



## **Churn Toolkit: Success Stories**

### **Closing the Loop on Children's Coverage**

Churn is a difficult problem to solve, and as long as we have a fragmented health insurance landscape with multiple payers, some amount of churn will be inevitable. In the face of this challenge, several states have made strides to reduce the burden of churn on families, plans, providers, and state agencies. Some of these stories, though by no means an exhaustive list, are shared below.

### **Simplifying eligibility determination and redetermination**

**Louisiana:** In 2000, Louisiana identified renewals as a key problem area with regard to Medicaid and CHIP enrollment: the number of children losing coverage at renewal (mostly for procedural reasons) exceeded the number of new children being enrolled. In 2001, the state implemented a policy to conduct ex parte renewals—administrative renewals based on data the state already has in other databases—for all children enrolled in SNAP. By 2003, 57 percent of Medicaid renewals took place using this method, greatly contributing to the state's significant enrollment growth between 2001 and 2005. In 2010, the state moved beyond this policy to implement express lane eligibility in its Medicaid program, further reducing the number of uninsured children.<sup>1</sup>

**Ohio:** Since 2010, Ohio has been actively engaged in the [Connecting Kids to Coverage Challenge](#), aimed at enrolling and retaining all children in insurance programs including Medicaid and CHIP. The state's efforts have included implementing express lane eligibility, using the same application and renewal forms across Medicaid and CHIP, and conducting administrative verification for renewals.<sup>2</sup> These policies, in concert with additional outreach and application simplification steps, have reduced the number of uninsured children in Ohio by at least 20,000, as of 2012.<sup>3</sup>

### **Eliminating premiums**

**Kentucky:** Beginning in 2008, Kentucky undertook several steps to improve enrollment and retention in Medicaid and KCHIP (the state's CHIP program) through changes to the application and redetermination processes, and in 2010 the state eliminated the \$20 per family per month premium it had implemented in 2003. This policy, in combination with other efforts to reach uninsured children and reduce the burden on families renewing coverage, helped to increase the net number of children in Medicaid and KCHIP by 70,000 over four years.<sup>4</sup>

**Rhode Island:** In 2002, Rhode Island imposed both a premium for families in RItE Care (the state's Medicaid program) with incomes more than 150 percent of the federal poverty level and a

premium lock-out period of four months for families that missed two consecutive premium payments. Each month, 18 percent of families subject to premiums incurred a lock-out, with half becoming uninsured.<sup>5</sup> In 2013, advocates were successful in convincing the state to eliminate Rite Care premiums for children.

This document is part of a toolkit on churn. Visit [this page](#) for more information and resources.

**Authored by,  
KATE LEWANDOWSKI, SENIOR POLICY ANALYST**

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<sup>1</sup> Kennedy, JR. "Medicaid and CHIP Enrollment Strategies in Louisiana." Louisiana Department of Health and Hospitals. Presentation at MACPAC (February 2014). [www.macpac.gov/home/meetings/february-2014-public-meeting-materials/2014FebruarySession3b.pdf?attredirects=0&d=1](http://www.macpac.gov/home/meetings/february-2014-public-meeting-materials/2014FebruarySession3b.pdf?attredirects=0&d=1)

<sup>2</sup> "Ohio to Receive \$10.8 Million Bonus for Children's Health Program." Ohio Capitol Connection. (6 January 2014). [www.hannah.com/DesktopDefaultPublic.aspx?type=hns&id=195051](http://www.hannah.com/DesktopDefaultPublic.aspx?type=hns&id=195051)

<sup>3</sup> Mancini, T. and J. Alker. "Children's Health Coverage on the Eve of the Affordable Care Act." Georgetown Center for Children and Families. (November 2013). <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

<sup>4</sup> Lee, L. "Kentucky Department for Medicaid Services." Presentation at MACPAC (February 2014). [www.macpac.gov/home/meetings/february-2014-public-meeting-materials/2014FebruarySession3c.pdf?attredirects=0&d=1](http://www.macpac.gov/home/meetings/february-2014-public-meeting-materials/2014FebruarySession3c.pdf?attredirects=0&d=1)

<sup>5</sup> Artiga, S. and M. O'Malley. "Increasing Premiums and Cost Sharing in Medicaid and SCHIP: Recent State Experiences." Kaiser Family Foundation. (May 2005). <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/increasing-premiums-and-cost-sharing-in-medicaid-and-schip-recent-state-experiences-issue-paper.pdf>