

At Florida's Medicaid call center, long and discriminatory delays prevent eligible families from keeping their health care*

Hundreds of thousands of Floridians are losing health care because of red tape and bureaucracy. Almost certainly, most of them are children.

On April 1, 2023, Medicaid coverage protections in effect during the COVID-19 public health emergency ended. State Medicaid programs in Florida and elsewhere began redetermining beneficiaries' eligibility for the first time since March 2020. This process, which lasts up to 14 months, is often termed, "Medicaid unwinding."

Based on August 7 [data](#) from the Kaiser Family Foundation, more than 400,000 Floridians have already lost their Medicaid. For most people dropped from the program (55%), the state had no idea whether they were still eligible. They were terminated for "procedural reasons"—typically because the state did not receive information it had requested from the family.

Almost certainly, most of these losses affected children. Out of 5 million people who rely on Florida's Medicaid program for their health care, [3 million](#) are children.

The consequences of widespread health care loss among Florida's Medicaid children are profound. 4.5 million children live in Florida, according to Census Bureau [estimates](#). **Medicaid thus provides health care for two-thirds of all Florida children.**

Children of every race and ethnicity can suffer long-term harm when they lose health care, but Latinos,¹ African Americans, and other communities of color have particularly large stakes in making sure that Florida's children do not lose their health care because of red tape and bureaucracy. According to Census Bureau data, 71% of Florida's Medicaid children come from families of color, including 38% who are Latino and 24% who are African American.²

When anecdotal reports suggested that families' inability to quickly reach Florida's Medicaid call center was causing numerous bureaucratic terminations, UnidosUS decided to conduct the current study.

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Florida's Medicaid call center has prolonged and discriminatory delays.

From July 12 through August 3, 2023, staff at UnidosUS gathered information about the accessibility of Florida's Medicaid call center by making 20 "secret shopper" calls in English and 20 in Spanish, distributed across multiple times on every day of the week. Callers selected their language of choice by picking a prompt near the call's start. (For more information, see the Methodological Appendix, below.)

Our core findings

We found that reaching a human being at Florida's Medicaid call center required:

- **A 36-minute wait for the average English-language caller.**
- **A wait lasting two hours and 22 minutes for the average Spanish-language caller—nearly four times the wait imposed on the average English-language caller.**

The longest delay experienced by any English-language caller involved a 50-minute wait—less than half the wait experienced by the average Spanish-language caller.

Almost a third (30%) of all Spanish-language calls were disconnected before the caller reached a human being. By contrast, only 10% of English-language calls were disconnected.



Detailed results

Both English- and Spanish-language callers experienced prolonged delays and some disconnections, but call center performance was far worse for callers who spoke Spanish (Table 1):

- For calls that were eventually answered by a human being:
 - The average wait time before a human being picked up the phone was 34 minutes for English-language callers, compared to two hours for Spanish-language callers.
 - The longest single wait time was 50 minutes for English-language callers, compared to two hours and 35 minutes for Spanish-language callers.
 - The briefest single wait time was four minutes for English-language callers and 26 minutes for Spanish-language callers.
- For 10% of English-language calls, the call was terminated before the caller reached a human being. By contrast, terminations happened to 30% of Spanish-language callers.
- When calls were disconnected, the average wait before call termination was 22 minutes for English-language callers. On the other hand, callers who spoke Spanish waited an average of one hour and 12 minutes before their calls were terminated.

Table 1: Wait times and termination rates at Florida's Medicaid call center, by callers' language (July and August 2023)		English	Spanish
For completed calls, the time between call initiation and first human response (in hours and minutes)	Average	0:34	2:00
	Median	0:32	2:08
	Longest wait	0:50	2:35
	Shortest wait	0:04	0:26
Percentage of calls that were disconnected		10%	30%
For disconnected calls, the time between call initiation and disconnection (in hours and minutes)	Average	0:22	1:12
	Median	0:22	0:37
	Longest wait	0:28	3:03
	Shortest wait	0:17	0:02

Source: UnidosUS staff calls to Florida's Medicaid call center.

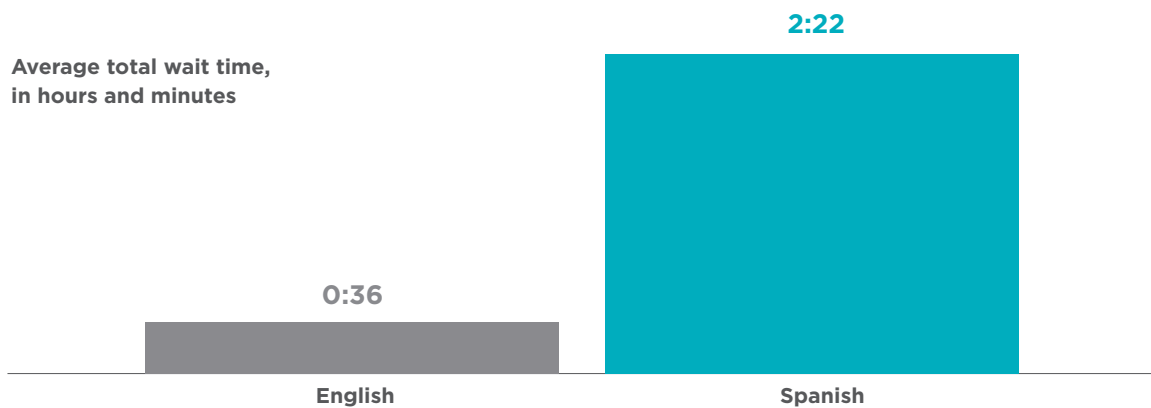
To estimate the average total wait time for completed and disconnected calls combined, we assumed disconnected callers could reach a person on their next call attempt, when they would experience the average wait time for completed calls. We calculated that average using the following formula:

- Average wait for completed and disconnected calls combined =
- Average wait time for a completed call +
- (Percentage of calls that are disconnected) x (The average time between call initiation and disconnection for disconnected calls)

The average wait time for completed and disconnected calls combined was thus (Figure 1):

- 36 minutes for English-language callers.³
- 2 hours and 22 minutes for Spanish-language callers.⁴

Figure 1: Average total wait time before reaching a human being at Florida's Medicaid call center, including both completed and disconnected calls, by caller's language (July and August 2023)



Source: UnidosUS staff calls to Florida's Medicaid call center. Note: These estimates assume that a disconnected caller makes one additional call and reaches a human being in the average time for completed calls made in the caller's language.



These delays prevent many eligible families from renewing health care.

Call centers are many people's only realistic option to provide the state with information needed to renew Medicaid eligibility.

Prolonged delays at Florida's Medicaid call center prevent both English- and Spanish-language callers from providing the state with information needed to renew their health care. Many people cannot communicate effectively with the state through on-line portals, in-person visits, or the completion of written forms. Limited broadband and internet access; transportation challenges and jobs that make it difficult or impossible to take time off work to visit a social services office; and paper forms that families find incomprehensible can all make it impossible for people to renew their Medicaid without hands-on help from a call center employee who speaks their language.

Low-income Floridians of every race and ethnicity need a fully accessible Medicaid call center. But the obstacles to effective on-line, in-person, and written communication with the state are especially common in historically disadvantaged communities. Latinos and other people of color must thus "rely more on call centers," according to the [Office of Civil Rights](#) of the U.S. Department of Health and Human Services, which stressed the need to "adequately fund and staff call centers to ensure they are accessible without prolonged delays." Florida has failed to meet this need, forcing procedural termination on numerous eligible families, especially for those who speak Spanish.

Prolonged delays make Florida's call centers inaccessible for many Medicaid families.

The delays we documented prevent both English- and Spanish-speaking people from getting meaningful help from the Medicaid call center. If during a break at work someone cannot reach a human being who speaks their language, the caller cannot realistically give the Medicaid program the information needed to renew eligibility. Since typical lunch breaks last less than 30 minutes,⁵ the 36-minute delay experienced by the average English-language caller prevents many such callers from providing the information needed to keep their families insured.

But the substantially longer delays experienced by Spanish-language callers are far worse. They make telephonic renewal effectively impossible for a large swath of the state's Latino beneficiaries. Half of Florida's Hispanic adults who rely on Medicaid for their health care (51%), and nearly three in five (57%) Latino parents with incomes low enough for their children to qualify for Florida's Medicaid program, have limited English proficiency.⁶ Many of these families, who often face barriers to documenting eligibility through other channels, are locked out of Medicaid renewal by prolonged call center delays.

Immediate action is needed to protect Florida families.

To prevent numerous eligible Floridians from losing their health care—especially for those who speak Spanish rather than English—the state must invest the resources needed to make its call center fully accessible. Until its call center problems are fixed, Florida should terminate only families whom the state knows are ineligible or who are terminated because of procedural factors that could not have been addressed by call center improvements. (For example, a family terminated because the state does not have their current address would lose Medicaid, with or without call center delays.) To repair the damage already done to Florida families, the state should immediately restore Medicaid to everyone whose red-tape terminations might have been prevented if the call center had been fully accessible.

If Florida is unwilling to take these steps, the federal government must intervene. Congress provided Florida and other states with significant additional federal dollars to meet all applicable federal requirements during the Medicaid unwinding. If Florida refuses to fix its call centers while preventing eligible families from losing their health care before those fixes are complete, the state should be denied enhanced federal funding, starting with payments for the second quarter of 2023.

Conclusion

For any state leader, helping children grow up healthy and strong must surely be a top priority. In Florida, where two-thirds of all children rely on Medicaid for their health care, that means state officials should make sure that no child loses Medicaid unless the state knows that they no longer qualify. Instead, Florida's children and families are losing Medicaid at a dizzying pace, whether or not they are eligible, because of nothing more than state-imposed red tape and bureaucracy.

Medicaid's call center is the only realistic renewal avenue open to many of Florida's Medicaid families. Many fall on the wrong side of the digital divide and so cannot effectively renew online. Reaching a social services office in person is not an option for people with limited transportation or jobs that do not provide time off. And completing paper forms accurately can be impossible when families find the forms confusing or incomprehensible to understand.

In this study, we found that Florida has not invested the resources to give Medicaid families meaningful access to call center services. Both English- and Spanish-language callers experience delays that make it impossible to get help during a typical break at work, but the delays are longer to an appalling degree for state residents who speak Spanish. Blocked from giving the state information needed to renew coverage, many children and families are losing their Medicaid, even though they remain eligible.

With a state budget [surplus](#) that exceeds \$20 billion, Florida lawmakers found room in their 2023-24 budget to grant \$2.7 billion in tax relief. Surely state officials can also find the money needed to make call center services accessible to all Medicaid families, regardless of the language they speak. The long-term health and well-being of two-thirds of Florida's children hang in the balance, with Latino children, Black children, and other children of color facing particularly grave risks if the state does not act.



Methodological Appendix

From July 12 through August 3, 2023, two UnidosUS staff members called the Florida Department of Children and Families Information Line, 850-300-4323, at specific times and days. Staff members made 20 “secret shopper” calls in English and 20 in Spanish. Calls were arranged so that one call began in each language at 9 am, at 11 am, at 1 pm, and at 3 pm on a Monday, a Tuesday, a Wednesday, a Thursday, and a Friday. To prevent our calls from taking time away from beneficiaries, callers hung up as soon as a human being picked up the line.

The call center presented all callers with an automated prompt asking English callers to press 1, Spanish callers to press 2, and Creole callers to press 3. Our English caller pressed 1, and our Spanish caller pressed 2, routing each caller to a language-specific queue. The call center’s message then provided information. After that, it asked callers (a) to input their social security number or family access number or (b) to speak to a representative by saying, “general information.” Our callers selected the latter option.

This choice led to a second set of prompts asking callers to press * (star) on their keypad if they were calling about Medicaid redetermination and renewal. Other options were to press 1 for general program information, 2 for health care provider options, 3 for other Medicaid questions, 4 for EBT questions, 5 for SUNCAP, 6 to report fraud, 7 to apply for benefits, and 8 for legal services. Our callers pressed the star key, indicating that they were calling about Medicaid redetermination and renewal. The prompts and our responses were identical in English and Spanish.

An excel file showing the language, date, time, duration, and disposition of each call is available upon request.

About Us

UnidosUS is a nonprofit, nonpartisan organization that serves as the nation's largest Hispanic civil rights and advocacy organization. Since 1968, we have challenged the social, economic, and political barriers that affect Latinos through our unique combination of expert research, advocacy, programs, and an [Affiliate Network](#) of nearly 300 community-based organizations across the United States and Puerto Rico. We believe in an America where economic, political, and social progress is a reality for all Latinos, and we collaborate across communities to achieve it.

For more information on UnidosUS, visit www.unidosus.org, or follow us on [Facebook](#), [Instagram](#), and [Twitter](#).

Endnotes

- 1 The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race.
- 2 UnidosUS derived these estimates based on American Community Survey (ACS) data for 2021, accessed through IPUMS USA, University of Minnesota, www.ipums.org (IPUMS).
- 3 $0:34 + (0.1 \times 0:22) = 0:36$.
- 4 $2:00 + (0.3 \times 1:12) = 2:22$.
- 5 According to the staffing firm [OfficeTeam](#), 56% of surveyed workers in 2018 (the most recent year for which data are available) reported that their typical lunch break lasted for 30 minutes or less. This private survey result is consistent with data from the Bureau of Labor Statistics [American Time Use Survey](#) showing that, among adults age 18 and older, the average time spent on all meals combined, during a day in the work week, was 1.02 hours in 2018, rising slightly to 1.08 hours in 2021. If breakfast, lunch, and dinner take slightly more than 60 minutes for the average adult during the average workday, it seems likely that one of those three meals (lunch) typically consumes 30 minutes or less. A 30-minute standard for assessing whether a Medicaid call can be completed during a typical lunch break at work is also consistent with the U.S. Department of Labor's definition of "bona fide meal periods," under which "ordinarily 30 minutes or more is long enough for a bona fide meal period." 29 CFR 785.19(a).
- 6 These estimates are based on UnidosUS's analysis of 2021 ACS data accessed through IPUMS. Individuals are [classified](#) as having limited English proficiency if they speak a language other than English at home and if they either speak no English or speak it less than very well.

