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PATHWAYS TO IMPROVE ARIZONA'S PUBLIC BENEFITS ENROLLMENT REPORT



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Executive Summary – About this Report

The 2022 Pathways to Improve Arizona’s Public Benefits Enrollment Report reviews the relevant literature about public benefits eligibility, enrollment and renewal processes, technologies and innovations across the country and in Arizona, and compares rural, urban and vulnerable user-beneficiaries.

The report summarizes approaches by Arizona and other states to integrate and simplify benefit enrollment systems for applicants and their caretakers, family members, case managers and other navigators and assisters.

The report also summarizes 28 key informant interviews with stakeholders from state agencies, non-profit organizations, advocacy groups, faith-based organizations and academic institutions who interact with beneficiaries. Participants provided valuable feedback on the unmet needs of the individuals and communities they serve and made recommendations to improve the systems.

Goals and Objectives

This collaboration between the Arizona Center for Rural Health, the Arizona Department of Health Services and stakeholders includes a landscape analysis of the factors affecting public benefits enrollment and use among eligible Arizonans.

The goals of the literature review and key informant interviews were to:

- Identify public benefit program eligibility, enrollment and renewal barriers, limitations, strengths, weaknesses and best practices.
- Make recommendations and inform policy deliberations to improve the public benefits eligibility, enrollment and renewal processes, systems and electronic platforms.

Introduction

In the United States as in other countries, socioeconomic factors affect health outcomes and disparities through the interplay of social determinants including income, employment, access to health care, educational attainment, language and other factors.¹

Calls for better program management to eliminate public benefit application barriers² include information technology (IT) infrastructure changes to better meet the needs of users and simplification of eligibility, enrollment, re-determination and renewal systems.

In 2020, nearly \$60 billion in public assistance benefits went unclaimed.³ This report explores enrollment barriers, limitations and innovations and provides recommendations to streamline and integrate Arizona’s public benefit eligibility, enrollment and renewal systems.

Since the Affordable Care Act (ACA) enactment in 2010, many state and local governments

1 CDC Tools for Putting the Social Determinants of Health into Action.
<https://www.cdc.gov/socialdeterminants/tools/index.htm>

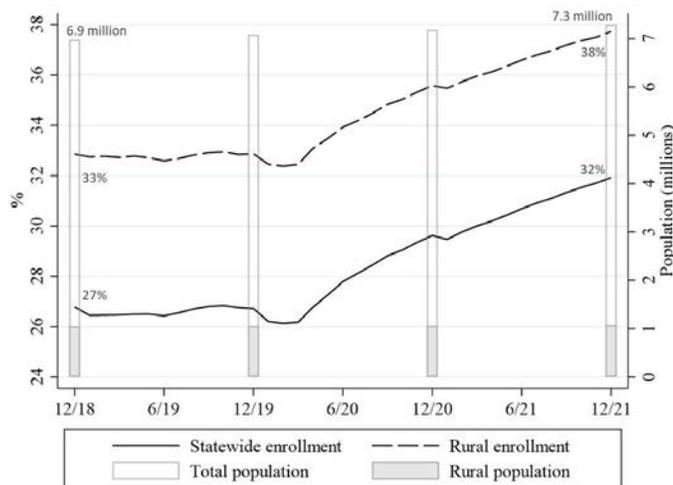
2 Kauf et al (2011) Promoting Public Benefits Access through Web-Based Tools. at: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/113586/BAS2011Vol1.pdf

3 Benefit Data Trust, at: <https://data.org/stories/benefits-data-trust/>

are adapting public benefit programs to streamline eligibility, enrollment, re-determination and renewal processes. These efforts aim to simplify the processes by creating a ‘one-stop shop’ as a single entry point into systems, providing mobile outreach to rural and vulnerable communities and populations, incorporating image scanning technologies for required eligibility documentation, using state and/or federal certified navigators and assisters, developing and implementing pre-screening tools and multi-modal screening capabilities, sharing data across federal and/or state public benefit programs and other strategies.

From 2019-21, an average of 11.2% of Arizona’s population was below the federal poverty level⁴ (FPL) and as of September 2022, more than 2.4 million Arizonans were enrolled in the

Figure 1. State Medicaid (AHCCCS) Enrollment in Arizona



Koch, B, Wightman, P (2022)

Arizona’s Medicaid program – the Arizona Health Care Cost Containment System (AHCCCS).⁵ Arizona’s Supplemental Nutrition Assistance Program (SNAP) has 12% of the of the state’s population enrolled, one in eight Arizonans.⁶

Why this is so important for Arizona and the U.S. – Addressing the need for public benefit application, eligibility, enrollment, re-determination and renewal redesign will be crucial for Arizona and other states in the coming year. With more than 2.4 million beneficiaries in Arizona’s Medicaid (AHCCCS) and Children’s Health Insurance Program (CHIP is called KidsCare in Arizona), an estimated 500,000 could lose that coverage when the COVID Public Health Emergency (PHE) ends.⁷ In the 12 months following the end of the PHE, all Medicaid

4 US Census Sept 2022: 3-Year Average State Poverty Rates:

<https://www.census.gov/data/tables/2022/demo/income-poverty/p60-277.html>

5 AHCCCS Population Highlights (Sept 2022):

[.azahcccs.gov/Resources/Downloads/PopulationStatistics/2022/Sep/PopulationHighlights_09012022.pdf](https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2022/Sep/PopulationHighlights_09012022.pdf)

6 Center on Budget and Policy Priorities (April 2022): https://cbpp.org/sites/default/files/atoms/files/snap_factsheet_arizona.pdf

7 <https://khn.org/news/article/why-millions-on-medicaid-are-at-risk-of-losing-coverage-in-the-months-ahead/>

and CHIP enrollees will go through an eligibility re-determination process. Individuals who fail to update their eligibility information and provide documentation could lose Medicaid coverage. Of the 89 million on Medicaid and CHIP in the U.S., an estimated 16 million could lose coverage.⁸

Literature Review

Studies of the populations eligible for public benefits demonstrate that a significant percentage do not enroll, and thus do not use the public benefit such as nutrition assistance or being covered by Medicaid for primary, prenatal or preventive health care visits. Determining eligibility for a federal and/or state benefit program, then enrolling in the program allow an

individual to participate in the program and access services as a covered benefit.

For example, in the U.S., 82% of those eligible for the Supplemental Nutrition Assistance Program participate, whereas in Arizona, 77% of those eligible participate in SNAP.⁹

Technologic advances augment in-person enrollment with

online options. Some public benefit programs allow family members, case managers, benefit managers, assisters and navigators to help individuals understand eligibility requirements, give information on materials needed to verify eligibility, assist with enrollment and renewal and help educate beneficiaries about how to access services.

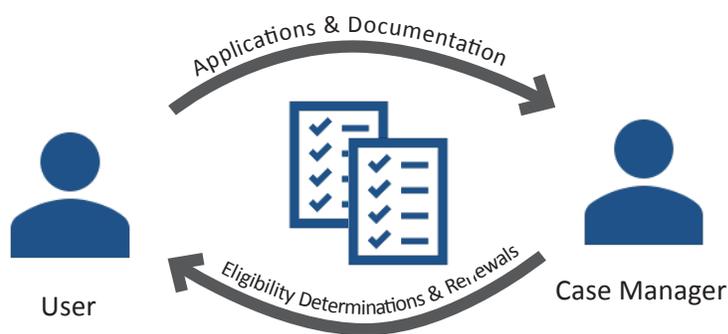
Barriers to using in-person and online eligibility and enrollment assistance and platforms include language, transportation, internet and broadband access, rural location, duplication of enrollment and documentation requirements across public benefit programs (e.g., Medicaid, SNAP, Women, Infants and Children (WIC), and others).

Federal-State, User-Beneficiary, Assister-Navigator Considerations

Federal and State Considerations - The 2010 ACA and 2022 Build Back Better Act provided state funding to update, streamline and sustain benefit programs such as for Medicaid and ACA Marketplace plans. For example, a pregnant woman who loses a job and employer sponsored insurance, might have to figure out how to enroll in Medicaid to be covered for prenatal care, and go through a separate system for other benefits such as for SNAP or WIC Programs.

Complicated, duplicative application processes can delay access to early prenatal, primary,

Figure 2: The Benefits Process



8 Buettgens M, Green A: What Will Happen to Medicaid Enrollees' Health Coverage after the Public Health Emergency Ends? Urban Institute March 2022. At: <https://www.urban.org/research/publication/what-will-happen-medicaid-enrollees-health-coverage-after-public-health-emergency>

9 USDA SNAP Participation Rates by State at: <https://www.fns.usda.gov/usamap#>

preventive and emergency services. Interagency eligibility and enrollment integration could reduce cumbersome, duplicative processes and facilitate timely access to necessary care.¹⁰

User, Beneficiary Considerations – Computer literacy, lack of transportation, language, visual and hearing impairment, employment and childcare responsibilities, disabilities and social determinants affect an individual’s ability to use in-person and online eligibility, enrollment and renewal assistance, systems and platforms.

Assister-Navigator-Case Manager Considerations – federal and state efforts to augment in-person with online assistance include expanding open enrollment periods for benefit programs, updating electronic eligibility and enrollment platforms and systems, and providing in-person, online or telephone assistance with trained assisters, navigators and case managers.

State Models

Michigan’s Model - Code for America¹¹ does “work to redesign safety net services to help people access the benefits they need.” They helped integrate and streamline the Michigan safety net public benefits system. The redesign process included interviewing stakeholders such as users-beneficiaries and assisters-navigators-caseworkers to identify barriers and design work arounds.

Users-beneficiaries often do not know which public benefit programs are available to them, the status of their application or the documentation required. The new MIBRIDGES system used feedback to implement two-way texting capability between a beneficiary and their case manager to quickly answer questions. Push notifications to a person’s cell phone provided deadline and outstanding document alerts that helped eligible individuals remain enrolled.

A navigation tool helped users understand which programs they might be eligible for and assisted with enrollment. The redesigned website offered a status update bar to show their application status and whether additional information would be required. Evaluation metrics include application times, user and caseworker satisfaction.

ACCESS NYC – is an online public screening tool used to determine eligibility for the New York City, State and Federal health and human service programs.¹² Benefits Data Trust partnered with New York City’s Office on Economic Development to analyze barriers to enrollment and improve the NYC benefits enrollment system. Barriers identified included consumers being unaware of benefit programs in certain populations and neighborhoods, not understanding how to initiate and complete applications and missing deadlines or notifications for required documentation. Outreach engaged community members. Networking helped spread awareness about benefit programs and the platforms to initiate the application and enrollment processes.

The public benefits system redesign process and education strategies enlisted help and advice from faith-based organizations, neighborhood non-profit organizations, state agencies and

10 Smith C, Soka S: Technology, Data, and Design-Enabled Approaches for a More Effective Social Safety Net: https://beeckcenter.georgetown.edu/wp-content/uploads/2020/10/SSNB_October_v3.pdf

11 Code for America, Safety Net Services Built for Outcomes: Streamlining access to public benefits in Michigan. <https://codeforamerica.org/news/safety-net-services-built-for-outcomes/>

12 ACCESS NYC at: <https://access.nyc.gov/>

community organizations. The redesigned website system included text adjust for the elderly and the visually impaired and eleven language options appropriate for NYC's diverse populations.

The success of ACCESS NYC demonstrates that a successfully streamlined system addresses the needs of the population it serves through community engagement.

Key Informant Interview Methodology

The interviews included 38 key informants that were from 13 of Arizona's 15 counties and reflected Arizona's diverse populations.

The project team developed the semi-structured, key informant interview format based on the project goals and literature review to identify possible benefit enrollment barriers and best practices. The interviews included representatives from state agencies, non-profit organizations, advocacy groups, local health departments, faith-based organizations, academic institutions and private organizations. Participant interviews included case managers, assisters and navigators who deal directly with public assistance program applicants, and individuals from entities providing public assistance services to enrolled beneficiaries. The 60-minute interviews were conducted in Spring, 2022 either over Zoom or by phone.

Key informant interviews were recorded with permission of the individual interviewed, then transcribed and analyzed using qualitative software. A total of 621 statements were further coded as factors that either facilitated or disrupted the benefits enrollment process.

Interview Participant Characteristics

Key informants were from both rural and urban areas and had experience serving vulnerable populations such as the unhoused, low-income, people with disabilities, those experiencing substance use disorders, individuals re-entering society following incarceration, immigrants and Arizonans from tribal communities. The 38 key informants included 11 case managers/navigators and 17 state partners/organizations.

Analysis was conducted using qualitative methods, which includes deep immersion in the data, identification of themes, thematic coding, and creation of categories based on previously identified barriers and facilitators to public benefits enrollment. Transcribed interviews were analyzed using the qualitative analysis software program MAXQDA 2022.

The coding scheme was developed iteratively by project team members using themes identified in the literature review, during interview debriefing sessions and using repetition, metaphors and analogies, insider categories, and similarities and differences across interview techniques.

Themes were developed during a pilot then used for subsequent key informant interviews using definitions and examples for each code. Once the coding scheme was finalized, each member of the analysis team independently coded their share of interviews, and then met to compare and discuss coding until consensus was reached.

Table 1. Frequency of Key Informant Interview Statements by General Themes

Theme	Statements	Frequency
Underserved Populations	Population statements such as the elderly, rural, individual with disability, unhoused, tribal, former prisoners, veterans, refugees, non-native speakers, children, others.	46
Attitudes	Emotional statements that refer to shame, dignity, respect, anxiety. How the applicants feel about the process. How it makes the applicants feel. Comfortability with process. Words that indicate emotion.	23
Equity	Statements around race, age, gender, income, and education level. Discussions of inequality.	18

Results

Themes used for the project codebook included: equity, attitudes, special populations, policy, human factors, outreach, requirements, communication, accessibility and technology. Key informants identified common barriers as issues of accessibility, outreach, human factors and technology. Statements regarding equity, emotions and attitudes were analyzed outside the framework of accessibility and therefore were not classified as a barrier or enabling factor.

Key informant interviews included discussions of underserved population needs, and instances in which populations requiring extra considerations were mentioned. For example, interview discussion of individuals with disabilities, refugees with language barriers, undocumented individuals, those with low computer literacy and the elderly.

Frontline workers, service providers, case managers, assisters and navigators observe client and customer emotions generated during the benefits enrollment process. Words such as stigma, fear, anxiety, crisis, confusion, shame, and on the opposite spectrum, relief, dignity, trust and respect were documented to understand the experiences of individuals going through the eligibility, enrollment and renewal public benefit application processes. The 23 emotional statements documented were more negative than positive.

Questions and subsequent discussions about the equity of the public benefits application processes were captured in the key informant interviews. Equity statements were made in the context of race, education, literacy level, and disability services suggesting that equity can be conditional. Equity statements often accompanied access issues such as a lack of transportation, lack of internet access, and language barriers.

Table 2. Frequency of Key Informant Interview Statements by Specific Themes.

Theme	Interview Statements	Positive	Negative
Outreach	Where do you think most people go to find services? Community-based organizations, local partnerships, community engagement to get feedback. Educating community, agencies on systems. Working in the community. Interagency collaboration and training.	150	55
Technology	Websites, web design, system functions, web elements, chat functions, text messaging, data exchange, sharing. Document verification, technology compatibility. Developing, using mobile apps, icons, prompts, save function, telephone use.	67	38
Human Factors	Caseworkers, navigators, assisters. Telephone assistance, face-to-face interaction.	46	30
Accessibility	Users applying for benefits, mobile app, low-income populations, those without computer. Text-adjust - elderly, visually impaired, disabled. Interpreter, language options, reading level to navigate web pages for those with limited English proficiency, literacy. Transportation, travel time, in-person help.	41	21
Requirements	To determine eligibility, prove citizenship, income. Application forms, application submission.	15	53
Policy	Federal, state, local laws, initiatives. Political values (freedom of choice, individualism). Politics affecting benefits enrollment.	5	14

Key informant responses were grouped into themes including accessibility, outreach, human interaction, technology, requirements and policy as displayed in the above table.

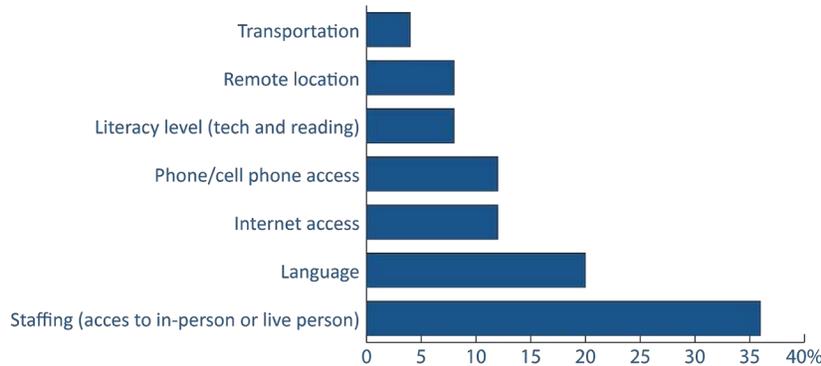
Accessibility Theme - included those physical or social elements which can prevent an individual from completing an application such as a lack of staffing, remote location, transportation, language barriers and lack of internet access.

Accessibility was the most frequently mentioned barrier to enrollment in public benefit systems,

appearing 55 times in a negative context. Staffing and language accessibility barriers were cited most often by participants for community members completing the benefits enrollment process. Participants observed that the COVID-19 pandemic impacted the case manager and the state organization workforce.

One interviewee noted, “The benefits network is too fragmented. There are a lot of gaps in

Figure 3. Accessibility Barriers



understanding between agencies. They do not often talk or address things with one another. People in need are a casualty of that sometimes.”

Accessibility suggestions included having more language options on benefits enrollment websites for those who speak other languages and providing interpreter services for in-person services.

One participant stated, “Patience, compassion, multilingualism... have to come into play to help someone particularly with language barriers. At a previous job we counted all the languages we had encountered in the state, and it was over 49.”

Language accessibility can also refer to the reading level or using slang or technical jargon. As one participant noted, “I used to suggest the eighth-grade reading level... [now] I think between a fifth and sixth grade level would be appropriate ...if the language is too demanding to understand you won’t have a successful outcome.”

“It’s a dichotomy that those that often need the most to connect to help... experience the most barriers in trying to find it.” Interviewee

“12 years after its launch there are still people who don’t know that the marketplaces/social services are available to them.” Interviewee

Outreach Theme - included government and community-based organizations, navigator and assister efforts to communicate and engage users-beneficiaries, using local resources to help educate and direct them to appropriate resources.

Outreach appeared 150 times in the interviews as a facilitating factor for enrollment, the highest of any core theme. Outreach was mentioned in response to the question, “Where do individuals in your community go to connect to services?”

Respondents identified the need to increase collaboration between state agencies and partners embedded in the community. Faith-based organizations and clinics buttress state systems. Several respondents noted that the COVID-19 pandemic severely impacted consumer, community and state organization relationships.

One case manager noted, "...there has been a sense amongst community members and partners that some agencies in the state are putting up barriers or roadblocks to get people funding. Those agencies have a lot to undo to reverse that impression and build trust again."

Another participant stated, "There is distrust now between community-based organizations and some state entities that it seemed were holding back support through parts of the pandemic."



Human Interaction Theme

– included in-person or telephone assistance. Literature review showed that the populations particularly reliant on human interaction include the elderly, those with lower computer literacy, refugees with language barriers, tribal and unhoused populations with limited internet access, and the formerly incarcerated.

Public benefit enrollment systems rely on human interaction to

complete certain processes. One participant stated, "The human element is important to bridge the gaps for the people who are most remote in the state."

Case managers, navigators and assisters are critical components of the application processes. They follow up with individuals to ensure eligibility requirements are understood and that the required documents are submitted. They help disseminate information and education about public benefit resources and programs.

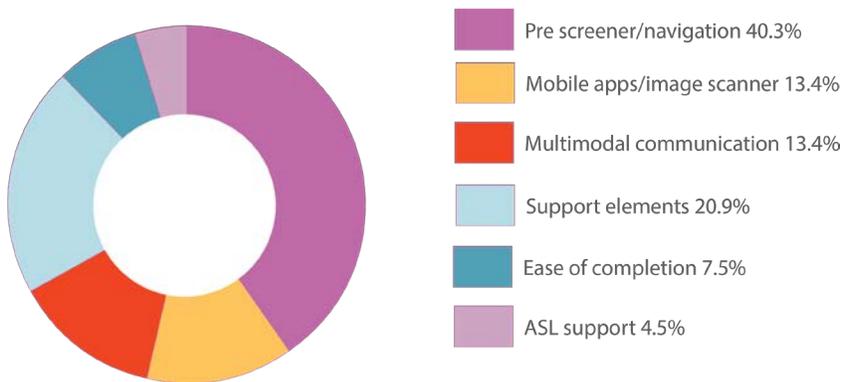
A participant noted, "You can't code compassion. You have to hire good people. And they burn out and lose patience when they are overworked. So design a system that helps them to do their job better. A data driven approach is important, but you can't lose sight of the human aspect."

Technology Theme - included websites, web design, IT infrastructure and system features such as applications (apps), icons and telephones. Key informants were prompted to share opinions on strengths, weaknesses and recommendations for improvement.

Suggestions included enhancing document upload features to expedite review of required elements, increasing access through mobile apps for low-income individuals, improving navigation features and increasing awareness of available public benefit programs.

One participant suggested, "Keep in mind, lower income can sometimes equate to lower education. I would say build in a system with prompts like - you can't save this page until all the information is filled in completely. Also, if there is a way that a caseworker can be notified if something is missing or incomplete that would also be helpful. Navigators can only check the status of applications that were filled out on behalf of a client. If a client filled it out themselves then it can take a long time to get a status update. It is not something a navigator at the community level can readily see."

Figure 4. Potential Public Benefit Eligibility, Enrollment, Renewal Features by Statement Frequency.



Conclusion

Determining eligibility, enrolling and renewing applications in public assistance programs can be challenging for those most in need. Electronic platforms, eligibility requirements, regulations and time-consuming and duplicative processes create obstacles to successful enrollment and renewal in federal, state and local public benefit programs.

Demographic factors and social determinants - age, race, income level, education, transportation, comfort with electronic technology and language - affect beneficiary enrollment.

Contemporary approaches aim to streamline and integrate public benefits eligibility, enrollment and renewal processes and systems.

Of the 28 key informants interviewed, 27 expressed optimism about enhancing the Arizona benefits systems. Participants emphasized simplicity and innovation for these systems. Online public benefit eligibility, enrollment and renewal systems are strengthened by human interactions between the users-beneficiaries and navigator, assister, family member and community support networks and assistance.

Recommendations

- Engage user-beneficiary, navigator-assister and other stakeholder feedback into the public benefit program eligibility, enrollment and renewal system design, evaluation and continuous improvement processes, platforms and systems.
- Create ‘one stop shop’ or ‘single point of entry’ integrated eligibility, enrollment and renewal systems across agencies where possible to reduce barriers to accessing public benefit programs and streamline processes for users-beneficiaries and the navigators-assisters and family members who help them with the application process.
- Allow certified navigators-assisters access to customer/self-initiated applications.
- Create, expand two-way digital communication (e.g., texting, email) between users-beneficiaries and navigators-assisters.
- Include in-person and online enrollment options designed to meet user-beneficiary needs (e.g., the elderly, low-income, individuals with disabilities, language options aligned with Arizona’s diverse populations).
- Increase awareness and education about public benefit programs.



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