



Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP January 2009

Enrollment and retention data are essential tools to ensuring that all uninsured children eligible for Medicaid and the State Children's Health Insurance Program (SCHIP) are enrolled. Reliable data reported on a routine basis help to pinpoint both administrative inefficiencies and opportunities to assure coverage of eligible children.

This paper describes high level data points that help to identify bottlenecks and barriers, as well as improvements and successes, in the Medicaid and SCHIP enrollment and renewal processes and overall program coordination. This list is offered as a guide for the types of information that, if reported regularly, can highlight problems and solutions. Ultimately, this will inform strategies that could be pursued to maximize enrollment of eligible children. There are some important points to keep in mind:

Ongoing Monthly Data

Having these data on an ongoing monthly basis, and preferably by state/local subdivision (i.e., region or county), will establish a baseline and help identify the trends and patterns that emerge over time. Local-level data are important to determine if experience varies across the state. This level of analysis helps to determine if a specific area is showing particular success that perhaps can be replicated elsewhere or if special attention is needed in one particular area.¹

Child vs. Family/Case Level Data

Eligibility can differ for children in the same family so it is preferable to have data on a child versus a family/case basis. For example, because of age or income, one child may be eligible for Medicaid while a sibling is eligible for SCHIP or not eligible at all. Case/family level data can be useful, but child level data is needed to have a clear picture of enrollment and disenrollment.

Denial/Closing Reasons

Each state determines its own reason codes and experience indicates that the reliability and precision of these data vary. Developing good code definitions and protocols on how to use them is an essential element of effective data reporting. While it is helpful to know specific reasons for denials and closings, at the very least the data should differentiate between when a child has actually been found not eligible versus when the family did not meet procedural or administrative requirements (such as providing documents within a specific period of time). Procedural denials or closings occur even if a child may be eligible and, as such, show where there are opportunities to improve enrollment and retention.

Closings at Renewal vs. Other Times

More children lose coverage at renewal for non-eligibility, procedural reasons than any other time. Thus it is helpful to track closings at renewal separate from closings that occur at other times. Knowing when and why a child loses coverage points to the remedies needed to retain eligible children.

Availability of Data

Not all states will be able to produce all of these data, and each state will organize their data a bit differently, often by eligibility categories. Data may come from more than one source, particularly if Medicaid and SCHIP are operated as separate programs. There may be lag time depending on the type of data requested; data from past periods of time is often more difficult to produce than current data. While it may be challenging to develop the mechanisms to produce needed data, even states with outdated computer systems have found ways to extract useful data. States have to report data to the federal government and thus every state should have some data to share. All states should make it a priority to develop the reporting capability that is essential to inform decision-making and improve program effectiveness.

Enrollment

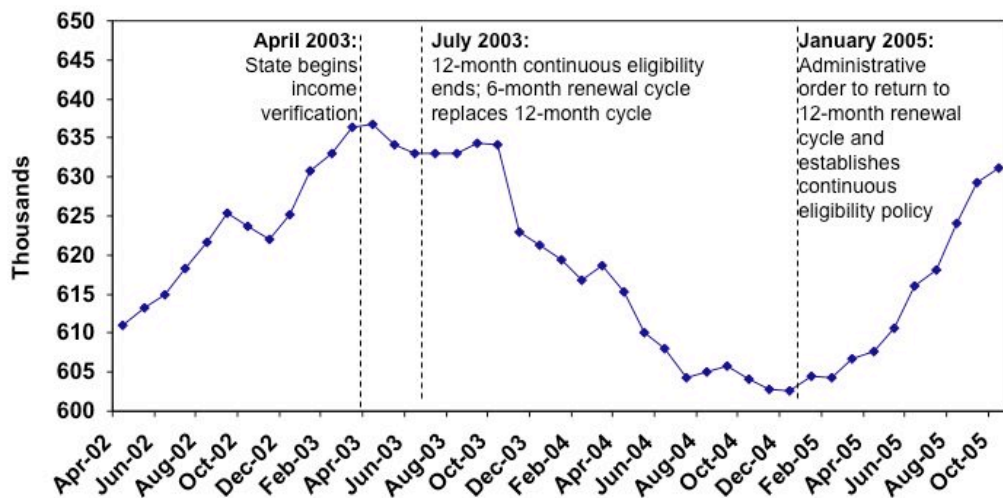
Enrollment Data List	Notes & Definitions
<p>Number of Children Enrolled</p> <ul style="list-style-type: none"> ▪ Breakdowns <ul style="list-style-type: none"> • By program <ul style="list-style-type: none"> ▪ Medicaid or SCHIP • Other possible breakdowns <ul style="list-style-type: none"> ▪ Income categories ▪ Eligibility categories ▪ Premium levels ▪ Age 	<p>Enrollment data is reflected in one of two ways: “point-in-time” or “ever-enrolled.” Point-in-time data report how many children are covered on a given date. Point-in-time counts should be reported for a consistent time each month, such as the first or last day. Ever-enrolled data provide an unduplicated count of children who have been covered over the reporting period (meaning that individuals are counted only once even if they experience multiple enrollment periods with gaps in coverage during the period). For purposes of tracking enrollment trends and procedural barriers, point-in-time data is preferable.</p>

State Example - Washington

This graph illustrates how enrollment data can pinpoint problems, as well as successes, when program changes occur. In April 2003, Washington State began requiring that families provide income documentation. Three months later, renewal frequency was changed from twelve to six months. This chart shows that both actions were associated with enrollment declines. In January 2005, when the renewal cycle was changed back to twelve months and continuous eligibility was implemented, enrollment increased.

Children's Enrollment in Washington's Public Insurance Programs

April 2002-October 2005



Source: Washington State Department of Social and Health Services, 2005, updated 2006.

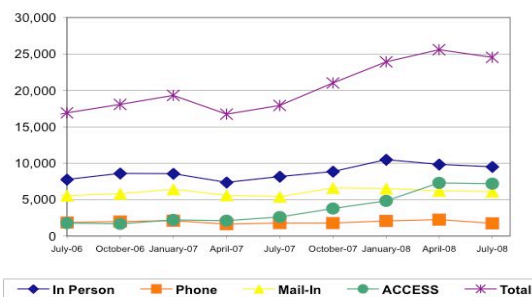
Application

Application Data List	Notes & Definitions
<p>Applications</p> <ul style="list-style-type: none"> ▪ Breakdown, by source <ul style="list-style-type: none"> • Mail-in • In-person • Online • Via telephone • Application assistor • If separate programs with joint application or no wrong door policy <ul style="list-style-type: none"> ▪ Received by Medicaid from SCHIP ▪ Received by SCHIP from Medicaid 	<p>Applications are submitted for children who have never been enrolled, as well as children who are reapplying. Whether states count an application for a previously enrolled child as a new application largely depends on the length of time since enrollment and the reason for the disenrollment. For example, a child who is closed at renewal and reopened within a month or two may not be counted as a new application while a child who was disenrolled when the family moved out of state and reapplied after moving back four months later may be counted. There is no rule of thumb but it is important to understand how a new application is defined.</p>
<p>Application Eligibility Decisions</p> <ul style="list-style-type: none"> ▪ Breakdown, by decision <ul style="list-style-type: none"> • Approved <ul style="list-style-type: none"> ▪ Breakdown by program • Denied, by reason <ul style="list-style-type: none"> ▪ Not eligible (e.g., due to excess income) ▪ Procedure-related (e.g., missing information or documents) ▪ Further breakdowns, as available 	<p>Application eligibility decision refers to the outcome of the eligibility process.</p> <p>Application denial reasons explain why a child did not get enrolled. While knowing specific denial reasons may be helpful if the coding system is functioning well, it is most important to distinguish between applications deemed ineligible versus a denial for procedural reasons.</p>
<p>New Applications Pending</p> <ul style="list-style-type: none"> ▪ Count at a consistent time each month 	<p>Pending applications are waiting for either worker action or for missing information or documents at a point in time. Increases in pending applications reflect delays and bottlenecks.</p>

State Example - Wisconsin

In early 2008, Wisconsin launched a marketing campaign promoting health coverage expansions for children and families, as well as its ACCESS online application. This chart illustrates that the campaign was effective in increasing the number of applications not only through ACCESS but through other sources as well. This also illustrates that families need multiple entry options for accessing public programs.

Monthly FS and Medicaid/SCHIP Applications by Method



Source: Wisconsin Department of Health Services, ACCESS. "Access to Eligibility Support Services in Health and Nutrition, Usage and Eligibility Results Report." August 31, 2008.

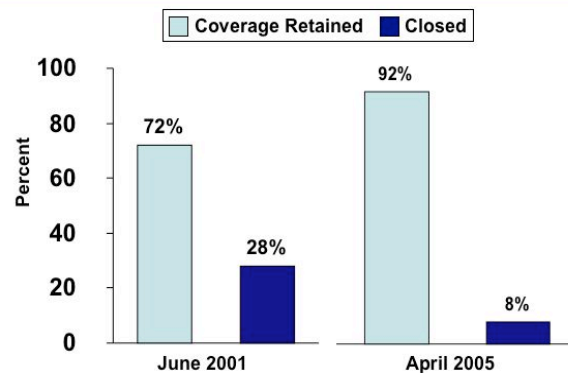
Renewal	
Renewal Data List	Notes & Definitions
<p>Renewals</p> <ul style="list-style-type: none"> ■ Renewals due ■ Renewal forms received <ul style="list-style-type: none"> • Report as a percentage of renewals due for a given month 	<p>Renewals (also called redeterminations, reviews, or re-certifications) represent the number of children who are due to have their current circumstances reviewed to determine if they are eligible for continuing coverage.</p>
<p>Renewal Eligibility Decisions</p> <ul style="list-style-type: none"> ■ Breakdown, by decision <ul style="list-style-type: none"> • Approved for continuing coverage • Closed, by reason <ul style="list-style-type: none"> ■ Not eligible for Medicaid or SCHIP ■ If separate programs, likely eligible for other program (excess income for Medicaid or under-income for SCHIP) ■ Procedure-related (e.g., missing information or documents) ■ Unable to locate ■ Other reasons, as available 	<p>Closing reasons describe why the child's coverage ended and should be specific enough at least to distinguish between ineligibility and procedural reasons.</p> <p>Note: Numerous studies have shown that retention is a considerable issue in maintaining gains achieved in enrolling children. Tracking more reasons why children lose coverage at renewal helps to pinpoint needed renewal simplification strategies or policy changes to improve retention of eligible children. For example, there are a number of tactics states can employ to find a family when mail is returned rather than close the case. Renewal is also an important point in time to examine how seamlessly children are able to move between Medicaid and SCHIP in states with separate programs.</p>

State Example – Louisiana

This chart from Louisiana illustrates the improvement in renewal outcomes following implementation of renewal simplification measures.

More recent results from Louisiana indicate that the closing rate due to procedural reasons at renewal has dropped in 2008 to less than 1% due to an aggressive strategy to streamline the renewal process through ex parte review – that is using other public benefit information to verify a child's continuing eligibility.

LaChip Renewal Outcomes for Children Before and After Renewal Simplification



Note: "Coverage Retained" includes cases renewed, cases transferred internally to another coverage group and renewed, and a small proportion of cases pending for administrative reasons.
Source: Louisiana Department of Health and Hospitals, Medicaid Re-enrollment Outcome Reports, 2005.

Disenrollment/Case Closing

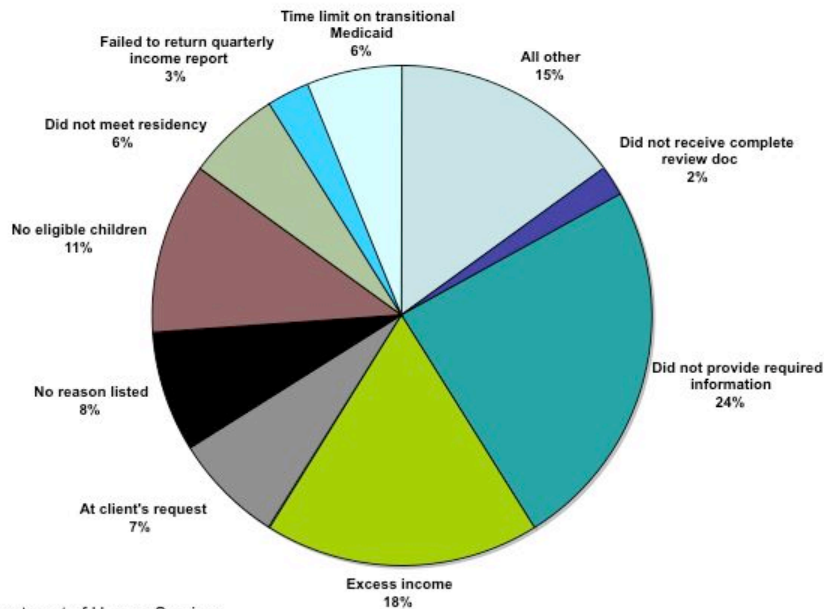
Disenrollment Data List	Notes & Definitions
<p>Children Disenrolled/Cases Closed</p> <ul style="list-style-type: none"> ▪ Breakdown, by reason <ul style="list-style-type: none"> • Not eligible for Medicaid or SCHIP • If separate programs likely eligible for other program (excess income for Medicaid or under-income for SCHIP) • Procedure-related (e.g. missing information or documents following a reported change in earnings) • Unable to locate (e.g. following the return of a notice or other program information) • Obtained other insurance • Did not pay premium • Other reasons, as available 	<p>Disenrollments or case closings (also called cancellations or terminations) occur when a child’s coverage ends. For purposes of this data list and to identify barriers to coverage, loss of coverage at renewal is distinguished from loss of coverage at other times.</p> <p>Closing reasons describe why the child’s coverage ended and should be specific enough at least to distinguish between ineligibility and procedural reasons. Non-renewal closing reasons vary more than closings at renewal and present different opportunities to improve retention of eligible children. For example, closing due to nonpayment of premium may reflect a lack of premium payment options that make it easy for families to pay premiums.</p>

State Example – Iowa

This chart indicates that 24% of Medicaid case closings resulted from a lack of required information, not for specific reasons relating to eligibility. Such closures offer an opportunity to improve retention of eligible children.

Medicaid Closing Reasons

(Not at Renewal)



Source: Iowa Department of Human Services

Reinstatement

Reinstatements Data List

Reinstatements/Reopened Cases

- With no lapse in coverage
- With a lapse in coverage
 - Breakdown by length coverage lapse

Notes & Definitions

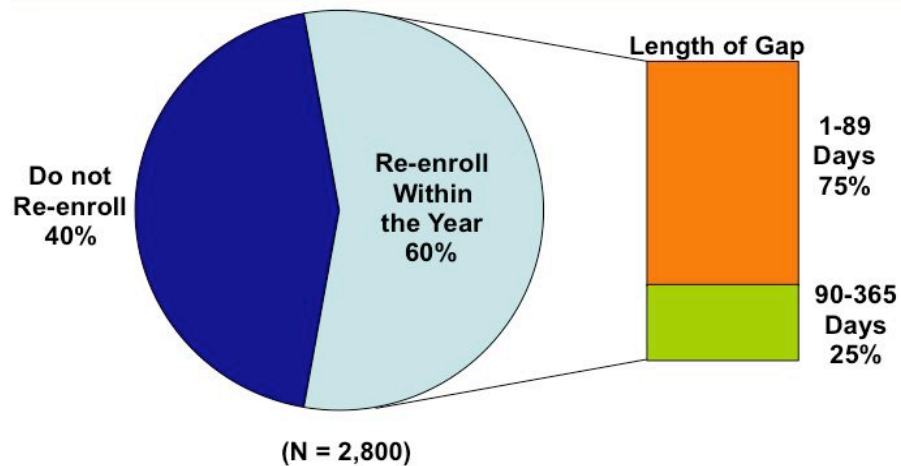
Reinstatements or reopenings refer to cases that were closed for some period of time (varies by state, usually 1–4 months) and reopened with or without a lapse in coverage (retroactively back to closing date). Some states record the disenrollment and then track the re-opening as a new application, particularly if there was a lapse in coverage. Other states disregard the closing and re-opening, resulting in what appears to be continuous coverage. Reinstatements represent administrative inefficiencies and result in costly gaps in coverage.

Note: While there is no single source of data on the extent of instability and churning (that is children losing and regaining coverage in short periods of time) in Medicaid and SCHIP, almost everyone agrees that the problem is substantial.² Thus, the ability to assess and address the prevalence of children losing and regaining coverage is significant.

State Example – Rhode Island

This chart shows that 60% of enrollees in Rhode Island's Rlte Care program who disenrolled in 2003, re-enrolled within the same year. Seventy-five percent (75%) of those had a gap of less than 3 months.

Duration of Gaps for Rlte Care: Members Disenrolled, 2003



Source: *Rlte Stats, Analysis of Rlte Care Utilization Data*, Rhode Island Department of Human Services, Volume 1, Issue 2, September 2001.

Transition Between Medicaid and SCHIP

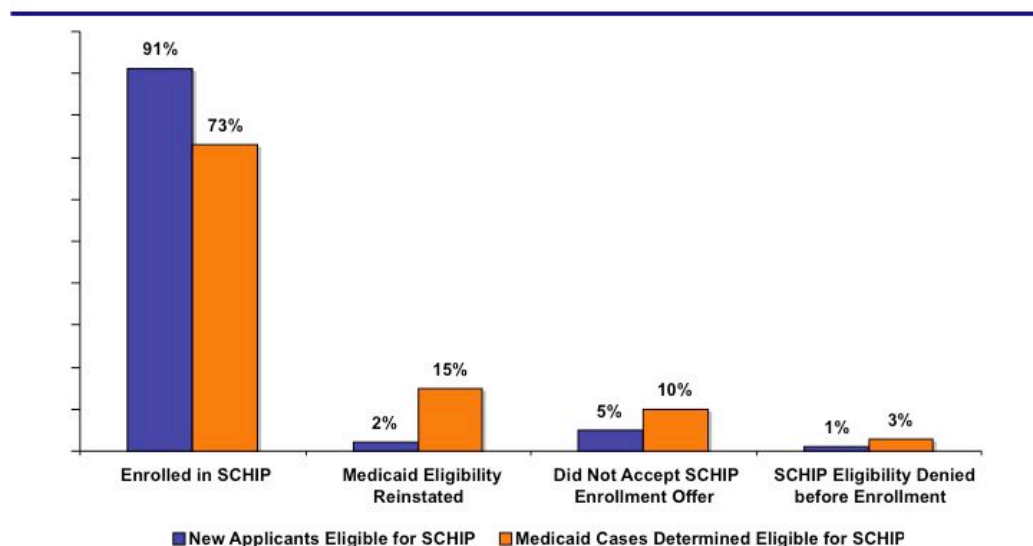
Transitions Data List	Notes & Definitions
<p><i>Transitions between Medicaid and Separate SCHIP Programs</i></p> <ul style="list-style-type: none"> ▪ Children denied/closed for Medicaid (excess income) but possibly eligible for SCHIP ▪ Children denied/closed for SCHIP (under-income) but possibly eligible for Medicaid ▪ Breakdown, by decision <ul style="list-style-type: none"> • New applications/renewals approved <ul style="list-style-type: none"> ▪ Children enrolled • Denied, by reason <ul style="list-style-type: none"> ▪ Not eligible ▪ Procedure-related ▪ Further breakdowns, as available 	<p><i>Transitions</i> occur in states with separate Medicaid and SCHIP programs as enrolled children lose eligibility for one program and gain eligibility for the other. Transitions should not result in loss of coverage, but this is not always the case. Therefore, it is important to track how successfully children move from one program to the other.</p>

State Example – New Hampshire

This chart from New Hampshire shows that less than 73% of families with children transitioning from Medicaid are enrolled in SCHIP compared to over 90% of new applicants. Ten percent of families transitioning from Medicaid did not enroll, twice the rate of new applicants; 14.5% of cases requested a review of the decision, the majority of which subsequently remained eligible for Medicaid. Other data show that 90% of those who do not enroll, do not respond to enrollment efforts. Enrollment in New Hampshire's SCHIP programs requires families to pay their first month's premium and select a primary care provider for their children before being enrolled.

Outcome of New Hampshire SCHIP Enrollment Efforts

January - June 2008



Source: New Hampshire Healthy Kids

Appendix: Summary of Data Points

<p>Enrollment</p> <p><i>Number of Children Enrolled</i></p> <ul style="list-style-type: none"> ▪ Breakdowns <ul style="list-style-type: none"> • By program <ul style="list-style-type: none"> ▪ Medicaid or SCHIP • Other possible breakdowns <ul style="list-style-type: none"> ▪ Income categories ▪ Eligibility categories ▪ Premium levels ▪ Age <p>Application</p> <p><i>Applications</i></p> <ul style="list-style-type: none"> ▪ Breakdown, by source <ul style="list-style-type: none"> • Mail-in • In-person • Online • Via telephone • Application assistor • If separate programs with joint application or no wrong door policy <ul style="list-style-type: none"> ▪ Received by Medicaid from SCHIP ▪ Received by SCHIP from Medicaid <p><i>Application Eligibility Decisions</i></p> <ul style="list-style-type: none"> ▪ Breakdown, by decision <ul style="list-style-type: none"> • Approved <ul style="list-style-type: none"> ▪ Breakdown, by program • Denied, by reason <ul style="list-style-type: none"> ▪ Not eligible (e.g., due to excess income) ▪ Procedure-related (e.g., missing information or documents) ▪ Further breakdowns, as available <p><i>New Applications Pending</i></p> <ul style="list-style-type: none"> ▪ Count at a consistent time each month <p>Renewal</p> <p><i>Renewals</i></p> <ul style="list-style-type: none"> ▪ Renewals due ▪ Renewal forms received <ul style="list-style-type: none"> • Report as a percentage of renewals due for a given month <p><i>Renewal Eligibility Decisions</i></p> <ul style="list-style-type: none"> ▪ Breakdown, by decision <ul style="list-style-type: none"> • Approved for continuing coverage 	<ul style="list-style-type: none"> • Closed, by reason <ul style="list-style-type: none"> ▪ Not eligible for Medicaid or SCHIP ▪ If separate programs, likely eligible for other program (excess income for Medicaid or under-income for SCHIP) ▪ Procedure-related (e.g., missing information or documents) ▪ Unable to locate ▪ Other reasons, as available <p>Disenrollment/Case Closing</p> <p><i>Children Disenrolled/Cases Closed</i></p> <ul style="list-style-type: none"> ▪ Breakdown by reason <ul style="list-style-type: none"> • Not eligible for Medicaid or SCHIP • If separate programs likely eligible for other program (excess income for Medicaid or under-income for SCHIP) • Procedural related reasons (e.g., missing information or documents following a reported change in earnings) • Unable to locate (e.g., following the return of a notice or other program information) • Obtained other insurance • Did not pay premium • Other reasons, as available <p>Reinstatement</p> <p><i>Reinstatements/Reopened Cases</i></p> <ul style="list-style-type: none"> ▪ With no lapse in coverage ▪ With a lapse in coverage <ul style="list-style-type: none"> • Breakdown by length of lapse in coverage <p>Transition</p> <p><i>Transitions between Medicaid and Separate SCHIP Programs</i></p> <ul style="list-style-type: none"> ▪ Children denied/closed for Medicaid (excess income) but possibly eligible for SCHIP ▪ Children denied/closed for SCHIP (under-income) but possibly eligible for Medicaid ▪ Breakdown, by decision <ul style="list-style-type: none"> • New applications/renewals approved • Denied, by reason <ul style="list-style-type: none"> ▪ Not eligible ▪ Procedure-related ▪ Further breakdowns, as available
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For More Information

Guidelines for Collecting Analyzing and Displaying Health Coverage Eligibility Outcomes Data, Second Edition, Covering Kids and Families, October 2003.

http://coveringkidsandfamilies.org/resources/index_InfoCenterID=180.html

The Supporting Families Story: A Movement Toward Quality Improvement, Southern Institute on Children and Families,

http://www.thesoutherninstitute.org/docs/pic/2003_Supporting_Families_Story.pdf

Endnotes

¹ V. Grant and N. Ravenell, “Guidelines for Collecting Analyzing and Displaying Health Coverage Eligibility Outcomes Data,” Second Edition, Covering Kids and Families (October 2003), available at

http://coveringkidsandfamilies.org/resources/index_InfoCenterID=180.html

² L. Summer and C. Mann, “Instability of Public Health Insurance Coverage for Children and Their Families: Causes, Consequences, and Remedies,” Center for Children and Families and The Commonwealth Fund (June 2006), available at

<http://ccf.georgetown.edu/index/instability-of-public-health-insurance-coverage>

Acknowledgements

This document was prepared by Tricia Brooks. For additional information contact her at 202-365-9148 or pab62@georgetown.edu. CCF is an independent, nonpartisan research and policy center based at Georgetown University’s Health Policy Institute whose mission is to expand and improve health coverage for America’s children and families.



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