



Client Correspondence Research Findings (Phase One)



Report for the Colorado Department of Health Care Policy and Financing (HCPF), Colorado Department of Humans Services (CDHS), Connect for Health Colorado (C4) and the Governor's Office of Information Technology (OIT)

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Introduction

Background

In March 2016, the Colorado Department of Health Care Policy and Financing (HCPF), Colorado Department of Human Services (CDHS), Connect for Health Colorado (C4) and the Governor's Office of Information Technology (OIT) contracted with Joining Vision and Action (JVA) to conduct an evaluation of the current client correspondence letters that are sent throughout Colorado, reporting on the essential status of food assistance and medical assistance. These letters, the Notice of Action (NOA), the Income and Eligibility verification System (IEVS), the Redetermination/Recertification Notice (RRR) and the Verification Checklist (VCL) were provided to JVA as template letters that are often used in client correspondence. The team of HCPF, CDHS, C4 and OIT recognized the need for updated letters that reflect desired changes by those who see them (the end-user/reader) and those who are set to help them across the state (stakeholders).

In this phase of the research, the team partnered with JVA for Phase One—to gather valuable input from stakeholders on these particular letter-types in order to ensure future communication sent through the state is more accessible, understood by more individuals, and leads to less confusion and more action. The main aspects that were examined were:

- Readability
 - Defined as the words used are easy to understand, sentences are easy to understand, concepts are familiar to readers, enough (but not excessive) text provided
- Navigation and Layout
 - Defined as the introduction, instructions, clearly defined sections, font size and type, visual layout (whitespace and images) that help the reader better understand the content of the letter
- Tone and Usability
 - Defined as a friendly tone, clearly describing next steps, appeals and legal section clarity (NOA only), culturally appropriate

Research Methods

JVA utilized the following methods for this phase of the research, details of which follows by research type.

- Key informant interviews
- Client and User Integrative Project Team (IPT) meeting
- Stakeholder survey

Key Informant Interviews

Ten key informant interviews were hosted as a way to reach targeted individuals that could speak to the strengths and weaknesses of the various correspondence types.

These individuals were identified by the key workgroup of representatives from HCPF, C4, OIT and CDHS. The goals for the interviews were to evaluate overall perceptions of client correspondence, gather feedback on client correspondence challenges, and identify key areas for improvement and potential modifications

Interview Protocol

The project team helped with the identification and recruitment of the 10 interviews. The interviews were scheduled for 30 minutes between April 18-28, 2016. These conversations were recorded and a detailed summary was created for each interview (see Appendix C for the summary report). The interviews were semi-structured, with the same questions asked to each interviewee, while maintaining an emphasis on flexibility that allows for adjustments based on different perspectives and enables the interviewer to draw out items that are of particular interest to certain respondents based on their expertise.

Ten (10) interviews consisted of:

- 3 county directors
- 1 Healthy Communities or medical assistance site lead
- 1 Connect for Health Colorado assistance site lead/broker
- 1 CDHS county food assistance team lead
- 1 CDHS county cash assistance team lead
- 1 Spanish-speaking assistance site leader
- 1 member of the legislature
- 1 legal advocacy organization representative

Client and User Integrative Project Team Meeting (IPT)

On May 4, 2016, JVA hosted approximately 40 IPT members in a solutions-focused stakeholder meeting. This meeting was facilitated in a “world café” style to ensure all participants were able to contribute ideas and create a feeling of agreement on the client correspondence suggestions. This method utilized the stakeholder’s experience and expertise to come up with specific recommendations for improvement. See Appendix D for the summary of this meeting.

Stakeholder Surveys

The stakeholder survey was designed to reach out to the statewide stakeholders in an efficient manner and gather their input on their perceptions and experiences with the client eligibility correspondence. Hosted by JVA, this survey was conducted online only and remained confidential for all participants. The survey was specifically looking at how to improve the language, look and feel of these letters. The survey was directed to brokers, certified application counselors, consumer advocates, County Departments of Social/Human Services, customer service agents, health coverage guides, Medical Assistance Sites, State agency employees (HCPF, CDHS, OIT), state workforce training center employees and other stakeholder with an interest in correspondence.

Survey Protocol

The online survey remained open for about two weeks during April 2016 (April 14-28), and participants were recruited through direct outreach from HCPF, CDHS, C4 and OIT. HCPF and partners estimate that approximately 10,000 individuals comprise the total population who could have provided input on the survey (e.g., are consumer advocates, health coverage guides or work in a county department of social/human services; see below for sample breakdown). This means that with a sample of 635 participants completing the majority of the survey, the response rate had a ± 3.76 confidence interval, a more than acceptable range for this type of research.¹

Survey Response

The survey was opened 990 times, however, 44 of those did not answer any of the questions resulting a final sample of $n = 946$. Importantly, the survey was structured so that all participants saw and responded to feedback questions on the NOA first, followed in order by the IEVS, the RRR and the VCL. This order meant that many people responded to the NOA, but that participation tended to decrease on each of the following client correspondence types. Of those that took the survey, 807 responded to quantitative questions regarding the NOA, 689 responded to the IEVS quantitative questions, 666 to the questions about the RRR, and 635 to the VCL quantitative questions.² This suggests that about 67% of respondents completed the entire survey.

Demographic Information

As part of the survey, participants were asked several questions designed to understand the perspective from which they were providing feedback on the client correspondence types and to allow for the analysis of potential differences between groups on their perceptions of the correspondence types.

Colorado Benefits Management System

Participants were asked to indicate whether they directly used the Colorado Benefits Management System (CBMS) in their work. Of those that responded, 78.1% indicated that they did use CBMS directly in their work

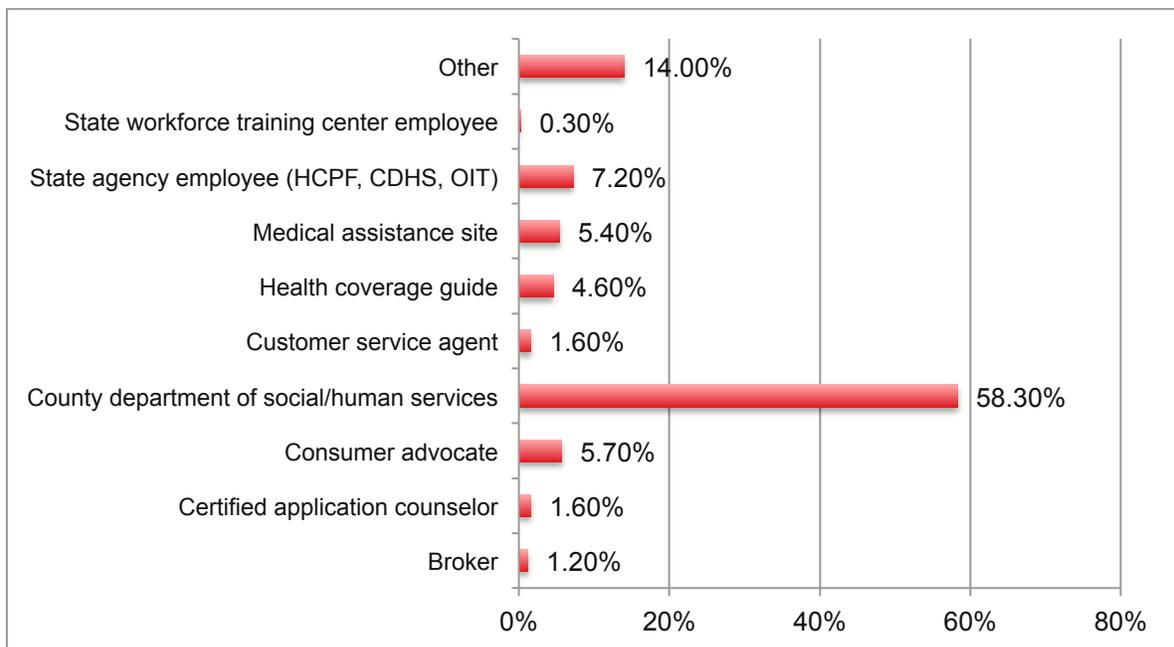
Relationship to Client Correspondence

Participants were asked to indicate their relationship to the NOA, the IEVS, the RRR and the VCL (see Figure 1). More than half of respondents (58.3%) indicated that they worked at a county department of social/human services.

¹ This confidence interval means that percentages included in this report can be understood to be within $\pm 3.76\%$ of the response rate (i.e., margin of error is $\pm 3.76\%$).

² With multiple quantitative questions per letter-type, this number represents the highest number of respondents. Some questions by letter had fewer responses.

Figure 1: Participant Relationship to Client Correspondences



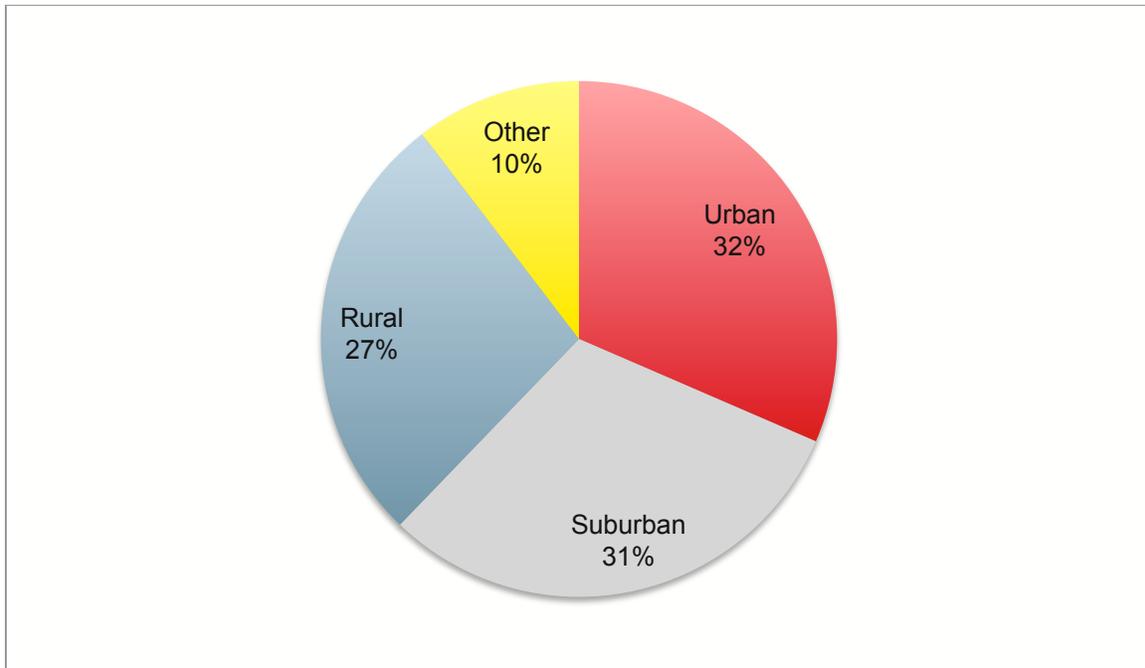
Respondents who indicated other (n = 132) most frequently mentioned:

- Another state partner (i.e., outreach) (20)
- Community organizations/nonprofits (15)
- Health advocates or family caregivers (15)
- Eligibility technicians, specialists, trainers (13)
- Other county employees (e.g., receptionists, workforce development) (13)
- Health care providers (e.g., nurses, hospitals) (10)
- Case managers/workers (9)
- Recipients/clients (7)

Geography

Participants were also asked to describe the area development where the majority of their clients live (e.g., urban, suburban, rural or other). Responses indicate a pretty even split, such that 31.5% indicated that their clients live in an urban area, 30.7% indicated that they live in a suburban area, 27.4% reported that they live in a rural area and 10.4% selected “other” (see Figure 2). Those that indicated other largely selected that they served a mixed population (e.g., “urban and rural,” “statewide,” “all of the above”).

Figure 2: Geography of Clients

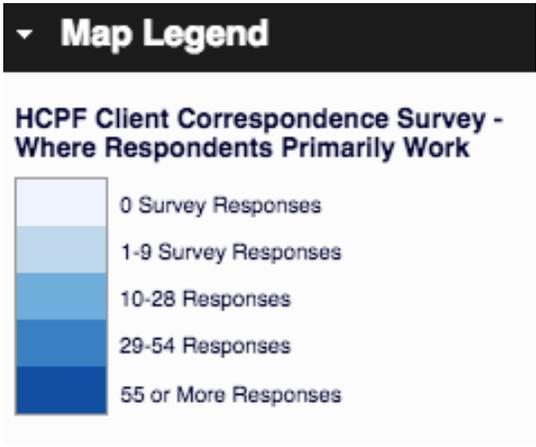
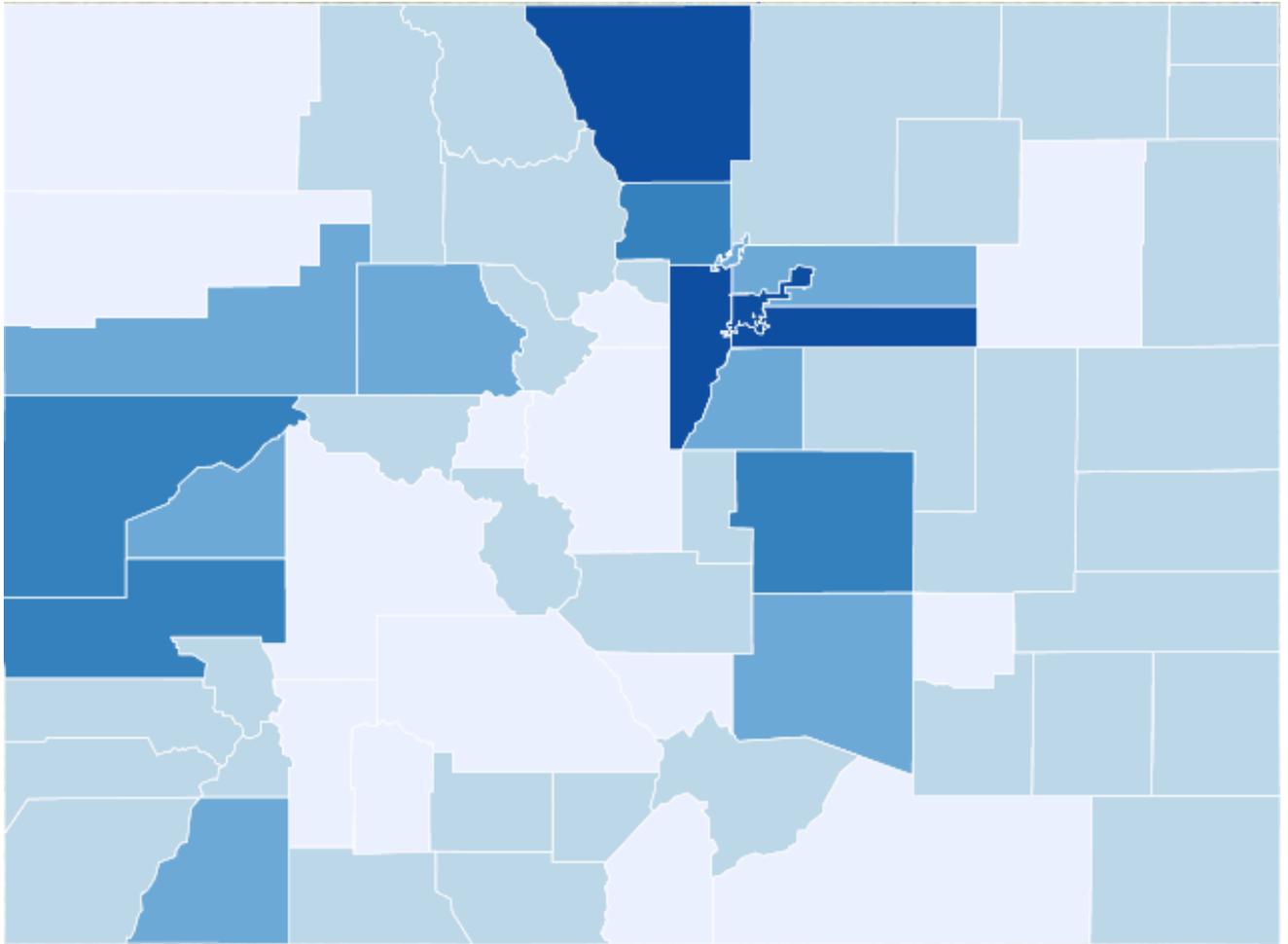


By County

- Participants were also asked to indicate in which county do the majority of their clients live (see Figure 3 on the following page for a heat map of responses). Regions were defined as the following, based on the breakdown provided by Colorado Counties, Inc. (CCI)³
- Eastern: Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
- Front Range: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Weld
- Mountain: Chaffee, Clear Creek, Custer, Eagle, Fremont, Gilpin, Grand, Jackson, Lake, Park, Pitkin, Teller, Summit
- Southern: Alamosa, Baca, Bent, Conejos, Costilla, Crowley, Huerfano, Kiowa, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, Saguache
- Western: Archuleta, Delta, Dolores, Garfield, Gunnison, Hinsdale, L Plata, Mesa, Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan and San Miguel

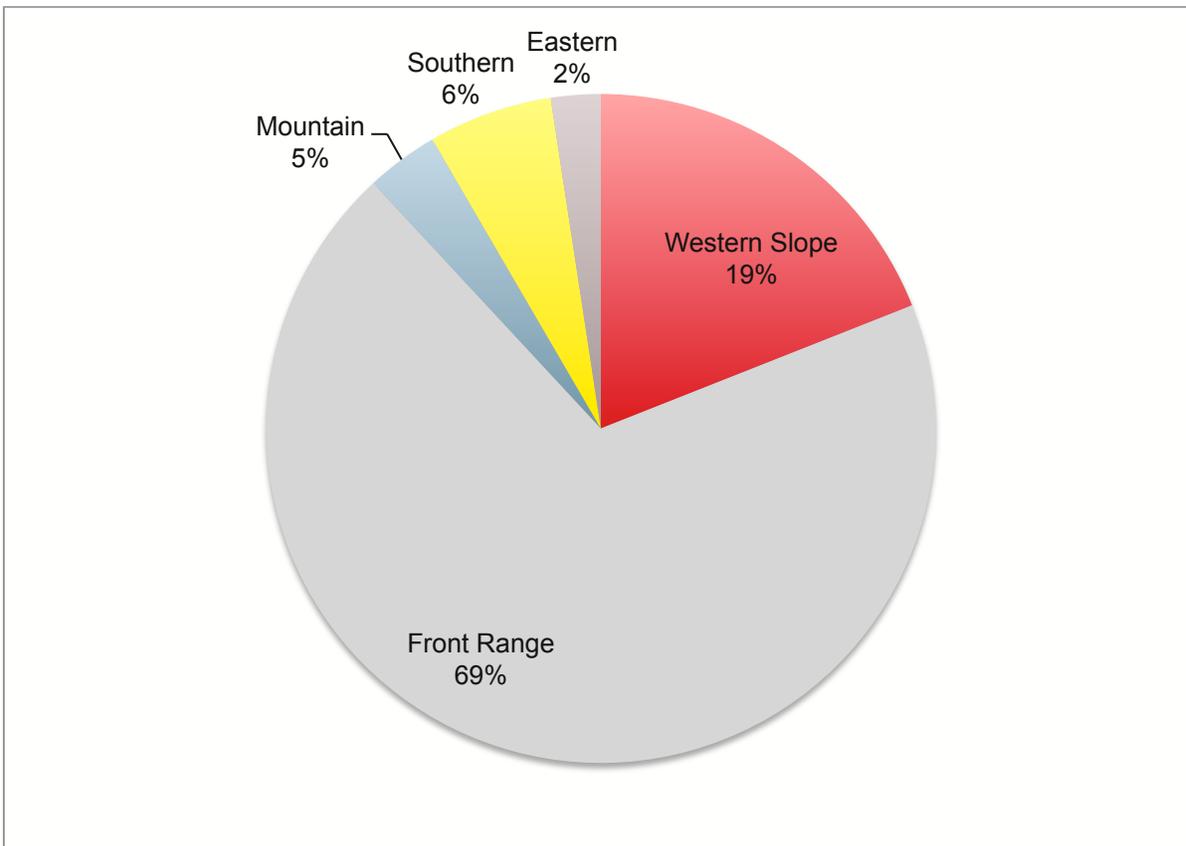
³ Colorado Counties, Inc. *Five District Map*. Retrieved from: <http://ccionline.org/cci/district-officers/>

Figure 3: Colorado County of Clients



Additionally, using the district breakdown by CCI to group respondents into Colorado regions suggests strong representation of those working primarily with Front Range clients and with Western Slope clients (see Figure 4).

Figure 4: Colorado Region of Clients



Frequency of Confusion on Communications

Additionally, participants were asked to indicate 1) approximately how many Medicaid, Child Health Plan *Plus*, Food Assistance or Cash Assistance clients they meet with or communicate with in an average month, and 2) how many of those clients that they meet or communicate with are confused by an eligibility correspondence letter.

Regarding the number of average monthly clients, the most frequent response was 100 (n = 93) and the average response was about 416. However, 75% had less than 150 clients and 98% had less than 1,000 clients, suggesting a couple of extreme outliers (e.g., 80,000 and 150,000). Similarly, the most frequent response for how many clients are confused was actually 0 (n =87), followed by 10 (n = 77), with an average response of about 109 clients. However, 75% of respondent reported a number less than 51.5 clients and 98% responded with a number less than 400.

As the average responses above appear do not clearly represent what is happening for most individuals (when it comes to their clients having confusion on the letters), another tactic was used: a percentage of clients experiencing confusion. This percentage was

calculated by taking the number of clients confused divided by number of clients overall.⁴ Overall, the average rate of client's confusion was 46.5%, with the most frequent result actually being a report of 100% (n =113). Twenty-five percent of respondents indicated a frequency of less than 20%, and 75% of respondents indicated a frequency of less than 75%.

Reoccurring Themes (Across Letters)

Each correspondence letter was individually tested using all research tools. However, there were a variety of issue factors that spanned across all letters, and thus, there are recommendations that apply to all of the letters. This section highlights the key areas that, regardless of letter type, need to be addressed. See Table 1 for an overview of key issues and recommendations.

Overall Issue Areas

The three issues that span across letter-types focus on the readability, the navigation and layout, and the tone and usability of the letters.

Readability

Primarily, the **literacy level of the letters is too high**, with numerous statements suggesting the letters would be better at a sixth grade reading level. Other ways in which literacy level becomes too high is by the amount of **lengthy sentences and unnecessary verbiage**. Readability will improve across all levels with an intense focus on easing the reading level.

Inconsistent use of terminology is an additional factor that negatively affects all letters' readability. For example, "Medicaid" vs. "Medical assistance"; "CDLE" vs. "CDOLE"; and "effective date" vs. "application date" vs. "coverage start date."

Navigation and Layout

When it comes to the navigation and layout of the letters, **there is too much difference in how each letter utilizes consistent organization and formatting**. For example, if a desirable "grid" view in the NOA is agreed upon, that grid should be used in other letter types. Similarly, if bold letters show the next steps/action items, each letter should utilize that. Wherever possible, consistency is desired.

Also related to layout is the notion **that the purpose and call to action are not always at the start of the letter, but often pages behind**. In some documents, this is better than others, but clarity for the reader on what this letter is about and what needs to be done next should be visible at the front.

⁴ This calculation revealed that eight respondents indicated a rate of greater than 100%, and so were excluded.

Tone and Usability

A common issue affecting the tone and usability of the correspondence is that there are often **unclear calls to action**. Similar to the above two categories (readability and navigation/layout), by simplifying the call to action, the letters will be less intimidating to the reader. Also, **when there is too much legal information such as rules, appeals, etc.**, readers can become scared or misinterpret the letters.

Overall Recommendations

Readability

To attain a lower literacy level, the following recommendations are suggested:

- A consistent font size (12) is used throughout all letters
- A sixth grade reading level is recommended
- Shorter sentences and direct language are used
- Terms used are consistent within and across letters
- Avoid jargon and acronyms

Navigation and Layout

To improve the consistent navigation and layout across letters, the following ideas should be implemented:

- Ensure clear headings for each section
- Have a simple and clear purpose at the start of each letter
- Move the “call to action” to the front of each letter
- Consistent layout and formatting between all letters (where possible), including the use of icons

Tone and Usability

To improve the tone and usability of all letters, JVA recommends the following are accomplished:

- Legal information broken out/divided from the main intention (i.e., a brochure)
- Clear statement of purpose and necessary action needed will decrease feelings of confusion

Other

While this was not alerted often in the research, a few key players mentioned the topic of ensuring equity through language access. This leads to the following recommendations for all letters:

- Ensure equity through language access by redoing the Spanish translation and/or incorporating “Babel” insert in all letters

Figure 5: Overall Issue Areas and Recommendations (Across Correspondence)

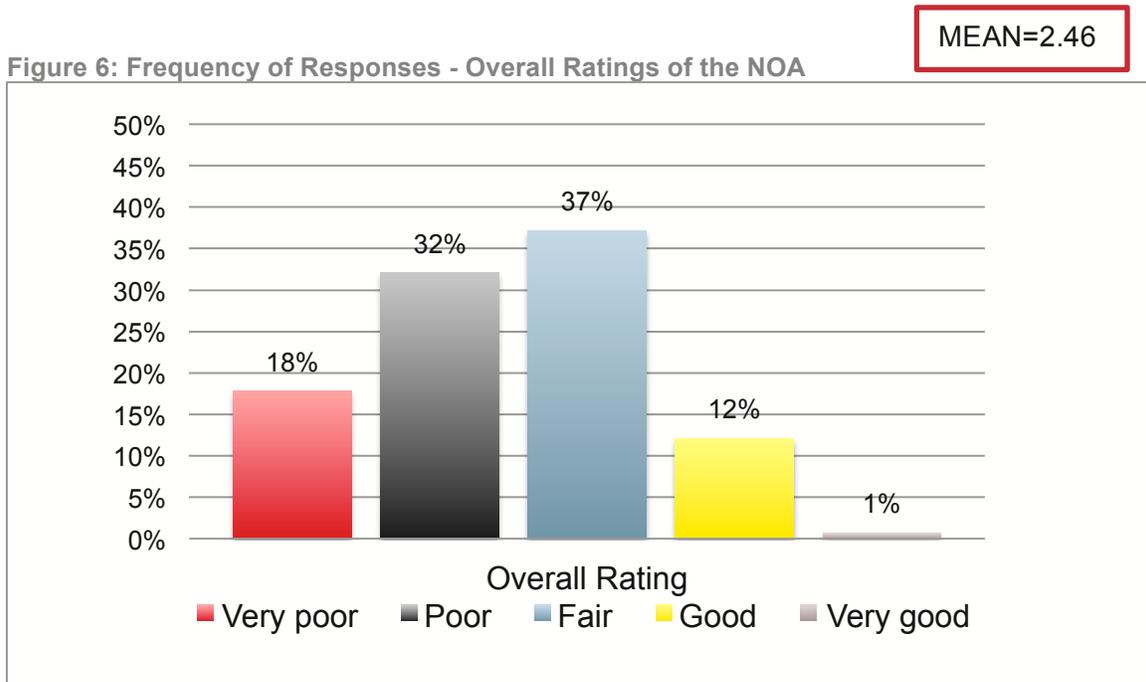
Issue Area	Recommendations
Literacy level too high (lengthy sentences and unnecessary verbiage)	Shorten sentence length, font size (12) Adapt to a near sixth grade reading level Shorten sentences Use consistent terminology and definitions No jargon
Formatting and layout inconsistent (purpose and call to action not always leading)	Clear heading for each sentence Consistent layouts and formatting where possible, including the icons used Purpose/Call to action at the front of each letter
Unclear call to action and too much legal information is intimidating	Break out the legal sections from the main information (i.e., a brochure) Ensure a simple and clear statement of purpose and necessary action is given
Overall	Babel inserts into each letter Update the Spanish language correspondence

Notice of Action

The Notice of Action (NOA) was the most-responded to letter in the stakeholder survey, likely as it is used by most people across the state and thus harbors most of the opinions on how to improve correspondence. This section will highlight the overall issue areas, differences that arose between groups of respondents and recommendations for improvement.

Overall Rating

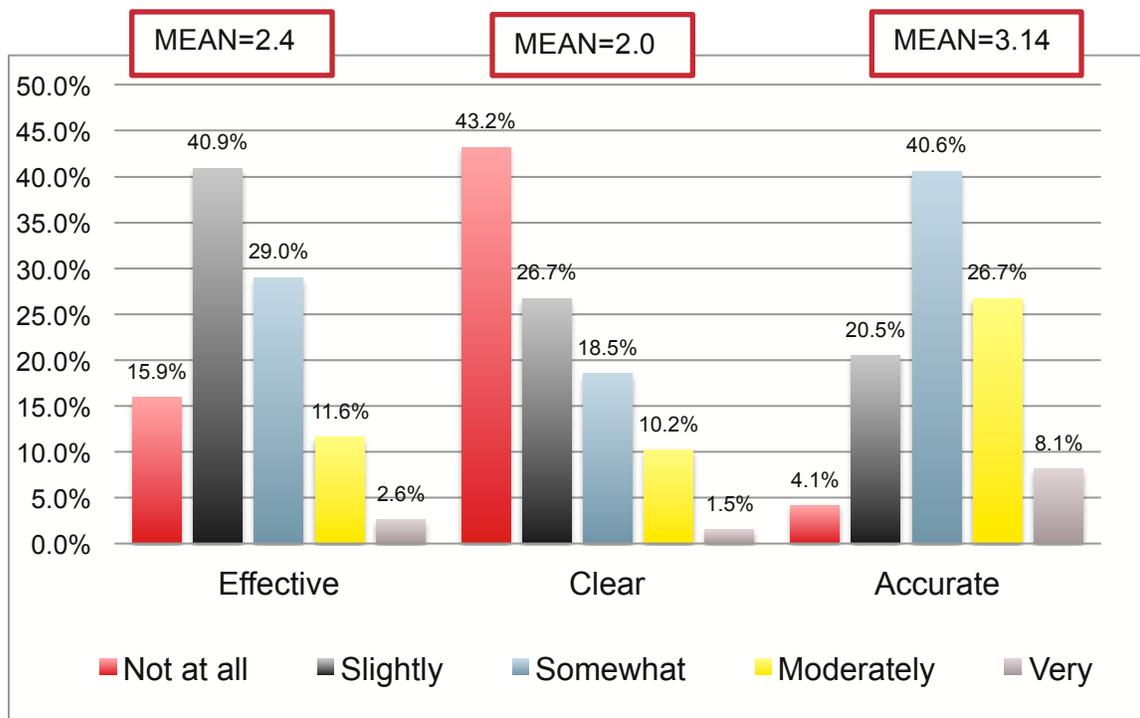
Survey participants were asked to indicate, based on their experiences with the NOA, their overall rating of the NOA (where 1 = very poor and 5 = very good). Results suggest that overall, participants tend to rate the NOA as poor ($M = 2.46$, $SD = .95$).



Participants also rated how effective, confusing⁵ and accurate they perceived the NOA to be based on their experiences. In sum, participants tended to rate the NOA as only slightly effective ($M = 2.44$, $SD = .98$), quite unclear ($M = 2.00$, $SD = 1.08$), and rated the information contained in the NOA as somewhat accurate ($M = 3.14$, $SD = .97$). See Figure 7 for details.

⁵ Participants rated how confusing (where 1 = not at all confusing and 5 = very confusing), however this was reverse-scored so that higher numbers indicate less confusing, in order to match direction of other items (i.e., higher numbers correspond with more positive ratings).

Figure 7: Frequency of Responses - Overall Ratings of the NOA



A test of reliability across these items using Cronbach’s Alpha demonstrates good consistency ($\alpha = .82$), and so a composite score of “overall rating” was created using these four individual items for future analysis within correspondence type and between correspondence type comparisons ($M = 2.51$, $SD = .80$). The results of some of these comparisons are shared in the following section.

Differences Between Stakeholder Groups

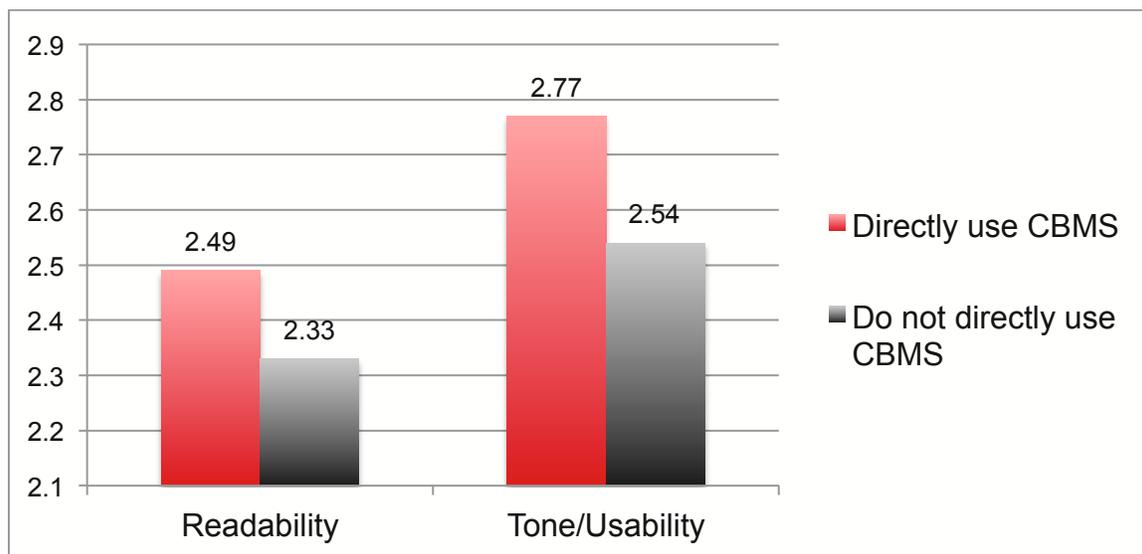
For all correspondence types, it was important to examine how ratings might differ between and within the different demographic groups of the sample (i.e., CBMS, geography) based on ratings of each letter. In other words, analyses were conducted to compare the composite scores of ratings overall, and ratings of navigation/layout, readability, tone and usability. Potential group differences were explored, based on contact with CBMS (i.e., use or do not use), geography of work (i.e., urban, suburban or rural), and region of work (i.e., Western, Front Range, Mountain, Southern and Eastern).

Specifically to the NOA, it was found that interaction with CBMS does not differ between geography of work on the overall perceptions, navigation/layout, readability, nor tone and usability (when using multivariate analysis of variance, MANOVA).

However, there are some differences between those who directly use CBMS compared to those who do not directly use CBMS, such that those who do not directly use CBMS tend to rate the NOA more negatively on perceived readability and on perceived tone and usability ($F(1,539) = 4.20$, $p < .05$ and $F(1,539) = 7.63$, $p < .01$, respectively; see Figure 8). Importantly, there are no differences between overall ratings and perceptions

of navigation/layout between those who use and those who do not use CBMS directly. Those who directly use CBMS rate the readability and the tone and usability more positively.

Figure 8: NOA Rating Differences by CBMS Contact



Key Issue Areas

A number of consistent concerns arose in the evaluation of the NOA, in the survey, interviews and the IPT meeting, which are highlighted below by the main categories of readability, navigation and layout, and tone and usability.

Readability

Survey respondents were asked to rate several aspects of the readability of the NOA (where 1 = strongly disagree and 5 = strongly agree). The following key findings resulted, showing that readability is quite low on a variety of measures:

- The words are easy for anyone to understand ($M = 2.58$, $SD = 1.07$)
- The sentences are easy for anyone to understand ($M = 2.49$, $SD = 1.02$)
- The concepts are familiar to clients ($M = 2.25$, $SD = .96$)
- There is too little information included ($M = 2.97$, $SD = 1.02$; reverse-coded)
- There is too much information ($M = 2.99$, $SD = 1.11$)
- Overall, the NOA is easy to understand ($M = 2.13$, $SD = .99$)

Comparing across these ratings using paired-samples t-tests suggests that all items are statistically significantly different from one another ($ps < .01$), except for rating of too little compared to too much information. In other words, the greatest area for improvement regarding readability of the NOA is with overall “comprehension,” followed by the perception that the concepts are not familiar to clients.

A test of reliability across all items, excluding the rating of “too much information,” reveals acceptable consistency ($\alpha = .73$), so these items were combined to create a composite score of an overall rating of the NOA’s readability for future analyses ($M = 2.47$, $SD = .70$).

Navigation and Layout

Respondents were asked to rate several aspects of the navigation and layout of the NOA (where 1 = strongly disagree and 5 = strongly agree). Similarly, findings showed that the navigation and layout were not well received, with the only rating above the midpoint (3) related to the font size and type:

- The introduction describes the purpose of the letter ($M = 2.87$, $SD = 1.15$)
- The instructions describe how to use the information contained in the letter ($M = 2.32$, $SD = 1.00$)
- The sections of the letter are clearly demarcated through headings and descriptive titles ($M = 2.92$, $SD = 1.09$)
- The font (size and types) is clear ($M = 3.98$, $SD = .71$)
- The visual layout (use of whitespace and images) is useful ($M = 3.04$, $SD = 1.09$)
- I believe the overall design of the letter helps clients better understand the content of the letter ($M = 2.32$, $SD = 1.06$)

Comparing across these ratings using paired-samples t-tests suggests that participants statistically significantly agree more that the font is clear compared with all other navigation and layout features ($ps < .001$) and perceive the greatest area for improvement (i.e., statistically significantly disagree more) to be the instructions and the overall design. Further, a test of reliability across items reveals acceptable consistency ($\alpha = .79$), thus these items were combined to create a composite score of an overall rating of the NOA’s navigation and layout for future analyses ($M = 2.91$, $SD = .72$).

Tone and Usability

Respondents were asked to rate several aspects of the tone and usability of the NOA (where 1 = strongly disagree and 5 = strongly agree). The findings show that the NOA is rated low when it comes to tone and usability as well:

- The NOA uses culturally appropriate language (people from different background would understand the letter in the same way) ($M = 2.82$, $SD = 1.05$)
- The NOA uses a friendly tone ($M = 3.02$, $SD = .92$)
- The NOA clearly describes next steps (if necessary) ($M = 2.33$, $SD = .96$)
- The NOA’s appeals and legal section is helpful for clients ($M = 2.96$, $SD = 1.05$)
- The NOA’s appeals and legal section is clear ($M = 2.87$, $SD = 1.03$)

- Overall, the NOA is a useful document for clients ($M = 2.60$, $SD = 1.05$)

In general, paired-samples t-test comparisons between items reveals significant differences ($ps < .001$), which suggests that the greatest area for improvement regarding tone and usability is the extent to which the NOA describes next steps. Excluding the two legal and appeals items, this information demonstrates that there is acceptable consistency between items ($\alpha = .76$), so a composite score of the overall tone and usability of the NOA was created for future analysis ($M = 2.69$, $SD = .76$).

“The appeals and legal section is often alarming for customers because they misinterpret the information and assume they owe money.”

Recommendations

Readability

As seen in the survey findings, the area of greatest need for the NOA is to increase comprehension. To do this, the following recommendations are encouraged:

- Avoid all jargon and acronyms. Of note to avoid (or define) is Qualified Health Plans (QHP) and tax credit language.
- When using organization names and acronyms, ensure they are consistently used across and within letters.
- Simplify all sentences and number of words used in each sentence.
- Ensure next steps utilize plain and simple language, especially when relating to additional steps that are needed, especially in regards to tax credits, Medicaid denial and C4 connections.
- When writing dates and times, define the difference between them (i.e. date of determination, application date, start date).

“If someone is not eligible for Medicaid, there needs to be a clear statement about Connect for Health option immediately.”

A few ideas proposed in the IPT meeting on how to simplify language are provided below, however, the key factor is to ensure simplicity in language is greatly improved in the NOA.

- *Here’s what to do next*
- *You are getting this because...*
- *We the [county] are sending this*
- *You are eligible due to reported income of ...*

Navigation and Layout

When it comes to the navigation and layout of the NOA, the instructions and the overall design were seen as the area of greatest need in the stakeholder survey. This was

amplified by additional comments in the qualitative research conducted. The following recommendations can improve the navigation and layout of the NOA:

- Supporting Rules/Legal/Appeals shortened or moved, depending on what is required to be there and how it is required to be displayed
- Consistent icons (the checkmarks), headers, bolded information, rows and columns and start dates are used throughout the letter.
- Restructure the table format. There are a few suggestions on how this can be done, which are broken out in Figure 9 and Figure 10.

Specific recommendations from the interviews, IPT meeting and survey to improve the NOA's navigation and layout are:

- *Personalize contact info listed on first page and include C4*
- *Explain what people can expect their next benefit amount to be*
- *Clarify which rule is for which program*

"The more we can simplify the language in how we describe what's happening to a customer's case, the better."

Figure 9: Potential Format NOA, Option A

Food Assistance			
Name of applicant	Results of application	Month	Amount
Barry	Approved	March 2016	\$53
John	Denied	-	-
Mary	Denied	-	-
<i>DETAILS on EBT card, start dates, to follow on this page</i>			
Medical Assistance			
Name of applicant	Results of application	Month	Amount
Barry	Approved	March 2016	\$153
John	Approved	April 2016	\$150
Mary	Denied	-	-
<i>DETAILS on EBT card, start dates, to follow on this page</i>			

Figure 10: Potential Format NOA, Option B

Name of applicant	Program	Result	Month	Amount
John	FA	Approved	March 2016	\$253
	MA	Denied	-	-
Mary	FA	Approved	March 2016	\$153
Barry	FA	Denied	-	-
	MA	Denied	-	-
<p><i>DETAILS on EBT card, start dates, to follow on this page</i></p> <p><i>DETAILS on Medicaid, Connect for Health, dates, to follow on this page</i></p>				

Tone and Usability

The main complaints on tone and usability of the NOA focused on unclear “next steps” and the client confusion that arises due to the already mentioned readability and navigation/layout difficulty. The following improvements are recommended for stronger usability and better tone:

- Action steps need more clarity on what specifically must be done by the client.
- Improved language and layout can help minimize the feeling of confusion (as mentioned earlier).
- A stronger title of correspondence letter and purpose statement can increase understanding and knowledge of what to do next.

Other

An additional factor that arose in the research was the need for a clearer integration of C4 into the NOA. This came about specifically in regards to Medicaid, when a client is denied for Medicaid, he or she is often confused about next steps. For this reason, it is recommended that a clear statement about C4 be added directly after a Medicaid denial.

“Typically when a client is denied for Medicaid they completely miss the paragraph explaining about contacting C4HCO”

Income and Eligibility Verification System

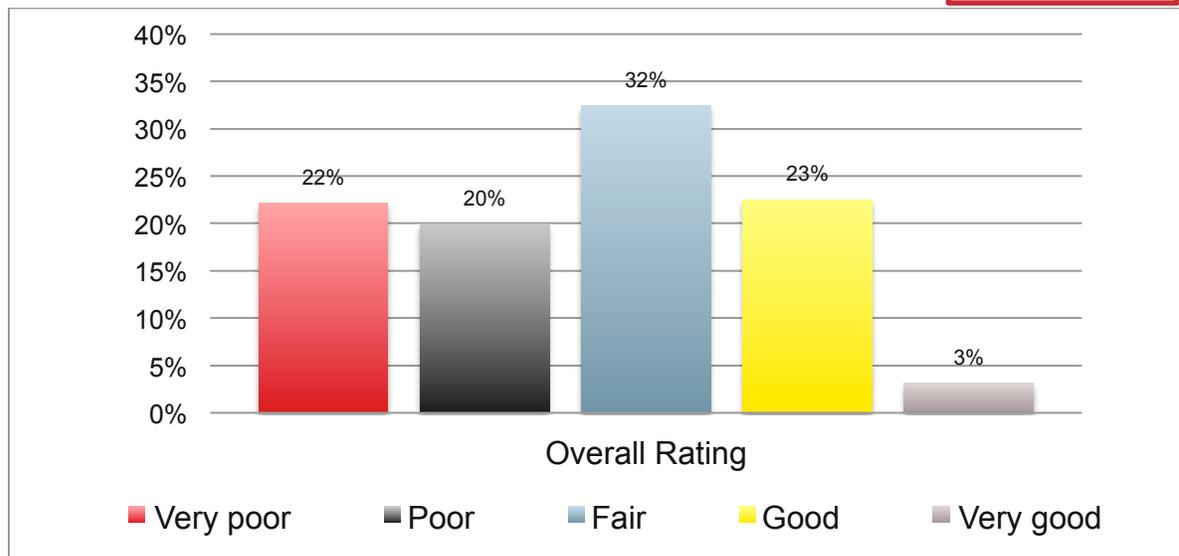
The Income and Eligibility Verification System (IEVS) was the second correspondence to be tested in the stakeholder survey.

Overall Rating

Survey participants were asked to indicate, based on their experiences with the IEVS, their overall rating of the IEVS (where 1 = very poor and 5 = very good). Results suggest that overall, participants tend to rate the IEVS as moderately poor ($M = 2.65$, $SD = 1.14$).

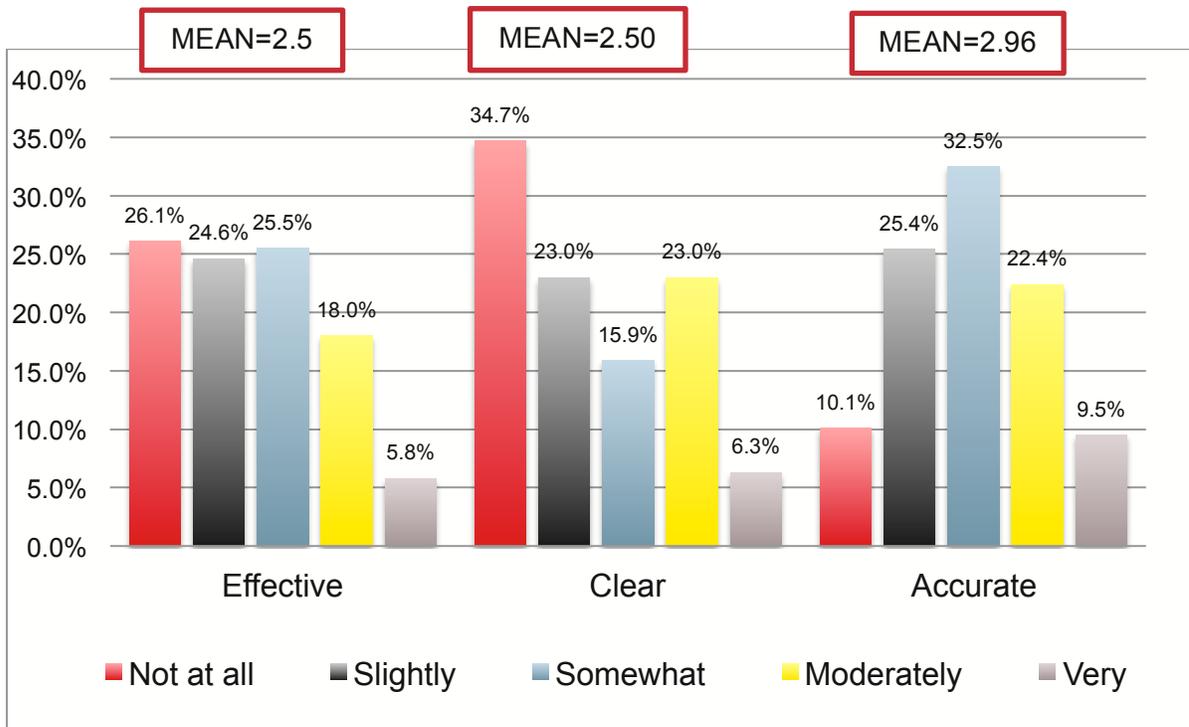
Figure 11: Frequency of Responses - Overall Ratings of the IEVS

MEAN=2.65



Participants tended to rate the IEVS as only slightly effective ($M = 2.53$, $SD = 1.22$), fairly unclear ($M = 2.50$, $SD = 1.34$), and rated the information contained in the IEVS as only somewhat accurate ($M = 2.96$, $SD = 1.12$), as seen in Figure 12.

Figure 12: Frequency of Responses - Overall Ratings of the IEVS



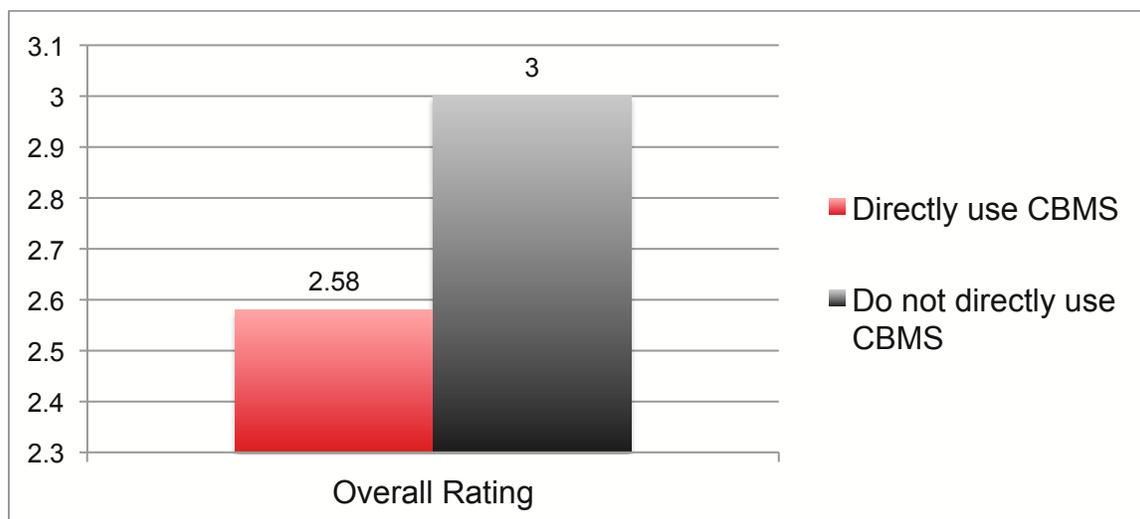
A test of reliability across these items using Cronbach’s Alpha demonstrates good consistency ($\alpha = .84$), and so a composite score of “overall rating” was created using these four individual items for future within correspondence type and between correspondence type comparisons ($M = 2.65$, $SD = .99$).

Differences Between Stakeholder Groups

Similar to what was seen with the NOA, MANOVA analyses revealed that contact with CBMS does not differ between geographies on perceptions of the IEVS. Further, there are no significant differences when comparing between urban, suburban and rural respondents on any of the ratings. However, there is a statistically significant difference on overall rating, such that those who do not directly use CBMS tend to rate the IEVS more positively compared to those who do use CBMS directly ($F(1, 484) = 11.95$, $p < .01$; see Figure 13). Those who directly use CBMS rate IEVS overall more negatively.

Using a one-way ANOVA to compare between Colorado regions reveals no significant differences on overall rating, or ratings of navigation/layout, readability and tone and usability of the IEVS.

Figure 13: IEVS Rating Differences by CBMS Contact



Key Issue Areas

The following issues for the IEVS arose in the stakeholder survey, interviews and IPT meeting.

Readability

Respondents were asked to rate several aspects of the readability of the IEVS (where 1 = strongly disagree and 5 = strongly agree). The following are the main results:

- The words are easy for anyone to understand ($M = 3.01$, $SD = 1.10$).
- The sentences are easy for anyone to understand ($M = 2.98$, $SD = 1.08$).
- The concepts are familiar to clients ($M = 2.55$, $SD = 1.06$).
- There is too little information included ($M = 3.09$, $SD = .99$; reverse-coded).
- There is too much information ($M = 2.65$, $SD = .92$).
- Overall, the IEVS is easy to understand ($M = 2.70$, $SD = 1.16$).

Comparing across these ratings using paired-samples t-tests, suggests overall, the extent to which concepts are familiar to clients, the ease of understanding and the amount of information being too little is rated significantly lower compared to all other items. A test of reliability across all items, excluding the rating of “too much information,” reveals good consistency ($\alpha = .81$), so these items were combined to create a composite score of an overall rating of the IEVS’ readability for future analyses ($M = 2.86$, $SD = .81$).

***“Feels like a lot [of] words; could be much more straightforward.
Tone could be more accessible.”***

The primary theme that emerges from the qualitative sources regarding the readability is that clients receiving this letter do not understand that the income being reported from

the Colorado Department of Labor is in quarterly amounts. This causes a good deal of confusion or unnecessary appeals, as it appears to be an inaccurate amount.

“Clients do not understand/comprehend that this is a quarterly amount or pay attention to the year of reporting.”

Navigation and Layout

Respondents were asked to rate several aspects of the navigation and layout of the IEVS (the look and the feel) (where 1 = strongly disagree and 5 = strongly agree):

- The introduction describes the purpose of the letter ($M = 3.61$, $SD = .97$).
- The instructions describe how to use the information contained in the letter ($M = 3.19$, $SD = 1.12$).
- The sections of the letter are clearly demarcated through headings and descriptive titles ($M = 3.20$, $SD = .99$).
- The font (size and types) is clear ($M = 3.93$, $SD = .66$).
- The visual layout (use of whitespace and images) is useful ($M = 3.64$, $SD = .84$).
- I believe the overall design of the letter helps clients better understand the content of the letter ($M = 3.05$, $SD = 1.08$).

Comparing across these ratings using paired-samples t-tests suggests that, generally, participants tend to agree that the font is the area of least weakness, followed by the introduction and the visual layout (which were rated similarly). The instructions and the headings were rated similarly, but the extent to which respondents felt as if the overall design of the letter was helpful to client comprehension was rated statistically significantly lower than all other items. A test of reliability across items reveals strong consistency ($\alpha = .86$), so these items were combined to create a composite score of an overall rating of the IEVS' navigation and layout for future analyses ($M = 3.43$, $SD = .73$).

The qualitative sources support that the navigation and layout were not the cause of the issues related to the IEVS letters. Numerous responses did indicate that the lack of headers to break up the text made the IEVS difficult to parse through.

“When clients receive this letter, it is a wall of text. There is nothing breaking it up or making it immediately legible. Acronyms shouldn't be used even if they are spelled out earlier in the letter. The use of underlined text makes it look severe but doesn't make it understandable.”

Tone and Usability

Respondents were asked to rate several aspects of the tone and usability of the IEVS (where 1 = strongly disagree and 5 = strongly agree):

- The IEVS uses culturally appropriate language (people from different background would understand the letter in the same way) ($M = 3.16$, $SD = .96$).
- The IEVS uses a friendly tone ($M = 3.10$, $SD = .99$).
- The IEVS clearly describes next steps (if necessary) ($M = 3.05$, $SD = 1.08$).
- Overall, the IEVS is a useful document for clients ($M = 2.86$, $SD = 1.12$).

In general, paired-samples t-test comparisons between items reveals significant differences ($ps < .001$) between overall usefulness and all other items, which suggests that the greatest area for improvement is increasing the utility of the correspondence. The greatest area of strength of the IEVS seems to be its use of culturally appropriate language. A test of reliability demonstrates that there is acceptable consistency between items ($\alpha = .79$), so a composite score of the overall tone and usability of the IEVS was created for future analysis ($M = 3.03$, $SD = .82$).

From the qualitative sources many comments arose about the IEVS containing conflicting information and inaccurate information. This appeared to be linked to a few key issues:

- Dates provided on the IEVS are often irrelevant or old by the time they arrive to the client.

“Usually the IEVS is not up to date with the client’s current employment, therefore confuses the client.”

- Employer names (listed as the legal business name) are often different than the common name the client is used to, resulting in confusion.

“If possible, I would include DBA for employers. When the employer’s name is reported differently to IEVS than what the client is familiar with, I think it causes confusion. For example some King Soopers stores interface as “DILLON COMPANIES,” and clients do not always know that they are the same thing.”

As seen in the NOA, unclear sentences lead to the client feeling confused, and therefore contribute to the tone feeling unfriendly in the IEVS.

- For example, in the IEVS, if there is a 10% change in income, a letter will be sent out, but this increase does not automatically imply denial. However, the letter states, “This amount is over the income limit,” causing individuals unnecessary concern.

- Another example of language that can cause concern: “This amount is over the income limit for medical assistance and will disqualify some or all members of your household for the program.”

Recommendations

Readability

Overall, the IEVS is difficult to understand. Similar to what was suggested in the NOA, the following recommendations can improve the correspondence:

- Avoid all jargon and acronyms. A few recommendations pointed out that CDLE is more common than CDOLE.
- Emphasize the dates that the period covered and clarify that this represents a three-month or quarterly income amount.

Navigation and Layout

The following suggestions for improving the navigation and layout emerged from both the open-ended survey questions and the IPT meeting:

- Addition of headers could be used to break up the text and draw the reader to the important information.
- Improving the layout by ensuring paragraphs are succinct and ordered by importance.
 - For example, by swapping the first with the second paragraph, and then the third with the fourth paragraph.

Tone and Usability

Numerous suggestions for improving the tone and usability of the IEVS emerged from the qualitative data sources. The primary issue related to the tone is that it feels threatening. The line, “This amount is over the limit and will disqualify...” was specifically mentioned as a sentence that needs to be reworked, as it is both threatening and not always accurate.

Respondents also want the letter to make it clear at the top that the contents contained are time sensitive. Often clients see the quarterly income amount or that the employer listed is not the name they are familiar with and assume there was a mistake and they do not need to take action.

Finally, numerous open-ended responses from the survey suggested ensuring that clients do not receive IEVS related to old jobs. While this is a systems issue, when clients receive IEVS letters for jobs they no longer have it causes confusion and sometimes inaction.

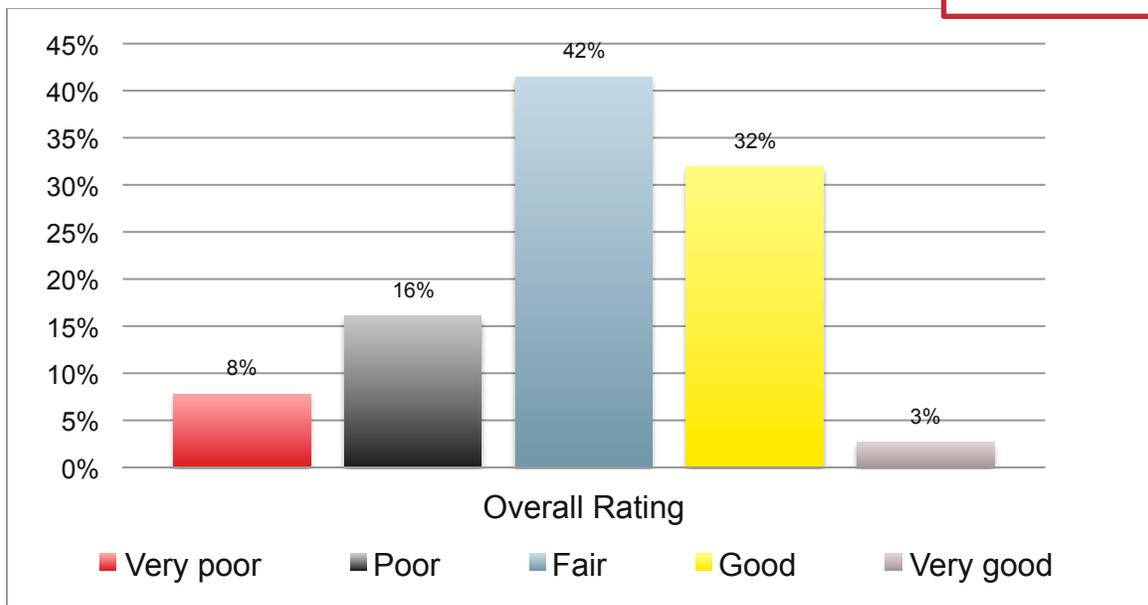
Redetermination/Recertification Notice (RRR)

The Redetermination/Recertification Notice (RRR) was the third correspondence to be tested in the stakeholder survey.

Overall Rating

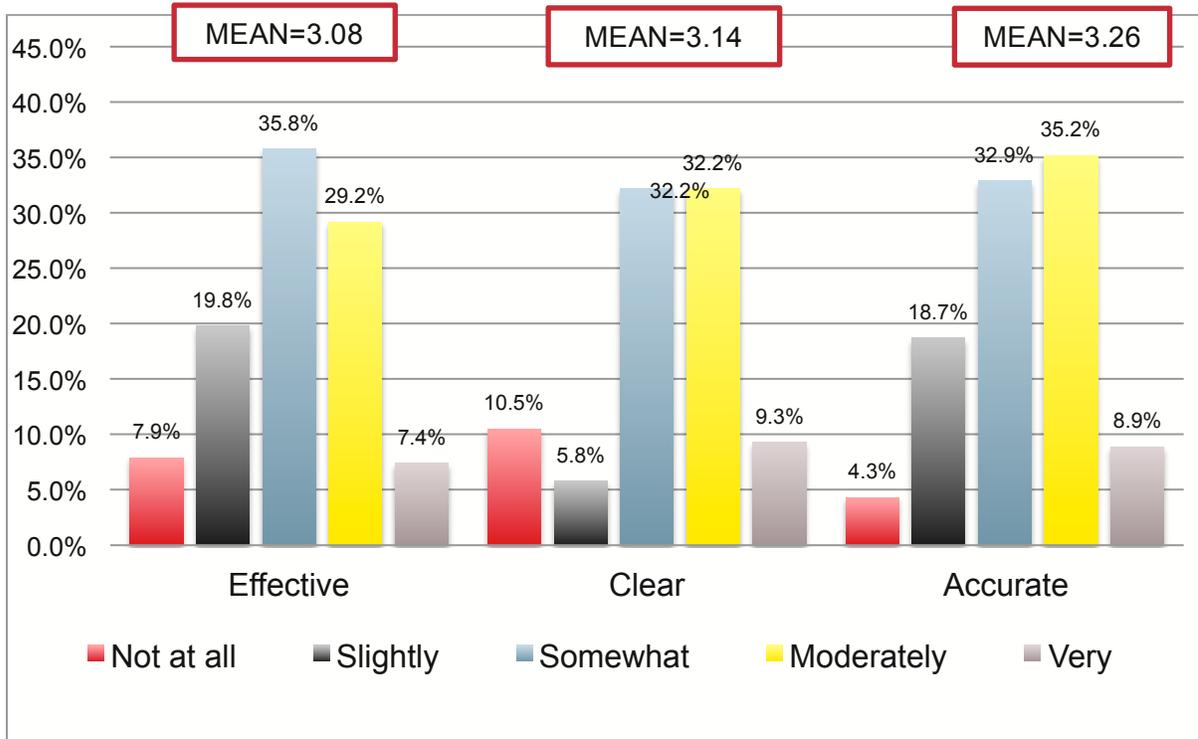
Survey participants were asked to indicate, based on their experiences with the RRR, their overall rating of the RRR (where 1 = very poor and 5 = very good). Results suggest that overall, participants tend to rate the RRR as fair ($M = 3.06$, $SD = .95$).

Figure 14: Frequency of Responses - Overall Ratings of the RRR



In sum, participants tended to rate the RRR as fairly effective ($M = 3.08$, $SD = 1.22$), only slightly confusing ($M = 3.14$, $SD = 1.34$), and rated the information contained in the RRR as pretty accurate ($M = 3.26$, $SD = 1.12$). See Figure 15 for details.

Figure 15: Frequency of Responses - Overall Ratings of the RRR

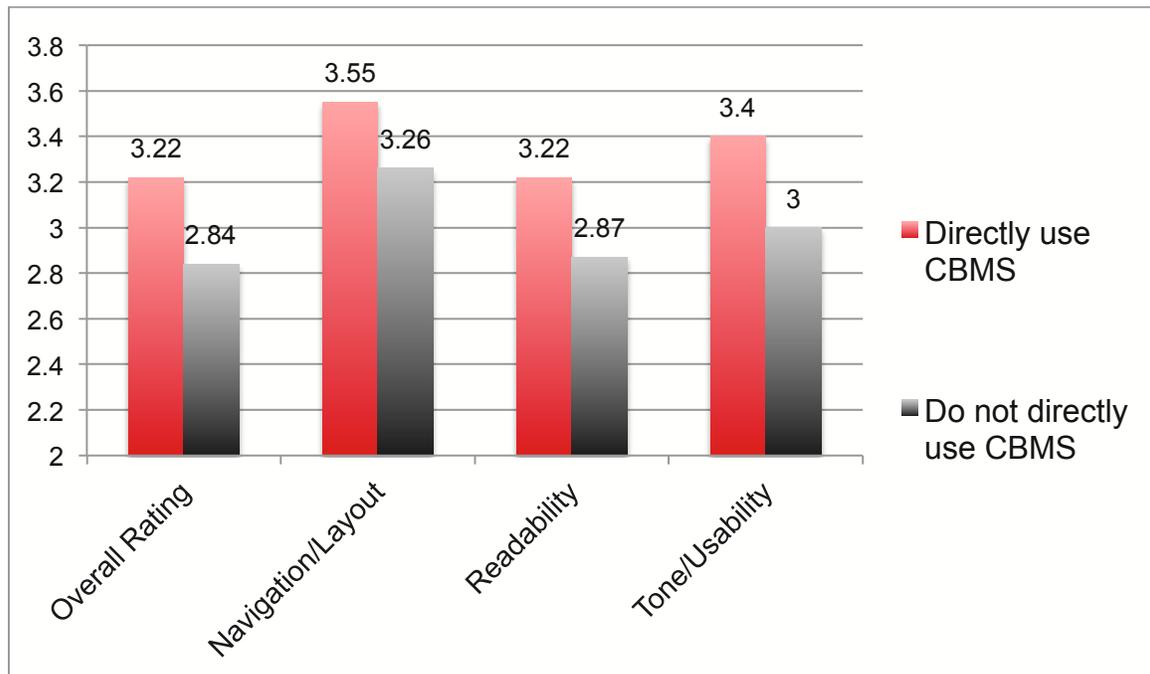


A test of reliability across these items using Cronbach's Alpha demonstrates good consistency ($\alpha = .82$), and so a composite score of "overall rating" was created using these four individual items for future analysis within correspondence type and between correspondence type comparisons ($M = 3.14$, $SD = .82$).

Differences Between Stakeholder Groups

There are no significant interaction effects, suggesting that contact with CBMS does not differ between geographies on perceptions of the RRR, nor are there significant differences based on geography, alone. However, ratings between those who directly use CBMS and those who do not directly use CBMS are significantly different, such that those who directly use CBMS rate the RRR significantly more positively overall, as well as its navigation and layout, its readability, and its tone and usability when compared to those who do not directly use CBMS ($F(1, 478) = 13.60$, $p < .001$; $F(1,478) = 10.55$, $p < .01$; $F(1, 487) = 16.89$, $p < .001$; $F(1, 478) = 19.88$), $p < .001$, respectively; see Figure 16).

Figure 16: RRR Rating Differences by CBMS Contact



Using a one-way ANOVA to compare groups based on Colorado region reveals a marginally significant difference on overall rating of the RRR ($F(4, 534) = 2.50, p = .06$). A Tukey's post-hoc comparison shows that this is largely driven by those serving Southern clients ($M = 2.76, SD = .68$) rating the RRR significantly more negatively when compared to those serving Western Slope clients ($M = 3.25, SD = .75; p < .03$) and marginally significantly more negatively than those serving Front Range clients ($M = 3.13, SD = .85; p = .11$).

Key Issue Areas

Readability

Respondents were asked to rate several aspects of the readability of the RRR (the content and language) (where 1 = strongly disagree and 5 = strongly agree):

- The words are easy for anyone to understand ($M = 3.24, SD = .97$).
- The sentences are easy for anyone to understand ($M = 3.18, SD = .97$).
- The concepts are familiar to clients ($M = 3.19, SD = .97$).
- There is too little information included ($M = 2.90, SD = .90$; reverse-coded).
- There is too much information ($M = 3.08, SD = 1.00$).
- Overall, the RRR is easy to understand ($M = 3.08, SD = 1.00$).

Comparing across these ratings using paired-samples t-tests, suggests overall, the words, the sentences and the concepts used are likely strengths of the RRR. A test of reliability across all items, excluding the rating of “too much information,” reveals good consistency ($\alpha = .80$), so these items were combined to create a composite score of an overall rating of the RRR’s readability for future analyses ($M = 3.15$, $SD = .72$).

From the qualitative data sources no serious issues related to readability are apparent, but a few smaller recurrent issues emerged:

- Concern over the amount of text and acronyms on the first page
- Inclusion of CHP+ and PEAKHealth distracts from instructions and should be included elsewhere

Navigation and Layout

Respondents were asked to rate several aspects of the navigation and layout of the RRR (the look and the feel) (where 1 = strongly disagree and 5 = strongly agree):

- The introduction describes the purpose of the letter ($M = 3.75$, $SD = .80$).
- The instructions describe how to use the information contained in the letter ($M = 3.44$, $SD = .95$).
- The sections of the letter are clearly demarcated through headings and descriptive titles ($M = 3.37$, $SD = .96$).
- The font (size and types) is clear ($M = 3.82$, $SD = .73$).
- The visual layout (use of whitespace and images) is useful ($M = 3.42$, $SD = .96$).
- I believe the overall design of the letter helps clients better understand the content of the letter ($M = 3.12$, $SD = 1.03$).

Comparing across these ratings using paired-samples t-tests suggests that generally participants tend to agree that the font is the area of greatest strength, followed by the introduction. The extent to which respondents felt as if the overall design of the letter was helpful to client comprehension was rated statistically significantly lower than all other items. A test of reliability across items reveals good consistency ($\alpha = .88$), so these items were combined to create a composite score of an overall rating of the RRR’s navigation and layout for future analyses ($M = 3.49$, $SD = .72$).

From the qualitative data sources the primary issue that emerged was the lack of consistency. This is described as a lack of consistency in the format of the RRR letters across programs and a lack of consistency in the format within the RRR letters themselves. Specifically, Section II of the Medical RRR was mentioned in both the open-ended questions and in the IPT meeting for its lack of consistency.

“Inconsistent...some boxes you respond in the box or outside or next to the box. Some information is in the boxes and some are in question format.”

Tone and Usability

Respondents were asked to rate several aspects of the tone and usability of the RRR (where 1 = strongly disagree and 5 = strongly agree):

- The RRR uses culturally appropriate language (people from different background would understand the letter in the same way) ($M = 3.35$, $SD = .90$).
- The RRR uses a friendly tone ($M = 3.45$, $SD = .80$).
- The RRR clearly describes next steps (if necessary) ($M = 3.17$, $SD = .98$).
- Overall, the RRR is a useful document for clients ($M = 3.30$, $SD = .97$).

In general, paired-samples t-test comparisons between items reveal that the RRR's description of next steps may be the area for greatest improvement, whereas the tone of the RRR may be its area of greatest strength. A test of reliability demonstrates that there is good consistency between items ($\alpha = .83$), so a composite score of the overall tone and usability of the RRR was created for future analysis ($M = 3.32$, $SD = .74$).

The qualitative sources appear to confirm that the tone of the RRR is its greatest strength as there were no recurring problem areas.

“Modification needs to be done to advise next steps for Long Term Care eligibility. Resources are always required and not addressed on RRR form.”

“[For example] there was a food assistance case that said ‘increase to decrease to increase’ [and] it didn’t make sense. We were just trying to do a food assistance recertification.”

Recommendations

Readability

Few recommendations to the readability emerged from the qualitative data sources. There were a few suggestions about moving the CHP+ and PEAKHealth information to the back or into a separate brochure in order to decrease the amount of text and information contained on the front page.

Navigation and Layout

A number of suggestions for improvements to the navigation and layout of the RRR emerged from the qualitative data and IPT meeting. While numerous suggestions mentioned that a standard format for the RRR across programs would be helpful, no clear consensus regarding which version was should serve as the model format. Instead a couple key attributes from each were suggested to create the standardized RRR format. Suggestions for creating a standardized RRR included:

- Putting a signature line on the first page of every RRR to decrease the number of RRRs returned without a signature

- Indicating to the client what information is already in the system

The inconsistent usage of tables and checkboxes was also singled out as an area for navigation and layout improvement. Specifically, Section II of the Medical Assistance RRR changes from clear questions with Yes/No checkboxes to simple checkboxes and statements. Instead it was suggested to use a consistent format of a question followed by a Yes/No checkbox, and space to elaborate.

“I don’t know if people view the checkboxes as questions or not. The questions before the boxes in Section II are straightforward.”

Tone and Usability

While the survey responses to “The instructions describe how to use the Information contained in the letter” were high compared to the other letters (M = 3.44, SD = .95), numerous open-ended responses indicated improvements to the instructions could be made. The Medical Assistance RRR in particular was singled out for not having the various sections directly precluded by clear instructions. Also, consistent instructions for what to do if there are no changes to the client’s information would eliminate some problems, as highlighted by this open-ended response to the survey:

“There are still RRR packets floating around that say if you have had no changes do not do anything and then my LTC Medicaid clients fall off Medicaid.”

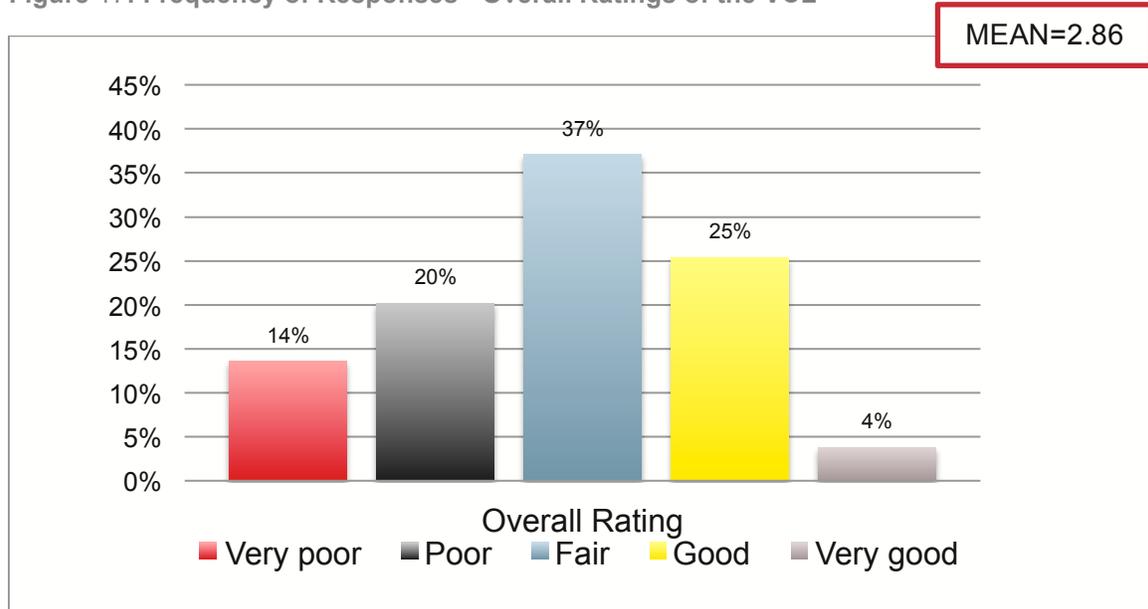
There emerged no clear consensus about the encouragement of clients using the online PEAK system. Numerous open-ended responses were received to both support and highlight the usage of PEAK and to not highlight the usage of PEAK over concerns of its utility.

Verification Checklist (VCL)

Overall Rating

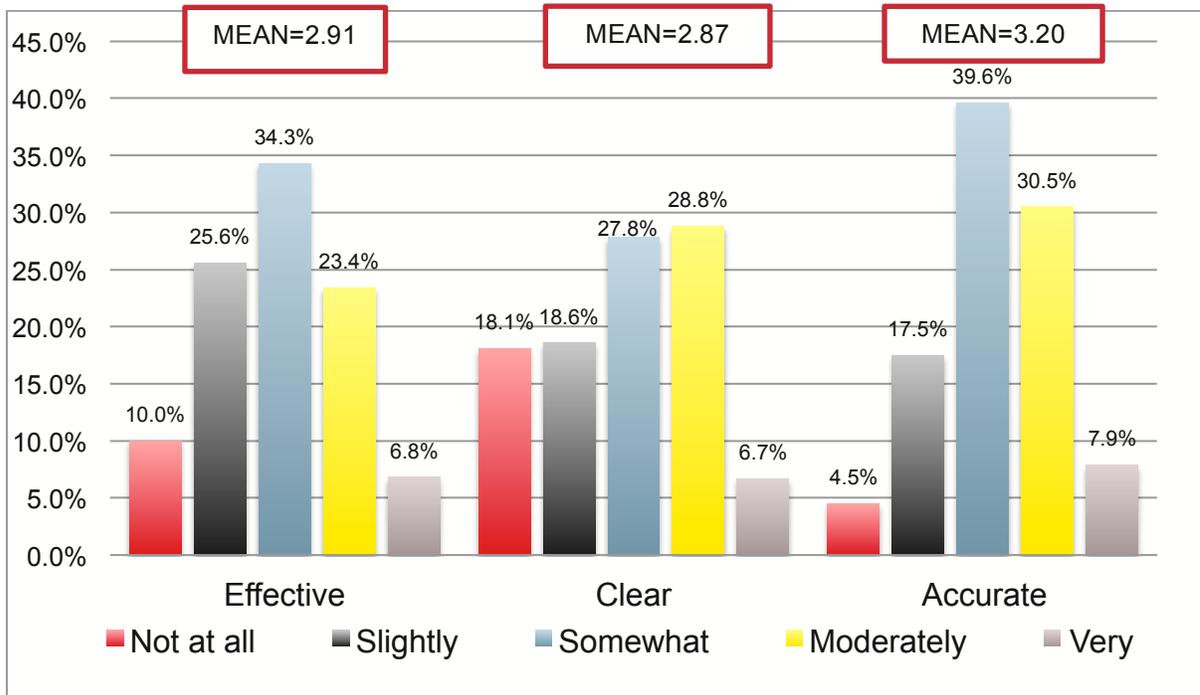
Survey participants were asked to indicate, based on their experiences with the VCL, their overall rating of the VCL (where 1 = very poor and 5 = very good). Results suggest that overall, participants tend to rate the VCL as poor ($M = 2.86$, $SD = 1.06$).

Figure 17: Frequency of Responses - Overall Ratings of the VCL



In summary, participants tended to rate the VCL as slightly effective ($M = 2.91$, $SD = 1.07$), mildly confusing ($M = 2.87$, $SD = 1.21$), and rated the information contained in the VCL as somewhat accurate ($M = 3.20$, $SD = .97$). See Figure 18 for frequency of responses.

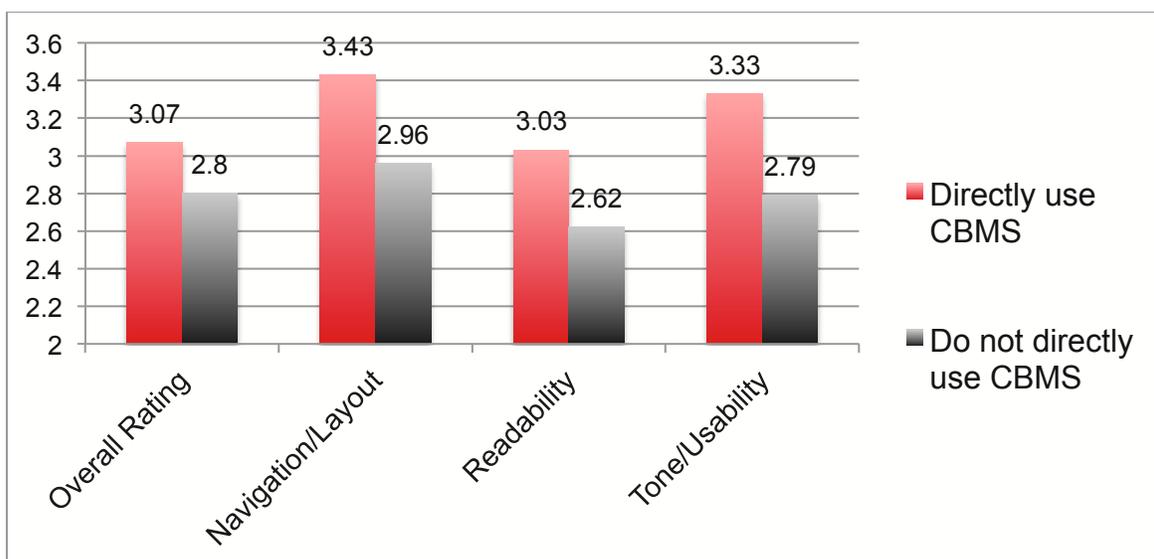
Figure 18: Frequency of Responses - Overall Ratings of the VCL



Differences Between Stakeholder Groups

There are no significant interactions or main effects of geography on perceptions of the VCL. However, ratings between those who directly use CBMS and those who do not directly use CBMS are significantly different. Those who directly use CBMS rate the VCL significantly more positively overall, as well as its navigation and layout, its readability and its tone and usability, when compared to those who do not directly use CBMS ($F(1, 464) = 20.03, p < .001$; $F(1, 464) = 25.49, p < .001$; $F(1, 464) = 19.97, p < .001$; $F(1, 464) = 33.15, p < .001$; see Figure 19).

Figure 19: VCL Rating Differences by CBMS Contact



Using one-way ANOVA to compare between which region respondent clients live reveals non-significant differences, suggesting that regardless of Colorado region, respondents tend to rate the RRR similarly.

Key Issue Areas

Readability

Respondents were asked to rate several aspects of the readability of the VCL (the content and language) (where 1 = strongly disagree and 5 = strongly agree):

- The words are easy for anyone to understand ($M = 2.97$, $SD = 1.04$).
- The sentences are easy for anyone to understand ($M = 2.88$, $SD = 1.03$).
- The concepts are familiar to clients ($M = 3.02$, $SD = .99$).
- There is too little information included ($M = 2.82$, $SD = 1.05$; reverse-coded).
- There is too much information ($M = 3.02$, $SD = 1.04$).
- Overall, the VCL is easy to understand ($M = 2.82$, $SD = 1.05$).

Comparing across these ratings using paired-samples t-tests, suggests overall limited differences between ratings, indicating that all readability ratings for the VCL are somewhat similar (i.e., no real areas of strength or for improvement). A test of reliability across all items, excluding the rating of “too much information,” reveals acceptable consistency ($\alpha = .76$), so these items were combined to create a composite score of an overall rating of the VCL’s readability for future analyses ($M = 2.95$, $SD = .73$).

From the qualitative data sources the theme that emerged regarding the readability of the VCL was that the first page was too text heavy and that this may discourage clients from reading through the entire letter.

“[The VCL] has too many words. The irony is that we call it a checklist!”

Navigation and Layout

Respondents were asked to rate several aspects of the navigation and layout of the VCL (the look and the feel) (where 1 = strongly disagree and 5 = strongly agree):

- The introduction describes the purpose of the letter ($M = 3.60$, $SD = .90$).
- The instructions describe how to use the information contained in the letter ($M = 3.34$, $SD = .98$).
- The sections of the letter are clearly demarcated through headings and descriptive titles ($M = 3.13$, $SD = 1.01$).
- The font (size and types) is clear ($M = 3.29$, $SD = .82$).
- The visual layout (use of whitespace and images) is useful ($M = 3.22$, $SD = 1.03$).

- I believe the overall design of the letter helps clients better understand the content of the letter ($M = 2.94$, $SD = 1.09$).

Comparing across these ratings using paired-samples t-tests suggests that all ratings are statistically significantly different from one another, which means that the overall design of the letter is rated as most poorly, whereas the introduction may be a strength. A test of reliability across items reveals good consistency ($\alpha = .88$), so these items were combined to create a composite score of an overall rating of the VCL's navigation and layout for future analyses ($M = 3.33$, $SD = .77$).

From the qualitative data sources the primary issue regarding the layout and navigation of the VCL centered on the order in which information was presented. The vital information regarding the program, the proof needed, and the due date does not appear until the third page. This, combined with the text heavy first page, is problematic, as some clients do not get to the call to action.

“The VCL has the “Wall of Text” problem where the information is presented in solid blocks, and this is difficult for clients to read and understand.”

Tone and Usability

Respondents were asked to rate several aspects of the tone and usability of the VCL (where 1 = strongly disagree and 5 = strongly agree):

- The VCL uses culturally appropriate language (people from different background would understand the letter in the same way) ($M = 3.26$, $SD = .92$).
- The VCL uses a friendly tone ($M = 3.33$, $SD = .88$).
- The VCL clearly describes next steps (if necessary) ($M = 3.10$, $SD = 1.01$).
- Overall, the VCL is a useful document for clients ($M = 3.15$, $SD = 1.05$).

In general, paired-samples t-test comparisons between items reveal that the VCL's description of next steps and its overall utility may be the area for greatest improvement, whereas the tone of the VCL may be its area of greatest strength. A test of reliability demonstrates that there is good consistency between items ($\alpha = .85$), so a composite score of the overall tone and usability of the VCL was created for future analysis ($M = 3.22$, $SD = .80$).

From the qualitative data sources, much of the discussion regarding the issues with tone and usability of the VCL focused on a systems issue outside the scope of this research. However, due to the volume of responses around this specific issue it is brought up here as something to look into. Countless survey respondents indicated that their primary issue with the VCL is that it was only as useful as the information manually input by “techs.” Other responses indicate that there is simply not enough room to manually input text due to the amount of auto-populated text.

Recommendations

Readability

In order to alleviate the concern that many clients see the block of text on the first page and do not get to the vital information for the call to action, numerous open-ended responses suggested breaking up the text with the use of headers to demarcate the purpose of the various sections of text.

“Break up the text with headers, it’s a lot of reading in one chunk and that intimidates most readers.”

Navigation and Layout

Multiple suggestions from both the open ended responses and the IPT meeting to improve the layout involved moving the table from the third page to the first page. This would get the vital information for the action front and center. During the IPT meeting, the specific suggestion to solve both the layout issue was to delete the bottom three paragraphs from the first page and instead put the “Need Proof Of” table (directly below the corresponding instruction bullet points that appear on the first page).

“I would put the verifications on the first page and notify client that if this is not received by the due date, the benefits may stop.”

Tone and Usability

The theme that emerged from the qualitative data for improving the tone and usability of the VCL focused on ensuring the proof required of the client was specific. Again, this is related to a systems issue about manually entered and auto-populated text.

Comparisons Across Letters

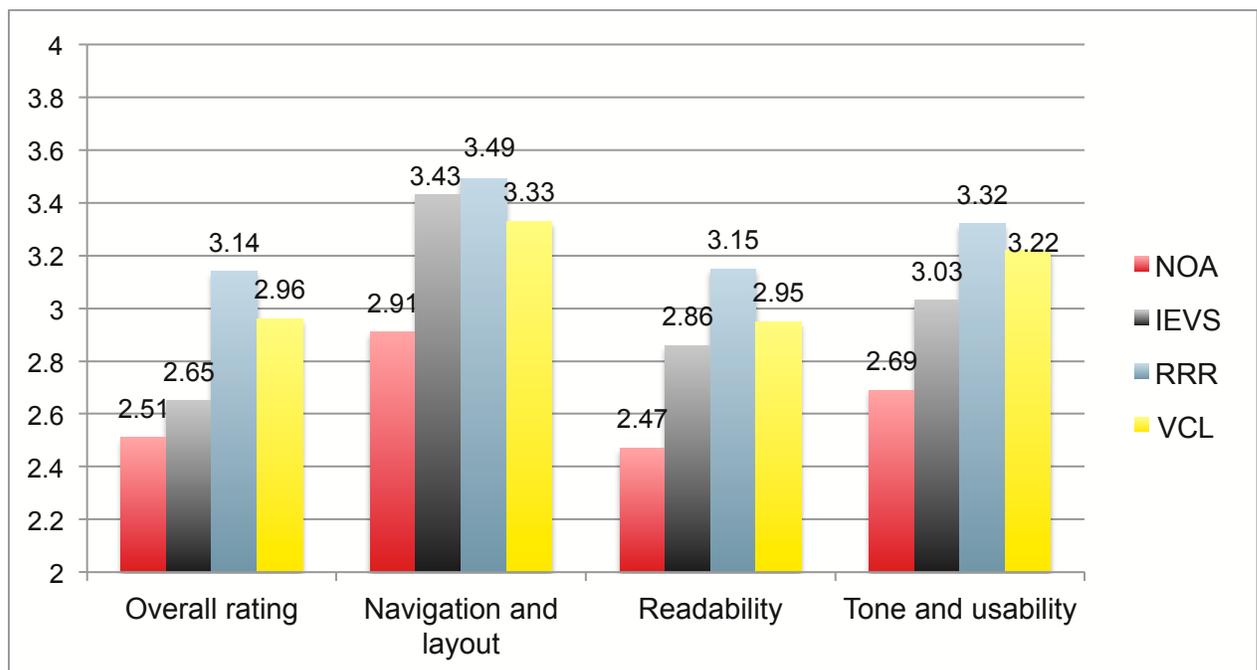
Using the four composite scores that were created for each letter (i.e., overall, navigation and layout, readability, and tone and usability), it is possible to compare between client correspondence types to examine where differences in ratings might lie.

The NOA is rated significantly worse on all outcomes; the RRR is rated best (although again, all could use improving because it hovers right around mid-point of scale).

Paired-samples t-tests comparing the average overall rating of each of the four letters indicates significant differences between all four ($ps < .001$). In other words, each letter is rated significantly differently, such that the NOA is rated most negatively overall, followed by the IEVS, then the VCL, and the RRR is rated least problematic overall. Results of this same analysis based on ratings of navigation and layout, readability, and tone and usability reveals (see Figure 20):

- Significant differences between all correspondence types on ratings of navigation and layout, such that the NOA is rated most negatively, followed by the VCL, then the IEVS, and the RRR is rated most positively overall
- Significant differences between all correspondence types on ratings of readability, such that the NOA is rated most negatively, followed by the IEVS, then the VCL, and the RRR is rated most positively overall
- Significant differences between all correspondence types on ratings of tone and usability, such that the NOA is rated most negatively, followed by the IEVS, then the VCL, and the RRR is rated most positively overall

Figure 20: Comparisons by Correspondence Types



Conclusion

Overall, the review of the client correspondence tested through all research methods—survey, key informant interviews and stakeholder meeting—points to a need for changes with regards to readability, layout and navigation, and tone and usability. These aspects, while not isolated from larger aspects of procedures and systems, are an integral part to improving the letters that clients see and react to. Improved letters will lead to fewer situations of confusion and fear, and thus less burden placed on staff across the state to ease these sentiments.

Key Recommendations

While specific recommendations for language and layout surfaced throughout the evaluation process, they fell into a few broad categories of focus:

- **Consistency.** This applies both to language (using the same terms, language, acronyms, definitions) as well as layout (headers, formatting, text size and type, use of grids and paragraphs for similar content) throughout the letters, no matter the program (food or medical assistance).
- **Clarity.** The purpose of letters is to be direct and to the point, and located on the first page of any piece of correspondence. In developing language for conveying the purpose, the following questions were commonly recommended to consider:
 - *Why is the client receiving the letter?*
 - *What does the client need to do?*
 - *By when does the client need to do this?*
 - *What does the client need in order to complete this action?*
- **Content.** While no small task, the importance of creating documents that are comprehensive, legally viable and easily accessible by a wide range of constituents is paramount. It is also believed to be possible through the careful consideration of appropriate reading levels, placement of rules and regulations and accurate translation.
- **Construction.** Utilizing a variety of formatting and visual tools (such as check boxes, grids, icons) helps to draw attention to important information and to create space to more easily process meaning and identify next steps.

As evidenced by the feedback gathered throughout all research methods, looping back to these four areas of focus when constructing future letters is likely to bode well for user interaction, including both clients and program staff.

Appendices

Appendix A: Sample Survey Questions

Note: These survey questions show the introduction and the NOA questions. The questions repeated for the IEVS, RRR, and VCL.

Client Correspondence Survey 2016

Introduction

The Colorado Department of Health Care Policy and Finance (HCPF) and its partners, the Colorado Department of Human Services (CDHS), Connect for Health Colorado, and the Governor's Office of Information Technology (OIT), want to hear from you about your perceptions and experiences with client eligibility correspondence. To do this, Joining Vision and Action (JVA) is helping to gather feedback from the stakeholder community through this online survey. We are hoping to learn about the challenges and strengths of the following key types of client correspondences:

1. The Notice of Action
2. The Income and Eligibility Verification System (IEVS) Letter
3. The Redetermination/Recertification Notice
4. The Verification Checklist

This survey is specifically about how to improve the language, look and feel of these letters. Your feedback will help inform potential modifications to **how this information is communicated** in the future.

We sincerely appreciate your help in completing this survey, which should take about 20 minutes of your time. Please be sure to provide feedback on all four of the correspondence types included in this survey.

All your information will be kept confidential, so feel free to be candid. This means that your name or any other identifying information will never be linked to your individual responses or comments.

Thank you so much for your time and input—it really is valuable as we work toward improving the usability and effectiveness of client correspondence.

The survey will close at 5 p.m. April 28. If you have any questions or trouble accessing the survey, please feel free to contact me directly.

Jill Iman
Joining Vision and Action
jill@joiningvisionandaction.com
303.477.4896

1

Client Correspondence Survey 2016

Introduction Questions

1. Do you directly use the Colorado Benefits Management System (CBMS) in your work?

- Yes
 No

2. What best describes your relationship to client correspondence (the NOA, the IEVS, the RRR and the VCL)? Please choose one.

- Broker
 Certified application counselor
 Consumer advocate
 County Department of Social/Human Services
 Customer service agent
 Health coverage guide
 Medical Assistance Site
 State agency employee (HCPF, CDHS, OIT)
 State workforce training center employee
 Other (please specify)

3. Approximately how many Medicaid, Child Health Plan *Plus*, Food Assistance or Cash Assistance clients do you meet with or communicate with (e.g., in-person, by phone or via email) in an average month? Please enter a whole number (e.g., 50 or 255).

4. Of those clients, approximately how many of them do you meet with or communicate with in an average month because they are confused by an eligibility correspondence letter? Please enter a whole number (e.g., 50 or 255).

2

5. How would you describe where the majority of your clients live?

- Urban
- Suburban
- Rural
- Other (please specify)

6. In which county of Colorado do you primarily work (e.g., where do the majority of your clients live)?

Other (please specify)

Client Correspondence Survey 2016

Correspondence #1: The Notice of Action

The Notice of Action (NOA) communicates initial and continuing eligibility for benefits. Please take a look at a **sample first page** of this letter for your reference as you answer the following questions. NOAs may look slightly different based on the content (e.g., approval, denial, or termination) and the program(s) the individual(s) applied for, but the following questions pertain to the overall look and feel of NOAs.

4

STATE OF COLORADO



Case Number: 1B [REDACTED]
 Skelter Helter
 1200 FEDERAL BLVD
 DENVER CO 80204-3221

Monica Gomez
 Denver/FAD/Division
 BLDG
 1200 FEDERAL BLVD
 DENVER CO 80204-3221

Client ID: 000 [REDACTED] (720) 944-3666
 Medical Assistance Contact: Monica Gomez (720) 944-3666
 Adult Financial Contact: Monica Gomez (720) 944-3666
 Food Assistance Contact: Monica Gomez (720) 944-3666

Date and time of eligibility determination: 04/07/2016 03:02 PM

	Approval: Your application has been approved for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date
Medicaid - No Premium required	Skelter Helter - Q [REDACTED]	04/07/2016	04/07/2016
Additional Information:			
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.3.F			

	Approval: Your application has been approved for the following program(s).				
Program	Application Date	Benefit Start Date/Month	Benefit End Date/Month	Benefit Amount	Date and Time determined
Adult Financial	04/07/2016	04/07/2016	04/30/2016	\$72.80	2016-04-07 15:02
Adult Financial	04/07/2016	05/01/2016	03/2018	\$91.00	2016-04-07 15:02
Additional Information:					
You have been approved for Adult Financial cash benefits.					
Supporting Rule: 9-CCR 2503-5, 3.500					
Food Assistance	04/07/2016	04/2016	04/2016	\$52.00	2016-04-07 15:02
Individuals:					
Skelter Helter - Q [REDACTED]					

The following questions ask about your **overall impressions** of the NOA.

7. Given your experiences with the NOA and with clients who receive the NOA, what is your overall rating of the NOA using the scale below?

- Very poor
- Poor
- Fair
- Good
- Very good

8. Based on your experiences, how effective do you feel the NOA is for clients?

- Not at all effective
- Slightly effective
- Somewhat effective
- Moderately effective
- Very effective

9. Based on your experiences, how confusing do you feel the NOA is for clients?

- Not at all confusing
- Slightly confusing
- Somewhat confusing
- Moderately confusing
- Very confusing

10. Based on your experiences, how accurate do you feel the information contained in the NOA is?

- Not at all accurate
- Slightly accurate
- Somewhat accurate
- Moderately accurate
- Very accurate

Below are several potential **challenges or strengths** of the NOA. Please respond to each of the following questions based on your experiences.

6

**11. Please rate the following aspects of the *navigation and layout* of the NOA (the look and the feel).
If you do not know, are unsure of your response or can't answer, please leave the item blank.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The introduction describes the purpose of the letter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructions describe how to use the information contained in the letter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sections of the letter are clearly demarcated through headings and descriptive titles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The font (size and type) is clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The visual layout (use of whitespace and images) is useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the overall design of the letter helps clients better understand the content of the letter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments about the navigation and layout:

13. Please indicate how much you agree with the following statements regarding the *tone and usability* of the NOA. If you do not know, are unsure of your response or can't answer, please leave the item blank.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The NOA uses culturally appropriate language (people from different backgrounds would understand the letter the same way).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NOA uses a friendly tone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NOA clearly describes next steps (if necessary).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NOA's appeals and legal section is helpful for clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NOA's appeals and legal section is clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the NOA is a useful document for clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments about the tone and usability:

Please respond to the following questions regarding **improvements and modifications**.

14. How would you describe the NOA's top strength (what should remain the same)?

15. If you could modify the language, look and feel of the NOA, how would you change it?

16. If you could add additional language to the NOA to tell clients what they need to do after they receive this letter, what would you include?

17. Do you have any other comments or feedback regarding the NOA correspondence letter's language, look or feel?

10

Client Correspondence Survey 2016

Thank You

Thank you for taking the time to participate in this important survey. Your feedback is incredibly valuable and will be used to inform the future conversations around how to improve client correspondence.

Please click "Done" to save your responses and close the survey. Thank you again!

Jill Iman
Joining Vision and Action
jill@joiningvisionandaction.com
303.477.4896

Appendix B: Interview Script

Introduction

- Hello and thank you for participating in this conversation. My name is _____ and I work with Joining Vision and Action, a Colorado-based planning and research firm hired by the Colorado Department of Health Care Policy & Financing, the Colorado Department of Human Services, Connect for Health Colorado, and the Governor’s Office of Information Technology to facilitate discussions around perceptions of current client correspondence and allow it to develop a better understanding of ways in which it might be able to improve the look and feel of these correspondences. I am speaking with several key leaders around the state who are able to speak to these topics of interest.
- **The information you share today will be audio recorded and shared with the agencies I mentioned earlier**, as it is important for them to know any particular insights that come up from your experiences. After conducting all of the interviews, we will combine all the responses into a larger report that will inform future discussion around correspondence changes.
- Your feedback, and the resulting report on stakeholder feedback, will be used by national plain language experts to create initial drafts of the correspondence we discuss today. Those draft letters will then be tested with clients across the state in English and Spanish, as well as with clients who utilize assistive technology. The drafts will then be revised based on the client feedback. There will also be a concurrent legal review of the correspondence.
- There are no right or wrong answers. I simply want to know what you think and why. Our discussion today should last no longer than 30 minutes.
 - *Confirm that the interviewee received the PDF of sample letters via email and has it open*
- **I will be placing you on speakerphone, as I am going to be taking notes and recording as you speak. Is that OK?**
- Thank you for your participation. Do you have any questions for me before we get started?

Interview Questions

Background

1. To begin, please tell me briefly about your familiarity with client correspondences, specifically, the Notice of Action (NOA), the Income and Eligibility Verification System or IEVS letter (pronounced: “eaves”, the Redetermination Notice (RRR) and the Verification Checklist (VCL)?
 - a. Probe: Tell me a little more about your position and how it relates to client correspondence

Overall Perceptions

I’d like now for us to talk a little more *broadly about your overall perceptions of these client correspondences*. It’s important to note that we are focusing on **the language**,

look and feel of these letters today. So thinking about the way in which the information is presented and communicated.

2. How would you describe the overall effectiveness of these letters?
 - a. Are there frequent, shared issues/challenges that seem to emerge overall? (Interviewer note: please probe for *shared* issues focused on language, look and feel. If needed, remind the interviewee that we will discuss individual letters later and that we are not going to discuss operational or system issues during this conversation.)
 - b. Clients can choose to receive eligibility-related correspondence through U.S. Postal Mail and/or online through the Mail Center in their Colorado.gov/PEAK account. If they choose e-noticing, they can choose to be notified via email or text when there is a new letter in PEAK. What do you believe is the best method for delivering these letters? Why?
3. Do you believe the information contained in the correspondence letters is generally accurate?
 - a. If “yes” or “no,” what examples can you think of to highlight this?
 - b. Probe: Do particular letters often contradict each other or appear to contradict each other? If so, which ones?

Areas for Improvement and Strengths

I'd like to shift to talking more specifically about each of the four main types of client correspondence. For each letter type, I will first ask you about your familiarity, and then ask you to share your thoughts on challenges and strengths of the letter type. (Interviewer note: If participant indicates being *unfamiliar* with any of the specific letters below, please skip questions related to that letter.)

4. The Notice of Action (NOA) communicates initial and continuing eligibility of benefits, such as whether you are approved, denied or terminated. How familiar would you say you are with the NOA?
 - a. Based on your familiarity with the NOA...
 - i. What do you believe are the top areas for improvement regarding the language, look and feel of the letter? (*Probe*: This might be related to the layout, design, readability, accessibility and usability of the letter.)
 - ii. What do you believe are the top strengths of the letter?
 - b. If you could modify the look and feel of the NOA, how would you change it?
5. The Income and Eligibility Verification System (IEVS; interviewer note: IEVS is pronounced “eaves”) letter is a letter sent to clients if there is a discrepancy between what they reported as their income and what their employer reported to the Colorado Department of Labor and Employment (CDOLE). If the income the client reported makes them eligible for Medicaid or CHP+, but the employer-reported income would make them ineligible, they will need to respond to the

- letter with an explanation of why the two numbers are different, or provide proof of their income. How familiar would you say you are with the IEVS?
- a. Based on your familiarity with the IEVS...
 - i. What do you believe are the top areas for improvement regarding the language, look and feel of the letter? (*Probe:* This might be related to the layout, design, readability, accessibility and usability of the letter.)
 - ii. What do you believe are the top strengths of the letter?
 - b. If you could modify the look and feel of the IEVS, how would you change it?
6. The Redetermination Notice (RRR) is a letter sent to clients to determine if they are still eligible for benefits. How familiar would you say you are with the RRR?
- a. Based on your familiarity with the RRR...
 - i. What do you believe are the top areas for improvement regarding the language, look and feel of the letter? (*Probe:* This might be related to the layout, design, readability, accessibility and usability of the letter.)
 - ii. What do you believe are the top strengths of the letter?
 - b. If you could modify the look and feel of the RRR, how would you change it?
7. The Verification Checklist (VCL) is a letter sent to applicants and clients who need to provide additional information/documentation for the system to determine their eligibility. If they do not provide this information/documentation, they will not qualify for benefits.
- How familiar would you say you are with the VCL?
- a. Based on your familiarity with the VCL...
 - i. What do you believe are the top areas for improvement regarding the language, look and feel of the letter? (*Probe:* This might be related to the layout, design, readability, accessibility and usability of the letter.)
 - ii. What do you believe are the top strengths of the letter?
 - b. If you could modify the look and feel of the VCL, how would you change it?

Closing

8. As a _____ (insert role of interviewee), which of the areas for improvement you mentioned previously are most important to you?
 - a. Why?
 - b. If you could improve one thing with client correspondences, what would it be?
9. Are there any other *critical factors/approaches/focus to ensuring* that the client correspondences are clear and effective?

10. Do you have any final thoughts or concerns about these client correspondences?
 - a. Do you have any other comments or feedback that you think would be helpful for me or for HCPF and its partners to know?

Thank you very much for your time! Again, we'll be using this information to inform further conversations around improvements to these client correspondences. Your feedback and perspectives have been very valuable, and if you have any other thoughts that come to mind after we get off the phone, please feel free to contact me at any time. Or if I have additional questions, would it be all right if I got back in touch?

Appendix C: Summary of Key Informant Interviews

Interviews with all 10 identified stakeholders were conducted April 21-27, 2016.

Interviewees were provided with sample correspondence of all four letters: the Notice of Action (NOA), the Income and Eligibility Verification System or IEVS letter, the Redetermination Notice (RRR) and the Verification Checklist (VCL). While some offered broader feedback about systems functioning, Joining Vision and Action (JVA) staff kindly reminded that the purpose of this round of feedback was to address the language, look and feel of the letters. From these interviews, several key themes were identified and are expanded upon below.

- **Simplification.** All participants noted that that overall, the letters are too long. While it was often recognized that some of the information, including information regarding supporting rules and appeals processes, is necessary to include, interviewees strongly suggested changing how they are incorporated.
- **Comprehension.** Ensuring that all correspondences are at an appropriate reading level is of the utmost importance. Additionally, when requesting information, especially when using jargon-like or not widely known terms, it is recommended that it be accompanied by simple description and/or definition.
- **Consistency.** For elements shared across all letters, such as terms and contact information, format of this information should be consistent. Creating a consistent header across all letters was also recommended.
- **Translation.** Interviewees noted that further work is needed to ensure complete and correct translation between English and Spanish versions.
- **Coordination.** For circumstances that require sending multiple letters to a client, adding clear language that outlines the purpose and necessity of each letter is recommended. Given the opportunity for these letters to appear contradictory, interviewees noted that it would be ideal if multiple letters can be avoided.

Specific feedback and themes from individual interviewees are included in the following pages.

Individual Interviews

For each interview, a recording was created and accompanying notes were taken during the call. Each participant's role, affiliation, familiarity with the letters and a summary of the key themes are included below.

Andrea Albo

Ms. Albo is the deputy executive director of Assistance for Denver Department of Human Services. She has been with the department for about 10 years and has had intimate involvement with the CBMS system and accompanying letters, both through direct service with clients and supervision of staff. She indicated she was **very familiar** with all four letters.

Key themes from this interview include:

- **Give the bottom line.** Ms. Albo is an avid believer that for the majority of people, if you “bottom line it” then drill into the details, there is likely to be a better success rate. Suggestions for structuring letters around this principle include: Here's what you need to know, here's what you need to do, here's what happens if you don't, and here's how you start. Ms. Albo also noted that taking this organized approach for action provides more incentive to take the presented action.
- **Having consistent flow and format.** Letters were often cited as lengthy and inconsistent with language and look. Tools like icons used in the NOA letter could be used thematically throughout the document to help create a thread of familiarity and understanding.
- **Dramatically improved over the years.** Given Ms. Albo's experience with the form, she has seen positive changes in the correspondence over the years and was complimentary of the continued commitment by state and county leaders to creating helpful and effective information for clients.

Elisabeth Arenales

Ms. Arenales is the director of the Colorado Center on Law and Policy's Health Care Program. She has worked with benefit programs through individual litigation as well as overall policy review. Ms. Arenales said she is **very familiar** with each of the sample letters.

Key themes from this interview include:

- **Accessibility.** Ms. Arenales expressed concern about the reading level for all letters, as well as overall design and presentation of the information. She suggested: using simple headings to navigate through the notices, using shorter sentences, increasing font size, eliminating the use of conjunctions, and using bold font for emphasis on key pieces of information.
- **Comprehensiveness.** In addition to shortening and emphasizing important pieces of information, Ms. Arenales also noted the need for

more instructional or informational information about what components of the letter mean. For example, “effective date” was noted as confusing language and having multiple interpretations. Inconsistent abbreviations, such as “Inc Type” versus “Income Type” on the RRR letter were also noted as being unclear.

- **Clarity.** Ms. Arenales shared that clients can receive bundles of notices and can get so overwhelmed that at times they “don’t even open them.” She noted that it is most important to make the most important action or need as clear as possible and to have it be prevalent on the page.

In regards to the letters and the process for refining them, Ms. Arenales said, “There is no reason why a legally compliant document can’t be user friendly.” Ms. Arenales and her team of will also be providing a memorandum that outlines additional in-depth feedback. At the time of writing this summary, it has not been received.

Stephanie Arenales

Ms. Arenales is the Boulder County Healthy Communities manager. She personally has helped many clients with these letters and also supports her staff as they work with their clients. Ms. Arenales said she is **very familiar** with all of the letters.

Key themes from this interview include:

- **Language.** Overall, Ms. Arenales noted that the letters could contain simpler language, make sure to use an appropriate reading level and avoid jargon. Specifically mentioned throughout was using “qualify” instead of “eligible.” For example, the phrase “we’ve determined your eligibility” could be “we want to see if you qualify for.” Also, references to program names should be consistent; either Medicaid or “medical assistance.”
- **Unified translation.** Ms. Arenales reported that her bilingual staff report a lot of issues with the translations, as it seems like different terms are used in different letters for the same thing. For example, the words for “man” and “woman” were different across two letters; one indicated gender for people and the other gender for animals. Ms. Arenales suggested that it be decided what words are going to be used and then use them consistently throughout all letters.
- **Clarity.** Ms. Arenales noted that a critical approach to ensuring that client correspondences are clear and effective is to make it very apparent (visually and through text) if the client needs to act, by when, for what reason and what is required.

Mirna Castro

Ms. Castro is the director of Health Enrollment, Literacy & Promotions at Servicios de La Raza and partners with Connect or Health Colorado programs. She indicated that she is **somewhat to very familiar** with the correspondence letters.

Key themes from this interview include:

- **Translation.** The translation from English to Spanish is not always clear and is inconsistent across letters. Ms. Castro noted that the Spanish version is still not as clean and cohesive as the English versions and that they would benefit from having “more eyes” take a look at them to make sure the translation is clear and accurate.
- **Clarity.** Ms. Castro noted that while there has been definite improvement, specifically the NOA and use of check boxes and icons, there is still room to increase clarity of text in all letters. Suggestions include: decreasing the amount of words used, adding “call out” boxes to promote important information (such as PEAK access information) and accentuating what the next steps are.
- **Explanation and accuracy of information.** Though recognized as partially a systems-related issue (with information reported and generated through CBMS), Ms. Castro also noted that more explanation of what terms mean (i.e., differences between gross and net income) and how the timelines apply to the client (i.e., date range for proof of income) would be helpful.

Joanne Hine and Cassie Kampf

Ms. Hine is the Economic Assistance Division supervisor and works mostly with the IEVS and RRR letters for medical assistance. Her team has frequent calls for these letters and is tasked with trying to “answer and decipher.” Ms. Kampf is an Economic Assistance intake supervisor and works mostly with the initial approvals for Medicaid. Both interviewees work for the Mesa County Department of Human Services and were identified as participants for this interview by Michelle Trujillo. They noted being **familiar** with the correspondence.

Key themes from this interview include:

- **Less is more.** Both Ms. Hine and Ms. Kampf agreed that many of the forms were too busy. There were too many dates, too many columns, too many jargon words, etc. The workers may understand all of this information, and also may not at times, but it is very unlikely that the client would be able to understand all of what is included on the page. Being more concise and to the point was a common suggestion. “They just want to know what they’re approved/denied for and why.”
- **Focus on friendly.** For letters that require additional information, the interviewees suggested adding friendlier language to help ward off panic from clients. Specifically, instances where there is additional information needed and the receipt of that information affect the client’s benefits. While this is the most critical piece to address, it was also noted that the letters could have a more person-to-person feel.

- **Clear and current use of dates.** In several letters, the interviewees noted that dates listed on the letters often cause confusion or concern. Specifically mentioned for the NOA and IEVS, the dates included often appear to be contradictory with each other or not applicable to current circumstances (i.e., dates from one or more years prior). While it is understood that some of these dates are necessary to include, more clear explanation of what they represent and why they are included would be helpful. Additionally, adding “end dates” would be helpful in sharing with clients the time frame for these benefits so they can be aware of when they may be required to do something else in order to retain services.

Jennifer M. O'Hearon and Carmen McKay

Ms. O'Hearon is the executive director of Health and Human Services for Rio Blanco County. Carmen McKay, an eligibility technician, joined the call for the interview. Ms. O'Hearon was **familiar** and Ms. McKay noted being **very familiar** with all of the sample forms, as they are something she and her staff “deal with every day.”

Key themes from this interview include:

- **Simplify.** Across all letters, both interviewees noted that condensing the information provided and simplifying the language would help clients understand the correspondence better. They suggested editing the forms so that they get to the point and share what is needed more clearly and quickly.
- **Personalize.** Ms. O'Hearon noted that clients would benefit from having their correspondence reflect their specific circumstance. For example, for the VCL, the person needs to provide bank statements though the letter may use the language of “financial statements.” By not using language that the clients are familiar with or by being clear about what is needed for whom, they often show up at their local county office confused and upset.
- **Clarity.** Both interviewees mentioned that clients often receive multiple letters that appear to contradict each other or at the very least provide confusion. Considering this system issue, Ms. O'Hearon and Ms. McKay suggested being more explicit about program approvals/denials and how they fit into the overall timeline. For example, clients may be denied food assistance for some months and not others. By the time they receive and review the letters, it can be confusing to understand what applies to when.

Representative Dianne Primavera

Colorado State Representative Dianne Primavera dedicates a good deal of her legislative efforts toward issues related to health care. Rep. Primavera serves as the chairperson of the Public Health and Human Services Committee as well as being on the Health, Insurance and Environment Committee, the Legislative Audit Committee and the Health Exchange Oversight Committee. Furthermore, she worked for HCPF as a

customer service manager. Given this experience, Rep. Primavera is **familiar** with the client correspondences.

Key themes from this interview include:

- **Readability.** Rep. Primavera noted that the letters should be written at no higher than a sixth-grade reading level to ensure all clients can understand the correspondence.
- **Clarity.** Rep. Primavera spoke to the importance of being clear about how to get in touch with staff to support client questions regarding these letters. She noted that it is important to include who, at what times and at what numbers staff can be reached for support.
- **Accuracy.** Rep. Primavera noted that she is aware of constituents who have received letters that appear to both declare eligibility and lack of eligibility. Ensuring that letters are clear regarding their intent and do not contradict other letters is important for client understanding and experience.

Kristin Pulatie, Jerry Chartowich and Jen Sherwood

Ms. Pulatie is the director of Health and Human Services for Montrose County. Given her **limited familiarity** with the letters, she invited two of her staff to also participate in the interview: Jerry Chartowich, Eligibility Program manager, and Jen Sherwood, Eligibility Program supervisor. Both noted they were **familiar** with the letters, with Ms. Sherwood being the “subject unit expert.”

Key themes from this interview include:

- **Information inclusion and placement.** Noted throughout this conversation was the type of information included and where the important pieces are placed within the letters. Interviewees noted that information often will get lost when included on multiple pages and many clients will lose interest after a while. Also, many times the letters include information that is not relevant to them (i.e., programs that they didn’t apply for.)
- **Remove jargon.** Interviewees noted that clients could be confused by all of the different agencies (state, county and divisions thereof) involved in the provision of benefits program. “We [county employees] sort of know what they are wanting to say, but the person who has just applied and is receiving initial communication from the state, oh, the maybe it’s the county, oh, it’s got Jerry’s name on it ... at that point, things start to break down. Many people we deal with have a fairly low frustration tolerance.”
- **Be person- and outcome-focused.** A common thread for all correspondence is to increase the “personal” feel of the letters to demonstrate care for clients as humans, versus some that are more detached and “mechanic.” To that end, people want to know what’s going to happen after they fill out the paperwork. Recognizing this human need

and including more information up front about “what’s next” would be helpful.

Sheryl Sablan

Ms. Sablan is a TANF supervisor and also carries a small caseload of her own in El Paso County. She indicated that she is **very familiar** with the NOA and VCL letters and **somewhat familiar** with the IEVS and RRR letters.

- **Clarity.** Ms. Sablan noted that clients often express confusion about what the information says. Cutting down on the number of words and pages would be helpful in creating an accessible document for clients. She noted that with the wording coming through the system, it’s not really self-explanatory, so it is very helpful to be able to include staff comments to explain what they need specifically from each client.
- **Incorrect or misleading dates.** Noted across the forms, Ms. Sablan has experienced dates that are either unclear as to what they apply to or are contradictory from letter to letter. She suggested being more clear about what each date means and using as few dates as possible.
- **Too much information.** Ms. Sablan identified that the area of improvement that was most important to her is to reduce the amount of information contained within the letters because it contributes to the confusion of the families.

Renee Schiffhauer

Ms. Schiffhauer is a health and life insurance advisor associated with Connect for Health Colorado. She works mostly with clients who are not eligible for Medicaid, though she does see client correspondence letters for clients who are transitioning between public assistance and Marketplace healthcare. Ms. Schiffhauer identified as being **not very familiar** with the IEVS and RRR letters, **familiar** with the VCL and **very familiar** with the NOA.

Key themes from this interview include:

- **Volume of letters.** Ms. Schiffhauer noted that with the high quantity of letters that a client could receive, it is important to be clear about what each one means and why the client is receiving it. “One thing will say one thing and the letters will say something else. We [staff] put things in the computer and they don’t correct in the system and trigger lots of letters.” Also noted is that depending on when they arrive, the dates seem to be irrelevant or “old” by the time they get the letter. In which case, again, indicating more about why clients are receiving this letter and how it fits into the larger picture would be helpful.
- **Simplify.** The amount of language included in each letter was identified as an area for improvement across all letters. Ms. Schiffhauer recommended keeping letters short and to the point.

- **Contact information.** Increasing the visibility of how people can get in touch with someone to ask questions or reply to the requests for information would be helpful across all letters. Also, ensuring that contact information is current and applicable for clients is key. Ms. Schiffhauer noted that many times the clients she has worked with report that the eligibility worker listed on the letters is either inaccurate or unavailable.

Additional feedback

In terms of layout, the majority of interviewees appreciated the use of the icons (i.e., green checkmarks) and other visual cues, such as the check boxes found in the IEVS letter. Other suggestions included consistent use of headers and box formatting across all letters.

While the interviewer guided interviewees to focus on the language, look and feel of the letters, many participants commented on some of the systems elements that then contribute to the information presented in the letters. For example, the information included in the IEVS letter can be either outdated (a CDOLE reporting period from multiple quarters prior) or can be “inaccurate” to what the client knows to be true (i.e., a workplace noted by its “doing business as (dba)” instead of its publicly known name).

Responses regarding the method for correspondence were mixed and dependent on the client and community. Contributing factors included age of the client, access to physical mailboxes, access to the Internet, and homeless or transient populations, among others. In addition to client preference, an identified benefits of U.S. mail delivery included the return of undeliverable mail to the county, which can help with case closure depending on circumstances. Text and email notifications to log in to PEAK were noted as being friendly to some (especially the younger generations) and the likely movement forward, however, many noted that clients often had trouble logging into the PEAK system, resulting in more calls to their local office. Multiple interviewees noted that direct email of the letters might be a suitable option (in lieu of U.S. mail and the PEAK inbox).

Appendix D: Integrative Project Team (IPT) Meeting Summary

HCPF Stakeholder Engagement Solutions Focused Meeting: Summary of Recommendations

This represents a summary of recommendations that came out of the meeting held on May 4, 2016 at the Piton Foundation in Denver, Colorado. The meeting was comprised of over 30 health care representatives from across the state, both in-person and on the phone. All participants contributed through a “world café” style facilitation led by Joining Vision and Action.

NOA

- Make the approval/denial information more user friendly
 - Separate the tables out by program or by individual family member
 - Consensus was not reached regarding which would be better
 - Produce consistent column categories, fonts and headings
- Provide clients with the pertinent contents of the NOA letter on the first page
- Create a key terms and definitions section
- Review which legal notices can be omitted to help prevent client intimidation
 - Currently there are six pages of legal notices
- Make clearer determination dates
- Provide clear instructions on next steps

IEVS

- Improve clarity and transparency
 - Include both the corporate and common name of employer entity to decrease confusion in clients
 - Be clear about how previous information was obtained by CO Labor and Employment
 - Ensure client knows what information is already on file
- Include an introductory statement regarding why client is receiving the IEVS
- Prioritize the instructions and next steps required of the client
 - Current call to action is ambiguous
- Ensure font is friendly and consistent
 - Current font appears too “governmental”
- Information in paragraph four may be best presented in a chart

RRR

- Ensure format is consistent for both medical and food assistance RRRs
- Establish page breaks in appropriate places so as to divide up information in a clear manner
- Redo the area where clients input information that has changed so as to ask questions instead of providing check boxes
- Include some “pleases” and “thank yous” to the letter while removing some of the more demanding “you must” and “we need” to establish friendlier tone

- Highlight the intent of the letter and the call to action as they are currently not clear enough

VCL

- Reshuffle the order of content presented
 - Currently, pertinent information about exactly what is expected of the client is on the last page; recommend to move that information to the front page
- Condense into three sections: Why the client is receiving the letter, what the client needs to do, what information is needed for verification
- Eliminate repetition of words and concepts
 - Usage of the word “proof” was provided as an example
- Include clear instructions regarding how the VCL process can be completed on the PEAK website

Across Letters

- Consistent format for tables and how they are used to present information
- Ensure appropriate literacy level
- Provide better Spanish translations

Systems Issues

- Submission of client RRR information on PEAK Health is not visible by the county
- Clarity regarding whether or not a client needs to respond to an IEVS even if there is no change in their reported income would help reduce client anxiety
- Improve mobile access of PEAK website
- Inclusion of ancillary family members on forms tends to lead to client confusion

Appendix E: CCLP Memorandum

To: CBMS Communications Integrated Projects Team (IPT)

From: Colorado Center on Law and Policy, Bethany Pray (303) 573-5669 x 310

Date: April 29, 2016

Re: Elements of Accessible, Comprehensive and Legally Sufficient Notices of Action

The Colorado Center on Law & Policy (CCLP) was asked to participate in a series of interviews to assess the legal sufficiency of current Notices of Action (NOAs) generated by CBMS for public benefit programs. CCLP consulted other legal advocacy organizations on the issues they see in working with clients of public benefit programs in preparation for the interview with JVA. To aid the efforts of the IPT in improving NOAs in Colorado, CCLP has drafted this memo summarizing the issues the legal advocacy community believes are essential to developing NOAs that are accessible, comprehensive and in compliance with federal legal standards for procedural due process.

Due Process Legal Standard for Public Benefit Notices

The vitality of our public benefit programs hinges on the state's ability to communicate important information to consumers clearly and comprehensively. Providing digestible and informative notices of action is a crucial component of effective administration of work support and health coverage programs. When NOAs are unclear, poorly formatted, and fail to inform the applicant of why an action is taken or what information was used to make that decision; it limits the ability of a recipient to contest errors in their eligibility and benefit determination and increases the likelihood of churn.

In Goldberg v. Kelly (1970), the U.S. Supreme Court interpreted the Fourteenth Amendment to require that benefit determination notices must give claimants sufficient information to understand the basis for the agency's action, in order for the notice to be constitutionally adequate.⁶ This requirement is a cornerstone of maintaining procedural due process in benefit programs, since applicants "cannot know whether a challenge to an agency's action is warranted, much less formulate an effective challenge, if they are not provided with sufficient information to understand the basis for the agency's action."⁷

Moreover, federal courts have also held that state agencies may not place the burden on program participants to acquire all the information needed to understand why the decision was made. States must provide individuals "complete" notice about why

⁶ Goldberg v. Kelly, 397 U.S. 254 (1970).

⁷ Kapps v. Wing, 404 F.3d 105, 124 (2005).

benefits are being reduced or terminated in order that participants may make a fully informed decision about whether to challenge the state’s proposed action.⁸ Simply citing a federal or state rule is insufficient. In Colorado, for example, Medical Assistance regulations require that NOAs contain both the specific regulations that require an action *and* “the reasons for the intended action.”⁹ Similarly, regulations for Food Assistance notices must contain the reason for the determination, and verification request notices must “specify” the information requested.¹⁰ Recognizing that adequate notices are a basic element of procedural due process, federal courts have acknowledged that without sufficient notice, many errors “will stand uncorrected, and many [participants] will be unjustly deprived of the means to obtain the necessities of life.”¹¹

Consequently, as a matter of both legal compliance and best practice, NOAs must fully inform participants of the basis of an adverse decision in language that is accessible and comprehensive.

Accessibility

I. NOAs should organize information so that it is easy to understand:

For notices to be effective, they must be easy to read and understand. Accordingly, we suggest that the State of Colorado consider the following revisions:

- **Information should be conveyed in language that is at a 6th grade reading level or lower.**¹² In a 2014 memorandum on best practices for NOAs, the USDA recommends using language at a 6th grade level or lower, in order for notices to be understandable to program participants.
- **Use simple headings to help participants navigate the notice.** Examples include “Who will get Medicaid” or “Who can’t get Medicaid and why.” These headings will facilitate better understanding of NOAs.
- **Reduce line lengths to 15 words or less and avoid conjunctions.** Using shorter sentences, as well as more white space in the notice, helps ensure better readability. Also, when giving reasons for an adverse decision, notices should be as precise as

⁸ Ortiz v. Eichler, 616 F. Supp. 1046, 1062 (D. Del. 1985); Schroeder v. Hegstrom, 590 F. Supp. 121, 128 (D. Or. 1984) (quoting Philadelphia Welfare Rights Organization v. O’Bannon, 525 F. Supp. 1055, 1061 (E.D. Pa. 1981)).

⁹ 10 CCR 2505-10 § 8.057.1

¹⁰ 10 CCR 2506-1 §§ 4.608.A., 4.604.1, 4.308.F

¹¹ Vargas v. Trainor, 508 F.2d 485, 490 (7th Cir. 1974)

¹² Available at:

[http://www.fns.usda.gov/sites/default/files/SNAP%20%20Best%20Practices%20in%20Developing %20Effective%20SNAP%20Client%20Notices.pdf](http://www.fns.usda.gov/sites/default/files/SNAP%20%20Best%20Practices%20in%20Developing%20Effective%20SNAP%20Client%20Notices.pdf)

possible and should avoid using “or” to present multiple possible reasons for an adverse decision. For example, it is best to avoid sentences such as, “You did not qualify for benefits because you did not provide proof of expenses or proof of income.”

- **Information should be presented in a font that is easily readable.** According to the USDA “Guide to Improving Notices of Adverse Action”:
“It is best to use at least a 10-point type for the basic text and a larger font size for headings (usually at least 2 points larger than your text). Sans Serif fonts like Arial or Lucida Sans have an open look that is easier to read.” However, this “10-point” font size suggestion is merely a minimum benchmark, and to ensure readability, particularly for older beneficiaries, we recommend a larger font size, at least 12 point.
- **The most pertinent information should be bolded and presented at the beginning of the notice.** In Colorado, NOAs do not always clearly state the proposed action at the beginning of the notice. This problem is most evident on notices that contain information for several different programs. Emphasizing the proposed action, with larger font and higher prominence on the notice, will help ensure that more participants are aware of the pending changes in their status
- **Notices should not include previous (outdated) decisions nor should they include contradicting provisions.** NOAs should only contain information that is currently relevant and should not include outdated case information.
- **Citations to statutory regulations should be presented in a less prominent location on the notice.** Information that will initially be less helpful to the participant, such as citations to the “supporting rule,” do not reduce the need for information that is central to the recipient’s understanding, such as the plain language reason for the action. Although these regulatory citations are required in Colorado’s Medicaid program, they could be displayed less prominently. Additionally, the inclusion of pages that are “intentionally left blank” also delays the presentation of more relevant information, and is confusing for beneficiaries.
- **Use of terms should be consistent within and between sections.** For example, Medicaid notices in Colorado currently contain two dates: an “application date” and “coverage start date.” A later page explains appeal rights, but uses the term “effective date.” Without further explanation, recipients would not be able to identify which date is the effective date.

II. NOAs should include a “Babel insert” to ensure the understanding of Limited English Proficient participants:

NOAs must be accessible to people with limited English proficiency (“LEP”). In order to ensure that limited English Proficient participants are able to understand the content of

notices they receive, NOAs should include a standardized “Babel insert.” These inserts pose the following question in several different languages:

“If you need help understanding this document, please call 1-800-xxx-xxxx. We can provide an interpreter for free.”

Currently, the only NOAs in Colorado that include these inserts are those that originate from Connect for Health Colorado program (see **Appendix C, “CO Notice 10/27/2015,” page 3**). These inserts should be included in NOAs for every program. This step would enable LEP participants to seek the help they might require in order to understand changes outlined in their notices. Including this insert would also ensure compliance with Title VI and the Affordable Care Act (ACA).¹³ A proposed rule on nondiscrimination in health programs under Section 1557 of the ACA would require taglines in the top 15 languages spoken by individuals with LEP nationally.¹⁴ By making plans to incorporate that language now, Colorado will be taking appropriate steps toward compliance.

Comprehensiveness

NOAs should include the specific rationale for the adverse decision, as well as the household and income information used as the basis for that decision.

I. NOAs should inform the participant of the specific reason for the adverse decision and to whom it applies:

Effective notices provide the participant with an individualized and specific basis for decisions involving their benefit determination and eligibility. When notices offer an explanation that is vague or generalized, the participant does not have enough information to know whether the determination is accurate. In order for an individual to confirm the accuracy of their benefit determination or to make an informed decision about whether to appeal, he or she must have specific information about the basis for denial, termination or reduction in benefits.

Examples of problematic language, and alternatives to that language, follow.

¹³ Title VI 42 U.S.C. § 2000d states: “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” This provision protects against discrimination based on language exclusion.

¹⁴ The federal Office of Civil Rights plans to provide a sample notice and translated taglines for use by covered entities. For more information on the proposed rule, see “Nondiscrimination in Health Programs and Activities Proposed Rule, Section 1557 of the Affordable Care Act.” Available at: <http://www.hhs.gov/civil-rights/for-individuals/section-1557/nondiscrimination-health-programs-and-activities-proposed-rule/index.html>

- a) In Appendix A, the box for “Medicaid + Additional Long-Term Care Services,” the applicant was denied for the following reason:

“You did not give us everything needed to complete your application.”

A more legally sound approach would be to provide the participant with the specific item(s) still needed to process the application. For example:

“Your application was not processed because you did not give us proof of monthly utilities expenses.”

Or see **Appendix D (“PA Notice, 8/31/2015”)** for another example of a NOA that provides a more specific basis for a benefit determination:

“Your SNAP benefits are being stopped because you failed to submit a timely application for recertification, or you did not complete the recertification interview scheduled by the CAO.”

(Although the rationale on this notice could be even more specific by eliminating one of the two alternatives, it is an improvement over the Colorado notice, insofar as it more precisely identifies the components missing from the application.)

- b) In Appendix B, in the box for “Medicaid- No Premium required,” the applicant was denied for the following reason:

“Your income is more than the limit for the program.”

A better notice would include the specific amount that the participant exceeds the program’s limit. In contrast, please refer to **Appendix E (“PA Notice, 4/22/2014”)**, which reads:

“You do not qualify for SNAP because your countable resources are over the resource limit. The amount of your countable resources is \$3,405.00, which is over the limit of \$3,250.00.”

II. NOAs should clearly present all of the relevant household information underlying the benefit calculation:

Notices are frequently mailed to program participants after there has been a reported change in household circumstances, resulting in a new benefit calculation or eligibility determination. Consequently, it is important that participants are given the underlying household information used in their benefit redetermination, so that they can verify the accuracy of this information and dispute any errors.

Specifically, when relevant, NOAs should inform participants:

- (1) Who is counted in the “household”;
- (2) What is the recorded *income* of each household member; and

(3) What are the recorded *expenses* of each household member.

This important information, which allows the participant to confirm the accuracy of their benefit determination, is already electronically stored, and thus, should be readily available for inclusion in NOAs.

For examples, please see some of the samples cited below: Note that Appendix A is a Medicaid notice and expenses are not necessary, just income.

- a) In **Appendix A (“CO Notice, 2/10/2016”)**, the Colorado notice does *not* include the recorded income or expenses for each household member. A better alternative is **Appendix F (“WI Notice, 7/30/2012”)**, on page 4, there is a table that includes each individual in the household, their reported income, and their expenses (“Bills”).
- b) **Appendix E (“PA Notice, 4/22/2014”)**, which is intended to inform the participant that he or she is over the resource limit, includes a table with each household member and their reported assets. Note: this NOA does *not* include each household member’s income, as that information is irrelevant to the issue of whether they exceeded the resource limit.

By incorporating these revisions into Colorado’s Notice of Actions, the state will help to facilitate more effective communication with program participants. These improvements will allow participants to better understand their status and rectify any errors in their benefit calculations—thereby reducing churn and enabling savings to taxpayers and state agencies.