Seamless Renewals: Using Existing Data to Renew Benefits and Prevent Coverage Gaps

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Why Focus on Renewals?

• Enrollment is key, but thinking post-enrollment about how to keep eligible people enrolled is equally important.

• Renewal or recertification is when the vast majority of churn occurs.

• Using existing data sources is one way to simplify renewals and reduce churn.
The Costs of Churn

• A six state study found a SNAP churn rate between 17 and 28 percent.

• Churn is costly to clients:
  ▪ Disruptive to clients’ lives, generates anxiety and increases financial insecurity.
  ▪ May increase health inequities.

• Churn is costly to the state:
  ▪ On average, $80 more to complete a full application than a renewal.
  ▪ Creates unnecessary costs and paperwork for the state.
  ▪ Caseworker time taken away from other tasks.

• When people churn on and off a program, they are often disconnected from the program for one month or less.

Causes of Churn

• A primary cause of churn is missing verification or other paperwork.
  ▪ Client may not have understood a notice from the state.
  ▪ Client may have moved and not received the notice.

• Key Questions: Is the paperwork necessary? Are there other ways the state can verify the information?

• States have options to reduce churn by making renewals as seamless as possible.
  ▪ Ex-parte renewals
  ▪ Coordination between SNAP and Medicaid
Dramatic reduction of Medicaid churn (Idaho)

DRAFT DO NOT CITE
Julia Isaccs, Urban Institute
Making Medicaid Work Better: Ex Parte Renewals

Tricia Brooks
CLASP/CCF Webinar
June 21, 2016
What is an Ex Parte Renewal?

§ 435.916(a)(2) Renewal on basis of information available to agency. The agency must make a redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency under § § 435.948, 435.949 and 435.956 of this part.

- § 435.948 – State Wage Information Collection Agency; State Unemployment, IRS, SSA, SSI, Title I, X, XIV, XVI, SNAP
- § 435.949 – Federal Data Services Hub
- § 435.956 – Verification of non-financial information (e.g., address)
Long Standing Medicaid Requirement

• Ex parte means a “redetermination made by one party (the state) without the involvement of any other party (the recipient).”

• In place for nearly 20 years – since welfare reform and the delinking of Medicaid and cash assistance

• ACA modernizes the rule:
  - An explicit requirement to conduct the review PRIOR to sending a renewal form asking the enrollee to take action
  - Enhanced eligibility systems funding sets expectations for data linkages and automation
Different Ways to Implement

Obtain current information from data sources
- Federal Hub
- SSA
- SWICA
- Unemployment
- Vital Statistics
- State Revenue Agency

Use Express Lane Eligibility or Targeted SNAP Strategy
- ELE has sunset and applies only to children without a waiver
- SNAP discussion later in webinar

Administrative Renewal
- Case Analytics: LA example – child in household where custodian income doesn’t count; only unearned income in the household
State Reviews Ongoing Eligibility

- Electronic data sources
- Case characteristics
- ELE
- SNAP

If data CONFIRMS ongoing eligibility

Send **notice of ongoing eligibility** explaining the basis for the determination and requesting that the enrollee report inaccuracies or updates.

If enrollee does not report inaccuracies or changes:

The ex parte renewal eligibility determination stands. Importantly, the enrollee cannot be required to sign and return the form.

If eligible:

Send **notice of ongoing eligibility**.

If not eligible:

Send **notice of disenrollment**.

If enrollee responds with updated or new information

State verifies reported information or requests explanation/documentation and makes eligibility determination.

If enrollee does not respond in 30 days:

Terminate coverage and send **notice of disenrollment**.

If enrollee responds within 90-day reconsideration period

State must reconsider eligibility without requirement a new application.

If data does NOT confirm ongoing eligibility

Send **pre-populated renewal form** containing information available to the agency that is needed to renew eligibility.

Notice should give enrollee 30 days to provide information online, over the telephone, in person, or by mail.

If enrollee does not respond in 30 days:

Terminate coverage and send **notice of disenrollment**.
Status of State Implementation of Ex Parte Renewals In Medicaid

Percentage of renewals completed via ex parte in states processing ex parte renewals for MAGI-based eligibility groups

<table>
<thead>
<tr>
<th># States Processing Ex Parte Renewals</th>
<th>Not Reported</th>
<th>&lt;25%</th>
<th>25% - 50%</th>
<th>50% - 75%</th>
<th>&gt;75%</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>8</td>
<td>5</td>
<td>11</td>
<td>7</td>
<td>3</td>
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However!

- Process is NOT always automated
- Different definitions
- Inconsistent application of policy

State Challenges

- Technology
- ACA implementation – heavy lift
- Culture change is hard; harder when eligibility is decentralized
- States cite unclear or conflicting federal guidance
- State approach to eligibility verification
# State Flexibility

<table>
<thead>
<tr>
<th>State decisions impacting renewals</th>
<th>Opportunities to promote retention</th>
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<tbody>
<tr>
<td>• Data sources and hierarchy</td>
<td>• 12-month month continuous eligibility</td>
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<tr>
<td>• Level of automation</td>
<td>• Better renewal notices</td>
</tr>
<tr>
<td>• Alternative strategies</td>
<td>• Multiple reminders</td>
</tr>
<tr>
<td>– ELE</td>
<td>• Increase use of online functions</td>
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<tr>
<td>– SNAP</td>
<td>• Reinstate coverage retroactively during 90-day reconsideration period</td>
</tr>
<tr>
<td>– Administrative renewals</td>
<td>• Engage CBOs, providers, plans</td>
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<tr>
<td>• Reasonable compatibility standard</td>
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<tr>
<td>• What constitutes a match?</td>
<td></td>
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<tr>
<td>• Amount of risk a state is willing to tolerate</td>
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Our Website: http://ccf.georgetown.edu/

Say Ahhh! Our child health policy blog:
http://www.ccf.georgetown.edu/blog
Streamlining Renewals

Coordinating Medicaid and SNAP Renewals to Reduce Churn

Jennifer H. Wagner
Renewal Policy - SNAP

- Households must sign and return renewal form – considered new application

- Most households must complete an interview every 12 months

**Households with non-elderly/non-disabled adult**
- 6-month certification period
- 12-month certification period with interim/periodic report at 6 months

**Households in which all adult members are elderly/disabled**
- 12-month certification period
- 24-month certification period with 12 month interim/periodic report
- Elderly Simplified Application Project (ESAP) – allows for 36-month certification period

**Special populations (i.e. ABAWDs) may have shorter certification periods**
Program Overlap (Expansion States)

98% Of Non-Seniors Eligible For SNAP Are Eligible For Medicaid

63% Of Non-Seniors Eligible For Medicaid Are Eligible For SNAP

= eligible only for one program

Coordinating SNAP and Medicaid Renewals

• Used to be straight-forward
  • Synchronize certification periods
  • Send one form, require that participants sign and return, process for both programs

• Complications
  • Medicaid requires *ex parte* review
  • MAGI rules
  • New eligibility systems

• GOAL – Reduce *procedural* denials
Consequences of No Coordination

SNAP and Medicaid Renewal Process Without Coordination

**Month 1**
Household applies for and is approved for SNAP and Medicaid.

**Month 5**
Household receives SNAP redetermination notice that it must complete and return with verification of income.

**Month 10**
Household receives Medicaid renewal information, indicating it must return the form with verification of income.

**Month 11**
Household receives SNAP renewal notice that it must complete and return with verification of income.
Opportunities for Coordination

1. Using SNAP Income Data for Medicaid Renewals
   - SNAP due, Medicaid not due
   - Medicaid due

2. Aligning the Renewal Process when SNAP and Medicaid are due at the Same Time
   - SNAP and Medicaid due

3. Streamlined Enrollment
   - Medicaid due

4. Express Lane Eligibility (ELE)
   - Medicaid due
1. Using SNAP Income Data for Medicaid Renewals

SNAP due, Medicaid not due
Medicaid due

• “Push forward” Medicaid when completing SNAP renewal
  • Allowable under ACA regulations!
  • Some system/workforce integration required
  • Can be manual or automated
  • Consider structure of interim report
  • Add Medicaid questions to SNAP recertification form

• When Medicaid due, use SNAP income data to complete *ex parte* renewal
  • Treat as data source, like SSA or wage data
  • Can be automated or manual look-up

❖ Using *income data from SNAP* to renew Medicaid
Example – Medicaid Questions Added to SNAP Recertification Form

Please answer the below three questions for persons listed on the application who receive a Healthcare and Family Services medical card.

1. Will anyone file a Federal Tax Return next year?  ☐ Yes  ☐ No  
   If yes, answer “a” and “b.”
   a. List the name of each tax filer and their spouse if filing jointly

b. Will this person(s) claim tax dependents?  ☐ Yes  ☐ No  
   If yes, list name of tax filer(s) and their dependents

2. Will anyone not already listed in the line above be claimed as a dependent on someone else’s tax return?  ☐ Yes  ☐ No  
   If yes, list the name of the dependent(s), and the tax filer who is claiming them

3. Does anyone pay alimony, student loan interest, or other expenses that may be claimed on a federal income tax return?  ☐ Yes  ☐ No  
   If yes, list the type of deduction(s), who pays it, amount, and how often paid

Please answer the following two questions and return with your application. Your responses to these questions are voluntary and will not affect your eligibility for benefits.

Are you Hispanic or Latino?  ☐ Yes  ☐ No

What is your race?  (Check all that apply)
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
2. Aligning the Renewal Process when Medicaid and SNAP are Due at the Same Time

**Option 1 – Medicaid drives process**
State attempts *ex parte* review for Medicaid first.
- If successful, send form informing participant Medicaid is renewed, complete and return form for SNAP.
- If not successful, send instructions to complete and return form for both Medicaid and SNAP.

**Option 2 – SNAP drives process**
State attempts SNAP renewal first.
- If successful, renew Medicaid along with SNAP.
- If not successful, SNAP ends and state attempts *ex parte* Medicaid renewal.
Process Flow for Medicaid-Driven Coordinated Renewal of Medicaid and SNAP

SNAP and Medicaid renewals due

Attempt *ex parte* Medicaid renewal

Successfully completed?

- **yes**
  - Send notice informing participant Medicaid is renewed, but SNAP renewal is due
  - SNAP form returned?
    - **yes**
      - Renew SNAP and update Medicaid case as appropriate
    - **no**
      - SNAP case ends, Medicaid continues

- **no**
  - Send notice informing participant he or she must return SNAP/Medicaid pre-populated renewal form to continue receiving benefits
  - Form returned?
    - **yes**
      - Redetermine SNAP and Medicaid eligibility as appropriate
    - **no**
      - SNAP and Medicaid cases end
3. Streamlined Enrollment

Medicaid due

• “Strategy 3”
  • Certify or renew household based on enrollment in SNAP
  • Temporary option in connection with ACA transition
  • Requires full MAGI determination within 12 months

• State Plan Option
  • Guidance released August 2015
  • Certify or renew certain subset of households based on enrollment in SNAP
  • Permanent option
  • Can be used for renewals on an ongoing basis
4. Express Lane Eligibility

Medicaid due

• Certify or renew **children** based on enrollment in SNAP (or other program, such as TANF)
• Some states have expanded to adults through 1115 waiver
• Can be used for “early” Medicaid renewal
• May require some tailoring in states with expanded gross income limits for SNAP
• Ideal for states with minimal integration
  • SNAP/TANF agency produces monthly list of enrollees
  • Medicaid agency checks children due for renewal against list, automatically renews if match found
Which Option(s) Fits Your State?

SNAP  Medicaid

SNAP  Medicaid

SNAP  Medicaid
Example 1 – Integrated State
State has integrated eligibility system and workforce.

<table>
<thead>
<tr>
<th>SNAP due, Medicaid not due</th>
<th>Medicaid due, SNAP not due</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Check data sources at interim report</td>
<td>- Conduct <em>ex parte</em> renewal using income data from SNAP</td>
</tr>
<tr>
<td>- Push forward Medicaid at SNAP renewals</td>
<td>- (Should be rare if state pushes forward Medicaid with SNAP recertification)</td>
</tr>
<tr>
<td>- Include Medicaid questions on SNAP form</td>
<td></td>
</tr>
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</table>

**SNAP and Medicaid due**
- Attempt *ex parte* Medicaid renewal
- Sent appropriate instructions based on result
Example 2 – Minimal Integration

SNAP and Medicaid are in different eligibility systems and administered by different workers

<table>
<thead>
<tr>
<th>Medicaid due</th>
<th>SNAP and Medicaid due</th>
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<tbody>
<tr>
<td>2. Automatically renew children on SNAP using Express Lane Eligibility</td>
<td>2. Share renewal forms</td>
</tr>
<tr>
<td>3. Automatically renew a subset of SNAP recipients using state plan option</td>
<td>3. Share verification documents</td>
</tr>
</tbody>
</table>
What’s Next?

- What metrics are available around renewals/churn?
  - Produced
  - Publicized
  - Used by state/county staff

- What is the current process?
  - Policy
  - Operations

- Make the case
  - Not saving money – people come back
  - Leads to significant increase in workload ($80/case)
Making the Case

Some people just don’t respond to notices. Nothing I can do about that.

There are many things within state’s control.

• Was the notice clear?
• Did they receive the notice?
• Could they have been notified/reminded in a better way?
• Should they have been required to send something in?

We have coordinated renewals – our certification periods are aligned.

Nope. ACA changed things, and now just sending out one form for both programs doesn’t cut it.

But it’s OK! There are good options available.
Making the Case

I don’t have enough staff to chase people down.

Not what we are asking for - these efficiencies will help reduce workload.

We’ve stopped losing paperwork, so we’ve done our part.

This is all about getting more people on benefits.

Nope. It’s about keeping eligible people on. And it’s about reducing work for your staff.

There is much more you can do!
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