IMPROVING THE DELIVERY OF KEY WORK SUPPORTS:

Policy & Practice Opportunities at A Critical Moment

By Dorothy Rosenbaum and Stacy Dean

February 2011

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Authors

Dorothy Rosenbaum and Stacy Dean

February 2011

Center on Budget and Policy Priorities
820 First Street, NE, Suite 510
Washington, DC 20002
(202) 408-1080

Email: center@cbpp.org

Web: www.cbpp.org

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CHAPTER 3: USING DATA

Why is using data important?

The preceding two chapters have outlined policies and procedures that states can adopt to streamline operations, increase their efficiency, and give families greater access to the full package of work support benefits for which they are eligible. But how do states know whether their current systems are working well? How do they know which changes might be most important to adopt and where to start? How can they assess the changes they do make? This chapter explores how states can use the data they already have, or could arrange to have, to answer critical questions like these.

Currently, most states primarily measure their performance using data required by the federal government, such as the number of participants in various benefit programs and the accuracy and timeliness of payments. While these data are important for program management and accountability, this chapter seeks to help states answer a more nuanced question: *Is our state's system as efficient and effective as possible?* By exploring this question, states can understand where and how their service delivery system is efficient or burdensome, whether families are falling through the cracks and why, which solutions to these concerns are the most appropriate, and which aspects of its workload management are effective.

The information embedded in state systems can be a powerful tool in answering these questions — in diagnosing operational problems, designing improvements, and conducting ongoing monitoring. Because state agencies that provide work support benefits collect, enter, and sort countless pieces of data about families' circumstances and program participation — as well as about their own work — they have a wealth of information with which to begin.

For example, knowing whether procedural denials at renewal result more often from returned mail or from missing documentation would enable a state to develop a targeted solution to improving benefit retention. Knowing how many days it takes to provide the package of work support benefits to new applicants and those renewing their benefits can call attention to customer service and operational issues. Similarly, knowing whether certain types of families (such as non-English speakers or families with young children) are having particular difficulty navigating the system can help states target their process redesign and outreach efforts. Furthermore, data from the county, local office, and even individual worker level can reveal quite a bit about performance and workload management.

Why is it challenging to collect and use data?

While all states comply with federally required data collection and reporting, many do not go beyond what is mandated and gather and make full use of a wider range of program data. There are a number of reasons for this:

- **Systems are outdated.** Many states have very old data management and eligibility systems, from which it can be extremely difficult to extract information in usable formats.

- **Available data may not tell the whole story.** While state systems typically have a wealth of available data, states may not be able to analyze information with respect to how well systems are serving certain subgroups or geographic areas.

- **Staff capacity is limited.** Most states have limited in-house staff capacity for programming and data analysis. Asking a contractor to create or amend management data can be costly.

- **Cross-program efforts are a difficult stretch.** As noted in earlier chapters, policymakers, agency directors, and local office managers tend to operate most comfortably within the context of their own programs. Even if they are inclined to pursue cross-program data analyses, the existing data systems may not be compatible.

- **There's too much going on.** The goal of collecting and analyzing data to inform strategic thinking about service delivery processes can get lost in a manager's daily efforts to process the growing number of applications for benefits.

Data Utilization Options That States Can Pursue

State efforts across the country show that despite these challenges, the information that agencies process on a daily basis can significantly enhance their delivery of work support benefits.

This chapter discusses how states can use data from their eligibility systems and other sources to create an important feedback loop that will show how well they connect families to the full range of work support benefits and inform ongoing improvements. A data-based feedback loop has three main components:

- Measuring overall performance in connecting families to all the state's work support benefits
- Diagnosing strengths and weaknesses in the process
- Making targeted changes to workload management strategies.

Each of these components is detailed below. Table 3, at the end of the chapter, provides a comprehensive list of useful performance measures — both of overall performance and procedural effectiveness — and the possible data sources for each. Many states do not have systems in place to capture all of these data, but as they redesign their eligibility policies and systems, states may want to build in the capacity to gather it in the future.

Using Data to Measure Overall Performance in Connecting Families to Work Supports

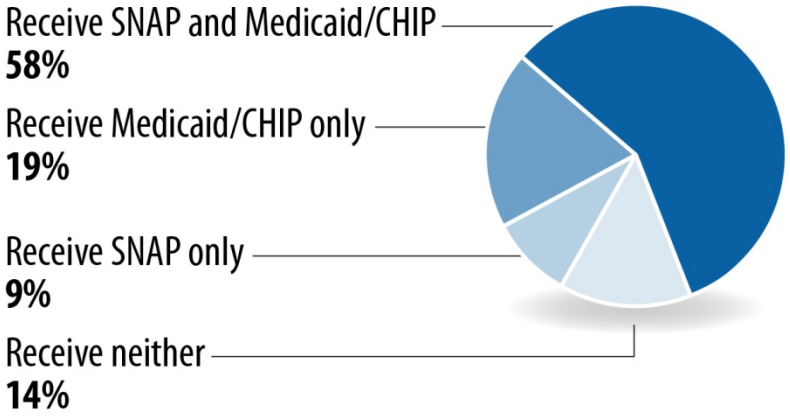
The underlying premise of this paper is that families can reap significant benefits from a full package of work supports, yet too often they do not receive all those for which they are eligible. Data from national surveys confirm this problem. Figure 3, below, is based on national survey data on U.S. citizen children in families whose annual income is at or below poverty and who do not report having health insurance coverage.[37] Virtually all such children should be eligible for Medicaid

[37] The data for this analysis are from the Census Bureau's Survey of Income and Program Participation (SIPP) for calendar year 2009. We limited the analysis to U.S. citizen children with incomes below the federal poverty level because

and SNAP. While most do in fact receive both SNAP and Medicaid, 19 percent receive health coverage but not SNAP, 9 percent receive SNAP but not Medicaid/CHIP, and 14 percent receive *neither* Medicaid/CHIP nor SNAP.[38]

Figure 3

Many Children Likely Eligible for SNAP and Medicaid/CHIP Fail to Receive One or Both Supports (2009)



Note: Program participation among citizen children with family income below the poverty level and no reported health insurance. The data should be viewed with caution. See footnote.

Source: CBPP analysis of a Survey of Income and Program Participation.

While such national survey data are generally not reliable for state-level estimates, states have rich administrative data at their disposal to do similar analyses in order to assess their success in reaching eligible families across multiple programs. For example, eligibility system reports can reveal the number of families and individuals participating in a given program or combination of programs. If programs are in the same eligibility system, this is easier; if not, a separate match may be required.[39]

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these individuals are very likely to be eligible for both Medicaid and SNAP. The data should be interpreted with caution, as the SIPP significantly undercounts participation in Medicaid and SNAP. In 2009 the number of children reported in the SIPP as receiving SNAP is only about 75 percent of the number of children thought to have actually received SNAP based on SNAP administrative data. Similarly, the SIPP does not include about a third to 40 percent of the children who receive health coverage through Medicaid or CHIP.

[38] A recent Urban Institute study based on a different national survey (The American Community Survey) found that in 2008 about *15 percent* of children without health insurance coverage but eligible for Medicaid or CHIP were in households that received SNAP. This difference demonstrates that while there appear to be significant numbers of families that do not receive all the benefits for which they qualify, national survey data have significant limitations which may make it difficult to obtain accurate, precise figures. See Genevieve M. Kenney, Victoria Lynch, Allison Cook and Samantha Phong, *Who And Where Are The Children Yet To Enroll In Medicaid And The Children's Health Insurance Program?* Health Affairs, October 2010, vol. 29, no. 10 1920-1929.

[39] Administrative data can tell states about how many and what types of families *participate* in the work support programs. To find estimates of the number and types of families that are *eligible* states may need to turn to national data sets — such as the Current Population Survey and the American Community Survey — though these data may not be reliable at the state level, especially for subsets of the population.

Unfortunately, states typically do not avail themselves of the data in this way, tending instead to collect monthly participation counts separately for SNAP, Medicaid, CHIP, TANF, and child care. As a result, despite significant overlap in eligible populations, states rarely know how many eligible participants receive the full range of benefits. Nor do most states know what *types* of families are missing out on benefits for which they qualify. A detailed analysis of program overlap could expose interesting issues that states may want to address. For example:

- A state may have a problem connecting families in certain geographic pockets to all benefits.
- Specific subsets of the population, for example low-wage working families, may be more likely to get health coverage for their children but not be signed up for SNAP if the state has a separate child-only health application process.
- The state may have especially low participation rates among non-English speakers.

Data on the overlap (or lack of overlap) in program participation can promote deeper analyses and inform specific solutions that can be tracked over time; it creates a solid basis for policy-making. For example, before implementing an Express Lane Eligibility (ELE) process through which SNAP information would be used to renew Medicaid, **Alabama** (which administers Medicaid and SNAP in separate agencies) conducted a match to determine the overlap in participation among children in the two programs. The state found that two-thirds of SNAP children were also enrolled in Medicaid. The analysis confirmed the premise that using SNAP findings for Medicaid renewals would save time; it also suggested that a substantial number of children participate in SNAP but not health insurance and that such children could be newly reached through ELE.

The extent of a state's program overlap can bolster arguments for implementing specific policies like Express Lane Eligibility, administrative renewal, or better coordinated eligibility periods. The potential payoff from changes like these — both for families and state employees — can be quantified. Further, tracking the overlap over time can help states assess the long-term impact of their decisions and identify mid-course corrections.

If states do not have the capacity to do this type of analysis in-house, one option is to make the data available to researchers at a university or another organization, who could conduct the analysis externally but under the state's supervision. In-house or in collaboration with outside researchers, states also could conduct longer-term research to examine the effects of program participation in family stability, wages, and other measures of well-being for children and families, as well as the impact on the overall economy.

Finally, research on state-level participation rates among eligible families in Medicaid and SNAP suggests that while some states do well in reaching such families in both Medicaid and SNAP, others perform well in one program but less well in the other. For example, **South Carolina**'s participation rates in Medicaid and CHIP for eligible children are statistically below the national average, but its SNAP participation rates are above average. Conversely, **Maryland's** participation rates for children's health programs are better than average, but its SNAP participation rates are lower than average. See Appendix 2.

Using Data to Diagnose Strengths and Weaknesses in Enrollment Processes

By using enrollment data to dig beneath the surface of a state's overall performance in connecting families to benefits, a state can diagnose ways in which a system is inefficient for staff and learn where families may be having the most trouble navigating the process.

Consider a state that has a target of serving 90 percent of eligible families in work support benefits but is only serving 75 percent. While some of those not participating may simply not know they are eligible, it is likely that a significant number have been connected to benefits but have fallen off for some procedural reason. These families are "low-hanging fruit": they have demonstrated that they are able to enroll in benefit programs, and some of their data may still even be in the system. By getting a handle on why they are not participating, states can take targeted steps to fix the problem.

At the most basic level, states can look at new entries into benefit programs each month compared to closings. This basic analysis can help a state see in very broad terms how many families are entering and how many are dropping off.

More sophisticated analyses can provide more information. There are many junctures in the enrollment process at which data analysis can be particularly useful. Figure 4 shows a typical process flow.

At each step there is a risk that families may fail to successfully navigate the system. Identifying the points at which this happens most frequently will help states craft effective solutions. It can also be helpful to look at the frequent trouble spots for specific subgroups of the population, such as families living in certain geographic areas or with barriers such as limited English proficiency or lack of access to computers or telephones. If states are undertaking process mapping, this type of data analysis can be crucial for identifying bottlenecks and prioritizing possible changes to their processes. While data for the entire state is preferable, data from a random set of cases that flow through the system for one or several set of offices could also be extremely informative.

This section looks at three different strategies for using data that can be particularly helpful in assessing where families may be having trouble navigating the system: data on procedural closings, churning, and client contacts.

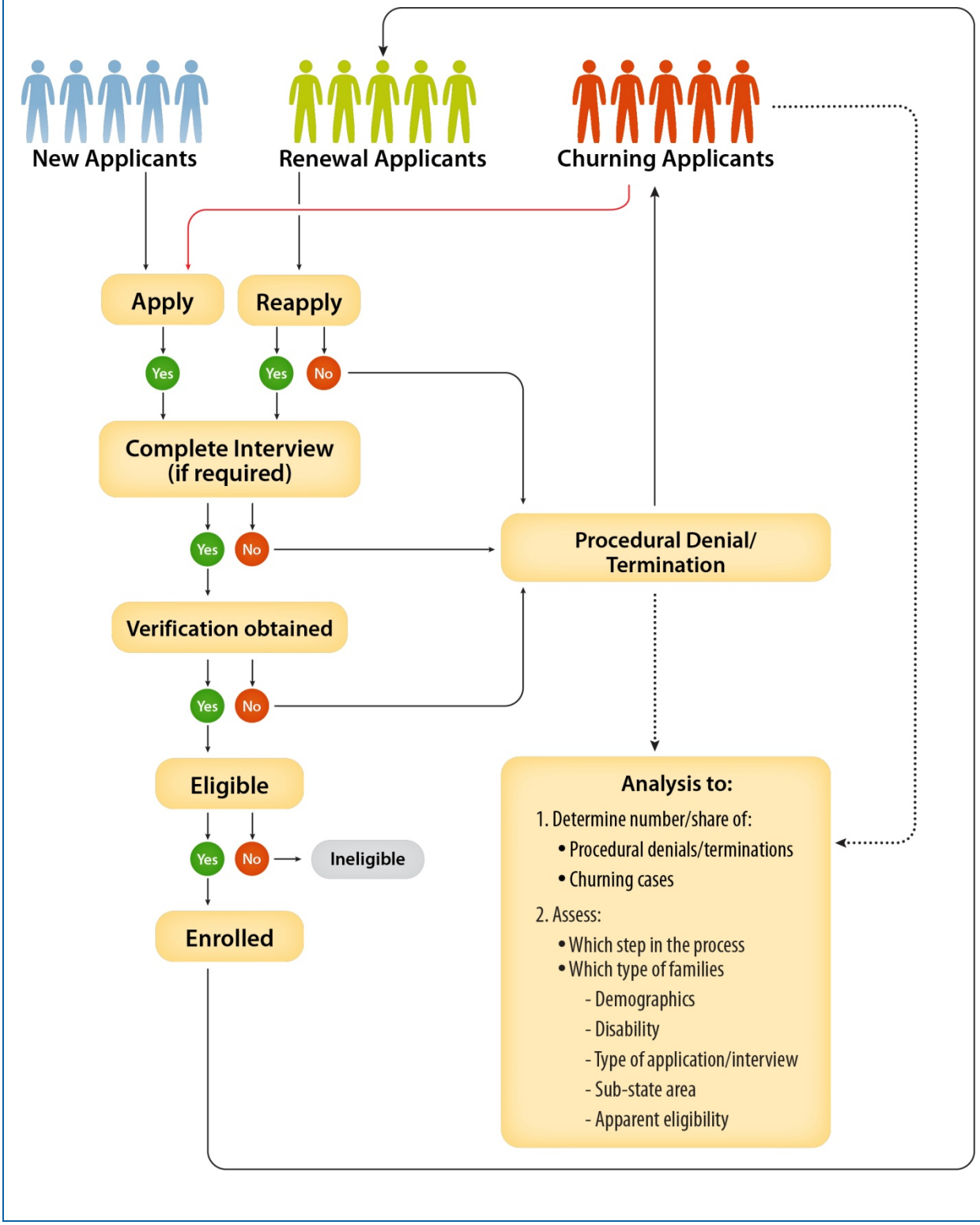
Data Analysis on Procedural Closings

As discussed in Chapter 2, a state that reduces the number of procedural case closures among families that remain eligible for benefits will not only increase participation levels but also reduce administrative burdens on families and staff. Consequently, it is in states' interest to closely examine data on procedural closings — for the overall population as well as for subgroups — and use that information to determine necessary changes to policies, procedures, and workload management.

In general, state eligibility systems prompt caseworkers to indicate a reason for denial or termination before closing a case. One of the more commonly cited reasons is that the family is found to be "over program income limits" or ineligible under another substantive criterion. Yet in many states, a large share of case closures are due to a "failure to comply with procedural requirements" such as filing a renewal application, completing an interview, or providing required

Figure 4

Can Families Navigate the System?



verification. An analysis of the frequency of (as well as the reasons behind) this type of closure can point to specific solutions, such as reducing documentation requirements (see pages 27-32 and 57) or streamlining interview or renewal procedures (see pages 26-27 and 55-57). Following are some lenses through which data on procedural closings can be assessed.

- **Timing of the closure.** In the context of a process redesign (see pages 42-46 and 52-59), states may want to look at data on the timing of procedural closings. Are cases most often closed for failure to file the reapplication form (step 1 in the process), failure to participate in an interview (step 2), or failure to follow through with verification (step 3)? Also, how many people reapply within a few months?

- **Apparent eligibility.** States can analyze the extent to which families whose cases have been denied or closed for various procedural reasons appear to be otherwise eligible based on the information known to the agency. For example, if a family's application indicates that its income exceeds program limits, then that family's failure to complete the process is not a serious concern. But if a large share of cases that are denied or closed for procedural reasons appear to be eligible based on their applications that would raise a red flag. If failure to provide verification is a common procedural closing reason, the state may want to examine which items of verification are most often missing and seek ways to limit the burden of documentation. Similarly, if a large number of otherwise-eligible families are denied for failing to complete an interview, the state may wish to redesign its interview process to ensure that families can complete an interview at a time that is convenient for them.

- **Casework method.** States may wish to compare data on procedural closings for cases that have used online tools, telephone interviews, or in-person reviews to assess the relative success of these forms of communication.

- **Demographics.** By examining procedural closings for different demographic groups (e.g., families with language barriers, working families, families that include seniors or members with disabilities, or families in a particular region of the state), states can quickly uncover specific areas for improvement.

Two further notes: In order to have confidence in these analyses, states will have to be sure that eligibility workers are accurately and consistently coding their case closures. Ongoing training, supervision, and monitoring of this aspect of the casework process will be key.

In addition, it is important to remember that most states have automated systems that can execute procedural closings without a staff person having to take action, for example, if a family fails to return forms or if required verification is not received and entered into the system by a specific deadline. Such automatic case closures should be included in the analysis. They often are largely invisible to eligibility staff but contribute significantly to churning, discussed below.

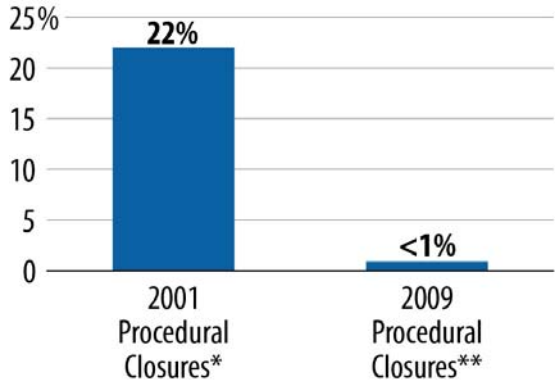
Data Analysis on Churning

Another important way to assess the efficacy of enrollment and renewal processes is to look at the extent of "churning," in which eligible families have their cases closed and later reapply for benefits.

Churning is a significant time-waster for states and families, with all of the attendant financial implications for both parties. Consequently, it is important for states to know what share of "new" applications actually consists of reapplications or, conversely, what share of families whose cases are closed end up reapplying for benefits within 60 or 90 days?

Figure 5

By Simplifying the Renewal Process, Louisiana Dramatically Reduced Procedural Closings



*Source: Ruth Kennedy "Policies That Support More Efficient Program Administration," presentation at the Center on Budget and Policy Priorities Public Benefits Modernization Conference, September 23, 2008.

**Source: Data from MEM0160R11 and MEM0160R10, provided via email from Hexter Bennett on October 28, 2009.

Quantifying the frequency of churning can highlight for states the potential administrative savings from a more efficient process. A state that reduces churning significantly will see its number of new applications — and the associated work on these applications — go down. For example, in 2001, **Louisiana's** CHIP and Medicaid programs found that 22 percent of their cases up for renewal were being closed for procedural reasons. In response, the state took a number of specific steps to simplify the renewal process, including using administrative renewals, increasing telephone follow-ups, and allowing off-cycle renewals. Four years later, closure rates at renewal were down to 8 percent; by 2008, they were down to only 1 percent. It is safe to conclude that Louisiana had been wasting staff time on unnecessary closures and re-applications for about a fifth of its caseload. (See Figure 5.)

Similarly, in 2007 **New Mexico** launched a health coverage retention project that involved a centralized renewal process and simplified forms and procedures for Medicaid-only cases. (New Mexico administers SNAP and Medicaid jointly for families that participate in both benefits.) After a year of statewide implementation, about 80 percent of such families were retaining benefits at renewal, compared to about 45 percent under the old system.[40] Many of the families that lost benefits under the old system at the time of their eligibility review were reapplying in the succeeding months.

Data Analysis on Client Contact Mechanisms

By maintaining and assessing data on the number and nature of client contacts with the state agency, states can diagnose short-term and/or ongoing weaknesses in their eligibility processes. For example, if a high percentage of walk-ins are existing clients rather than new applicants, it might suggest there are flaws in workers' appointment-making strategies or, at a minimum, the need for more intensive lobby-based staffing and service-delivery (see page 55). Similarly, high call center volume might indicate problems in processing benefits or client confusion regarding a notice or other requirement.

[40] *Medicaid and CHIP Retention: A Key Strategy to Reducing the Uninsured,* Southern Institute on Children and Families, March 2009.

In **South Carolina,** a county office conducted an informal client survey in its office lobby during a particularly busy time and found that most people were seeking proof of SNAP benefits so they could establish eligibility for energy assistance. The office manager is now working with the county's energy assistance office to develop a more streamlined approach for data sharing and coordinated enrollment.

The technology to accomplish this level of data-gathering need not be cutting-edge. Using spreadsheets, a **Florida** call center that answers calls from health care providers (typically related to patient eligibility and billing issues) periodically asks each call center worker to track the reasons for call center contacts. This allows them to assess whether steps could be taken in the process to eliminate the need for the calls.

Using Data to Make Targeted Changes to Workload Management Strategies

Workload management data from a range of sources can prove extremely useful to states in assessing day-to-day efforts of individual workers, teams, and offices, as well as the larger policies and procedures that guide their work.

Analysis of workload data (i.e., the volume, types, and outcomes of client contacts) can help states shift work around to better handle the ebbs and flows of various tasks. States may look at this data monthly, weekly, daily or, for some metrics, numerous times within a single day. In addition to helping state and regional human services officials set broad policy and procedures, these data elements can help frontline managers manage day-to-day operations. Some states are finding "dashboard reports" (regular compilations of specific measures that are available electronically) to be a useful tool for staying on top of the data. Examples of operational data that states may find helpful include:

- How many documents (applications, renewals, verifications, change reports) are in the queue waiting to be processed at a point in time?
- How often are cases pended or decisions otherwise delayed, and for what reasons? How often are cases processed the same day as the application?
- How long do families wait for an interview? And how long do interviews take, on average?
- What is the typical number of days between application and approval or denial?
- Do clients have their questions resolved during an initial contact with the agency, or are subsequent contacts required?
- What are the average wait times for the call center and how often are people unable to get through?
- How long does it typically take applicants to complete an online application? For applications that are abandoned before being finished, at what points in the online process do people drop off?
- Are processing times or payment accuracy results any different if an application is filed online or in person?

As with the other data analyses discussed in this chapter, breaking these items down for different demographic groups, such as working families, people with disabilities, seniors, and non-English speakers, can provide a more nuanced picture of how a state's processes are working for different types of families.

Making Good Use of Data-Based Feedback Loops

It is unlikely that any one solution, no matter how well-steeped in data, will provide a comprehensive fix to ineffective and inefficient processes. States will need to adopt a continuous process in which they make changes, assess how things are going, and then make further refinements over time.

For example, a state's initial analysis of case closures might find that a large percentage of outgoing renewal letters are being returned unopened by the post office. In response, caseworkers could be instructed to regularly search current address databases and then update case files. However, if the problem persists, the state may need to look more closely at the times of the month or year that mail gets returned, or the predominant zip codes affected. With persistence, they should be able to find the data that will help them better meet the needs of the families they are serving and save time for their staff.

The following table provides an extensive list of useful performance measures — of overall performance and procedural effectiveness — and the possible data sources for each. As noted above, many states do not have systems in place to capture all of these data, but as they redesign their eligibility policies and systems, they may want to build in the capacity to gather it in the future.

Client Surveys, Interviews, and Focus Groups

To understand the process from the family's perspective and to tease out the reasons that families are, or are not, successfully negotiating the process, direct client feedback is critical. Client surveys, interviews, and focus groups all offer strategies for gaining feedback. Other strategies that states have used to get the family perspective include "secret shopper" techniques, where a researcher tests the client experience at different offices. Community partners, such as organizations that provide application assistance or legal services, also can shed light on the experiences of the families they serve.

Table 3 Available Data Sources and Critical Performance Measures In Work Support Programs	
Data Sources	**Critical Performance Measures**
Eligibility System Reports	• Number of families and individuals participating • Overlap in participation among programs (if programs are in the same eligibility system; if not, may require a separate match) • Case dispositions (approvals/denials, reasons for case closure, churning)
Electronic Document Management Systems (paperless case files that use document imaging)	• How many documents (applications, verifications) are coming in? • How many are pending? • What actions are taken on these documents?
Client Tracking Systems (records of client contact and movement in the enrollment process)	• Time spent on interviews • Number of times case is "touched" • Number of changes reported/actions taken • Number of contacts and contact resolution • Number of contacts related to "churning"
Call Center Reports	• Volume of calls • Wait time/busy signal • Abandoned calls • Call duration / number of calls per agent per hour • Customer service surveys • Number of contacts and contact resolution • List of issues customers commonly have
Online Services Reports	• Time to complete online application • Volume of online activity (calculate share of total applications) • Application completion rates • Number of abandonments and abandonment points • Page hits
Program Integrity Systems (e.g., Quality Control in SNAP; Payment Error Rate Measurement in Medicaid)	• Payment error rates • Rate of improper denial • Efficacy of verification policies
National Data Sets (e.g., Current Population Survey, American Community Survey)	• Participation rates among eligible families • Program overlap
Quality Assurance Staff &/or Supervisors	• Accuracy in implementation of policies (e.g., following verification requirement rules)
Special Data Analysis or Research (in-house or collaborations with universities or other entities)	• Client satisfaction, experience • Any or all aspects of service delivery

Chapter 3: Data Resources

Calculating the Food Stamp Program Access Index: A Step by Step Guide, U.S. Department of Agriculture, Food and Nutrition Service, October 2010. http://www.fns.usda.gov/ora/menu/Published/snap/FILES/Other/pai2009.pdf.

Child Care Eligibility and Enrollment Estimates for Fiscal Year 2005, U. S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, June 2008, http://aspe.hhs.gov/hsp/08/cc-eligibility/ib.htm.

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Evaluation of Wisconsin's BadgerCare Plus Health Insurance Expansion, by the University of Wisconsin Population Health Institute. http://uwphi.pophealth.wisc.edu/healthPolicy/badgerCarePlus.htm.

How Much Does Churning in Medi-Cal Cost?, by Gerry Fairbrother, Cinncinati Children's Hospital Medical Center for The California Endowment, April 2005. http://ccf.georgetown.edu/index/cms-filesystem-action?file=research%2Fprogram+design%2Ftce0422-2005_how_much_does_.pdf.

Husky Program Enrollment Dynamics: Coverage Continuity, Gaps in Coverage and Retention, by Mary Alice Lee and Joachim Hero, Connecticut Voices for Children, April 2010. http://www.ctkidslink.org/pub_detail_506.html.

Issues In Health Reform: How Changes In Eligibility May Move Millions Back And Forth Between Medicaid And Insurance Exchanges, by Benjamin D. Sommers and Sara Rosenbaum, *Health Affairs*, 30, no.2, 228-236, 2011. http://content.healthaffairs.org/content/30/2/228.abstract.

Kids Count Data Center, The Annie E. Casey Foundation. http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=43

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