues for answers.
- **Cost information was not available.** One parent wanted to learn about the costs associated with the Healthy Families program, but the customer service representative did not have this information available. This customer felt frustrated at spending time enrolling her child in a program she might not be able to afford.
- **Enrollment was only for children’s health coverage.** Some consumers, especially first-time applicants, were disappointed that they could not learn about other benefits for their families. The phone enrollment process focused only on children’s health coverage.
- **Early qualification information was not available.** One consumer wanted to know if his child was eligible early in the application process. He was frustrated that the customer service representative could not provide this information.

He explained, “I don’t know if I qualify or not. Why can’t the guy just say, ‘How many kids do you have? How much do you make?’ Boom, you do or you don’t, save everybody some time?”

- **Next steps were unclear.** As with a number of other enrollment modes in this study, the consumers using phone enrollment finished the process yet were unsure about next steps and the time frame for receiving a response. Many did not know if they would be contacted by an eligibility worker from Healthy Families at a later point. One consumer did not know what to do with his paperwork at the conclusion of the process.

Snapshot of Phone-Assisted Enrollment

What Consumers Liked

- Quick process
- Convenience of enrolling from anywhere
- Interaction with an informed person
- Option to complete the application in multiple languages
- Ability to ask questions

Where Consumers Had Problems

- No background information on the programs
- Feeling rushed into the application process
- Customer representatives who sounded scripted
- Lack of cost information
- Lack of information about other programs
- Perception that the process was unofficial
- Lack of information about next steps

In Person Enrollment – at a Provider Site (CHDP Gateway)

A provider-based enrollment process, where consumers enroll for health coverage at the provider site at the time of service, was included in this study as the final enrollment method. California's Child Health and Disability Prevention Program (CHDP) Gateway provides uninsured children with temporary Medi-Cal coverage through an automated pre-enrollment process. Enrollment occurs at a participating health clinic or provider's office when an uninsured child comes in for treatment and appears to meet the program's eligibility criteria. The parent or guardian of the uninsured child completes a brief pre-enrollment application at the clinic or office. Clinic staff enter the information from the application into the CHDP Gateway online form, and the child receives temporary Medi-Cal coverage and a temporary Medi-Cal card. The parent or guardian must complete a full Medi-Cal/Healthy Families application and submit the required paperwork during the temporary coverage period to obtain ongoing coverage for their child. Children enrolled through the CHDP Gateway are not always eligible for ongoing Medi-Cal, however. Issues like income and immigration status can prevent children from qualifying.

Five women who enrolled their children through the CHDP Gateway process provided feedback for this report. These mothers took their uninsured children to a health clinic for immunizations or other medical treatment. Each child received temporary Medi-Cal coverage, and at a later point, a number of mothers went to a county social services office to complete the full Medi-Cal application. Their comments are complemented by insights from two staff people who help enroll children through the CHDP Gateway.

- **Consumers appreciated immediate coverage.** The consumers liked not having to supply any paperwork or complete a long application. Many said that the form took only about five minutes to complete and that the staff members at the clinic did the rest. This quick process and the immediate coverage was appreciated by the surveyed mothers who needed services right away. One mother from Los Angeles explained, "I was looking for somewhere to take my newborn. I called this clinic, they asked me if I had insurance, and I said 'no.' That's when they referred me to [the CHDP Gateway]."
- **All liked enrolling at the health clinic.** Signing up for coverage in a health clinic made sense to these mothers. Consumers felt comfortable learning about health insurance programs from clinic staff members and from their providers because they trusted these individuals. They appreciated clinic staff members taking the initiative to tell them about the program and start the enrollment process. None of the consumers had heard of the CHDP Gateway previously. One mother from Los Angeles explained, "[My kids] are in school, and the first-grader needs to do the health exam. The school told me to go to this clinic, and I went. It was a low-income clinic — you pay like \$20 for the visit. I went there, and at that time the doctor told me, 'Oh, your child may qualify for Medi-Cal or Healthy Families, have you ever heard of the programs?'"
- **Referrals to other programs were appreciated.** Some mothers who enrolled through the CHDP Gateway were referred to other programs, like WIC, a federally-funded nutrition assistance program. These mothers, some of whom were new parents and not aware of the range of the public assistance programs available to them,

were grateful to clinic staff members for this information.

- **Many were confused about next steps.** Some consumers said they were not sure when their child's temporary Medi-Cal would run out. Others said they did not know if they could complete the full Medi-Cal application at the clinic where they first applied. Most said they went to a county office to complete the enrollment process because they were not sure if this step could be done somewhere else.
- **Temporary coverage ended too soon.** Most of the mothers said they wished they could have kept their child's temporary Medi-Cal coverage for another month or two to give them more time to enroll in full-scope Medi-Cal and to receive additional health services. They also said they did not receive notice before the temporary coverage ended.
- **CHDP Gateway rules were confusing.** Two clinic staff members who served as CHDP Gateway enrollers were consulted to provide context for the comments made by study participants. They explained that some parents do not understand that the CHDP Gateway process leads only to temporary coverage. They said that when parents receive their temporary Medi-Cal card, some wrongly assume they have ongoing, full-scope Medi-Cal. These parents do not understand that they need to complete the full Medi-Cal enrollment process in order to receive ongoing coverage.

Snapshot of Enrollment through the CHDP Gateway

What Consumers Liked

- Quick process
- No need for documentation
- Clinic staff members informing parents about the program
- Enrolling at a health clinic
- Immediate access to health services
- Convenience for school check-ups and immunizations
- Option to complete the application in multiple languages
- Ability to ask questions
- Opportunity to learn about other programs

Where Consumers Had Problems

- Lack of understanding that coverage is temporary
- Temporary coverage ending too quickly
- No notice when coverage ended
- Need to complete additional follow-up application for ongoing coverage

V. Consumer Ideas for Improving the Enrollment Process

THE CONSUMERS WHO PARTICIPATED in this project generally had positive feedback about their health coverage enrollment experiences. All wanted health coverage for themselves or for their children and felt the enrollment process, even when challenging, was ultimately worthwhile if it led to affordable health coverage. Many appreciated the new enrollment options they learned about and used during this project, particularly online enrollment. Consumers appreciated their encounters with friendly, informative staff people during the enrollment experience. At the same time, most consumers felt that the enrollment methods could be improved and made more customer-friendly.

This section presents ideas suggested by study participants for improving the enrollment process. Some suggestions may already be in effect, and others may not be realistic options, but together they represent an important perspective to consider as the state continues shaping the enrollment process in preparation for 2014.

Ideas from Consumers Who Enrolled at County Social Services Offices

- Promote alternative enrollment options so consumers know that they do not need to enroll at county offices if they do not want to.
- Place staff members in the community so consumers can enroll without having to go to county offices.
- Offer evening and weekend enrollment hours.
- Offer clear instructions for next steps and paperwork submission, and provide a timeframe for hearing from the program regarding coverage.
- Provide a receipt for submitted paperwork so consumers have a record.
- Create a friendlier, more organized office environment.
 - Show orientation videos to explain what to expect in the enrollment process.
 - Put clear signs in offices, and organize spaces for effective crowd control.
 - Provide or improve customer service training for front office workers to improve interaction with consumers.
 - Place a “greeter” in the waiting area to help direct consumers and answer general enrollment questions.
 - Ensure Spanish-speaking staff members are available in the front office or waiting areas for Spanish-speaking consumers who have basic questions.
 - Provide a clean play area for children.
- Increase efficiency and responsiveness to consumers.
 - Offer checklists online and in brochures so consumers know what paperwork and information are required for enrollment.
 - Create an “update system” so that consumers know how long they are likely to wait.

- Place kiosks at county offices and other community settings where people can start or submit applications online while they wait.
- Stagger lunch breaks for workers to reduce wait times for customers.
- Improve communication systems so consumers can contact a county worker to check on their applications or ask follow-up questions and receive a timely response.

Ideas from Consumers Who Enrolled Online

- Advertise online enrollment to raise awareness about this option.
- Place computers and kiosks in community settings for those applicants without computers.
- Ensure online applications are a one-step process and do not require follow-up with an eligibility worker or additional application questions.
- Increase the capacity of enrollment websites so that consumers can apply for multiple programs through one application process (e.g., CalFresh and CalWORKs).
- Where relevant, warn consumers that they will be expected to choose a plan and that they may want to consult their doctor or others before completing the application.
- Improve the design and usability of websites.
 - Ensure the website looks official — has a state emblem, contains state branding, etc.
 - Offer assurances the site is secure and that personal information will not be shared.
 - Make it clear that the consumers can complete the application in multiple languages.
- Give an overview of the application steps early in the process.
- Provide links to basic information about the programs.
- Create a checklist for information and documentation consumers will need during the application process.
- Simplify the account and password creation process by offering examples.
- Provide an online chat function as an option for receiving assistance.
- Offer a telephone help line with hours of operation clearly posted.
- Create an FAQs section.
- Offer preliminary eligibility determination in the first pages of the application to let the applicant know if they are within range of the income guidelines for the program.
- Create a progress bar for each page.
- Offer an auto-check function to correct mistakes.
- Simplify the e-signature function and provide trouble-shooting tips.
- Offer links to local community-based organizations and agencies for in-person help with completing the application.
- Provide an ID number or receipt to allow consumers to track their application once it has been submitted.
- Send electronic confirmation from the program confirming receipt of the application.
- Offer clear instructions for next steps and paperwork submission, and provide a timeframe for hearing from the program regarding coverage.

Ideas from Consumers Who Enrolled with Certified Application Assistants

- Promote the CAA enrollment option as an alternative to going to county offices.
- Regularly update online CAA lists and directories.
- Group CAAs on websites by type of organization — health insurance agent, community organization, health clinic, etc.
- Provide training for CAAs so that they are familiar with programs.
- Offer links to CAA resources on online applications for consumers who want in-person help.

Ideas from Consumers Who Enrolled through a Phone-Assisted Mode

- Promote phone-assisted enrollment.
- Offer upfront information about the programs and the enrollment process before starting the application.
- Offer assurances that the process is official and that all personal information will be secure.
- Provide customer service training to representatives to ensure that they are friendly, unscripted, and well-informed about programs.
- Offer eligibility pre-screening before launching into the full application.
- Broaden the scope of phone-assisted enrollment so that consumers can apply for multiple programs at the same time.
- Offer clear instructions for next steps and paperwork submission, and provide a timeframe for hearing from the program regarding coverage.

Ideas from Consumers Who Enrolled through the CHDP Gateway

- Use health clinics and provider offices as enrollment sites.
- Clarify at time of enrollment that Medi-Cal coverage through the CHDP Gateway is temporary, and give consumers a clear end date.
- Provide consumers with notice before ending coverage.
- Extend temporary coverage beyond two months.
- Create a similar model for uninsured adults to obtain health care services while awaiting eligibility determination.

VI. Implications for 2014

INTEREST IN MEDI-CAL AND HEALTHY Families enrollment processes has intensified with the passage of the Affordable Care Act, which calls for streamlined enrollment systems for health insurance programs by 2014 and an expansion of online enrollment options. This project gives some insight into the consumer perspective through a qualitative lens.

One theme that emerged from this project is the importance of offering multiple ways to enroll in health coverage to meet consumers' different enrollment needs and preferences.

For example, while online enrollment appealed to many consumers, others struggled with the online application. Online enrollment systems should be simple and straightforward and offer a chat function and telephone help line for those who need individual assistance. The online applications tested in this project received positive ratings from consumers. Most consumers worked through these applications quickly and with few problems. Consumers' biggest complaint with online enrollment was the lack of clear information that the process was complete. Consumers wanted assurances that they had submitted the application correctly and clarity about next steps for the enrollment process.

Consumers valued online enrollment systems that were comprehensive — requiring no additional steps or questions — and those that allowed them to enroll in multiple programs at once. Consumers were willing to devote time to complete a thorough online application as long as it was a one-time process. Also, consumers wanted to be prepared before choosing a health plan online. They wanted detailed information on enrollment websites about programs, and they

wanted the option of stopping an application mid-stream to get help in their decisionmaking.

As some consumers preferred to interact with a human being during enrollment, it will be important to have a robust system in place for people to receive in-person assistance. Technical and customer service training for assistors will keep them informed about programs and motivated to help individuals apply for coverage. Applicants also need up-to-date online lists of local assistors organized by affiliation.

Enrolling at a county office will continue to appeal to many California consumers, even with the promotion of alternative enrollment options. Many consumers preferred to work directly with an eligibility worker to enroll in order to be assured that they are participating in an official process. Project participants raised many suggestions to help improve this in-person process.

Further study of the consumer enrollment experience is needed to build upon the initial insights contained in this report, particularly with regards to the enrollment methods studied that did not have large sample sizes. Understanding the consumer experience is critical as California re-envisioning its health benefits enrollment process.

Appendix: Methodology

There are a number of ways to enroll in public health insurance coverage in California, and some variation in enrollment methods across counties. This project focused on enrollment in four counties: Alameda, Fresno, Humboldt, and Los Angeles. These four counties provide geographic diversity as well as both urban and rural perspectives.

PHASE ONE:

Focus Groups with Recent Medi-Cal Applicants

In February 2011, focus groups were held with recent Medi-Cal applicants in Berkeley and Los Angeles — one in English and the other in Spanish. All 14 participants had applied for Medi-Cal in the previous 12 months by going to a county office and working with an eligibility worker. Most were successfully enrolled, and some were still waiting to hear about their applications at the time of the focus group. During the focus groups, researchers heard from participants about their experiences applying

for Medi-Cal at a county social services office and their ideas for improvement. Research participants were identified by local community-based organizations that work with low-income families.

PHASE TWO:

Interviews with Applicants Using Different Enrollment Modes

Ninety-two low-income individuals in four counties who lacked health coverage for themselves or their children were recruited to apply for coverage and asked to use a specific enrollment method: online, in-person, or phone-assisted. Individuals were recruited by community-based organizations that serve low-income populations and by focus group facilities that recruited from their own databases, from low-income health clinics, and from other locations. Researchers tailored the recruitment to roughly reflect the composition of each market based on the following characteristics: gender, race/ethnicity, income, language, and other family details (see Table 1).

Table 1. Profile of 92 Participants for Phase Two

Gender		Language	
Men	26	English	65
Women	66	Spanish ¹	23
Race/Ethnic Background		Cantonese ²	4
Latino	46	Miscellaneous	
White	18	Parents of uninsured, low-income children	50
African American	17	Uninsured, low-income childless adults	17
Chinese	6	Uninsured, low-income pregnant women	6
Other Asian/Pacific Islander	5	Uninsured, low-income adults with serious chronic illnesses	18
Income		Grandparent of uninsured, low-income children	1
<133% FPL	58	<p>1. These are individuals who indicated that Spanish was the language they speak at home and that they preferred participating in this study in Spanish. Many also appeared to have some (if limited) English proficiency. These 23 respondents are referred to as “Spanish-speakers” in this study.</p> <p>2. The two primary languages that were the focus of this study were English and Spanish due to the high concentration of these language populations in California and the limited scope of this study. However, the researchers did want a glimpse of how Cantonese-speaking individuals might interact with enrollment systems. The four Cantonese-speaking participants indicated that they speak Cantonese in their homes, and all had at least some (if limited) English proficiency.</p>	
133% to 250% FPL	28		
250% to 400% FPL	6		

Recruited consumers were randomly assigned a specific enrollment method to ensure that researchers learned about a variety of modes. Participants applied between May and July 2011 and completed questionnaires immediately following their enrollment effort. The interviews and focus groups were held shortly thereafter, from one day to two weeks later. Interviews lasted 45 to 60 minutes, and focus groups lasted 90 minutes.

In all four counties under study, consumers were recruited to apply in-person at county offices. Participants in Fresno and Los Angeles were also asked to use other enrollment methods. The enrollment options available in these two counties are representative of those found throughout the rest of the state. Table 2 shows the enrollment modes included in this study, by county.

As reflected in Table 2, the majority of participants enrolled either in person at a county office or online. The concentration of participants in these enrollment modes was deliberate. Enrolling at a county office is currently the most common method of enrollment and will likely remain a popular option in the future, even as other modes become more accessible. Insights into consumers' experiences at county offices can help shape improvements in this arena. Enrolling online is a central focus for the future of enrollment in California and elsewhere. As such, it is crucial to learn about consumers' online experiences so that challenge areas and potential solutions can be identified. Because the online enrollment portal for the Health Benefit Exchange is likely to be modeled in some respects on existing private insurance websites, consumers' interactions with those sites were also studied.

Study Limitations

This study is based on qualitative research, and the results are not meant to be generalized to the larger population of Californians seeking to enroll in health coverage. Rather, the goal of this study was to follow a group of Californians as they applied for health coverage through different modes and learn from their stories and feedback.

In this study, only five people used phone-assisted enrollment, five people enrolled through the CHDP Gateway, and 12 people enrolled using CAAs. These small sample sizes limited the scope of feedback provided for these enrollment methods. Larger sample sizes for each enrollment method would validate the insights from this report and provide more improvement ideas.

It is important to note that the feedback from consumers is based on their impressions and understanding, correct or incorrect, of the different enrollment modes. The researchers and report authors captured any confusion and misunderstanding on the part of the participants, but did not correct the participants during the interviews or in the writing of the final report. It was the intent of the researchers to document any imperfect understanding of the systems as reported by the study participants.

Finally, this project focused on the initial enrollment process and not on the subsequent steps required for successful enrollment, such as completing follow-up interviews, submitting paperwork, or choosing a health plan. While researchers did follow up with project participants to learn if they had successfully enrolled, participants were not asked about additional steps that were required to complete their applications.

Table 2. Enrollment Methods, by County and Number of Participants

ENROLLMENT MODE	ALAMEDA	FRESNO	HUMBOLDT	LOS ANGELES	NUMBER OF PARTICIPANTS
In Person – at the County Social Services Office	✓	✓	✓	✓	44
Online		✓		✓	26
In Person – with a Certified Application Assistant		✓		✓	12
Phone-Assisted		✓		✓	5
In Person – at a Provider Site (CHDP Gateway)		✓		✓	5
Total Number of Participants					92



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