Maximizing Enrollment
Transforming State Health Coverage

Using Data to Drive State Improvement in Enrollment and Retention
Monday, November 21, 2011 – 3:00pm – 4:00pm (ET)

Presenters:

Catherine Hess, Maximizing Enrollment/NASHP

Chris Trenholm, Mathematica Policy research

Mary Harrington, Mathematica Policy Research

Rebecca Mendoza, Virginia Department of Medical Assistance Services

NATIONAL ACADEMY
for STATE HEALTH POLICY

Robert Wood Johnson Foundation

Agenda Overview

- ## Welcome and Introductions
  - Catherine Hess, Co-Director, Maximizing Enrollment and Managing Director, NASHP

- ## Overview of performance measures
  - Chris Trenholm, Senior Economist and Associate Director for Health Research, Mathematica Policy Research
  - Mary Harrington, Principal Investigator, Mathematica Policy Research

- ## State Perspective
  - Rebecca Mendoza, Virginia Department of Medical Assistance Services

- ## Questions

Using Data to Drive State Improvement of Enrollment and Retention Performance

Maximizing Enrollment Webinar
November 21, 2011

Christopher Trenholm

Mary Harrington

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Overview

- **Using Performance Measures**
  - Purpose
  - Challenges
  - General guidance

- **Recommended Performance Measures**
  - Group 1 ("count" measures)
  - Group 2 ("linked" measures)
  - Group 3 ("denial-reason" based measures)

USING PERFORMANCE MEASURES

Why are Performance Measures Important?

- Supports monitoring, assessment and planning
  - Monitoring: Are we improving?
  - Assessment: What did that procedural change accomplish?
  - Planning: What do we expect to result from a future policy or procedural change?

- Addresses future federal (ACA) requirements
  - ACA calls for eventual reporting on performance measures linked to coverage

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What Makes Measurement a Challenge?

- **It is not free**
  - Takes time, resources to produce measures and use them

- **Hard to know what to measure – let alone how**
  - State data systems are massive: where to begin?

- **Recommendation: keep it simple**
  - Start with a basic set of measures and build out as resources and data permit

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What Measures Do We Recommend?

Three Groups:

1. Measures that count individuals
   – E.g. total program enrollees

2. Measures that link individuals over time/programs
   – E.g. transfer rate, retention rate

3. Measures that use denial reason codes
   – E.g. retention rate, *accounting for verified ineligibility*

What Makes the Three Groups Distinct?

- ## Data needs/complexity
  - Counting is relatively simple (Group 1)
  - Data linking is harder (Group 2) and some data elements, like reason codes, may be currently unreliable (Group 3)

- ## Clarity
  - Group 1 measures are easiest to create, understand

- ## Value
  - Group 2 and 3 measures are better able to inform policy decisions -- *how* enrollment can be improved

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GROUP ONE MEASURES
Simple Counts

Group One: Three Basic Count Measures

- **Total enrollment**: Number of individuals with at least one day of coverage in specified program(s) over a given time period
  - *Program(s)*: e.g., Medicaid; or Medicaid and CHIP
  - *Time period*: e.g., a specified month (January)

- **Total new enrollment**: Number of individuals enrolling in specified program(s) over a given time period

- **Total disenrollment**: Number of individuals disenrolling from in specified program(s) over a given time period

How Can These Measures Be Used?

- Monitoring progress
  - Update continually to form a real-time trend
  - Use historical data to extend trend back

- Identifying major coverage shifts
  - Explore source(s); e.g., outreach? simplification?

- Analyzing trends for key subgroups
  - Eligibility groups (e.g. new groups under ACA)
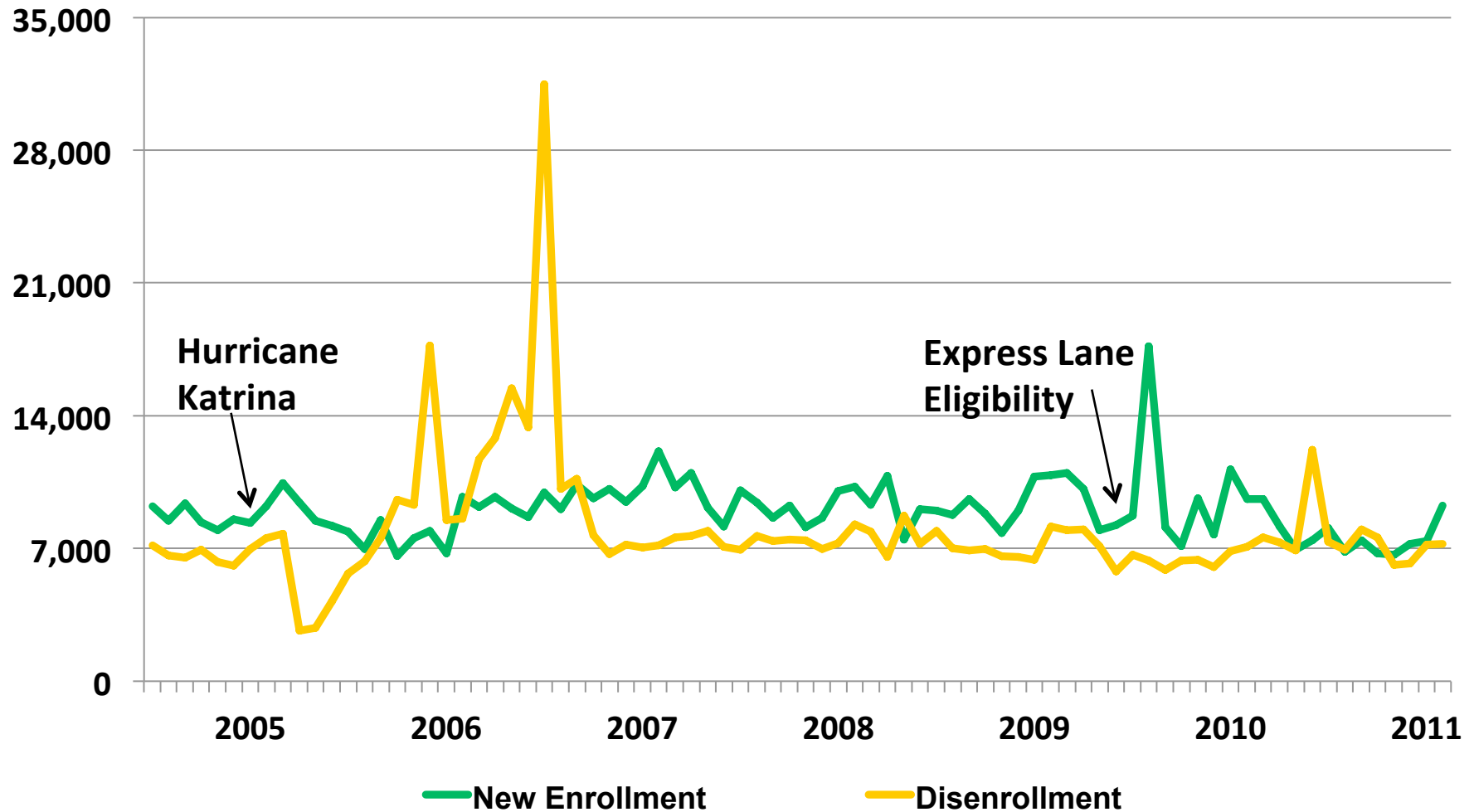 - Region (e.g., county, local DSS)

Example: State-Level Monitoring

## Louisiana: Trend in Total Enrollment (2005-2011)
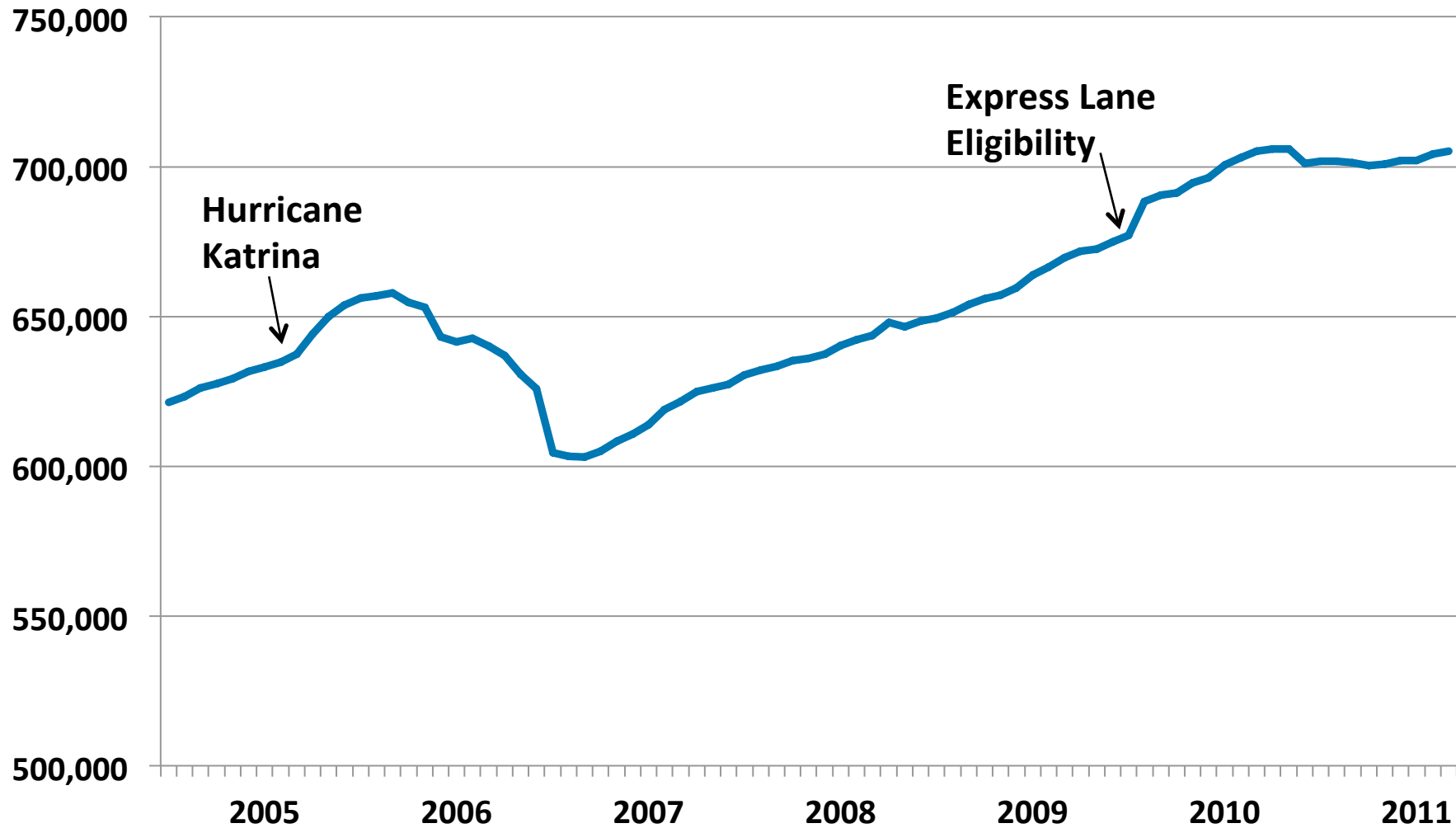
Example: State-Level Monitoring (cont'd)

Louisiana: Trend in New Enrollment and Disenrollment (2005-2011)

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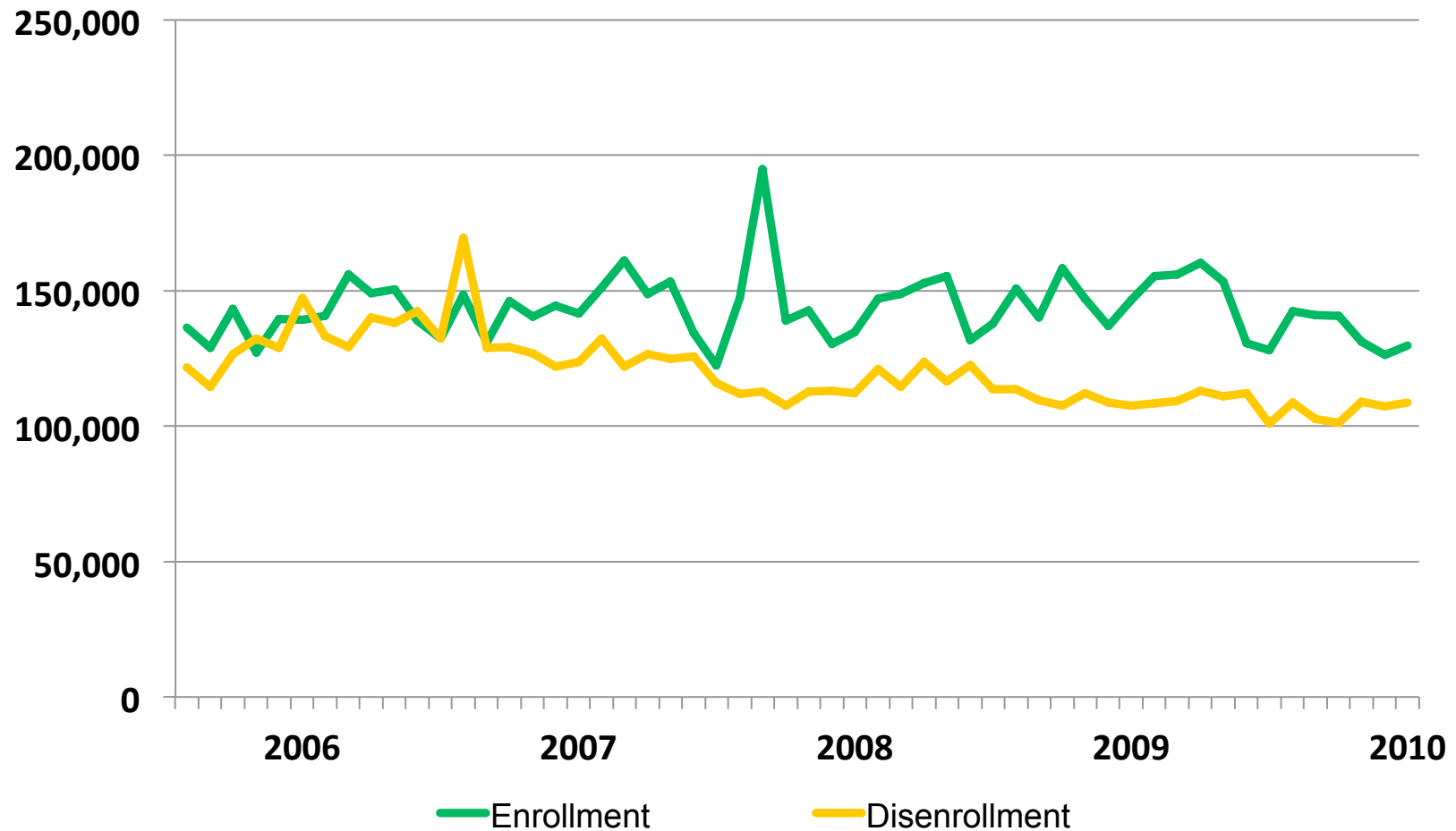
Example 2: Cross-State Gains in Kid's Coverage

Total Change in Medicaid and CHIP Enrollment, 2006-2010
[Eight MaxEnroll States]

1,119,625
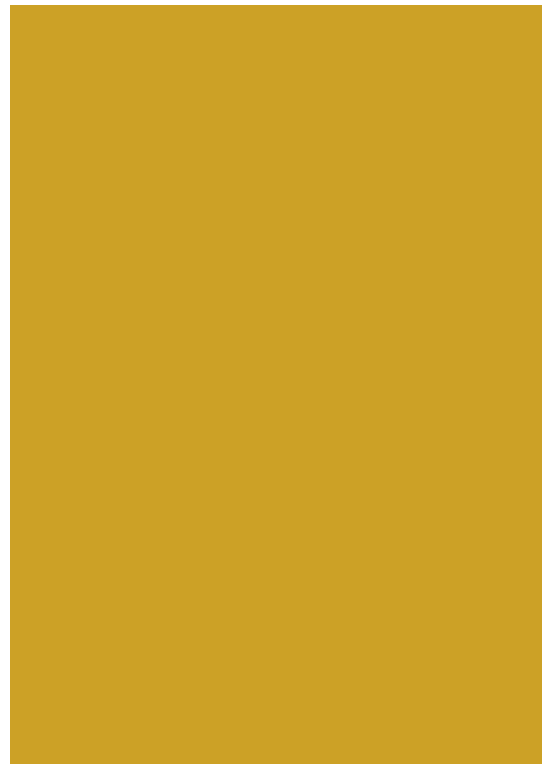
Example 2: Cross-State Gains Are Driven By Retention

**Total Medicaid/CHIP New Enrollees and Disenrollees, 2006-2010
[Eight MaxEnroll States]**

Legend: Enrollment, Disenrollment

GROUP TWO MEASURES
Linking Data Over Time and Across Programs

Group Two (I): Basic Measure of Retention

- **Overall Retention Rate**: Proportion of new enrollees in a given month who are continuously covered for a specified period (e.g. 18 months)

- Most valuable when defined across all coverage options (e.g., Medicaid., CHIP, Exchange)

- Two broad uses
  – Monitoring trend line: assess progress, identify shifts
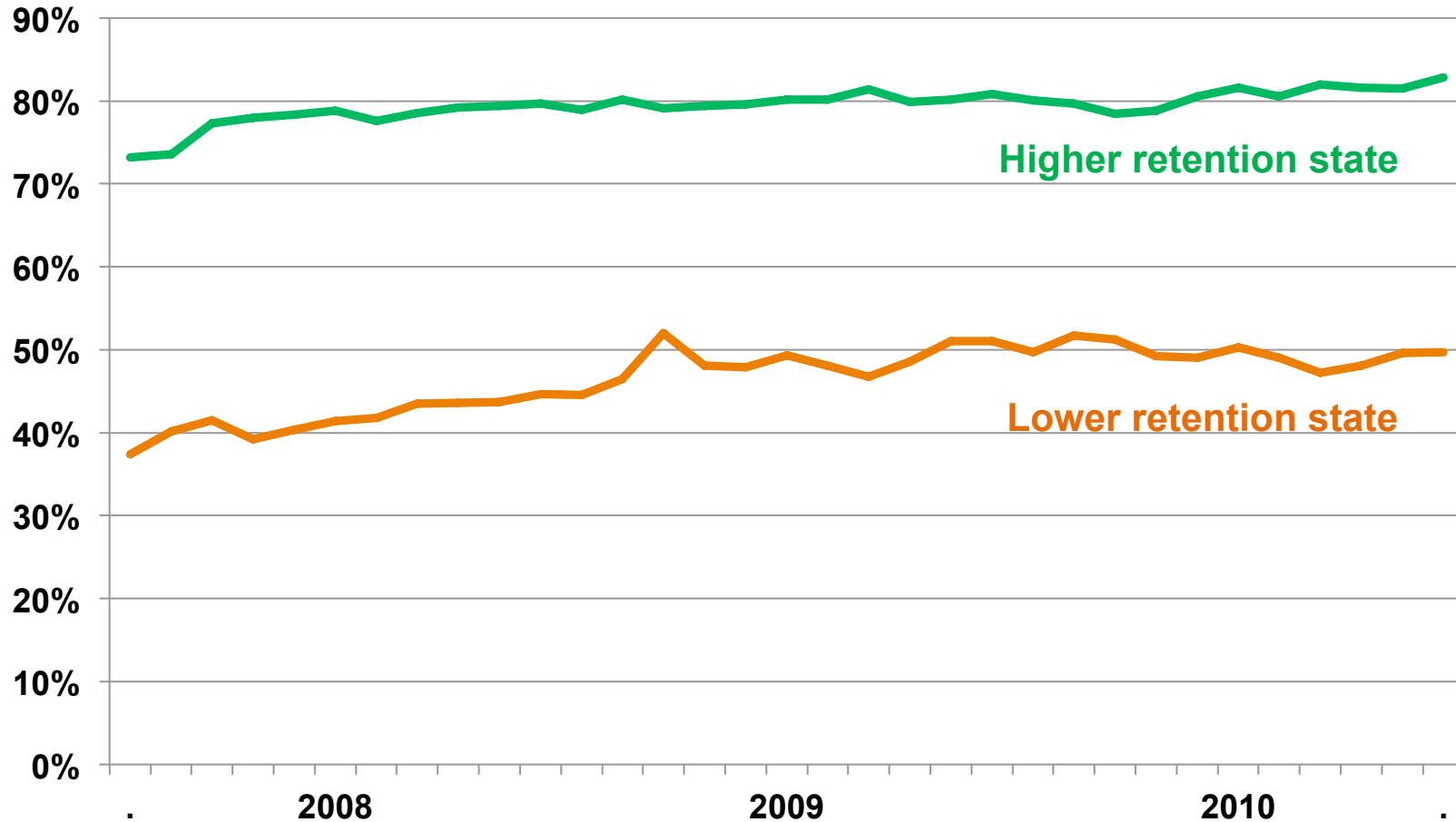 – Benchmarking: compare to "best practice" states

Example: Retention Rate Variation Across States

**Proportion of New Enrollees Continuously Covered 18+ Months [Eight MaxEnroll States]**

Example: Retention Rate Variation Across States

Proportion of New Enrollees Continuously Covered 18+ Months [Eight MaxEnroll States]

Example: Retention Rate Variation Across States

Proportion of New Enrollees Continuously Covered 18+ Months [Eight MaxEnroll States]

E.g., For every one million new enrollees, a difference of 300,000 retained
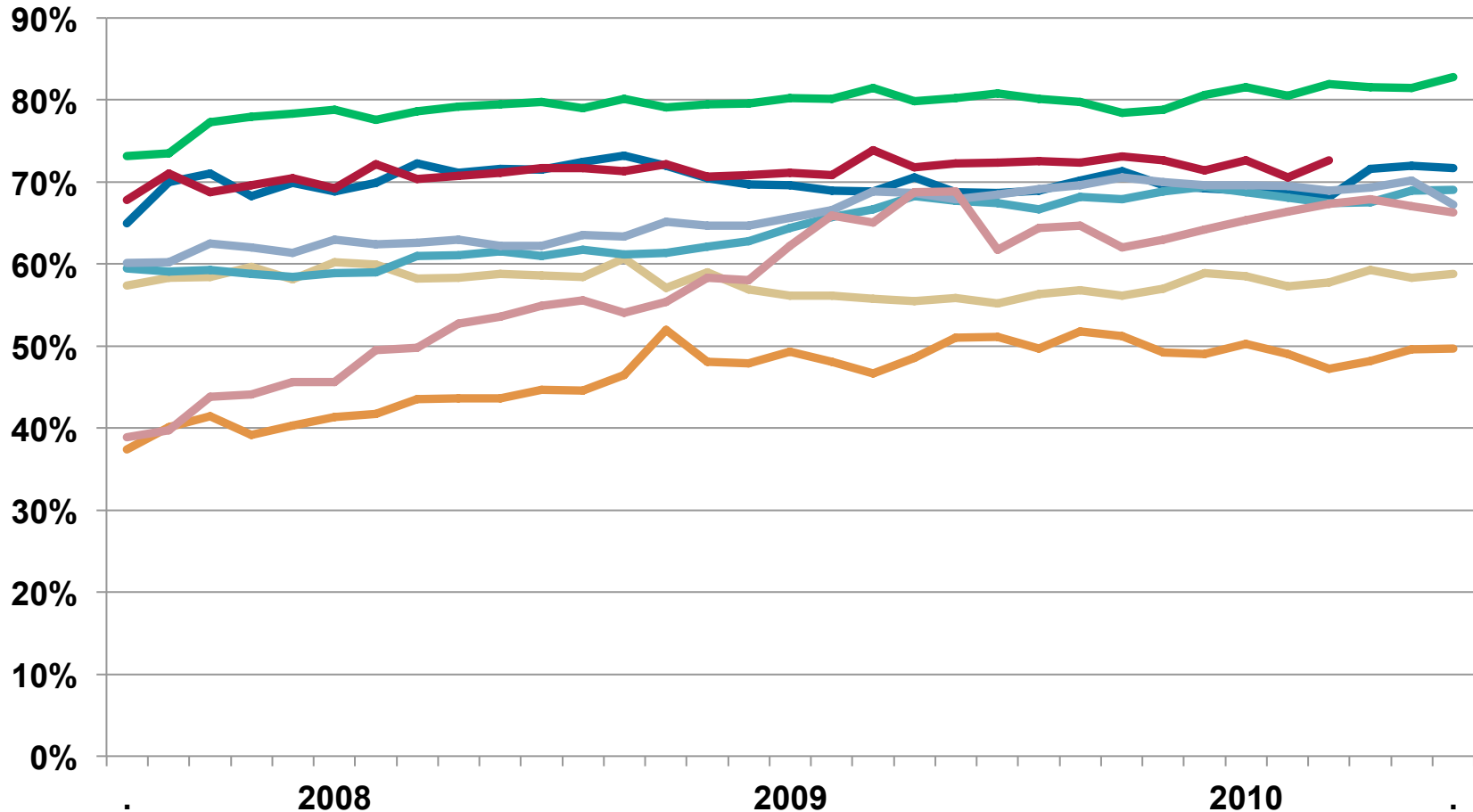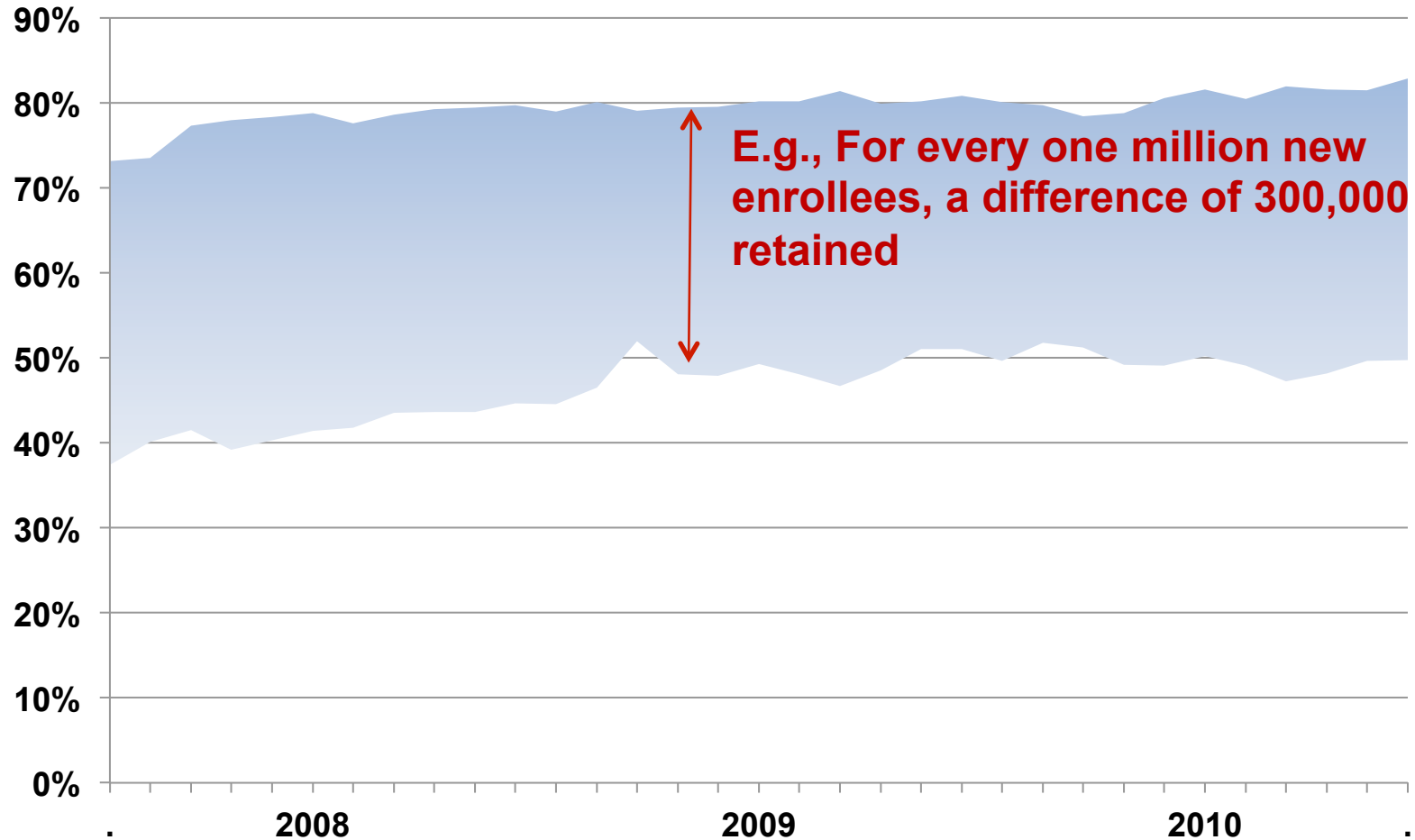
Group Two (II): Unpacking Disenrollment

- **"Churn"**: Number/proportion returning *to the same program* after a 1-5 month gap

- **Seamless transfers**: Number/proportion *transferring to another program* without a month's gap

- **Non-seamless transfers**: Number/proportion *transferring to another program* with a 1-5 month gap

- **"Long-term departures"**: Number/proportion of disenrollees not reenrolling in coverage for 6+ months

Example: Cross-State Variation in Program Churn

Proportion of Disenrollees "Churning" Back to Coverage Within 6 Months
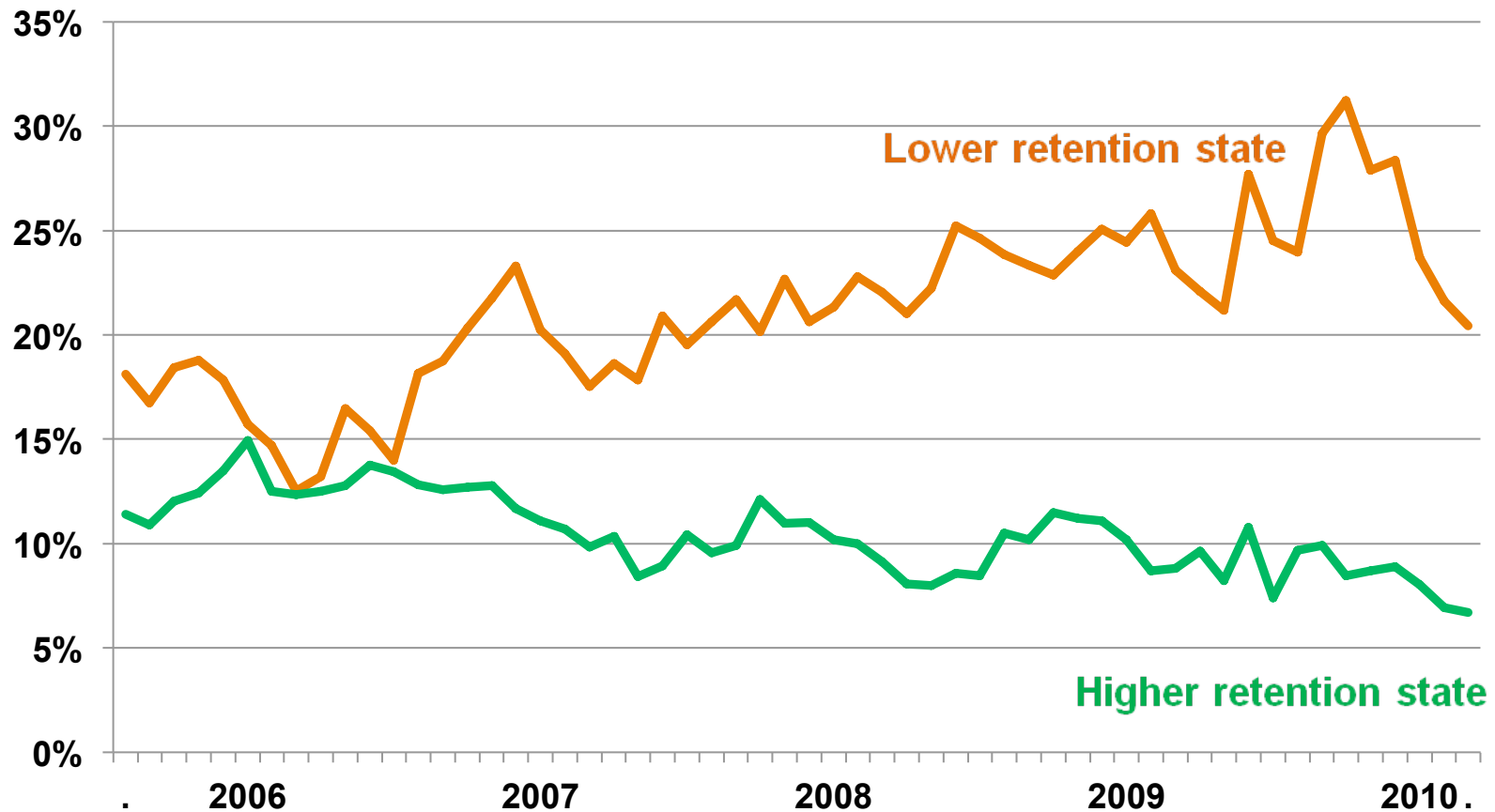
Group Two (III): Unpacking New Enrollment

- **"Churn"**: Number/proportion returning *from the same program* after a 1-5 month gap

- **Seamless transfers**: Number/proportion transferring *from another program* without a month's gap

- **Non-seamless transfers**: Number/proportion transferring *from another program* with a 1-5 month gap

- **"True entries"**: Number/proportion of new enrollees with no coverage in past 6+ months
  - *Ideal for monitoring enrollment gains from outreach*

GROUP THREE MEASURES
## Using Denial Reason Codes

Group Three: Using Denial Reasons

- **"Lost at Exit"**: Number/proportion of disenrollees with unknown eligibility (*do not transfer, program ineligibility not established*)

- **"Lost at Entry"**: Number/proportion of applicants with unknown eligibility (*do not enroll, program ineligibility not established*)

- **Eligible Retention**: Proportion of new enrollees in a given month who are <u>not</u> lost-at-exit for a specified period (18 months)

# Example: Lost at Exit, County-level Assessment

DSS Office	2009	2010
County 44	31%	25%
County 6	35%	28%
County 50	45%	34%
County71	39%	34%
County 22	43%	36%
County 69	51%	59%
County 28	60%	64%
County 80	58%	68%
County 13	64%	68%
County 11	67%	69%
Average (98 offices)	49%	48%

Example 2: Lost At Exit, Across States

Percentage of Disenrollees Lost-at-Exit, Most Recent Quarter Available
[4 MaxEnroll States]
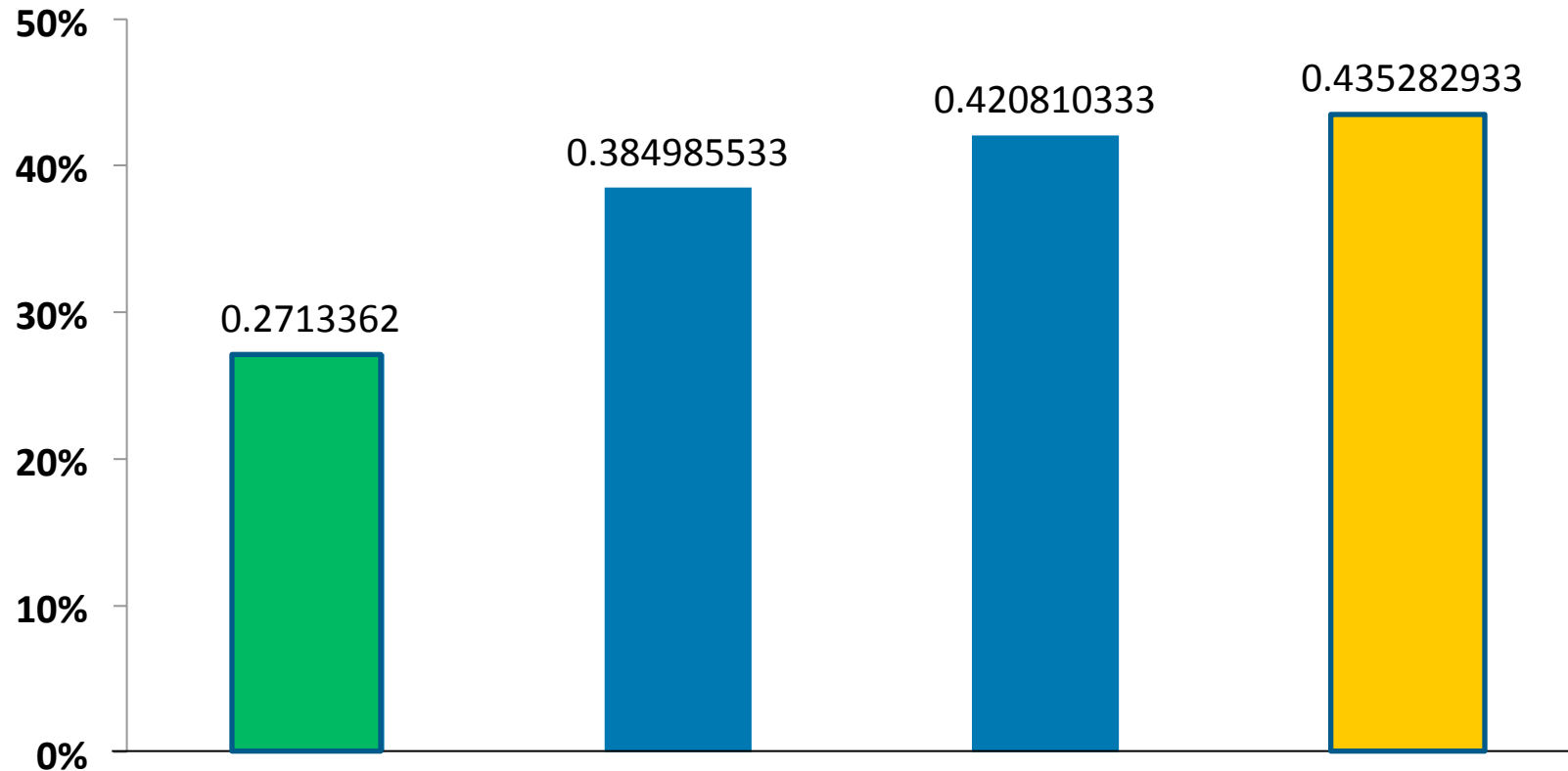
Example 3: Eligible Retention, "Best Practice" State

96%

82%

2008   2009   2010

— Overall Retention   — Eligible Retention
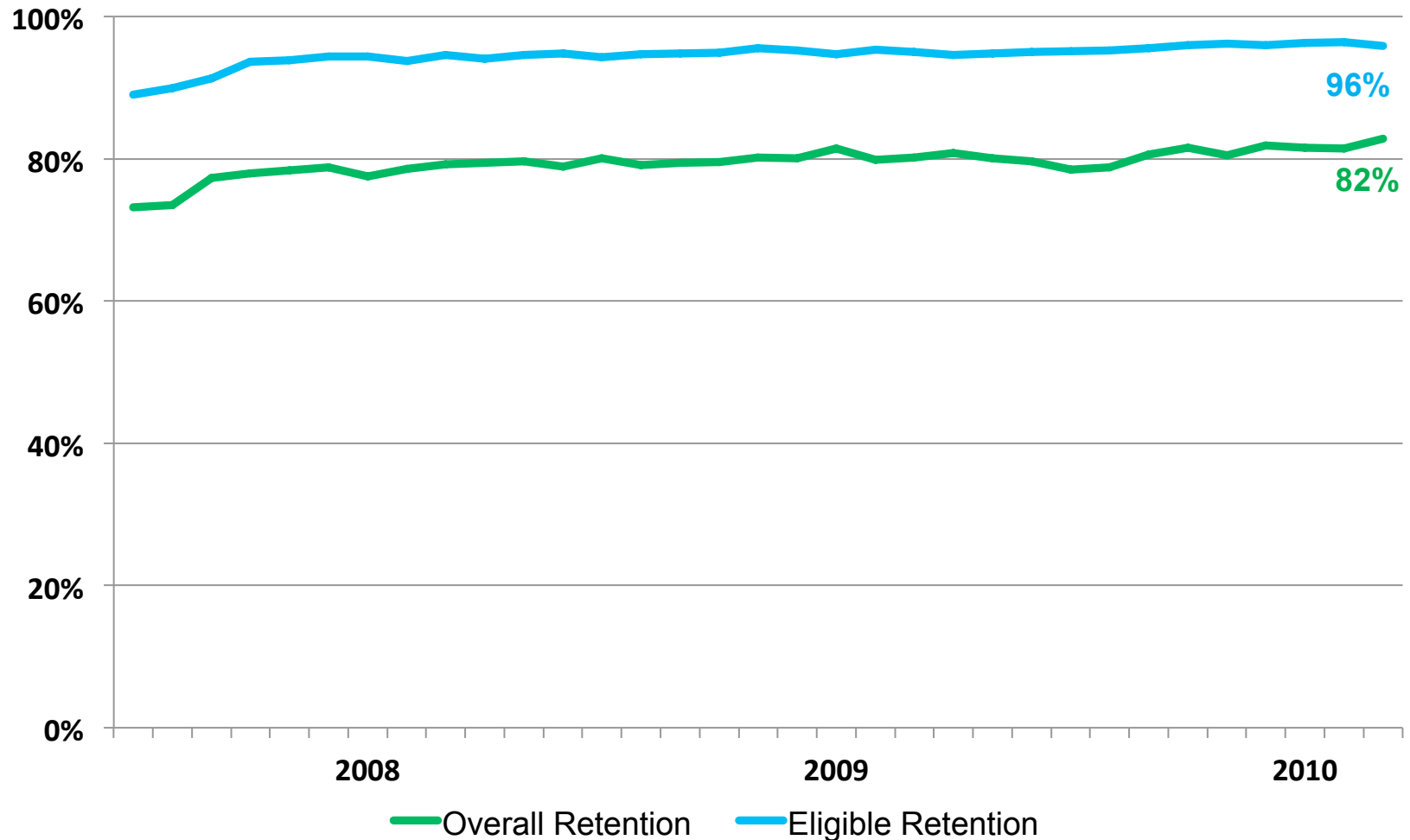
Thinking Forward to ACA

- **ACA implementation will require careful monitoring**
  - Outreach and enrollment
  - Retention
  - Transition

- **Ongoing efforts to improve systems will be vital**
  - Must *prioritize* measurement (data linkages and coding)
  - Will take time; phase-in measures if necessary

Use of Data

Internal Data

- Monitoring Trends
  - Program enrollment
  - Application volume
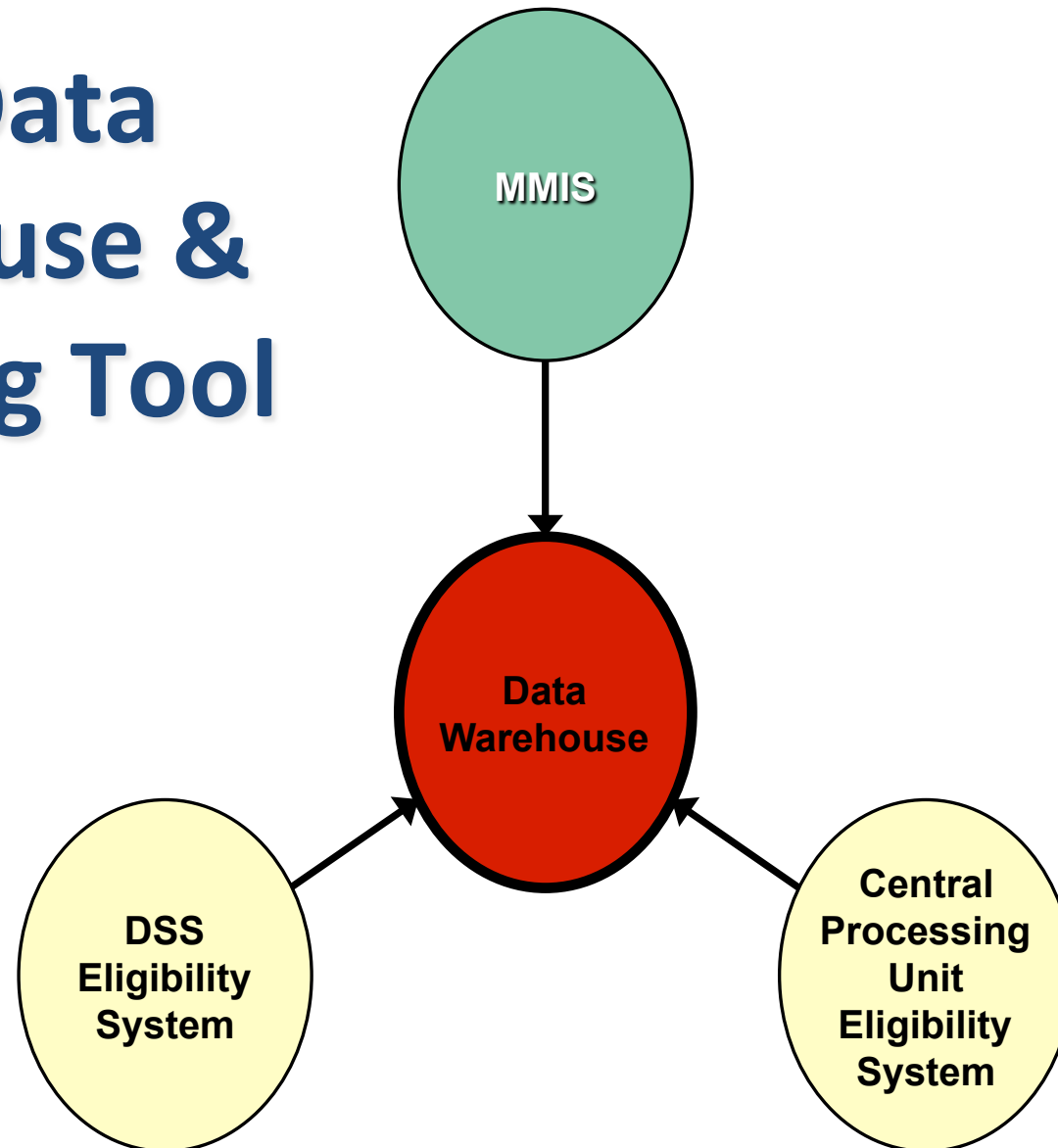 - Eligibility determinations

External Data

- ACS – uninsured eligibles
- Birth records
- SNAP enrollment

Identify policy & procedures issues

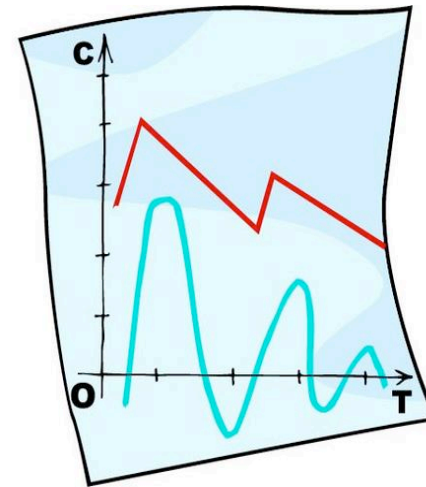*Enrollment* – Children with SNAP & not in Medicaid
Retention – Disenrollment at age one

Data warehouse

- Increased capacity

- Scheduled reports

- Ad-hoc reports

- Dashboards

Proposed Core Measures

- Standard definitions – ability to compare programs

- Defining New

- Counts vs. Rates

- Processing lag times & retro coverage

- Combined applications for multiple programs

- Alignment with CMS reporting

- System design – new fields/data elements to enhance reporting capabilities

Questions?

Thank You for Participating!

"**Using Data to Drive State Improvement in Enrollment and Retention Performance**" **will be available soon at**

www.maxenroll.org

Please complete the brief evaluation that will be e-mailed to you.

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