

The Return of Churn: State Paperwork Barriers Caused More Than 1.5 Million Low-Income People to Lose Their Medicaid Coverage in 2018

Enrollment in Medicaid and the Children’s Health Insurance Program decreased dramatically in 2018.¹ Between December 2017 and December 2018, total enrollment in Medicaid and CHIP decreased by about 1.6 million enrollees.² Of those 1.6 million people no longer enrolled, 744,000 were children.³

This decline is profoundly concerning and cannot be explained by any change in the underlying economy. As described below, there is strong evidence that a driving factor is state policy decisions to engage in punitive annual (or even monthly) eligibility redetermination processes in which large percentages of Medicaid enrollees lose coverage. These states have made a discretionary decision to default to taking away coverage from people. Eligibility redetermination enrollment losses—often called enrollment “churn” in health policy and politics—are an old problem in Medicaid, but a problem that should have been greatly reduced by the Affordable Care Act (ACA). Federal law and regulations put in place by the ACA likely prohibit many of the processes described in this report. They represent a failure of state policy and of federal oversight.

Churn may sound harmless, but it poses profound risks to health and financial security when low-income people lose their health insurance because of bureaucratic process.

What Is Causing the Decline in Enrollment?

First, it’s important to understand that the drop in Medicaid enrollment in 2018 varied greatly from state to state. This is a strong indicator that state policy choices drove the declines. Table 1 shows the change in enrollment from December 2017 to December 2018 for all 50 states and the District of Columbia.

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Table 1: the change in enrollment from December 2017 to December 2018 for all 50 states and the District of Columbia.

State	Total Medicaid and CHIP Enrollment, December 2017 (Preliminary)	Total Medicaid and CHIP Enrollment, December 2018 (Preliminary)	Change in Number of Enrollees, December 2017 to December 2018	Percentage Change, December 2017 to December 2018
Alabama	889,658	895,475	5,817	0.7%
Alaska	200,185	211,912	11,727	5.9%
Arizona	1,716,236	1,700,470	-15,766	-0.9%
Arkansas	902,279	836,534	-65,745	-7.3%
California	12,096,392	11,822,272	-274,120	-2.3%
Colorado	1,357,645	1,305,951	-51,694	-3.8%
Connecticut	836,906	855,943	19,037	2.3%
Delaware	247,948	248,964	1,016	0.4%
District of	264,016	259,243	-4,773	-1.8%
Florida	4,297,880	4,207,568	-90,312	-2.1%
Georgia	1,769,234	1,775,639	6,405	0.4%
Hawaii	346,587	330,845	-15,742	-4.5%
Idaho	295,591	279,575	-16,016	-5.4%
Illinois	3,042,715	2,829,720	-212,995	-7.0%
Indiana	1,465,662	1,438,852	-26,810	-1.8%
Iowa	659,064	682,344	23,280	3.5%
Kansas	389,441	389,535	94	0.0%
Kentucky	1,272,976	1,222,239	-50,737	-4.0%
Louisiana	1,455,541	1,449,085	-6,456	-0.4%
Maine	261,163	256,900	-4,263	-1.6%
Maryland	1,305,442	1,300,503	-4,939	-0.4%
Massachusetts	1,668,763	1,578,119	-90,644	-5.4%
Michigan	2,338,919	2,313,223	-25,696	-1.1%
Minnesota	1,060,478	1,043,936	-16,542	-1.6%
Mississippi	663,645	631,834	-31,811	-4.8%
Missouri	957,642	888,597	-69,045	-7.2%

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Montana	271,283	276,119	4,836	1.8%
Nebraska	242,321	242,529	208	0.1%
Nevada	638,420	636,208	-2,212	-0.3%
New Hampshire	185,663	180,324	-5,339	-2.9%
New Jersey	1,745,461	1,702,340	-43,121	-2.5%
New Mexico	743,780	728,327	-15,453	-2.1%
New York	6,472,095	6,522,131	50,036	0.8%
North Carolina	2,043,322	2,035,691	-7,631	-0.4%
North Dakota	93,983	91,072	-2,911	-3.1%
Ohio	2,810,319	2,651,092	-159,227	-5.7%
Oklahoma	780,488	774,952	-5,536	-0.7%
Oregon	964,704	966,801	2,097	0.2%
Pennsylvania	2,970,369	2,939,108	-31,261	-1.1%
Rhode Island	312,705	310,392	-2,313	-0.7%
South Carolina	1,009,409	1,021,579	12,170	1.2%
South Dakota	118,085	116,290	-1,795	-1.5%
Tennessee	1,539,743	1,391,147	-148,596	-9.7%
Texas	4,446,935	4,282,676	-164,259	-3.7%
Utah	299,556	284,990	-14,566	-4.9%
Vermont	162,593	159,238	-3,355	-2.1%
Virginia	1,014,833	1,039,484	24,651	2.4%
Washington	1,775,327	1,739,111	-36,216	-2.0%
West Virginia	549,678	532,144	-17,534	-3.2%
Wisconsin	1,034,480	1,020,034	-14,446	-1.4%
Wyoming	60,042	56,471	-3,571	-5.9%
United States	74,047,602	72,455,528	-1592074	-2.2%

One clear factor in many of the states with the largest drops in enrollment is faulty eligibility redetermination processes.

Notably, a few states had increases in Medicaid and CHIP enrollment in 2018, but most experienced a decrease in enrollment. The three states with the largest percentage drops in enrollment were Tennessee, Arkansas, and Missouri. California and Texas, states with large populations, saw large nominal drops in Medicaid and CHIP enrollment, although California's drop was modest in terms of percentage. In order to understand the cause of decreasing Medicaid and CHIP enrollment, we need to focus on elements of these states' individual Medicaid and CHIP programs.

One clear factor in many of the states with the largest drops in enrollment is faulty eligibility redetermination processes. Federal regulations require state Medicaid agencies to renew Medicaid beneficiaries' eligibility every 12 months and to minimize both the burden this requirement imposes on beneficiaries as well as the risk that beneficiaries who are eligible will lose coverage because of a paperwork issue. Under federal law and regulations, state Medicaid agencies must use all available data to renew a beneficiary's eligibility before requesting any additional information from the beneficiary.⁴ If a state Medicaid agency cannot renew a beneficiary's eligibility with the available data, the agency must send the beneficiary a prepopulated renewal form and request the additional information needed to make an eligibility redetermination. If a beneficiary cannot provide the additional information for their

renewal in a timely manner, their eligibility is not renewed, and they are disenrolled from Medicaid.

More than five years after these requirements came into force, some states do not comply with all federal regulations for redetermining eligibility and use outdated processes for verifying income and state residence that put an unnecessary burden on beneficiaries and create additional barriers to health insurance coverage. As a result, beneficiaries struggle to navigate their renewal processes and lose their Medicaid eligibility even though they may qualify. As described below, there are multiple paperwork barriers in some states. But the lack of online access is particularly glaring: In 2018, Tennessee, Arkansas, and Missouri, the three states with the largest percentage drops in Medicaid and CHIP enrollment, did not allow beneficiaries to create an online account to renew their eligibility.⁵ Beneficiaries who needed to provide additional information for their renewals had to do so either over the phone or through the mail. Phone and mail renewals are fraught with problems. Beneficiaries change addresses or miss mailings, and phone applications typically involve long wait times and problematic voice interfaces. Unlike most states and counter to federal law, Tennessee did not use electronic data matches to verify beneficiaries' eligibility at redetermination. Arkansas and Missouri had automated renewal processes that used electronic data matches, but Missouri did not include this updated data in the prepopulated renewal forms that

were sent to beneficiaries, and Arkansas did not use prepopulated forms at all.⁶ Without updated data or prepopulated eligibility forms, beneficiaries in these states had to complete lengthy renewal packets and reenter or correct information to maintain their Medicaid eligibility.

The drop in Medicaid enrollment in 2018 cannot simply be explained by states' improving economies.⁷ In Tennessee, Arkansas, Missouri, and most other states that saw a drop in Medicaid enrollment in 2018, the increase in jobs in 2018 was far less than the decrease in Medicaid enrollees.⁸ More generally, there is no correlation between state Medicaid enrollment trends in 2018 and state job growth. For example, Nevada, the state with the strongest job growth in the United States, maintained virtually the same level of Medicaid enrollment, while Arkansas had some of the weakest job growth in 2018 and had huge Medicaid losses.⁹

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In Tennessee, Medicaid and CHIP Enrollment Decreased by 9.7% in 2018

Between Dec. 1, 2017, and Dec. 1, 2018, the total number of Medicaid and CHIP enrollees in Tennessee decreased by over 148,000. Although the state does not report child Medicaid and CHIP enrollment to the Centers for Medicare & Medicaid Services, the state indicates that about 55,000 children lost coverage between December 2017 and December 2018.¹⁰ This decline has been driven by the state's decision to conduct a punitive and aggressive Medicaid eligibility redetermination process.

The state's history of issues with its eligibility system provides important background for the 2018 redetermination debacle in the Tennessee Medicaid program, known as TennCare. Tennessee had a failed procurement of a state eligibility system in 2013, and between 2013 and 2016, CMS instituted multiple mitigation plans for the state to update its eligibility system to comply with federal regulations.¹¹ Individuals could not apply for or renew Medicaid coverage online with the state Medicaid agency and were instead directed to the federally facilitated marketplace (FFM) to process Medicaid applications. The state suspended Medicaid eligibility redeterminations in 2014 because it did not have the online system to process these redeterminations. In July 2014, the Southern Poverty Law Center filed a class-action lawsuit against the state, claiming that TennCare's eligibility practices, particularly the use of the FFM to process applications, had caused thousands of Tennesseans to lose their Medicaid coverage, despite being eligible.¹² That same year, over 20,000 beneficiaries requested hearings because their applications had been delayed.¹³ In its April 2016 mitigation plan, CMS noted that Medicaid applications submitted through the FFM were pending decision indefinitely due to "data inconsistencies."

In 2016, the state began making manual eligibility redeterminations after still not having an online system to do so. Because redeterminations could not be processed online, the state mailed a 98-page renewal packet to beneficiaries to renew their eligibility. The Tennessee Justice Center, an advocacy organization that has helped Tennesseans and their families to renew their TennCare eligibility, reports that in many cases the state mailed renewal packets to the wrong addresses, and as a result, beneficiaries lost coverage for failing to return renewal packets that they never received. In other cases, the state never processed beneficiaries' renewal packets despite receiving them (as documented by beneficiaries' proof of receipt). Also contrary to federal law, the state failed to screen children for eligibility under other Medicaid categories before disenrolling them, resulting in children losing coverage despite qualifying under another category.¹⁴ Additionally, because the state did not apply the same eligibility information to all members of the same family, parents and caregivers were required to submit separate packets for each of their children, and the state made separate eligibility determinations for each member of a family.¹⁵ This cumbersome

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eligibility redetermination process remained in effect through 2018 and drove the high rate of disenrollment in the state.

In March 2019, the state finally implemented a new eligibility system that allows people to apply for or renew coverage directly with the state Medicaid agency online or over the phone.¹⁶ In parts of the state, efforts are underway to help beneficiaries appeal their terminations and regain coverage.¹⁷ This year will be a test to see if the state's improved eligibility system can effectively process Medicaid applications and stabilize the state's plummeting Medicaid enrollment.

In Arkansas, Medicaid and CHIP Enrollment Decreased by 7.3% in 2018

Between Dec. 1, 2017, and Dec. 1, 2018, the total number of Medicaid and CHIP enrollees in Arkansas decreased by over 65,000. About 12,000 of these enrollees were children. It should be noted that the decrease in Medicaid enrollment in Arkansas can be explained in part by the 18,000 adult beneficiaries who were disenrolled in the second half of 2018 for failing to comply with the state's work reporting requirements.¹⁸ (On March 28, 2019, a federal judge vacated the federal government's approval of Arkansas' work reporting requirements, halting the disenrollment of beneficiaries who failed to comply with the work reporting requirements.) Many of the remaining reductions resulted from disenrollments at the time of annual eligibility redetermination. State numbers from June 2018 indicate that 39% of disenrollments at redetermination were due to the state being unable to locate the beneficiary or the beneficiary having moved out of state, and 21% of disenrollments were due to the beneficiary's

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failure to provide requested information.¹⁹ Despite federal requirements that the state allow 30 days for beneficiaries to verify their eligibility at redetermination, Arkansas has continued to give some beneficiaries only 10 days to respond to the state's request for additional information to verify their eligibility, a practice similar to one that CMS disallowed in Arkansas in 2015.²⁰ If the state does not receive the requested information within that 10-day time frame, the beneficiary loses coverage. Some beneficiaries did not receive the state's request for additional information until after their last day to respond. Even more beneficiaries submitted their additional information within the 10-day time frame, but the state did not process their information in time, and they consequently lost coverage.²¹

The state's work reporting requirement further complicated the eligibility verification process for adult beneficiaries. Requests for income verification increased when beneficiaries began reporting their work hours monthly, which prompted the state to submit requests to verify that beneficiaries' earned income matched their reported hours. Many beneficiaries believed that because they were reporting their work hours, they did not need to submit additional information to verify their income. When beneficiaries disregarded the state's seemingly unnecessary requests for income verification, they lost coverage.

In Missouri, Medicaid and CHIP Enrollment Decreased by 7.2% in 2018

Between Dec. 1, 2017, and Dec. 1, 2018, the total number of Medicaid and CHIP enrollees in Missouri decreased by nearly 70,000. Over 55,000 of these enrollees were children, amounting to a 10% drop in child enrollment in 2018. This large drop in the number of children with basic health care access poses a grave risk of public health problems for Missouri's youngest residents.

In 2018, Missouri began automating its process for annually redetermining beneficiaries' eligibility for its Medicaid program, known as MO HealthNet. According to Timothy McBride, a health economist who heads the MO HealthNet Oversight Advisory Committee, the newly automated Medicaid eligibility system no longer uses data from other state safety net programs, such as SNAP and TANF, to verify beneficiaries' eligibility at redetermination, which violates federal regulations for determining Medicaid eligibility.^{22, 23} Beneficiaries whose Medicaid eligibility could not be redetermined automatically with existing data were sent physical letters in the mail asking them to provide additional documentation to verify and renew their eligibility.²⁴ Beneficiaries were given only 10 days to respond to the letters, which also violates federal regulations.^{25, 26} Beneficiaries who did not reply to the state's written

request for additional documentation lost their Medicaid eligibility. Most of the approximately 70,000 Missourians who lost Medicaid eligibility in 2018 failed to reply to a mailed renewal form.²⁷

The new MO HealthNet eligibility system has created barriers that are likely the driver of a deeply concerning drop in child Medicaid enrollment.

In Texas, the Number of Medicaid and CHIP Enrollees Decreased by over 164,000 in 2018

Between Dec. 1, 2017, and Dec. 1, 2018, the total number of Medicaid and CHIP enrollees in Texas decreased by over 164,000. Over 144,000 of these enrollees were children.

Officials in Texas attribute the 3.7% decrease in Medicaid and CHIP enrollment in 2018 in part to declines from inflated 2017 enrollment levels resulting from the state's efforts to reenroll Medicaid and CHIP beneficiaries following Hurricane Harvey.²⁸ However, federal reports show that Medicaid and CHIP enrollment returned to pre-hurricane levels in January 2018 and then dropped beyond those levels throughout the year.²⁹

Medicaid and CHIP enrollment continued to drop nearly every month in 2018, reaching as low as 4.28 million enrollees in December 2018. While Hurricane Harvey explains the increase in enrollment in summer 2017 and the subsequent decrease at the end of 2017, it does not explain why enrollment in Medicaid and CHIP decreased by an additional 140,000 beneficiaries in 2018. This continued decrease in enrollment must be attributed to some other cause.

Texas is particularly punitive regarding possible changes in family income between annual eligibility redeterminations. Texas, along with 26 other states (including Tennessee, Arkansas, and Missouri), has not elected the statutory option of providing 12 months of continuous eligibility for children, which allows them to maintain coverage and forgo reporting changes in income or family size until their annual eligibility redetermination. But unlike other states that do not offer continuous eligibility for children, Texas goes much further, checking state income data and sending routine mailings to parents and caregivers asking them to verify their income to prove their children's eligibility multiple times throughout their 12-month eligibility period.³⁰ If parents and caregivers do not provide the necessary information within 10 days of the request, their children are at risk of being disenrolled from Medicaid. Many parents and caregivers cannot provide the necessary information to the state within that short time frame. According to the Texas Children's Health Coverage Coalition, over 90% of children who lost coverage in the last two years were disenrolled for

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failure to respond to the state's request for income information.³¹ This process appears to be inconsistent with federal law as described above, which requires that eligibility redeterminations take place annually and that beneficiaries have at least 30 days to submit documentation for redeterminations of eligibility.

Final Thoughts

Because each state's Medicaid program is different, there is no single explanation for the drop in Medicaid and CHIP enrollment in 2018. However, states with the largest drops in Medicaid and CHIP enrollment had something in common: flawed eligibility

redetermination processes that put undue burden on beneficiaries to verify their eligibility. Beneficiaries who fail to jump through unnecessary hoops to prove that they qualify for their state's Medicaid or CHIP program end up losing coverage.

The Affordable Care Act laid out a new set of requirements for states to simplify eligibility redeterminations that was supposed to end the problem of churn. The failure of some states to correctly implement the law—and the failure of the Trump administration to effectively enforce the law—is driving a drop in Medicaid and CHIP enrollment that shows no sign of slowing down.

Endnotes

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- ³ CMS child enrollment numbers are not available for Tennessee, Arizona, or the District of Columbia. Given reports of the high rate of child disenrollment in Tennessee, it is likely that the national drop in child enrollment is even higher than the figure here.
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