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# Identifying Measures to Monitor Enrollment and Retention Performance

**SHADAC and State Network Small Group Consultation  
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# Agenda\*

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- Considerations for Developing Measures
  - Purpose, sources, challenges, general guidance
  
- Recommendations
  - Description and illustration of useful measures

\*Information in the following slides is based largely on work conducted on behalf of RWJF, and in collaboration with NASHP, as part of the ongoing MaxEnroll project and evaluation.

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# CONSIDERATIONS FOR DEVELOPING PERFORMANCE MEASURES

# Why are Measures Important?

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- 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 federal (ACA) requirements to monitor enrollment/retention performance

# Where Are the Source(s) for Measures?

## ■ MIS Data

- Used to monitor and manage enrollment and services for those on public coverage (Medicaid, CHIP, etc).
- *“Who is covered, when, and in what eligibility group”*

## ■ Eligibility System Data

- Used to monitor and document program eligibility, ensuring program integrity and supporting the MIS
- *“Who is and **is not** being approved and renewed/retained, when, and why”*

# Why Distinguish These Sources?

- All states have reliable, accessible MIS data
  - Can support a “core set” of clear, feasible, and meaningful performance measures
- Some states **do not** have reliable or accessible eligibility systems data
  - Often a completely separate system and, even when integrated, data quality can be a concern
  - *Work is underway to address these issues*

# What Makes Measurement a Challenge?

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- 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?
- Basic Guidance: start simple
  - Begin with a core set of sustainable measures and build out as resources and data permit

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# RECOMMENDATIONS



# What Kinds of Measures May Be Useful?

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## Three Recommended 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?

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- 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

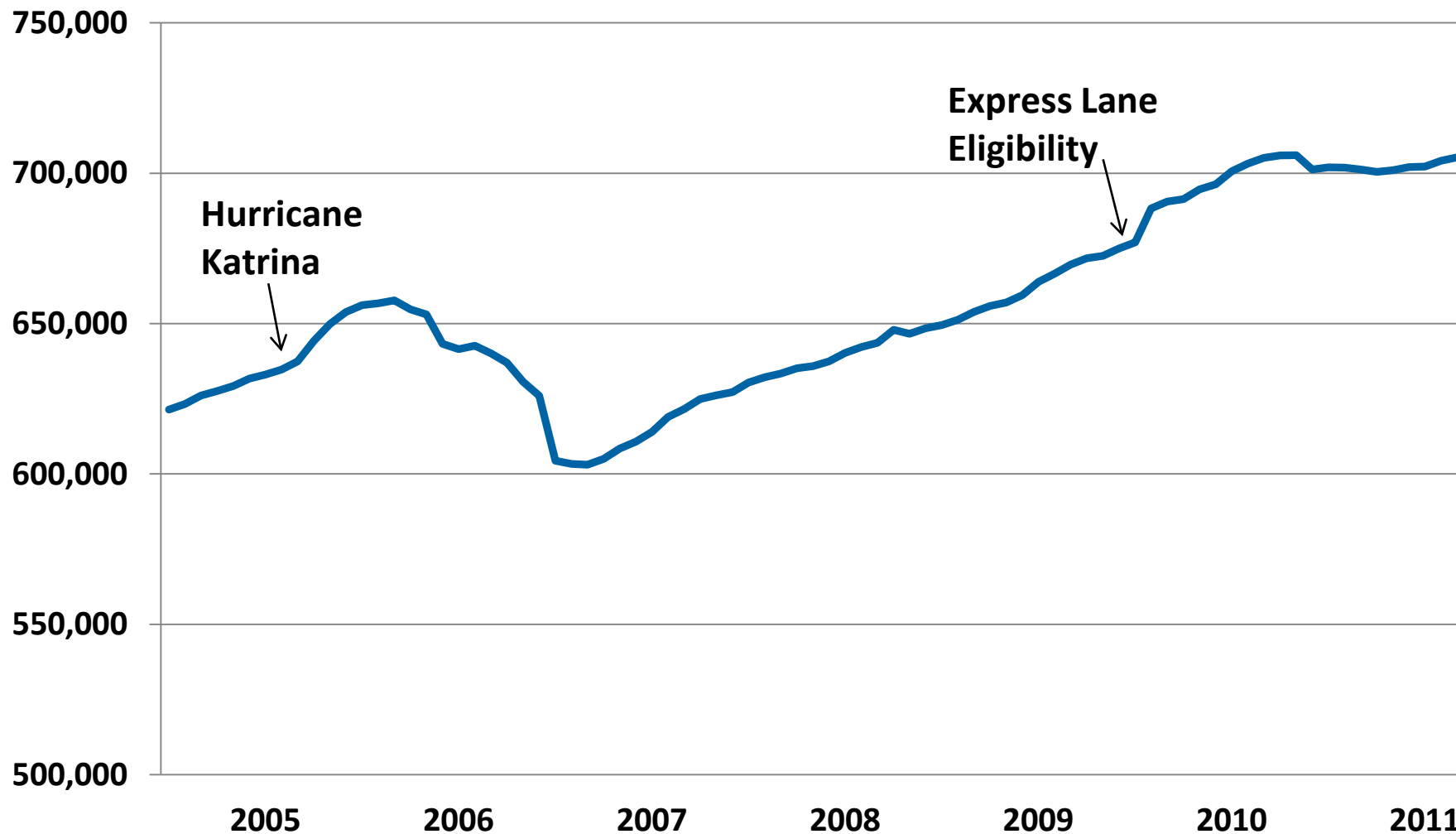
# Group One: Three Basic Count Measures

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- **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

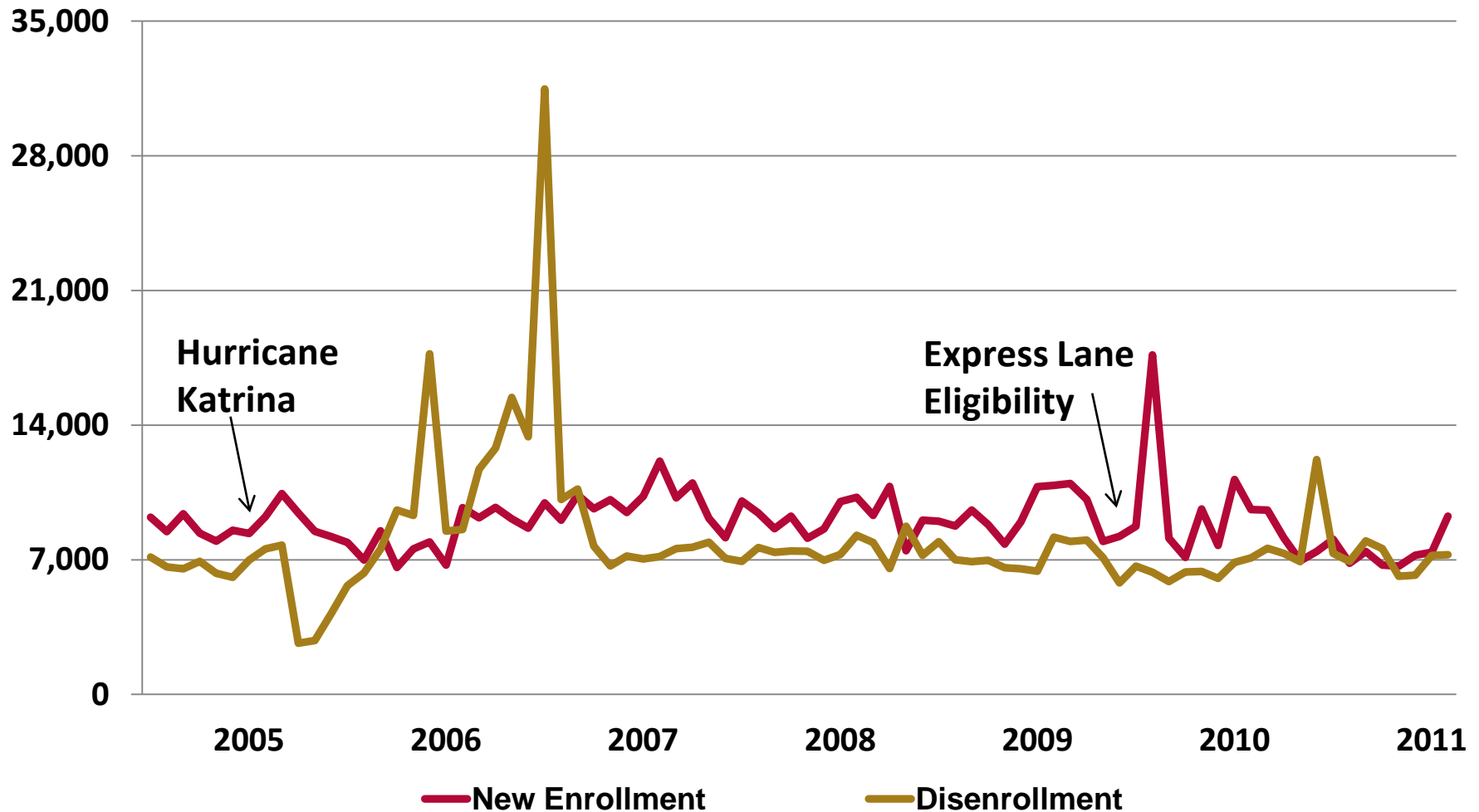
# Example: Monitoring Total Enrollment

## Louisiana: Trend in Total Enrollment (2005-2011)



# Example: Monitoring Enrollment “Flow”

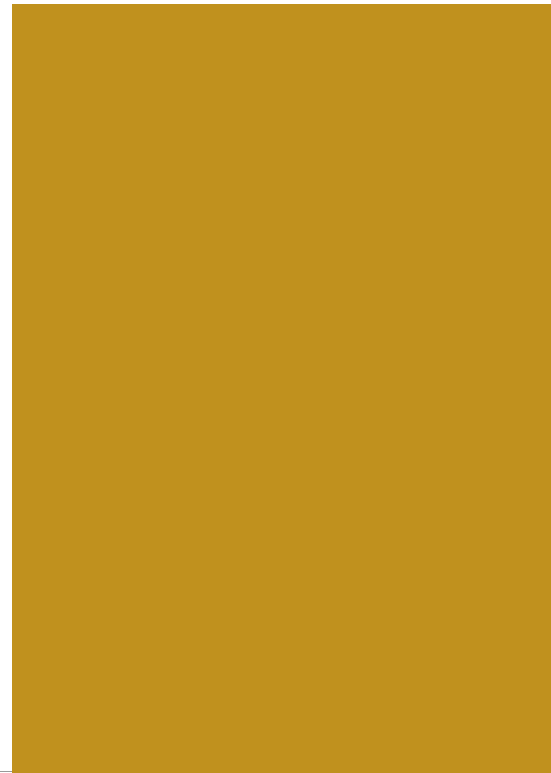
## Louisiana: Trend in New Enrollment and Disenrollment (2005-2011)



# Example 2: Recent Enrollment Growth Across States

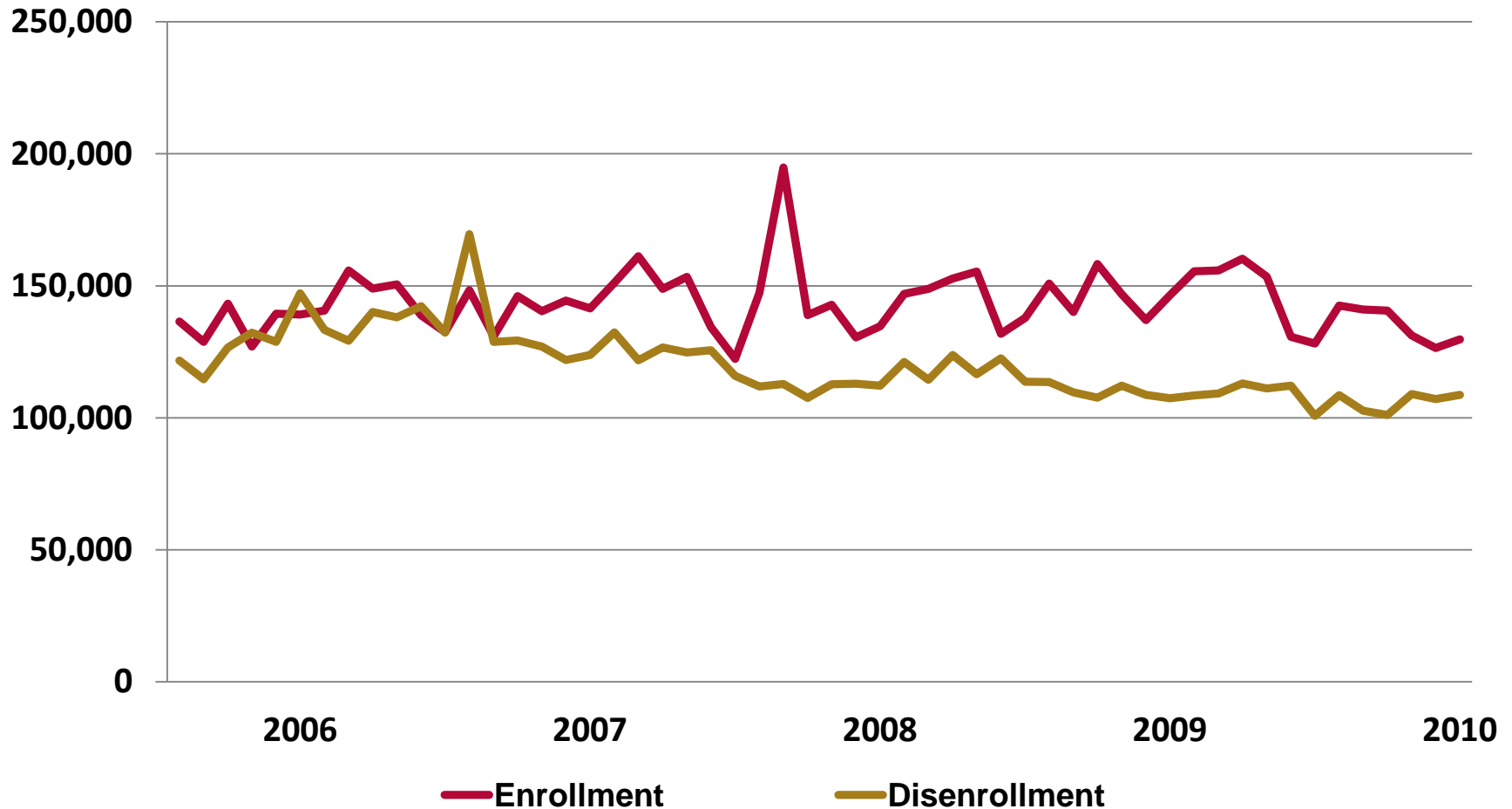
Change in Total Medicaid and CHIP Enrollment, Eight MaxEnroll States  
(2006-2010)

1,119,625



# Example 2: Enrollment Growth Driven by Retention

Total Medicaid/CHIP New Enrollees and Disenrollees, MaxEnroll States (2006-2010)





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# GROUP TWO MEASURES

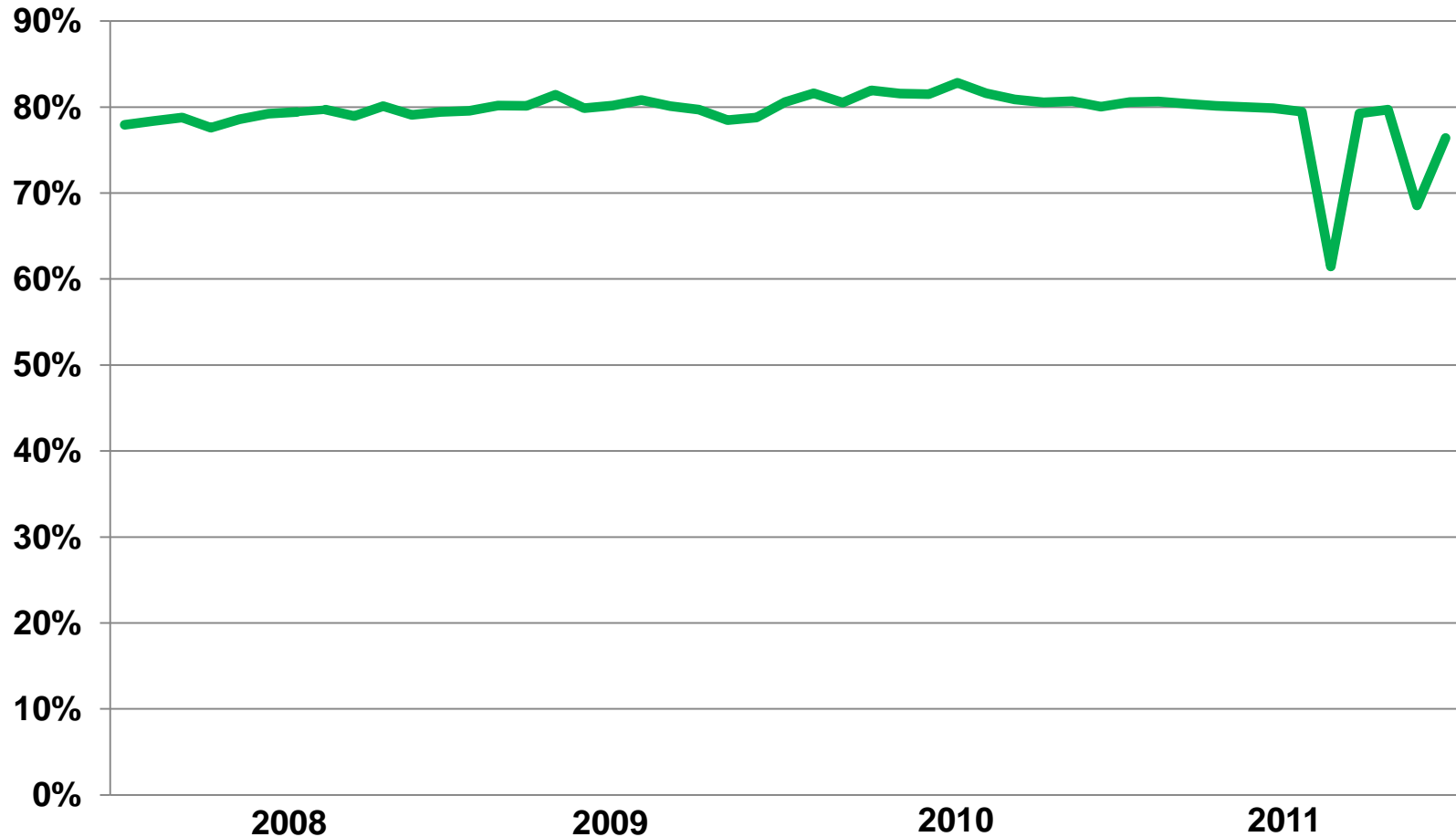
## Linking Data Over Time and Across Programs

# Group Two (I): Basic Measure of Retention

- **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

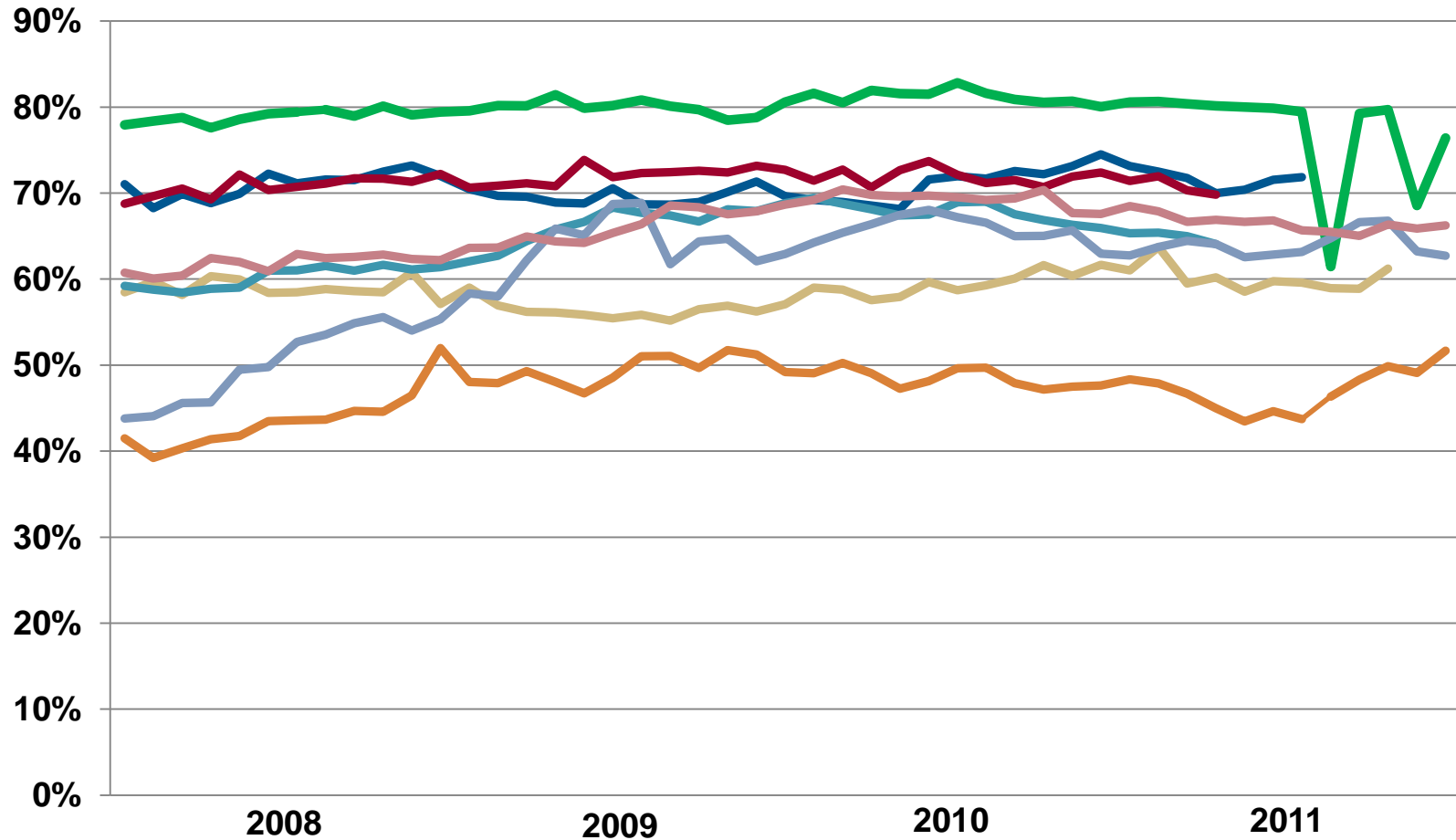
# Example 1: Monitoring State-Level Retention Rate

Proportion of New Enrollees Continuously Covered 18+ Months, Selected MaxEnroll State (2008-2011)



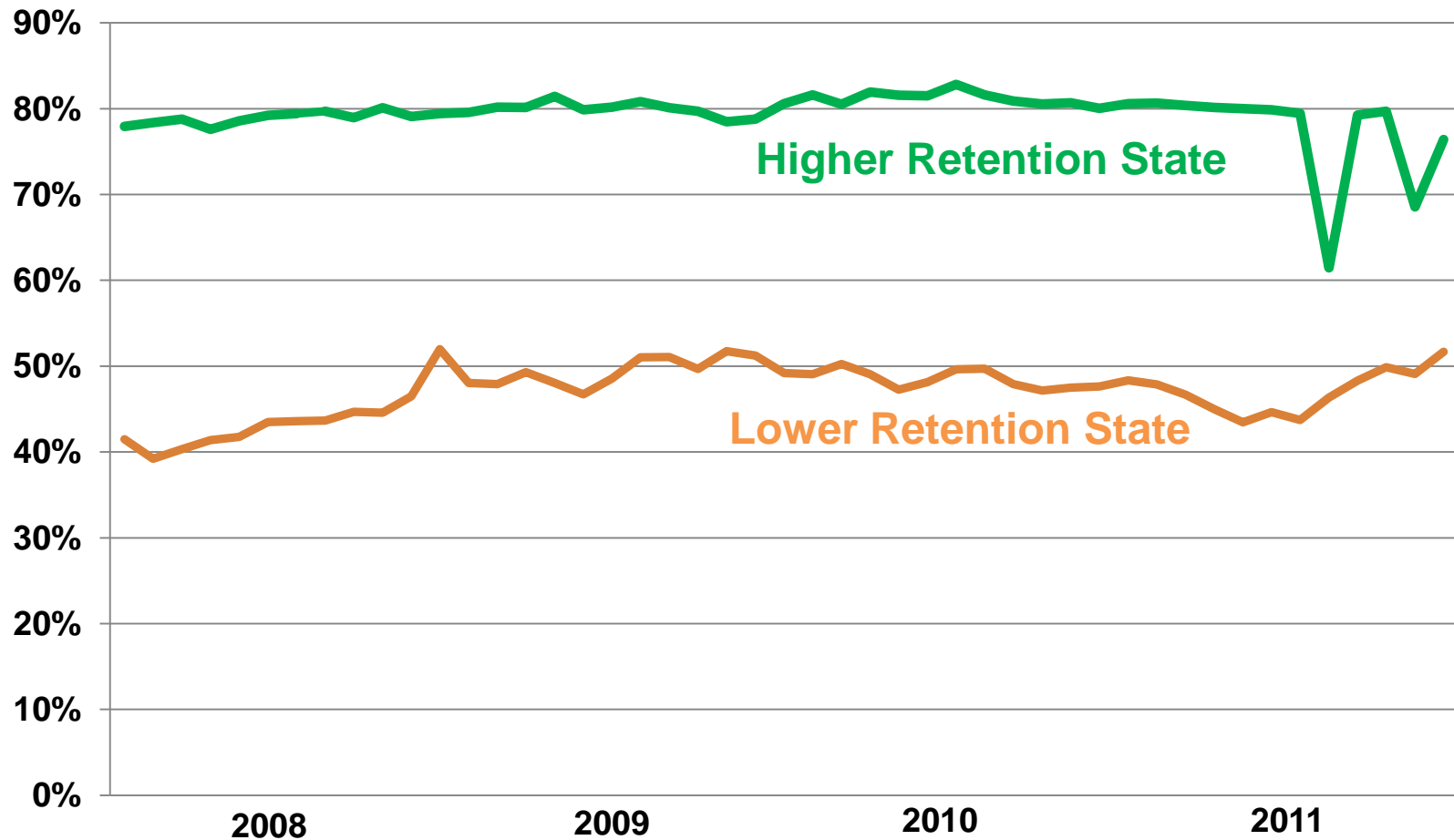
# Example 1B: Retention Rate Across States

## Proportion of New Enrollees Continuously Covered 18+ Months, MaxEnroll States (2008-2011)



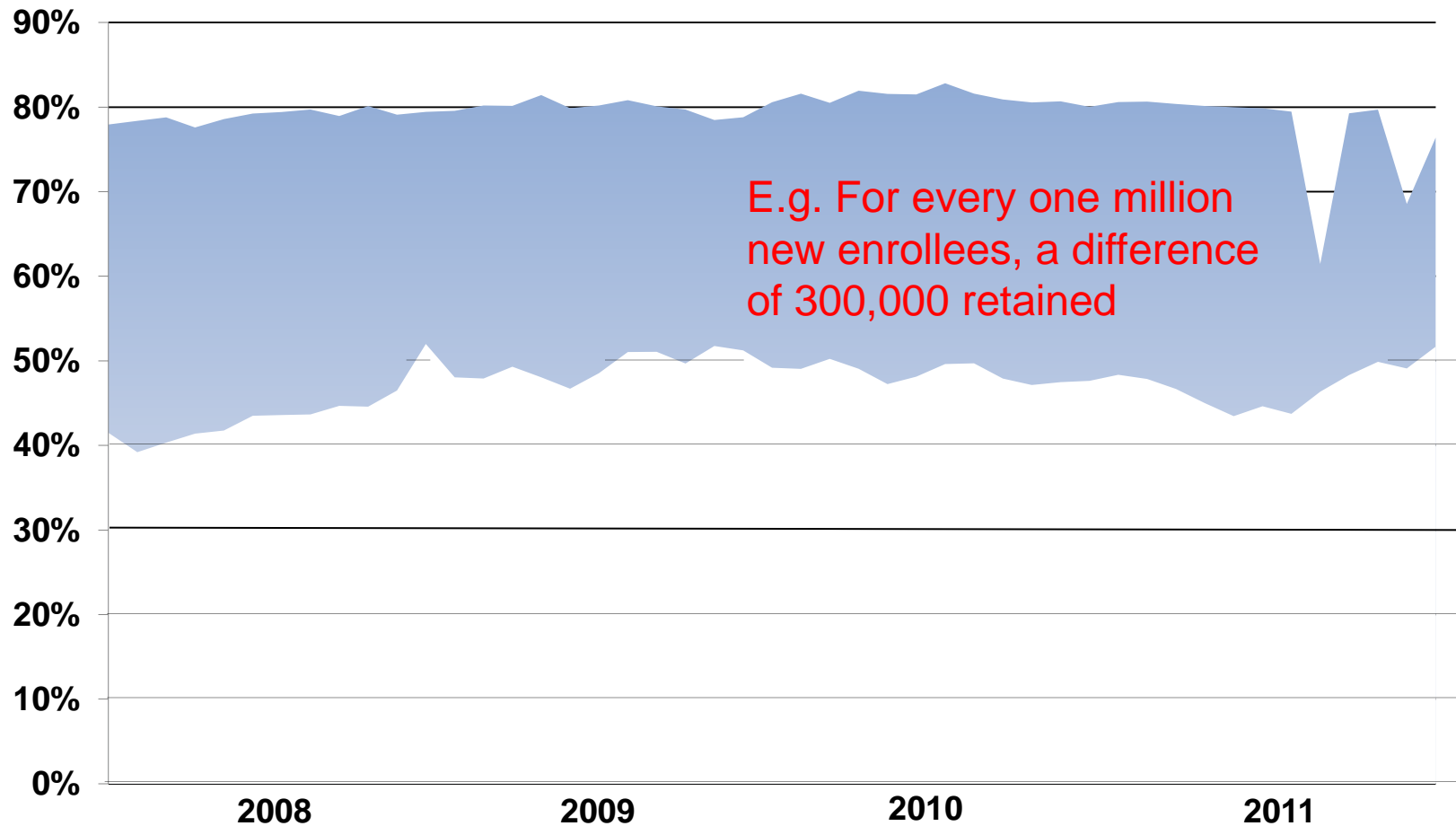
# Example 1B: Retention Rates Across States (cont'd)

Proportion of New Enrollees Continuously Covered 18+ Months, Selected MaxEnroll States (2008-2011)



# Example 1B: Retention Rates Across States (cont'd)

Proportion of New Enrollees Continuously Covered 18+ Months, Selected MaxEnroll States (2008-2011)



# Example 2: Monitoring Within-State Retention Rate

DSS	Caseload: 2011Q4	Retained 15 Months: 2010Q4
760	28,850	80%
700	23,404	78%
153	34,566	76%
740	14,137	76%
87	24,952	74%
650	14,828	73%
107	12,092	73%
15	10,188	73%
770	14,725	73%
710	28,758	73%
41	25,802	72%
59	59,480	70%
550	16,928	69%
810	27,112	67%
<b>Statewide</b>	<b>654.416</b>	<b>72%</b>

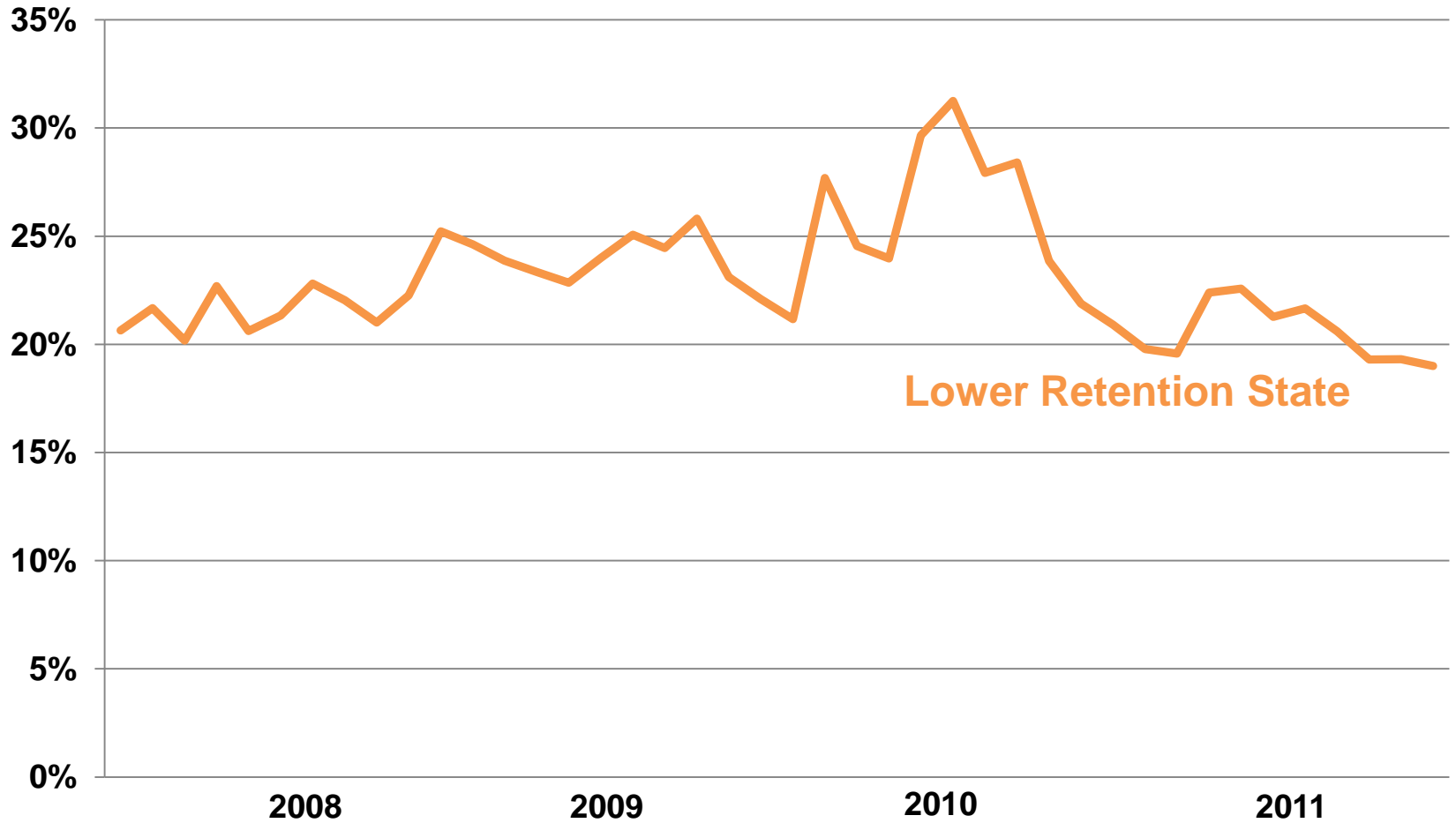
# Group Two (II): Unpacking Disenrollment

- **“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



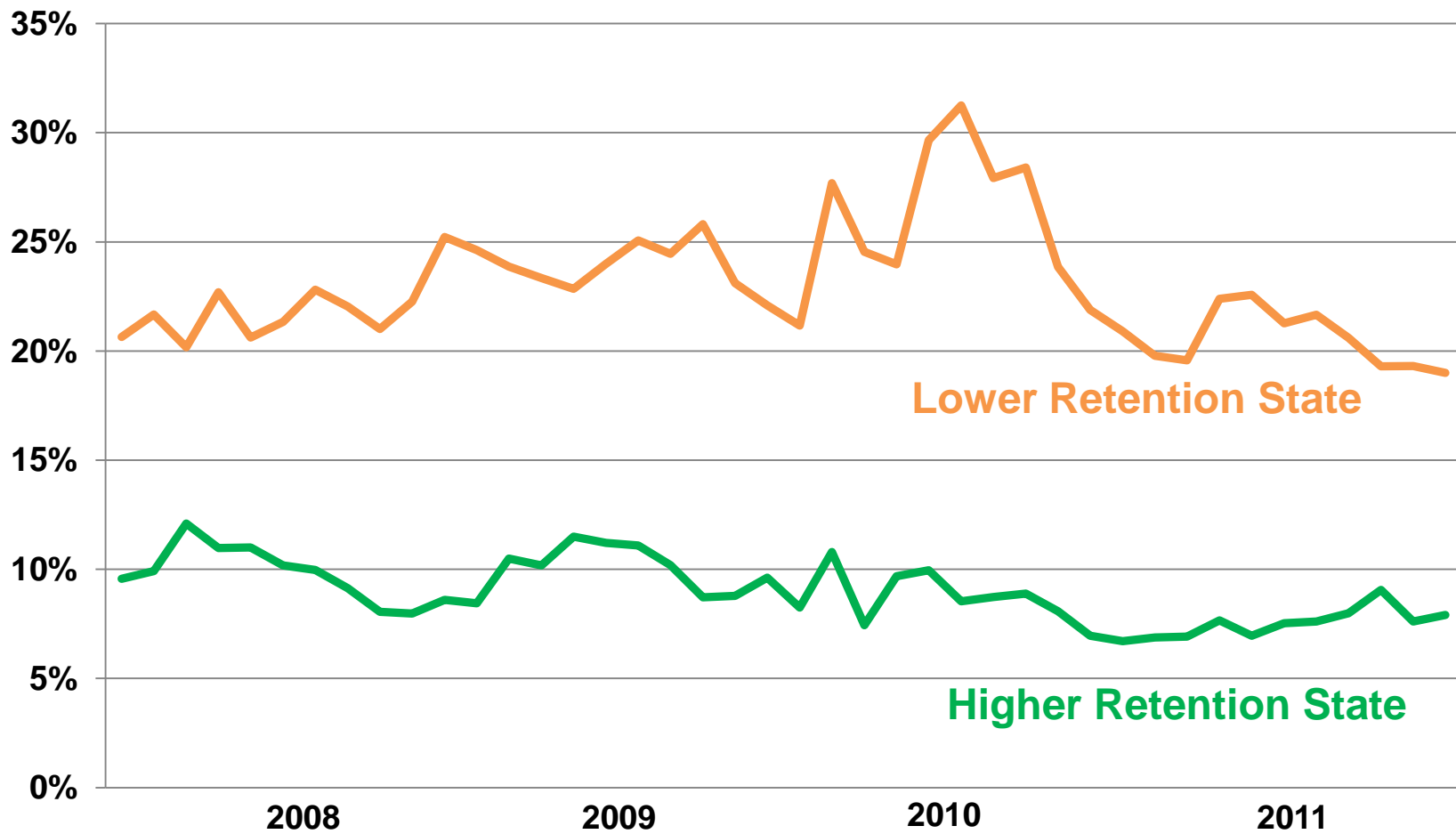
# Example 1: Monitoring Within-State Churn

Proportion of Disenrollees “Churning” Within Six Months, Selected MaxEnroll State (2008-2011)



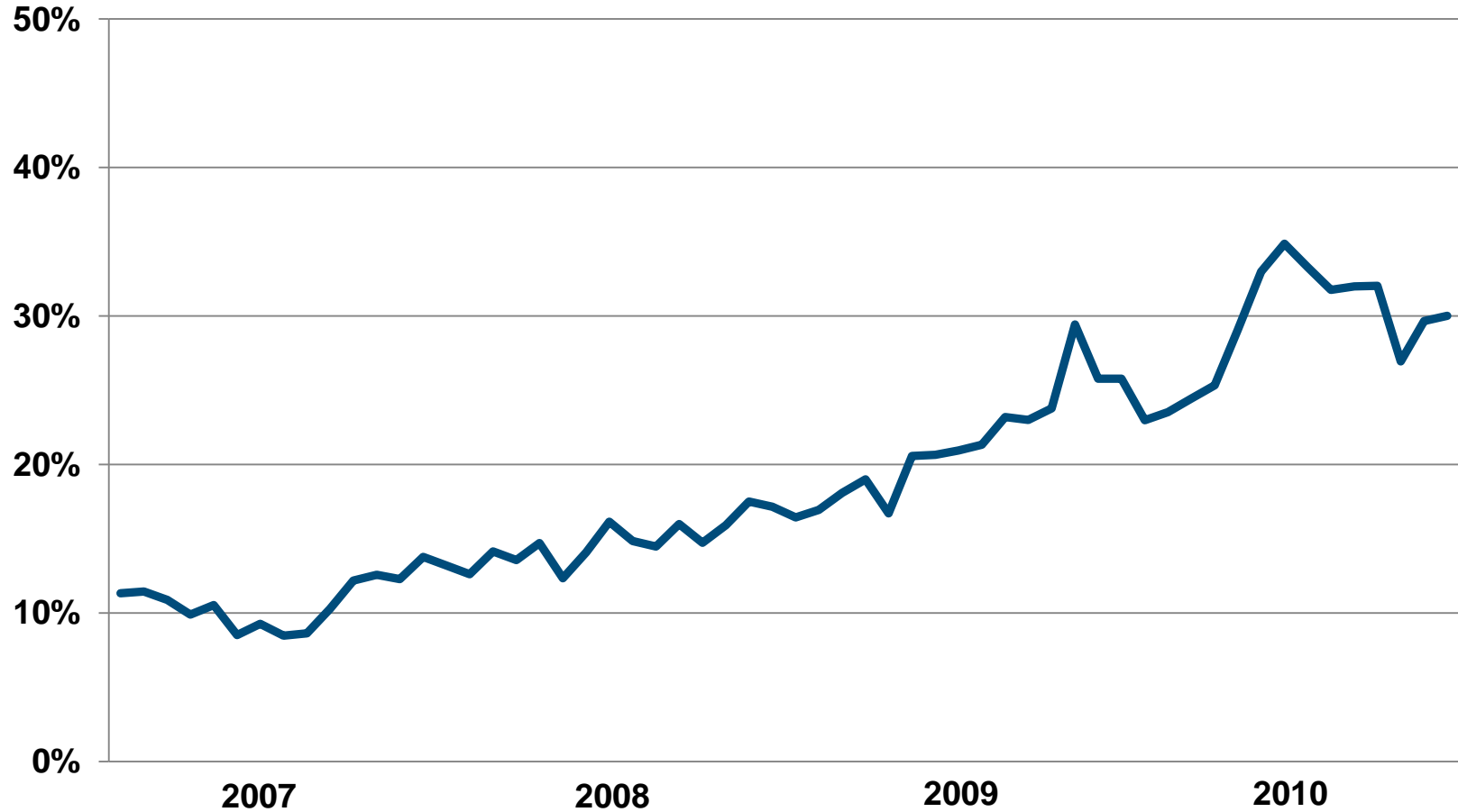
# Example 1B: Comparing Churn Across States

## Proportion of Disenrollees “Churning” Within Six Months, Selected MaxEnroll States (2008-2011)



# Example 2: Monitoring Transfer Rate

Proportion of CHIP Disenrollees Transferring Seamlessly to Medicaid, Selected MaxEnroll State (2007-2010)



# 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*

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# GROUP THREE MEASURES Using Denial Reason Codes

# Group Three: Using Denial Reasons

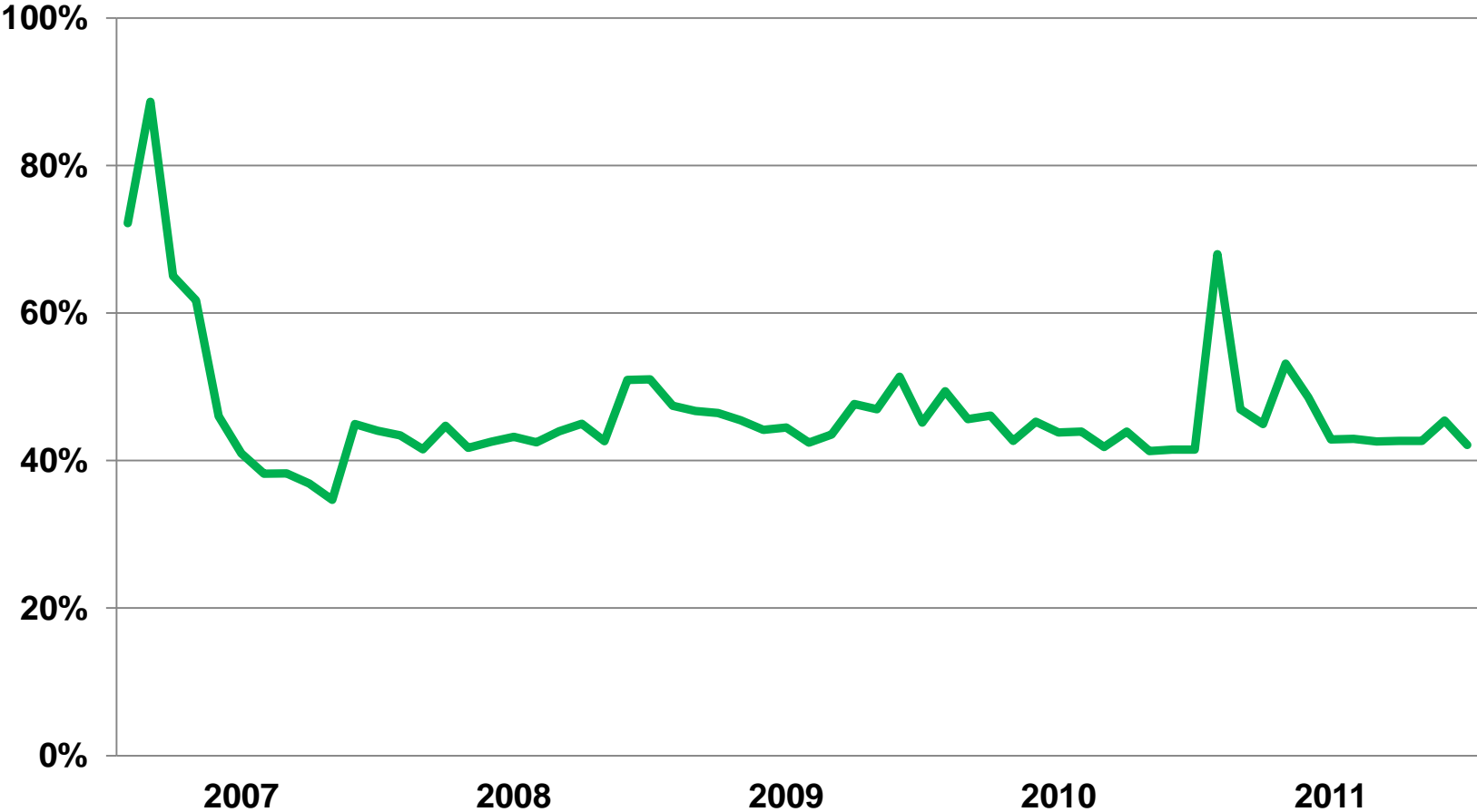
- **“Lost at Exit”**: Number/proportion of disenrollees with unknown eligibility (*do not transfer, program ineligibility not verified*)
- **“Lost at Entry”**: Number/proportion of applicants with unknown eligibility (*do not enroll, program ineligibility not verified*)
- **Eligible Retention**: Proportion of new enrollees in a given month who are not lost-at-exit for a specified period (18 months)

# Using Denial Codes to Assess “Verified Ineligibility”

Denial Reason (Code)	Percent of Disenrollees	Verified Ineligible?
<b>Eligibility Review Not Complete (077)</b>	<b>14%</b>	<b>No</b>
Does Not Meet Program Requirements (141)	14%	Yes
No Person Determined Eligible (046)	9%	Yes
BC+ Earned Income Increase Extension (608)	8%	Yes
<b>Did Not Verify Information (112)</b>	<b>8%</b>	<b>No</b>
Time limited Medical Assistance has ended (272)	6%	Yes
<b>Declined this type of aid (054)</b>	<b>4%</b>	<b>No</b>
Earned Income Increased (062)	4%	Yes
Target Turned 19 (577)	3%	Yes

# Example 1: Monitoring Lost-At-Exit Rate

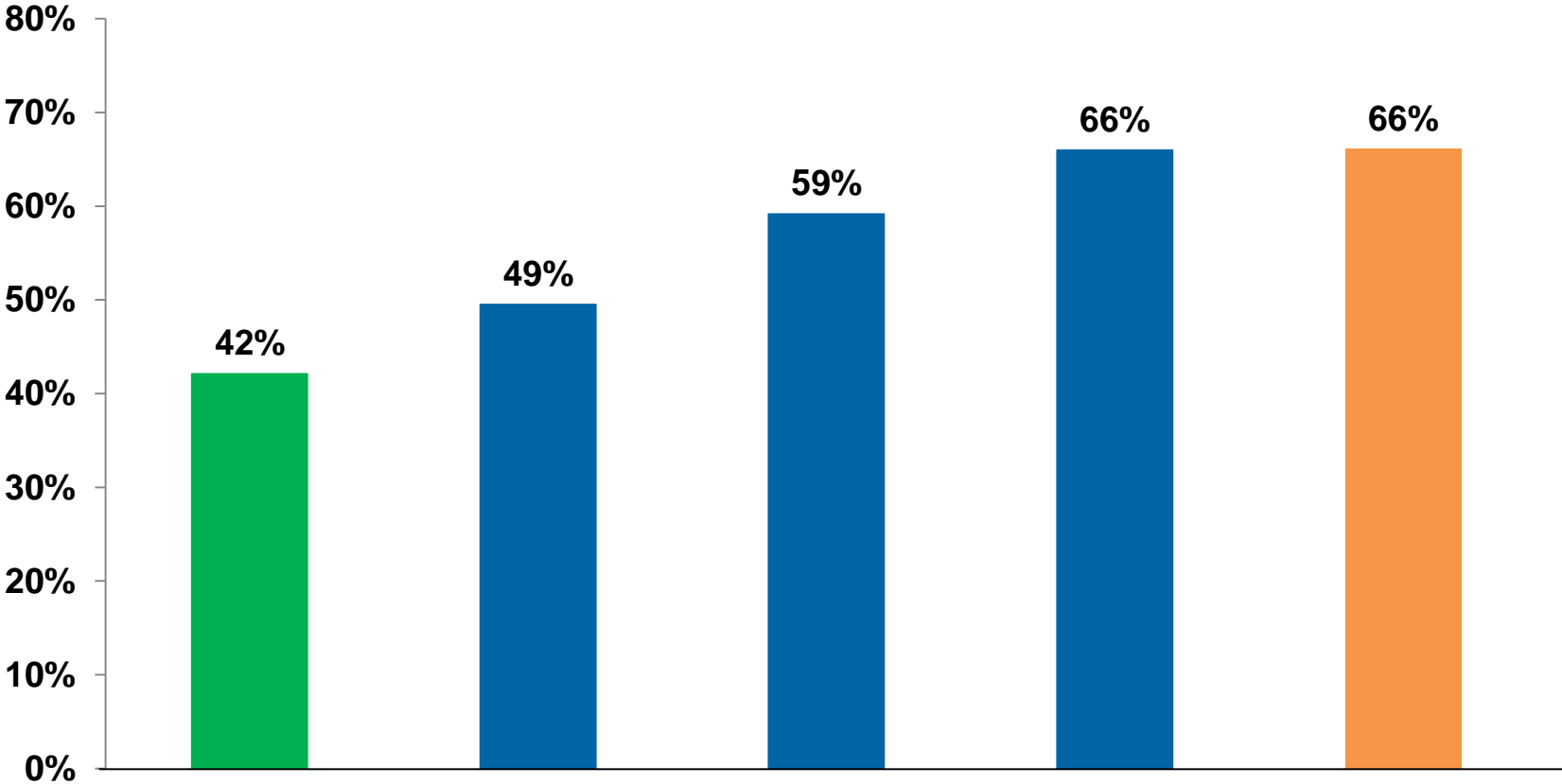
## Percentage of Disenrollees “Lost-at-Exit”, Selected MaxEnroll State (2005-2011)





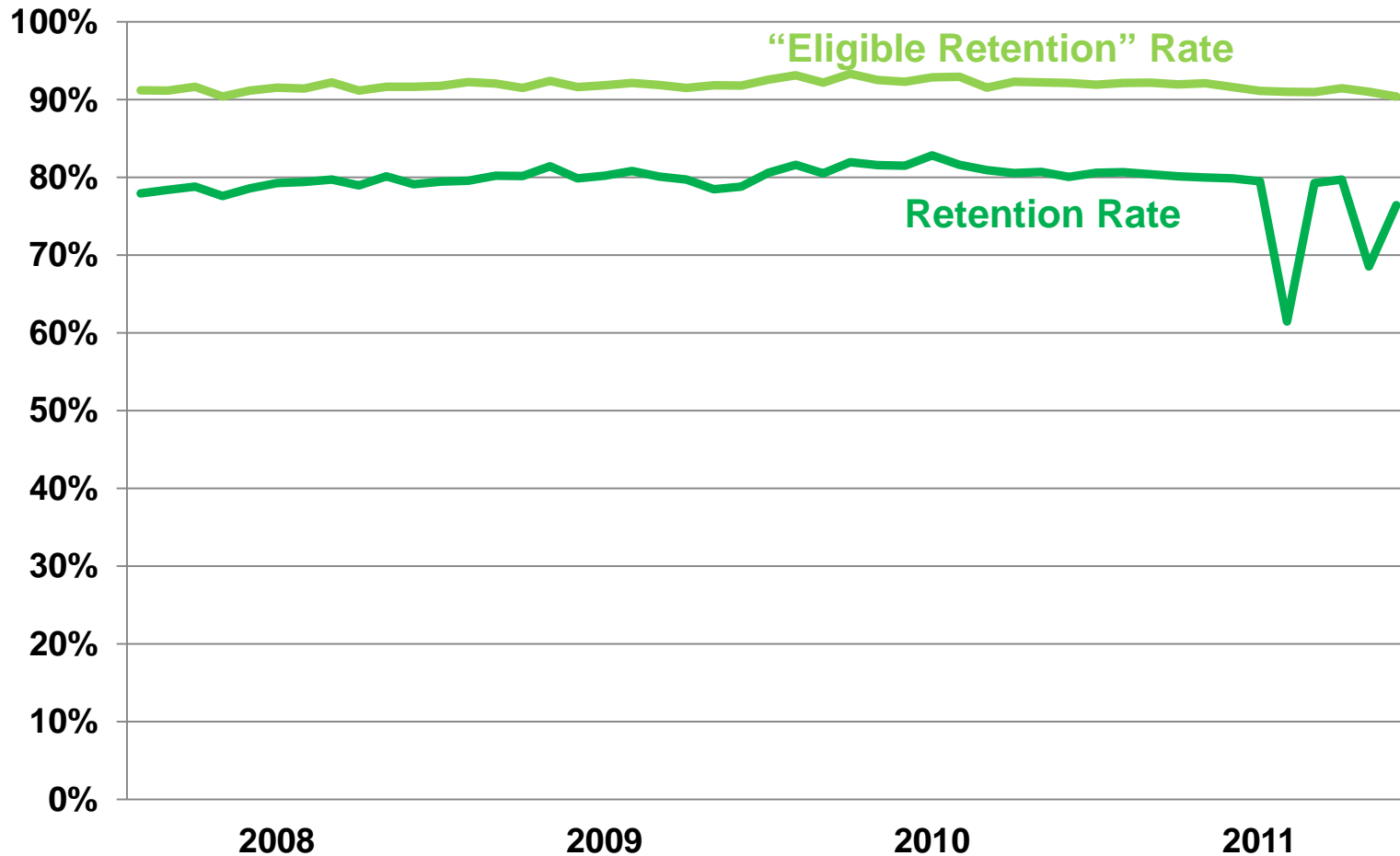
# Example 1B: Comparing LAE Rates Across States

Percentage of Disenrollees “Lost-at-Exit”, Available MaxEnroll States (Most Recent Quarter)



# Example 2: Eligible Retention, “Best Practice” State

Proportion of New Enrollees Retained 18+ Months, by Definition, Selected MaxEnroll State (2008-2011)



# Proposed Denial Code Classification Scheme

## Ineligibility verified

Code	Description
1	Death
2	Age
3	Citizenship or immigration status
4	Income, assets, earnings
5	Household or family composition
6	Time-limited eligibility period ended
7	Residency status (household, state, institution)
8	Other coverage (already has it or it is available)
9	Medical/health status or condition; need for care
10	Other eligibility criteria not met (child support; cash assistance; work hours; school attendance)

## Ineligibility not relevant

Code	Description
11	Declined enrollment (i.e., after ELE or ex parte)
12	Voluntarily disenrolled

## Ineligibility not verified (lost at exit)

13	Failed to pay premium
14	Lost to follow up, unable to locate
15	Missing documents, verification, other information <ul style="list-style-type: none"> <li>a. identity or SSN, citizenship, immigration status, residency</li> <li>b. income, assets, employment, health insurance coverage</li> <li>c. health status, medical condition, need for care</li> </ul>
16	Unknown reason

# Thinking Forward to ACA

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- 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