THE HENRY J. KAISER FAMILY FOUNDATION

Stop the Drop:

Profiles of Innovative Medicaid Renewal Initiatives and Lessons for 2014 and Beyond

Kaiser Commission on Medicaid and the Uninsured

May 14, 2013

Figure 1

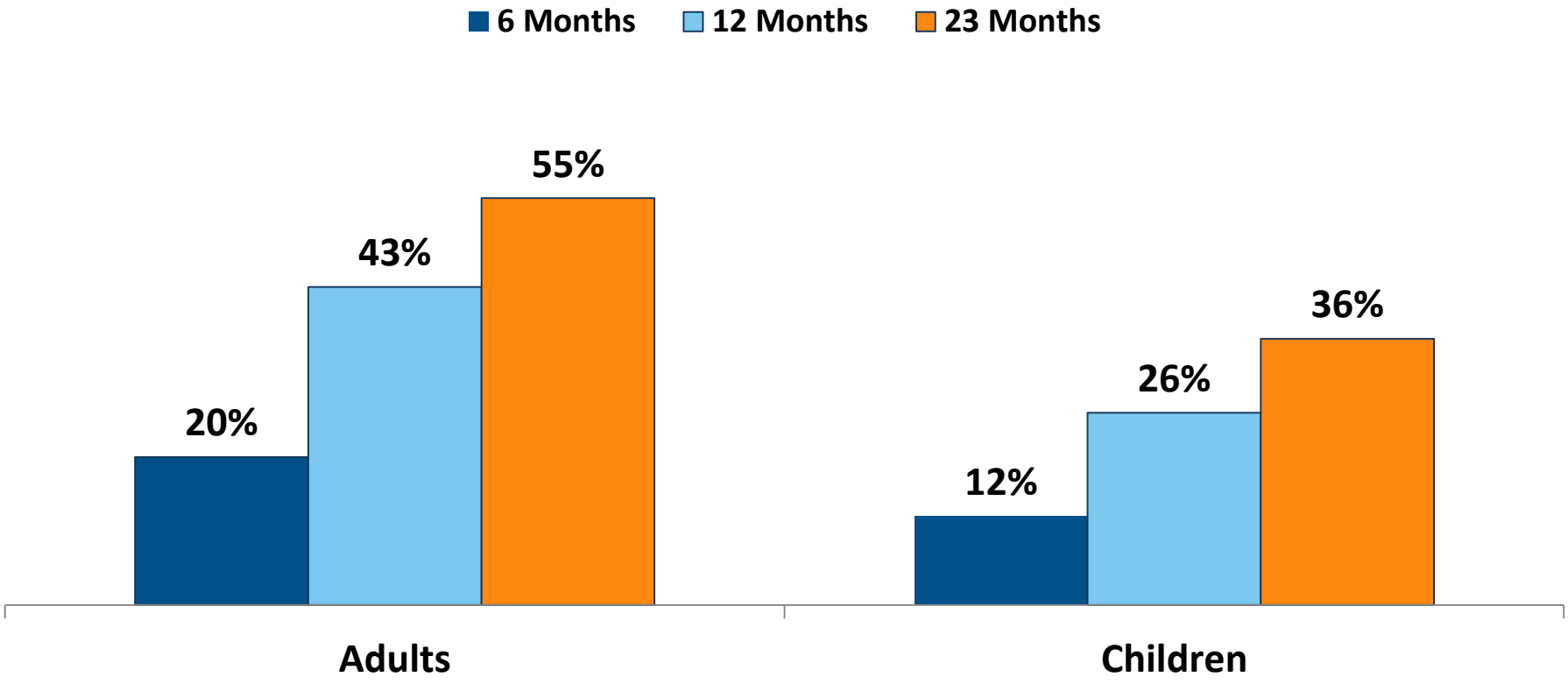
Retention matters.

- **Continuous coverage increases quality of care and reduces health care costs.**
- **Reducing churning on and off coverage results in administrative savings.**
- **State experiences with Medicaid and CHIP provide key lessons about how to improve retention.**
- **The ACA builds on state efforts to simplify the Medicaid and CHIP renewal process.**

Figure 2

There is instability in Medicaid coverage over time.

Percent of individuals disenrolling from Medicaid within 6, 12, and 23 months of initial enrollment:

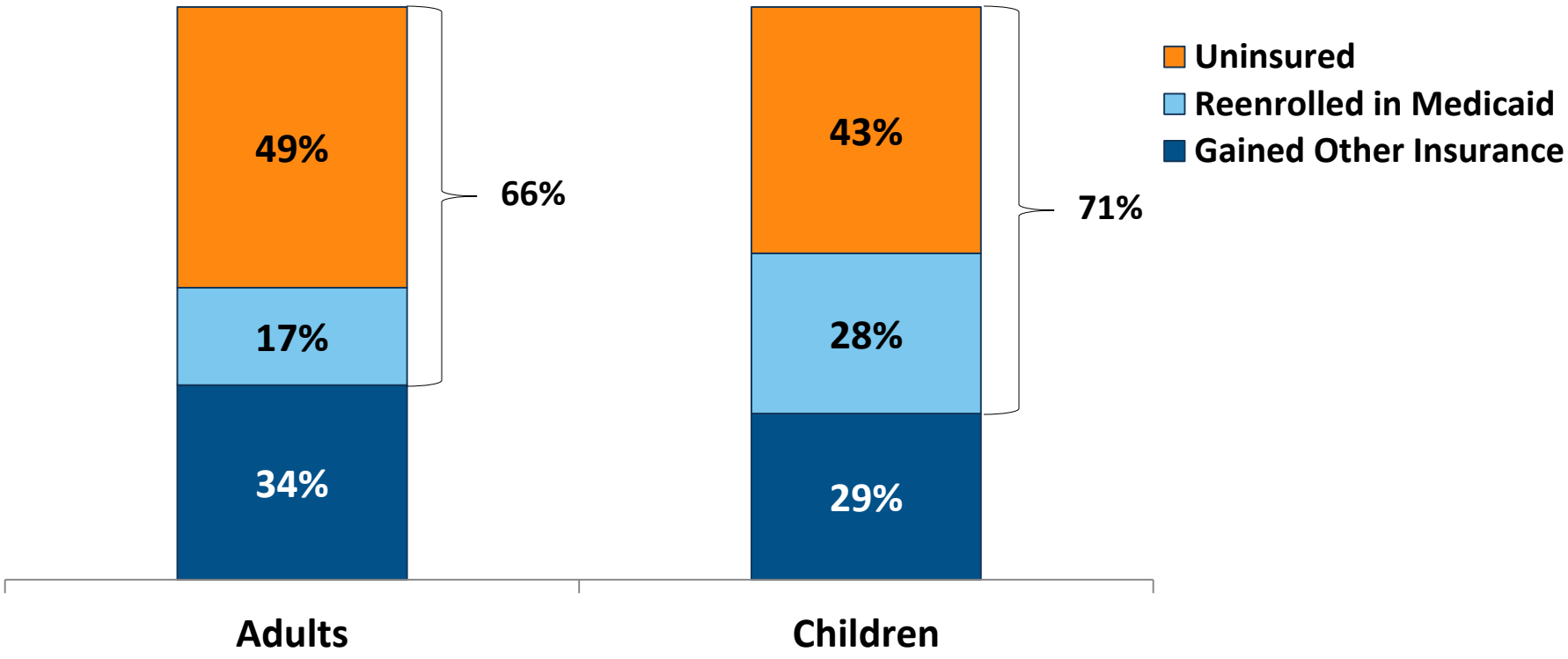


SOURCE: Sommers, D. Loss of Insurance Among Nonelderly Adults in Medicaid. Journal of General Internal Medicine. 2008.

Figure 3

The majority of Medicaid disenrollees either reenroll in Medicaid or become uninsured.

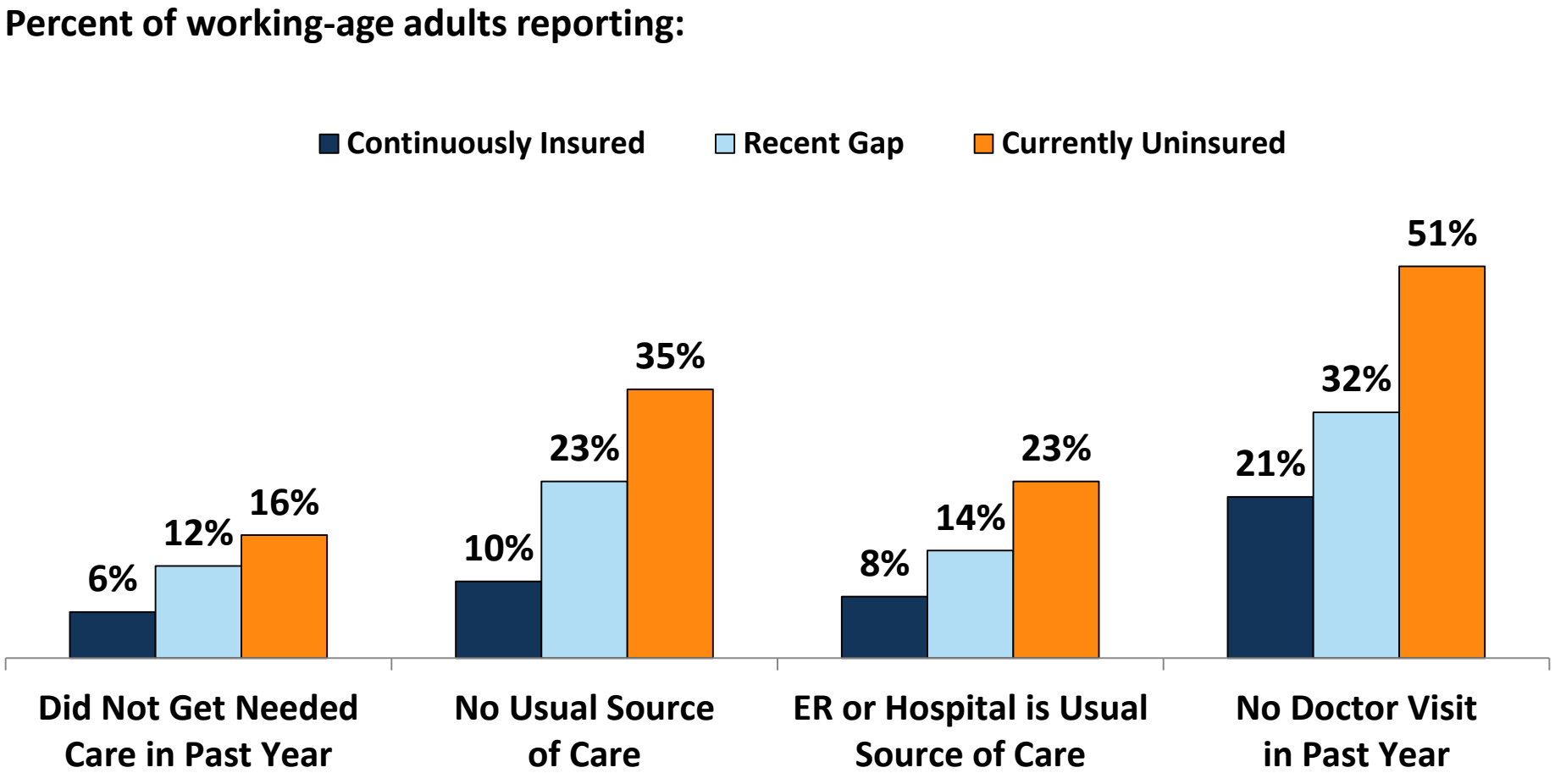
Insurance status of adults and children six months after disenrolling from Medicaid:



SOURCE: Sommers, D. Loss of Insurance Among Nonelderly Adults in Medicaid. Journal of General Internal Medicine. 2008.

Figure 4

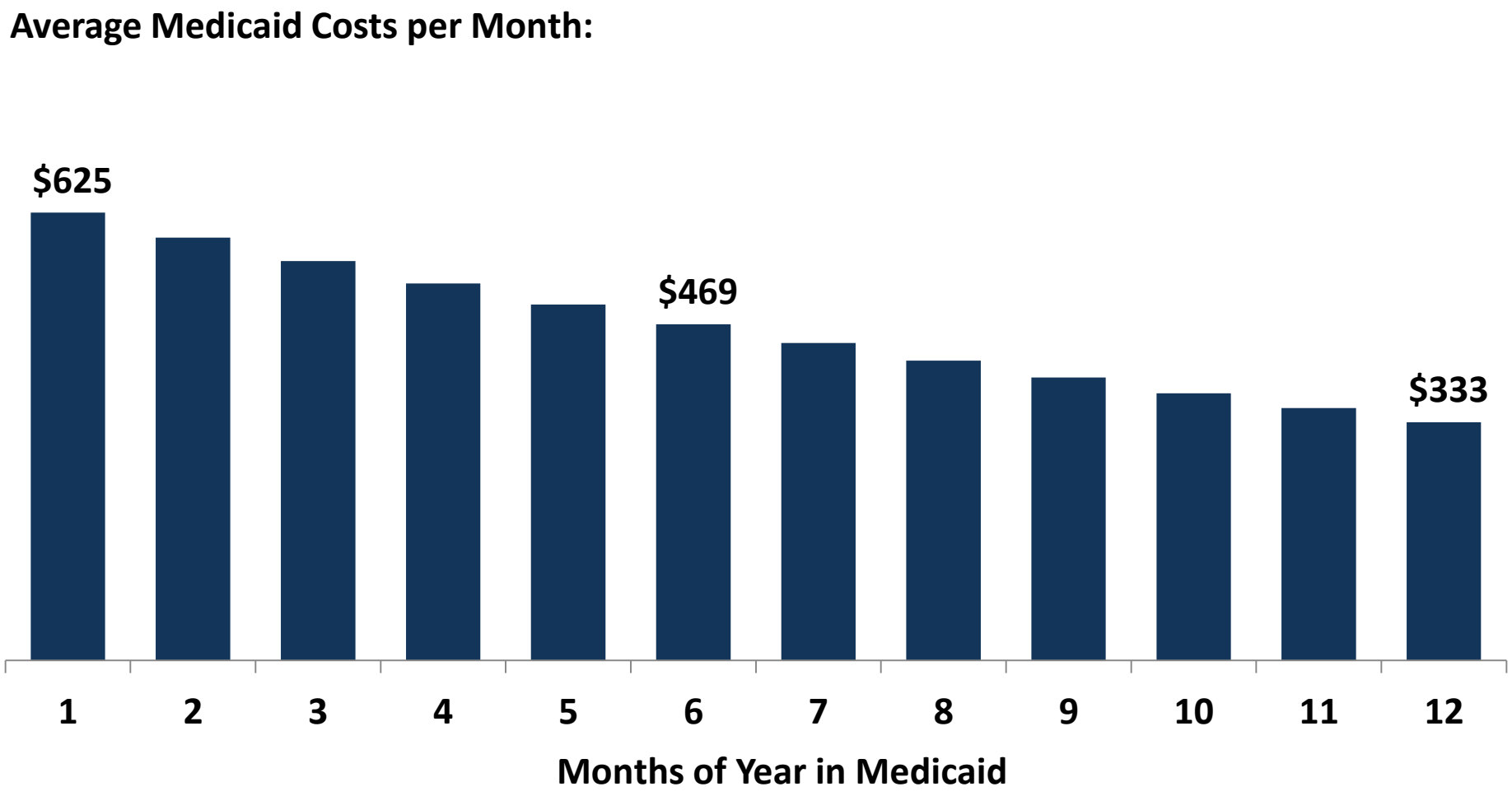
Individuals with recent gaps in coverage receive less care than those that are continuously insured.



SOURCE: Schoen and DesRoches, "*Uninsured and Unstably Insured: The Importance of Continuous Coverage*," Health Services Research, April 2000.

Figure 5

Average monthly Medicaid expenditures for adults decline as enrollment lengthens.



SOURCE: George Washington University analyses of 2006 Medical Expenditure Panel Survey, controlling for age, gender, health status, disability, pregnancy, income, education, etc.

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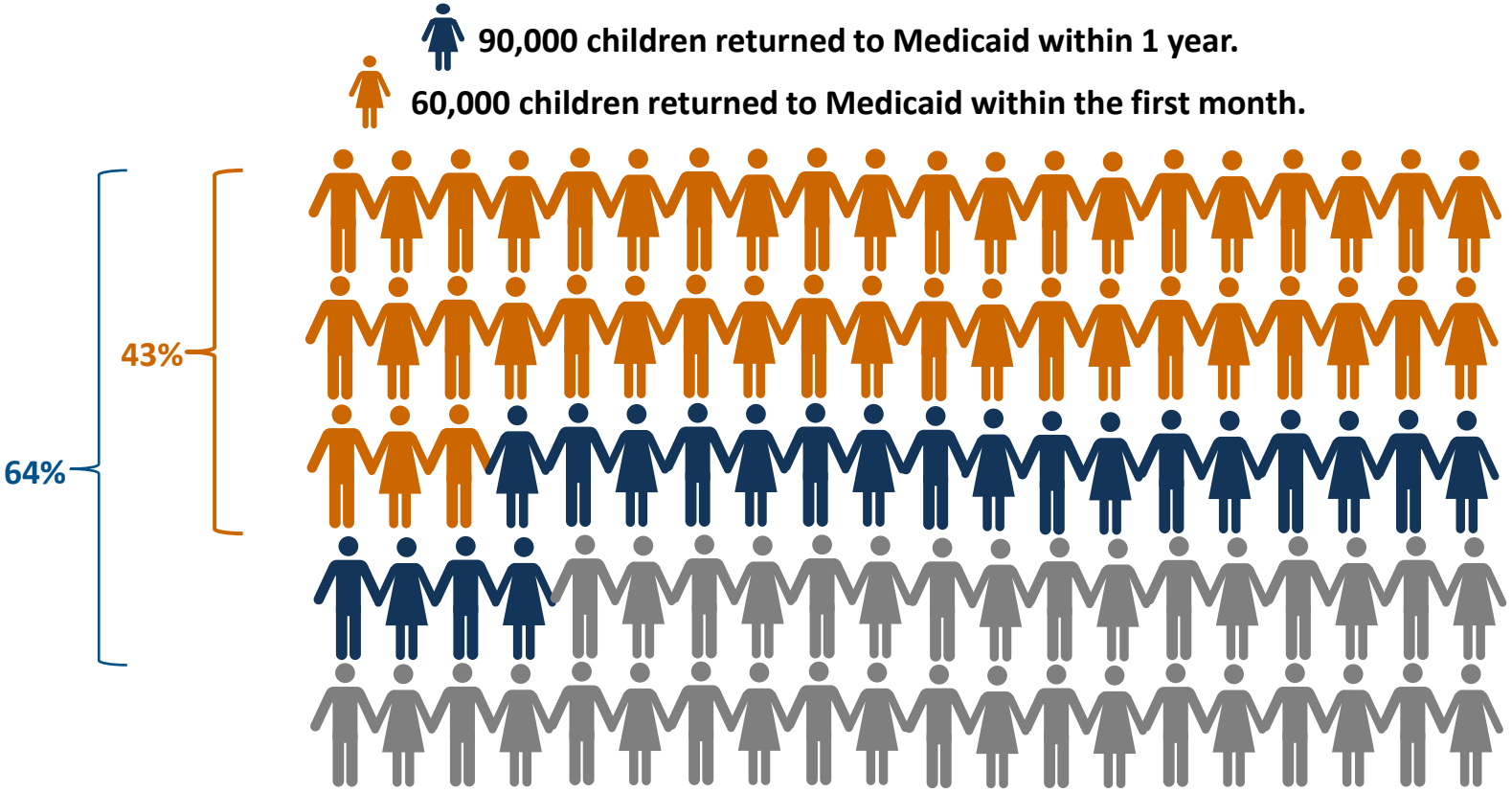
Figure 6

In 2011, South Carolina found that most children that lost Medicaid coverage returned to the program within 1 year.

140,000 children enrolled in Medicaid in South Carolina lost coverage in 2011.



Average Time to Return to Medicaid: 1.4 Months

SOURCE: J. Supra. South Carolina's Experience Implementing Express Lane Redeterminations. November 2011.

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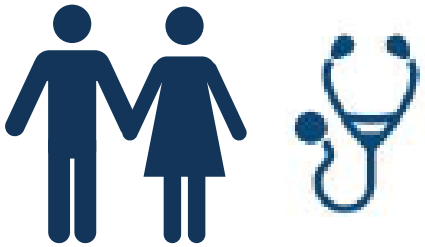
Figure 7

Streamlined renewals contribute to savings in administrative time and costs.

Estimated annual savings from express lane eligibility renewals in South Carolina:

50,000 staff hours per year

$ 1 million per year

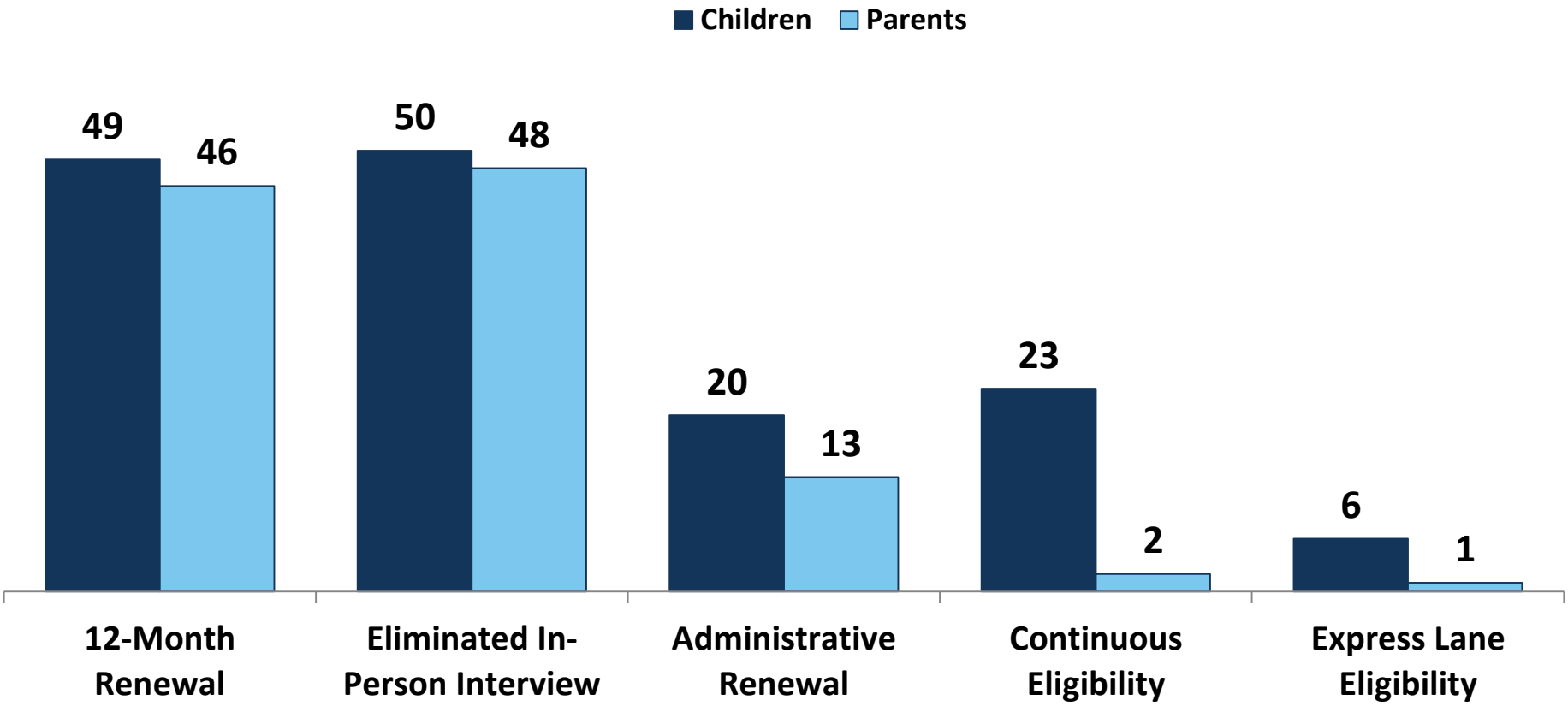


Beneficiary and Provider Time and Cost

Figure 8

Over time, states have simplified renewal processes, particularly for children.

Number of States Adopting Selected Renewal Simplifications in Medicaid, January 2013:



SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013.

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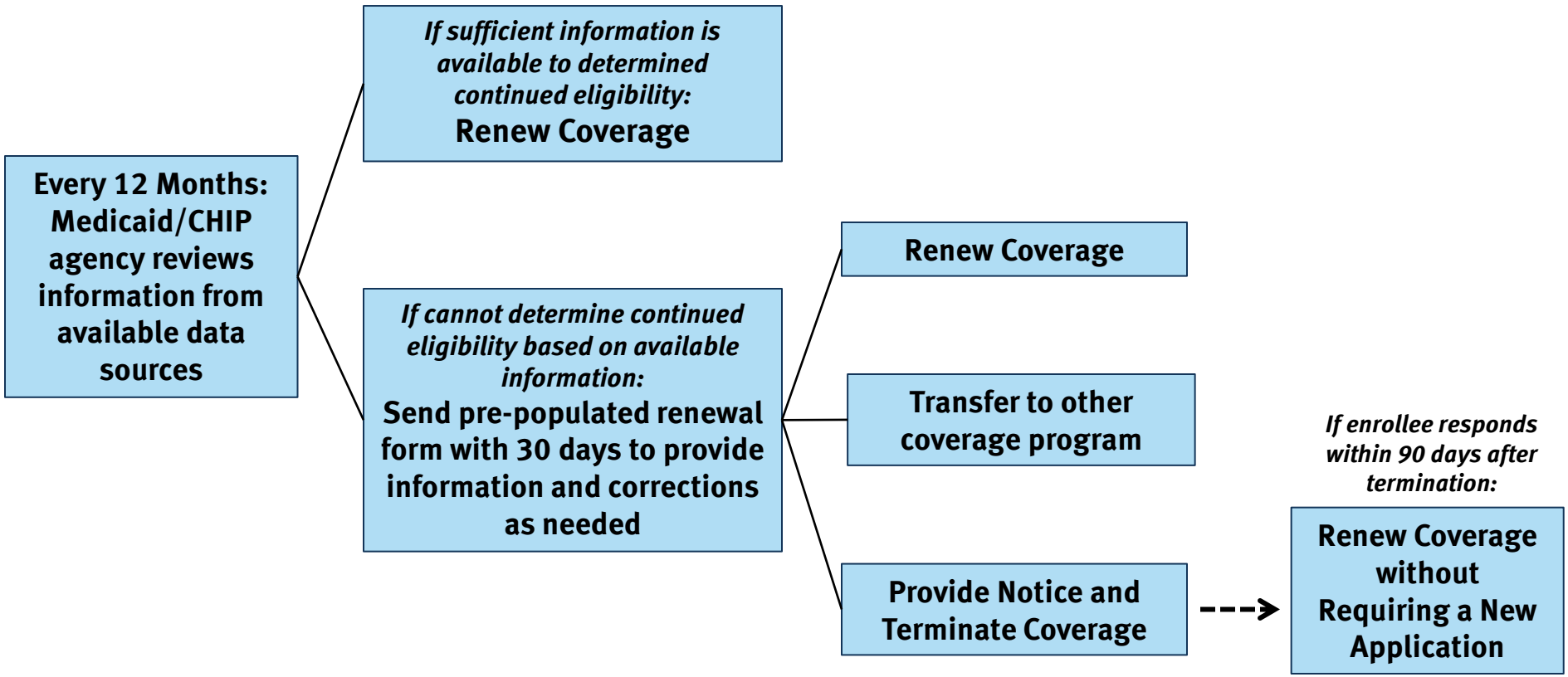
Figure 9

The ACA builds on state efforts to simplify the Medicaid and CHIP renewal process.

Renewal process for individuals whose eligibility is based on Modified Adjusted Gross Income as of 2014:



Improving Retention in Louisiana

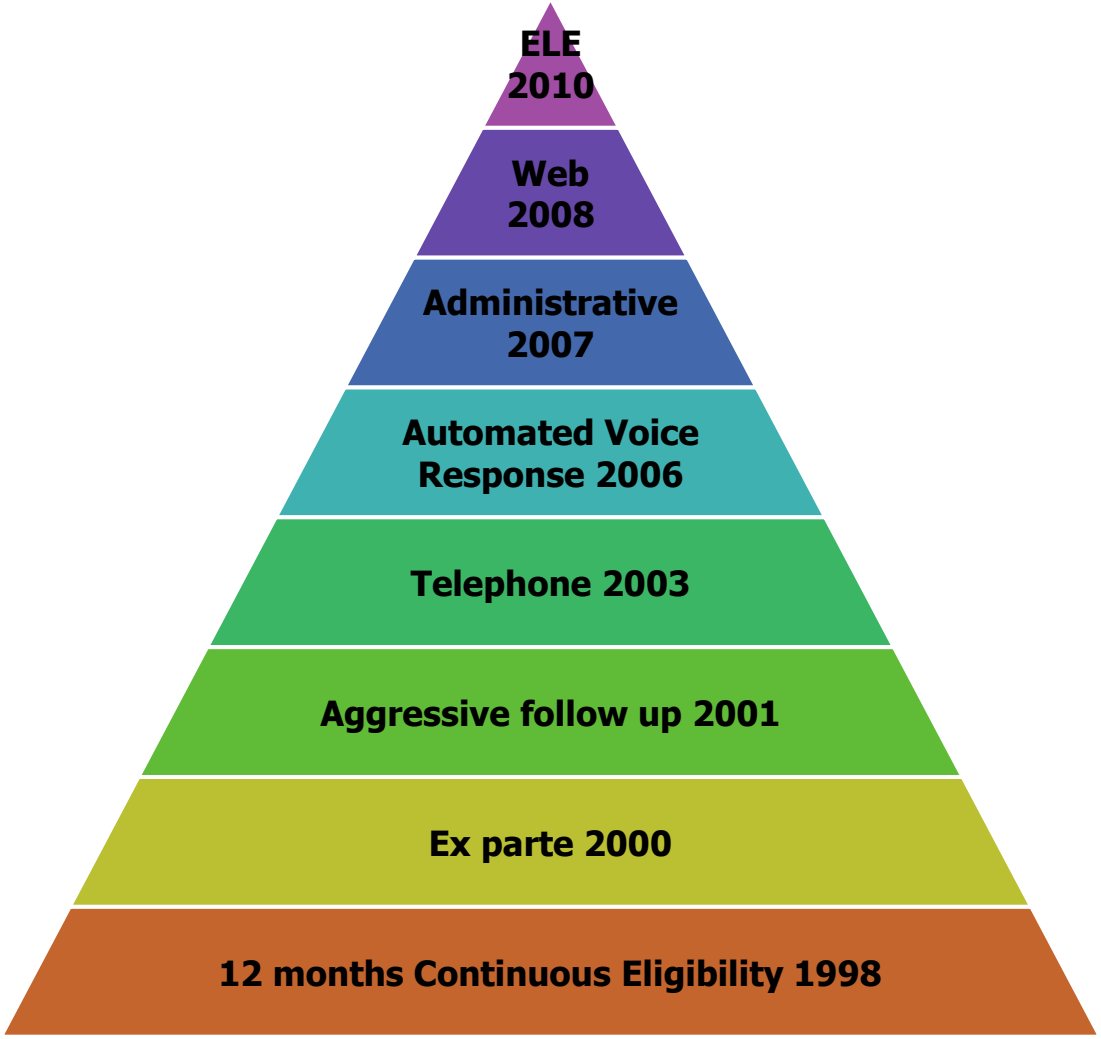
Kaiser Family Foundation

Commission on Medicaid and the Uninsured
May 2013

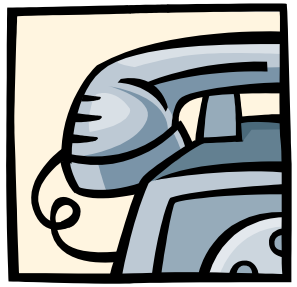
Diane Batts, Medicaid Deputy Director

DEPARTMENT OF HEALTH AND HOSPITALS
Medicaid

Incremental Changes



Renewal Options

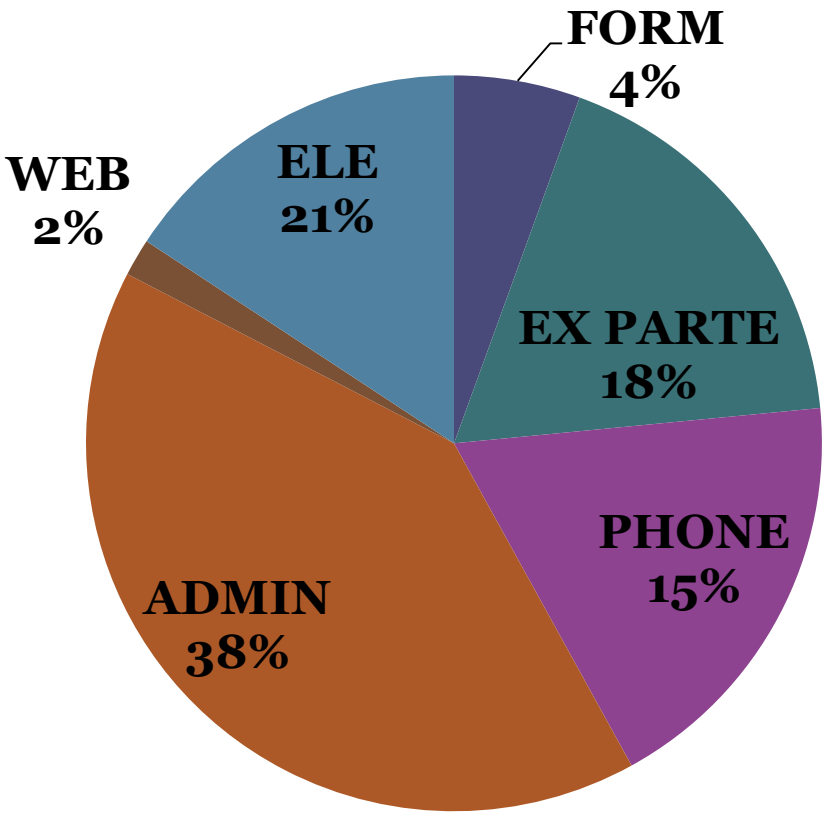


- Ex Parte – 18%
  - Major policy and procedural changes effective 7/1/2000
  - Use of SDX, SNAP (Food Stamp), and TANF systems information
- Telephone – 15%
  - Implemented 11/2003 as option when *ex parte* can't be done
  - Key to getting procedural closure rate from above 22% to below 1%
  - Evolved from "cold calls" and follow-up to "time to renew/call me" letters
  - Major reduction in administrative cost—postage, paper, staff time
- Automated Voice Response - ~4500 per month
  - Families can renew anytime—off-cycle or "rolling" renewals encouraged
  - Renewal letters include information on this 24/7 option

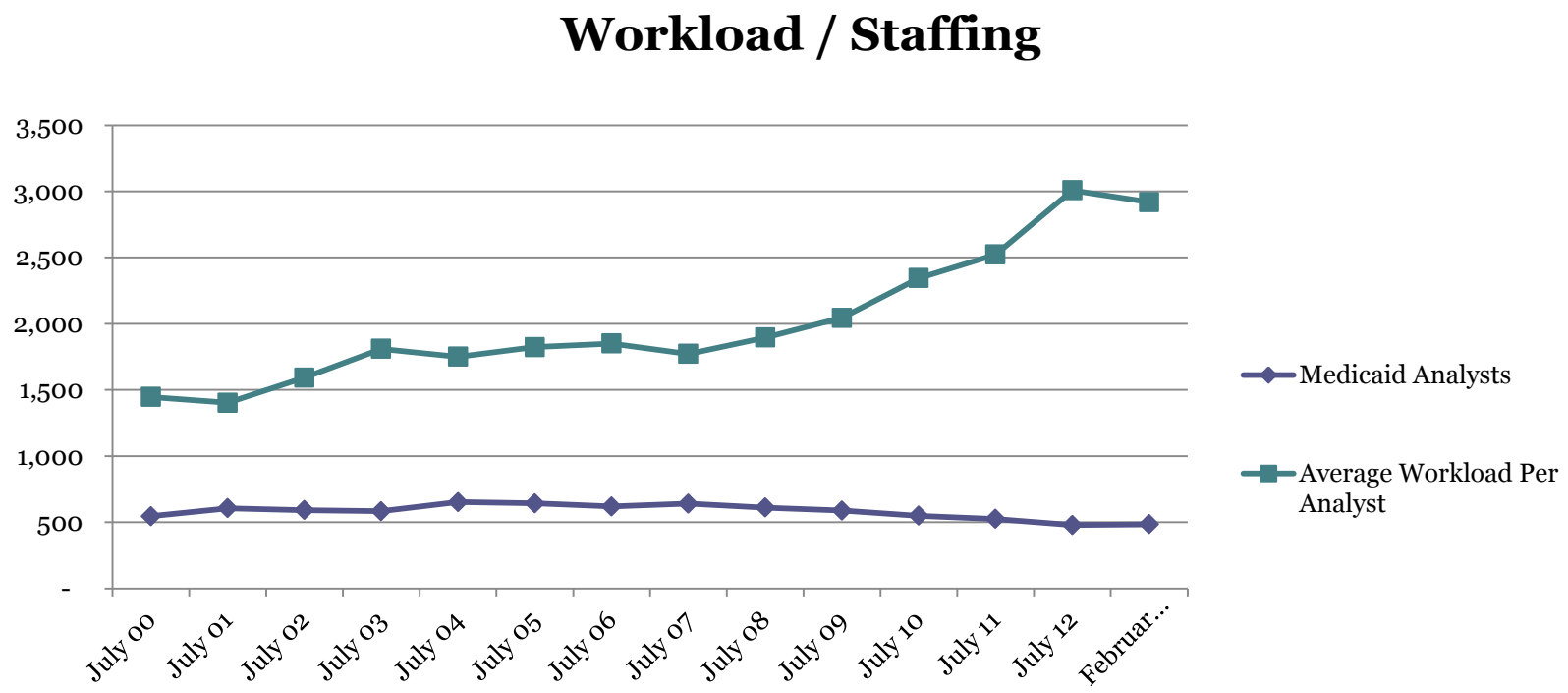
Automated Renewals

- Administrative Renewals – 38%
  - Data analysis identified cases with very low likelihood of ineligibility at renewal
  - Letter asks them to call if income or HH members has changed
  - Unless change is reported eligibility worker does not touch case
  - Any eligibility "imperfection" is more than off-set by administrative cost savings
  - A smart, efficient and cost effective "administrative tool" for conducting renewals
  - Calls are directed to the Customer Service Unit
- Express Lane Eligibility Renewals – 21%
  - Data match with SNAP file for Medicaid renewals due
  - Children with active SNAP case automatically enrolled for 12 more months
  - Approximately 14,000 children reenrolled each month
  - Lower risk of ineligible case than ex parte or administrative renewal

“Paths” to Renewal in Louisiana



Eligibility Workload



"Organizational Change" A Major Factor in Simplification

- Even more important than technology
- Caseworkers "open" and "close" the door
- Major changes in expectations of caseworkers
  - From passive
  - To proactive
- Identify work flow problems
- Internal marketing
- Brainstorm possible solutions
- Test solutions on small scale (to see if it works!)
- Implement improvements
- Empower caseworkers to use good judgment
- Ongoing evaluation of policies, procedures and practices
  - Some policies and procedures have unintended consequences, or in retrospect prove to be unnecessary
  - "Best practices" need to be identified, documented and shared with other offices
  - Good renewal outcomes by local offices deserve acknowledgement and recognition
- Participation in workgroups provides greater awareness of the problem (education/training)

Lessons Learned from our Eligibility Transformation

- Incremental change is OK
- Make certain people know why
- Focus on administrative as well as health & social benefits
- Empowerment of state government employees pays big dividends
- Don't be afraid to establish high expectations for staff
- Frontline staff have unique insights and propose excellent strategies
- Simplification is not simple
- Expect initial (and ongoing!) pushback
- **It is definitely worth the effort**

Stopping the Leak:
Keeping Michigan Kids Enrolled in Medicaid and CHIP

Michigan Primary Care Association

www.mpca.net

Overview

- **MPCA**
  - Voice for Michigan Health Centers and other community-based providers
  - Promote, support, and develop comprehensive, accessible, and affordable quality community-based primary care services
  - Focused on access to care, clinical quality, integrated care, health center operations, health policy and system transformation and health information technology
- **Project Focus**
  - Ensure families understand how and when to reapply for coverage
  - Remind families to renew as their redetermination date approaches
  - Offer assistance with redetermination for families
- **Funded by 2009 CHIPRA outreach grant**
  - Grant period 8/18/2011 to 8/17/2013
  - 9 partner health centers representing urban and rural areas and a diverse patient base

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COMMUNITY HEALTH CENTER FQHC QUALITY SM

Monthly Standardized Messaging

- Clients receive a text message during the month before they are due to renew
  - Those who reply "STOP" are removed from call list.
  - Those who reply "RENEW" are texted back information on how to complete the process.
- Those who do not respond to the initial text receive a voice message during the same week.
- Those who do not respond to the first voice message receive a second voice message during the month their child's insurance will expire.
- Consumers can seek one-on-one assistance through their health center or a call center.

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COMMUNITY HEALTH CENTER FQHC QUALITY SM

Preparation

- MOA with Medicaid Agency and Data Contractor
- Data Use Agreements
- MOA and Business Associate Agreement with every participating Health Center
- Data exchange and matching processes
- Vendor selection and messaging system development
- Data system development and customization
- Participant training and retention promotion

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COMMUNITY HEALTH CENTER FQHC QUALITY SM

Regulatory Framework: Landlines

It is unlawful to call any residential telephone line "using an artificial or prerecorded voice to deliver a message without the prior express consent of the called party, unless the call is initiated for emergency purposes or is exempted"

The FCC has exempted 4 specific types of calls:

1. Those not made for a commercial purpose
2. Those made for a commercial purpose but which do not include or introduce an advertisement or constitute telemarketing
3. A call made by or on behalf of a tax-exempt nonprofit organization
4. A call that delivers a "health care" message made by or on behalf of a covered entity or its business associate

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COMMUNITY HEALTH CENTER FQHC QUALITY SM

Regulatory Framework: Cell Phones

- Rules on calls made to cellular telephones are far stricter than rules regarding landlines
- "It shall be unlawful. . . to make any call (other than a call made for emergency purposes or one made with the prior express consent of called party) using any automatic telephone dialing system or an artificial or prerecorded voice"
- In short, need express consent for cell phones

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Regulatory Framework: Express Consent

- "Prior consent means that a called party clearly stated the entity may call and clearly expressed an understanding that the entity's subsequent call will be made"
- FCC eliminated the "established business relationship" exemption
- Written consent requirement does not apply to non-telemarketing calls, such as calls made by tax-exempt nonprofits and calls for noncommercial purposes
  - Oral consent is allowed, but…

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Regulatory Framework: Opt-Out

- Must provide interactive opt-out mechanism
  - Announced at the outset
  - Available throughout the duration of the call
- If opt-out used, must:
  - Automatically add the consumer's number to the do-not-call list
  - Immediately disconnect the call
- Where a call could be answered by an answering machine or voicemail, must include a toll-free number the consumer can call back and connect to an autodialed opt-out mechanism

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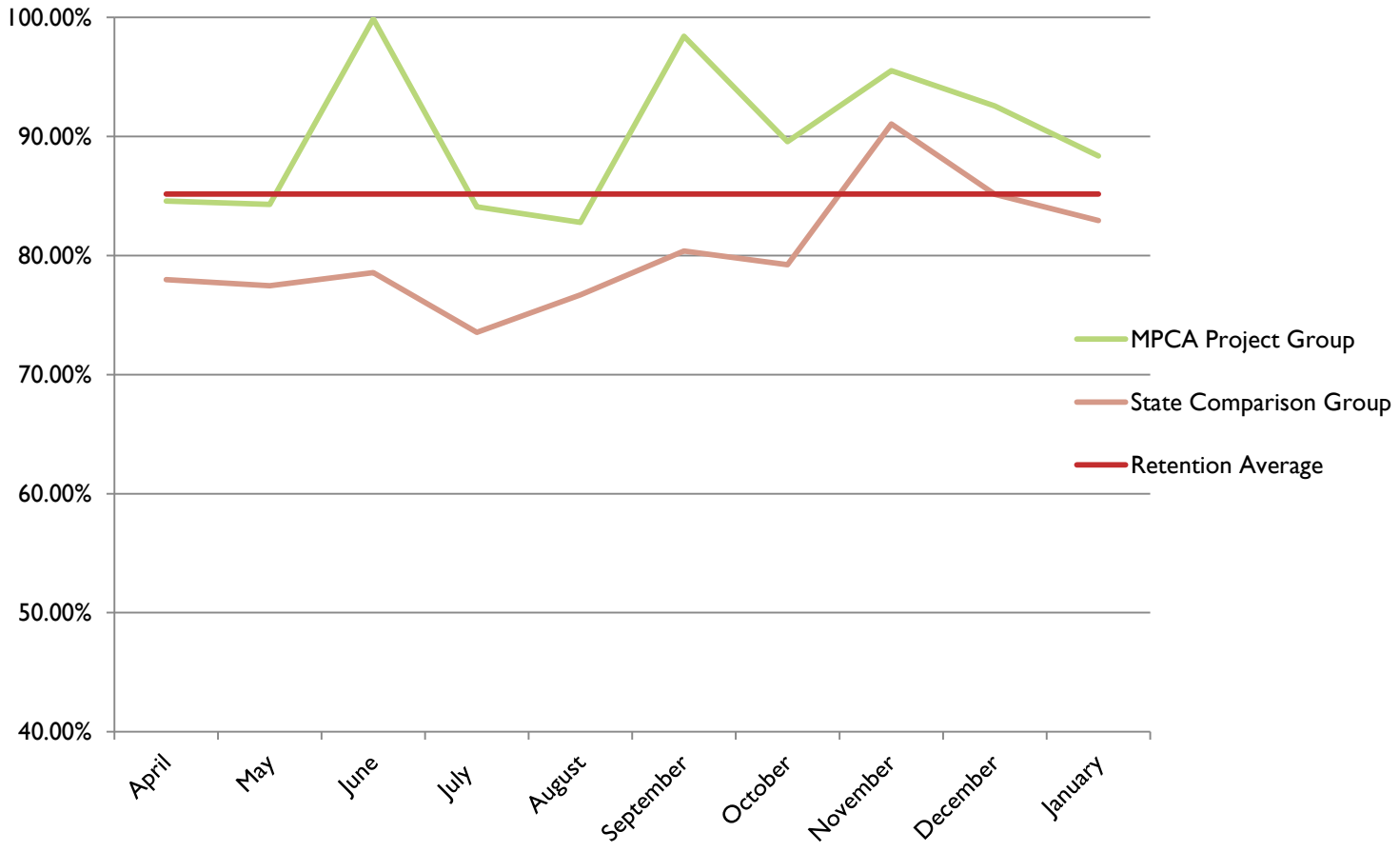
Statewide Grant Outcomes



Client Feedback

- 94.5% agree they were treated with respect (3.3% neutral)
- 95.5% agree their privacy/confidentiality was respected (3.3% neutral)
- 79% agree they received useful assistance in completing their redetermination (12.7 % neutral)
- 79% agree the reminders they received about coverage renewal were helpful (12.7% neutral)
- 88.4% agree they would like to receive coverage renewal reminders in the future (8.3% neutral)

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Key Lessons Learned

- Pick your vendor(s) wisely and watch the call statistics closely
- Try, test, edit and try again when it comes to designing messages
- Anticipate language needs and design messages and assistance to meet those needs
- The demand for in-person assistance holds true in retention, just like enrollment
  - Try to impact the "front end" in addition to the reminders
- Above all else, strive for simplicity
- Results take time (set reasonable goals!)
- Its not nearly as complicated as it seems!

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COMMUNITY HEALTH CENTER FQHC QUALITY SM

Questions?

For further information, please contact:

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Program Specialist
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517-827-0471

Medicaid Retention Project

Alameda Health Consortium

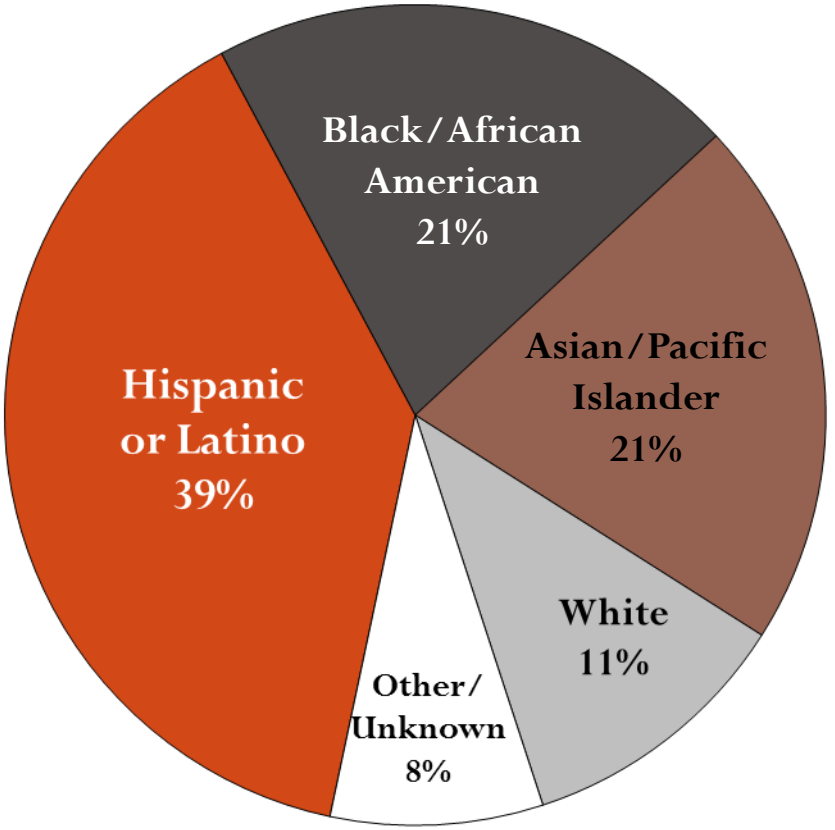
Njeri McGee-Tyner

Eligibility and Enrollment Director

Alameda Health Consortium

- **Who we are:**
  - Association of 8 Federally Qualified Health Centers in Alameda County.
  - Serve 70,000 patients enrolled in Medicaid and CHIP managed care plans.
  - Medicaid is the #1 source of reimbursement.
  - Retention of coverage is key to all 3 entities: county, health centers, and patients.
- **Patient Demographics:**
  - 91% are below 200% of the federal poverty level.
  - 50% of patients are best served in a language other than English.
  - Clinics employ a culturally competent staff, with language capacity that exceeds 25 spoken and 8 written languages.

Patients by Race and Ethnicity



Overview of Retention Initiatives

- Combination of:
  - Renewal notices and flyers,
  - Reminder calls,
  - Education initiatives,
  - One-on-one assistance, and
  - Staff trainings.
- Primary languages for outreach material: English, Spanish, Chinese, Cambodian, Vietnamese
- Supported by:
  - 2009 CHIPRA Outreach Grant
  - Northern California Region Kaiser Permanente Community Benefit Programs

Renewal Outreach Material

Don't Lose Your Benefits!

No Pierda Sus Beneficios!

Please look for these forms in the mail for you to complete in order to keep your benefits!

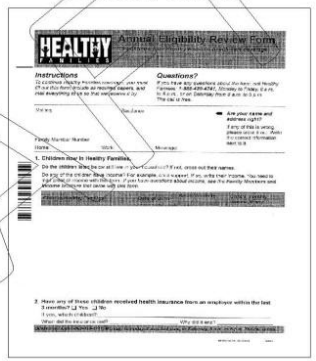
Estas formas llegaran por correro. Por favor completelas para poder continuar con sus beneficios!

Medi-Cal

MEDI-CAL ANNUAL REDETERMINATION FORM

You must fill out this form and return it to the county to keep your Medi-Cal

Healthy Families


HEALTHY FAMILIES

Annual Eligibility Review Form

Don't miss the deadline...We can help!

Please bring your renewal forms with you for assistance.

No Se Pase del Plazo...Nosotros Podemos Ayudarle!

Por favor traiga sus formas de renovacion y le ayudaremos a completarlas .

Clinic Logo

Clinic Name **(XXX) XXX-XXXX**

不要失去您的健康福利!

Xin đừng để mất các quyền lợi!

请从邮件中找到这些表格并填写完毕以继续享受您的 健康福利。

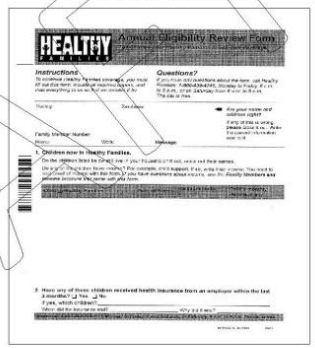
Hãy chú ý đến những bản đơn trên trong thư từ bưu điện và hoàn tất chúng để duy trì quyền lợi.

Medi-Cal

MEDI-CAL ANNUAL REDETERMINATION FORM

You must fill out this form and return it to the county to keep your Medi-Cal

Healthy Families


HEALTHY FAMILIES

Annual Eligibility Review Form

不要错过截至日期...我们可以帮助您！

咨询时请您带上有关的续期表格。

Đừng làm lỡ ngày gia hạn...Chúng tôi có thể giúp bạn!

Xin mang theo những giấy tờ tiếp tục quyền lợi để được giúp đỡ.

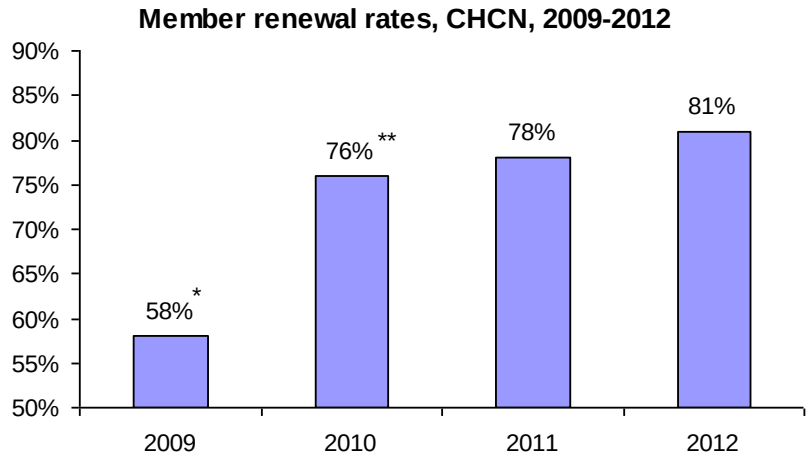
Clinic Logo

Clinic Name **(XXX) XXX-XXXX**

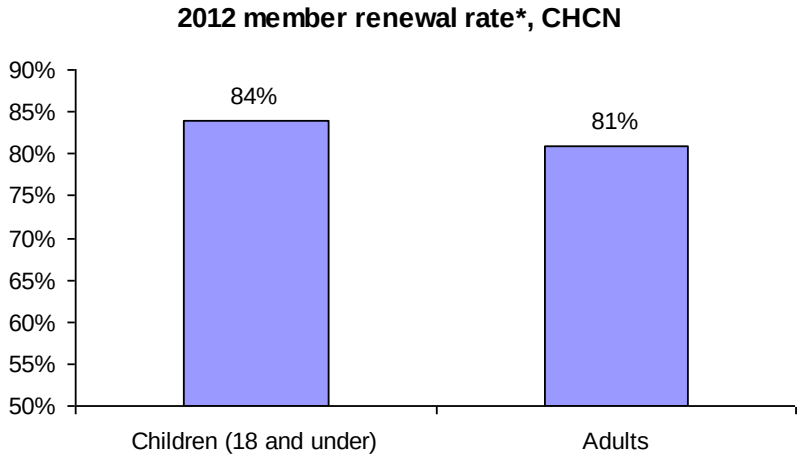
DRAFT

Retention Results

- Year1- 10% increase in retention rates
- Year 3- 23% increase in retention rates



* Baseline: 58% of members enrolled in July, 2008 continuously enrolled with CHCN for 12 months.
** The member renewal rate = members successfully renewed / members on the redetermination list. 2010 and 2011 results were based on CHCN enrollment data, 2012 results were based on Medi-Cal and health plan enrollment data.



* The member renewal rate = members successfully renewed / members on the redetermination list. Results were based on Medi-Cal and health plan enrollment data.

Lessons Learned

- Renewal reminder notices and outreach renewal flyers in multiple languages has increased the response for one-on-one assistance.
- Consumers are more comfortable asking questions and requesting assistance from staff able to communicate in their native language.
- 50% of our member clinics' patients are best served in a language other than English; hence having multilingual application assistors are key to meeting the language needs that can present a barrier to enrollment.