

# Action Projects Using Data



So what can advocates do with the Medicaid data available in states? There are several different kinds of data projects that can assist you in drawing attention to the problems in Medicaid enrollment in your state and to the solutions you want to achieve. While personal stories are important for any Medicaid enrollment campaign, numbers can be the definitive evidence of a problem with Medicaid eligibility systems. We've listed here some ideas about how to use data to support Medicaid campaigns.

### Project #1

#### **ENROLLMENT DATA**

Getting an idea of what has been happening to the size of the overall caseload and to different groups of people receiving Medicaid since welfare reform began is a good first step in uncovering the scope of a problem with Medicaid. (See “A Closer Look: About Medicaid Data” in this kit for more information.)

### Project #2

#### **APPLICATION DATA**

In addition to looking at the number of people eligible for Medicaid over time, another good strategy could be looking at the number of applications filed versus approvals and denials over time. If your state is conducting a diversion program for welfare and you think it is affecting Medicaid, it could also be helpful to compare the number of Medicaid applications filed to the number withdrawn over a period of time.

### Project #3

#### **DENIAL AND TERMINATION DATA**

##### **Reason codes**

Some advocates have found it useful to examine application denials to see if their state is wrongfully denying Medicaid to eligible families or individuals. When a family applies for Medicaid and is denied, eligibility workers enter a “reason code” that explains why the family was not eligible. If you can get these records from the state (they may be more difficult to get in some states), you can look to see if there is a particular reason code that comes up frequently, which may indicate a problem. If the reason is overwhelmingly “other,” you could try to get your state to keep better records or argue that the state doesn't really have enough evidence to have terminated all of those people from Medicaid. If the reason is “ineligible for welfare,” then you know that families are not being screened for Medicaid independently of welfare on joint applications, and you can do a campaign to get your state to properly de-link welfare and Medicaid. If the reason is “voluntarily withdrew,” you can encourage your state to do more education with families about how Medicaid is different from welfare or urge the state to amend the way voluntary withdrawals are handled.

This same procedure could be used to look at Medicaid case closures for families who had been receiving both Medicaid and welfare. If the reason for case closures is “voluntary closure,” you can encourage your state to make sure that if families ask to have their welfare case closed, their Medicaid case is not being automatically closed at the same time, and ask your state to make sure consumers know that welfare requirements (e.g., time limits and work requirements) do not apply to Medicaid. If the reason is “failed to complete redetermination,” you could encourage your state to simplify the redetermination process and ease requirements about the frequency of redeterminations.

#### **Transitional Medicaid**

Another helpful analysis could be looking at Transitional Medicaid participation over time. If families moving from welfare to work are earning too much to maintain Medicaid eligibility, they should be receiving Transitional Medicaid; several studies have shown that very few people receive Transitional Medicaid, however. Getting data for your state could be a good start to getting this problem addressed. Advocates in Pennsylvania, Maryland, and Florida found that many families leaving welfare had not received Transitional Medicaid since 1996, and they took steps to require the state to provide coverage retroactively and to change their procedures for providing Transitional Medicaid. Only a few states keep data on Transitional Medicaid participation, so one effort you may need to undertake is urging the state to start tracking Transitional Medicaid enrollment.