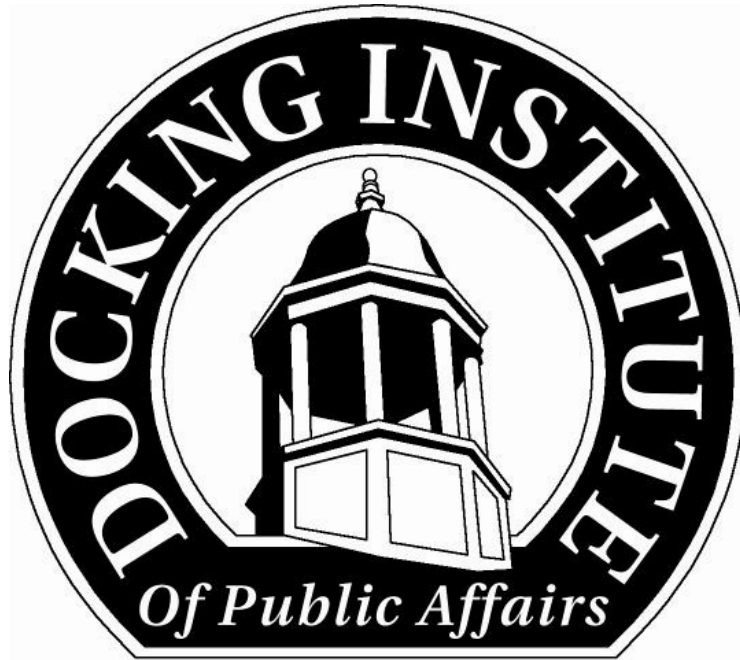


Medicaid Beneficiary
Photo Identification Requirement
Study



Prepared For
Kansas Health Policy Authority
Prepared By
The Docking Institute of Public Affairs

Copyright © December 2006
All Rights Reserved



Fort Hays State University
600 Park Street
Hays, Kansas 67601-4099
Telephone: (785) 628-4197
FAX: (785) 628-4188
www.fhsu.edu/docking

Brett A. Zollinger, Ph.D.
Director

Michael S. Walker, M.S.
Assistant Director

Leslie Z. Paige, M.S., EdS.
Grants Facilitator

Joyce Wolfe, M.S.
Survey Center Manager

Laure Gross
Administrative Assistant

The staff of the **Docking Institute of Public Affairs** and its
University Center for Survey Research are dedicated to
serving the people of Kansas and surrounding states.

Please do not hesitate to contact our staff with questions, comments or for assistance.

Medicaid Beneficiary
Photo Identification Requirement
Study

Report Prepared by

**Michael Walker, M.S.
Assistant Director**

**The Docking Institute of Public Affairs
Fort Hays State University
600 Park Street
Hays, Kansas 67601**

**Copyright © December 2006
All Rights Reserved**

Table of Contents

List of Tables.....	ii
List of Figures	iii
List of Maps.....	2
Executive Summary	1
Methodology	3
<i>Self-Administered and Phone Surveys of Medicaid Beneficiaries</i>	3
<i>Phone Survey of Physicians' Offices</i>	6
<i>Survey of SRS Medicaid Supervisors and Case Managers</i>	7
Findings from Survey of Medicaid Beneficiaries	7
<i>Multiple Item Analysis</i>	14
Summary of Findings from Survey of Medicaid Beneficiaries.....	16
Findings from Phone Survey of Physicians' Offices	17
Findings from Email Survey of SRS Supervisor and Case Managers	19
Appendix: Self-Administered/Phone Survey Instrument	21
Appendix II :Interview Questions for Physicians' Offices	1
Appendix II :Interview Questions for SRS Employees	1

List of Tables

Table 1: Demographic Indicators of Sample and Survey Respondents	5
Table 2: Forms of Identification Owned by Medicaid Beneficiaries	8
Table 3: Age (Under 18 and 18 & Over) and ID Ownership	8
Table 4: Number of IDs Needed in Household	8
Table 5: Best Day and Time to Visit Office	9
Table 6: 'Requiring Medicaid beneficiaries to show a photo ID is a good idea.'	10
Table 7: Dollar Amount Able to Pay for One ID	13
Table 8: Analysis of Relationships	14

List of Figures

Figure 1: Costs and Places to Purchase Photo Identification	11
Figure 2: Financial Hardship and the Need for Assistance, and Transportation and Childcare Problems for Those Needing to Purchase as Least One ID	12
Figure 3: Perceived Amount of 'Borrowing' / Influence of Photo ID / Photo ID is a 'Good Idea.'	18

List of Maps

Map 1: Seven Regions of Kansas.....	6
-------------------------------------	---

Medicaid Beneficiary Photo Identification Requirement Study

Executive Summary

The Kansas Health Policy Authority (KHPA) contracted the Docking Institute of Public Affairs to conduct surveys regarding a proposed photo identification requirement for Medicaid Beneficiaries. Four surveys were conducted, two of Medicaid Beneficiaries (including a self-administered mail survey and a phone survey), one of physician offices, and one of SRS supervisors or case workers.

This study attempts to answer the following questions:

- What percentage of Medicaid beneficiaries does not currently have state-approved photo identification (i.e. driver's license, state ID or federal passport)?
- What are the financial costs of acquiring state-approved photo identification?
- What steps would Medicaid beneficiaries needing state-approved photo identification need to take to obtain such an item?
- What do Medicaid beneficiaries perceive as barriers to obtaining state-approved photo identification?
- What are the perceptions and opinions of physician office personnel, specifically office managers, regarding the state-approved photo identification requirement to receive services among medically eligible individuals?
- What are the perceptions and opinions of SRS Supervisors or Case Managers regarding the state-approved photo identification requirement?

Research finds that:

Survey of Medicaid Beneficiaries

- If required to do so, 64.2% of Medicaid beneficiaries would need to purchase one of the three state-approved forms of identification.
- An average of 1.8 IDs would need to be purchased per household.
- A Kansas Driver's License and State ID cost between \$16 and \$22. A passport costs between \$82 and \$97.
- Medicaid beneficiaries estimate that they can spend between \$5 and \$8 for one ID.
- Tuesdays and Saturdays are the best days for most Medicaid beneficiaries to purchase an ID. The best times are between 10AM and Noon and 2PM to 4PM.
- Slightly more than 85% of the beneficiaries needing a new ID "strongly agree," "mostly agree," or "somewhat agree" with a statement suggesting that they would experience financial hardship if required to purchase a photo ID.
- Slightly more than three-quarters (75.7%) "strongly agree," "mostly agree," or "somewhat agree" that they would need financial assistance to purchase an ID.
- Regarding the statement "requiring Medicaid beneficiaries to show a photo ID is a good idea," 37.5% of the respondents needing IDs "strongly agree." More than 20% do "not agree" with the statement.

- Respondents in households needing more new photo IDs are more likely (than those in households needing fewer new photo IDs) to anticipate financial hardship, the need for financial assistance, and problems with childcare when traveling to purchase an ID.
- Respondents in households needing more new photo IDs are less likely to express the opinion that a new photo ID requirement is a “good idea.”
- Respondents in poorer households are more likely to anticipate financial hardship, the need for financial assistance, and transportation problems when traveling to get a new photo ID.
- Older respondents are more likely to express difficulty with transportation when attempting to obtain a new photo ID, while younger respondents express concerns about childcare issues.
- Non-White beneficiaries are more likely to anticipate problems with transportation and childcare when traveling to purchase an ID than are White respondents.

Survey of Physicians’ Offices

- The physician’s offices surveyed estimate that about 22% of their patients are Medicaid beneficiaries.
- Forty percent of the office managers interviewed report their case load of Medicaid beneficiaries is of “moderate volume” compared to other offices. Nearly 36% report their case load is of “high volume” when compared to other offices.
- Less than 14% of the office managers perceive at least a “moderate amount” of Medicaid card “borrowing” occurring among patients.
- When asked if the proposed photo ID requirement would reduce the incidence of Medicaid card borrowing, 22.7% suggest that it would “greatly reduce” borrowing and 47.7% suggest that it would “moderately reduce” borrowing.
- More than a fifth (22.7%) of the office managers surveyed anticipate a new photo ID requirement as having a negative influence on daily office operations. Half (50%) anticipate that an ID requirement would have no influence on operations, while more than a quarter (27.3%) perceived a positive influence on operations.
- Most of the office managers “strongly agree” (52.3%) with the statement “requiring Medicaid beneficiaries to show a photo ID at office visits is a good idea.” More than 11% disagree with the statement.
- More than two-fifths (43.9%) of the office managers interviewed suggest that Medicaid beneficiaries should receive some sort of financial help with purchasing a new ID.

Survey of SRS Supervisors and Case Managers

- Most of the SRS supervisors or case managers surveyed suggest that the typical Medicaid beneficiary will experience financial hardship if required to purchase a new photo ID. Most of the supervisors or case workers also suggest that the typical beneficiary would need financial assistance to purchase a new ID.
- Supervisors and case managers also suggest that the typical Medicaid beneficiary will have difficulty traveling to obtain a new photo ID because of transportation problems and/or childcare issues.

Methodology

Self-Administered and Phone Surveys of Medicaid Beneficiaries

The survey of Medicaid beneficiaries asked beneficiaries a number of questions regarding a potential photo identification requirement for beneficiaries requesting medical service from a medical service provider. The Medicaid program funds medical costs for low income families with children, pregnant women, persons with health conditions, and senior citizens. Beneficiaries must be residents of Kansas and citizens of the US or legal immigrants.

A self-administered survey of Medicaid beneficiaries was conducted in November and December 2006. Survey booklets were mailed to 2,000 randomly selected Medicaid beneficiaries throughout the State of Kansas. The first copy of the survey booklet was mailed with a cover letter on November 1, 2006. Follow-up letters and survey booklets were mailed on November 13, 2006, to those who had not yet responded to the original mailing. The letters and survey were printed in both English and Spanish. Appendix I provides a copy of the survey.

The sample of 2,000 beneficiaries was provided by KHPA and was randomly drawn from the entire pool of Medicaid beneficiaries in the State of Kansas that received benefits during the month of August 2006. As such, every individual Medicaid beneficiary in Kansas in August (approximately 300,000¹ individuals are enrolled in Medicaid or Healthwave) had an equal chance of being included in the sample². A population of 300,000 can be represented by a randomly drawn sample of at least 384 individuals³, assuming no response bias.

The sample included adults and children, as well as adults with health conditions that might prevent them from completing a survey. As such, the survey questionnaire booklet was directed to the respondent if he or she was an adult (over the age of 18) and capable of completing the survey himself or herself. If the targeted respondent was under the age of 18 or an adult unable to complete the questionnaire, the booklet was directed toward a parent or guardian.

A total of 153 survey booklets were returned as undeliverable, leaving a total of 1,847 potentially eligible respondents. Three respondents returned the survey booklets indicating that they wished not to participate in the study. A total of 348 completed survey booklets were

¹ Source: <http://www.khpa.ks.gov/MedicalAssistanceProgram/default.html>.

² If all 2,000 beneficiaries completed the survey questionnaire, the margin of error for the responses would be 2.18%. If all 300,000 beneficiaries completed a survey questionnaire, the margin of error would be 0%. A margin of error of 2.18% means that 2.18% of the values found in 2,000 completed questionnaires would differ randomly from values found in 300,000 completed questionnaires. Two thousand beneficiaries were sampled because attempting to survey 300,000 beneficiaries was determined to be too costly and time consuming.

³ Source: <http://www.raosoft.com/samplesize.html>.

returned by December 15, 2006, the end of the data collection period. This resulted in a cooperation rate for the self-administered survey of 19%. A review of literature suggests that most self-administered surveys of Medicaid and other low income populations have response rates of between 20% and 55%. Financial inducements, certified postage, and three survey mailings generally increase response rates. To keep costs down and to complete the surveying in a timely manner, financial inducements were not offered, first class postage was used, and two waves of surveys were employed. While the response rate for this survey was lower than expected, the demographic characteristics of survey respondents compare with the sample of 2,000 beneficiaries provide by KHPA (shown in Table 1). This suggests that the survey respondents are representative of the larger sample of Medicaid beneficiaries.

A phone survey of English-speaking Medicaid beneficiaries was conducted from November 29 through December 5, 2006. The sample of telephone survey respondents included 200 beneficiaries that were not contacted for the self-administered mail survey. Sixty-five beneficiaries were contacted by phone and 51 completed the survey. The cooperation rate for the phone survey was 78%. It was pre-determined that between 25 and 50 beneficiaries would be contacted by phone due to cost and time constraints. As such, telephone surveying ended after 51 respondents complete the telephone survey.

Demographic characteristics of the self-administered survey respondents and the telephone survey respondents did not differ substantially, so responses were combined for analysis. In all, 399 Medicaid beneficiaries from Kansas were surveyed. The margin of error for 399 completions out of a population of 250,000 is 4.90%⁴, assuming no response bias. A margin of error of 4.90% means that 4.90% of the values found in the 399 completed questionnaires would differ randomly from values found in 250,000 completed questionnaires, if all 250,000 beneficiaries completed the survey.

Nearly 33.6% of the 399 survey respondents are themselves Medicaid beneficiaries, while 66.4% of the questionnaires/phone interviews were completed by a parent or guardian of the beneficiary. All of the individuals in the sample are Medicaid beneficiaries, but it is interesting to note that 55.2% of the sample is under the age of 18, and 13.5% is over the age of

⁴ Margin of error decreases as sample size increases, but there is a point of diminishing returns. As shown above, a sample size of 399 has a margin of error of 4.90% while a sample size of 2,000 has a margin of error of 2.18%. A sample of 4,000 has a margin of error of 1.54% and a sample of 8,000 has a margin of error of 1.08%. However, the financial costs and time needed to conduct 4,000- or 8,000-person surveys greatly exceed those of 400-person surveys.

65. As such, 68.7% of the sample is under 18 or over 65, combined. This figure is very similar to the number of surveys completed by a parent are guardian.

Table 1: Demographic Indicators of Sample and Survey Respondents

		Sample of Beneficiaries		Survey Respondents	
		Valid %	Number	Valid %	Number
Race	White	78.1	1,718	76.1	287
	Black	15.9	350	9.5	36
	Asian	2.2	48	1.9	7
	American Indian	0.0	1	2.4	9
	Other	3.8	83	4.2	16
	Multi-Racial	<i>n/a</i>	<i>n/a</i>	5.8	22
	<i>Total</i>	<i>100</i>	<i>2,200</i>	<i>100</i>	<i>377</i>
Region	Northwest	2.6	56	4.3	17
	Southwest	9.9	219	13.3	53
	North Central	8.8	195	10.3	41
	South Central	33.4	735	30.8	123
	Northeast	11.2	246	9.0	36
	East Central	23.8	524	20.6	82
	Southeast	10.2	225	11.8	47
<i>Total</i>	<i>100</i>	<i>2,200</i>	<i>100</i>	<i>399</i>	
Gender	Female	56.8	1,250	60.2	240
	Male	43.2	950	39.8	159
	<i>Total</i>	<i>100</i>	<i>2,200</i>	<i>100</i>	<i>399</i>
Age		<i>Years</i>		<i>Years</i>	
	Mean	26.1		26.1	
	Median	15.0		12.0	
	Mode	1.0		1.0	
	Std. Dev.	27.1		27.5	

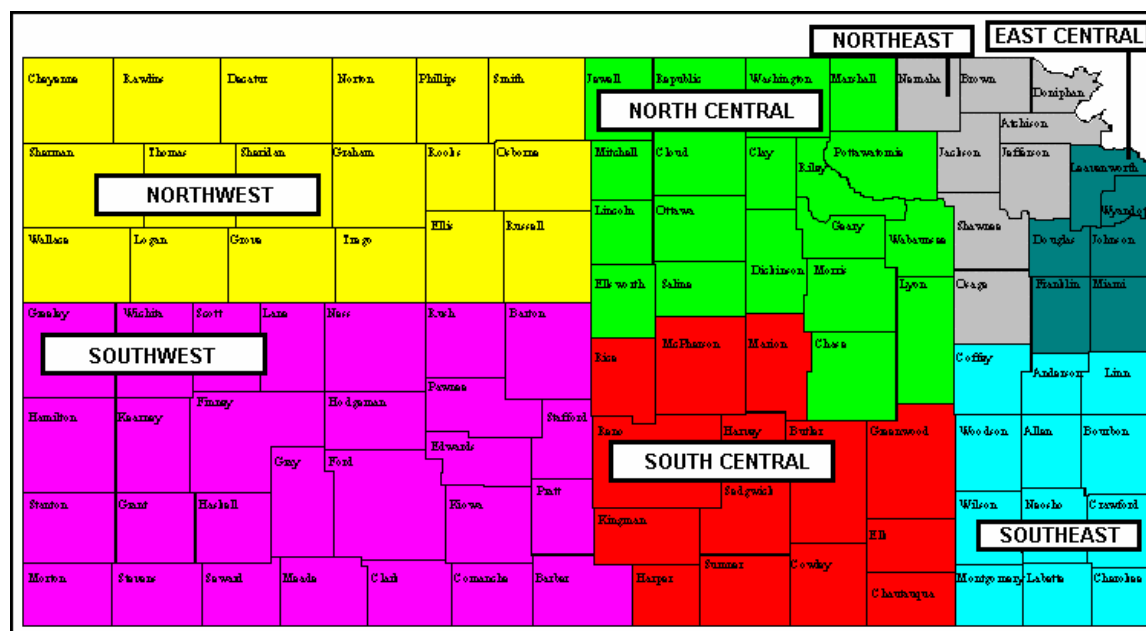
Table 1 shows a comparison of demographic characteristics of the sample of Medicaid beneficiaries in Kansas and of the survey respondents (the beneficiaries that completed the survey). The percentages shown indicate that the survey respondents are very representative of the sample of Medicaid beneficiaries in Kansas.

The table seems to suggest that responses from Black/African American respondents are under-represented, while persons identifying themselves as “Other” are slightly over-sampled. However, the survey included a “Multi-Racial” category but the sample did not. It might be the case that some of the respondents identified themselves as “Other” or “Multi-Racial” on the survey but were classified Black/African American in the sample.

Similarly, Table 1 shows that Whites seem to be under-represented as respondents. However, it could be that some of these respondents were classified as White in the sample, but reported themselves to be “Other” or “Multi-Racial.” Thirteen percent of the respondents indicated that they are of “Mexican or Hispanic” origin. This data was not available for the sample and is not reported in Table 1. However, the US Census reports that 8.4% of the Kansas population is of Hispanic or Latino background⁵, indicating that the survey did not under-represent Hispanic members of the population.

Map 1 below shows the five regions of the state referenced in Table 1. The percentages of survey respondents and of the Medicaid beneficiaries in each region differ slightly. All of the differences, however, are within the margin of error (+/- 4.90%). As such, the survey respondents represent the sample of beneficiaries and the larger pool of beneficiaries.

Map 1: Seven Regions of Kansas



Phone Survey of Physicians’ Offices

A phone survey of office managers in physicians’ offices that serve Medicaid beneficiaries was conducted from November 27 through December 6, 2006. Office managers from 45 offices were interviewed in five cities in Kansas: Garden City, Hays, Topeka, Kansas City, and Wichita. The survey of office managers was limited to between 25 and 50 due to cost and time limitations. The survey was limited to eight questions because it was determined that

⁵ Source: <http://factfinder.census.gov/home/saff/>

physician office managers are busy and would not respond to a lengthy survey. The information provide here is meant to suggest general opinions of the office managers surveyed in the five cities.

Survey of SRS Medicaid Supervisors and Case Managers

Sixteen supervisors or case managers from SRS offices from across Kansas were interviewed in December. Respondents completed and returned a survey sent to them via Email. As with the survey of physician's office manager, this survey was limited in scope because it was felt that a lengthy survey would not in appropriate. Responses are presented here but are merely suggestive of the opinions of SRS personnel that interact with Medicaid beneficiaries and are familiar with Medicaid processes.

Findings from Survey of Medicaid Beneficiaries

The purpose of this research effort is to assess potential hardships encountered by Medicaid beneficiaries if required to present state-approved photo identification at each office visit to a medical provider. State-approved photo identification may include a Kansas Driver's License, a Kansas State ID Card, and a US federal government passport.

To answer the question "***What percentage of Medicaid beneficiaries does not currently have state-approved photo identification (i.e. driver's license, state ID or federal passport)?***" respondents were asked if they (or the child or dependent for which they were completing the survey) owned these forms of identification. Table 2 (next page) shows the percentages of beneficiaries owning each form of identification.

The table shows that the most often owned form of photo identification is the Kansas Driver's License, with 23.6% of the respondents claiming to hold a license. Slightly more than 14% of the beneficiaries have a Kansas ID Card, while 3.0% of the beneficiaries hold a US passport.

In all, 35.8% of the Medicaid beneficiaries have *either* a Kansas Driver's License, a Kansas State ID Card, or a US federal government passport, while 64.2% have *neither* of these items. This suggests that slightly more than a third have a state-approved form of identification, while nearly two-thirds need to acquire one of the forms of state-approved identification.

Table 2: Forms of Identification Owned by Medicaid Beneficiaries

	"Have this ID"		"Don't Have this ID"	
	<i>Valid %</i>	<i>Number</i>	<i>Valid %</i>	<i>Number</i>
Kansas Driver's License	23.6	94	76.4	305
Kansas ID Card	14.3	57	85.7	342
Passport	3.0	12	97.0	387
Any Approved ID	35.8	143	64.2	256

Table 3 shows that of the Medicaid beneficiaries under the age of 18, only 6.4% have an approved form of identification. Seventy-eight percent of the beneficiaries that are 18 years old and over have an approved ID, with 54.9% owning a driver's license and 31.7% owning a Kansas ID Card.

Table 3: Age (Under 18 and 18 & Over) and ID Ownership

	Under Age 18		Age 18 and Over	
	<i>(58.9% of Respondents)</i>		<i>(41.1% of Respondents)</i>	
	"Have this ID"		"Have this ID"	
	<i>Valid %</i>	<i>Number</i>	<i>Valid %</i>	<i>Number</i>
Kansas Driver's License	1.7	4	54.9	90
Kansas ID Card	2.1	5	31.7	52
Passport	2.6	6	3.7	6
Any Approved ID	6.4	15	78.0	128

Respondents were also asked to indicate how many new forms of identification might be needed in their *entire household* should a new requirement be put in place. Table 3 shows that an average of 1.8 new IDs might be needed in each Medicaid beneficiaries household.

Table 4: Number of IDs Needed in Household

	<i>Number</i>
Mean	1.8
Median	1.0
Mode	1.0
Std. Dev.	1.4
Minimum	0.0
Maximum	9.0

To obtain a Kansas Driver’s License or a Kansas ID Card beneficiaries would need to visit a Kansas DMV office. To obtain a passport, they would need visit a US Post Office or a county clerk or courthouse. Table 5 shows the results to a question asking respondents to indicate which day was “best” for them to visit an office. Table 5 shows responses for *only those respondents indicating that they would need to purchase one or more* of the forms of identification for members of their household (see Table 2). That is, if a respondent indicated that no new IDs were needed, he or she was excluded from Table 5.

Saturday is the best option for most beneficiaries to visit an office (21.9%), while Tuesday is another popular day (18.5%). Monday and Friday were the third and fourth most popular days (15.7% and 13.8%, respectively). Almost a quarter (24.4%) of the respondents needing new ID cards suggest that the 10AM to Noon time slot is best for them to visit an office. The second most popular time of day is from 2PM to 4PM at 21.1%. However, most times were generally acceptable, except for late into the evening.

Table 5: Best Day and Time to Visit Office

<i>Best Day</i>	<i>Valid %</i>	<i>Best Time</i>	<i>Valid %</i>
Monday	15.7	8 AM to 10 AM	16.5
Tuesday	18.5	10 AM to Noon	24.4
Wednesday	12.9	Noon to 2 PM	19.1
Thursday	8.5	2 PM to 4 PM	21.1
Friday	13.8	4 PM to 6 PM	15.5
Saturday	21.9	6 PM to 8 PM	3.3
Mutliple	8.8		

Survey respondents were also asked to indicate if the “strongly agree,” “mostly agree,” “somewhat agree,” or “not at all agree” with the statement “Requiring Medicaid beneficiaries to show a photo ID is a good idea.” Table 6 (next page) shows that nearly 42% of *all survey respondents* suggest that they “strongly agree” with the statement. An additional 15.5% and 23.7% suggest that they “mostly agree” and “somewhat agree” (respectively) with the statement. Slightly more than 19% “do not agree” with the statement.”

When considering *only those survey respondents that need to obtain at least one* form of state-approved photo ID, a smaller percentage (37.5%) “strongly agree” with the statement. A quarter, however, “somewhat agree” with the statement and more than a fifth (21.4%) “do not agree.”

Table 6: ‘Requiring Medicaid beneficiaries to show a photo ID is a good idea.’

	All Survey Respondents <i>Valid %</i>	Only those Needing ID(s) <i>Valid %</i>
Strongly Agree	41.7	37.5
Mostly Agree	15.5	16.1
Somewhat Agree	23.7	25.0
Do not Agree	19.1	21.4

Survey respondents were asked to provide written comments in the booklets if they so desired. About 100 respondents did so. More respondents objected to the photo ID proposal than supported the idea. Many qualified their comments about the proposal. For example, these comments reflect many that were collected:

“I don't agree with the photo ID for Medicaid. I believe that it would be a large hassle for everyone involved including doctor's offices.”

“I don't agree with us having to provide photo ID when visiting a doctor unless Medicaid pays for the ID.”

“[The ID is a] good idea but it would cause more stress on some people.”

“IDs can be useful, but a financial burden for people on limited income.”

“Adults should be required to show Photo ID but children should not have to do so.”

Comparing these statements to the data presented in Table 6 suggests that, while many beneficiaries suggest that a photo ID is a good idea, many perceive the proposal as a potential financial hardship or as otherwise stressful.

To answer the questions “***What are the financial costs of acquiring state-approved photo identification?***” and “***What steps would a Medicaid beneficiary needing a state-approved photo identification need to take to obtain such an item?***” information was gathered from the Kansas Department of Vehicles and the US State Department.

To obtain a Kansas Driver's License a beneficiary would need (in most cases) to be at least 16 years old, complete a driver's education training course, pass a written exam and a driving test, pass a vision examination, have proof of vehicle insurance, and have a birth certificate and another form of identification. To obtain a Kansas ID Card a beneficiary would need (in most cases) to present a birth certificate and another form of identification (which may include a student ID card or picture in a school yearbook.

A Kansas Drivers License and Kansas ID Card can be obtained from a Kansas Division of Motor Vehicles (DVM) office. Office hours are generally from 8AM to 5:30PM, Tuesday through Friday. A driver's license costs \$22 per person aged 21 to 65, and \$16 per person age 16 to 20, and over 65 years old. A Kansas ID Card costs \$18 per person.

For a passport, an applicant must have a birth certificate and another form of identification, and have two identical photographs taken within the past six months that are 2x2 inches. Passports cost \$82 for ages less than 16 and \$97 for ages 16 and over, and take about 6 weeks to process. A passport can be obtained from a US Post Office, a county clerk's office, or county courthouse. US Post Offices are generally open for business from 7:30AM to 5:30PM Monday through Friday, and from 9AM to Noon on Saturdays. County offices are generally open from 9AM to 5PM Monday through Friday.

Table 5 (page 9) shows that the days and times that respondents offer as best for them to visit an office for a new ID generally coincides with days and times that the offices are generally open. The notable exception is the many DMV offices are closed on Mondays and Saturdays, and 37.6% of the respondents needing identification indicate that one of these two days is best for them.

Survey respondents were presented with the information presented in Figure 1 to help answer the question "**What do Medicaid beneficiaries perceive as barriers to obtaining state-approved photo identification?**" Respondents were asked questions addressing cost, financial assistance, transportation problems, and childcare issues⁶.

Figure 1: Costs and Places to Purchase Photo Identification

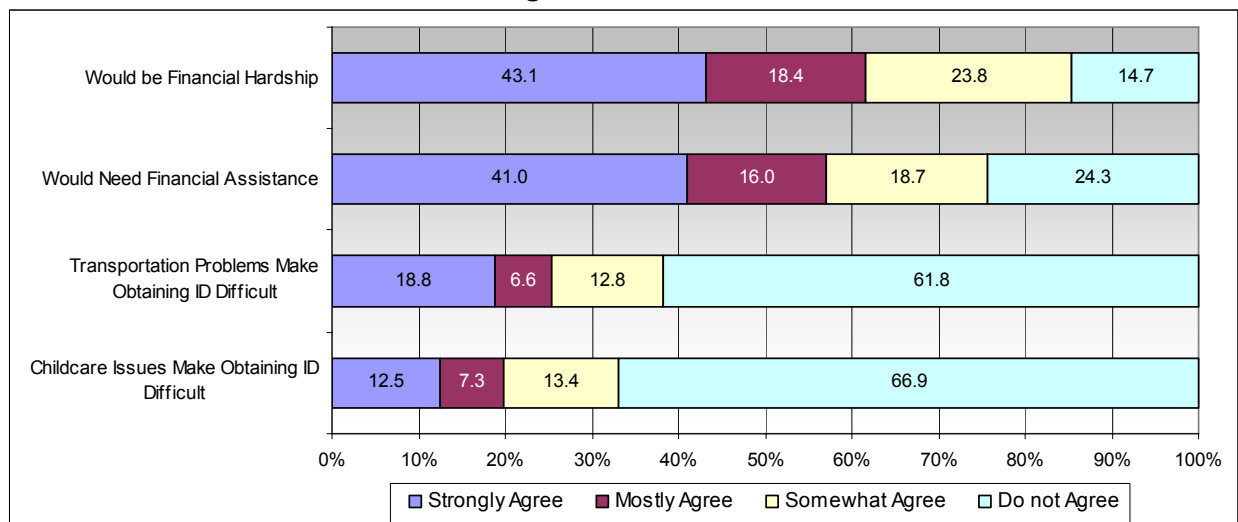
A Kansas Driver's License and a Kansas ID Card can be bought at a Kansas Division of Motor Vehicles (DMV) office. A passport can be bought at a county clerk's office or US Post Office. The costs of each are presented below:		
Driver's License:	\$22 per person age 21 to 65	(Each card is valid for 6 years)
	\$16 per person age 16 to 20, 65+	(Each card is valid for 4 years)
Kansas ID Card:	\$18 per person for all ages	(Each card is valid for 6 years)
Passport:	\$82 for ages less than 16	(Each passport is valid for 5 years)
	\$97 for ages 16 and over	(Each passport is valid for 10 years)

⁶ The answer options for these survey questions include "Strongly Agree, Mostly Agree, Somewhat Agree, and Do Not Agree."

The figure 2 shows that slightly more than 43% of these respondents “strongly agree” with the statement “If I had to buy a photo ID for myself or a child or dependent, this would be a financial hardship on me.” Another 18.4% “mostly agree” with this statement, and 23.8% “somewhat agree.” In all, 85.3% of the respondents indicate that they at least “somewhat agree” with the statement regarding financial hardship if required to purchase a new ID for someone in their household.

Forty-one percent indicate that they “strongly agree” with the statement “If I had to buy a photo ID for myself or a child or dependent, I would need financial assistance.” Another 16.0% “mostly agree” with this statement, and 18.7% “somewhat agree.” In all, 75.7% of the respondents indicate that they at least “somewhat agree” with the statement regarding the need for financial assistance if required to purchase a new ID for someone in their household.

Figure 2: Financial Hardship and the Need for Assistance, and Transportation and Childcare Problems for Those Needing to Purchase as Least One ID



Respondents were also presented with the statements “traveling to get a photo ID would be hard for me because of transportation problems” and “traveling to get a photo would be hard for me because of childcare issues.” Figure 2 shows that 18.8% “strongly agree” with the first statement and 12.5% “strongly agree” with the second. In all, 38.2% of the respondents indicate that they at least “somewhat agree” with the statement regarding transportation problems and 33.2% at least “somewhat agree” with the statement regarding childcare issues.

The following comments, while more detailed than most, reflect the opinions of many respondents regarding traveling to obtain a photo ID:

“My mother is 85 yrs old. It would be hard on her to get out to buy a card, unless there was a program that came into nursing homes to take photo. It is just not that easy to [the elderly] out of the nursing home.”

“I live in a nursing facility and depend on that staff to take me for doctor visits and other outings. It would be impossible for me to get into the [name] County courthouse to get an ID. And this is not only me, but just about everyone in [name of nursing home].”

Another indicator of the potential financial hardship incurred by beneficiaries with regard to purchasing photo identification is the ability to pay for the new ID. Respondents were asked to respond to this statement: “To get a photo ID for myself or a child or dependent, I would **be able to pay** about \$_____ for each photo ID.”

Table 7 shows that the average amount that a beneficiary needing a new ID can spend for a new photo ID is between \$5 and about \$8. The mean average amount is slightly more than \$8.2 for one ID, but the median amount is \$5. This suggests that a few high dollar estimates “pulled” the average dollar figure up from around \$5. Slightly more than half (51.4%) of the respondents needing at least one ID indicate that they can afford to spend \$5 or less for a new ID, and nearly 17% indicate that they can afford to spend \$2 or less.

Table 7: Dollar Amount Able to Pay for One ID

	<i>Dollars</i>
Mean	\$8.2
Median	\$5.0
Mode	\$5.0
Std. Dev.	\$6.3
Minimum	\$0.0
Maximum	\$40.0

Many respondents provided written comments regarding the costs and the ability to pay for a new ID. These comments reflect many others:

“We are grandparents raising the child. Other expenses of raising a child are enough to worry about without the cost of [a new ID card].”

“If they would help pay for the IDs, I would consider it.”

“The high price for ID cards is one problem I see, especially when you have more than one child.”

Multiple Item Analysis

To further assess possible hardship in obtaining state-approved photo identification, relationships are examined among “hardship” items and other factors that might influence the amount of hardship experienced (such as household income level and racial background).

Table 8 shows the results of comparing two items at a time. The five items representing “hardship” are financial hardship, needing assistance, transportation problems, childcare issues, and the photo ID is a good idea⁷. These items are located on the top of the table.

Eight items are assumed to influence the hardship items. These are: household income, number of IDs needed, number of people in household using Medicaid, number of people in the household, length of Medicaid beneficiary status, Latin or Hispanic origin, racial background, and the age of the beneficiary. These items are on the left side of the table.

Table 8: Analysis of Relationships

	Financial Hardship	Need Assistance	Transportation Problems	Childcare Issues	Photo ID is "Good Idea"
Number of IDs Needed	.368 ***	.342 ***	-.182 *	.242 **	-.277 ***
Number of Medicaid in Household	.290 ***	.299 ***	-.155 *	.243 **	-.199 ***
Number in Household	.139 *	.126 *	-.228 **	.237 ***	-.133 *
Household Income	-.248 ***	-.290 ***	-.221 **		
Age at Time of Study			.280 ***	-.176 **	
Racial Background			.240 *	.249 *	
Latin or Hispanic Background				-.298 *	
Length of Beneficiary Status					

Note: Gamma coefficients are presented.
Significance Levels: *** p < .001 ** p < .01 * p < .05

The table shows that the number of IDs needed in a household moderately and significantly influence perceptions of financial hardship, needing financial assistance, perceptions of transportation problems and childcare issues when traveling to get an ID, and whether the photo requirement is a good idea. The positive relationships suggest that as the number of needed IDs increases, the perceptions of hardship increases too. That is, a respondent from a household that needs only a small number of IDs is less likely to indicate that

⁷ The answer options for these variables were reverse coded from the values presented in Appendix I. That is, “strongly agree” as the value of 4, “mostly agree” has a value of 3, “somewhat agree” has a value of 2, and “do not agree” has a value of 1.

the item is a hardship. On the other hand, a respondent from a household that needs a moderate or large number of IDs is more likely to indicate that the item is a hardship. In other words, both items (number of IDs and perceptions of hardship) are going “up” together or “down” together.

The negative relationships, on the other hand, suggest that as the number of needed IDs increases, the perception of hardship decreases. That is, a respondent from a household that needs only a small number of IDs is more likely to indicate that the item is a hardship. On the other hand, a respondent from a household that needs a moderate or large number of IDs is less likely to indicate that the item is a hardship. This type of finding is expected with regard to number of needed IDs and whether the photo ID requirement is a good idea. It is easily understood that as the number of needed IDs go up from household to household, respondents are less likely to agree that the photo ID requirement is a good idea. This is because those respondents in household needed more IDs are going to have to purchase more IDs than those in households needing fewer IDs.

The negative relationship between number of IDs needed and perceived transportation problems with regard to traveling to get an ID seems counter-intuitive (see Table 8 on previous page). However, further analysis of data suggests that households requiring only one new ID are more likely to have only one member in the household (i.e., they live alone), and these respondents are less likely to have their own automobiles. In other words, respondents suggesting the need for more than one ID are more likely to live with another person or other people and are more likely to own a car or have access to one.

The number of Medicaid beneficiaries in the household and the number of household members (including non-Medicaid beneficiaries) are related to the same variables as the number of IDs needed. This is not surprising, as household size logically relates to the number of Medicaid beneficiaries in the household and the number of IDs needed in those households. However, the number of household members is less strongly and less significantly related to perceived financial hardship, needing assistance, and the perception that the photo ID requirement is a good idea. The strongest negative relationship with regard to perceived transportation problems, on the other hand, is with the number of household members.

Household income is moderately and significantly related to perceptions of financial hardship, needing assistance, and transportation problems. As such, as household income level increases, the perception of hardship decreases.

The age of the respondent relates moderately and significantly with transportation and childcare issues. The data suggests that as the age of the respondent increases, perceptions of transportation problems increase as well. On the other hand, as age increases, perceptions of childcare issues decrease.

As for racial background, answer options were coded as 1 “White” 2 “Black/African American” 3 “Asian” 4 “American Indian” 5 “Multi-Racial” and 6 “Other”. The racial background variable does *not* provide data that is rank-ordered, however, the results suggest that Non-White respondents are more likely to perceive transportation problems and childcare issues than are White respondents.

Whether a respondent is of Latin or Hispanic origin varies significantly with the childcare statement only, suggesting that people with Latin or Hispanic origins are more likely than other people to perceive potential problems traveling to get an ID because of childcare issues. (The answer options were coded as 1 for “Yes” and 2 for “No” to the question “Are you of Latin or Hispanic Origin?” As such a negative relationship suggests that non-Hispanics are less likely to perceive problems regarding childcare.)

Results suggest that the length of time that the beneficiary has been using Medicaid does not vary significantly with any of the items listed.

Summary of Findings from Survey of Medicaid Beneficiaries

The findings presented above suggest that, if required to do so, 64.2% of Medicaid beneficiaries would need to purchase one of the three state-approved forms of identification. In households with Medicaid beneficiaries needing new IDs, an average of 1.8 IDs would need to be purchased.

The cost of a Kansas Driver’s License is \$16 for persons between 16 and 20 years old and for persons 65 years old and older. A Kansas ID Card costs \$18 per person, and a passport costs a minimum of \$82. The amount of money that Medicaid beneficiaries estimate that they can spend on a new ID is between \$5 and \$8.

The days that are best for most Medicaid beneficiaries to purchase an ID are Tuesday and Saturday. The best times are between 10AM and Noon and 2PM to 4PM. Most beneficiaries needing IDs drive their own car to medical appointments.

When asked about purchasing an ID, 85.3% of the respondents needing a new ID “somewhat agree,” “mostly agree,” or “strongly agree” with a statement suggesting that they would experience financial hardship. Slightly more than three-quarters (75.7%) “somewhat

agree,” “mostly agree,” or “strongly agree” that they would need financial assistance to purchase an ID. Smaller percentages of respondents indicate that they “somewhat agree,” “mostly agree,” or “strongly agree” with statements suggesting that problems with transportation and issues with childcare would make getting a photo ID difficult.

When presented the statement “requiring Medicaid beneficiaries to show a photo ID is a good idea,” 37.5% of the respondents needing IDs “strongly agreed.” However, 21.4% of the respondents did “not agree” with the statement.

Multiple item analysis suggests that households in need of more IDs are more likely to perceive financial hardship, the need for financial assistance, and problems with childcare while traveling to purchase an ID. Additionally, households needing more IDs are less likely to agree that the photo ID requirement is a “good idea.”

Higher income respondents are less likely to suggest financial hardship, the need for financial assistance, and perceptions of transportation problems. Age and racial background are related to perceptions of transportation problems and childcare issues. Older respondents are more likely to anticipate transportation problems, while younger respondents are more likely to anticipate problems with childcare when traveling to get an ID. Non-White beneficiaries are more likely to perceive transportation problems and childcare issues when traveling to purchase an ID than are non-White respondents.

Survey findings and written comments suggest that many beneficiaries are concerned about financial and other hardships that might arise from a photo ID requirement. Some suggest that they find the photo ID requirement acceptable for adults but not for children, or that they support the ID requirement if the prices for the cards could be lowered or covered by Medicaid.

Findings from Phone Survey of Physicians’ Offices

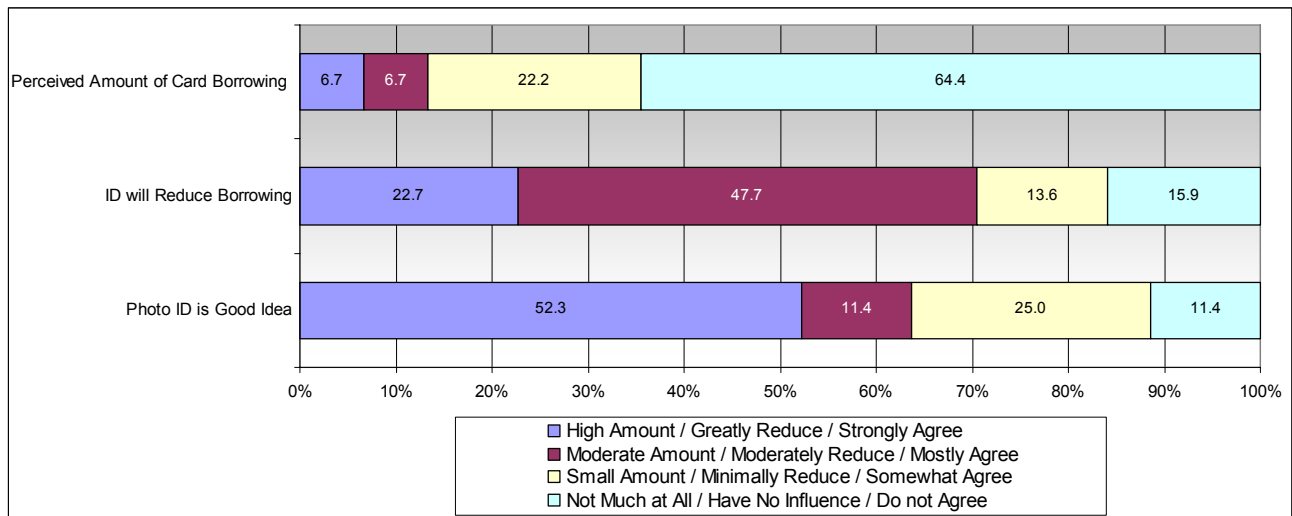
In an effort to answer the question “***What are the perceptions and opinions of medical service providers, specifically office managers, regarding the state-approved photo ID requirement to receive services among medically eligible individuals?***” physicians’ offices from five cities in Kansas were telephoned. The cities included Garden City, Hays, Kansas City, Topeka, and Wichita. The targeted respondent in each office was the office manager or other person than was familiar with office case loads and the patient intake process. The interview questions are shown in Appendix II.

The first question of the interview asked the office manager to estimate the percentage of patients that his or her office “sees on a regular basis that use Medicaid to pay their bills.” The mean average was 22.6% and the median average was 20%, suggesting that about one-fifth of the patients seen by the offices interviewed are Medicaid beneficiaries. Office managers were asked to indicate if they felt their Medicaid patient load was a “high volume,” “medium volume” or “low volume” when compared to other physicians’ offices. Nearly 36% indicate they feel they have a “high volume” load, while 40% suggested a “moderate volume” load.

Figure 3 shows the responses to three questions about Medicaid card “borrowing,” whether the proposed photo ID requirement would reduce borrowing, and if the respondent thinks the photo ID requirement is a good idea. Responses to the top bar (*Perceived Amount of Card Borrowing*) are “high amount,” “moderate amount,” “small amount,” and “not much at all.” Responses to the middle bar (*ID will Reduce Borrowing*) are “greatly reduce,” “moderately reduce,” “minimally reduce,” and “have no influence.” Responses to the bottom bar (*Photo ID is a Good Idea*) are “strongly agree,” “mostly agree,” “somewhat agree,” and “do not agree.”

The figure suggests that most office managers do feel that “not much” card borrowing is occurring (64.4%), that a photo ID requirement will “moderately reduce” any borrowing that is occurring (47.5%), and that they “strongly agree” with a statement suggesting that a photo ID is a “good idea” (52.3%).

Figure 3: Perceived Amount of ‘Borrowing’ / Influence of Photo ID / Photo ID is a ‘Good Idea’



Some office managers provided comments that were transcribed by the interviewers. A few suggest that a photo ID requirement is unnecessary: “We know their patients. We have

their chart. It doesn't make sense . . . because we know our patients.” Others feel that a photo ID requirement would be burdensome on some parents and that “it is not realistic to make children have an ID card.” Still others suggest that an ID card would be appropriate for some types of patients but not others: “This is a good idea for surgery only, but not for very many Medicaid patients.” A few offer ideas such as having “photos included on the Medicaid card, the photos should be taken digitally and included on the card.”

A question on the survey instructed respondents to think “about your intake process” and how a photo ID requirement might influence a “typical day’s operation.” More than a quarter (27.3%) indicate that a photo ID requirement would have a “positive influence” on operations, while nearly a quarter (22.7%) suggest that it would have a “negative influence.” Half (50%) suggest that a photo ID requirement would “have no influence” on a typical day’s operation.

Regarding intake procedures, one respondent commented during the interview that her office already “asks for photo IDs from all patients and most people are willing to provide it.” On the other hand, another office manager commented that her office “requires IDs now but we are so busy that we don’t have time to do anything about it” if the patient does not have one.

When asked to consider the costs to obtain a state-approved photo ID and to indicate if they felt that “Medicaid beneficiaries should receive some sort of financial help if required to purchase a new ID,” 43.9% responded “yes.” Slightly more than 56% indicated that the beneficiaries should not receive financial help.

In summary, most office managers suggest that a photo ID might reduce any Medicaid card borrowing or sharing that takes place among patients and that a photo ID requirement would have little influence on a typical day’s intake process. About half also indicate that they “strongly agree” with a statement suggesting that “requiring Medicaid beneficiaries to present a photo ID is a good idea.” However, a clear majority (64.4%) indicate that Medicaid card borrowing or sharing is not a problem in their offices and some commented that a photo ID requirement is not needed. More than a quarter suggested that such a requirement would “negatively” influence a typical day’s operation in their office.

Findings from Email Survey of SRS Supervisors and Case Managers

In an effort to answer the question “***What are the perceptions and opinions of SRS supervisors or case workers regarding the state-approved photo ID requirement to receive services among medically eligible individuals?***” supervisors and case managers

from across the state were interviewed via Email. The survey contained six questions and is presented in Appendix II.

A clear majority of the SRS supervisors or case managers express concern that a photo ID requirement would be a financial hardship on most Medicaid beneficiaries. All feel that most beneficiaries will need some sort of financial assistance if required to purchase a photo ID. All of the respondents also feel that transportation issues may present barriers for most beneficiaries to obtain an ID. Most feel that traveling to get a photo ID would be difficult for most beneficiaries because they would face issues with childcare.

Many respondents provided comments regarding financial hardship. One respondent commented that “with the populations we serve, any additional costs are a burden to the client.” Another expressed concern that “if the customer does not have the ID needed, they may simply go to the Emergency Room, which by law, cannot turn them away. This will increase the cost of medical care to the taxpayers.”

Some respondents echoed comments made by physician office personnel. Regarding the need for a photo idea, one wrote that “coming from a rural area, I would estimate that the doctor's office probably know 90% of the Medicaid clients they are seeing.” Another cautioned that “the state must ensure that a problem with fraudulent Medicaid card use exists before imposing this extra requirement for folks who already experience [hardships]. I have not heard of fraud activities.”

Some expressed that impacts of a photo ID requirement may present more of a burden on children than on adults. One suggested that “if our goal is to provide Kansas children with medical coverage, then mandating more rules to accessing health care services will only make it more difficult for children to obtain needed medical services.” Regarding adults, “most people I encounter do have photo ID, so it would not be as big of a barrier for an adult to provide photo ID at a medical visit.”

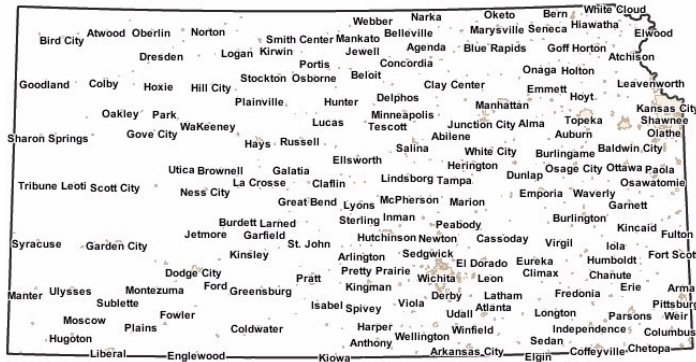
Regarding elderly beneficiaries, some expressed concern that the requirement would place extra “burdens on nursing homes” because they would have to keep track of the IDs for patients as they “take their residents to the doctor.”

In summary, all of the SRS supervisors and case managers interviewed view the proposed photo ID requirement as burdensome on most Medicaid beneficiaries. Most express concerns about costs, while others question the need for a photo ID requirement.

Appendix I: Self-Administered/Phone Survey Instrument

Opinion Survey of Kansas Medicaid Beneficiaries

Encuesta de Opiniones para los beneficiarios de Medicaid, de Kansas



**Docking Institute of Public Affairs
Fort Hays State University**

**Instituto de Asuntos Públicos
de Fort Hays State University**

2006

IMPORTANT NOTICE:

Thinking of the person mentioned on the address label of the envelope that this survey came in (either you or your child or other dependent), please fill out the questionnaire with that person in mind.

If the person listed on the envelope label is you, please answer the questions for yourself.

If the person listed is a child or other dependent, please answer the questions for that individual only, to the best of your ability.

AVISO IMPORTANTE:

Pensando en la persona a la cual esta dirigida esta encuesta (ya sea usted o su niño o un depende) por favor llene esta encuesta con esa persona en mente.

Si la encuesta esta dirigida a usted, por favor conteste las preguntas pos si mismo.

Si la encuesta esta dirigida a su niño o depende, por favor conteste las preguntas solo para el individuo nombrado, lo mejor que pueda.

Mike Walker
Assistant Director of
Docking Institute of Public Affairs

Director Asistente de el
Instituto Docking de Asuntos Publicos
(785) 628-5563

**Please turn the page to begin.
Por favor cambie la página y empiece.**

English

As you know, the Medicaid program provides help for low income families with children, pregnant women, persons with some health conditions, and senior citizens. Beneficiaries must be residents of Kansas and citizens of the US or legal immigrants.

We have a few questions about you (or your child or dependent) and Medicaid. If you are the Medicaid beneficiary, please complete the survey for yourself. If your child or dependent is the beneficiary, please fill it out for him or her.

Q1. First, please tell us whether you are filling out the survey for yourself or a child or dependent.

- 1 Myself - I am the Medicaid beneficiary
- 2 A child or other dependent listed on the envelope – he or she is the beneficiary

Q2. How long have you (or your child or dependent if you are completing the survey for him or her) been receiving Medicaid benefits? Please circle the number for your answer:

- | | |
|------------------|-------------------------|
| 1 About 1 month | 4 About 1 year |
| 2 About 3 months | 5 About 2 years |
| 3 About 6 months | 6 About 3 years or more |

Q3. How satisfied are you with the medical service provided by **your doctor's office**? Please circle the number that best represents your opinion:

Very Satisfied	Mostly Satisfied	Somewhat Satisfied	Not at all Satisfied
1	2	3	4

Q4. How satisfied are you with the help from the **Medicaid office** when signing up for benefits:

Very Satisfied	Mostly Satisfied	Somewhat Satisfied	Not at all Satisfied
1	2	3	4

Español

Como usted sabe, el programa Medicaid provee ayuda para familias de bajos recursos con niños, mujeres embarazadas, personas con condiciones de salud y personas jubiladas. Beneficiarios tienen que ser residentes del estado de Kansas y ser ciudadanos de los Estados Unidos o residentes legales.

Tenemos pocas preguntas sobre usted, (o su niño o dependiente) y Medicaid. Si usted es el beneficiario, por favor complete la encuesta solo/a. Si el beneficiario es su niño o dependiente, por favor llene la por el/ella.

Q1. Primero, por favor díganos por quien esta llenando la encuesta.

- 1 Para mí. Yo soy el beneficiario de Medicaid
- 2 El niño o dependiente. El es el beneficiario nombrado en el sobre.

Q2. ¿Cuánto tiempo lleva usted (su hijo o dependiente) recibiendo beneficios/ayuda de Medicaid? Por favor circule el número de su respuesta.

- | | |
|----------------|---------------------|
| 1 como un mes | 4 como un año |
| 2 como 3 meses | 5 como 2 años |
| 3 como 6 meses | 6 como 3 años o más |

Q3. ¿Qué tan satisfecho/a esta usted con los servicios de Medicaid en la oficina de su médico? Por favor circule el número que represente su opinión.

Muy satisfecho/a	Satisfecha	No satisfecha	No muy satisfecha
1	2	3	4

Q4. ¿Qué tan satisfecho esta usted con la ayuda de la oficina de Medicaid cuando se ha registrado para los beneficios?

Muy satisfecho/a	Satisfecha	No satisfecha	No muy satisfecha
1	2	3	4

English

The Kansas State Legislature is thinking about a new requirement that every Medicaid beneficiary **show a photo identification (ID) card at every appointment** with a doctor or nurse. If you are a parent or a guardian of a Medicaid beneficiary, you would need to show an ID for that person.

The photo ID card can be a Kansas Driver's License, government passport, or Kansas ID Card. The Kansas ID Card is similar to a driver's license, and is for children and people that do not drive.

Q5. Thinking about the person you are completing this survey for (either you or your child or dependent), which of these types of photo IDs do you or he/she have? Please circle a number for ALL of the items that apply:

	Have this ID	Don't Have this ID
Kansas Driver's License	1	2
Kansas ID Card	1	2
Passport	1	2

Q6. Thinking about your entire household, **how many new photo IDs** would your household need to obtain so that every Medicaid beneficiary in your household had a photo ID?

Please write number here: _____ (Number of **new IDs** you would need to get)

Español

La legislatura del Estado de Kansas, esta pensando en hacer un requisito en el cual cada persona que es beneficiario de Medicaid, tendría que tener una tarjeta de identificación con foto, y enseñarla en cada visita al medico. Si usted es el padre o tutor de la persona también tendría que enseñar una identificación.

La tarjeta de Identificación puede ser su licencia de conducir del estado de Kansas, un pasaporte, o una identificación del estado de Kansas que es similar a una licencia pero es para las personas o niños que no conducen.

Q5. Pensando en la persona por la cual se esta llenando esta encuesta, ¿cual de estos tipos de identificación tiene? Por favor circule el número que indique lo que tengan:

	Tiene	No Tiene
Licencia De Conducir del Estado de Kansas	1	2
Identificación del Estado de Kansas	1	2
Pasaporte	1	2

Q6. Pensando en su hogar, ¿cuantas tarjetas de identificación diría usted que se necesitarían para que cada beneficiario de su hogar tuviera una tarjeta de identificación?

Por favor escriba el número aquí _____ . (Numero de tarjetas que necesitaría).

English

Q7. A Kansas Driver's License and a Kansas ID Card can be bought at a Kansas Division of Motor Vehicles (DMV) office. A passport can be bought at a county clerk's office or US Post Office. The costs of each are presented below:

Driver's License: \$22 per person age 21 to 65 (Each card is valid for 6 years)
 \$16 per person age 16 to 20, 65+ (Each card is valid for 4 years)

Kansas ID Card: \$18 per person for all ages (Each card is valid for 6 years)

Passport: \$82 for ages less than 16 (Each passport is valid for 5 years)
 \$97 for ages 16 and over (Each passport is valid for 10 years)

Please circle the number that best represents your answer to the following statements:

Q7a. "IF I had to buy a photo ID for myself or a child or dependent, this would be a financial hardship on me."

Strongly Agree	Mostly Agree	Somewhat Agree	Do Not Agree	Don't Know
1	2	3	4	5

Q7b. "IF I had to buy a photo ID for myself or a child or other dependent, I would need financial assistance."

Strongly Agree	Mostly Agree	Somewhat Agree	Do Not Agree	Don't Know
1	2	3	4	5

Q8. Thinking about how much **you could pay** for a photo ID, please write in your answer:

"To get a photo ID for myself or a child or dependent, I would **be able to pay** about \$_____ for each photo ID."

Español

Q7. Una licencia para conducir, y una tarjeta de identificación del estado de Kansas se puede conseguir en el departamento de Motores y Vehículos. Un pasaporte se puede comprar en la oficina del condado o en una oficina de correo. El precio de cada una es:

Licencia para conducir: \$22 para personas de los 21-65 (válida por 6 años)
 \$16 para personas de los 16-20, y 65+ (validad por 4 años)

Identificación de Kansas: \$18 por persona (válida por 6 años)

Pasaporte: \$ 82 por personas menores de 16 años (válido por 5 años)
 \$ 97 por personas de 16 para arriba (válido por 10 años)

Por favor circule el número que mejor indique su respuesta a las siguientes frases:

Q7a. "Si tuviera que comprar una tarjeta de identificación para mi, mi niño o depende, esto sería difícil para mi económicamente."

Muy de Acuerdo	De Acuerdo	Un Poco de Acuerdo	No Estoy de Acuerdo	No se
1	2	3	4	5

Q7b. "Si tuviera que compra una tarjeta de Identificación para mi, o para mi niño, u otro depende necesitaría asistencia financiera."

Muy de Acuerdo	De Acuerdo	Un Poco de Acuerdo	No Estoy de Acuerdo	No se
1	2	3	4	5

Q8. Pensando en cuanto podría pagar por una tarjeta de Identificación (con foto), por favor escriba su respuesta:

"Para obtener una tarjeta de identificación para mi, mi niño o mi depende, yo podría pagar_____ por cada tarjeta."

English

Q9. If you were to buy a driver's license, Kansas ID card, or passport, which day or days would be best for you to visit a DMV office, county office, or post office? Circle only the best one for you:

- | | |
|-------------|------------|
| 1 Monday | 4 Thursday |
| 2 Tuesday | 5 Friday |
| 3 Wednesday | 6 Saturday |

Q10. Which time of day would be best for you to visit one of the offices? Circle only the best one for you:

- 1 8 AM to 10 AM
- 2 10 AM to Noon
- 3 Noon to 2 PM
- 4 2 PM to 4 PM
- 5 4 PM to 6 PM
- 6 6 PM to 8PM

Q11. When visiting a doctor's or nurse's office, how do you most often get to the appointments? Please circle the one answer that best represents your situation:

- 1 Drive my own car
- 2 Borrow a car (or get a ride) from a friend, neighbor, or family member
- 3 Use public transportation (like a bus)
- 4 Take a cab
- 5 Walk
- 6 Other

Español

Q9. Si usted comprara una tarjeta de identificación del estado de Kansas, licencia o un pasaporte, ¿Cuáles días serían mejor para que usted pudiera ir a la oficina de Motores y Vehículos, oficina del condado o Oficina Postal? Circule solo la respuesta con la cual mejor se identifique.

- | | |
|-------------|-----------|
| 1 Lunes | 4 Jueves |
| 2 Martes | 5 Viernes |
| 3 Miércoles | 6 Sábado |

Q10. ¿Cuál hora del día sería mejor para que usted pueda ir a las oficinas? Circule solo la mejor opción para usted

- 1 8 AM a 10 AM
- 2 10 AM a medio día
- 3 Medio día a 2 PM
- 4 2 PM a 4 PM
- 5 4 PM a 6 PM
- 6 6 PM a 8PM

Q11. Cuando va al médico ¿Cómo hace para ir a las citas? Por favor circule la respuesta que mejor represente su situación:

- 1 Manejo mi propio carro
- 2 En un carro prestado, o consigo raité con un amigo, vecino, o pariente
- 3 Uso el transporte público
- 4 En taxi
- 5 Camino
- 6 Otro

English

Q12. Please circle the number that best represents your opinion on each of the following statements:

	Strongly Agree	Mostly Agree	Somewhat Agree	Do Not Agree
"I have heard of people 'borrowing' someone else's Medicaid Card to get medical services for themselves or their children."	1	2	3	4
"I know someone that has 'borrowed' a Medicaid Card from someone else."	1	2	3	4
"Requiring Medicaid beneficiaries to show a photo ID is a good idea."	1	2	3	4
"Traveling to get a photo ID would be hard for me because of transportation problems. "	1	2	3	4
"Traveling to get a photo ID would be hard for me because of childcare issues. "	1	2	3	4
"Because I use Medicaid, doctors and nurses generally treat me differently than they treat other patients."	1	2	3	4

Español

Q12. Por favor circule el número que mejor represente su opinión acerca de cada frase:

	Muy de Acuerdo	De Acuerdo	Un Poco de Acuerdo	No Estoy de Acuerdo
"E escuchado que la gente se presta la tarjeta de Medicaid para recibir servicios médicos, para ellos o para sus niños."	1	2	3	4
"Conozco a alguien que ha usado una tarjeta de Medicaid de otra persona"	1	2	3	4
"Es buena idea que se requiera una tarjeta de identificación para los beneficiarios de Medicaid."	1	2	3	4
"Viajar para obtener una tarjeta de identificación sería difícil para mí por que tengo problemas de transporte"	1	2	3	4
"Viajar para obtener una tarjeta de identificación sería difícil para mí por el cuidado de mis niños."	1	2	3	4
"Por que uso Medicaid, los doctores o enfermeras generalmente me tratan diferente que a otros pacientes."	1	2	3	4

English

Q13. How many people **live in your household** (all adults and children)? _____ (number).

Q14. How many of the people in your household **receive Medicaid benefits** (all adults and children)? _____ (number).

Q15. Which of the following best represents your **total income** last year for you entire household?

- | | |
|------------------------|------------------------|
| 1 Less than \$5,000 | 5 \$20,000 to \$24,999 |
| 2 \$5,000 to \$9,999 | 6 \$25,000 to \$29,999 |
| 3 \$10,000 to \$14,999 | 7 \$30,000 to \$34,999 |
| 4 \$15,000 to \$19,999 | 8 \$35,000 or More |

Q16. Are you of Mexican or other Hispanic origin?

- 1 Yes 2 No

Q17. Do you consider yourself:

- | | |
|--------------------------|-------------------|
| 1 White | 4 American Indian |
| 2 Black/African American | 5 Multi-Racial |
| 3 Asian | 6 Other |

Español

Q13. ¿Cuánta gente vive en su hogar (adultos y niños)_____ (numero).

Q14. ¿Cuántos, de la gente que vive en su hogar, reciben servicios de Medicaid? (adultos y niños) _____ (numero).

Q15. ¿Cuál de los siguientes representa su sueldo total del año pasado?

- | | |
|-----------------------|-----------------------|
| 1 Menos de \$5,000 | 5 \$20,000 a \$24,999 |
| 2 \$5,000 a \$9,999 | 6 \$25,000 a \$29,999 |
| 3 \$10,000 a \$14,999 | 7 \$30,000 a \$34,999 |
| 4 \$15,000 a \$19,999 | 8 \$35,000 o más |

Q16. ¿Es usted Mexicano o de otro origen hispano

- 1 Si 2 No

Q17. Se considera usted:

- | | |
|------------------------|-------------------|
| 1 Blanco | 4 Indio Americano |
| 2 Negro Afro-Americano | 5 Multiracial |
| 3 Asiático | 6 Otro |

If you have any additional comments, please use this space below.

Si usted tiene comentarios adicionales, por favor use este espacio.

Thank you for completing this survey.

Please tape it shut and drop it in a mail box. The postage has been paid.

Gracias por completar esta encuesta.

Por favor ciérrela bien y déjela en un buzón de correo. El postaje ya esta prepagado.

Appendix II: Interview Questions for Physicians' Offices

Hello, may I speak to the office manager?

My name is _____ and I am calling from Fort Hays State University. We are conducting a short survey for the Kansas Health Policy Authority about Medicaid. I have only eight questions. May I begin?

IF YES – continue to next page.

IF NO – “When is a better time for me to call back?”

TIME/DATE OF FOLLOW-UP CALL: _____

TIME/DATE OF 3rd FOLLOW-UP: _____

CHECK HERE IF REFUSED to Participate

COMMENTS _____

IF REQUESTED, provide this contact information:

Mike Walker
Assistant Director of
Docking Institute of Public Affairs
(785) 628-5563

Q1. First of all, thinking about the total number of patients your office sees on a regular basis, about what percentage to you think are Medicaid Beneficiaries? That is how many out of 100 use Medicaid to pay their bills?

_____ % out of 100

Q2. Thinking of other medical offices, do you consider your Medicaid patient load as High Volume, Moderate Volume, or Low Volume?

- 1 High Volume
- 2 Moderate Volume
- 3 Low Volume

As you may know, the Kansas State Legislature is considering a proposal to require all Medicaid Beneficiaries to show a photo ID at each office visit. This would include children.

The approved IDs are a Kansas Driver's License (which costs about \$22), a Kansas ID Card (which costs about \$18), and a passport (which costs \$97 for most people).

Q3. Some people suggest that some medical patients borrow Medicaid Cards from others to obtain medical services. In general, do you feel that there is a High Amount, Moderate Amount, Small Amount of borrowing, or Not Much at All?

- 1 High Amount
- 2 Moderate Amount
- 3 Small Amount
- 4 Not Much at All

Q4. Do you feel that a photo ID requirement would Greatly Reduce, Moderately Reduce, Minimally Reduce, or Have No Influence on this type of activity? (Sharing Cards)

- 1 Greatly Reduce
- 2 Moderately Reduce
- 3 Minimally Reduce
- 4 Have No Influence

Q5. Thinking about your intake process, do you feel a photo ID requirement would have a Positive Influence, Negative Influence, or Have No Influence on a typical day's operation?

- 1 Positive Influence
- 2 Negative Influence
- 3 Have No Influence

Q6. Given the costs mentioned before, do you think Medicaid Beneficiaries should receive some sort of financial help if required to purchase an ID?

- 1 Yes
- 2 No

Q7. Finally, do you Strongly Agree, Mostly Agree, Somewhat Agree, or Do Not Agree with this statement: “Requiring Medicaid beneficiaries to show a photo ID at office visits is a good idea.”

- 1 Strongly Agree
- 2 Mostly Agree
- 3 Somewhat Agree
- 4 Do Not Agree

Q8. Do you have anything that you would like to add? (On back). Thank you for your time.

Appendix III: Interview Questions for SRS Employees

Hello, may I speak to _____?

My name is _____ and I am calling from Fort Hays State University. We are conducting a short survey for the Kansas Health Policy Authority about Medicaid. I have only a few questions. May I begin?

IF YES – continue to next page.

IF NO – “When is a better time for me to call back?”

TIME/DATE OF FOLLOW-UP CALL: _____

TIME/DATE OF 3rd FOLLOW-UP: _____

IF REQUESTED, provide this contact information:

Mike Walker
Assistant Director of
Docking Institute of Public Affairs
(785) 628-5563

As you may know, the Kansas State Legislature is considering a new requirement mandating that every Medicaid beneficiary show a photo identification card (or ID card) at every appointment with a doctor or nurse. This includes child beneficiaries.

We would like to ask you for your opinions about such as proposal. The approved IDs are a Kansas Driver’s License (which costs about \$22), a Kansas ID Card (which costs about \$18), and a passport (which costs \$97 for most people).

A Driver’s License and Kansas ID can be purchased at DMV office, while a passport can be purchased at a Post Office or County Clerk’s Office.

Most of the questions I have the following answer options: Strongly Agree, Mostly Agree, Somewhat Agree, or Do Not Agree.

Q1. First - “IF the typical Medicaid Beneficiary had to purchase and approved ID, this would be a financial hardship on him or her.”

- 5 Strongly Agree
- 6 Mostly Agree
- 7 Somewhat Agree
- 8 Do Not Agree

Q2. How about this statement - “IF the typical Medicaid Beneficiary had to purchase and approved ID, he or she would need some sort of financial assistance.”

- 1 Strongly Agree
- 2 Mostly Agree
- 3 Somewhat Agree
- 4 Do Not Agree

Q3. “Traveling to get a photo ID would be difficult for most beneficiaries because many would have **problems with transportation.**”

- 1 Strongly Agree
- 2 Mostly Agree
- 3 Somewhat Agree
- 4 Do Not Agree

Q4. “Traveling to get a photo ID would be difficult for most beneficiaries because many would have **problems with childcare.**”

- 1 Strongly Agree
- 2 Mostly Agree
- 3 Somewhat Agree
- 4 Do Not Agree

Q5. Thinking about the transportation assistance your office provides for Medicaid client to get to medical appointments, about how many round trip does your office provide for your client during a typical month?

Number of Round Trips per Month _____

Q6. Do you have anything that you would like to add? (Write on back).

Thank you for your time.

End of Document