

Mind-Sets of Medicaid Recipients: Experiments Combining AI with Mind Genomics Thinking to Create a “Knowledge Playbook”

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Abstract

Poor Americans face bureaucratic red tape when seeking government benefits like Medicaid, often losing or denied applications due to incomplete information or technical errors. The complicated and time-consuming process, coupled with stringent eligibility requirements and documentation requests, can leave deserving individuals behind. Addressing these inefficiencies and streamlining the application process is crucial for the future of government benefit programs. This paper presents an AI simulation of different mind-sets of Medicaid applicants, providing a sense of what concerns them, and possible solutions. The use of AI simulation offers an opportunity for government officials to get a sense of what might be going through the minds of the people whom they are paid to help.

Keywords: Artificial Intelligence, Bureaucratic, Medicaid, Medical Care, Mind Genomics, Synthesis, System

Abbreviations

- **AI:** Artificial Intelligence
- **ChatGPT:** Chat Generative Pre-Trained Transformer
- **LLM:** Large Language Model,

Introduction

Government programs like Medicaid face bottlenecks due to financial limitations, understaffed agencies, and outdated systems. These issues lead to inefficiencies and delays in application processing, posing obstacles for those seeking assistance. Structural concerns such as inadequate financing, bureaucratic inefficiencies, and political motives also contribute to these barriers. Budget cuts and policy changes have decreased funding, forcing stricter eligibility conditions and application scrutiny. The unhappy outcome may be increased inequalities in accessing healthcare and other vital services for disadvantaged individuals.

Medicaid application and maintenance can be a daunting task for many, due to the extensive paperwork and bureaucratic procedures involved. The effort to collect one's Medicaid payments can lead to feelings of discouragement and helplessness when seeking assistance. Many applicants struggle with the application process, often not understanding the criteria or proper methods. Delays in receiving assistance can cause irritation and worry.

Additionally, some individuals may lack reliable internet or transportation to reach Medicaid offices, further complicating the process. Finally, but not necessarily least, personal or telephone interactions with government officials about Medicaid can be particularly challenging, especially for those in poverty who may already face financial difficulties [1, 2].

Government assistance applicants often face challenges due to unclear regulations and requirements, leading to delays and de-

nials. This lack of transparency can result in stigma and misunderstandings about aid programs, causing many to remain silent. Fear of judgment or discrimination can also discourage individuals from seeking help, perpetuating cycles of poverty and insecurity. Deliberate and no-so-deliberate barriers also hinder Medicaid applicants from receiving necessary assistance. These barriers include extended wait times, postponing aid, and stringent documentation requirements. Bureaucratic hurdles, such as stringent eligibility criteria, can also lead to delays and denials. Insufficient funding and resources can further exacerbate these issues, resulting in extended processing times and insufficient assistance for applicants seeking aid. Often the outcome is the failure of individuals to receive the deserved support for essential medical care or other services [3-5].

Government benefits administration faces significant challenges, including bureaucratic inefficiency and resource constraints. To ensure equitable access to assistance, organizations are streamlining procedures, enhancing accessibility, and improving communication with applicants. To achieve a fairer and just society, politicians and officials must overcome these obstacles and invest in outreach and education tools, enhance communication, and reassess eligibility criteria. The body of this paper is an attempt to create a knowledge base using AI (LLMs, large language models), in order to better understand the issues from the point of view of the Medicaid recipient.

Using Mind Genomics Thinking to Populate Mind-sets and to Create Questions

Mind Genomics thinking is a method which focuses on the different mind-set's individuals have when they encounter and deal with the world of the everyday. The Mind Genomics process breaks down complex information into simpler components (elements, messages), allowing one to recognize patterns of thinking, and in turn possibly draw better conclusions. Mind Genomics recognizes that individuals have varying perspectives and preferences, allowing for a more nuanced understanding of human behavior and decision-making. Mind-sets can be seen as a lens through which individuals interpret the world, allowing for insights into how people place different values on features of the ordinary. In analyzing the different mind-sets that individuals possess, we can uncover valuable insights about their motivations, preferences, and behaviors. This understanding can help businesses and organizations improve their marketing strategies, product development, and customer experiences. By segmenting consumers based on their mind-sets, companies can create more targeted and effective campaigns that resonate with their target audience and drive sales. By understanding these different mind-sets, services, such as the government, can tailor their products and offers to better meet their target audience's needs and preferences [6-8].

The mind-set of individuals seeking government assistance in a bureaucratic system is characterized by frustration, confusion, lack of trust, powerlessness, stigma, shame, and lack of transparency. Many feel overwhelmed by the complex processes and requirements, leading to feelings of neglect and disconnection. The system also lacks transparency, causing confusion and misunderstandings. Desperation is also a significant issue, as individuals feel they have nowhere else to turn. Empathy and compassion are crucial in the bureaucratic system, as many feel

their experiences are not being considered, leading to feelings of isolation and despair. To address these issues, strategies to improve communication, transparency, and empathy within the bureaucratic system should be implemented. This will create a more supportive and accessible environment for those seeking government assistance.

Creating Insights and Potential Solutions by Combining Mind Genomics Thinking with Syntheses From AI

Mind Genomics can provide valuable insights into the beliefs, attitudes, and needs of Medicaid applicants by analyzing responses from a diverse sample. In turn, AI-powered LLMs (large language models) can synthesize data collected through Mind Genomics studies to identify different mind-sets among applicants. This can help researchers understand the motivations and challenges faced by Medicaid applicants. By segmenting individuals into different mind-set groups, researchers can tailor their questions to address the unique needs and preferences of each group. A comprehensive but simple presentation regarding Medicaid applicants' mind-sets can serve as a primer for professionals to better understand their clients' perspectives. This information can help healthcare providers, policymakers, and advocates develop targeted strategies to improve Medicaid access and address barriers which prevent individuals from accessing the care they need.

AI, particularly large language models, has the capability to synthesize different mind-sets on Medicaid access issues by analyzing diverse perspectives and data from various sources, such as research studies, policy documents, and individual experiences. It can identify common themes, concerns, and priorities among different mind-sets, revealing underlying emotions, beliefs, and values. AI can also analyze social media posts, online forums, and other digital platforms to gauge public sentiment and identify key stakeholders. It can assess the credibility and reliability of sources to determine the validity of different mind-sets, distinguishing between informed opinions and misinformation. AI can also identify underlying biases and assumptions that influence how different mind-sets perceive Medicaid access issues, promoting understanding and dialogue among stakeholders. AI can also predict the potential impact of policy changes or interventions on different mind-sets, leading to more informed policymaking and strategies that address the needs and concerns of diverse minds. Overall, AI offers a powerful tool for synthesizing diverse mind-sets on Medicaid access issues, enabling stakeholders to gain a comprehensive understanding of the complex landscape and develop inclusive strategies [9, 10].

Once AI has successfully synthesized the different mind-sets and thought processes of Medicaid applicants, the next step would be to analyze this information to identify common trends and patterns. By understanding what applicants are thinking, it will be easier to pinpoint any recurring barriers or misconceptions that may be preventing them from successfully applying for Medicaid benefits. This information can then be used to tailor outreach and communication strategies to better meet the needs and understanding of the applicants.

In the short term, the information gathered from AI can be used to improve the application process for Medicaid benefits. By addressing common concerns or misunderstandings identified

by the AI, the application process can be streamlined and made more user-friendly. This can help increase the number of successful applicants and reduce the barriers that many people face when applying for Medicaid. Additionally, the information can also be used to provide targeted guidance and support to applicants, helping them navigate the application process more effectively.

In the long term, the insights provided by AI can be used to inform broader policy and programmatic changes within the Medicaid system. By understanding the thought processes of applicants, policymakers can better understand the needs and challenges they face and develop more effective solutions to address them. This can help to improve the overall efficiency and effectiveness of the Medicaid program and ensure that it is meeting the needs of the population it serves.

The reaction to these suggestions may vary among different groups of people. Some may see the use of AI to understand applicant mind-sets as a helpful and innovative approach to improving the Medicaid application process. Others may have concerns about privacy and data security and may be wary of using AI to gather and analyze personal information. It will be important to communicate transparently about how the information will be used and protected, and to address any concerns that arise.

Creating the 15 Mind-Sets Through Direct AI “Synthesis”

The strategy to use artificial intelligence consists of defining the situation as shown in Table 1. Table 1 does not specify anything about the mind-sets, but simply presents the underlying LLM (ChatGPT 3.5 with a statement of the situation, a request for the name of the minds-set, and seven additional questions [11].

The actual study can be run in a straightforward manner in the Mind Genomics platform, BimiLeap.com. The user must specify the situation and the request for information in a way straightforward to understand. The actual effort is done by typing in the information in the Idea Coach screen. It may require several iterations before one begins to have the LLM “understand” the request and generate mind-sets. Furthermore, the LLM has “no memory,” so it is good practice to update the request in Idea Coach to have the LLM avoid returning with any mind-sets already created. Thus, each time that we receive a specific mind-set as part of the answer, we will request the AI in Idea Coach to ignore that mind-set in the future and just provide new mind-

sets. With this type of effort, we ensure that we have fewer repeats. Eventually, however, we exhaust the number of feasible and meaningful mind-sets.

For this study, we used 18 iterations and came out with 15 different mind-sets as shown in Tables 2–4. The tables are organized by the nature of the mind-set returned from the LLM, in order to make the understanding easy. The text in the table is precisely what was delivered by the LLM, the large language model, used by artificial intelligence.

The important thing, however, is that even with these early data, we begin to get a sense of how the person thinks, namely that person who is applying for Medicaid. Whether or not the mind-sets are absolutely correct is not important. Rather, as we noted above, the idea is to become an educational tool to get people in the government working with Medicaid applicants to become increasingly sensitive to what might be going on. Therefore, it’s very possible that this type of work, synthetic experiments to generate mind-sets, can become a valuable teaching tool, easily created, easily updated, easily augmented by many more questions. Almost anybody with the account can do it, and certainly this is only the beginning of such efforts.

As we look at the text in Table 1, we should pay attention to the syntax, to the structure. The structure begins by a short briefing. We do not say the number of mind-sets, but we ask seven specific questions for each mind-set. There could have been many, many more questions to ask, but at some point, it’s important to limit the information we request in the interest of making the output useful for understanding and for teaching. Notice also that we actually ask alternative ways to present the ideas, suggestions about what to do, and even thoughts that might be going on inside the employee’s mind. The results make for interesting reading and certainly novel reading for the person who’s being introduced to this.

The Actual Tables of Mind-Sets Show Three Groups:

- 1. Mind-Sets A and B shown in Table 2 are those which are determined and confident.
- 2. Mind-Sets C to H shown in Table 3 are the ones who are having difficulty and struggling with the process.
- 3. Mind-Sets I to O shown in Table 4 are those with strong reactions, not so much struggling, but rather emotional reactions to the entire process.

Table 1: The briefing given to the AI (ChatGPT 3.5, LLM)

Today’s world of Medicaid and other social services is filled with difficulties set up by bureaucratic requirements, by employees who are not motivated, and often by nervous, occasionally panic-stricken people who cannot easily navigate what has turned out to be an unwelcoming system filled with barriers. There are different mind-sets of people who need the help of Medicaid, but who are stymied by the red-tape and the difficulties which seem so hard to master. Please tell us the following information about each mind-set trying to deal with Medicaid. Answer each question for the mind-set.
0. The name of the mind-set in capital letters
1. The types of problems the mind-set encounters when dealing with Medicaid, and the types of responses given by the medical officials which frustrate the mind-set
2. Four things that that mind-set is afraid of when dealing with the Medicaid organization
3. Four suggestions of what the mind-set could do to make it easier to deal with the Medicaid organization

4. Two ways of presenting the mind-set's needs to the medical personnel to make sure that these people listen. Use the exact words, quotes.
5. What should the mind-set do to keep on being motivated and not to give up?
6. What does the medical employee feel when she or he meets this mind-set? What goes on inside the employee's mind?
7. How can we summarize the entire interaction between the Medicaid employee and the mind-set?

Table 2: The determined and confident mind-sets

A. THE DETERMINED MIND-SET
1. The problems this mind-set encounters when dealing with Medicaid include long wait times, confusing paperwork, unhelpful staff, and lack of clear communication. Responses given by medical officials may be dismissive, condescending, or unhelpful, further frustrating the mind-set.
2. Four things the determined mind-set is afraid of when dealing with Medicaid are being denied coverage, not receiving the necessary care, facing financial hardship, and feeling helpless in navigating the system.
3. Four suggestions for the determined mind-set to make it easier to deal with Medicaid are seeking assistance from patient advocates, educating oneself on the Medicaid process, keeping detailed records of all interactions, and staying persistent in following up on applications and claims.
4. Two ways of presenting the determined mind-set's needs to medical personnel to ensure they listen are: "I have done my research and believe this treatment is necessary for my condition. Can you please explain why it's being denied?" and "I would appreciate it if you could provide me with a clear timeline and steps to follow for receiving the benefits I am eligible for."
5. To stay motivated and not give up, the determined mind-set should focus on the end goal of receiving the necessary care, seek support from friends or family, practice self-care, and celebrate small victories in the process.
6. When meeting the determined mind-set, the Medicaid employee may initially feel challenged or defensive. However, upon further interaction, the employee may begin to empathize with the mind-set's struggles and frustrations.
7. The entire interaction between the Medicaid employee and the determined mind-set can be summarized as a challenging yet potentially rewarding experience for both parties, with the potential for improved communication, understanding, and outcomes if approached with patience and empathy.
B. THE CONFIDENT MIND-SET
1. The mind-set encounters difficulties in understanding the complex paperwork and requirements of Medicaid, and the medical officials respond by providing vague or conflicting information.
2. The mind-set is afraid of being denied coverage, of not receiving timely care, of facing financial burden, and of being judged or treated unfairly.
3. Suggestions for the mind-set include seeking assistance from social workers or patient advocates, keeping organized records and documentation, staying informed about Medicaid policies, and seeking clarification from medical officials when needed.
4. Presenting the mind-set's needs to medical personnel by stating, "I need clear guidance and support in navigating the Medicaid system" and "I am relying on your expertise to ensure I receive the care I need."
5. To stay motivated and not give up, the mind-set should focus on the end goal of accessing necessary healthcare, seek support from friends or family, take breaks when feeling overwhelmed, and celebrate small victories.
6. The medical employee may feel frustrated or overwhelmed when meeting the confident mind-set, as they may require more time and attention to address their questions and concerns.
7. The entire interaction between the Medicaid employee and the confident mind-set can be summarized as a challenging but ultimately rewarding exchange, where clear communication and determination are key to overcoming barriers and accessing necessary services.

Table 3: The struggling mind-sets

C. THE OVERWHELMED MIND-SET
1. Problems include excessive paperwork, long wait times, unclear communication, and lack of empathy from medical officials. Responses may be dismissive or unhelpful.
2. Fear of being denied coverage, fear of not understanding the process, fear of being judged, fear of not receiving necessary care.
3. Suggestions include seeking assistance from a social worker, researching Medicaid resources online, asking for clarification when confused, and staying organized with paperwork.
4. Present needs assertively by saying, "I need help understanding this process, can you please explain it to me in simpler terms?" and "I am feeling overwhelmed and need your support to navigate through this."

5. Stay motivated by seeking support from friends or family, taking breaks when feeling overwhelmed, rewarding oneself for small accomplishments, and remembering the importance of accessing healthcare.
6. The medical employee may feel overwhelmed themselves, frustrated with the system, empathetic towards the mind-set, or indifferent, depending on their own experiences and mind-set.
7. The entire interaction can be summarized as a struggle between an overwhelmed individual seeking assistance and a bureaucratic system that may not always effectively support them.
D. THE CHALLENGED MIND-SET
1. Challenges include long wait times on hold for assistance, confusing paperwork requirements, dismissive responses from staff
2. Afraid of being denied coverage, afraid of not being able to afford necessary treatments, afraid of not being able to navigate the system, afraid of being judged by medical personnel.
3. Seek assistance from a Medicaid advocate, educate oneself on Medicaid policies and procedures, keep organized records of all communication with Medicaid, seek support from others in similar situations.
4. “I am struggling to understand the paperwork requirements; can you please explain them in simpler terms?” “I am in need of this treatment, but I am unsure if it will be covered under my Medicaid plan, can you help me navigate this?”
5. Stay informed and proactive in seeking assistance, remind oneself of the importance of accessing necessary healthcare services, seek support from friends and family, practice self-care to reduce stress.
6. The medical employee may feel frustrated with the challenges faced by the mind-set, may feel overwhelmed by the volume of cases they have to handle, may feel sympathetic towards the struggles of the mind-set, may feel limited in their ability to provide assistance due to bureaucratic restrictions.
7. The interaction between the Medicaid employee and the challenged mind-set is often characterized by frustration, confusion, and a sense of helplessness on both sides. The mind-set may feel unheard and unsupported, while the employee may feel constrained by regulations and overwhelmed by the demands of their job.
E. THE STRUGGLING MIND-SET
1. The problems this mind-set encounters when dealing with Medicaid include long wait times, confusing paperwork, unhelpful responses from staff, and difficulty understanding eligibility requirements.
2. Four things this mind-set is afraid of when dealing with Medicaid organization include being denied coverage, losing benefits unexpectedly, facing complicated appeals processes, and not receiving timely assistance.
3. Suggestions for this mind-set to make it easier to deal with Medicaid organization include seeking assistance from a social worker, attending informational workshops, keeping organized records, and staying informed about policy changes.
4. Two ways of presenting the mind-set’s needs to the medical personnel to make sure that these people listen: “I need clarity on my coverage options, can you please explain?” and “I am struggling to understand the requirements, could you provide some guidance?”
5. To keep motivated and not give up, the mind-set should focus on their goals, seek support from advocacy groups, break down tasks into manageable steps, and practice self-care.
6. When the medical employee meets this mind-set, they may feel empathy, frustration, overwhelmed, and a sense of responsibility to help navigate the system.
7. The entire interaction between the Medicaid employee and the struggling mind-set can be summarized as a challenging yet important opportunity to provide support and guidance in a complex system.
F. THE LOST MIND-SET
1. The problems encountered include difficulty understanding the complex requirements, receiving unhelpful or dismissive responses from medical officials, feeling overwhelmed by the paperwork, and not knowing where to turn for help.
2. The mind-set is afraid of being denied necessary services, of being judged or criticized by medical personnel, of not being able to afford necessary treatment, and of not being able to effectively navigate the system.
3. Suggestions for the mind-set include seeking assistance from a social worker or patient advocate, researching online resources for guidance, asking for clarification when needed, and keeping thorough records of all interactions and paperwork.
4. Ways to present needs include stating clearly “I need assistance understanding the process” and “Please listen to my concerns and help me find a solution.”
5. To stay motivated and not give up, the mind-set should focus on their end goal of receiving necessary care, seek support from friends or family, take breaks when feeling overwhelmed, and celebrate small victories along the way.
6. When meeting this mind-set, the medical employee may feel a mix of compassion, frustration, empathy, and a sense of duty to help, while also potentially feeling pressure to adhere to strict guidelines and regulations.

7. The interaction between the Medicaid employee and the lost mind-set could be summarized as a challenging but potentially rewarding journey towards accessing necessary healthcare services. It requires clear communication, patience, and a collaborative effort to navigate the complexities of the system.
G. THE UNPREPARED MIND-SET
1. Problems faced include lack of necessary documentation, misinformation from medical officials, difficulty understanding complex procedures, and unhelpful phone support responses.
2. Fear of being denied coverage, fear of making a mistake in the application process, fear of not being able to afford necessary medical care, fear of being judged or looked down upon.
3. Suggestions include seeking guidance from social workers or advocates, researching and understanding the application process beforehand, asking questions and clarifications, and keeping organized records.
4. "I really need your help to understand the process better, can you please explain it in simpler terms" and "I feel overwhelmed by all the information, can we take it step by step together?"
5. Stay informed, seek support from friends or family, remind oneself of the importance of accessing healthcare services, and take breaks when feeling overwhelmed.
6. The medical employee may feel impatient, frustrated, overwhelmed with their workload, and possibly indifferent to the mind-set's struggles.
7. The interaction can be summarized as a challenging and often frustrating experience for the unprepared mind-set, who may struggle to navigate the complexities of the Medicaid system and face barriers from unmotivated or unhelpful employees.
H. THE OVERLOOKED MIND-SET
1. The types of problems encountered could include being constantly passed from one department to another without resolution, and responses provided by medical officials are often dismissive or unhelpful, further frustrating the individual.
2. Four fears of the overlooked mind-set could include being denied essential services or coverage, being misunderstood or misdiagnosed, facing financial strain due to lack of support, and feeling isolated and alone in their struggle for assistance.
3. Suggestions for the overlooked mind-set could include keeping thorough records of all communication with the Medicaid organization, seeking support from advocacy groups or legal aid if necessary, staying informed about their rights and entitlements, and reaching out to higher authorities within the organization if they feel their concerns are not being addressed.
4. Two ways of presenting the overlooked mind-set's needs to medical personnel could be to clearly and confidently assert their rights and requirements, saying "I need your attention and assistance to address my specific needs," and providing detailed information about their situation to ensure a thorough understanding.
5. To stay motivated and not give up, the overlooked mind-set should focus on their goals and the importance of receiving the necessary support, seek encouragement from friends and family, practice self-care to manage stress and anxiety, and celebrate small victories along the way.
6. When meeting the overlooked mind-set, the medical employee may feel a sense of apathy or indifference or may be preoccupied with their own workload and responsibilities without fully understanding the individual's needs or struggles.
7. The entire interaction between the Medicaid employee and the overlooked mind-set can be summarized as a frustrating and challenging experience where the individual must advocate for themselves and navigate complex systems to receive the assistance they require.

Table 4: The emotionally reactive mind-sets

I. THE ANXIOUS MIND-SET
1. The types of problems the mind-set encounters when dealing with Medicaid include long wait times, complex paperwork, inconsistent information from different employees, and difficulty understanding eligibility requirements. Responses given by medical officials may be dismissive, unhelpful, rude, or lacking in empathy.
2. Four things that the mind-set is afraid of when dealing with the Medicaid organization include being denied coverage, not being able to afford necessary medical treatments, 20 being judged or looked down upon by employees, and not being able to navigate the system effectively.
3. Four suggestions of what the mind-set could do to make it easier to deal with the Medicaid organization are seeking assistance from a patient advocate, requesting clear and concise information in writing, keeping copies of all documents and communication, and educating themselves on their rights and options.
4. Two ways of presenting the mind-set's needs to the medical personnel to make sure that these people listen are: "I need your help in understanding the eligibility requirements and what steps I need to take to apply" and "Can you please explain this process in simpler terms so that I can better follow along?"
5. What should the mind-set do to keep motivated and not give up is to remind themselves of the importance of accessing health-care, seek support from friends or family members, and celebrate small victories along the way.

6. What goes on inside the employee’s mind is a mix of frustration, empathy, impatience, and a sense of duty to help the individual despite the challenges.
7. How can we summarize the entire interaction between the Medicaid employee and the mind-set is a difficult and often frustrating exchange where both parties are struggling to communicate effectively and navigate the complexities of the system.
J. THE FRUSTRATED MIND-SET
1. The frustrated mind-set encounters long wait times, confusing paperwork, unhelpful responses from employees, and constant changes in policy which make it difficult to access the services they need.
2. The frustrated mind-set is afraid of being denied coverage, losing their benefits, being misunderstood or dismissed by employees, and not being able to navigate the system effectively.
3. Suggestions for the frustrated mind-set include seeking assistance from a caseworker or advocate, keeping organized records of all interactions and paperwork, staying informed about changes in policy, and seeking out alternative resources for support.
4. In order to ensure their needs are heard, the frustrated mind-set should clearly and assertively communicate their concerns to the medical personnel, using specific examples of the challenges they have faced. For example, they could say, “I have been waiting for over an hour to speak with someone, and I need assistance now.”
5. To stay motivated and not give up, the frustrated mind-set should seek out support from friends, family, or support groups, and remind themselves of the importance of advocating for their own health and well-being.
6. When faced with the frustrated mind-set, the medical employee may feel overwhelmed, defensive, frustrated, or empathetic, depending on their own level of patience and understanding.
7. The interaction between the Medicaid employee and the frustrated mind-set can be summarized as a challenging and often tense exchange, in which both parties may struggle to communicate effectively and find common ground.
K. THE HOPELESS MIND-SET
1. The types of problems might include long wait times, confusing paperwork, rude staff members, and frequent changes in policy. Responses given by medical officials could include dismissive attitudes, lack of empathy, and unhelpful advice.
2. Four fears could be being denied coverage, not receiving necessary treatments, not being able to afford medications, and feeling judged or belittled by staff members.
3. Four suggestions could be seeking assistance from advocacy groups, keeping thorough records of all interactions with the Medicaid organization, asking for clarification whenever confused, and staying persistent in pursuing necessary benefits.
4. Two ways of presenting needs could be saying “I need help understanding the process, can you please explain it to me in simpler terms?” and “I require this medication for my condition, can we work together to ensure it is covered by my plan?”
5. To stay motivated, the mind-set should focus on the end goal of receiving necessary healthcare, seek support from friends or family members, and remind themselves that they deserve access to quality care.
6. The medical employee may feel overwhelmed, frustrated, indifferent, or empathetic when meeting the hopeless mind-set. Inside the employee’s mind, there may be a struggle between following strict protocols and showing compassion towards the individual.
7. The entire interaction between the Medicaid employee and the hopeless mind-set can be summarized as a challenging and sometimes adversarial relationship, with the mindset seeking support and guidance while facing obstacles and bureaucratic hurdles
L. THE SCARED MIND-SET
1. Problems faced include long wait times on the phone, confusing paperwork, lack of clear communication from Medicaid officials. Responses given by officials often sound scripted and unhelpful.
2. Afraid of losing coverage, not being able to afford necessary medical treatments, facing judgment or discrimination from Medicaid officials, having their personal information compromised.
3. Suggestions include seeking assistance from a social worker or advocate, keeping detailed records of all interactions with Medicaid, staying informed about their rights and benefits, practicing self-care to manage stress.
4. “I need help understanding the coverage options available to me, can you please explain in simple terms?” “I am feeling overwhelmed with the process; can we review the steps together to ensure I am on the right track?”
5. To stay motivated, the mind-set could set small achievable goals, celebrate small victories, seek support from friends or family, remind themselves of the importance of accessing necessary healthcare.
6. The medical employee may feel overwhelmed or frustrated when meeting with the mind-set and may struggle to empathize with their situation. They may feel pressure to adhere to strict guidelines and may be jaded by previous negative interactions with clients.
7. The entire interaction between the Medicaid employee and the scared mind-set is characterized by fear, frustration, lack of clear communication, and a sense of being overwhelmed on both sides. The mind-set is seeking help and guidance, while the employee is tasked with enforcing rules and regulations, leading to a tense and difficult interaction.

M. THE DESPERATE MIND-SET

1. The problems encountered include long wait times, confusing paperwork, unhelpful staff, and constant changes in requirements. Responses given by medical officials are often dismissive or unhelpful, adding to the frustration.
2. The mind-set is afraid of being denied coverage, of losing access to necessary medication or treatment, of being judged or looked down upon, and of not being able to navigate the system effectively.
3. Suggestions for making it easier to deal with Medicaid include seeking assistance from a social worker or advocate, keeping detailed records of correspondence and 23 interactions, staying informed about policy changes, and reaching out to support groups for guidance.
4. Presenting the mind-set's needs assertively to medical personnel can involve saying "I need this medication to manage my condition effectively, and it is covered under my Medicaid plan" and "I require clarity on the requirements for maintaining my coverage, can you please explain them to me in detail?"
5. To stay motivated and not give up, the mind-set should focus on the end goal of receiving necessary care, seek support from friends or family members, take breaks when feeling overwhelmed, and celebrate small victories along the way.
6. The medical employee may feel overwhelmed or frustrated when meeting this mind-set and may be focused on following protocol and meeting quotas rather than truly helping the individual.
7. The entire interaction between the Medicaid employee and the desperate mind-set can be summarized as a tense, frustrating experience filled with obstacles and challenges on both sides.

N. THE ANGRY MIND-SET

1. The types of problems the mind-set encounters when dealing with Medicaid, and the types of responses given by the medical officials which frustrate the mind-set include long wait times, confusing paperwork, and unhelpful staff. The responses given by the medical officials may be dismissive, uninformative, or condescending.
2. Four things that the mind-set is afraid of when dealing with the Medicaid organization are being denied coverage, not receiving necessary medical treatment, financial hardship, and being treated unfairly.
3. Four suggestions of what the mind-set could do to make it easier to deal with the Medicaid organization are seeking assistance from a social worker or advocate, staying organized with paperwork, asking questions to clarify any confusion, and staying persistent in following up on their case.
4. Two ways of presenting the mind-set's needs to the medical personnel to make sure that these people listen are: "I need your help in understanding the process better so I can navigate it successfully" and "I would appreciate it if you could take the time to address my concerns and provide clear explanations."
5. What the mind-set should do to keep motivated and not give up is to focus on the end goal of receiving the necessary medical care, seeking support from friends and family, and staying informed about their rights and options.
6. What does the medical employee feel when she or he meets this mind-set? What goes on inside the employee's mind? The medical employee may feel overwhelmed, frustrated, or defensive when dealing with an angry mind-set. Inside the employee's mind, they may be thinking about how to diffuse the situation, provide appropriate assistance, and maintain professionalism.
7. How we can summarize the entire interaction between the Medicaid employee and the mind-set is that there is a lack of communication and understanding on both sides, leading to frustration and tension in the interaction.

O. THE RESIGNED MIND-SET

1. This mind-set encounters difficulties in understanding the complex paperwork and requirements of the Medicaid system. The responses given by medical officials are often dismissive, leaving the individual feeling even more lost and frustrated.
2. Four fears of the resigned mind-set when dealing with Medicaid could be delays in receiving necessary medical care, being denied coverage, facing financial burdens from medical expenses, and feeling unheard and overlooked by the system.
3. Four suggestions for the resigned mind-set to make dealing with Medicaid easier are seeking assistance from a social worker or patient advocate, organizing and keeping track of documents and communication, asking for clarification when needed, and staying persistent in following up on requests and applications.
4. Two ways the resigned mind-set can present their needs to medical personnel to ensure they listen are: "I am feeling overwhelmed by the paperwork and would appreciate some guidance on how to navigate the system effectively," and "I need help understanding my coverage options and how to access the care I need."
5. To stay motivated and avoid giving up, the resigned mind-set should focus on the end goal of receiving necessary healthcare and support, reach out for emotional and practical help from family or support groups, remind themselves that they deserve access to quality care, and celebrate small victories or progress made in dealing with Medicaid.
6. When meeting the resigned mind-set, the medical employee may feel a sense of frustration or apathy, as they are used to encountering individuals who struggle with the system and may not have the resources to provide extensive support.
7. The interaction between the Medicaid employee and the resigned mind-set is often characterized by misunderstandings, missed opportunities for assistance, and a general sense of overwhelm on both sides, leading to a lack of progress in accessing necessary healthcare services.

Looking Backward

Our final exercise comes from the inspiration of a book by Edward Bellamy called Looking Backward (12). The book was written in the latter part of the 19th century and purported to be a retrospective of the world, looking at the world in the year 2000, which would be 125 years approximately after the book would be written. The idea was to see how we got to a certain place. The idea was to present the future, but not so much as futuristic, as rather a novel described by somebody looking at the future as their own particular part of the past, available to everybody. So, the last analysis that we have talks about what type of book

would be written if we were to talk about mind-sets of people applying for Medicaid benefits. The book would be written in 2030 and it would talk about the benefits that had accrued from fixing the system. It makes a nice coda to the process of teaching, providing a tool for the reader to say, if we fix all this, what will history look like? Table 5 presents the “report of this book” as it would be written about the events of 2030, when mind-sets came on the scene as one of the ways to deal with the issues of how people “solved” some of the frustrations of dealing with the Medicaid system.

Table 5: Summary of the effects played by the publication in 2030 of a book on mind-sets in Medicaid applications

In 2030, a book on the mind-sets of people applying for Medicaid benefits led to significant changes in the application process. This book increased the success rate of applicants by understanding their mind-sets and helping them navigate the complex process. It also helped dispel common misconceptions and stigmas surrounding Medicaid benefits, leading to fewer rejections and faster approval times.
The book also increased awareness among Medicaid clerks about the challenges faced by applicants, resulting in improved communication and a more empathetic approach. This led to a decrease in the stigma associated with receiving Medicaid benefits, fostering a greater sense of empathy and inclusivity within society.
Despite some challenges and resistance, the overwhelming success stories and improved outcomes for applicants paved the way for a more empathic and inclusive approach to accessing Medicaid benefits in the future. Reading about the mind-sets of Medicaid applicants can help debunk common misconceptions and stereotypes, leading to a more inclusive and equitable society.
From the perspective of Medicaid recipients, reading about the mind-sets of others in similar situations can be empowering and validating. This validation can boost confidence and self-esteem among Medicaid recipients, enabling them to navigate the application process with more resilience and determination.
Understanding systemic barriers and inequalities within the benefits application process can prompt action and advocacy for policy changes that ensure fair and efficient access to Medicaid benefits for all eligible individuals. This heightened awareness can lead to a more transparent, streamlined, and supportive application process.
In the future, stories from Medicaid clerks and recipients may reflect how understanding the minds of Medicaid applicants has revolutionized their approach to assisting clients, leading to more successful outcomes and improved job satisfaction.

Conclusion

The study on the mind-sets of Medicaid recipients, leveraging AI and Mind Genomics thinking, reveals significant insights into the experiences and challenges faced by individuals seeking government assistance. The complexity and inefficiency of the current Medicaid application process create substantial barriers, leaving many deserving individuals without the necessary support.

By employing AI to simulate and analyze different mind-sets, we gain a deeper understanding of the frustrations, fears, and motivations of Medicaid applicants. This knowledge allows us to identify common themes and recurring barriers, paving the way for targeted interventions and improvements in the application process.

The creation of a "Knowledge Playbook" through AI synthesis offers a valuable tool for policymakers, healthcare providers, and advocates. It enables them to tailor their communication and support strategies to better meet the needs of Medicaid applicants. Moreover, the insights gained from this study can inform broader policy and programmatic changes, ultimately enhancing the efficiency and effectiveness of the Medicaid system.

As we look forward to the future, the vision of a more streamlined and empathetic Medicaid system is within reach. By continuing to harness the power of AI and innovative thinking, we can create a more supportive environment for those seeking government assistance, ensuring equitable access to healthcare and essential services for all.

The journey to improving Medicaid is ongoing, but the potential benefits are clear. A system that understands and addresses the diverse mind-sets of its applicants is one that can truly meet the needs of its population, leading to a fairer and more just society.

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