A Snapshot of Current and Former Medicaid Member Experiences

Lessons From the Public Health Emergency Unwind

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Prepared for the Colorado Department of Health Care Policy and Financing by:

COLORADO HEALTH INSTITUTE

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Executive Summary

In June 2024, the Colorado Department of Health Care Policy and Financing (HCPF) partnered with the Colorado Health Institute (CHI) to administer two surveys related to the public health emergency Medicaid unwind. This report summarizes results from these surveys.

The surveys were not designed to be statistically representative of Colorado's population nor Medicaid members, and the results should not be interpreted as such. Results from these surveys can be used to guide next steps and identify opportunities to support Coloradans navigating the health insurance system. Findings and experiences described in this report do not represent the experiences of all Medicaid members.

These surveys aimed to learn from the experiences of select current and former Health First Colorado (Medicaid) members who lost their coverage during the public health emergency unwind. One survey was completed by a subset of people who lost coverage but have since reenrolled. The other survey was completed by a subset of people who lost coverage and have not yet reenrolled, but who were within a 90-day reconsideration period during which they may still be determined to be eligible for coverage. Some of these individuals may have reenrolled after they were sent the survey. HCPF is only permitted to contact former enrollees during this 90-day period. In total, CHI received more than 5,000 responses to these surveys and identified three major themes.

First, Coloradans need help understanding qualifications for Medicaid and how to navigate public and private health insurance systems. Better communication from state and local partners and employers as well as improved health insurance literacy could reduce the confusion reported by many current and former enrollees.

How You Can (and Can't) Use the Data

These surveys capture experiential data from a subset of current and former Colorado Medicaid members, which does not comprise a statistically representative sample. As such, findings should be interpreted with caution and used to guide next steps. They should not be extrapolated to represent the entirety of the disenrolling population, nor should they be used to establish normative rates such as the uninsured rate. Findings can inform opportunities based on the member experience and feedback, as well as strategies to address those opportunities.

Second, the state needs a larger system of support. Addressing the uninsured rate in Colorado is not an issue that can be addressed using Medicaid alone. It will require tackling insurance costs and job-related obstacles in the private market. Policies that make health insurance more affordable and accessible can help more people stay insured.

Finally, program execution is key. Resources focused on operational challenges such as trainings, increasing the number of county eligibility enrollment staff, or improving technical systems can substantially improve Medicaid members' experiences.

Similar themes persist across results from both surveys, but a closer look at the data included in this report will help identify even more specific lessons or opportunities for improvement.

In June 2024, the Colorado Department of Health Care Policy and Financing (HCPF) partnered with the Colorado Health Institute (CHI) to administer two surveys related to the Medicaid public health emergency unwind. These surveys asked questions about the experiences of current and former Health First Colorado (Medicaid) members who lost coverage during the unwind period.

The first survey, the Medicaid Churn Experience Survey, was sent to a subset of people who were disenrolled from Medicaid at some point during the public health emergency unwind but have since reenrolled. About a third of people who lost coverage during the unwind have since reenrolled in Medicaid, a percentage that aligns with pre-pandemic churn numbers as reported in the 2019 Colorado Health Access Survey, a statistically representative survey of more than 10,000 households across the state.

The second survey, the Medicaid Disenrollment Experience Survey, was sent to a subset of people who were disenrolled from Medicaid during the public health emergency unwind and had not since reenrolled as of June 2024. It's important to note, however, that the survey was only sent to those individuals who were within the 90-day reconsideration period and therefore may have reenrolled in Medicaid after the survey was sent.

While nearly 5,000 people completed the surveys, which were administered in both English and Spanish, these results may not be representative of the experience of everyone who lost coverage during the public health emergency unwind. Surveys were sent only to current and former Medicaid members who are listed as the adult or parent head of their household, meet certain eligibility criteria, were disenrolled for procedural reasons, who have an email address or cell phone number on record with HCPF, and who were within 90 days of their initial disenrollment date. People who

are enrolled in a waiver or in Long-Term Services and Supports were not included in this sample. (See Tables A1 and A2 in the Appendix for more detail on the survey population.) Just under 10% of this targeted population completed the surveys.

While this remains a large sample size, tests of statistical significance cannot be conducted on these results, as the survey was anonymous and demographic information was not collected. Therefore, findings should be interpreted with caution and used to guide next steps rather than as definitive conclusions, extrapolated, or used to establish rates such as the uninsured rate.

This report shares key findings and results from these respondents and details the survey methodology.

Results

Survey 1.
Medicaid Churn Experience Survey
The Medicaid Churn Experience Survey was completed by 2,607 enrollees. It was sent to 33,749 people, for an 8% response rate. Results are summarized below.

Most respondents tried to stay on Medicaid before losing coverage.

Of all respondents
Did you try to renew or sign up for Medicaid before being disenrolled?

	Number	Percentage
Yes	1,357	52%
No	528	20%
I never lost Medicaid coverage	275	11%
Don't know/unsure	447	17%
Total	**2,607**	

How You Can (and Can't) Use the Data
These surveys capture experiential data from a subset of current and former Colorado Medicaid members, which does not comprise a statistically representative sample. As such, findings should be interpreted with caution and used to guide next steps. They should not be extrapolated to represent the entirety of the disenrolling population, nor should they be used to establish normative rates such as the uninsured rate. Findings can inform opportunities based on the member experience and feedback, as well as strategies to address those opportunities.

Most Medicaid Members Tried to Renew

More than half (52%) of respondents reported that they tried to renew or sign back up for Medicaid before being disenrolled.

Among the 52% of respondents who indicated they tried to renew or sign up for Medicaid before being disenrolled, no longer qualifying was the most common barrier. It is not uncommon for people to lose Medicaid coverage over the course of the year due to changes to their household income or other qualifying criteria. For example, prior to the public health emergency, about 120,000 people lost Medicaid coverage in 2019, according to the Colorado Health Access Survey. But 36% of them reenrolled in Medicaid later in the year.

This does not appear to differ drastically during the unwind period, when more than a quarter (28%) of those who tried to renew or sign up said they sent in the form to renew coverage but were told they didn't qualify. Another 21% said they sent in the form to renew coverage but never heard back about their application, and 18% sent in the form to renew but were told it was incomplete. One in seven (14%) said they never received a form to renew coverage. Among the people who cited other issues reenrolling, common reasons cited include administrative challenges and delays, backlogs, and technical difficulties with online renewal platforms.

Confusion Among Medicaid Members

There were several reasons why Medicaid members who lost coverage didn't try to reenroll immediately. More than half (53%) of respondents who didn't reenroll didn't know they needed to do anything to stay on Medicaid. Another 20% reported that they didn't think they would still qualify for Medicaid. Administrative issues, confusion, and missed

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Many respondents said that they no longer qualified for Medicaid coverage when they tried to renew.

Of those who said they tried to renew or sign up for Medicaid before being disenrolled, top reasons for why they were unable to renew Medicaid included:

- I sent the form to renew coverage, but was told I didn't qualify

- I sent the form to renew coverage, but I never heard back

- I sent the form to renew coverage, but was told it was incomplete

- I never received a form to renew coverage

- I got a form to renew coverage, but didn't know how to fill it out or didn't have the documents it asked for

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Many respondents did not know they needed to do anything to keep their coverage.

Of those who said they did not try to renew or sign up for Medicaid before being disenrolled, top reasons they didn't try to renew or sign up for Medicaid before being disenrolled included:

- I didn't know I needed to do something to stay on Medicaid

- I didn't think I would qualify for Medicaid

- I had other health insurance at the time

Please note: For questions discussed on pages 4-6, respondents could select multiple options. Percentages are based on those responding to specific questions.

deadlines were common reasons cited by the individuals who reported some other reason for not attempting to enroll. It's notable that more than one in 10 respondents to this survey (11%) said that they never lost Medicaid coverage in the first place, possibly indicating additional confusion in navigating the system. National data from the Health Reform Monitoring Survey show that people with public insurance are generally less confident navigating their coverage than those who are privately insured.

Reasons for Reenrollment

The most often cited reason that respondents gave for reenrolling in Medicaid was that they had not intended to disenroll in the first place (53%). Of those who said they never meant to disenroll, more than one in five (21%) had never tried to renew because they did not realize they had to do something to keep their coverage. Another 12% said they had never received a form to renew coverage.

Many people found themselves enrolling in Medicaid again after their circumstances changed. Over a quarter of respondents (28%) said that an income or household change made a difference in their qualification status. One in five (20%) said they or their family needed insurance so they applied for Medicaid again. Changes to qualification for Medicaid were common prior to the pandemic as well — 17% of people on Medicaid switched on and off coverage due to changes in eligibility over the course of the year in 2019.

Most respondents did not intend to disenroll.

Top reasons selected among all respondents as to why they enrolled in Medicaid again:

- I never meant to disenroll

- My income or household changed, and I qualified for Medicaid again

- I (or my family) needed insurance, so I applied for Medicaid again

- I found out I still qualified for Medicaid

Survey 2. Medicaid Disenrollment Experience Survey

The Medicaid Disenrollment Experience Survey was completed by 2,355 former enrollees. The survey was sent to 23,600 people, for a 10% response rate. Results are summarized below.

Many Former Members Are Insured

Fewer than half (48%) of respondents who lost coverage during the public health unwind and did not reenroll in Medicaid said they do not currently have any health insurance. Another 42% said they currently have coverage. Of those, 13% said they were covered by Medicare, and 13% said they were covered through their employer. Another 8% said they had individual insurance, 6% said they were covered by Medicaid or Child Health Plan *Plus* and another 3% had other insurance. Another 10% didn't know.

However, there seems to be confusion among many respondents regarding their coverage, as this result does not align with HCPF's administrative data, though some portion of these individuals may be planning to reenroll during their reconsideration period. Once again, this may speak to barriers related to health insurance literacy among people who are uninsured or have public coverage.

Reasons Why Members Were Uninsured

Those previously covered by Medicaid who indicated they were uninsured cited several reasons for not having coverage. Nearly half (44%) said the cost is too high and another 10% said they had to spend money on something more important than insurance. One in ten (10%) said they didn't know how to get insurance.

About a quarter (23%) cited a job-related reason. Either they lost their job, which was where they previously received their insurance, or the employer they work for doesn't offer insurance coverage.

These reasons follow patterns similar to those seen among people who were uninsured before the pandemic. According to 2019 Colorado Health Access Survey data, difficulty affording health insurance was the most common reason people were uninsured. About a third of people (35%) cited the loss of a job, and 19% said they didn't know how to get insurance.

The high cost of health insurance is a persistent barrier to coverage for uninsured respondents.

Of respondents who said they were uninsured or didn't know their insurance status, top reasons given for why they didn't have insurance included:

- Cost is too high

- Loss of job

- Employer doesn't offer coverage

- Don't know how to get insurance

- I have to spend money on something that's more important to me than insurance

Attempting to Reenroll in Medicaid

More than two-thirds (69%) of respondents who were uninsured or weren't sure about their coverage said that they had attempted to reenroll in Medicaid.

Of those who tried to reenroll, half (53%) said they were told they no longer qualified because their circumstances had changed. Another 23% said they submitted their information but never heard back.

Of those who did not try to reenroll, about a third said this was because they didn't know they had to do anything to keep their Medicaid coverage. About half (51%) of those who did not reenroll reported that they didn't think they would qualify for Medicaid. Among those who cited some other reason for not renewing Medicaid, confusion over the process and administrative challenges related to qualification or enrollment were commonly cited.

Most respondents who tried to reenroll no longer qualify. The reasons for not reenrolling are similar to those reported by respondents in the Medicaid Churn Experience Survey.

Of respondents who said they were uninsured and tried to renew or sign up for coverage before being disenrolled, top reasons they were unable to renew or sign up for Medicaid coverage included:

- I sent the form to renew coverage, but was told I didn't qualify

- I sent the form to renew coverage, but I never heard back

- I sent the form to renew coverage, but was told it was incomplete

- I never received a form to renew coverage

- I got a form to renew coverage, but didn't know how to fill it out or didn't have the documents it asked for

Many respondents did not know they needed to do anything to keep their coverage.

Of respondents who said they were uninsured and did not try to renew or sign up for coverage before being disenrolled, top reasons they didn't included:

- I didn't think I would qualify for Medicaid

- I didn't know I needed to do something to stay on Medicaid

Conclusion

These surveys are not statistically representative, and their results should be interpreted with caution. Yet while they cannot be used to establish uninsured rates or draw definitive conclusions, or extrapolated, they offer valuable insights into the experiences of current and former Medicaid members during the public health emergency unwind in Colorado.

Findings underscore opportunities to better help Coloradans understand qualifications for Medicaid and how to navigate the public and private health insurance systems. Improvements in communication and health insurance literacy may mitigate the confusion many current and former enrollees expressed.

Survey findings demonstrate the need for a larger system of support for state residents. Addressing uninsurance in Colorado will require reductions in insurance costs and job-related obstacles within the private market. Here, as in pre-pandemic Colorado Health Access Surveys, the high cost of private health insurance was the most common reason people cited for being uninsured. Implementing policies to make health insurance more affordable and accessible can help ensure that more people remain insured, even during transitional periods like the public health emergency unwind.

Finally, program execution is paramount. Technical systems, the speed of service, and interactions with county eligibility enrollment staff can make or break someone's experience with the Medicaid program. The spike in caseloads during the public health emergency put additional pressure on county enrollment processes.

While COVID-19 introduced unique challenges, data from before the pandemic show that many challenges — including the high cost of private insurance, churn within Medicaid, and confusion over how to get coverage — were not inventions of the public health emergency nor its unwind. For a health care system that best supports Coloradans, we must address both acute and systemic barriers to coverage and care.

Appendix: Survey Methodology

Background and Distribution

CHI supported HCPF in the development, administration, and analysis of two surveys to answer questions related to the experiences of current and former Medicaid members who lost coverage during the unwinding of Medicaid continuous coverage due to the ending of the public health emergency. The first survey, the Medicaid Churn Experience Survey, was sent to people who were disenrolled from Medicaid for a period during the public health emergency unwind but have since reenrolled. The second survey, the Medicaid Disenrollment Experience Survey, was sent to individuals who were disenrolled from Medicaid during the public health emergency unwind and have not since reenrolled.

CHI created the surveys in SurveyMonkey. Outreach and survey content were provided in English and Spanish. CHI sent survey links to HCPF to distribute among people in the two cohorts described under "Populations."

HCPF distributed these links via email and text message. The survey was open from June 12 to June 23, with one reminder sent on June 21.

Populations

HCPF developed inclusion criteria for both cohorts. The Medicaid Churn Experience Survey (Survey 1) was sent to individuals who met the following criteria:

- Currently enrolled in Medicaid
- Adult head of household
- Initially terminated for procedural and over income reasons and reenrolled in Medicaid during the unwind (June 2023 through May 2024), excluding:
  - Withdrew, moved out of state, or died
  - Pending determination
  - Emergency Medicaid only
- Limited to eligibility categories of:
  - Modified Adjusted Gross Income (MAGI) Adult with a procedural denial (failure to complete renewal process and failed to provide verification) or over income
  - Parent/Caretaker with a procedural denial (failure to complete renewal process and failed to provide verification) or over income
- For whom HCPF has an email address or cell phone number

These criteria resulted in 33,749 individuals being sent the survey (see Table A1).

Table A1. Medicaid Churn Experience Survey Panel Adjustments

	Survey Panel Adjustments	Members Remaining
Terminated May 2023 - March 2024 Public Health Emergency Unwind Cohort Members Eligible as of 6/10/2024		178,046
Minus Aid Codes NOT Associated with MAGI Adults or MAGI Parent/Caretaker/Pregnant Rolled Up Aid Codes (e.g. Children, Non-MAGI)	91,730	86,316
Minus Pregnancy Aid Codes (HP, HB)	3,271	83,045
Minus Transitional Medicaid / 4 Month Extended	22,996	60,049
Minus NOT Head of Household	11,761	48,288
Minus Non-Procedural Disenrollment Reasons EXCEPT Over Income	7,026	41,262
Minus Procedural Disenrollment Reasons EXCEPT Failure to Complete Renewal/Failure to Provide Verification	6,361	34,901
Minus Persons WITHOUT a Potentially Valid Email Address and/or Cell Phone Number	1,152	**33,749**

The Medicaid Disenrollment Experience Survey (Survey 2) was fielded to people who met the following criteria:

- Adult head of household

- Disenrolled with a last day of coverage on January 31, February 29, March 31, or April 30, 2024, and did not reenroll, excluding:
    - Those who withdrew, moved out of state, or died
    - Pending determination
    - Reenrolled in another category
    - Emergency Medicaid only

- Limited to eligibility categories of:
    - MAGI Adult with a procedural denial (failure to complete renewal process and failed to provide verification) or over income
    - Parent/Caretaker with a procedural denial (failure to complete renewal process and failed to provide verification) or over income
- For whom HCPF has an email address or cell phone number

These criteria resulted in 23,600 individuals being sent the survey (see Table A2).

Table A2. Medicaid Disenrollment Experience Survey Panel Adjustments

	Survey Panel Adjustments	Members Remaining
Total March and April 2024 PHE Unwind Cohort Members NOT Eligible as of 6/7/2024		92,320
Minus Aid Codes NOT Associated with MAGI Adults or MAGI Parent/Caretaker/ Pregnant Rolled Up Aid Codes (e.g. Children, Non-MAGI)	37,773	54,547
Minus Pregnancy Aid Codes (HP, HB)	2,273	52,274
Minus Transitional Medicaid / 4 Month Extended	8,910	43,364
Minus NOT Head of Household	11,104	32,260
Minus Pending/Pending 60 Day Notice Status	408	31,852
Minus Non-Procedural Disenrollment Reasons EXCEPT Over Income	2,679	29,173
Minus Procedural Disenrollment Reasons EXCEPT Failure to Complete Renewal/ Failure to Provide Verification	3,605	25,568
Minus Persons WITHOUT a Potentially Valid Email Address and/or Cell Phone Number	1,968	**23,600**

Survey Questions

The questions asked in each survey are listed below. These are based on validated questions developed as part of the Colorado Health Access Survey as well as input from the HCPF team.

Survey 1. Medicaid Churn Experience Survey

How was your Medicaid renewal experience?

We noticed you were previously enrolled in Medicaid (also known as Health First Colorado), became disenrolled, and are now enrolled again. We'd like to better understand your experience. Please answer these three questions:

1. Did you try to renew or sign up for Medicaid before being disenrolled?

- ○ Yes
- ○ No
- ○ I never lost Medicaid coverage
- ○ Don't know / unsure

2. [If (Yes) to Q1]: Why were you unable to renew Medicaid coverage? Select all that apply.

- ○ I never received a form to renew coverage
- ○ I got the form to renew coverage, but didn't know how to fill it out
- ○ I got the form to renew coverage, but didn't have the documents it asked for
- ○ I got the form to renew coverage, but didn't have time to fill it out
- ○ I sent in the form to renew coverage, but was told it was incomplete
- ○ I sent in the form to renew coverage, but was told I didn't qualify
- ○ I sent in the form to renew coverage, but never heard back
- ○ I didn't need Medicaid coverage when my renewal was due
- ○ Another reason (please enter a comment): _____

3.c[If (No) to Q1]: Why didn't you try to renew or sign up for Medicaid before being disenrolled? Select all that apply.

- ○ I didn't know I needed to do something to stay on Medicaid
- ○ I didn't think I would still qualify for Medicaid
- ○ I had other health insurance at the time
- ○ I didn't need health insurance at the time
- ○ Another reason (please enter a comment): _____

4. [If (I never lost Medicaid coverage | Don't know / unsure) to Q1]: Survey ends (Thank you for completing this survey.)

5. Why did you enroll in Medicaid again? Select all that apply.

- ○ I never meant to disenroll
- ○ I found out I still qualified for Medicaid
- ○ My income changed, and I qualified for Medicaid again
- ○ My household changed, and I qualified for Medicaid again
- ○ I wanted other insurance, but it was too expensive
- ○ I had other insurance, and it was too expensive
- ○ I (or my family) needed insurance, so I applied for Medicaid again
- ○ Another reason (please enter a comment) : _____

[Text for end of survey] Thank you for taking this survey. If you have questions about your coverage, you can find out more at https://hcpf.colorado.gov/our-members

¿Cómo fue su experiencia de reinscripción a Medicaid?

Hemos observado que anteriormente estuvo inscrito en Medicaid (también conocido como Health First Colorado), canceló la inscripción y ahora está inscrito nuevamente. Nos gustaría conocer mejor su experiencia. Responda estas tres preguntas:

1. ¿Intentó renovar o inscribirse en Medicaid antes de que cancelaran la inscripción?

- ○ Sí
- ○ No
- ○ No he perdido la cobertura de Medicaid
- ○ No lo sé / no estoy seguro

2. [If (Sí) to Q1]: ¿Por qué no pudo renovar la cobertura de Medicaid? Seleccione todas las opciones que correspondan.

- ○ No recibí el formulario para renovar la cobertura
- ○ Recibí el formulario para renovar la cobertura, pero no sabía cómo llenarlo
- ○ Recibí el formulario para renovar la cobertura, pero no tenía los documentos requeridos
- ○ Recibí el formulario para renovar la cobertura, pero no tuve tiempo de llenarlo
- ○ Envié el formulario para renovar la cobertura, pero me dijeron que estaba incompleto
- ○ Envié el formulario para renovar la cobertura, pero me dijeron que no cumplía con los requisitos
- ○ Envié el formulario para renovar la cobertura, pero nunca recibí respuesta
- ○ No necesitaba la cobertura de Medicaid al renovar
- ○ Otro motivo (escriba un comentario): _____

3. [If (No) to Q1]: ¿Por qué no intentó renovar o inscribirse en Medicaid antes de que cancelaran la inscripción? Seleccione todas las opciones que correspondan.

- ○ No sabía que tenía que hacer otro proceso para permanecer en Medicaid
- ○ No pensé que aún calificaría para Medicaid
- ○ Tenía otro seguro médico en ese momento
- ○ No necesitaba un seguro médico en ese momento
- ○ Otro motivo (escriba un comentario): _____

[4. If (No he perdido la cobertura de Medicaid | No lo sé / no estoy seguro) to Q1]: Survey ends

5. ¿Por qué se inscribió nuevamente en Medicaid? Seleccione todas las opciones que correspondan.

Nunca quise cancelar mi inscripción

- ○ Me enteré de que todavía calificaba para Medicaid
- ○ Mis ingresos cambiaron y califiqué para Medicaid nuevamente
- ○ Mi situación familiar cambió y califiqué para Medicaid nuevamente
- ○ Quería otro seguro médico, pero era demasiado costoso
- ○ Tenía otro seguro médico y era demasiado costoso
- ○ Yo (o mi familia) necesitábamos un seguro médico, por lo que solicité Medicaid nuevamente.
- ○ Otro motivo (escriba un comentario): _____

[Text for end of survey] Gracias por completar esta encuesta. Si tiene preguntas sobre su cobertura, puede obtener más información en https://hcpf.colorado.gov/our-members

Survey 2. Medicaid Disenrollment Experience Survey

How was your Medicaid experience?

We noticed you were previously enrolled in Medicaid (also known as Health First Colorado) and became disenrolled. We'd like to better understand your experience and current health insurance coverage. Please answer this short questionnaire:

1. Do you currently have health insurance?

- Yes
- No
- Don't know / unsure

2. [If (Yes) to Q1] What type of health insurance do you have now? Select all that apply.

- Medicaid, also known as Health First Colorado
- Health insurance through your work or union
- Health insurance through someone else's work or union
- Medicare
- Railroad Retirement Plan
- Federal Employee Health Benefit Program (FEHB)
- Veterans Affairs, Military Health, or TRICARE
- Indian Health Service
- Child Health Plan *Plus*
- A student health insurance plan
- Individual or family health insurance
- Individual or family health insurance purchased through Connect for Health Colorado (Colorado's marketplace exchange)
- Other health insurance (please describe your current health insurance coverage): _____

3. [If (No | Don't know / unsure) to Q1] Next is a list of some reasons that people sometimes give for why they don't have health insurance. Which ones apply to you? Select all that apply.

- I lost my job, or someone else in my family lost their job, and that's how we were getting health insurance
- The person in my family who had health insurance is no longer part of the family
- My or our family's employer does not offer coverage
- Cost is too high
- Don't need insurance
- Don't know how to get insurance
- Traded health insurance for another benefit or higher pay at work
- Can't get health insurance because I have a preexisting condition
- I have to spend my money on something that's more important to me than health insurance
- Another reason (please enter a reason you don't have health insurance): ____

4. [If (No | Don't know / unsure) to Q1] Did you try to renew or sign up for Medicaid before being disenrolled?

- Yes
- No
- I never lost Medicaid coverage
- Don't know / unsure

5. [If (Yes) to Q4] Why were you unable to renew or sign up for Medicaid coverage? Select all that apply.

- I never received a form to renew coverage
- I got the form to renew coverage, but didn't know how to fill it out
- I got the form to renew coverage, but didn't have the documents it asked for
- I got the form to renew coverage, but didn't have time to fill it out
- I sent in the form to renew coverage, but was told it was incomplete
- I sent in the form to renew coverage, but was told I didn't qualify
- I sent in the form to renew coverage, but never heard back
- I didn't need Medicaid coverage when my renewal was due
- Another reason (please enter a comment): _____

6. [If (No) to Q4] Why didn't you try to renew or sign up for Medicaid before being disenrolled? Select all that apply.

- I didn't know I needed to do something to stay on Medicaid
- I didn't think I would still qualify for Medicaid
- I had other health insurance at the time
- I didn't need health insurance at the time
- Another reason (please enter a comment): _____

[Text for end of survey] Thank you for completing the survey. If you believe you may be eligible for Health First Colorado (Colorado Medicaid), or you would like to reapply, please visit hfcgo.com. To find out more about your options for health insurance, go to colorado.gov/health

¿Cómo fue su experiencia con Medicaid?

Hemos observado que anteriormente estuvo inscrito en Medicaid (también conocido como Health First Colorado) y canceló la inscripción. Nos gustaría conocer mejor su experiencia y cuál es su cobertura de seguro médico actual. Responda este breve cuestionario:

1. ¿Tiene seguro médico?

- Sí
- No
- No lo sé / no estoy seguro

2. [If (Sí) to Q1] ¿Qué tipo de seguro médico tiene? Seleccione todas las opciones que correspondan.

- Medicaid, también conocido como Health First Colorado
- Seguro médico a través de su trabajo o sindicato
- Seguro médico a través del trabajo o sindicato de otra persona
- Medicare
- Plan de jubilación para ferroviarios
- Programa de Beneficios de Salud para Empleados (FEHB, por sus siglas en inglés)
- Asuntos de los veteranos, salud militar o TRICARE
- Indian Health Service
- Child Health Plan *Plus* (CHP+)
- Un plan de seguro médico para estudiantes
- Seguro médico individual o familiar
- Seguro médico individual o familiar adquirido a través de Connect for Health Colorado (mercado de intercambio de Colorado)
- Otro seguro médico (describa su cobertura de seguro médico actual): _____

3. [If (No | No lo sé / no estoy seguro) to Q1] Estas son algunas de las razones que dan las personas para no tener seguro médico. ¿Cuáles se aplican a su caso? Seleccione todas las opciones que correspondan.

- ○ Perdí mi trabajo o algún familiar perdió el suyo, y así es como obtuvimos un seguro médico
- ○ La persona que tenía el seguro médico ya no es parte de la familia
- ○ Mi empleador o el empleador de mi familiar no ofrece una cobertura
- ○ Es demasiado costoso
- ○ No necesito un seguro médico
- ○ No sé cómo contratar un seguro médico
- ○ Se cambió el seguro médico por otro beneficio o un mejor salario en el trabajo
- ○ No puedo obtener un seguro médico porque tengo una enfermedad preexistente
- ○ Tengo que gastar mi dinero en algo más importante que un seguro médico
- ○ Otro motivo (indique el motivo por el que no tiene un seguro médico): _____

4. [If (No | No lo sé / no estoy seguro) to Q1]] ¿Intentó renovar o inscribirse en Medicaid antes de que cancelaran la inscripción?

- ○ Sí
- ○ No
- ○ No he perdido la cobertura de Medicaid
- ○ No lo sé / no estoy seguro

5. [If (Sí) to Q4] ¿Por qué no pudo renovar o inscribirse la cobertura de Medicaid? Seleccione todas las opciones que correspondan.

- ○ No recibí el formulario para renovar la cobertura
- ○ Recibí el formulario para renovar la cobertura, pero no sabía cómo llenarlo
- ○ Recibí el formulario para renovar la cobertura, pero no tenía los documentos requeridos
- ○ Recibí el formulario para renovar la cobertura, pero no tuve tiempo de llenarlo
- ○ Envié el formulario para renovar la cobertura, pero me dijeron que estaba incompleto
- ○ Envié el formulario para renovar la cobertura, pero me dijeron que no cumplía con los requisitos
- ○ Envié el formulario para renovar la cobertura, pero nunca recibí respuesta
- ○ No necesitaba la cobertura de Medicaid al renovar
- ○ Otro motivo (escriba un comentario): _____

6. [If (No) to Q4] ¿Por qué no intentó renovar o inscribirse en Medicaid antes de que cancelaran la inscripción? Seleccione todas las opciones que correspondan.

- ○ No sabía que tenía que hacer otro proceso para permanecer en Medicaid
- ○ No pensé que aún calificaría para Medicaid
- ○ Tenía otro seguro médico en ese momento
- ○ No necesitaba un seguro médico en ese momento
- ○ Otro motivo (escriba un comentario): _____

[Text for end of survey] Gracias por completar la encuesta. Si cree que puede ser elegible para Health First Colorado (Medicaid de Colorado) o desea volver a solicitar, visite hfcgo.com. Para obtener más información sobre sus opciones de seguro de salud, visite colorado.gov/health.