BACKGROUND AND PURPOSE

One of the focuses of the Covering Kids and Families (CKF) program is on improving retention of eligible children and families in Medicaid and the State Children’s Health Insurance Program (SCHIP). CKF grantees and policymakers increased their focus on retention as SCHIP matured and retention became as important as new enrollment. Moreover, when state budgets tightened in the recession that began in 2001, and as a result states spent less on outreach, and some states capped new SCHIP enrollment, CKF grantees increased their focus on keeping eligible children covered.

Renewal in SCHIP has been widely discussed, although reported rates of SCHIP renewal have been difficult to interpret because ineligible children who leave SCHIP are often included in renewal rates.\(^1\) (Children are no longer eligible because, for example, they have reached the age of 19, their family income now exceeds the eligibility level, or they have moved out of state.) Moreover, renewal rates also vary based on the complexity of the renewal process and on the level of family awareness concerning their need to take action to keep their child covered. Also, renewal rates are likely to differ across states for economic reasons unrelated to the simplicity of renewal process.

Varied retention rates have been reported. For example, Allison et al. (2003) reported that among children in three states who had been in SCHIP for at least 4 months, 70 percent stayed in for 12 months, while Moreno and Black (2005) showed that in 10 states, 59 percent of recent SCHIP enrollees stayed in the program for at least 12 months.

\(^{1}\)An accurate renewal rate would be calculated as the number of children renewing divided by the number of children eligible to renew.
CKF and Improved Enrollee Retention: Grantee and State Views on CKF Effectiveness

This highlight memo, drawing on telephone surveys in July 2005, discusses what state officials and state grantees in 46 states with a CKF grant think about CKF’s role in improving renewal policies and procedures.²

What Has the Covering Kids and Families National Program Office Done to Focus on Retention?

The CKF National Program Office (NPO) helped grantees to promote retention through improved renewal policies and procedures. The NPO has followed several strategies to focus grantees on retention, of which the two most specific are:

1. **Two year-long learning collaboratives.** The two learning collaboratives involved grantees and many state and local officials in a 12-month process in which they defined the barriers to renewal, pilot-tested process improvements, and extended successful pilot tests to larger areas (in some cases adopting improvements statewide). A total of 21 states participated in the two learning collaboratives, 14 in the first and 14 in the second (7 states participated in both).

2. **A National Technical Assistance Conference Call entitled “Successful Renewal Strategies.”** The June 2005 telephone conference call, which was open to all grantees, provided a forum for states to learn about successful Medicaid and SCHIP renewal strategies and to discuss opportunities and challenges grantees faced in replicating such strategies.³

Summary

- Improving retention and renewal policy and procedures is recognized as a key CKF goal by both grantees and state officials.

- Two-thirds of state officials and grantees perceive that CKF has had an effect on improving renewal and retention procedures.

- Areas of change include simplifying renewal processes and materials, reminding families to renew, introducing passive renewal, and extending the eligibility period.

- In two-thirds of the states, state officials considered the changes brought about with CKF help to be permanent.

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² Appendix A shows the relevant questions in the telephone survey administered to CKF grantees and state officials in 46 states in the summer of 2005.

³ The CKF National Program Office National Technical Assistance Conference Call on Successful Renewal Strategies was held on Tuesday, June 28, 2005 at 2:30 p.m. (EDT). Conference presenters included Ann Bacharach, CKF Project Director for Pennsylvania, and Ruth Kennedy, Medicaid Deputy Director for Louisiana.
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- In two-thirds of the states, grantees and officials had the same opinion about the effectiveness of CKF in bringing about change in renewal or retention policies and procedures (48 percent agreed that CKF had had an effect and 17 percent agreed that CKF had had no effect).

Retention and Renewal Activities of State Grantees

All but one of the 46 state CKF grantees indicated that retention and renewal was a policy area that they had tried to influence (98 percent). Moreover, in 21 states (46 percent), grantees said retention was the most, second-most or third-most important policy or procedural area that their work most directly impacted. (Ten grantees [22 percent] said retention and renewal was the area with the most important such change (Table 1). An additional 9 grantees, when prompted to think about the topic, mentioned renewal or retention as an area that CKF had affected. Thus, in all, 30 grantees or nearly two-thirds, indicated renewal as an area in which CKF had had an effect.4

Table 1: State Grantees Rating of Retention and Renewal as an Important Activity

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number</th>
<th>Percent^a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention/renewal was a policy area grantee tried to influence</td>
<td>45</td>
<td>98%</td>
</tr>
<tr>
<td>Retention/renewal was the <strong>most important</strong> policy or procedural change</td>
<td>10</td>
<td>22%</td>
</tr>
<tr>
<td>that CKF’s work most directly impacted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention/renewal was the **most important, second-most, or third-most</td>
<td>21</td>
<td>46%</td>
</tr>
<tr>
<td>important** policy or procedural change that CKF’s work most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>directly impacted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Even though retention/renewal was not mentioned as one of the top four</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td>policy or procedural areas, grantees did mention effects in this area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


^a As a percentage of 46 grantees.

Grantees described the following types of changes to the retention and renewal process that their efforts had affected:

- Simpler renewal processes, through such changes as shorter forms, alignment of SCHIP and Medicaid processes, introduction or reinstatement of mail-in renewal, and allowing renewal to be done at community-based enrollment centers or by telephone

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4 We coded all answers to questions 4, 10, and 16 as renewal (or other) codes. Respondents often listed a variety of activities and goals in their responses. For this memo, every response indicative of renewal was coded as renewal. By contrast, in Morgan et al. (2005), which summarized all the areas of CKF effect, renewal was coded only if it was the “principal” response to the three questions. Therefore, this memo reports a higher rate of renewal activities than does the Morgan report.
CKF and Improved Enrollee Retention: Grantee and State Views on CKF Effectiveness

- New processes for notifying families that it is time to renew
- “Passive renewal” introduced under which families need to take action only if their circumstances change; otherwise they are considered eligible
- Extended eligibility periods—for example, increases from 6 to 12 months—that reduce the number of times eligible families have to renew coverage

Grantees indicated that these changes resulted from a variety of activities:

- Their coalitions set renewal as a priority.
- Working groups, task forces, and joint committees spent time on renewal, for example, gathering data, writing reports, and presenting the state with evidence on barriers to renewal.
- They maintained open communications with the state.
- They amassed ideas and enthusiasm for change by participating in the process improvement collaborative.

Of the 21 grantees rating retention/renewal as one of the top three areas where CKF directly affected policy or procedural changes, 71 percent thought the changes would not have taken place without CKF involvement, and most who said it would have happened without CKF thought it would have taken longer (data not shown). And finally, 71 percent of the grantees thought these changes would be permanent (Table 2).⁵

<table>
<thead>
<tr>
<th>Table 2: Role of CKF and Permanence of Change: Views of 21 State CKF Grantees Naming Retention as Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>The changes would not have occurred without CKF^a</td>
</tr>
<tr>
<td>The change was permanent^a</td>
</tr>
</tbody>
</table>


^aChanges include most important, second-most important, and third-most important policy or procedural changes.

^bAs a percentage of 21 state grantees who rated retention or renewal as one of the top three priority areas.

⁵The grantees (and state officials) were asked, “Do you view these changes as permanent, meaning you think the change will likely endure for the long term, or temporary, meaning you think the change is not likely to endure for the long term?”
Grantees in 14 states participated in the first process improvement collaborative. We asked them about retention process changes they had undertaken as a result of their participation in the collaborative. Thirteen of the grantees said they had pilot-tested retention process changes that included those listed in Table 3.

### Table 3: Process Improvements Resulting from the First Learning Collaborative

<table>
<thead>
<tr>
<th>Type of Improvement</th>
<th>Number of Grantees Testing This Type of Improvement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved mailings</td>
<td>9</td>
</tr>
<tr>
<td>Simplified renewal processes</td>
<td>5</td>
</tr>
<tr>
<td>Telephone reminders</td>
<td>4</td>
</tr>
<tr>
<td>Accepting telephone renewals</td>
<td>2</td>
</tr>
<tr>
<td>Updating of addresses</td>
<td>2</td>
</tr>
</tbody>
</table>


Note: Fourteen grantees took part in the first process improvement collaborative and 13 of them provided responses to the question “Can you briefly describe the three pilot-tested practices that you consider most promising?”

The purpose of the learning collaborative is to test changes and extend to more sites the ones found effective and eventually to implement changes across the state. Six participating grantees had extended pilot-tested process changes beyond the pilot sites, and four said they had extended them statewide. However, two said they had not extended any pilot-tested changes (and two provided no information).

### Views of State Officials on Retention Activities of CKF Grantees

State officials recognized that CKF had tried to influence retention and renewal policy. Fifty-nine of the 65 state officials responding to the survey (91 percent) said that this was a policy area CKF was trying to influence. (Across the 46 states, at least one official in all 46 states, or 100 percent, reported that CKF was trying to affect retention policy.)

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6Thus there was one state in which the grantee did not say they were trying to influence retention and renewal policy but the state officials said they were.
CKF and Improved Enrollee Retention: Grantee and State Views on CKF Effectiveness

A similar proportion of state officials as state grantees thought that retention and renewal policy was either the most important or one of the three most important policy areas that CKF had been effective in changing. Seventeen of 65 (26 percent) said it was the most important, and 28 of 65 (43 percent) said it was one of the three most important policy areas CKF had affected (Table 4). In addition, we asked state officials who had not mentioned renewal or retention as a top CKF policy or procedural area whether CKF activities had had any effects in this area. When prompted, an additional 8 officials (12 percent) indicated that CKF had had an effect on renewal or retention.

Based on pooled responses of state officials in a given state, a slightly higher proportion of states than state officials thought that retention and renewal policy was the area of most effect (34 percent) or one of the top three policy areas CKF affected (54 percent). Eight state officials who had not mentioned renewal or retention as a top CKF policy or procedural area but who indicated (when asked) that CKF had affected renewal or retention, were drawn from an additional 5 states (15 percent). Thus, in about two-thirds of states at least one official considered CKF to have influenced retention or renewal policies or procedures.

Table 4: State Officials Rating of Retention and Renewal as an Important Activity Area

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number of Officials</th>
<th>Percent&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Number of States</th>
<th>Percent&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention/renewal was a policy area grantee tried to influence</td>
<td>59</td>
<td>91%</td>
<td>46</td>
<td>100%</td>
</tr>
<tr>
<td>Retention/renewal was the most important policy or procedural change that CKF’s work most directly impacted</td>
<td>17</td>
<td>26%</td>
<td>16</td>
<td>34%</td>
</tr>
<tr>
<td>Retention/renewal was the most important, second-most or third-most important policy or procedural change that CKF’s work most directly impacted</td>
<td>28</td>
<td>43%</td>
<td>25</td>
<td>54%</td>
</tr>
<tr>
<td>Even though retention or renewal was not mentioned as one of the top three policy or procedural areas that CKF affected, state official did mention CKF effects in this area</td>
<td>8</td>
<td>12%</td>
<td>5</td>
<td>15%</td>
</tr>
</tbody>
</table>


<sup>a</sup>As a percentage of 65 state officials.

<sup>b</sup>As a percentage of 46 states.

<sup>7</sup>If either state official reported that renewal or retention was an area of effect or one of the top three CKF priority areas, we counted the state as indicating these responses.
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The state officials were less likely than grantees to think CKF’s role was critical in making the changes, but only a little less likely to think that the changes were permanent. Only 46 percent of them thought the changes would not have taken place without CKF involvement (compared to 71 percent of grantees; Table 5), although another 39 percent said it would have happened without CKF, but more slowly (data not shown). And finally, 64 percent of the state officials (compared to 71 percent of the grantees) thought these changes would be permanent.

Table 5: Role of CKF and Permanence of Change: Views of 28 State Officials Naming Retention as Important

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number of Officials</th>
<th>Percent</th>
<th>Number of States</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The change would not have occurred without CKF</td>
<td>13</td>
<td>46% a</td>
<td>13</td>
<td>28% b</td>
</tr>
<tr>
<td>The change was permanent</td>
<td>18</td>
<td>64% a</td>
<td>16</td>
<td>64% b</td>
</tr>
</tbody>
</table>


Note: The changes include most important, second most important and third most important changes.

a As a percentage of the 28 officials who reported that retention or renewal was one of the top three areas of policy or procedural change that CKF had affected.

b As a percentage of the 25 states where one or more of the state officials reported that retention or renewal was one of the top three areas of policy or procedural change that CKF had affected.

Agreement of State Officials and Grantees, by State

As we have seen, most grantees and state officials recognized that increasing retention through improved renewal practices was an important CKF goal, and many of them viewed CKF activities as effective and permanent. But do state officials and grantees in the same state agree about CKF effectiveness? Yes, in two-thirds of the states.

In 30 of the 46 states with a CKF grant (65 percent), the grantee and officials agreed about CKF effects on renewal or retention policy and procedures. In 8 states (17 percent), none thought that CKF had affected renewal or retention policy, and in 22 states (48 percent) both thought CKF had affected renewal and retention policy and procedures. Both a grantee and a state official (1) reported that retention or renewal was one of the top three policy or procedural changes that CKF had directly affected or (2) when prompted, mentioned that renewal was an area CKF had had an effect on (see Table 6). Among the 22 states where both state officials and the grantee agreed that CKF had affected renewal, the specific aspect of renewal they described was exactly the same in 12 states (data not shown).

In an additional 16 states, either the state officials (8) or the CKF grantee (8), but not both, mentioned that CKF had affected renewal and retention.
Table 6: Distribution of Beliefs About CKF Effects on Renewal and Retention Policies and Procedures

<table>
<thead>
<tr>
<th>Belief That CKF Had Had an Effect on Renewal or Retention Policy Held by:</th>
<th>Number of States</th>
<th>Percent of States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neither Grantee nor State Official</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Grantee Only</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Both State Official and Grantee</td>
<td>22</td>
<td>48%</td>
</tr>
<tr>
<td>State Officials Only</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Total Number of States with Grantees</td>
<td>46</td>
<td>100%</td>
</tr>
</tbody>
</table>


Conclusions

Improving retention and renewal policy and procedures is recognized as a key CKF goal by both grantees and state officials. More than 90 percent of state grantees and state officials said that CKF had tried to improve retention or the renewal process (second only to “helping make enrollment easier” as an area of CKF activity).

Two-thirds of state officials and grantees perceive that CKF has had an effect on improving renewal and retention procedures. Although fewer than half the state grantees and state officials interviewed thought that CKF grantees’ attempts to improve retention were among the three most important policy or procedural changes that CKF had directly affected, additional grantees and state officials, when prompted to consider the question, indicated that CKF had had an effect on renewal or retention. Forty-two percent of state officials said that it was the most important, second-most important, or third-most important policy or procedural change that CKF had affected. Adding in the officials who agreed that CKF had affected renewal and retention yields officials in two-thirds of the states perceiving CKF effects on renewal or retention policies or procedures.

Areas of change include simplifying renewal processes and materials, reminding families to renew, introducing passive renewal, and extending the eligibility period.

In two-thirds of the states, state officials considered the changes brought about with CKF help to be permanent. In the 25 states where state officials said that retention was the most important, second-most important, or third-most important area of policy or procedural change, two-thirds of them (compared with 71 percent of the grantees) saw the changes as permanent.

In two-thirds of the states, grantees and officials had the same opinion about the effectiveness of CKF at bringing about change in renewal or retention policies and procedures. In 22 states (48 percent) both officials and grantees agreed that CKF had been effective, and in 8 of those states (17 percent), both agreed that CKF had had no effect. Moreover, in 12 of the 22 states where state officials and grantees agreed that CKF had been effective, grantees and state officials described the same activities that CKF had either been involved in or had had some effect on.
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REFERENCES


APPENDIX A: GRANTEE TELEPHONE INTERVIEW PROTOCOL

Q1. First, I want to get a broad sense of the different policy areas CKF tried to influence.

I’m going to read you a list of potential changes in the Medicaid or SCHIP programs, and I want you to tell me if CKF tried to influence policy in that area.
(Interviewer reads list of responses and circles all that apply)

1. Creating joint application for Medicaid and SCHIP
2. Creating a shortened application for Medicaid or SCHIP
3. Helping to expand eligibility rules
4. Helping to limit cuts in eligibility
5. Helping to make enrollment easier
6. Improving the re-enrollment or renewal process
7. Other policy areas we did not mention but that CKF impacted--If so, describe:
READ RESPONSE 8 ONLY IF NO RESPONSES ABOVE CIRCLED:
8. CKF had no policy influence

Q4. Now I want to understand more about the three most important policy or procedural changes that, in your view, CKF was able to DIRECTLY impact through its work.
Can you describe the most important policy or procedural change that your work most directly impacted?

Q6. We want to try to understand the significance of this change.
On a scale of 1 to 10, with 1 being that the policy change had no effect on the number of children and parents enrolled in public health insurance programs, and 10 being that the policy change had a critical effect on the number of children and parents enrolled in public health insurance programs, how would you rate the impact of this change?

Q8. Do you think that the changes made would have occurred anyway, without CKF working on this issue, would have occurred without CKF but would have occurred more slowly, or was CKF vital to securing these changes?

Q9. Do you view these changes as permanent, meaning you think the change will likely endure for the long term, or temporary, meaning you think the change is not likely to endure for the long term?

Q10. Can you describe the second-most important key policy or procedural change that your CKF project directly impacted?

Q12. We want to try to understand the significance of this change.
On a scale of 1 to 10, with 1 being that the policy change had no effect on the number of children and parents enrolled in public health insurance programs, and 10 being that the policy change had a critical effect on the number of children and parents enrolled in public health insurance programs, how would you rate the impact of this change?

Q14. Do you think that the changes made would have occurred anyway, without CKF working on this issue, would have occurred without CKF but would have occurred more slowly, or was CKF vital to securing these changes?

Q15. Do you view these changes as permanent, meaning you think the change will likely endure for the long term, or temporary, meaning you think the change is not likely to endure for the long term?

Q16. Can you describe the third most important key policy or procedural change that CKF directly impacted?
Q18. We want to try to understand the significance of this change.

On a scale of 1 to 10, with 1 being that the policy change had no effect on the number of children and parents enrolled in public health insurance programs, and 10 being that the policy change had a critical effect on the number of children and parents enrolled in public health insurance programs, how would you rate the impact of this change?

Q20. Do you think that the changes made would have occurred anyway, without CKF working on this issue, would have occurred without CKF but would have occurred more slowly, or was CKF vital to securing these changes?

Q21. Do you view these changes as permanent, meaning you think the change will likely endure for the long term, or temporary, meaning you think the change is not likely to endure for the long term?

Q22. Interviewers: read this question only if it applies re: enrollment, re-enrollment, eligibility:

For those not naming any key policies/procedures in Q. 4 but who said CKF tried to affect at least some policies in Q. 1:
While you did not name any key policies or procedures CKF directly affected, did CKF have any effect or play any part in any enrollment, re-enrollment, or renewal/retention policies or procedures?

Q23. Can you describe CKF’s effects in (this area/these areas) for me?

FOR LEARNING COLLABORATIVE GRANTEE PARTICIPANTS ONLY:

Q24. Based on your work in the Learning Collaborative, did you pilot test any process changes focused on retention?

Q25. How many?

Q26. Have you expanded any of this work beyond a pilot site or even statewide at this point?

The State Official Telephone interview protocol was very similar to the grantee protocol, except that it did not ask Questions 24, 25 or 26.