

# **BARRIERS TO MEDICAID ENROLLMENT FOR LOW-INCOME SENIORS**

**FOCUS GROUP FINDINGS**



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# I. EXECUTIVE SUMMARY

Medicaid plays an important role in supplementing Medicare coverage for many low-income seniors. Medicaid coverage substantially improves access to health care and lessens the financial burdens of medical care, but the program currently reaches only half of all poor Medicare beneficiaries. To better understand both the experiences of those on Medicaid as well as the reasons why some low-income seniors who may be eligible for Medicaid do not enroll in the program, the Kaiser Family Foundation sponsored this focus group study of low-income seniors. The purpose was to: 1) understand barriers to enrollment for low-income seniors who are eligible for Medicaid but who are not enrolled in the program, and 2) learn about the experiences of those seniors who enrolled in Medicaid to see how the program is working for them. Where applicable, seniors in this study were also asked about their state's pharmacy assistance program, which helps some low-income seniors pay for their medications. In all, ten focus groups were conducted with low-income seniors (and, where needed, their caregivers) to identify barriers to Medicaid enrollment. Key findings from this study are:

## Low-Income Seniors Are Worried about Health Care Costs<sup>1</sup>

- **Many low-income seniors say they feel financially squeezed and worry about the rising costs of health care—particularly their medications.** They say they have limited incomes and worry about their ability to continue to pay for their medical care as well as their other basic needs like food and rent. Seniors without Medicaid assistance are the most likely to complain about rising health care costs.
- **Prescription drugs are a top concern.** Most seniors—even those who have drug coverage—complain that medications cost too much. Those lacking drug coverage reveal they sometimes go without their medications, rely on free samples from physicians and clinics, or borrow money from adult children and friends to pay for medications. Seniors with drug coverage also worry about the cost of medications, as even small co-payments can be burdensome for seniors who take multiple prescriptions at once. Many enrolled in Medicaid expressed concerns about Medicaid's substitution of generic medications for brand-name drugs and changes in prescription drug formularies, which could cause seniors to pay out-of-pocket for those drugs no longer included in the formulary. When it comes to state pharmacy assistance programs—which tend to cover seniors with low incomes—many seniors say the programs do not cover enough of the cost of their medications, leaving them to pay too much out-of-pocket. Also, in states where pharmacy assistance programs are relatively new, seniors have little awareness of these programs.

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<sup>1</sup>Henceforth, any reference to “low-income seniors” refers to comments made by low-income seniors in these focus groups only and should not be generalized to the entire population of seniors.

- **Seniors are thankful for Medicare, Medicaid, and pharmacy assistance programs.** A theme echoed throughout all of the focus groups is that seniors appreciate these programs and the help they offer to pay health care expenses. Many times during the discussion seniors say they could not afford their medical care or prescription drugs if not for these programs.

## Many Seniors Not Enrolled in Medicaid Lack Awareness of the Medicaid Program

- **Lack of basic information about Medicaid is the biggest enrollment barrier for seniors not enrolled in Medicaid.** They know very little about the program including who qualifies, how to enroll, and what services the program covers. They say no one has ever informed them about the program or indicated that they may qualify.
- **Most seniors not enrolled in Medicaid have misperceptions about who qualifies.** Most perceive their incomes as too high or think that they have too many assets to be eligible for Medicaid. Many believe that Medicaid is only for the “very poor” and mothers and children. However, most of these seniors admit they do not actually know the income or asset limits to qualify for Medicaid.
- **Despite their lack of information and very real financial struggles, most seniors not enrolled in Medicaid say they are reluctant to ask for help.** They say they are used to “getting by on their own” and were raised during a time when people were self-reliant and did not ask for handouts. They also do not appear to recognize that they are low-income and that there are programs that could help them. These qualities may make seniors less likely to seek out Medicaid.
- **Among those not enrolled in Medicaid, stigma is not a major barrier. Once they learn more about Medicaid, most seniors want to enroll.** Most seniors express strong interest in learning more about Medicaid and pursuing enrollment *once the program is explained to them*. In other words, stigma about receiving “public assistance” appears to be much less of a problem than misperceptions about eligibility criteria and a lack of awareness about the programs.

## The Medicaid Enrollment Process is Difficult for Seniors

- **Being enrolled in Medicaid has more to do with chance than official outreach efforts.** Medicaid enrollment of seniors seems haphazard. Rarely does a senior find out about Medicaid on his/her own and then seek enrollment. Rather, seniors who are enrolled say it is about being in the right place at the right time; others were not aware they might be eligible for Medicaid until a friend or family member told them.
- **Enrolling in Medicaid is difficult for seniors—most of the currently enrolled say they needed help to get through the process.** Many seniors say they relied on a friend or family member, or caseworker, to help them enroll in the program. They say the application is too complicated and long, with print too small for most seniors. Seniors also face transportation problems, making it difficult to go to enrollment locations.

- **Staying in Medicaid from year to year is just as hard as enrolling.** Some seniors enrolled in Medicaid say the renewal process to stay in the program is difficult because they must again complete the complicated application and provide verification if their income has changed. Many seniors also believe they must meet face-to-face with their caseworker again and encounter transportation problems once more.
- **Seniors enrolled in Medicaid have mixed experiences with caseworkers.** A number of seniors say their caseworker was instrumental in their enrollment—helping them complete the application, explaining how the program works, and helping them locate the necessary documentation. However, just as many seniors say their caseworker was rude and uninterested in assisting them. In such cases, seniors say they felt alone and intimidated by the enrollment process.
- **Some seniors want broader coverage from Medicaid.** Some express frustration about insufficient dental, vision, and hearing aid coverage. A few seniors also perceive they are not treated as well as patients with other sources of coverage.

## Policy Implications

The following are ideas that emerge from the focus groups for encouraging greater enrollment of low-income seniors in Medicaid:

- **Improve marketing efforts for Medicaid and state pharmacy assistance programs so that more seniors learn about the programs.** A key to these marketing efforts should be to inform seniors that they might, in fact, be eligible. Also, the messages that will motivate seniors to apply will differ from those messages used for other low-income families—so, for this reason, states should consider a “seniors only” marketing campaign.
- **Consider outreach strategies that bring Medicaid workers into places where seniors go.** These places include senior centers, assisted living complexes, grocery stores, pharmacies, post offices, doctor offices, etc., since personal contact is an important way that seniors learn about and enroll in Medicaid. Meanwhile, do not forget to develop outreach efforts that can reach those seniors living on their own.
- **Ease the Medicaid enrollment application and process for seniors.** Simplify the forms, use larger print, provide assistance completing the forms, allow seniors to enroll at convenient locations or even phone in their applications (since many have transportation problems), and explain what documentation is needed. It is also worth reconsidering whether the asset test makes sense in all cases.
- **Make renewal easier.** Pre-print forms with last year’s information, require renewal annually (in some states, it is required every three months), provide assistance to renew, and consider passive renewal strategies (since seniors’ financial information rarely changes from year to year).



## II. INTRODUCTION

Medicare provides seniors basic coverage of health care services regardless of income, but does not cover all of the health services that seniors needs—notably, prescription drugs. The cost of uncovered services, premiums, and substantial cost-sharing requirements can impose major financial burdens on those with modest incomes. The Medicaid program assists approximately six million low-income Medicare beneficiaries who are particularly vulnerable because they are more likely to have health problems than higher income beneficiaries, yet are less able to afford care.

The scope of coverage available from Medicaid varies by beneficiaries' income level (Table 1). The poorest Medicare beneficiaries, as well as those who have exhausted their personal resources paying for health and long-term care, receive assistance with Medicare's financial

Table 1

### Medicaid's Protections for Medicare Beneficiaries

Program	Who's Eligible?	Asset Test?	What Does Medicaid Pay?	Entitlement?
<b>Full Medicaid Benefits</b>	≤ 73% of poverty* (SSI eligibility level)	Assets below \$2,000 (individual) or \$3,000 (couple)	Wrap around benefits, Medicare Part B premium and cost-sharing	Yes
<b>Qualified Medicare Beneficiary (QMB)</b>	≤ 100% of poverty	Assets below \$4,000 (individual) or \$6,000 (couple)	Medicare Part B premium and cost-sharing	Yes
<b>Specified Low-income Beneficiary (SLMB)</b>	100–120% of poverty	Assets below \$4,000 (individual) or \$6,000 (couple)	Medicare Part B premium	Yes
<b>Qualifying Individuals 1 (QI1)</b>	120 to 135% of poverty	Assets below \$4,000 (individual) or \$6,000 (couple)	Medicare Part B premium	No
<b>Qualifying Individuals 2 (QI2)</b>	135 to 175% of poverty	Assets below \$4,000 (individual) or \$6,000 (couple)	A portion of the Medicare Part B premium	No

Note: The first three programs are entitlements; the second two are block grants available on a first-come, first-served basis.

\*Some states (209b) are permitted to set lower levels; states also have the option to go to 100% of poverty.



requirements and are covered for the full range of Medicaid benefits. Because Medicaid supplements Medicare benefits, these beneficiaries rely on Medicaid primarily for services not covered by Medicare, such as prescription drugs and long-term care. While most Medicare beneficiaries who participate in Medicaid receive full Medicaid benefits, other low-income beneficiaries may receive assistance primarily limited to Medicare premiums (\$54 per month in 2002) through four related programs, often referred to as the “buy-in programs” or “Medicare savings programs.”

Still, many eligible low-income seniors are not currently enrolled in Medicaid. Only about half of all Medicare beneficiaries with incomes below the federal poverty level have Medicaid coverage. Low-income seniors are considerably more vulnerable to health problems and the financial burden of medical care bills than are higher income seniors. They often cannot afford to pay the premiums and co-payments of supplemental or Medigap policies and consequently go without needed additional coverage. These seniors must rely on Medicare coverage alone to obtain the health services they need—and this causes problems for some. Roughly one-third of Medicare beneficiaries lack drug coverage. A number of these seniors say they struggle to pay their medical expenses, do without their medications, and avoid using health services because they simply cannot afford them. These challenges come at a time when they need meaningful health coverage more than ever, as seniors are far more likely than younger persons to use health services, see their doctors, and take prescribed medications.

Some states have tried to fill gaps in Medicare coverage by creating pharmacy assistance programs designed to assist low-income seniors who lack prescription drug coverage. While each state’s program is structured differently, the goal of these programs is to subsidize the cost of prescription medications so that they are more affordable to seniors. However, a large number of seniors who are eligible for this assistance do not know about these programs or are not enrolled in them.

To better understand the reasons why some low-income seniors who may be eligible for Medicaid and/or state pharmacy assistance do not enroll in these programs, the Kaiser Family Foundation sponsored 10 focus groups of low-income seniors on Medicare. About half of the participants were enrolled in both Medicare and Medicaid and about half were potentially eligible for Medicaid, but not enrolled in the program. The purpose of this qualitative study is to:

- 1) Understand barriers to enrollment for low-income seniors who are eligible for Medicaid but who are not enrolled in the program, and
- 2) Learn about the experiences of those seniors who enrolled in Medicaid to see how the program is working for them.



### III. METHODOLOGY

This study involved ten focus groups with low-income seniors on Medicare to understand barriers to enrollment in Medicaid. Topics covered in the focus groups included: seniors' awareness of the program, their understanding of eligibility criteria and the enrollment process, and their ideas about how to raise awareness of Medicaid among seniors. In those states that offer a pharmacy assistance program, researchers asked seniors if they knew about these programs and their opinions about them. This study did not address long-term care and nursing home coverage issues, but focused on medical coverage for seniors.

All participants in the study were low-income seniors (ages 65 and over) who had Medicare as their primary source of insurance coverage.<sup>2</sup> "Low-income," for the purposes of this study, is defined as having an annual household income of \$14,000 or less.<sup>3</sup> Ten groups were held in five states between February and March 2001. The groups broke down as follows:

- Five groups composed of low-income seniors who were enrolled in the Medicaid program at the time of the study. These seniors were receiving varying levels of Medicaid assistance, ranging from assistance with Medicare's cost-sharing requirements to the full Medicaid benefits package (e.g., including prescription drug coverage).

Table 2

#### Focus Group Breakout

#	Site	Date	Race/Ethnicity & Language	Medicaid-Enrolled Seniors	Non-Enrolled Seniors	State Pharm. Assistance Programs
1	Miami, FL	2/22	White		X	X
2	Miami, FL	2/22	Hispanic-Cuban (in Spanish)	X		X
3	Chicago, IL	2/28	Mixed		X	X
4	Chicago, IL	2/28	Mixed	X		X
5	Allentown, PA	3/8	Mixed	X		X
6	Allentown, PA	3/8	Mixed		X	X
7	Riverside, CA	3/12	Mixed	X		X
8	Riverside, CA	3/12	Hispanic-Mexican (in Spanish)		X	X
9	Denver, CO	3/19	White	X		
10	Denver, CO	3/19	African-American		X	

<sup>2</sup>In some cases, participants were accompanied and assisted by their caregivers in the focus groups.

<sup>3</sup>This is approximately 160% of the poverty level for a single person; 120% for a couple in 2001.

- Five groups composed of low-income seniors who were not enrolled in the Medicaid program at the time of the study.

Medicare beneficiaries from different racial and ethnic populations participated in the groups. Of the five sites chosen for this study, four of them offer a pharmacy assistance program (only Colorado does not). Seniors in those four sites were asked additional questions about these programs. Finally, experiences in the first two focus groups (in Miami) revealed that health status impacts how seniors view their health coverage. For this reason, the remaining eight focus groups included seniors who assessed their own health as “fair or poor,” along with seniors in “excellent or good” health. A detailed breakout of the focus groups is shown in Table 2.



## IV. MAIN FINDINGS

Rising health care costs are a top concern for most low-income seniors enrolled and non-enrolled in Medicaid. Many live on fixed incomes and must carefully balance their expenses each month to afford food, rent, and their health care. A number of seniors in the focus groups said that their supplemental health plan premiums just recently increased, and while they can still afford the cost now, they wonder if they will be able to afford the next increase. Seniors who do not have prescription drug coverage seem to be in the worst position. They say they often cannot afford to pay for the medications out of their own pocket and must rely on free samples from their doctor or clinic, borrow money from adult children, or do without their medications. In this context, programs that provide affordable health coverage such as Medicare, Medicaid, and pharmacy assistance programs play an important role for low-income seniors. Following are insights from low-income seniors about these programs.

### A. OVERALL VIEWS OF LOW-INCOME SENIORS ON MEDICARE AND MEDICAID

When reviewing the focus group findings, it is helpful to keep in mind seniors' overall positive views about Medicare, Medicaid, and their state's pharmacy assistance programs. This is particularly important since all remaining sections of the report focus on *problems* and *barriers* that seniors face when trying to enroll in Medicaid or access health services. However, as described below, seniors appreciate these programs and are resistant to any future wholesale changes to them.

#### A Sense of Appreciation

**Seniors say they are thankful for Medicare, Medicaid, and pharmacy assistance programs. Many seniors say that without these programs, they would not be able to afford health care and their other basic expenses such as rent and food.**

Throughout the focus groups, participants express their gratitude for each of the programs. “I tell you one thing, without [Medicaid] and Medicare, we would not survive. My husband’s medication alone is almost \$700 a month and we only get \$800 and something a month [from Social Security]. Otherwise, we wouldn’t be able to pay our rent,” confided a woman in Allentown. A woman in Riverside echoed this point, “I’m happy with [Medicaid] and I feel like I’m getting quite a bit of help and I appreciate it, because I’d certainly hate to be without it. Put it that way. I couldn’t make it without it.” Some of the most appreciative are those seniors who have been able to access medical care when they needed it because of their Medicare coverage.

“I tell you one thing, without [Medicaid] and Medicare, we would not survive. My husband’s medication alone is almost \$700 a month and we only get \$800 and something a month [from Social Security]. Otherwise, we wouldn’t be able to pay our rent.”

Low-income elderly woman with Medicaid, Allentown

“[Medicare] needs some work, but it’s a great program. It paid for my rehabilitation after my stroke—100 percent. It surprised me. I thought I’d have a bill for life,” stated a man in Denver. Another man from that focus group pointed out, “I don’t think that Medicare was meant to be a cure-all. The thing that you have to think about is, what kind of a situation would I be in if I didn’t have Medicare?”

Despite their appreciation for Medicare, Medicaid, and pharmacy assistance programs, some seniors wish the programs paid **all** their health care expenses without a deductible or co-pay. “I’d prefer they paid everything.

But I think I’m really getting out pretty good paying ten dollars for a prescription and ten dollars for an office visit. There was a time when I didn’t have a health plan and it was much, much more [expensive],” explained a woman in Riverside. A woman in Allentown stated simply, “They should pay for everything, without a deductible.”

## An Opposition to Large-Scale Change

### **Most seniors do not want wholesale change to Medicare or Medicaid.**

Most seniors in the focus groups say they would resist major changes to the Medicare program—which is a message they want their policymakers to hear. While they believe Medicare could be improved—such as covering prescription drugs and costing less—they believe the program overall works well for them. Similarly, those already enrolled in Medicaid believe it is a good program that should not be changed dramatically. They would support easing the eligibility criteria (specifically, increasing the allowable assets) and making enrollment easier (such as a simpler application), but again believe the program is beneficial for the seniors it assists.

## B. PRESCRIPTION DRUGS

Prescription drug coverage issues emerge in many different ways in the focus groups—for seniors, this is a top concern. This worry should not be surprising, since many seniors revealed that they take numerous medications daily to maintain their health, yet Medicare coverage does not include outpatient prescription drugs. Seniors who receive full Medicaid benefits have prescription drug coverage under that program, and seniors who have supplemental coverage or belong to a Medicare HMO may also have some prescription drug coverage. However, a substantial number of seniors in America have no coverage for the cost of their medications. If seniors cannot afford their medications, there can be serious implications for their health.

Key concerns that seniors raise about prescription drugs include the high cost of medications, complaints about generic substitutions, and frustration over changing formularies. Most low-income seniors, regardless of their source of drug coverage, expressed these concerns. In



addition, we asked seniors in the four study states that have them about their states' pharmacy assistance programs; these programs vary in structure by state but generally subsidize the cost of prescription drugs for seniors. These groups revealed that the level of awareness of pharmacy assistance programs and breadth of coverage they provide are concerns.

## Cost of Prescription Drugs for Low-Income Seniors

**Most seniors—even those with coverage through Medicaid or their Medicare HMO—are concerned about the high cost of prescription drugs.**

Seniors across every focus group echoed frustration over the rising costs of prescription drugs. “Until a couple of years ago, our prescriptions were \$3 and \$7. Then they went up \$5, \$10, to \$20 dollars,” explained a woman in Denver. A woman in Chicago similarly commented, “Every time you go to get a prescription, it goes up. It is getting out of hand.” These co-payment amounts can add up for seniors, many of whom fill multiple prescriptions each month. Even seniors whose reliance on prescription drugs is minimal are quick to point out how prices have increased over the past few years. “I am fortunate,” pointed out a woman in Allentown. “I only have to take two prescriptions. My girlfriend is not as fortunate. She has a different medical plan than what I do, and her [cost for prescription drugs] really went up.”

**Some seniors who lack prescription drug coverage say they do without their medications, rely on free samples, or ask family and friends to cover their costs.**

Medications are so expensive that some seniors without prescription coverage say they just do without them or only fill prescriptions when they can afford it. A case in point is a woman in Chicago who said, “I have a lady friend at church that says she cannot afford to take her medication every day, so she takes it every other day. So her prescription will last 60 days instead of 30 days, and that’s not healthy.” A woman in Chicago commented, “We have twin sisters who live in our building and it’s really sad. They have a nice education and everything but they can’t keep enough money to buy their medication. They have to go in the hospital for a week or so when they do without their medication for too long. That’s really bad. These two sisters have worked and had good jobs.”

“[My friend without drug coverage] cannot afford to take her medications every day so she takes it every other day.”

Low-income elderly woman with  
Medicaid, Chicago

Due to the high cost of medication, many seniors say they rely on their physician or a health clinic to give them free samples. “I get all the samples when I go to my [doctor],” said a woman in Chicago. Similarly, a man in Allentown stated, “I have no qualms at all about asking my doctor if he has [free samples]. And if he does, I get a three-week supply or whatever I need. It could save me \$100 at a whack.”

In a surprising number of cases, seniors who lack prescription coverage rely on family members and the “kindness of strangers” to afford their medications. “She has two medicines that are expensive and she always has to pay out of her own pocket and she has a set income, which is not a lot. She doesn’t have anything left for herself, except for what her children give her,”

reported a caregiver in Riverside. The danger for these seniors is that these sources of assistance—whether it is a sympathetic doctor who gives free samples or an adult child who is willing to help out their parent financially—are not always reliable, consistent, or long-term, which leaves them vulnerable.

“For one prescription that I’m taking, it is \$86 per month. That’s for one. I take four different ones. Fortunately, my doctor has samples and then that saves me \$80 a month.”

Low-income elderly man  
with Medicaid, Denver

## Prescription Drug Coverage Under Medicaid

**Many seniors enrolled in Medicaid say that the program only covers generic drugs when they want the brand-name or what their doctor prescribes.**

Many seniors enrolled in Medicaid not only stated that their medications have “turned generic” over the years, but they also insist that generic drugs just do not work as well as brand-name medications. One Chicago woman said, “The only thing I really don’t like about Medicaid is the fact that they keep on taking you off of the name brand and putting you on generic. Some of that generic, like my blood pressure pills, doesn’t really work. Everything that I was on at first has turned to generic.” Many other enrollees make the same point. “They stopped paying for the name brand. They just stopped paying for it so you have to get the generic. They dropped it one by one. Every six months they say, ‘Oh no. We’re not paying for that anymore. You have to go generic.’ I don’t have to really pay for medication, but if I want the name brand, I would have to pay for it,” said another Chicago woman.

“I was taking one [medication], and when I ran out of that, they refilled it and gave me a generic and it didn’t serve the purpose. I didn’t like [the generic]. They are saying it is the same [as the name brand] but I don’t think it’s the same.”

Low-income elderly woman with  
Medicaid, Denver

A number of other seniors in the focus groups have complaints about generic medications. “Some of the generics work just fine and some of them will not, and you have to go to the brand name, which costs a lot more money ... There are some that won’t fill the bill,” said one Denver woman. Another woman in the same focus group added, “I was taking one [medication], and when I ran out of that, they refilled it and gave me a generic and it didn’t serve the purpose. I didn’t like [the generic]. They are saying it is the same [as the name brand] but I don’t think it’s the same.”

In addition to their complaints about lack of brand-name drug coverage, a few seniors wished Medicaid would cover vitamins, especially since vitamins are essential pills required by the elderly. “They don’t cover it all,” explained one Allentown woman. “Like Calcium D, things like that. At our age, we need vitamins.” Her counterpart in Miami agreed. “That part about the medicine, it doesn’t include vitamins. I drink a lot of vitamins constantly. That doesn’t cover it,” she said.

## **Many seniors complain that Medicaid has changed drug formularies, dropping medications that used to be covered and potentially causing seniors to pay out of pocket for them.**

Many seniors believe that Medicaid is dropping coverage of medications that used to be covered. “I have asthma and I had two knees replaced four years ago. Some of my medication is really high. One of them costs over \$100 dollars. My blood pressure medicine costs around \$70. My allergy medicine costs around \$70. [Medicaid] used to pay so much of it, but now they don’t pay any of it starting in January,” said a woman in Chicago. Some seniors recount starting new prescriptions only to be told they are no longer covered, like this woman in Miami who was taking Celebrex. “I don’t understand when they give you a prescription ... It started to work, I felt great, and then all of a sudden they said ‘No, we are stopping you, [you] have to have your doctor write in to say why I need it’,” she said. Such changes in drug formularies can have dramatic financial and health effects on low-income seniors, according to many focus group participants. Their choice is either switching to a less effective medication or paying out of pocket for their old medication—neither of which is an appealing option for most seniors in the focus groups.

## **Some Medicaid-enrolled seniors are confused over how many prescriptions they are entitled to under their plans.**

Miami seniors seem particularly confused over this issue. They disagree over the number of prescriptions covered, as well as how many generic versus brand-name drugs they are allowed. While some believe it is up to the doctor and not Medicaid, others say that it is Medicaid that determines which medications and how many are covered. To further complicate matters, some Miami seniors believe that pharmacies require a letter from their doctor in order for them to request prescriptions above and beyond their allowance. This exchange in Miami reflects the general confusion—and often, frustration—that seniors feel when it comes to their prescription drug coverage under Medicaid.

## **Pharmacy Assistance Programs**

### **Many seniors enrolled in their state’s pharmacy assistance program say that the program does not cover enough of the cost of their medications.**

While most seniors say they appreciate the pharmacy assistance program because it helps them pay for their medications, many seniors criticize the program for not going far enough. Specifically, these seniors say that the program does not cover enough of the cost of their medications and that they must still pay prices that are too high. As one woman in Miami said, “They will only give you \$80 worth of prescriptions a month. That is nothing. One prescription is \$100.” A man from Allentown said, “I got two prescriptions in my pocket right now that [the pharmacy assistance program] will not cover.”

“[On the pharmacy assistance program] you cannot go past the \$80 [per month in medications]. So if you need more expensive medication, forget it.”

Low-income elderly woman without Medicaid, Miami

**A few seniors say the income eligibility for the pharmacy assistance program is too low, making it hard for many seniors to qualify.**

A few seniors complain about the income eligibility requirements of the pharmacy assistance programs, asserting that they are too low. They say that it is possible to be low-income and still not qualify for the program. As one man from Allentown explained, “I think the cut-off should be considerably higher ... especially for widows trying to get along on \$8,000 or \$9,000 a year. You get a couple of prescriptions filled and—I don’t think they go far enough.”

**Awareness of pharmacy assistance programs varies by state. In states where programs are still in their infancy, awareness is noticeably lower.**

In states where the pharmacy assistance program had either been long established or heavily marketed, seniors in the focus groups tended to know about it. In Florida and California, it seems that very few seniors had heard of the program, since they are relatively new. “I don’t know about it. I don’t think they are advertising it, because I see a lot of TV and I have never seen anything like it,” asserted a woman in Miami. Even after being shown advertising about the programs, the recognition of it was only vague. “I think I have seen that somewhere,” noted one Miami senior.

In Allentown, seniors knew more about the pharmacy assistance program than about Medicaid. Many were knowledgeable about coverage, and participants in the focus groups began swapping information about the program. As one woman explained, “It covers your prescription drugs and you pay a \$6 co-payment no matter how much the prescription is.” An Allentown man added, “I got it explained to me in the hospital. The people told me to get a PACE card [Pennsylvania’s pharmacy assistance program] and it wouldn’t cost me anything. I applied for it, and then I got it in two weeks.”

In Chicago, most seniors seemed familiar with the name of the pharmacy assistance program—“Circuit Breaker.” Some could discuss the program in detail, while others had only heard of the program. A few seniors said they were contacted by the program and told they qualified, which left them pleasantly surprised. “When you filled out the Circuit Breaker [form], it asks ‘Do you want pharmaceutical aid?’ And all you do is check it, then you get all the information,” explained a Chicago woman. Another woman in the same focus group said the program worked in this way: “You don’t pay anything. They take it out of your tax that you’re going to get back from Circuit Breaker. They’re going to take so much of that out of your check. Therefore, they’ll cover your medication for that particular year.” Even in Chicago, however, there were seniors who knew very little about the program. They did not notice or receive the program information when it arrived with their utility bill. These seniors criticize this marketing technique, and say it is somewhat arbitrary to provide information about a pharmacy assistance program through a utility bill.

## C. KNOWLEDGE AND PERCEPTIONS OF MEDICAID AMONG SENIORS NOT ENROLLED IN MEDICAID

Seniors' knowledge of Medicaid and their perceptions of the program are key factors influencing their enrollment. When trying to understand why so many eligible seniors do not enroll in Medicaid, it is important to determine if seniors are purposely deciding not to enroll or if they lack information about the program and are unaware of their eligibility. Seniors in the focus groups were therefore asked about their level of awareness and knowledge, their perceptions about who qualifies for Medicaid, their willingness to seek out information and ask for assistance, and their concerns about their assets and how they might affect their eligibility. The comments in the focus group suggest that it is seniors' profound lack of knowledge about Medicaid—whom it serves and what eligibility levels are—that most affects their enrollment.

### Awareness of Medicaid

**Most seniors who are not enrolled in Medicaid know very little about the program or how to go about enrolling.**

Most non-enrolled seniors are unaware of Medicaid's role in covering health care services like doctor and emergency room visits and prescription drugs. They have misperceptions about who qualifies for Medicaid and how the program works for seniors. They are also unaware of how Medicaid works in conjunction with Medicare and often confuse the two programs. Most non-enrolled seniors say that no one has ever talked with them about Medicaid and that they never had any indication that they might qualify for the program. Seniors living on their own and not in senior housing or assisted living complexes seem to be least aware of Medicaid and much less likely to know other seniors enrolled in the program. These findings show a significant disconnect between eligible seniors and the Medicaid program—i.e., most non-enrolled seniors in the focus groups simply did not see how the program relates to them or their health coverage.

Many non-enrolled seniors are also unaware of where to go or whom to call in order to enroll in Medicaid. They say that no one from Medicaid or Medicare, for that matter, has ever told them anything about the program or that they should consider enrolling. They assume that they can go to the Social Services offices to enroll—"the place where you go for Food Stamps," as one senior described it—but they do not know for sure where to go. Some suggest AARP, while others think their religious institutions could help them with enrollment.

### Misperceptions About Who Qualifies

**The main reason why many seniors have not pursued enrollment is that they never thought they could qualify.**

Most of the non-enrolled seniors believe they are not poor enough to qualify for Medicaid. Despite having low incomes, many explain that they do not have an image of themselves as "low-income" or "poor people"—images they associate with Medicaid recipients. Given the low level of knowledge about Medicaid, it is not surprising that most of the non-enrolled seniors



“Everybody thinks when you are on Medicaid, you are broke. That is where the trouble is ... because everybody feels if they are getting \$100 a month, they don’t qualify.”

Low-income elderly woman without Medicaid, Chicago

have misperceptions about who qualifies for the program. “You have to have a welfare-level income in order to be able to receive it,” volunteered a non-enrolled man in Allentown. Some seniors believe only low-income mothers and young children can qualify for the program—and that it is not designed for seniors like them. “All our life we have been taught Medicaid is for homeless people ... super poor [people]. None of us qualify,” said a non-enrolled woman in Miami.

## Reluctance to Ask for Help

**Many non-enrolled seniors admit they are reluctant to ask for help. Rather, they appear to place a high premium on being self-sufficient and financially independent.**

Many seniors in the focus groups say they come from an earlier time when people took care of themselves and did not go looking for a handout. They are proud that they worked all their lives and made it on their own. Most seniors still seem to have faith in their ability to overcome future problems, and surprisingly few appear to have contingency plans if their health care becomes too expensive to afford. “I trust things will go well and prices will not go up too high. If they do, I guess you have to look into other things,” acknowledged a non-enrolled woman in Chicago. A non-enrolled man from Allentown explained how he is coping with a recent increase in health costs, “I do without a lot in order to pay the health care bills. When it goes up from \$35 to \$113, that’s a big jump, and you don’t get a raise every year, and if you do, it’s very little.” Like most seniors in the focus groups, one non-enrolled Mexican man from Riverside stated that he did not expect his struggles to end when he turned 65. He said, “One works very hard for many years and it seems that one reaches 65 and you just struggle to live.”

## Concerns About Asset Tests

**Many non-enrolled seniors misunderstand eligibility requirements and believe that they will have to diminish their assets—sell their homes or spend down accounts—in order to qualify.**

Because they believe only very low-income people qualify for Medicaid, many seniors believe they must spend down their assets before they can enroll. A non-enrolled woman in Riverside described the unwillingness to sell assets that many other seniors expressed when she said, “I think that is unfair because as a parent, I worked to buy a house. I worked and pay taxes. I paid the property tax for forty of fifty years. So, all you have is your property, which you want to leave to your children to inherit.” A non-enrolled senior in Chicago reported the same feelings, “[I] qualify but I still ... said no. No way am I going to get rid of, take my name off of something [like a house, car, bank account] to get [Medicaid]. No.” Other seniors in the focus groups feel the same way—they worked hard all of their lives and saved up something to leave to their children and now they fear Medicaid will take all of that away. This finding suggests that many non-enrolled seniors are confused about how many assets they can have and still qualify for Medicaid and about which assets count in meeting resource limits. Many believe

they cannot have any assets at all. They seem unaware that some states have liberalized the asset test or that homes and cars are often disregarded in asset testing.

## A Strong Interest in Enrolling

**Once Medicaid is explained to them, most seniors not yet enrolled in the program express a strong interest in enrolling.**

After Medicaid was explained in more detail to the focus group participants not yet enrolled in the program, most said that they would like to enroll. They admit they would like the extra help, and they appreciate that the program would cover their medication. Indeed, prescription drug coverage is an important incentive to enroll for many low-income seniors. As a non-enrolled man in Allentown said, “If [seniors] are eligible, I don’t know why they wouldn’t be interested in getting that assistance. It’s stupid, really, if you are eligible for it and you’re not using it.” Once informed about Medicaid, some seniors seem to equate it with Medicare, which is perceived as “deserved help,” rather than a handout. Many feel that since they worked their whole lives, they deserve Medicaid.

“If it saves me money, I’m not too proud.”

Low-income elderly man without Medicaid, Allentown

It should be noted that, for some seniors enrolled in Medicare HMOs, the incentive for actually enrolling in Medicaid might be less even though they view the program positively. These seniors already have coverage for their medications through their HMO, and so lack an important motivation for enrolling in Medicaid (i.e., to gain access to prescription drug coverage).

## D. MEDICAID ENROLLMENT AND RENEWAL EXPERIENCES AMONG THOSE ENROLLED IN MEDICAID

Along with providing a better sense of the experiences of those already enrolled in Medicaid, understanding how well Medicaid enrollment works for seniors may help explain what prevents eligible seniors from enrolling themselves. Seniors in the focus groups thus discussed how they initially learned about the program and enrolled, the nuts and bolts of their enrollment experience, their caseworkers who helped them to enroll, and even about the renewal and recertification process for staying enrolled in the program. As non-enrolled seniors knew almost nothing about the enrollment process, most of the insights about the Medicaid enrollment process came from those seniors already enrolled in the program. It is clear from the focus groups that, in addition to knowledge barriers, the enrollment process itself is a barrier to the program. Participants identify many ways in which the process is particularly difficult for seniors.

## Learning About Enrollment

### **Seniors enrolled in Medicaid describe a haphazard pathway to enrollment.**

Rarely did the Medicaid-enrolled seniors in the focus groups say they learned about the program on their own and then deliberately sought out enrollment. Rather, seniors say enrollment has more to do with chance and luck—being in the right place at the right time. The majority of enrolled seniors were not aware they might be eligible for the program until a friend or family member told them. This is reported in every city and every focus group—i.e., friends and family are the primary source of information about Medicaid enrollment. “Sometimes you just find out through conversations with friends or you comment to somebody,” said an enrolled woman in Miami. In a few cases, enrolled seniors told of a social worker coming to their assisted-living facility to inform them about Medicaid and encouraging them to enroll. One or two seniors also mentioned being in the hospital for treatment and being told by a staff member there about Medicaid.

### **Those seniors who were previously enrolled in Medicaid before they turned 65 (through SSI) had an easier time enrolling.**

For seniors enrolled in Medicaid prior to turning 65 years old, the enrollment process was seamless. The few seniors in this study who were already enrolled in Medicaid due to a disability stood apart from others in the focus groups in their extensive knowledge of the program, eligibility criteria, and the enrollment process. Often, these seniors have prior experience with other government assistance programs such as AFDC, and being part of the system seems to clearly work in their favor. In almost every case, these seniors were told by their caseworker about how Medicaid works for seniors and how to stay enrolled in the program. As an enrolled senior in Allentown said, “We found out from our caseworker at Pennsylvania Department of Welfare. They notified us by mail once my husband turned 65 that the [Medicaid] program would pick up what Medicare doesn’t.” These seniors describe a seamless process where their caseworkers proactively provided them with information about how Medicare works with Medicaid. This is exactly the kind of information that most other seniors who lack experience with public assistance say they are missing about the program but which seems to be common among SSI enrollees.

## The Nuts and Bolts of Enrolling—Seniors’ Experiences

### **Many seniors say the Medicaid enrollment process is too difficult and report they needed help to complete the process.**

Most Medicaid-enrolled seniors in the focus groups describe the Medicaid enrollment process as very difficult. They complain about the application, all of the personal information they must provide, and transportation problems. They say they are fearful of

“I think a great amount of this problem is ... you feel kind of alone in filling out the paperwork and it just really is so intimidating. It’s easy enough to just say, ‘Well, I’ll do it tomorrow or whatever,’ and you try again and then you go, ‘forget it.’”

Low-income elderly woman with Medicaid, Riverside

making mistakes in completing the forms, and many feel they do not even understand what is being asked. “Yes, it’s complicated for me. That’s a reason I take it over there [to Social Services]. They fill it out,” explained an enrolled man in Denver. A number of seniors said they requested assistance to complete the forms, but others had to go through the process alone. This leaves some feeling frozen and unable to complete the forms even though they know they need to. “[Applicants] would need assistance in filling it out. ... If you make a mistake you may lose everything, or you are held accountable for it and you really didn’t mean what it said,” stated a non-enrolled man in Allentown.

This complaint also extends to the documentation and verification seniors must provide along with the application. Some seniors balk at having to provide so many personal documents about their income. Many others say they are confused about what documents they must provide, often cannot find them, and feel that making copies of these documents is difficult to do because of their limited mobility.

### **Many seniors feel the Medicaid application asks too many invasive or irrelevant questions and is too long.**

When shown the Medicaid application for their states, many non-enrolled seniors are dismayed at the amount of information they must provide. Some say they feel like their personal lives are being violated in order to obtain coverage. As a non-enrolled woman in Chicago said, “They want to know too much about your business... motorcycles, trucks, it is like you can’t own anything without them knowing.” Seniors say they are particularly

sensitive about providing information about their financial assets and perceive questions on the application as designed to disqualify them. A non-enrolled senior from Allentown said, “[The application] asks you what your assets are, you look at that and figure, ‘I’m not eligible because I have got a savings account. I may only have \$2 in it, but I’ve lost’.”

“The [Medicaid application] wants to know everything except my date of dying.”

Low-income elderly woman without Medicaid, Allentown

“They scare you with the applications. It’s not just a paper, it’s a packet and if you don’t fill something out, they say, ‘No’. This is more difficult for an older person”

Low-income elderly woman without Medicaid, Riverside

Some seniors also criticize questions on the application that are not relevant. For example, a number of seniors say the application asks if they are pregnant. As an enrolled woman in Allentown recalled, “I seem to remember one question that made me so mad. They asked if you were hard of hearing, blind, or under drugs. Why did they have it all in one line? That burned me up.”

Another area of criticism is the length of the application. Many seniors say they feel intimidated by it. “They scare you with the applications. It’s not just a paper, it’s a packet and if you don’t fill something out, they say, ‘No.’ This is more difficult for an older person,” asserted a non-enrolled woman from Riverside. A caregiver for a senior in Riverside said, “I’m not a senior, but when I had to fill out papers for my friend, they were three times thicker than [I expected].” A few seniors feel that the application is repetitive, which is a reason why it is so long. “I think they should make it shorter ... they ask you similar questions,” an enrolled man from Allentown pointed out.

### **Looks also matter when it comes to the Medicaid application—seniors want bigger print and less text.**

A number of seniors in the focus groups say that the Medicaid applications, in addition to being too long, are not “senior-friendly” in appearance. They say the print is too small and that there is too much text for most seniors to be able to read. They say the format of the application adds to the intimidation factor of the enrollment process and makes it difficult for seniors to complete the application on their own.

### **Many seniors also have transportation problems when it comes to getting to enrollment locations.**

Another difficulty seniors identify with enrollment is finding transportation to enrollment offices. An enrolled woman in Riverside explained, “To apply for [Medicaid], they’d have to get rides back and forth. They have to go back and forth constantly. Maybe the first time is okay and maybe one more time, but then you have to go again. Every time you get the papers, you’ve got to go down [to the offices].” Another enrolled woman in Riverside said, “Frail seniors, they can’t move too easily without their walkers and all that and they hate that. The extra effort of going out on the bus with their walker [is hard].” Seniors say that their limited mobility should be considered in the enrollment process for Medicaid.

## **Caseworkers—Luck of the Draw**

### **A kind, sensitive, and informed caseworker can make all the difference in the enrollment process, say Medicaid-enrolled seniors.**

A number of seniors in the focus groups offer strong praise for their Medicaid caseworkers. In many instances, seniors say they turned to their caseworker to help them fill out the application, explain their Medicaid coverage, and figure out what documentation they needed to provide. Before receiving the help of their caseworkers, some seniors say they felt alone and confused. “My social worker helped me a lot. In the beginning, I didn’t know much [about the program or how to enroll],” said an enrolled woman in Miami. “Because I don’t have too much education, what I do, my wife and I, we just go to Social Service and there are some people there that will help you fill it out,” said an enrolled man in Denver. Based on the comments from these seniors, it appears that a caseworker can play a key role in their successful enrollment in Medicaid.

### **However, some seniors complain that their Medicaid caseworkers were neither helpful nor respectful.**

Some seniors say their caseworkers do not take the time to explain how the program works. “I called [the caseworker], and they told me I wasn’t eligible for this, that, and the other thing. They didn’t know my name, they didn’t know my income, they absolutely knew nothing about me ... I felt like I was disturbing them,” reported a non-enrolled man in Allentown. An enrolled woman in Miami described the level of help she received by saying, “Well, they explained to me

“[The caseworkers] just don’t respect you.”

Low-income elderly woman with Medicaid, Riverside



about the medicine and all that, but they didn't explain a lot. I don't remember them mentioning anything about the glasses or anything about the dentist. You find out later, through other people. But they don't really explain to you much." A few seniors said their caseworkers look down on them as if they are looking for a handout. "I just pray that it would be much better, that in the future [Medicaid workers] will start accepting the seniors as seniors, not as someone sitting around waiting like for a handout, and be more courteous with you, and explain [the program] to you better," asserted a non-enrolled woman in Chicago. An enrolled woman in Riverside reported, "Well, I think my age deserves a little bit more respect." Based on other comments in the focus groups, seniors may be particularly aware of insensitive treatment given their age and the respect they believe they should receive.

## The Renewal Process

### **Many seniors with Medicaid believe the renewal process is burdensome.**

Generally, seniors agree that the renewal process to stay enrolled in Medicaid from year to year is almost as difficult as the original application process. Some of the enrolled seniors say they must renew every year, while some say they must renew every three months.<sup>4</sup> Those renewing every three months tend to have more complaints about this process—saying that providing the needed verifications so frequently is a burden. But even those renewing annually say the process is burdensome. They say they must complete the same application they found so difficult when they first enrolled in Medicaid. They also face the same transportation problems. As an enrolled senior from Allentown stated, "Every year I have to go down and sign this all over again in front of my caseworker and fill it out." Many seniors in the groups wonder aloud why Medicaid cannot use the same information on their original application year after year. They say their information does not vary, and that the old forms could be used.

## E. COVERAGE AND CARE CHALLENGES AMONG THOSE ENROLLED IN MEDICAID

While the focus groups were primarily intended to learn about barriers to Medicaid enrollment for seniors, many insights also emerged about the Medicaid program itself. A number of Medicaid-enrolled seniors commented about how the program works for them. Two areas of concern emerged for these seniors—that Medicaid has insufficient coverage of some services seniors need most and that seniors enrolled in Medicaid feel they are not treated as well as those with private supplemental insurance. It should be noted, however, that these concerns are not equal in seniors' minds. By far, more seniors complain about dental, vision, and hearing aid coverage than complain about poor treatment by doctors and their staff. Indeed, only a few seniors perceive they are treated differently. These issues are detailed in this section.

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<sup>4</sup>Renewal requirements vary by state—some require renewal every three months, while more and more states are moving to renewal every twelve months.

## Problems with Dental, Vision, and Hearing Aid Coverage

### **Seniors say that Medicaid coverage of those services that elderly people need—dental, glasses, and hearing aids—is insufficient.**

In addition to their concerns about lack of adequate prescription drug coverage, some seniors also assert that Medicaid will not pay for their dental exams or the more expensive dental work they need. An enrolled man in Allentown said, “I applied for dental with Medicaid and they said they take the kids first. I had my teeth broke in October, and they said it’s a long line, maybe one or two years before they will call me, because I am a grown up.”

Seniors also report problems with coverage for vision correction under Medicaid. This is frustrating to many seniors because the cost of glasses can be very high. An enrolled woman in Allentown shared her experiences, “My husband has been under the Blind Association for many years. His glasses can’t get too much stronger than what they are, they are very heavy lenses, heavy bifocals. We can’t get any help to pay for his glasses. Sometimes his glasses run \$250 a pair.”

Hearing loss and correction are also an expensive problem for seniors because of limited Medicaid coverage. As a non-enrolled senior noted, “Those are things that as we grow older, become problems and they are quite expensive. If they even paid half of it, it would be nice.”

### **A few seniors complain that they are not treated as well as patients with other sources of coverage.**

Some seniors enrolled in Medicaid criticize their interaction with physicians. Generally, these seniors believe physicians do not really want to see Medicaid patients. “Because of my experience of being on Medicaid, I don’t feel like I’m getting the doctor’s attention that I would be getting if I had a lot of money,” reported an enrolled woman in Chicago. Another enrolled Chicago senior reinforced this concern by saying, “I would go into this hospital and it’s a real good hospital. When I would go, they would give me all these little boys who were just training. They look like they’re 15 years old ... If I had money and I told them that, I’m sure they wouldn’t have done that.”

A few seniors are also concerned that physicians will not cooperate with the patient and his/her needs if they are enrolled in Medicaid. If a physician prescribes a medication or a therapy that is not covered under Medicaid, the patient is left with the choice of not getting the care or paying for it out-of-pocket, which few can do.



## V. POLICY IMPLICATIONS

The focus groups have many implications for encouraging more low-income seniors on Medicare to investigate Medicaid enrollment, as well as for improving upon the experiences of those already enrolled in the program. Many of these ideas stem directly from comments seniors make in the focus groups—others are implied and were generated from the barriers that seniors identified. Following are some ideas to help more low-income seniors enroll in Medicaid:

### **Consider a special marketing campaign for seniors**

A major barrier seniors face to Medicaid enrollment is that they do not think the program relates to them. Their image of Medicaid is that it is only a program for the very poor or for women and children. This finding suggests that Medicaid may need to wage a “seniors only” marketing campaign so that seniors reconsider the program. Seniors suggest a television campaign to educate them about Medicaid, since most say they watch many hours of TV a day. A few also suggest putting ads in AARP’s magazine.

Their ideas imply that a media campaign similar to the State Child Health Insurance Program (SCHIP) marketing efforts may be needed. With SCHIP, most states developed ads for television, radio, and print that promote the program to its target audience—working families with uninsured children who were previously outside the system. These ads seek to inform parents about the program and to emphasize that families who have not previously received public assistance may be eligible too. Similar messages that target seniors could work for Medicaid. The focus group findings show that many low-income seniors do not think they are eligible for Medicaid—just like many SCHIP-eligible families—and so seniors need to hear messages that show the program is for seniors like them.

According to focus group participants, messages about Medicaid that would appeal to seniors include:

- The program is for seniors who have worked hard all their lives and deserve some extra help;
- It covers services seniors need most, like medications and glasses;
- It is convenient to enroll and seniors can get assistance to fill out forms; and
- The program allows you to keep assets and some income (i.e., you can have more assets than you think and still qualify).

Other outreach ideas that seniors suggest include an insert in their monthly Social Security check notifying them that they might be eligible for Medicaid and how to apply. “The same way they send other brochures, they could include a little pamphlet along with your checks. That way everyone receives it,” suggested an enrolled woman in Miami.

These same marketing ideas apply to state pharmacy assistance programs, which many seniors do not know about. Unlike Medicaid—which seniors have heard of but do not associate with themselves—the challenge facing state pharmacy assistance programs is that many seniors do not even know they exist (particularly in states where the program is new).

## **Take Medicaid to seniors**

Since personal contact is an important way that seniors learn about and enroll in Medicaid, consider outreach strategies that bring Medicaid workers into places where seniors go. One idea is for Medicaid to sponsor seminars in senior communities. “A well-informed seminar would be beautiful. Answer all the questions starting from A to Z so we can understand. Don’t go fast and don’t try to trip somebody up,” suggested a woman in Chicago. Seminars would be especially useful in senior housing complexes and apartment buildings that have a lot of seniors living in them. “A lot of the people who live in my complex struggle with the Medicaid stuff. They don’t know why they don’t have it. They need to ... have people come up there in the community room and tell them about it,” reported a woman in Allentown. However, seniors say that it is important not to forget to devise outreach efforts that can also inform those seniors living on their own.

Seniors also suggest that nurses and doctors become more involved in spreading the word about Medicaid. “When you go to the doctor, the nurse who takes your vital signs should say, ‘Here’s a brochure, you can qualify for Medi-Cal’,” suggested a woman in Riverside.

## **Simplify the enrollment application and process**

Seniors offer many suggestions for improving the enrollment process. Their ideas include:

- Simplify the application and make it shorter.
- Use bigger print in the application.
- Have workers available to assist seniors to enroll.
- Consider developing a seniors only application to reduce irrelevant questions (e.g., pregnancy-related questions).
- Cut down on the trips seniors have to make to the Social Services offices. If possible, do away with all of these trips.
- Explain clearly what verification is needed.

Seniors also suggest allowing them to enroll in places other than the “welfare offices.” They do not like going to those locations, which are often downtown and hard to reach. Also, they do not view themselves as welfare recipients, so they do not want to go to this office to apply. Finally, they also recommend easing the requirements on assets—and explaining what assets a senior can have and still qualify—so that more low-income seniors can become eligible.

## **Make Medicaid renewal easier**

Seniors want the Medicaid renewal process made easier. They suggest using pre-printed forms with last year’s information. They believe annual renewal should be enough—they recommend doing away with renewal every three months since seniors’ financial situations generally do not fluctuate that frequently. They ask for simpler renewal forms and workers ready to assist them with the process should they need it. Some also suggest passive renewal—that the program assume that their financial information has not changed from the previous year and only ask seniors to respond if there have been changes.

## **Summing it all up**

Medicaid plays an important role for the six million low-income Medicare beneficiaries currently enrolled. However, the program currently reaches only half of all poor Medicare beneficiaries. States can extend full Medicaid benefits to higher income Medicare beneficiaries, but income eligibility levels remain fairly low and asset tests still apply. In addition, many Medicare beneficiaries who would be eligible for Medicare premium assistance through “buy-in” or “Medicare savings” programs or prescription drug assistance through state pharmacy programs are not enrolled either because they are not aware of these programs or they do not think they would qualify. Lack of significant outreach efforts, complex and burdensome enrollment processes, and delays in activating eligibility for these programs contribute to limited enrollment. Reducing barriers to enrollment in these important programs warrants attention, particularly as health costs continue to rise and threaten the financial security of a rapidly growing senior population.



## VI. APPENDIX

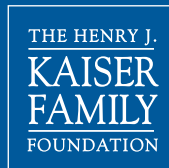
This table identifies some of the key differences between the two study populations involved in the focus groups—seniors already enrolled in Medicaid and those who are eligible but not currently enrolled.

### Comparison of Medicaid-Enrolled and Non-Enrolled Seniors' Focus Group Comments

	Medicaid-Enrolled Seniors	Non-Enrolled Medicaid Eligible <sup>5</sup> Seniors
<b>Awareness:</b>	These seniors are more aware of Medicaid—they know other seniors who are enrolled in Medicaid and often live in or frequent places for seniors.	They are less aware of opportunities for assistance. They do not know people enrolled in Medicaid, and never considered the program for themselves.
<b>Knowledge of Medicaid:</b>	They know more about Medicaid. In some cases, they were previously enrolled in Medicaid before turning 65.	They know almost nothing about Medicaid and do not think the program relates to them.
<b>Eligibility:</b>	Most of these seniors were told they might be eligible by friends and family, and in rare cases, a social worker or a health professional.	These seniors do not believe they are eligible—they perceive Medicaid is only for the very poor and that they have too many assets to qualify.
<b>Enrollment:</b>	Most received help to enroll in Medicaid by a family member, friend, or caseworker. They complain that the enrollment process is too hard for seniors. Those seniors previously enrolled in Medicaid before turning 65—through SSI—have the smoothest enrollment experience.	Most know nothing about how to enroll in Medicaid or where they would even go to get an application other than the Social Services Office.
<b>Health Coverage:</b>	They seem to be struggling less with their health care. They are thankful for Medicare and Medicaid coverage. Most of the services they need are covered.	Many struggle, particularly when it comes to paying for medications. Most are vulnerable—another increase in their premiums and co-payments and they could be in trouble.

<sup>5</sup>Based on their reported income, these individuals are potentially eligible for Medicaid assistance but are not currently enrolled.





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