This issue brief summarizes the views of early transition enrollees in Medicaid reform. This information covers the time period of approximately September 2006 to May 2007. Data were collected through a series of focus groups and in-depth interviews.

Florida Medicaid Reform:

Views of Early Transition Enrollees

Overview

Effective July 1, 2006, the Florida Agency for Health Care Administration began implementing changes to the Medicaid program in Broward and Duval Counties. Enrollee or consumer empowerment through knowledge and personal responsibility is one of the fundamental principles guiding the changes to Florida's Medicaid program.[1] Two key strategies that have been implemented to facilitate empowerment include the requirement that consumers select and enroll in a health plan and participate in the Enhanced Benefits Account program. The Enhanced Benefits Account program provides incentives or rewards to consumers who engage in an approved list of health behaviors. Key to the success of these strategies is the capacity, ability, and desire among consumers to make choices about their health and health care.

A key to understanding how enrollees will respond to the changes to the Medicaid program is by learning what their health beliefs are, their perceived ability to control their health, their ability to obtain and respond to information about their health and health care; their past experiences with Medicaid, and their current knowledge of the changes that are taking place. Learning about health beliefs will be helpful in identifying factors that promote or impede health service use.

The "Longitudinal Study" component of the Florida Medicaid Reform Evaluation is designed to elicit enrollee attitudes and beliefs about health care and Medicaid, and to capture in-depth and contextual information about their experiences under Reform.[2] Study participants will be interviewed or will participate in focus groups several times throughout the life of the evaluation.

Between September 2006 and May 2007, the evaluation team conducted a series of focus groups and in-depth interviews with Medicaid enrollees who were either just enrolled in a Reform plan or where about to be enrolled in Reform plan.[3] The purpose of these interviews was to learn about their perceptions of health, health beliefs, and health care within the context of Medicaid and Medicaid Reform. This issue brief is a summary of the findings from these qualitative interviews.

Key Themes

The following key themes were identified:

Control of Health is Influenced by Individual Belief, Money and Resources, and Faith. Respondents noted that maintaining health is related to an individual's belief in their own ability to influence their health. Other factors, notably money and resources, and faith in God, are also key to maintaining or regaining health.

> ***"...in order to eat right you have to have money to buy the right kind of food. If you eat healthy it is going to cost you more money."***

Relationships with Physicians are Important to Consumers. Medicaid enrollees value their long standing relationships with their physicians who were often viewed as major sources of information and as attentive and caring. Health plan choices reflect a strong desire to maintain existing relationships with physicians. In addition, enrollee responses reflected a strong desire for physician assistance in understanding the healthcare system.

> ***"The first plan, like I said, was Staywell. The doctor I went to did not take that plan, so I had to change, and then I went to Preferred."***

Medicaid Consumers Actively Pursue Health and Healthcare Information. Although physicians are major sources of health information, consumers also look to a variety of other resources (e.g., the internet, library) for information on their health and health care. Notably, social networks are key to gaining information on providers and health plans. Among the consumers interviewed, the Choice Counseling program had not yet emerged as a major source of health information, but instead is used as a mechanism to select a health plan.

> ***"I have a lot, you know, of books and magazines. I buy health and wellness magazines, Prevention, anything on health; I buy it or take it out on the internet."***

Experiences with Medicaid and the Healthcare System are Not Always Positive. Respondents spoke of non-Reform related issues such as re-enrollment, restricted prescription drug coverage, perceived restrictiveness of MediPass relative to the traditional fee-for-service arrangement, and difficulty finding specialty providers and dentists who will take Medicaid. Medicaid Reform does not specifically address these issues. It is important to consider these barriers and the extent to which they may impact the stated goals of Medicaid Reform.

> ***"I wanted to go back to the old dentist; he quit taking Medicaid because they wouldn't pay [his] bills and I had to get out searching for another [dentist who takes Medicaid]."***

Consumer Knowledge of Medicaid Reform is Uneven. General consumer understanding of the concept of "Medicaid Reform" is limited. When asked, individuals may have heard of specific aspects, but the terminology such as Choice Counselors or Enhanced Benefits were unfamiliar to many respondents. Several consumers had heard of the Enhanced Benefits Program, but none had participated in the program. None were aware of the Opt-out program.

Implications

Based on these observations the following are important implications for the success of Medicaid Reform to empower individuals to make healthy lifestyle choices.

The Enhanced Benefits Account program may not provide sufficient incentives for enrollees to engage in healthy behaviors. While the list of approved behaviors (e.g., well visits and weight loss programs) that can earn credits in the Enhanced Benefits Program are viewed as activities that a consumer would engage in, the lack of financial resources (e.g., money for healthy food or to sign up for an exercise program) may deter initial participation and program completion. Although consumers may appreciate being rewarded for healthy behaviors, this reward may not provide sufficient incentive to get them involved in healthy behaviors, especially those behaviors that are not paid for by the Medicaid program.

A spirituality component added to the Enhanced Benefits Account program may improve participation. It is also worth noting that spirituality plays an important role in the health of Medicaid consumers. Disease management and Enhanced Benefit activities (e.g., weight loss classes) may have greater success if a spirituality component is incorporated into the programs.

Health plans may wish to consider engaging their physician panels more fully in general health education. Physicians are critical sources of health care information and advice for Medicaid enrollees. Health plans can better harness the power of that physician-enrollee relationship to improve health outcomes.

It is important to consider prior experiences and barriers to care and their impact on the stated goals of Medicaid Reform. Consumers spoke of feeling stigmatized because they have low incomes and are on Medicaid. In addition, although there was some appreciation for the role Medicaid plays in assisting consumer access to their health care, respondents spoke of non-Reform related issues such as re-enrollment, perceived restrictiveness of MediPass relative to the traditional fee-for-service arrangement, and finding specialty providers and dentists who will take Medicaid. There also seemed to be a link between individuals having more serious health conditions and lower perceived ability to control their health, and a negative opinion of health care and the healthcare system.

General consumer understanding of the concept of "Medicaid Reform" is limited. When asked, individuals may have heard of specific aspects of Reform, but the terminology, such as Choice Counselors or Enhanced Benefits, was unfamiliar to respondents. Choice Counselors do not appear to be a major source of information about health plan choice. Instead consumers seek advice from their providers on plan choice.

Conclusion

The focus groups and in-depth interviews provided an overview of how Medicaid consumers view their health and health care and provided context for understanding enrollee responses to Medicaid Reform. It is important to recognize the comments expressed by these respondents represent early views of Medicaid Reform. All participants are early enrollees to Medicaid Reform or were about to be enrolled in Medicaid Reform plans. Consequently, these enrollees do not have long-term experience with Medicaid Reform. Caution must be used in using the findings from this qualitative study to infer success or failure of the Reform effort.

References:

[1] Florida Agency for Health Care Administration (2005). Application for 1115 Research and Demonstration Waiver: Approved by CMS as updated on October 19, 2005. Tallahassee, FL.

[2] This issue brief is based on the report "Medicaid Reform Preliminary Baseline Findings from Longitudinal Study."

[3] A total of 37 beneficiaries were interviewed from both Broward and Duval Counties.

The University of Florida is conducting a five-year evaluation of Florida's "Medicaid Reform Initiative" under a contract with the Agency for Health Care Administration (AHCA), Florida's health policy and planning state agency. The evaluation is for the period of Florida's Section 1115 Medicaid demonstration waiver (July 1, 2006 – June 30, 2010), which was approved by the U.S. Department of Health and Human Services. The evaluation study is known as the Medicaid Reform Evaluation, or the MRE, and is managed by the Department of Health Service Research, Management and Policy at UF. The Florida Center for Medicaid and the Uninsured is a major partner, with additional partners included on specific projects.

This issue brief is based on a more detailed report produced by the University of Florida Medicaid Reform Evaluation Team. For more information visit http://mre.phhp.ufl.edu.

UF UNIVERSITY of FLORIDA

Evaluating Medicaid Reform in Florida

FCMU

University of Florida Medicaid Reform Evaluation Team

Principal Investigator . . . . . R. Paul Duncan, Ph.D.
Organizational Analysis Investigators . . . . . Christy H. Lemak, Ph.D.
. . . . . Amy K. Yarbrough, Ph.D.
Fiscal Analyses Investigator . . . . . Jeffrey Harman, Ph.D.
Quality of Care, Outcomes, and Enrollee
Experience Analyses Investigator. . . . . Allyson Hall, Ph.D.
Low-Income Pool Analyses Investigator . . . . . Niccie McKay, Ph.D.
Research Project Manager. . . . . Lilliana Bell, MHA

For more information:
Paul Duncan
Principal Investigator
101 South Newell Drive
Gainesville, FL 32601
352-273-6073
mre@phhp.ufl.edu

Authors:
Allyson Hall
Gail Young
Lilliana Bell
Keva Thompson
Kimberly Elliott

January 2008