



Kentucky Department for Medicaid Services (DMS) MEMBER SURVEY REPORT

INTRODUCTION

As the Public Health Emergency (PHE) came to an end, the maintenance of effort (MOE) period also ended. This meant that the requirement for states to maintain coverage for all members during the PHE was no longer applicable after March 31, 2023. As a result, states were required to return to normal Medicaid eligibility and enrollment operations. Medicaid members had to go through a renewal to redetermine their eligibility. States took various approaches to resuming renewals and leveraging allowable flexibilities. Kentucky took on strategies that aimed to improve the renewal process for members through direct outreach and system updates to increase the rate of renewals that could be processed automatically (known as *ex-parte*). Kentucky also took steps to connect those no longer Medicaid-eligible to alternative coverage options. While the final data from the PHE is not included in this report, the findings from the survey highlight how the strategies the state leveraged impacted member experience, communications, and engagement with DMS.

DATA COLLECTION

Individuals were identified by Kentucky DMS Office of Application Technology Services (OATS) and contacted via email to request their participation in the survey. Inclusion criteria comprised of anyone who was identified in the Integrated Eligibility and Enrollment System (IEES) as having gone through the Medicaid renewal process in the past year. The survey contained a total of 22 questions in 4 sections:

1. Demographics and Insurance Status
2. Medicaid Renewal Communications
3. Medicaid Renewal Process
4. Medicaid Experience

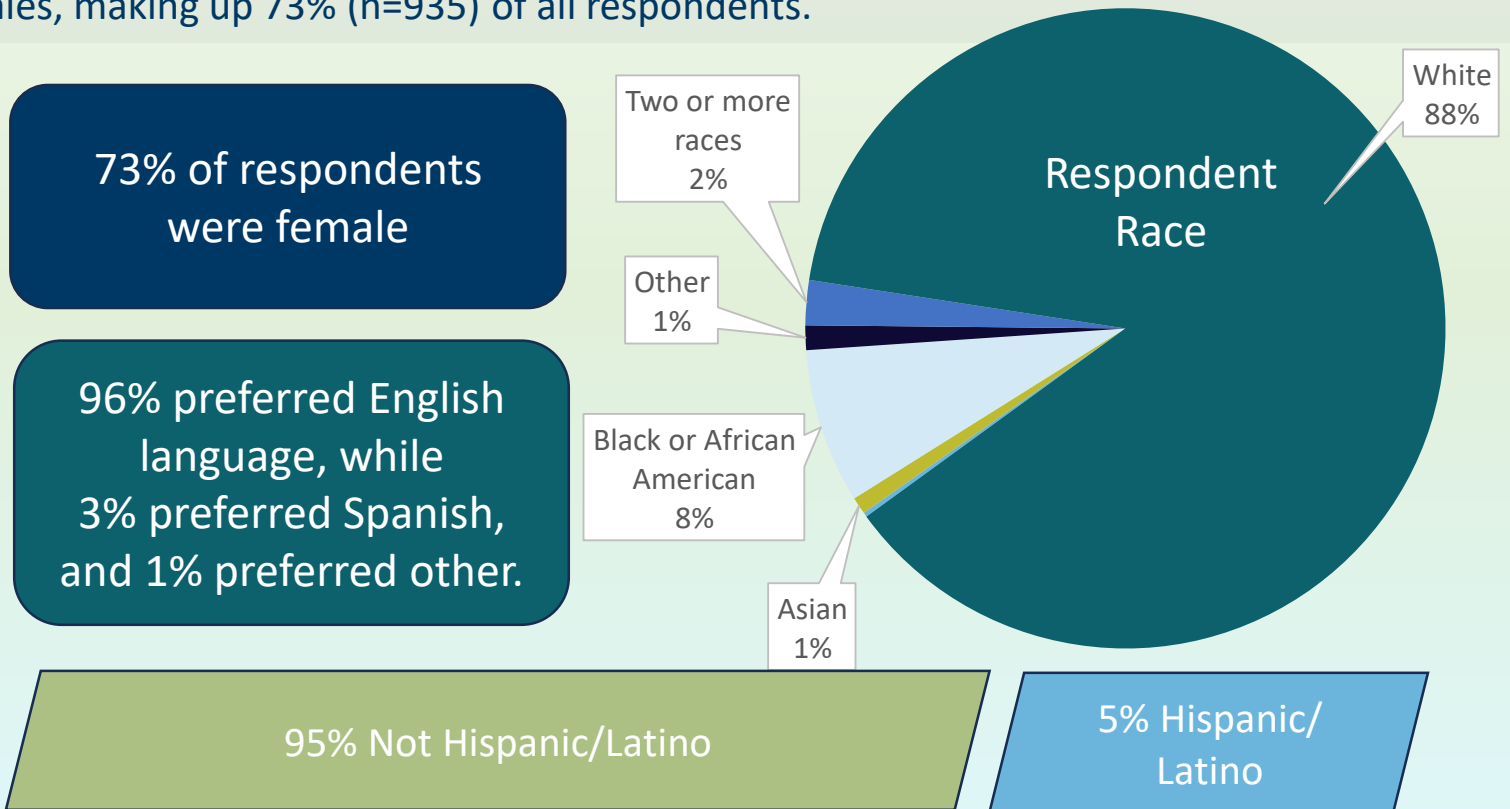
The survey was available starting in April 2024, with a Spanish version being added in May 2024. Both versions of the survey were closed in June 2024.

DATA ANALYSIS

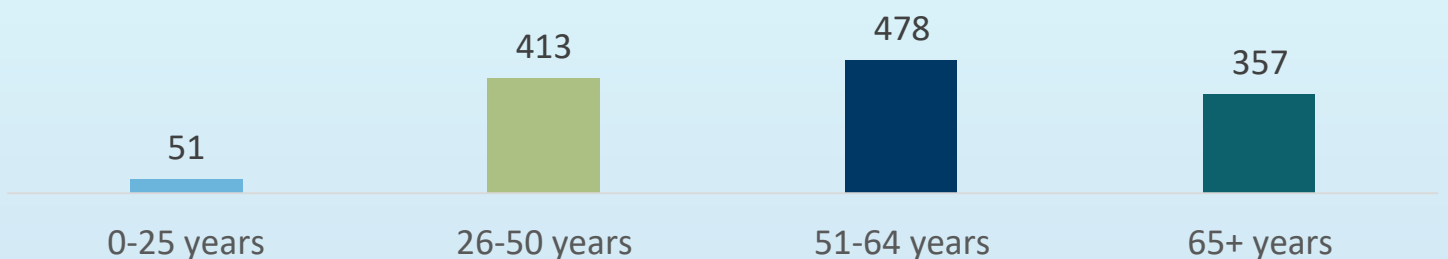
Once the surveys were closed, both the English and Spanish results were pulled for analysis. Only responses that had at least one question completed were considered for analysis. There were a total of 1300 completed responses between the two versions of the survey.

DEMOGRAPHICS AND INSURANCE STATUS

Respondents were primarily white (88%, n=1120). Black or African American respondents were the next largest represented race, making up 8% (n=100) of responses. Only 5% of respondents self-reported as Hispanic/Latino. Significantly more females responded than males, making up 73% (n=935) of all respondents.



The age of respondents varied, with most being above 26 years of age. The highest respondent group was aged 51-64 (n=478, 37%), followed by those aged 26-50 (n=413, 32%), and 65+ (n=357, 27%). Individuals aged 0-25 were not highly represented, making up about 3% of responses.

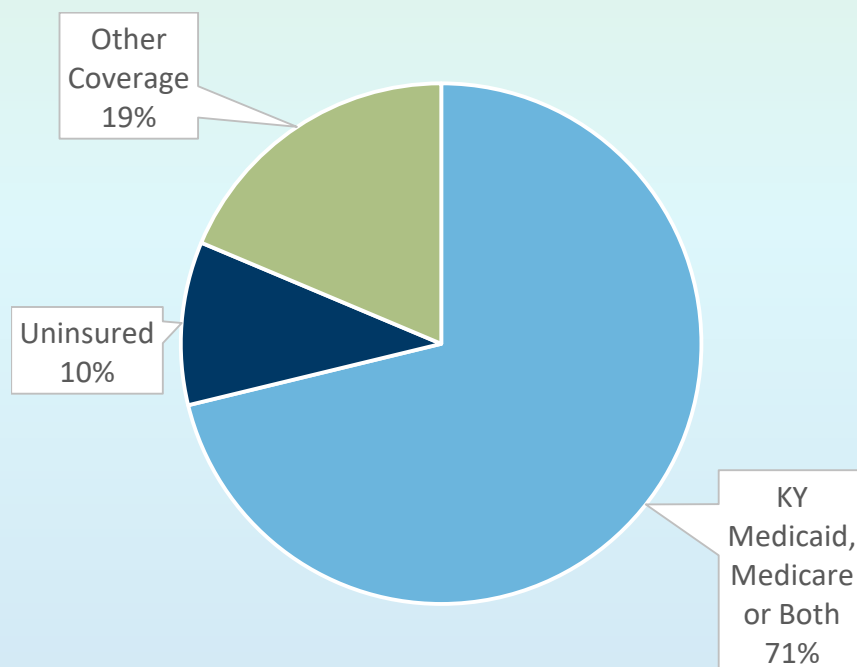
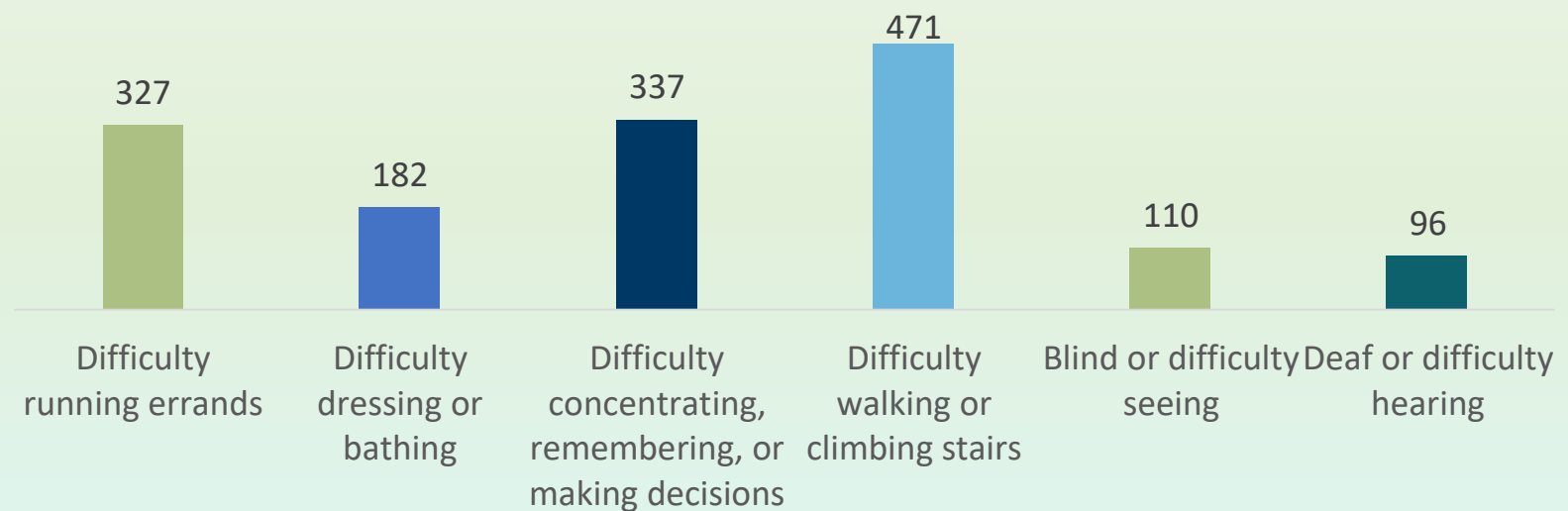


DEMOGRAPHICS AND INSURANCE STATUS

69% of respondents reported they were unmarried

22% of respondents reported having children in their household

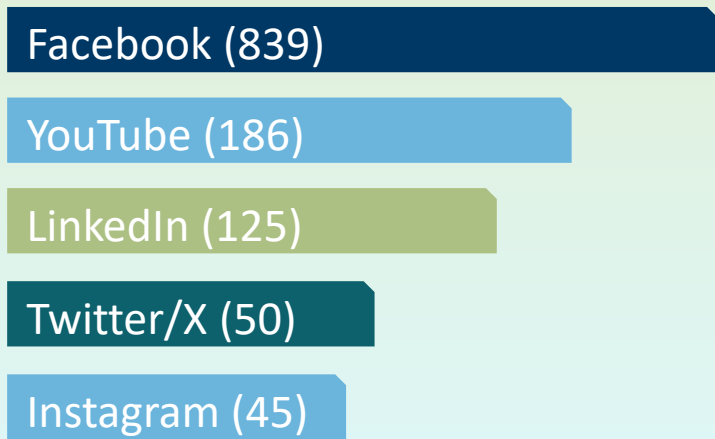
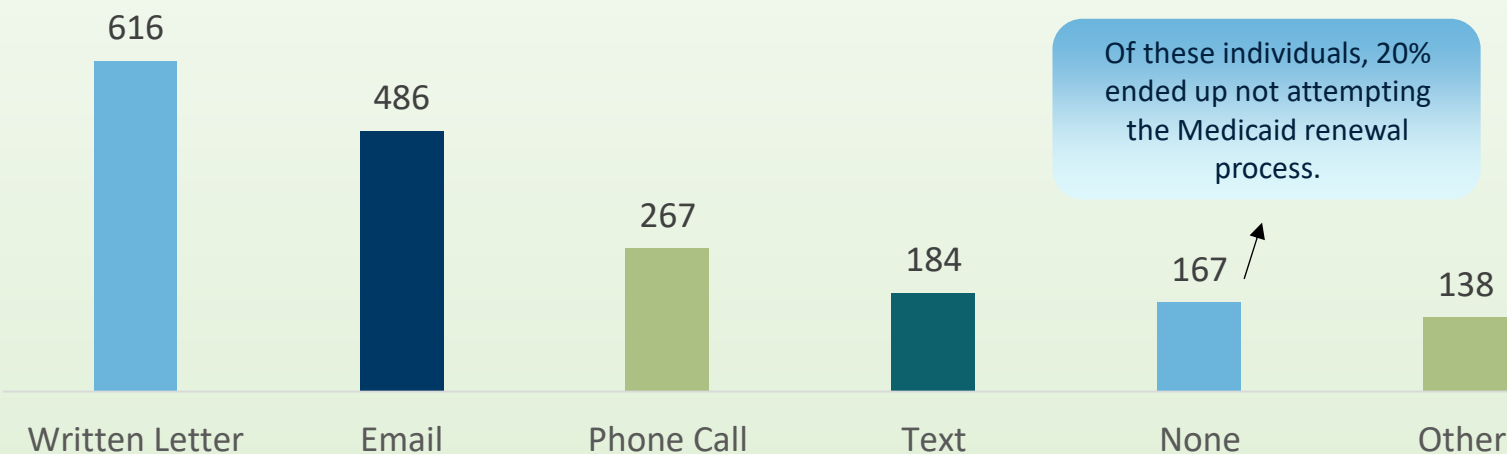
A notable portion of respondents indicated that they had one or more disability or difficulty that impacted their day to day lives. The most common difficulties were with walking or climbing stairs (n=471), concentrating, remembering, or making decisions (n=337), and running errands (n=327).



When it came to current health coverage status, a majority of respondents (71%, n=924) reported having some combination of Kentucky Medicaid and Medicare benefits. It is worth noting, however, that 10% (n=132) of respondents reported being uninsured.

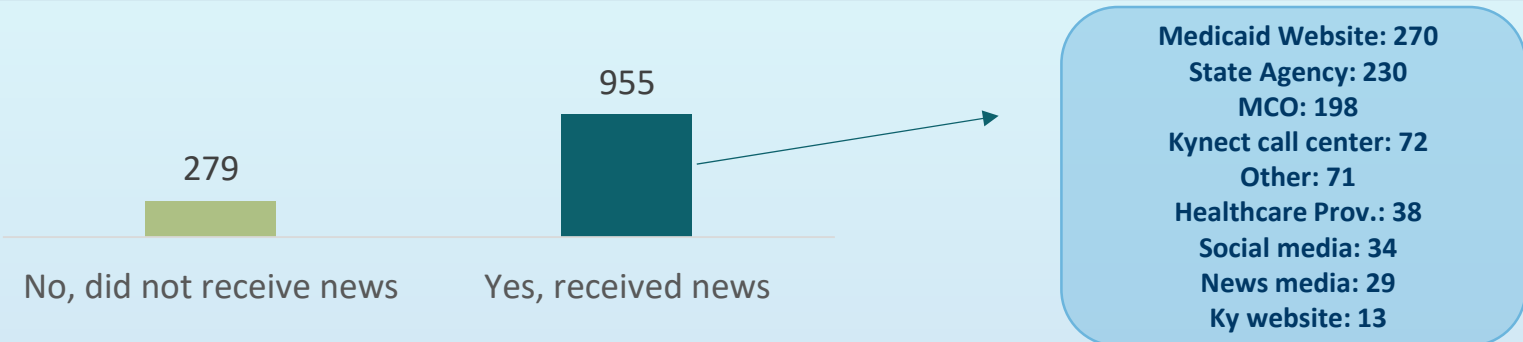
MEDICAID RENEWAL COMMUNICATIONS

Respondents reported they primarily received their renewal information from communications sent out directly by DCBS such as written letters, emails, and phone calls. The most common communication method was written letter with 616 of respondents receiving one. Other common communication methods were email, phone call and text.

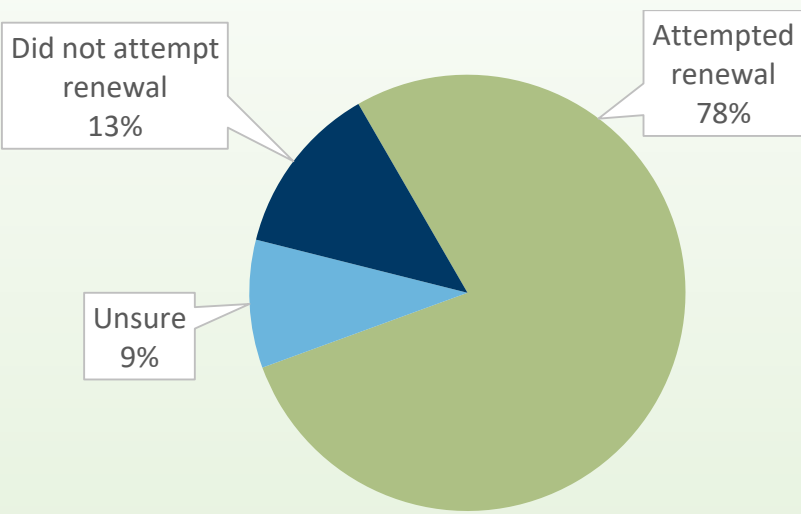


Facebook was the commonly followed Social Media platform, comprising of 65% responses (n=839). The other four social media platforms were less utilized, by only 4% -14% respondents (n= 45-186).

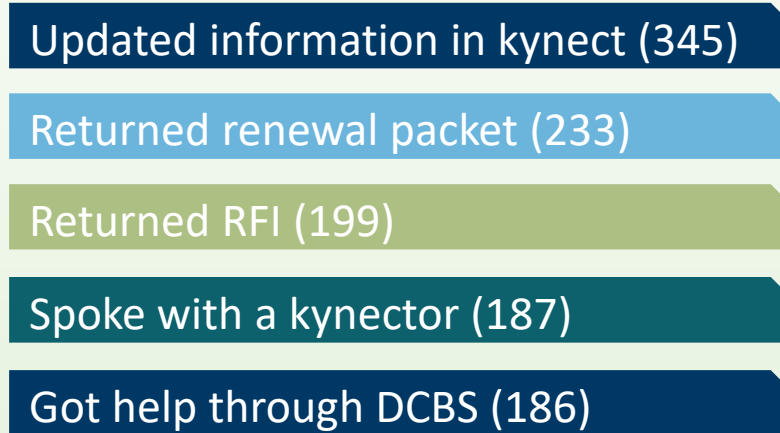
Respondents were also asked where they obtained their news about Medicaid renewals. According to the survey results, the largest proportion of respondents accessed the Medicaid website (n=270).



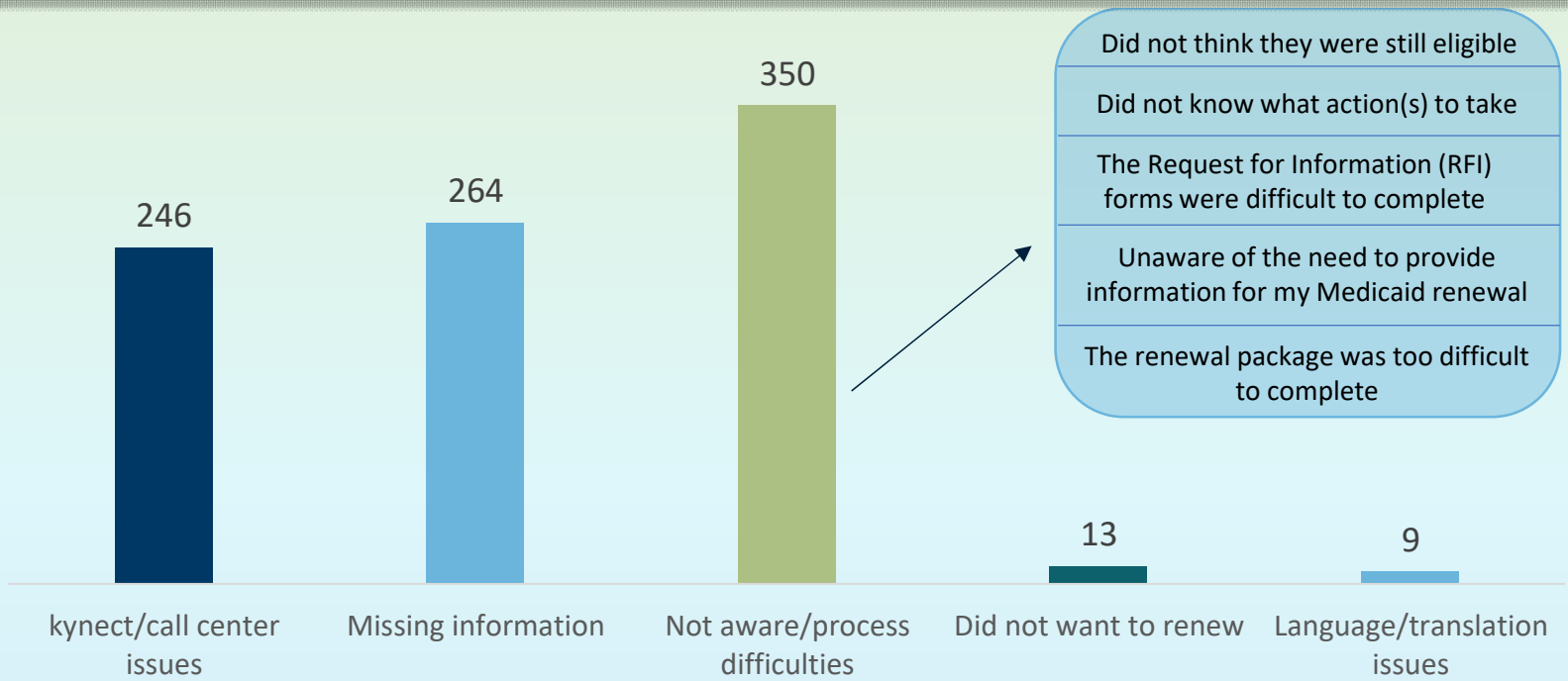
MEDICAID RENEWAL PROCESS



Most frequent steps taken to renew:

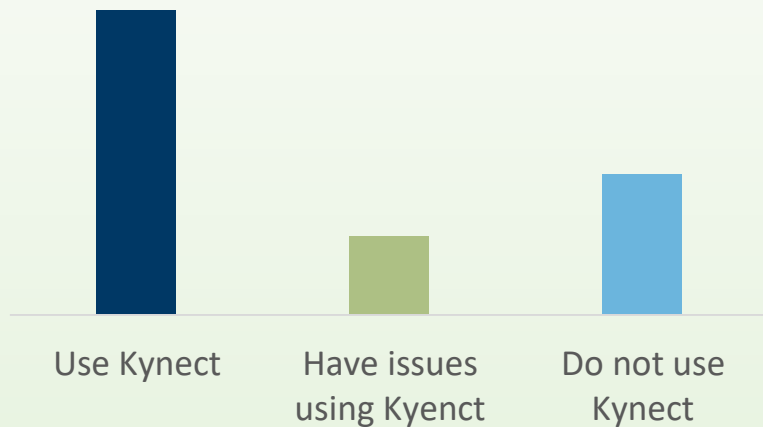
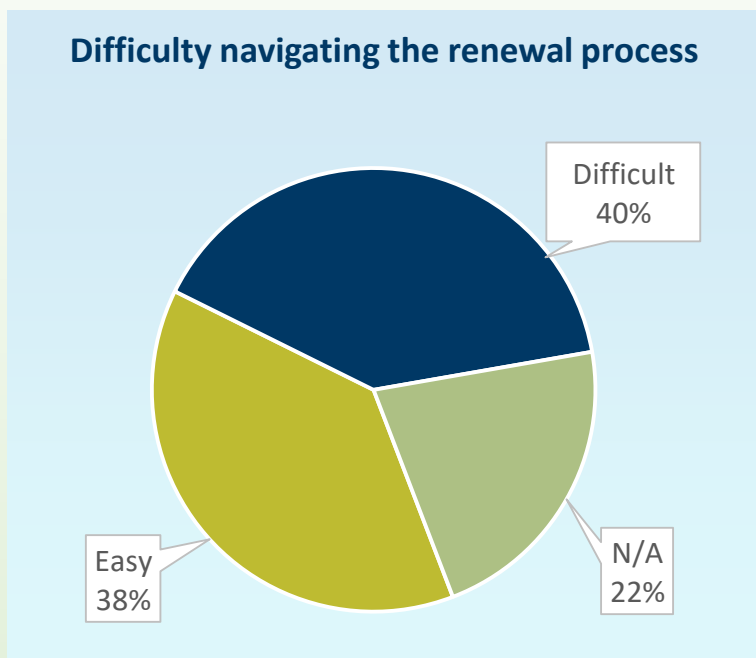


According to the responses, 64% (n=836) of individuals or their families attempted the renewal process, while the remainder of respondents indicated they did not (n=137) or were unsure if they had (n=102). Most respondents reported using kynect to update their information and go through their renewal, followed by returning information, speaking to a kynector and contacting the Department for Community Based Services (DCBS) directly.

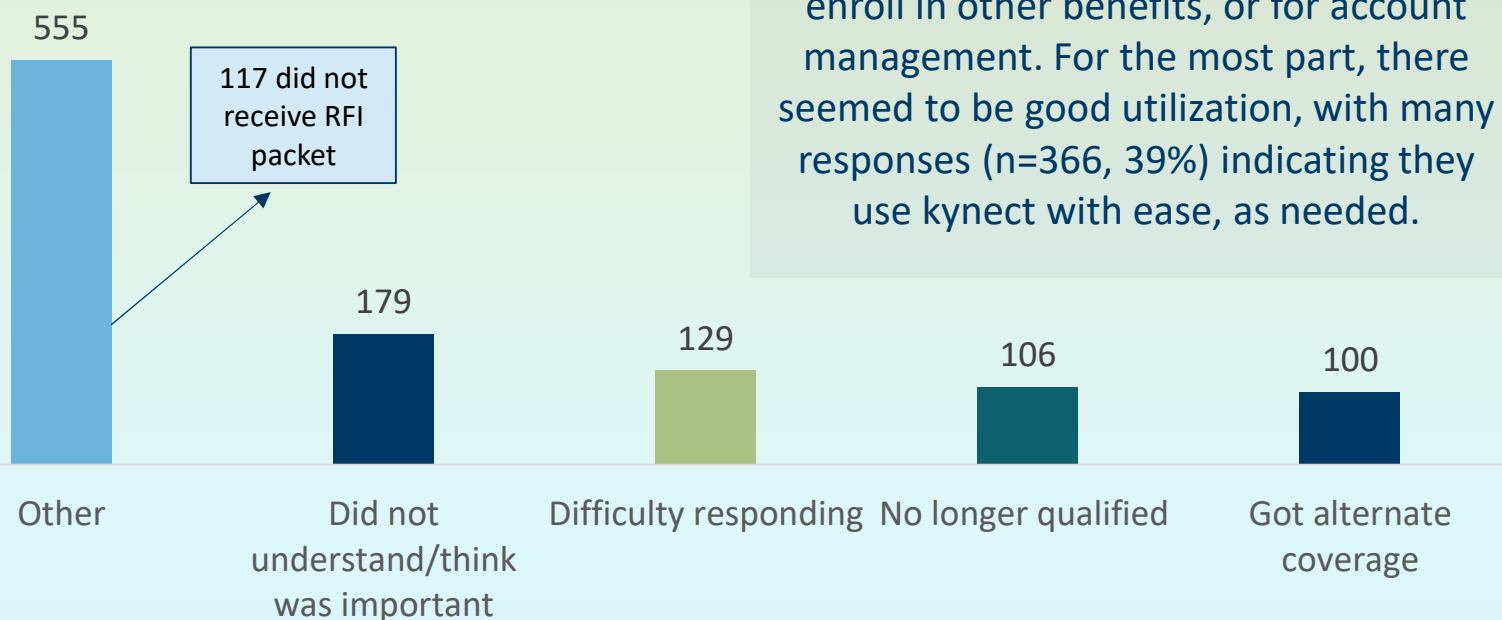


A multitude of challenges were reported among those who had attempted the renewal process. These were primarily issues surrounding not being aware of the process steps or experiencing process difficulties (n=350), missing information (n=264) and problems with kynectors or the call center (n=246).

MEDICAID RENEWAL PROCESS



To understand utilization of kynect, respondents were asked how often they use the platform to enroll in Medicaid, to enroll in other benefits, or for account management. For the most part, there seemed to be good utilization, with many responses (n=366, 39%) indicating they use kynect with ease, as needed.

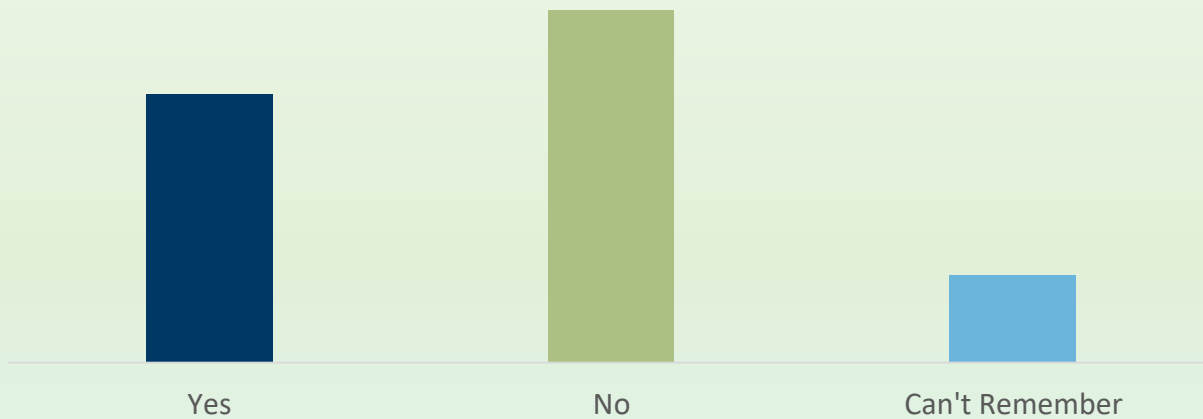


Members who received an RFI packet but did not respond to it were asked why they made that decision. The survey results show that most responses were “other” indicating that the reason did not match any of the responses offered on the survey. The majority of people who did respond “other” stated that they had not responded to the RFI because they had never received the packet (n=117).

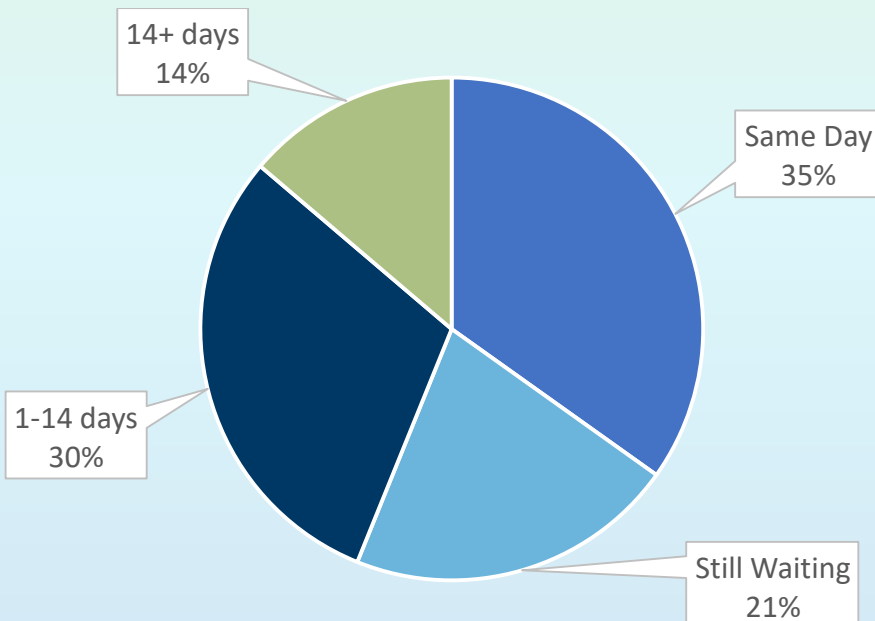
MEDICAID EXPERIENCE



Overall, when asked to rate Medicaid health coverage, majority of responses were positive. Roughly four in five respondents (79%, n=806) rated their experience as a 6 or higher, indicating that a majority of Medicaid experiences were favorable.



Respondents were then probed further to understand if they had contacted DMS, DCBS, or kynect with a question, complaint, or problem. In total, 38% of respondents (n= 397), indicated that they had initiated contact.



Among these individuals, 35% (n=182) indicated their issue was resolved same day, while 19% (n=99) stated it was resolved within 2-7 days.

Key Takeaways

The results from this survey provided insight into the experiences of individuals attempting the Medicaid renewal process.

A majority of respondents had insurance. Among the 10% who did not, 62% of them had attempted Medicaid renewal, but experienced a barrier.

State communications (letter, email, phone call, text) were most effective.

Respondents had an overall positive view of Medicaid.

Most issues were resolved by DMS same day or within 7 days, but 21% reported their issue unresolved.

Next steps

DMS is using the results from this survey to help fill reported gaps as well as enhancing the Medicaid renewal experience.

Explore how demographic information from this survey aligns with State records of Medicaid recipients.

Look into barriers reported in the survey (not receiving forms, long hold time, etc.), and determine what skills and resources are need to make improvements going forward.

Improve in-person communication methods as well as enhance social media presence.