

Early Experiences of New Medicaid Enrollees

Insights from Six Focus Groups with Individuals Who
Enrolled in Medicaid during the Affordable Care Act's First
Open Enrollment Period

Conducted on behalf of the
Medicaid and CHIP Payment and Access Commission (MACPAC)

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Introduction

The Medicaid and CHIP Payment and Access Commission (MACPAC), a non-partisan federal agency charged with providing policy and data analysis to Congress on Medicaid and CHIP, sponsored a focus group study of individuals who are newly enrolled in Medicaid. PerryUndem Research/Communication (PerryUndem) conducted six focus groups with individuals who enrolled in Medicaid since the Affordable Care Act's (ACA) first open enrollment period began in October 2013.

The purpose of the study was to learn about early experiences of newly enrolled consumers when using their Medicaid coverage. Specifically, the focus groups probed their access to providers, their experiences filling prescriptions and seeing specialists and other providers, and their feelings about other health services. The study also looks back briefly at the reasons consumers enrolled, the enrollment process, their experiences choosing a plan, their knowledge about Medicaid, and their intentions to renew in the future.

Study participants included individuals who had been enrolled in Medicaid previously as well as those who were first-time enrollees, many of whom had prior experience with private insurance. The study probed the knowledge, expectations, experience, and perceptions of both groups about their new Medicaid coverage.

Methodology

The six focus groups were held in Chicago, Denver, and Portland, OR – all in states that expanded their Medicaid programs to 138% of the federal poverty level. Two groups were held with Latino enrollees (both parents and non-parents, with one conducted in Spanish) and two with young adults. One group each was conducted with parents of young children and childless adults.

As mentioned, in each focus group there was a mix of individuals who had previously been enrolled in Medicaid as well as first-time enrollees. There was also a mix of enrollment methods – online, mailed paper application, and in-person enrollment. (See Table 1)

Table 1: Focus Group Details

City	Date	Time	Composition
Chicago, IL	June 26	5:30-7:00 pm	Parents, ages 35-64, mix of gender, mix of race/ethnicity, enrolled since 10/1/2013, all have used or tried to use health services.
		7:30-9:00 pm	Latino parents and non-parents, mix of age, mix of gender, enrolled since 10/1/2013, all have used or tried to use health services, Spanish speakers.
Denver, CO	July 1	5:30-7:00 pm	Young adults, ages 18-34, mix of gender, mix of race/ethnicity, enrolled since 10/1/2013, all have used or tried to use health services.
		7:30-9:00 pm	Latino parents and non-parents, mix of age, mix of gender, enrolled since 10/1/2013, all have used or tried to use health services.
Portland, OR	July 2	5:30-7:00 pm	Childless adults, ages 35-64, mix of gender, mix of race/ethnicity, enrolled since 10/1/2013, all have used or tried to use health services.
		7:30-9:00 pm	Young adults, ages 18-34, mix of gender, mix of race/ethnicity, enrolled since 10/1/2013, all have used or tried to use health services.

Executive Summary

MACPAC sponsored six focus groups with new Medicaid enrollees to learn about their early experiences using their coverage. All participants in the study enrolled in Medicaid during the first open enrollment period for the Affordable Care Act. PerryUndem Research/Communication conducted the focus groups, which were held in three sites that expanded their Medicaid programs: Chicago (6/26), Denver (7/1), and Portland, OR (7/2).

To hear from diverse Medicaid enrollees, two groups were held with Latino enrollees (both parents and non-parents, with one conducted in Spanish); two were held with young adults from diverse racial/ethnic backgrounds; and one group each was conducted with parents of young children and childless adults from diverse racial/ethnic backgrounds. In each focus group, there was a mix of individuals who had previously been enrolled in Medicaid as well as first-time enrollees. There was also a mix of enrollment methods – online, mailed paper application, and in-person enrollment.

Following are highlights from the focus groups.

Overall Findings

All were happy to have found coverage. All study participants were uninsured prior to enrolling and they did not like being uninsured. Many had accumulated medical debt and most put off health care, even those with chronic conditions. Enrolling in Medicaid meant “one less worry” for most participants, who used the term “relief” to describe what having qualified for Medicaid feels like.

Many study participants feel their health has improved since enrolling. These study participants have used their Medicaid coverage already and many feel their health has improved as a result. Those with chronic health conditions or mental health needs such as depression are particularly clear that their health has improved. Some have even had health conditions diagnosed since enrolling and are happy they can now afford treatment.

Some study participants feel there is stigma attached to Medicaid. While they appreciate their coverage, some participants believe there is a stigma with the program and worry they will have difficulty finding a provider or accessing certain treatments. There is also a concern that their care will be of lower quality.

Many applied without knowing they would qualify for Medicaid. All had heard about the Affordable Care Act, and most hoped that affordable coverage would be available, but few knew that Medicaid eligibility levels had changed or that they might qualify. This meant that most were not prepared for the longer approval process (many waited 5-6 weeks to hear if they were approved) or did not know how to use their coverage once they were enrolled. However, this may not be unique to Medicaid – any new enrollee in a health insurance plan may feel equally confused.

There was no single motivation for enrollment. Most study participants enrolled for a combination of reasons; to avoid the fine, to find affordable health coverage, to manage a chronic health condition, or because a family member encouraged them.

Enrollment went smoothly for many but some faced problems. Whether they enrolled online, in person with a navigator or enrollment assister, or through a social services office, many said that enrollment was simple and straightforward. Some who enrolled early, however, experienced website glitches. Also, those who called the customer service number were frustrated by long waits. Five or six participants had lost applications or documentation and had to resubmit materials.

Most know little about Medicaid. A key finding from this study is that most participants knew little about Medicaid when they enrolled and they still know little about the program months after enrolling. Participants reported a high level of confusion about what services are covered, limitations they may face on services, and what their share of costs might be on a variety of medical procedures. However, this may be an experience new enrollees in any new health plan might feel. Most also have questions about how to find a primary care provider. Many have not received any informational materials about Medicaid since they enrolled. Those with prior Medicaid experience may need an update – they feel they know a lot about the program but some of their information may be out-of-date.

Experiences Using Services

Since enrolling, a number of study participants have faced problems finding a provider. This issue came up more frequently in Chicago and Portland. Many say they must call five or six practices in order to find a doctor who accepts Medicaid. Some of these participants reported inaccurate provider lists from their plans, which contributed to this problem. Sometimes the only provider who will accept them has offices far away from where they live. Finding a specialist who accepts Medicaid is even more difficult in these sites.

Filling prescriptions has been hard for a few. While most have been able to get the medications prescribed by their doctors, a few have found that their pharmacy or Medicaid will not fill a certain prescription as written. These participants are frustrated by the back-and-forth with the pharmacy. In some cases, the cause of the problem is a communication problem between the Medicaid managed care plan and the pharmacy, and in others it is between the provider and the pharmacy.

A few have faced limits on services. One participant was told he could not have a procedure done to relieve pressure from a cyst because it was not infected or did not pose a health threat. A few others have faced similar limitations with Medicaid.

Dental and vision are highly sought after by some participants. These are the services that some study participants want most and they are frustrated by limitation or exclusion of these two services. For example, one study participant was told she could not have her teeth cleaned but that she could have an extraction under Medicaid. Others have found that adult dental or vision are not covered at all.

Portland participants faced problems accessing mental health providers. This issue only emerged in Portland but there was frustration that they faced limits in accessing a psychiatrist and instead, had to seek mental health care through psychologists, psychiatric social workers, or student counselors.

Looking Forward

All want to stay enrolled in Medicaid if their situation does not change. All participants said they plan to stay enrolled in Medicaid if their situation does not change in the next year. They do not want to be uninsured again, and they appreciate that they can access providers and health care for little or no cost.

Most do not know about the renewal process. Most focus group participants have not heard about the renewal process and are unaware of what they need to do to stay enrolled in Medicaid.

For more details about these and other findings, please refer to the Detailed Findings section.

Detailed Findings

A. Life Before the Affordable Care Act

Most study participants had been putting off care – or incurring medical debt – before Medicaid.

All study participants were uninsured before enrolling in Medicaid – many were uninsured more than a year while some had lost coverage only weeks or months before they enrolled. Most said they put off medical care during this period – just treating their illnesses at home or ignoring nagging problems. Some said they used homeopathic remedies when ill rather than seeing a doctor in order to avoid incurring new costs. A few participants in Portland joined pharmaceutical trials to access free medications. Some with chronic conditions say they let their conditions go unchecked during this period. Preventive care was out of reach for most of these participants while uninsured – those who have been uninsured long periods say they have not received check-ups for many years.

However, when they could not treat their health conditions through these methods, many received care through a hospital emergency department, going to sliding scale health clinics, or seeing a doctor and just paying out of pocket. In some cases, they have been unable to pay these bills and are now in debt. A number of study participants say their debt is in the thousands of dollars.

Before the Affordable Care Act, they could not qualify for Medicaid or afford insurance on their own.

Many participants have been on the lookout for affordable health insurance since being uninsured. A few had looked into Medicaid before it expanded but could not qualify due to income or due to status as a non-parent. Others looked to the private market but could not find anything they could afford. One participant purchased private insurance prior to enrolling but she said it was a “bare minimum” plan and that it did not cover all the services she needed.

B. Perceptions of Medicaid

Perceptions of Medicaid varied.

While this study is not intended to make comparisons between the three study sites, there were differences in experiences with and feelings about Medicaid that

should be noted. Generally, participants in Chicago seemed to face more access problems (e.g., difficulty finding a primary care doctor) and held less positive feelings about Medicaid as a result – even if their issues were with their managed care plan, with their provider or pharmacist, or were just the kinds of problems any new enrollee might face in a new health insurance plan. In contrast, the participants in Denver were highly satisfied with Medicaid and did not seem to face many problems or have concerns about future use of services. The participants in Portland were mixed – one group was highly satisfied while another was experiencing more problems. The point is that this kind of variation likely exists across the country and could reflect differences in provider networks, for example, or the specific kinds of services individuals in each site were seeking.

All are happy to have an affordable insurance option – they feel they are better off than when they were uninsured. They feel relieved.

Even if they have faced challenges since enrolling in Medicaid, all participants in this study said they were thankful for Medicaid. They feel they are better off now than when they were uninsured. They appreciate that Medicaid is free or very low-cost. All wanted health insurance – they were unhappy being uninsured.

Most say they are less stressed about bills and about their health since enrolling in Medicaid. They feel like a weight has been lifted off their shoulders. They no longer have to worry about unexpected medical bills. They can get care they have been putting off and see doctors about nagging health problems they were unable to treat while uninsured.

“Those conversations when you make an appointment go a lot different when [you don’t have insurance], because the first thing out of your mouth is how much does it cost to go to your doctor and when can I get in.” – Latina, Denver

“When you’re without [health insurance] and you don’t have any money, I mean where do you turn?” –Man, Latino, Denver

“[Having insurance is] just a sense of security.” – Man, Latino, Denver

“Yeah, [being covered is] a lot less anxiety knowing that if you’re sick you can go to the doctor and it won’t bankrupt you.” – Woman, young adult, Denver

“I think for me, [being covered] makes me [feel] like a grownup. [It] makes me feel like I’m a functional member of society and doing something good for myself.” – Woman, young adult, Denver

Many feel their health has improved since enrolling in Medicaid.

The majority of study participants have already used their Medicaid coverage – for check-ups, prescriptions, sick visits, to see a specialist, and more. Many of these individuals feel their health has improved as a result. For example, some with chronic health conditions, such as high blood pressure, say they can now manage their health. Some participants in Denver and Portland dealing with depression feel their condition is better managed now that they can consistently access mental health services and medications through Medicaid. One Portland participant had a thyroid condition diagnosed since enrolling in Medicaid while another Portland participant’s high blood pressure was caught in a recent medical exam. Another Portland participant had a recent bike accident and was able to receive treatment she might otherwise have postponed had she still been without Medicaid. Even in the short time they have had their coverage, many of these participants feel Medicaid has made a difference – a chronic condition is now managed or a new health issue has been diagnosed and is now being treated.

“I had a cycling accident and would not have gone to urgent care had I not been covered.” –Woman, young adult, Portland

At the same time, some are conflicted about having Medicaid.

While appreciative of their new coverage, some study participants feel there is a stigma attached to Medicaid and worry they may receive lower quality care. They also fear they will face limits on which doctors they can see or which treatments they will be offered. Some say they wish they did not have to enroll in Medicaid; rather they would like to be able to afford private insurance or find a job that offers coverage. In many cases, these feelings are not based on personal experience but on fears about what may happen when they need to use their Medicaid for an unexpected accident or illness. Also, the kinds of limits some worried about would likely be experienced in private managed care plans as well – e.g., limits on their provider networks, which medications are covered, limits on services they receive – and may not be unique to Medicaid.

“It’s such a stigma with this card that you don’t feel comfortable with it... but you know once you get past the stigma and being able to adapt, then it’s wonderful.” – Woman, parent, Chicago

"I think [Medicaid] is certainly associated with lower income...but I haven't really noticed that people treat me any different just because I have Medicaid rather than another kind of insurance. I don't think it pays for everything that maybe other insurance plans do, but it takes care of the basics." – Woman, young adult, Denver

"With Medicaid, you're restricted to who you can see pretty much and that was a negative because I lost my freedom to choose." – Woman, parent, Chicago

C. Motivations to Enroll

Most knew there was an opportunity to obtain health coverage during the open enrollment period. They had been hearing a lot about the Affordable Care Act in the media.

Almost all study participants had heard about the Affordable Care Act (or "Obamacare") through the media and believed they could qualify for "something." However, many did not know that Medicaid had expanded in their state or that they could qualify for the program. Many went to the health insurance marketplace website just hoping to find affordable coverage. Many only learned they were eligible once they started the application. Others learned when they visited the ED or a health clinic. A few said they learned they could be eligible when they applied for SNAP (this was particularly the case with Latino participants).

"I had to pay [at the emergency department], so I started looking for ways [to get insurance]... I heard about Obamacare, and that you can buy insurance. I [wanted] to buy insurance and to find out what they could offer me; that's when [the health clinic] told me about Obamacare. As they were looking into Obamacare, they told me that [I qualify for [Medicaid]]." – Latina, Chicago

They enrolled for many reasons.

Some study participants explained that they enrolled because they heard they "had to have insurance" and that they would need to pay a fine if they remained uninsured. Some had chronic health conditions and just wanted affordable coverage in order to receive care to manage their health. Many valued health coverage and felt that now was the time they could actually find affordable insurance. Younger participants in Portland said family members pressured them to apply. A few study participants acknowledge they were not even looking for insurance – they assumed they could not qualify – but were told they could get Medicaid when they applied for SNAP. One Denver mother enrolled her children in coverage and learned she could also qualify. Another Denver participant had tried

to get insurance in the past but was turned down due to his pre-existing condition. He had heard under the Affordable Care Act that he could no longer be denied, so he applied and discovered he qualified for Medicaid.

“Knowing that [I would receive care for a pre-existing condition] would give me peace of mind, that I could go to a doctor or an emergency room and get the appropriate treatment.” – Man, young adult, Denver

“You know, I’m asthmatic so I don’t have any choice, I have to go to the doctor, and I have to make a medical appointment six months in advance. I probably would have gone on that way had it not been all over the news that you got to get insured and my [local health program that allowed me to receive care on a sliding scale] said that it was going to go away soon. I didn’t really have a choice. So I figured I better get motivated and do something.” – Woman, young adult, Denver

D. Experiences with Enrollment

Enrolling went smoothly for many.

Whether completing an online application on their own through the marketplace, enrolling with a navigator/certified application assistant, mailing in an application, or going directly to a local social services office, many study participants said the enrollment process was straightforward and that they did not face problems. They said the application was fairly simple and clear, and that the entire process did not take too long.

In addition, Spanish-dominant study participants said they did not face significant language barriers to enrollment. Chicago participants said the paper application was two sided: English on one side and Spanish on the other. Most also seemed able to work directly with an enrollment assister who spoke Spanish. The in-person assistance seemed particularly beneficial to these participants.

“[Signing up for Medicaid] was a simple, easy process. I’ve heard a lot of people who had the same experiences... I think the overall experience was just easy. I was shocked.” – Man, young adult, Denver

However, there were exceptions. Some dealt with website glitches, applications that were lost, or long waits for customer service.

The study participants who applied online in October and November encountered website glitches (e.g., difficulty creating accounts, being timed out, etc.) that were

frustrating. Also, about five or six participants said their application and/or documentation was lost and were told they had to resubmit these materials. A few who applied online said they called the customer service number with questions and had to wait long periods to receive help. One Chicago woman who called the customer service number said she finally gave up after an hour on hold and just finished the online application on her own, not sure she was answering the questions correctly.

Also, it took five or six weeks to be approved for Medicaid for many study participants. Some have taken even longer. During this time, some felt confused about what was happening and what the next steps might be. Many have still not received their card, months after enrolling. Chicago participants, for example, are still using pieces of paper with their Medicaid card number on it.

"I mean [getting covered] took like probably about four months, but I had to chase them down because my application was lost." – Woman, childless adult, Portland

"I signed up in December online, on my own, didn't hear anything back. They lost my application I guess so then I filled one out on paper through the Chicago public schools because my kids were uninsured." – Woman, parent, Chicago

E. Choosing a Plan

Chicago and Portland participants had a choice of plans.

Many study participants did not feel choosing a Medicaid plan was difficult. For most, the top factor in their choice was keeping their doctor. Some participants called their doctor's office to make sure they participated. A few went online to make sure their doctors participated in the plan. A few also checked to see that their specialists participated by calling the office or again going online. A handful of participants chose a plan believing their providers accepted that plan only to discover they did not after the fact. Others considered location and convenience in their plan choice. Many study participants in Portland, for example, rely on public transportation, so knowing they could access health centers and providers nearby was important. Other study participants looked at access to EDs and urgent care centers as well when choosing plans.

Some study participants in Portland were auto-assigned a plan. Most of these individuals did not seem frustrated by this – they did not know which plan to choose and so were fine with being auto-assigned.

“For me, mobility was more of an issue than anything else, you know being able to get to where I had to go because I travel with public transportation. I don't have a car.” – Man, childless adult, Portland

F. Knowledge about How Medicaid Works

Most study participants know little about Medicaid.

This is particularly true of first-time enrollers. If they knew anything before enrolling, it was that Medicaid offered low-cost health care. Even after enrolling, most study participants know little about how the program works, what it covers, and what kind of costs they can expect. But these participants say they are unclear about what limits they might face with Medicaid, what providers they can see, and what their share of costs might be with larger health care expenditures, such as surgery. The enrollment process was not a learning experience for these consumers – they were focused on getting coverage, not learning about Medicaid. Latino study participants, in particular, seem to know the least about Medicaid and it may be delaying them from using their coverage. It should be noted that this lack of knowledge may not be unique to Medicaid – any new enrollee in a health insurance plan may feel equally confused.

Consumers with prior Medicaid experience know a lot more but some had outdated information about the program. For example, most of these study participants were unaware that eligibility requirements for Medicaid had changed in their state, that there are various ways to enroll now, and that different services are now covered.

“What does [Medicaid] really cover? Dentist, illness? If I have heart disease, how much does it cover? Where can I go to get help? I discovered that if I wanted to make an appointment to a doctor, they didn't accept it. I would like to know if there is a list on the Internet where I can find out who accepts my card. What are my benefits, how much am I covered? – Man, Latino, Chicago

“[Medicaid]'s a lot more complicated now than it was ten years ago.” – Woman, parent, Chicago

Most have questions about what services are covered and how to find a provider.

Dental care is particularly confusing and few seem to know what, if any, dental services beyond extractions are covered by Medicaid. But there are also questions about vision care, mental health, transportation services, and larger, more expensive services like surgical procedures. Some also do not know how to find a

provider. They say they have not received a booklet and are not sure how to find a doctor who will take Medicaid. Some have not had a primary care physician for years and so may not know the process for finding one or may not understand the importance of forming this kind of a relationship with a provider.

“Well, originally I was told that I had to have a tooth pulled so because it was emergency dental, they said they could do it, but I couldn’t schedule a cleaning because dental wasn’t [covered]... I’m really confused by that.” – Woman, young adult, Denver

“I have a primary doctor at the clinic, but since I can’t go there anymore I haven’t tried to find... it just seems like such an awesome task finding a primary who will take Medicaid, I haven’t had the heart to start it.” – Woman, parent, Chicago

Some received a “Medicaid packet” in the mail after they enrolled, but others say they received no information about how to use Medicaid.

Those who received this packet said it mainly contained a list of providers who will see Medicaid patients. Many others said they received no educational materials at all from the program. Some Denver participants said they were directed to the state’s Medicaid website to learn how to use the program. A few study participants seeking information called the toll-free number on the back of their Medicaid card and, after long waits, were able to ask questions and receive help. Some have turned to local health providers as resources, such as Denver Health in Denver. But many feel there is no resource for them to learn about Medicaid.

“I received the booklet, but I honestly didn’t even read it. I just went online and got a doctor that was closest to where I live” – Man, parent, Chicago

Many do not know they need to renew to keep their coverage.

This is particularly true of first-time enrollees in Medicaid. They say no one has told them about the renewal process – what is involved, when they need to renew, and what happens if they do not.

G. Experience Using Services

Study participants have mixed experiences accessing care and using services.

Many study participants have had check-ups, filled a prescription, or had a sick visit. A number have seen a specialist or used mental health services. Some have used

dental services. A few have visited the ED. One or two have had surgeries. One used Medicaid for non-emergency transportation to get home from the hospital. Among these participants, there seems to have been a pent up demand for health services.

Some participants seem to have accessed services with no problem at all, while some have encountered challenges. There were variations based on location. For example, Chicago participants cited a number of problems accessing providers and services, while Denver participants were much more satisfied and faced fewer problems. Portland residents were split – some had access problems, but others did not.

The biggest challenge has been finding primary care providers.

A number of study participants said they have faced difficulty finding a primary care provider. Some said they had to call five, six, or more practices to find a doctor willing to see them. Some feel that providers put a limit on the number of Medicaid patients they will accept. Many have heard reimbursement rates are lower for Medicaid patients and believe this is behind their access problems. A few have had to choose doctors with offices far away from where they live, making it inconvenient and costly to travel to appointments.

Others simply seem unfamiliar with the process of finding a primary care physician or do not see this as an urgent need and so have been putting it off.

Some say specialists are particularly difficult to find.

Access issues are even more difficult when it comes to finding a specialist, according to some study participants. They say there are not many specialists in their networks and some have struggled to find a specialist who takes Medicaid.

“I had a doctor for seven years that I was seeing, my gynecologist, and they don’t accept [Medicaid], so I have to pay or pick somebody else. I tried like four people that they referred me to over the phone thing, and even then when I tried to make the actual appointment, they were like, ‘Oh, we don’t want to accept that insurance.’ I’m like, ‘But they gave me your information!’ So I’m still kind of looking.” – Woman, parent, Chicago

Some have had issues with their prescription drug coverage but most were able to get the medications they needed.

Most study participants say they have used their new Medicaid coverage to fill a prescription. Most of these individuals did not report any problem getting their medications, and they appreciated their small copay. However, a few have had problems.

In some cases, these participants were unable to obtain the specific medication their doctor prescribed and had to accept an alternative medication instead. The cause of this problem seems to stem from the provider being unfamiliar with what their patient's Medicaid managed care plan covers or does not cover. This caused a few study participants to have to go back and forth between the pharmacy and their doctor until they found an acceptable alternative, which they found frustrating. One woman tried to appeal the decision and lost.

Another woman's pharmacy told her she did not have coverage when she tried to fill her prescription. This has happened twice and she is currently trying to resolve the problem with Medicaid, but it has caused delays in obtaining her medications. In this case, the problem seemed related to her status with Medicaid – there was some question about her eligibility that she has been trying to resolve.

"A lot of it is negative trying to get approval through Oregon Health Plan [Medicaid]. So you go back to the doctor, they try to get something new, they send it to the pharmacy, the pharmacy asks the health plan if it's covered, so it's a lot of back and forth." – Woman, childless adult, Portland

Some in Portland faced issues accessing mental health.

These study participants complained that they faced limits on what kind of mental health providers they could see. None have been able to access care through a psychiatrist, which is what they want, due to limits in their Medicaid coverage. Instead, most seem to work through their clinics to obtain their medications, or see student counselors, rather than have a psychiatrist oversee their care.

"The psychological services they offer you are all clinic driven... to me it's become this industry that's basically geared towards people that have issues with drugs, issues with alcohol... you have to get beyond, you have to get deeper than that and they seem to just be scratching the surface. " – Woman, childless adult, Portland

A few believe they face limits on the treatments Medicaid will cover.

There is a perception among a few study participants that Medicaid will not cover certain treatments or has stricter criteria for approving various treatments. For example, one man had a cyst that caused discomfort but was not infected or medically threatening. He was told that Medicaid would not cover removal unless it grew to a certain size or became infected.

"I've got a cyst that's about the size of a chicken egg, right at the base of my spine just off to one side and [the doctor] explained about the above the line and below the line treatment. If it's above the line...life threatening situations you can get treatment. If it's basically just a comfort issue, which it essentially is, it's not covered. If I had a raging infection in it, I could have it removed. It's just a comfort issue, it just makes lying on rigid surfaces really uncomfortable." – Man, childless adult, Portland

"You're very limited with the card, you know, in terms for adults, dental, podiatry, dermatology; a lot of the specialties are not covered." – Woman, parent, Chicago

Some are frustrated by the limitations they face on dental and vision care.

Dental and vision care are important services to many study participants. They are thankful for any dental and vision coverage because they have been putting off seeking these services while uninsured – they just could not afford them. However, there are limits to their Medicaid coverage that they dislike. Some study participants said fillings and root canals are not covered. Others believe only extractions are covered. Others say it is hard to find a dentist who accepts Medicaid.

They have similar issues with vision care – they are frustrated it is so limited and that they must pay so much out of pocket. Some also have found it hard to find an eye doctor who would accept Medicaid.

"I mean and I have some dental work I need to get done and [Medicaid] won't cover it. They pretty much said you have two options. You can pay us a lot of money and get it done or we can take out your teeth or you can just not get it done..." – Woman, young adult, Portland

"I tried to make an appointment and then wanted to get new eye glasses and [the doctor] said sorry." – Woman, childless adult, Portland

"It was [a process], to find an eye doctor, it totally was. A lot of people didn't accept Medicaid. But there was a lady that actually like helped call people for me to see; and yeah so we saw someone that way, but I mean I had to call like a bunch of people." – Woman, young adult, Denver

[Referring to dentists not accepting Medicaid] "It shouldn't be like that because lenses and dental care are not a luxury; they are a need in order to have a normal life." – Latina, Chicago

H. Looking Forward

All want to stay enrolled in Medicaid if their situation does not change in the next year. They say they would recommend Medicaid to their uninsured friends.

A sign of how much study participants value their Medicaid coverage: all said they want to stay enrolled in Medicaid if they do not obtain other health insurance in the next year. They feel their life is much better now that they have insurance and feel relief from financial pressure and health worries since enrolling in Medicaid. None want to be uninsured again. The challenge is that most do not know that they will need to renew in order to keep their coverage.

In addition, almost all feel they have benefitted from Medicaid already, and all study participants say they would refer uninsured friends and family members to sign up for Medicaid.

"I think the people that aren't on Medicaid, that have the ability to get it, if they're in a state that provides it under the new law, I think they'd fare a lot better. And I've heard this from my own experience, my own family members, that those who live in states that don't offer it at all... are pretty much suffering." – Man, Latino, Denver