**WORKSHEET 2: UNDERSTANDING THE IMPACT OF EXISTING POLICIES & PRACTICES ON CHURN**

 Purpose

This tool is designed to help state Medicaid agencies and partner organizations establish a baseline understanding of the impact of existing state and/or local policies and practices on Medicaid churn. Understanding the current policy and process landscape can help your team to assess aspects that are successful and gaps that should be addressed. The information gathered here will inform how the core team identifies the most appropriate policy and process changes that should be pursued to address churn. It is likely that policies and processes already exist within your agency to reduce churn and/or mitigate its impact, so this tool may be used to identify when existing structures can be strengthened or new ones implemented. Your core team may also use the information to prioritize policy and practice changes and to develop a state action plan.

 Instructions

This worksheet should be completed by state and local staff with knowledge of how existing policies and practices impact disenrollment and reenrollment in. External stakeholders such as Medicaid beneficiaries, managed care organizations and community-based organizations that have experience working with Medicaid enrollees may be helpful to include in the conversation as well, as they can provide lived experience from first-hand interactions with eligibility and enrollment processes. To ensure a wholistic understanding of the current policy and process landscape, the core team and its stakeholders should consider how various parties are affected by a policy or process. For example, many states implement ex parte renewal processes that require no additional action from the Medicaid enrollee. However, action is required by state/local eligibility staff to complete the process. By considering and consulting all parties affected by current policies/process changes, your team can accurately document pain points within the system, which can in turn inform how policy and/or process changes get prioritized and implemented.

Section A: **Policies Impacting Churn**

1. **What policies and/or practices that can reduce Medicaid churn are currently active in your state?**

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| [ ]  [Ex parte renewals for all Medicaid enrollees](https://www.macpac.gov/wp-content/uploads/2023/09/Increasing-the-Rate-of-Ex-Parte-Renewals-Brief.pdf)[ ]  [Multi-year continuous eligibility for children](https://ccf.georgetown.edu/2023/11/16/north-carolina-and-hawaii-make-10-states-advancing-medicaid-chip-multi-year-continuous-eligibility-for-young-children/)[ ]  [12-month continuous eligibility for adults](https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/ext_request/docs/2020-12_1115_demo_prelim_eval_rpt.pdf) [ ]  [Continuous Coverage Through 12 Months Postpartum](https://www.nashp.org/view-each-states-efforts-to-extend-medicaid-coverage-to-postpartum-women/) [ ]  [Express Lane Eligibility](https://www.medicaid.gov/medicaid/enrollment-strategies/express-lane-eligibility-medicaid-and-chip-coverage/index.html)[ ]  [Fast Track](https://bdtrust.org/Fast-Track-Issue-Brief_December-2019.pdf) State Plan Amendment[ ]  [Reduction/elimination of periodic data checks between renewals](https://www.kff.org/medicaid/issue-brief/recent-medicaid-chip-enrollment-declines-and-barriers-to-maintaining-coverage/)[ ]  [Reasonable compatibility](https://www.medicaid.gov/sites/default/files/2019-12/reasonable-compatibility-scenarios.pdf) | [ ]  [Aligning renewals with other public benefits programs](https://www.cbpp.org/research/health/opportunities-for-states-to-coordinate-medicaid-and-snap-renewals) (e.g., SNAP)[ ]  Renewing Coverage When Processing Changes in Circumstances[ ]  Multiple outreach modalities (e.g., mail, text, phone, e-mail etc.)[ ]  [Increased investment in enrollment assistance](https://www.nashp.org/medicaid-agencies-implement-innovative-outreach-strategies-lessons-from-kentucky-and-virginia/)[ ]  OTHER:       |

1. **With your team, think about and discuss each policy/practice identified above and make notes in the table below:**

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| **Policy/Practice** | **Has the policy/ practice been evaluated for its impact on the churn rate and/or administrative costs?** | **Results of evaluation/opportunities for improvement** |
| 1. **Example:** Multi-year continuous eligibility for children
 | [ ]  YES [ ]  NO**If NO, should it be evaluated?** *Consider the goal for an evaluation. Why should this be evaluated? Is it necessary to gather the evidence needed to gain leadership buy-in?* [ ]  YES [ ] NO | * + *The* [*Consolidated Appropriations Act of 2023*](https://www.congress.gov/bill/117th-congress/house-bill/2617/text) *required all states to adopt 12-month continuous eligibility for children enrolled in Medicaid and CHIP.*
	+ *States can pursue an 1115 waiver to further expand continuous eligibility for children. As of December 2023,* [*11 states*](https://ccf.georgetown.edu/2023/11/16/north-carolina-and-hawaii-make-10-states-advancing-medicaid-chip-multi-year-continuous-eligibility-for-young-children/) *have implemented or pursued multi-year eligibility – ranging from 2 to 6 years.*
 |
| 1.
 | [ ]  YES [ ]  NO**If NO, should it be evaluated?**[ ]  YES [ ]  NO |       |
| 1.
 | [ ]  YES [ ]  NO**If NO, should it be evaluated?**[ ]  YES [ ]  NO |       |
| 1.
 | [ ]  YES [ ]  NO**If NO, should it be evaluated?**[ ]  YES [ ]  NO |       |
| 1.
 | [ ]  YES [ ]  NO**If NO, should it be evaluated?**[ ]  YES [ ]  NO |       |
| 1.
 | [ ]  YES [ ]  NO**If NO, should it be evaluated?**[ ]  YES [ ]  NO |       |
| 1.
 | [ ]  YES [ ]  NO**If NO, should it be evaluated?**[ ]  YES [ ]  NO |       |

Section B: **Data Availability and Utilization**

*A common reason why Medicaid beneficiaries experience churn is challenges with the administrative processes associated with renewal or changes in circumstances. Beneficiaries may not receive or understand administrative notices, which may result in them failing to respond or file needed information. This leads to churn. There are several process changes that can be undertaken to reduce administrative causes of churn including reviewing notices to ensure they are correct, clear, and understandable. This may require verifying contact information to ensure notices are sent to the right address and provide enrollees with ample time to respond to notices. This section takes you through some of these considerations and as you complete this section, we strongly encourage you to engage with Medicaid enrollees and/or CBOs that provide direct application and enrollment assistance. They can add helpful perspectives on current processes and recommendations for how the process could be improved.*

1. **Are your notices based on human-centered design principles?**

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| **Human-Centered Design Principle** | **Do your notices comply?** | **Notes/Opportunities for improvement** |
| **Are the written notices** [**concise, understandable, and culturally competent**](https://thinkculturalhealth.hhs.gov/clas/standards)**?** | [ ]  YES [ ]  NO |       |
| **Are notices written in** [**“plain language”**](https://www.plainlanguage.gov/guidelines/)**?** | [ ]  YES [ ]  NO |       |
| **Does the information in written notices flow well?** | [ ]  YES [ ]  NO | *Describe the general flow of notices (e.g., renewals, changes in circumstance etc.)* |
|       |
| **Do written notices include graphics/illustrations?** | [ ]  YES [ ]  NO |       |
| **Are the instructions/action items clearly articulated?** | [ ]  YES [ ]  NO |       |
| **What languages are written notices available in?**  |       |
| **How do beneficiaries express a preferred language to receive notices in a language other than English?** |       |

1. **Do you verify that beneficiary contact information is accurate prior to sending out written notices?**

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| [ ]  YES [ ]  NO**If YES then how?**     **If NO, please describe any opportunities to verify contact information that exist:***e.g., Outreach via text message, collaboration with managed care organization and/or community partners.*      |

1. **How are notices handled?**

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| **How much time are beneficiaries given to complete renewal forms?**     **How much time are beneficiaries given to respond to notices regarding changes in circumstances?**      **How can forms be completed and returned? (e.g., by phone, online, in-person, mobile app)**     **How does your state handle returned mail/returned notices? How many attempts are made? How many outreach modalities are used?**      |

1. **According to policy, how are minor fluctuations in income that may affect eligibility handled?**

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1. **Does your state engage with external partners (e.g. managed care organizations & community-based organizations) for assistance during the renewal process?**

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| [ ]  YES [ ]  NO**If YES then how?**     **If NO, please describe any opportunities that exist:**      |

Section C: **Ex Parte/Automated Renewal Processes**

1. **What percentage of automated renewals require no addition action from Medicaid members?**

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1. **What percentage of automated renewals require no additional action from state staff/eligibility workers?**

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1. **What data sources are used to conduct ex parte renewals?**

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| [ ]  Supplemental Nutrition Assistance Program (SNAP) [ ]  Unemployment[ ]  Internal Revenue Service (IRS) [ ]  Social Security Administration (SSA)[ ]  Supplemental Security Income (SSI) [ ]  OTHER:      [ ]  State Wage Information Collection Agency (SWICA)  |

1. **What policy and/or practice changes (if any) hinder your state’s ability to conduct ex parte/automated renewals?**

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 Next Steps

*Using the information gathered in the previous sections, complete the questions below to establish consensus on your state’s priorities for establishing new and/or advancing existing policies and/or processes that reduce Medicaid churn. The responses to the following questions will guide the development of the state action plan.*

*Note: For each question below additional responses should be added as appropriate.*

1. **What are the top 3 data sources your agency wants/needs to improve the ex parte renewal process?**

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| 1.      2.      3.       |

1. **What are the top 3 policy changes your state is interested in pursuing?**

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| 1.      2.      3.       |

1. **What are the top 3 process changes your state is interested in pursuing?**

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| 1.      2.      3.       |

**14. Additional Notes:**

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