



Engaging Medicaid Members

Assessing Health Literacy and Channels
for Member Engagement



INTRODUCTION & OVERVIEW

BACKGROUND

Recent conversations on health in Texas have gone beyond improving access to health care to address the non-medical, root causes of poor health. Access to affordable medical care is vitally important, but it is only 20% of what contributes to a person's overall health. The remaining 80% is determined by social and economic status, health behaviors, community safety, physical environment, and much more. As the state, health care organizations, Medicaid providers, and other stakeholders continue to address non-medical needs, Medicaid enrollees remain absent from many conversations.

In 2023, the Episcopal Health Foundation (EHF), the Dell Foundation, Methodist Healthcare Ministries (MHM), and St. David's Foundation partnered with five Medicaid MCOs to establish discussion group sessions to ensure the voices of pregnant Medicaid beneficiaries were included in conversations about their non-medical needs. These sessions culminated in a report recounting Medicaid enrollee-identified non-medical health needs.

One finding from that report was a gap in knowledge about medical and non-medical services MCOs offer to Medicaid members. For stakeholders to effectively address Medicaid enrollees' self-identified non-medical needs, they must be able to deliver information about services in a form that members will receive and understand. In response to these findings, EHF has again partnered with eight MCOs (Aetna Better Health of Texas, Baylor Scott & White Health Plan, Blue Cross and Blue Shield of Texas, Community First Health Plan, Community Health Choice, Molina Healthcare, Superior Health Plan, United Healthcare, and Wellpoint) to hear from Medicaid enrollees. This report summarizes key findings about enrollees' thoughts and perspectives on available information, what information they wish they had, and the best method of communicating both medical and non-medical benefits.

METHODOLOGY

To facilitate the focus groups, each MCO was responsible for recruiting pregnant women who were or recently had been pregnant and were enrolled in their health plan. Participants included first-time mothers and mothers with other children. Focus groups were conducted virtually and in-person throughout the state; two health plans opted for individual interviews instead of focus groups. Questions were developed jointly between EHF and the consultants. Participation was voluntary, responses have been anonymized to maintain confidentiality, and no names are included in the final report. Funding from EHF reimbursed each participant for their time with a \$50 gift card.

Aetna Better Health of Texas	One virtual group and five additional phone calls in English and Spanish with a total of ten participants.
Baylor Scott and White Health Plan	Two virtual sessions covering West and Central Texas with a total of eight participants.
Blue Cross and Blue Shield of Texas	One virtual session with four participants.
Community First Health Plans	One session with nine participants.
Community Health Choice	Interviewed ten participants in both English and Spanish.
Molina Healthcare	Interviewed ten participants in both English and Spanish.
Superior Health Plan	One session with ten participants in both English and Spanish.
United Healthcare	One virtual session with six participants.
Wellpoint	Two sessions in the Dallas-Fort Worth area with a total of twenty-seven participants in both English and Spanish.

KEY FINDINGS

It is important to keep in mind that many pregnant women on Medicaid did not have financial access to healthcare before becoming pregnant. The greatest benefit of Medicaid health insurance for these women especially is the ability to access health care at all. As a result, they may not think to look for additional benefits. Additionally, it may be intimidating for new members to navigate accessing services if they are not already used to doing so. Direct, regular outreach from health plans is thus critical to ensuring beneficiaries are aware of other ways their health plan can meet their needs.

This report's findings highlight a need to send the same information through multiple channels in both English and Spanish and to provide a way for members to customize what type of information they receive through text, email, physical mail, and phone calls.

- **Text messaging is the best way to reach most members** but may not be ideal for complex information and are sometimes mistaken for spam.
- **There is a significant language barrier in health plan literacy.** Non-English speakers especially are not aware that their plan provides benefits beyond affording primary health care.
- **Very few people use MCO websites or apps to find information** or are even aware that these websites or apps exist. When they do use MCO websites, it is almost always to find a provider. Even then, provider information and contact information for other services were frequently outdated.
- **Health plans need to reach out to members directly and early to educate them on health plan benefits.** Those who were well-informed on benefits received information on them at enrollment via direct outreach from a service coordinator. Overall sentiment reflects that coordinator calls should occur regularly and provide updates on benefits and services and that customer service lines are helpful when seeking out information but that representatives need to be better trained on health plan benefits.
- **More information is always better.** Not a single respondent said they wanted less information.

FINDING INFORMATION ABOUT BENEFITS & SERVICES

To gauge participants' perceived and actual understandings of the full scope of benefits available to them, facilitators first asked whether they felt they knew and understood all benefits available to them then asked if they were aware of value-added services. Value-added services are services a MCO may provide that are not covered by Medicaid, such as vision and dental benefits, transportation to and from medical appointments, and free car seats for babies. Facilitators provided examples of value-added services offered by their MCO.

Many participants felt that they did know about benefits available to them, having learned about them over the phone, online, or through a packet they received in the mail after enrolling. However, many others felt that they did not know or understand all their benefits — several had the sense there were additional benefits but did not know where to find information; others knew of other benefits but did not know what they qualified for or where to find that information; yet others had received conflicting, confusing, or uncertain information from health providers and from health plan customer service representatives. One mother felt she only knew about her available benefits because she was in her second Medicaid-covered pregnancy. Another mother said it was particularly difficult to find what benefits were available for her child with autism. Particularly notable are the responses from most non-English-speaking participants, who said that they felt like they knew what their benefits are:

"I can go to the doctor and take my children to the doctor."

Many participants who said that they felt they knew their benefits were not aware of many value-added services. Some participants did not know they had extra vision and dental benefits, or of the additional transportation benefits or free baby products their plans provided. Several participants who had heard of these benefits weren't certain they qualified or did not know how to obtain those benefits, especially early in their first pregnancies. **Most participants who were aware of value-added services had received a packet in the mail from their health plan that they read and retained for future reference and received a call from a health plan representative who walked them through their full range of benefits.**

Case Study: HB 12

Health plans asked participants about their awareness regarding the extension of postpartum Medicaid coverage from two to twelve months to understand how Medicaid enrollees are made aware of important changes to their coverage.

Though some participants were aware of the change, most were unaware. Those who were aware were either informed when they (re-)enrolled in Medicaid, by a doctor, or via a phone call from a health plan representative. One said she was not aware until she logged on to MyTexasBenefits for other information; another was not only unaware of the change but had also never been informed why she remained on Medicaid past three months during the COVID-19 pandemic. Non-English-speaking participants were significantly less aware of the change than English-speaking participants.

Regardless of whether they were aware of the extension, almost every single mother said that the extension helped them, because they have been able to get much-needed maternity-related health care (e.g. lactation support and physical therapy) that they would not have been able to get before the extension. Those mothers who were not aware of the change said they would have liked to see ads about it, have their doctor tell them about it, or receive a call or email about it from their health plan.

When it comes to proactively finding information about benefits and services, participants by and large said they struggled to find information on their own. Accessibility of information through member portals varied by health plan; some health plans' members struggled to find any information, others only struggled to find information in Spanish, and a few found it very difficult to find any information online. Several participants said they only received information about services and benefits when they asked their health plan. A few participants said that they do not bother to go online and instead call either 211 or their health plan's customer service line because of how confusing it is to navigate their health plan's website, but that phone numbers are sometimes outdated and that they sometimes receive conflicting information from different customer service representatives.

CHANNELS FOR ENGAGEMENT

MCOs asked participants about their communications preferences: how they feel about existing communications, what channels and frequency of communication they preferred, what information they would and would not like to receive, what communications barriers they face.

Regarding the present state of communication from MCOs, every participant who received regular (monthly or bi-monthly) calls from service coordinators shared positive feedback — this by far appeared to be the most beneficial form of communication between members and MCOs. A handful of participants also noted appreciation for the handbooks they received after enrollment and post-partum follow-up from their plans.

Participants said they would like more information on benefits and services all-around. Of note was information about dental benefits, specialized care, postpartum benefits and care, information for fathers or other support people, medication/prescription drug coverage, and pediatric care. Some noted they would like that information available at the doctor's office and that they would like health plans to educate their providers on the plan's benefits and services.

Not a single participant said they would like to receive less information from their health plan; “the more information, the better” was a prevailing sentiment.

“Any information we can get is great because we don't get much of anything.”

Websites

Across the board, websites were an underutilized source of information. The vast majority of participants — especially those who did not know English — had never used their plan's website. Participants who had used their plan's website did so to find in-network providers, though many found that the information tended to be out of date and was not helpful in finding specialty care. A handful of participants who had used the website to find other information said it was difficult to navigate through all the links to find the information they needed, and that they ultimately needed to call the plan to find information or access certain benefits.

Texting

Participants overwhelmingly said they would like to receive updates, reminders, and information over text. Many participants already receive appointment reminders from their providers over text. They reported being on their phones frequently but that they aren't always able to answer calls, especially at work, so it is easier to engage with brief conversations or small amounts of information over text. However, some mothers said that they dismiss texts from companies as spam and that it is difficult to organize text messages for future reference.

One mother said she does not follow texted links out of fear of scams. It may be beneficial to introduce texting as a form of communication with service coordinators — members would be able to save the number as a contact and they can engage in a text exchange if they cannot call during work hours.

Email

Responses on the desirability of emails were overall positive but still mixed. Many participants felt that emails were easier for organizing and understanding important or in-depth information than texts, and some specifically preferred emails to calls or texts for any information that was not a reminder. Others said they do not check their email frequently or get a lot of junk email so still prefer calls or texts. One mother specifically preferred email as a more secure method to share personal information with her provider.

Calling

Aside from enrollment service coordinator calls, phone calls between participants and MCOs were initiated by participants. Member-initiated calls were predominantly customer service calls to get insurance card information, locate in-network providers, learn more about medical care coverage, and ask procedural questions about insurance coverage. Experiences with member-initiated calls were mixed; some participants said they were helpful, while others said that representatives were not able to answer their questions or gave them conflicting information and that listed phone numbers were often out of dated.

“I didn’t understand Medicaid when I first got it. It’s been helpful to have someone who calls you and goes over all that information with you.”

All participants who received a call upon enrollment and/or regular calls from service coordinators found those calls to be exceptionally helpful and informative. Participants noted it could be helpful to receive calls about important changes to their coverage, but that they sometimes cannot take calls, do not share private information over the phone, or may not pick up calls from unknown numbers. Many members specifically did *not* prefer phone calls for these reasons.

Mail

Participants who had received mail from their health plans, especially welcome packages and handbooks, appreciated it. They said mail lets them take notes, save for future reference, digest lots of information, and not miss receipt (versus texts or calls). Most mail was also sent

in English and Spanish, which was very helpful for participants who did not know English. Everyone who had received mail found it easy to understand. However, several participants said that they do not always pay attention to their mail, and more than half of Spanish-speaking respondents said that they had never received anything in the mail from their health plan.

ACCESSING HEALTHCARE

Participants noted that their greatest barriers to accessing healthcare were difficulty finding providers and long wait times to see providers. Some mothers initially faced challenges getting transportation to and from appointments but had no trouble once learning about their MCO's transportation benefits. Others continue to have difficulty keeping appointments that do not allow children to attend (well woman and behavioral therapy appointments specifically) due to limited childcare.

As noted earlier in this report, participants struggle to find in-network Medicaid providers, especially for specialty and adult dental care. Once they do find an in-network provider, they faced long wait times for appointments; one woman with a high-risk pregnancy had to wait almost four months to see an obstetrician who specializes in high-risk pregnancies. Once they had their first appointment with a provider, the following appointments were quick to schedule.

Participants mostly felt that their doctors provided good care overall and that both doctors and nurses provided good follow-up information on their medical care. However, they did not feel that their providers knew what care and benefits their plans provided. Some participants, especially those whose providers primarily served patients with private insurance, felt that their care was very impersonal and that their providers rush through a checklist without asking follow-up questions. Several also said their providers do not tell them what vaccines they should get or where they can get vaccines covered by their health plan.

“It feels like [providers] have their own set of questions and it does not go beyond that.”

Those participants who already had children found it easier to get care and information on care for their children than for themselves. In-network providers were easier to find (especially for dental care) and wait times were shorter. However, participants noted it was difficult to find appointments outside of school hours. They received an abundance of information and reminders from both providers and health plans on checkups and immunizations, primarily through letters and phone calls. One participant also noted she regularly received information from the state through [Texas Health Steps](#) one to two months before her child's care was due.

CONCLUSION

Ensuring the voice of Medicaid beneficiaries is a part of the conversation is an important step in addressing health disparities and improving access to care. The Centers for Medicare and Medicaid Services (CMS) has also highlighted the need to ensure Medicaid beneficiaries are engaged in a meaningful way and recently published rules that will reshape states' Medical Care Advisory Committee and will create a Beneficiary Advisory Group.

The information received through the recent workgroups held by the MCOs with support from EHF provide insight to how health plans can communicate with their members to make sure they are knowledgeable about their benefits and able to get the care they need. Findings demonstrate that MCO investment in outreach through service coordinators has been extremely helpful for members' health plan literacy.

Information shared also helps identify additional steps to improve members' access to care and understanding of covered non-medical services, such as:

- Continue and expand direct, personal, and regular outreach to members through service coordinators.
- Provide all information in both English and Spanish at equal frequencies and through all channels of communication.
- Utilize text messages as a means of sharing brief, non-complex information.
- Send members the same information through multiple channels and provide a means for members to customize what information they receive through calls, texts, emails, and mail.
- Redesign websites with simple, direct navigation in mind, and ensure that essential information on navigating benefits is up-to-date and immediately visible.
- Strengthen customer service representative training to ensure representatives are familiar with and up to date on plan benefits and are knowledgeable about navigating health plan procedures from the member's end.
- Prioritize keeping all in-network provider information up-to-date and ensuring all in-network providers are listed on the plan website.

The focus groups show that implementation of HB 12 has already had an impact on pregnant women gaining access to much needed maternity related care that they would not have received without postpartum coverage. Health plans and providers can work together to ensure that women are fully informed of the full range of benefits available to them, especially access to transportation. The women included in these workgroups also highlighted a major need to address provider availability for Medicaid mothers, which is very important for Texas to address the maternal mortality rates and ensure the extended coverage has the impact as was intended.

APPENDIX: DISCUSSION QUESTIONS

Rapport Building/General

1. (icebreaker) We'd love to get to know you all a little. Let's go around the group and share:
 - Your first name, household size, and one single word or emotion that comes to mind when you think about your insurance and accessing health care.

FACILITATORS: For the virtual focus group discussion, after introductions, the facilitator might ask individuals to rename themselves anonymously (we often use the exclamation point (!) so that comments can be added to the chat without being attributed to any participant. This will allow for more organic and honest responses.

Finding Information About Benefits and Services

We want to know more about your experience finding information about your health care insurance and the services and health care information available to you.

1. Do you feel it is easy to find information about what services and benefits are available for you? For example, if you need transportation to a doctor's visit or need information about how to find a doctor, is it easy to find this information?

FACILITATORS: For the next couple of questions, please have about 5 specific services that you believe to be either very well-known or very unknown on hand to ask about in case participants don't bring them up — this will provide us an idea of any gap between what health plans believe to be underutilized/less-known and which ones are less-known.

2. Do you know and understand all the benefits you have through your Medicaid health insurance?
 - If yes, how did you find out about your insurance?
 - If no, are there things we can do to help you better understand the benefits that are available?
3. Are you aware that your Medicaid insurance allows you to access additional services like (include a value-added benefit your health plan offers).
 - How did you learn about these benefits?
 - How can we make it easier for you to know about these "extra" benefits.
4. In the last year have you used your health plan's website to find information?
 - What information were you looking for?
 - Was the information easy to find?
 - Was the information easy to understand?

5. In the last year have you received letters from your health plan?
 - Was the information easy to understand?
6. In the last year did you call your health plan?
 - What information were you looking for?
 - How was your experience?
 - Did you get the information you needed?
7. Do you have ideas about how can we as a health plan can make it easier to find or get information about your insurance and what benefits you have?

Engaging Members

We want to know more about how you like to receive information from your health plan.

1. Do you think texting is an easy and good way to get information from your health plan?
 - For example, would getting a text to remind you to schedule an annual visit with your doctor help you?
 - If yes, why is texting the best way to communicate?
 - If no, why is texting not the best way to communicate?
2. Do you prefer calls from your health plan instead of a text message or a letter?
 - Why or why not?
3. Is mail the best way to get information from your health plan?
 - Why or why not?
4. Is email a good way to get information from your health plan?
 - Why or why not?
5. Does the internet impact your ability to receive information? Oftentimes internet can be slow or expensive, does this make it hard to get information electronically?
6. Many Texans are not fluent or do not speak English. If English is not your language of choice, have you found it easy or difficult to find health care information in your preferred language? Have you found it easy or difficult to talk to someone at your health plan in a language other than English?
7. What information do you wish you had more of? (Example to prompt the conversation if no one offers information – for example, how to stay healthy)
8. What information do you wish you had less of?
9. Would you like us to send more information (either through text, mail, or email) or do you think we send too much information already?
10. How often should we be sending you information or reaching out to you?

- Monthly
- Every 3 months
- Every 6 months
- Once a year
- Other thoughts?

11. Do you have suggestions or ideas about how we can do better at getting you information about what you get through your insurance?

Case Example

We want to understand if you received information about some recent changes to your insurance.

1. Earlier this year the law in Texas changed and women are now able to continue to receive Medicaid health insurance for a full year after they deliver their baby, instead of for just 2 months. Did you know about this change?
 - If yes, how did you hear about it?
2. Have you continued to go to the doctor and access your insurance benefits because of this change in law?
3. Did this change in law help you stay healthier after your baby was born?
4. Any additional thoughts about this change and how we could have let you know more about it?

Accessing Healthcare

We want to know more about your experience going to the doctor and accessing other services.

1. In the last year, is there anything that has kept you from going to the doctor or using benefits available to you through your insurance?
2. When you go to the doctor, do you understand what they are telling you and what you need to do now and for the next visit?
3. Do you feel that your doctor gives you good information about how to stay healthy?
4. If you have children, is there anything that keeps you from taking your child to the doctor?
5. If you have children, are you aware of the need for them to get regular checkups (called well child visits) and immunizations?

- If yes, how do you know about this information? From your doctor, health plan, other?
- If no, are there ways we can better keep you updated when your child needs to go to the doctor for their well child visits?

Closing

We are almost finished. Thank you for your participation – your time, insight, and feedback are very valuable. We will send the \$50 gift card which is compensation for your time and participation to you in the mail in 2-4 weeks. Before we close are there any last thoughts you want to share with us. Thank you again.