**WORKSHEET 1:**

**UNDERSTANDING THE MEDICAID CHURN RATE**

 Purpose

This tool is designed to help states and their partners establish a baseline understanding of the impact of churn on Medicaid beneficiaries by understanding:

* If and/or how the churn rate is measured
* Which population(s) are more likely to experience churn

The tool will take your team through a series of questions that will help you to catalogue the types of data available to measure churn, how the data are currently utilized, and the benefits and potential limitations of the data available. This resource should be utilized to identify gaps in current processes to measure churn, including opportunities to disaggregate data where possible to identify populations at the highest risk for churn.

  Instructions

This worksheet should be completed by state and local staff with knowledge of how disenrollment and re-enrollment data are collected, analyzed, and reported on. It may be helpful to collaborate with external stakeholders, such as academic institutions and/or researchers with expertise/experience/interest in measuring Medicaid churn, as they may be able to assist in the interpretation of data and/or advise on opportunities to utilize national datasets such as the Behavioral Risk Factor Surveillance System (BRFSS). Upon completion of the tool, your team should achieve consensus on how to measure churn. The steps you complete below will also prepare you to use the [**Prioritization Table & Action Plan**](https://bdtrust.org/Prioritization_Tool.docx) within this toolkit. It may take several conversations to gather the information needed, so you may need to set aside multiple working sessions with your team.

Section A: **Measuring and Reporting the Medicaid Churn Rate**

*This section gathers information on current processes for measuring churn. If a process for your state does not exist or is not clearly defined, use the prompts as a guide to think about what would be the ideal churn measurement process for your state. Consider the role of internal and external stakeholders, potential barriers, and opportunities to mitigate them.*

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1. **What is your state’s current (or most recent) Medicaid churn rate?**
2. **If applicable, please describe briefly how your agency currently assess the churn rate and how it is calculated.**

*Your description should include how an episode of churn is defined, who pulls the data, who analyses the data, what fields are included in the analysis, what data source is used, how it is reported, and any other relevant information.*

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1. **Currently, what are the top 3 reasons for calculating the churn rate for your state?**

*Consider things like reducing administrative costs, eliminating redundant work, maintaining stakeholder engagement and support, and establishing public trust through transparent reporting.*

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| 1.      2.      3.       |

*Questions 4-9 asks about current processes for measuring churn.*

1. **What is the average number of episodes of churn a beneficiary experiences?**

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1. **What is the average length of an episode of churn?**

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1. **Are the data on the churn rate disaggregated to identify variations across specific populations?**

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| [ ]  Yes [ ]  NoIf **NO,** can the data be disaggregated: [ ]  Yes [ ]  NoIf **YES,** select all the populations that apply: [ ]  Race [ ]  Eligibility Group [ ]  Gender [ ]  Educational Attainment [ ]  Age [ ]  Disability Status [ ]  Address/Zip Code/County [ ]  OTHER:       [ ]  Employment Status |

1. **If possible, list the THREE (3) populations with the highest churn rates**

*Identifying the populations most likely to churn can inform which policies and/or processes are pursued and how their implementation can advance equity. Note that understanding the available data is simply the first step in this process and your team should consider additional opportunities to better understand why these populations are churning. For example, in previous years, Rhode Island has conducted phone interviews with Medicaid beneficiaries experiencing churn to understand why they lost coverage.*

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| 1.      2.      3       |

1. **Is the churn rate calculated regularly? If YES, how often is the churn rate calculated and reviewed?**

*As your team is assessing the current frequency for calculating the churn rate consider whether the cadence meets the needs of the state or locality. Should the frequency be increased/decreased? If the frequency should be increased is there the capacity to do so? (i.e., do the data analysts have the time and/resources to do so?)*

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| [ ]  Monthly [ ]  Annually[ ]  Bi-monthly [ ]  On Demand[ ]  Quarterly [ ]  OTHER (Please specify):       |

1. **Information on how the churn rate is tracked and reported:**

*There may be many barriers/challenges in sharing data both internally and externally however, ensuring the right stakeholders have access to the information can ensure Medicaid churn remains a priority. It can also allow for the evaluation of new/existing efforts. Your team should consider who currently has access to the data on churn and how they are utilizing that information. Additionally, your team should consider who should have access to the data but does not and the level of effort needed to share the data with additional staff and/or external stakeholders.*

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| **Is data on the churn rate available publicly? If YES, how can it be accessed? (e.g., on the Medicaid website)**     **Is this information shared internally (with state agency staff) and externally with key stakeholders? (e.g., local/county offices, managed care organizations (MCOs), etc.). If YES, how and with whom is this information shared and what is the cadence?**     **Are there additional entities not listed who should have access to this data? If, YES please list whom & why:**      |

Section B: **Data Availability and Utilization**

*There are multiple data sources a state can utilize to assess its churn rate and the source used may differ based on the question the state is interested in answering. Understanding the data sources available and how they are currently being utilized can inform changes to how the churn rate is measured or whether new data sources should be pursued. Think about how your state currently measures churn. Are you able to answer the questions of interest with the data sources currently available? Note there may be opportunities to engage research entities such as academic institutions for support around data access and analysis.*

1. **What data is your state currently accessing to estimate the frequency of churn and/or its impact? How is the data being utilized?**

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| **Data Source** | **Pros** | **Cons/Limitations** | **Currently being accessed?** |
| **State Medicaid Data** | * **Reliable/more accurate since based on actual program enrollment**
* **Timely**
 | * **May be less reliable than federal administrative Medicaid data**
 | [ ]  YES [ ]  NO**If YES, who accesses the data?:**      **How often? :**       **How is the data being utilized?**       |
| **Transformed Medicaid Statistical Information System (T-MSIS)** | * **Federal Medicaid data which undergo data quality reviews and validation tests**
 | * **Less timely than state Medicaid Data**
 | [ ]  YES [ ]  NO**If YES, who accesses the data?:**      **How often? :**       **How is the data being utilized?**       |
| **Behavioral Risk Factor Surveillance System (BRFSS)** | * **Data can identify whether individuals with current Medicaid coverage had experienced a period of uninsurance at any time in the previous 12 months**
 | * **Does not identify changes in coverage by month**
* **Data cannot distinguish whether uninsurance immediately preceded an individual’s enrollment in Medicaid or if the respondent had another period of coverage between his or her spells of uninsurance and Medicaid coverage**
 | [ ]  YES [ ]  NO**If YES, who accesses the data?:**      **How often? :**       **How is the data being utilized?**       |
| **Survey of Income and Program Participation (SIPP)** | * **A panel survey that collects longitudinal data on income and program participation**
 | * **Designed to be nationally representative but not state-representative**
* **Data is self-reported**
 | [ ]  YES [ ]  NO**If YES, who accesses the data?:**      **How often? :**       **How is the data being utilized?**       |
| **Current Population Survey (CPS)** | * **Designed to provide monthly data on labor force participation and unemployment**
* **Designed to be state representative**
 | * **Data is self-reported**
 | [ ]  YES [ ]  NO**If YES, who accesses the data?:**      **How often? :**       **How is the data being utilized?**       |
| **Other:**       |       |       | [ ]  YES [ ]  NO**If YES, who accesses the data?:**      **How often? :**       **How is the data being utilized?**       |
| **Other:**       |       |       | [ ]  YES [ ]  NO**If YES, who accesses the data?:**      **How often? :**       **How is the data being utilized?**       |

*Information on the pro and cons of various data sources that can be utilized to help states estimate the Medicaid churn rate gathered from the SHADAC* [*ACA Coverage Expansions: Measuring and Monitoring Churn at the State Level*](https://www.shadac.org/publications/aca-coverage-expansions-measuring-and-monitoring-churn-state-level) *Report.*

Section C: **Next Steps for Measuring and Monitoring Medicaid Churn**

*Using the information gathered in the previous sections, complete the questions below to gain consensus on your state’s priorities for establishing policies and/or processes for measuring churn rates. The responses to the following questions will guide the development of the state action plan. Additional responses may be added as needed.*

**12. Based on the information gathered above and the conversations with internal and external stakeholders, please list the top 3 goals for measuring churn for your state?**

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| 1. **Example**: Establish a consistent/standard process for measuring churn or update existing processes2. **Example:** Understand variations in churning between Medicaid, the Marketplace, employer-sponsored coverage, and uninsured |
| 3.      4.       |

**13. What are the top 3 changes your state is interested in pursuing to improve current processes to measure the rate of churn for your Medicaid population?**

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| **Proposed Change** | **Potential Barriers and How to Mitigate** |
| **Example:** Disaggregate data across demographic categories | **Barrier:** Lack of staff capacity**Potential Solution:** Partnership with the state university for data analysis support |
|       | **Barrier:**      **Solution:**       |
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**14. Additional Notes:**

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Upon completion of this tool, you should proceed to the next planning worksheet [**Understanding The Impact of existing Policies & Practices on Churn**](https://bdtrust.org/Planning_Worksheet_2.docx). You will revisit this tool for the completion of the [**Prioritization Tool & Action Plan.**](https://bdtrust.org/Prioritization_Tool.docx)

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