

July 6, 2021

Asking the Right Data Questions

Uncovering Administrative Barriers to Medicaid

By Suzanne Wikle¹

Data are an important tool for advocacy. For individuals working to improve the daily operation of programs through administrative advocacy, digging into data can provide valuable information about the barriers people experience when applying for and renewing their Medicaid coverage. Some national data shed light on administrative burdens, and state Medicaid agencies often have even more valuable data. Working with states to obtain and analyze administrative data is a central component of effective administrative advocacy aimed at ensuring that all eligible people have continued access to coverage.

The specific data advocates should request depends on which aspects of the application and enrollment process they are trying to better understand. The section below contains examples of data requests advocates could make of state agencies to learn more about the application, enrollment, and renewal processes and better target their advocacy. In some instances, it may be helpful to request that agencies break down data by county or region or for subgroups, such as by race or ethnicity. Most data should be available monthly.

States' capabilities to produce data reports depends on their eligibility systems and staffing capacity. The examples below can help identify areas of focus, but states may have data available in a different format that provides similar information. Wherever possible, advocates should find out what reports the state agency is already producing and only ask the state to generate a new report if necessary. Advocates should also focus on a select few data points to begin the conversation with the agency, rather than asking for all the following information at once. Moreover, advocates should be prepared to ask follow-up questions to understand what the data are saying, because reports may be full of coding or otherwise unclear.

¹ Suzanne Wikle is a Senior Policy Analyst at the Center for Law and Social Policy (CLASP), a nonpartisan, nonprofit organization advancing policy solutions for low-income people and a partner on the EMEE project.

Data Is Essential to Achieving Racial Equity

Advocate for more robust data on race and ethnicity.

To get the full picture of administrative barriers – and how they may vary across communities – it's essential to have data broken down by race and ethnicity. But the value of these breakdowns depends on the quality of the underlying data, which vary across states. Increasing the quality may provide an additional advocacy opportunity.

For example, if your state data show a large percentage of people categorized in an “other” race/ethnicity group, this suggests your state needs to improve how it asks for and captures this information. Use what data are available where possible to identify how barriers vary by racial and ethnic groups but also advocate for improved data collection. For all the data elements below, consider requesting that the state provide the data broken down by race and ethnicity.

Getting the conversation started with relevant state agencies is the most important step. Rather than overwhelming agency staff with a long list of data questions, determine what information would help you get started and prioritize three to five questions. If your state has limited capability to pull administrative data, use what they can provide and explore options for collecting qualitative data on your own.

The data below can illuminate many different barriers to Medicaid enrollment and renewal. Advocates can use select pieces of data to better understand what barriers people encounter during application, why people become disenrolled when they remain eligible, and how well a state is coordinating across programs.

Key Data for Administrative Advocacy

Baseline Data (minimum a state should be able to provide):

- Enrollment – Number of Medicaid enrollees in each eligibility category.
- Applications – Number of applications submitted.
- Loss of Coverage – Number of cases closed.

Application Data:

- Application Pathway – Number of applications submitted online (categorized by desktop and mobile), by phone, in person, and by mail.
- Verification Requests – Number (and percent) of applications pended for additional verification.
- Document Submission – Number of verification documents submitted in person, by email, and uploaded via website or app.
- Call Center – Average call wait time.
- Churn – Number (and percent) of applications from people who have been enrolled in the past 30, 60, or 90 days.
- Application Outcomes – Number (and percent) of applications approved and denied and reason for denial.

Renewal Data:

- Ex Parte (Automated) Renewals – Number (and percent) of cases renewed *ex parte* (without requiring client action).
 - Top five reasons cases fail the *ex parte* renewal process.
- Closures at Renewal – Number (and percent) of cases closed for failure to complete renewal.
 - Number closed because the renewal form was not submitted.
 - Number closed because verification documents were not returned.
- Continuity of Coverage – Number (and percent) of people who remain enrolled for 12 months after approval.

Cross-Enrollment Data:

- Number of SNAP enrollees enrolled in Medicaid. (Most informative in Medicaid expansion states.)
- Number of Medicaid enrollees enrolled in SNAP.
- Number of Medicaid enrollees enrolled in WIC.

Methods to Obtain Medicaid Data

Advocates can obtain data from a variety of sources including:

- State Medicaid website
- Federal Medicaid website (Centers for Medicare & Medicaid Services)
- Legislative reports
- Requests to state agencies
- Freedom of Information Act (FOIA) requests
- Managed care organizations

Qualitative Data Add Value

Having access to the data points above will strengthen your advocacy efforts, but quantitative data don't tell the full story. For example, your state's data on call center wait times might show short waits, but if people have to call multiple times to get their issue resolved, that is a barrier to accessing Medicaid. Gathering qualitative data about application and renewal processes can help uncover the user's experience when interacting with these programs and will be an invaluable asset to your advocacy. In addition, you may be able to bring issues to the attention of state officials that they wouldn't otherwise know.

Qualitative data is typically derived from direct conversations, interviews, and other forms of observation. Collecting such data, particularly from people who have applied for or enrolled in Medicaid, provides perspectives and information that cannot be gained through data from eligibility systems. Qualitative data can paint a more vivid picture of the pain points of the application and enrollment

process. For example, speaking to someone who has utilized your state’s online application portal can help you identify what parts of the application are confusing or difficult to navigate. Understanding the perspectives of people with lived experience of applying for or having coverage through Medicaid will enhance the value of the quantitative data and provide insights into areas where quantitative data aren’t available.

Policy advocates often strive to gather and analyze as much data as possible before advancing policy solutions. While it’s important to utilize the data that are available, it’s equally important to avoid waiting indefinitely for data that the state may or may not be able or willing to produce before developing an advocacy agenda. Qualitative data can provide swift, valuable insights into issues that need to be addressed.

FOR MORE INFORMATION

[State Medicaid and CHIP Applications, Eligibility Determination, and Enrollment Data](#), Centers for Medicare & Medicaid Services.

[Medicaid and CHIP Application Processing Time Report](#), Centers for Medicare & Medicaid Services.

[Data.Medicaid.gov](#), Department of Health and Human Services.

[Medicaid and CHIP Eligibility and Enrollment Policies as of January 2021: Findings from a 50-State Survey](#), Georgetown University Center for Children and Families & Kaiser Family Foundation, March 2021.

[Lessons Churned: Measuring the Impact of Churn in Health and Human Services Programs on Participants and State and Local Agencies](#), CBPP, March 20, 2015.

[National Safety Net Scorecard](#), Code for America, May 2021.