



# Under Pressure: Front-Line Experiences of Medi-Cal Eligibility Workers

---

## Overview

The Affordable Care Act (ACA) significantly expands eligibility for health insurance and, at the same time, requires states to implement streamlined and consumer-friendly eligibility and enrollment processes. Eligibility workers play a central role in the smooth functioning of the enrollment system at the county level. Their perspectives on the existing system are important and illuminating.

The California HealthCare Foundation funded focus groups and one-on-one interviews with eligibility workers and county officials to determine how well enrollment in Medi-Cal was being handled for low-income individuals and families at the county level, and to identify possible improvements in the process in the period leading up to the implementation of the ACA.<sup>1</sup> Discussions with county officials concentrated on how they are preparing for the influx of new enrollees with the upcoming changes in health program eligibility under ACA. This document summarizes the best practices and new ideas for improving the enrollment process heard in the focus groups and interviews. A companion report focuses on the consumer's enrollment experience.<sup>2</sup>

Lake Research Partners (LRP) conducted four focus groups with eligibility workers in Alameda, Fresno, Humboldt, and Los Angeles Counties in September 2011. Eight to 12 eligibility workers participated in each focus group, representing a range of experiences and tenures. LRP conducted one focus group with county officials in Humboldt County. Input from the remaining county officials

was received through phone interviews and questionnaires.

## Current Environment

Eligibility workers and county officials offered their perspective on the current mood and environment in county offices.

**Workers felt under pressure.** Due to the prolonged economic downturn, caseloads for Medi-Cal and other programs have increased substantially. "Caseloads are currently as high as 600 [per worker] in some offices," said one county official. Another official explained, "The recession has caused our caseloads to increase, resulting in [less] attention to detail." Many workers struggled to keep up with the workload. One worker said that missing even one day of work would leave her feeling "totally under water." With so much new demand for programs like Medi-Cal and CalFresh (formerly known as Food Stamps), some offices were behind in their renewals.

**Budget cuts posed challenges.** Officials said counties were struggling with tight budgets and budget cuts, making it difficult to hire new eligibility staff to meet the demands of the upswing in enrollment.

At the same time, the community-based Certified Application Assistant (CAA) system, a network of individuals trained to assist clients in preparing and submitting health insurance applications, has been shrinking. Respondents reported that the current CAA system is not robust enough to alleviate the increased caseload. As a result,

PERSPECTIVES

applicants who might have worked with a CAA to enroll have been forced to go into county offices.

**Clients have changed.** Because the prolonged recession has affected such a large segment of the population, the demographics of applicants have changed. “The recession has affected the type of cases [that] workers are processing,” one county official explained. “We are now servicing individuals and families that have more complex cases due to the amount and the type of assets they own. This may result in slower processing times and eventually higher caseloads.” Eligibility workers said they are seeing more first-time applicants as well as people who are unfamiliar with programs and the enrollment process — all individuals who require substantial help.

**The culture in county offices has shifted.** Many eligibility workers and county officials said that the culture in county offices has changed over time. Most workers viewed their job as “helping people” or “finding a way to enroll someone in a program.” A number of eligibility workers said that saying “no” to people who need help was the hardest part of their jobs. However, some workers acknowledged that a gatekeeper mentality remains among colleagues who perceive their role as preventing program abuse.

The daily grind of processing so many cases has had a negative impact on office culture. Some eligibility workers acknowledged being short with families. “I admit I turn into not such a nice person to work with because of all the stress that is on me,” said one eligibility worker.

**Language was not seen as a barrier.** Many eligibility workers said that their offices try to ensure that language is not a barrier to enrollment. When eligibility workers cannot communicate with a client due to language differences, they refer the client to a multilingual colleague or use the telephone “language lines” which allow three-way conversations with a translator. Workers also noted that the paper applications and some of the

new online application options were available in multiple languages.

**Clients were frustrated by lack of access to eligibility workers.** A number of eligibility workers acknowledged that it can be difficult for clients to reach them during the workday because they are busy processing applications. The main complaint heard from clients seeking personal attention was, “I could not get you on the phone. You don’t return my messages.”

In some offices, workers said they no longer have direct numbers to their desk phones. To reach a specific eligibility worker, clients must call a central number and then be routed to the specific worker. Callers were frustrated by long on-hold periods. To test the system, one worker called the central line and was placed on hold for more than an hour before speaking with someone.

**Obtaining client documentation was a big challenge.** Eligibility workers said that obtaining the necessary documentation from clients to process applications was one of the biggest challenges of their jobs. “Clients don’t understand why they have to provide so much verification. When they are homeowners, when they have [life] insurance, when they have vehicles, they don’t understand why it’s important to provide those verifications,” said one eligibility worker. Workers said that it was hard to follow up with clients about documentation when handling large caseloads.

**Staying informed about rule changes was challenging.** Some workers said they find it hard to read written communications from the county on Medi-Cal rule changes. These workers preferred face-to-face and in-person communications. Some eligibility workers turned to more experienced coworkers and supervisors to keep them abreast of rule changes and other information related to how they do their jobs. Having an engaged supervisor made a big difference to workers; they applauded the efforts of their supervisors in distilling information and giving them usable advice.

## A Changing Enrollment Landscape

Eligibility workers and county officials discussed the changes that have taken place in enrollment and the new avenues available for individuals to apply for Medi-Cal.

County officials discussed the new methods of enrollment in Medi-Cal and Healthy Families that did not exist a few years ago. Both officials and eligibility workers talked about new online options in their counties that allow clients to apply from home. Some counties have stationed eligibility workers in health clinics and other community-based organizations to help clients avoid having to travel to county offices. Locating workers in convenient locations apart from the county office was seen as particularly important in rural areas. Eligibility workers also mentioned CAAs, including staff at Family Resource Centers, as examples of enrollment assistance outside the county office. Phone and mail enrollment options were also discussed.

County officials advocated for greater promotion of the various new enrollment methods available for Medi-Cal and Healthy Families. Some officials believed that clients may not be aware of alternate enrollment options, such as applying online, and may find them more appealing than applying at the county office.

Eligibility workers worried, however, that a large number of their clients may not be comfortable online, may not have access to computers, or may prefer human interaction during the enrollment process. They also thought it might be easier for clients who are applying for multiple programs to enroll at a county office since some programs, such as CalWORKs, require an in-person application. In one county, completed online applications are printed out and sent to eligibility workers to be processed. This county's workers questioned the online enrollment process since county procedure requires that at least two people touch each online application.

A number of offices were just starting to scan client documents, such as birth certificates and forms of government-issued identification, into electronic files to reduce the number of items returning clients need to provide. Eligibility workers pointed out technical and logistical problems with this process. Some scanners did not scan in color and produced a scanned document that was illegible. Some offices reported a backlog with stacks of items up to six months old waiting to be scanned and entered into the system. Workers described a transitional phase with this new scanning process that has been cumbersome and slow-moving. They were hopeful that the result of having verification documents in electronic files will be a streamlined enrollment and renewal processes.

## Ideas for Improving the Client Experience

Eligibility workers and county officials suggested ideas to improve and streamline enrollment processes and to address some of the identified challenges.

**Hire more staff.** Eligibility workers in this study felt overwhelmed by large caseloads and believed that customer service suffered as a result. They suggested that the state enable counties to hire more eligibility workers while demand for Medi-Cal remained high. They also suggested hiring additional clerks, greeters, and supervisors to improve the workflow within county offices.

**Invest in supervisors.** A number of eligibility workers in this study confirmed that having a supportive, proactive supervisor has made a big difference in the culture, efficiency, and atmosphere of their county office. Additional training opportunities and other support for supervisors may yield positive returns in county offices.

**Improve communication between clients and workers.** Eligibility workers said that their clients want to spend less time on hold and want to have more options for tracking the progress of their applications. Workers

suggested improved telephone customer service to reduce clients' frustration with communications. They would like to see call centers reduce wait periods, offer callers alternative ways to track the progress of their applications, and allow them to speak with a knowledgeable worker about their application.

**Build in time for workers to catch up.** Eligibility workers liked the idea of a dedicated day or half-day each week to catch up on paperwork and phone calls instead of seeing new clients. They suggested that this time be protected with the support of their supervisors.

**Better publicize various enrollment options.** County officials thought that the majority of clients were unaware of the different ways to apply for Medi-Cal and Healthy Families, including online options. They called for more promotion of all of the enrollment options to ease the walk-in traffic in county offices.

**Share best practices.** Some eligibility workers were unaware of what other offices were doing to streamline the enrollment process. They would like a mechanism to share best practices and time-saving ideas among workers, supervisors, and county officials.

**Make paperwork submission easier.** While some eligibility workers felt that the process of document scanning created more headaches than solutions, the majority of workers and county officials supported electronic records to reduce enrollment paperwork. Data matching to external databases appealed to workers as a means to reduce the amount of verification information collected. In the meantime, workers suggested allowing clients to submit paperwork through email as a way to make this process easier.

**Give workers tools to do their jobs better.** One county official suggested giving eligibility workers access to software programs like Microsoft Word and Excel to eliminate the need for manually completing reports.

## Looking Toward 2014 and Beyond

County officials and eligibility workers were asked to think ahead to 2014 and discuss their county's plans to address the influx of people newly eligible for Medi-Cal, propose strategies for meeting the new enrollment system requirements, and to address barriers to successful implementation.

### **Many were unaware of upcoming enrollment changes.**

Most eligibility workers in this study were unaware of the changes slated to occur in eligibility and enrollment as a result of ACA implementation. Most had not heard about the state's Health Benefit Exchange. They had not received information from their supervisors or the county on future changes to enrollment or how their jobs might change. Those who were aware of the Medi-Cal expansion in 2014 had gathered their information from the news media, not from county sources. One county official acknowledged this awareness gap among eligibility workers and other county workers and explained that there was little to communicate until the state and counties clarified plans to implement enrollment system changes. Some eligibility workers said it would be helpful if their counties provided more information about 2014 and how they could prepare for enrollment changes.

### **Eligibility workers are a key to successful enrollment.**

In discussions about the movement towards online enrollment, eligibility workers still saw themselves playing an important role in the process. Most said they did not fear losing their jobs. They believed that many clients will need personal assistance to apply online. Many eligibility workers looked forward to online systems that streamline the process, allowing them to focus attention on those clients needing one-on-one support.

**Language can be a barrier to online enrollment.** Many eligibility workers believed that a substantial number of their clients will not be able to successfully navigate an online enrollment portal without assistance. The online enrollment system has not been widely used by

non-English speakers. One eligibility worker estimated, “Ninety percent of the online applications we receive now are from English speakers.” They indicated that clients who are older, unemployed, CalWORKs applicants, rural residents, homeless, and/or non-English speakers will not be able to successfully complete an online application. They also believed that families with complex cases, such as those with mixed immigration statuses among family members, will struggle. They indicated that Spanish speakers, in particular, who value interpersonal interaction during enrollment, will be lost in 2014 if they are forced to use online systems.

**Computer kiosks raised privacy concerns.** Eligibility workers had mixed feelings about the idea of installing computer kiosks in their offices for clients to submit online applications. The kiosks would lack privacy and would still require staffing to manage the kiosk and answer questions. Workers were not sure how many of their clients would be able to use the technology. However, they also thought the kiosks might ease their workload and shorten wait times for clients.

**County officials were taking steps to be ready for 2014.** While they were waiting for clarification from the state on a number of issues related to ACA implementation, some county officials were planning on ways to meet requirements for integrated and automated enrollment systems. They highlighted the newly available online applications for Medi-Cal as one of the steps already taken. Counties were planning for the upcoming changes in different ways:<sup>3</sup>

- **One-stop enrollment.** One county was trying to integrate the enrollment processes across various programs that provide benefits to low-income families. They were creating a “one-stop shop” where enrollers could apply for different programs at one location.
- **Fostering partnerships.** One county official stressed the importance of community partners in assisting with outreach and enrollment, specifically mentioning Family Resource Centers and Federally Qualified Health Centers. Some officials talked about embedding assistors in community organizations to help with enrollment so clients can avoid travelling long distances to county offices to enroll.
- **Creating a customer-friendly environment.** One official acknowledged that their county had been “passive about enrollment” — not actively promoting public health insurance programs or encouraging enrollment within low-income populations. However, county officials in this study were focused on creating a more customer-friendly enrollment process and a culture within the county that embraces the vision that all people have a right to health insurance coverage.
- **Building on what worked for children’s coverage.** One county hoped to replicate the success they had enrolling children in Medi-Cal and Healthy Families. They felt that the partnerships, outreach programs, and messages that were developed for that effort could serve as the basis for new outreach in 2014.
- **Branding and messaging.** Some officials said that they are considering new branding and messaging within their county to promote the different enrollment methods and remove the stigma associated with Medi-Cal. One county official said he wanted to reposition Medi-Cal as a health coverage program and dissociate it from poverty programs.

---

## Conclusions

The eligibility workers and county officials who participated in this research expressed their desire to improve the enrollment experience for Californians applying for Medi-Cal and other health insurance programs. They described a number of recent county-level changes that they believed are making enrollment easier. Many said the county office philosophy has changed in recent years to focus on customer service and enrollment, rather than prevention of program abuse. New online, phone, and mail enrollment options have made enrolling easier than ever.

Research participants also outlined challenges to improving the enrollment process. With large caseloads, eligibility workers expressed feeling stretched and overwhelmed. This was a period of adjustment for county offices as workers become accustomed to handling online applications, scanning documents, and working with call centers. Some workers said their offices were understaffed and customer service was suffering as a result. Finally, workers shared a one-day-at-a-time mentality; they were just trying to keep up with current workloads and were, for the most part, unaware of the upcoming changes in health coverage.

County eligibility workers are a key element of the health insurance enrollment system in California under any policy scenario. As front-line workers, their experiences and insights are important in designing new enrollment policies and practices. This report identifies needs for worker training and education and calls for an examination of the appropriate uses of enrollment technologies that will require further discussion and study.

---

## ACKNOWLEDGMENTS

Cathy Senderling-McDonald, deputy executive director of the County Welfare Directors Association of California, was instrumental in connecting LRP with county officials and eligibility workers.

## AUTHORS

Michael Perry; Mary Slosar, PhD; and Naomi Mulligan  
Lake Research Partners

## ABOUT THE FOUNDATION

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

## ENDNOTES

1. Participants in this study were assured anonymity so that they would speak frankly with researchers. To protect confidentiality, the generic terms “eligibility worker” and “county officials” are used to refer to county employees who process Medi-Cal and Healthy Families applications and those in more senior positions in the county, respectively.
2. Michael Perry, Mary Slosar, and Naomi Mulligan, “Enrolling in Medi-Cal: The Consumer Experience,” California HealthCare Foundation, Oakland, CA. February 2012.
3. Most of the ideas in this section come from one county.