**ADDRESSING MEDICAID CHURN:**

**PRIORITIZATION & ACTION PLANNING TOOLS**





Purpose

**Prioritization Table:**

* The **Prioritization Table** is designed to help states and their partners prioritize strategies to reduce Medicaid churn by analyzing the risk, value, cost and effort of implementation.
  + There are several policy and process changes a state can pursue to reduce Medicaid churn and/or mitigate its impact such as 12-month continuous eligibility and improved communications with beneficiaries. To ensure the success of any efforts to implement initiatives or advance existing strategies, states must give special consideration to the factors that can impact feasibility and sustainability.

**Action Plan:**

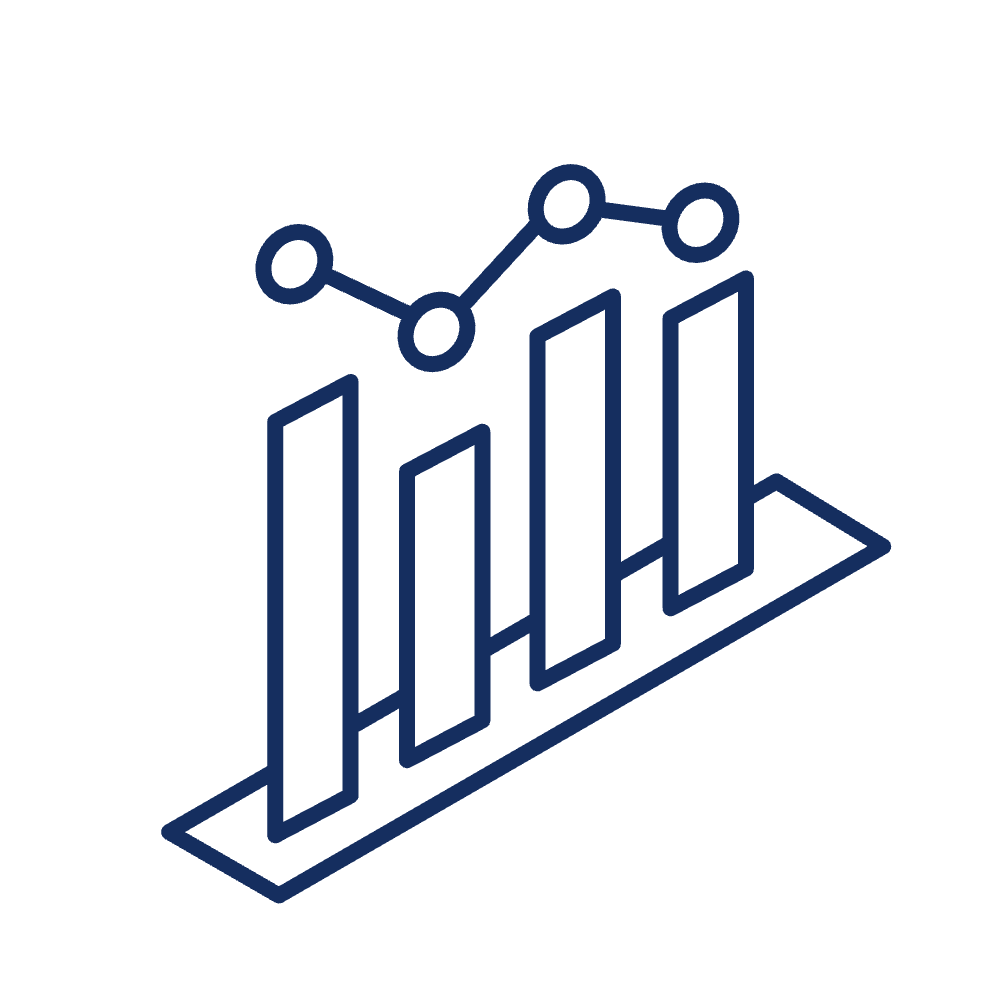
* The **Action Plan** is the final resource in the Medicaid Churn Toolkit and is designed to help Medicaid agencies move from a place of information gathering, planning, and prioritizing policy and process solutions to implementation.
  + This resource is intended for users to document detailed information about the activities/steps needed to enact the policy and/or process change(s) that have been identified in the Prioritization Table.
  + The information entered here should be informed by discussions held with the core internal team and the stakeholders that have been involved throughout the planning and information gathering processes.
  + Your team should refer to the information collected in the previous worksheets as needed for the completion of this action plan.
  + This is intended to be a dynamic resource and as such should be revisited and updated frequently to ensure the information accurately represents the most updated status of the policy and process changes being implemented. Your team should consider utilizing this resource as needed during team meetings to communicate progress and maintain accountability for reaching states goal(s).

 Prioritization Table Instructions

This worksheet should be completed by agency staff with knowledge of how existing policies and practices impact disenrollment and reenrollment in collaboration with external stakeholders who may be:

1. Impacted by these efforts; and/or
2. Of assistance in the implementation of policy or process changes including, but not limited to, Medicaid enrollees, managed care organizations (MCOs), and community-based organizations (CBOs).

Using the information gathered in the [**Planning Worksheets**,](https://bdtrust.org/Planning_Worksheet_1.docx) the team should consider each potential solution using the prioritization matrix below detailing any potential pitfalls or contingencies to arrive at consensus. The policy and/or process solution(s) the team agrees to pursue will then inform the development of the **State Action Plan**. Once consensus has been achieved on the policy and/or process change(s) that will be pursued, your team should move to complete the action plan with the specific activities and subtasks that must be completed to implement the change. The Action Plan will also guide you through identifying lead staff, relevant external partners, and a timeline for the activities.

Prioritization Factors



|  |  |  |  |
| --- | --- | --- | --- |
|  | Prioritization Factors |  | Considerations |
| **EFFORT**  How much work will this policy and/or process change require? How long will it take to enact this change? | | In thinking about how difficult it may be to enact a specific policy/practice change consider the effort needed to gain leadership buy-in or political will, the number of staff that will need to be involved, and the complexity of the policy or process change under consideration. | |
| **COST**  How many resources (i.e., staff time and money) are required to make this policy and/or process change? | | Changing a policy and or process may require funding perhaps for system/software changes or trainings for staff. As such, consider the potential cost of pursuing a change and whether there may be opportunities to seek funding or reallocate resources to cover the associated costs. Additionally, consider how the cost can be offset but potential future savings through reduced healthcare and/or administrative costs. | |
| **VALUE**  How many people (i.e., Medicaid beneficiaries and Medicaid staff) will benefit from this policy and/or process change? | | Policy or process changes may impact both Medicaid staff and Medicaid beneficiaries. It is therefore important to consider who will be impacted by the changes and how to ensure that the changes proposed do not simply shift burden but create efficiencies overall. | |
| **RISK**  What are the potential negative unintended outcomes that may arise from the implementation of this policy and/or process change and how might they be avoided or mitigated? | | It may not be possible to hypothesize all the unintended consequences of a policy or process change; however, your team should consider the potential negative impact of the policy/process change and ways in which they may be mitigated. Engaging your stakeholders in these discussions can assist with risk reduction. | |

Prioritization Table

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Policy/Process Solution** | **Prioritization Matrix**  **(None-1, Low-2, Moderate-3, High-4)** | | | | **Notes/Contingencies** | **Pursue Further (YES/NO)** |
| **EFFORT** | **COST** | **VALUE** | **RISK** |
| **Example:** Adopt multi-year continuous eligibility for children | 4 | 3 | 2 | 1 | * There are approximately XX children who will impacted by this policy change. * Leadership is already supporting of this policy. * Children are less likely to experience changes in circumstance, so the risk of covered ineligible children is low. | YES  *TIP: Avoid options that are High risk, effort, cost, and low value* |
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|  |  |  |  |  |  |  |

None

1

Low

2

Moderate

3

High

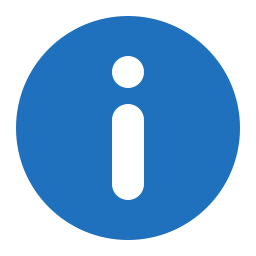
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Action Plan Instructions



To ensure your goals are clear and reachable, each one should be **SMART**:

* **Specific** (simple, sensible, significant)
* **Measurable** (meaningful, motivating)
* **Achievable** (agreed, attainable)
* **Relevant** (reasonable, realistic and resourced, results-based)
* **Time bound** (time-based, time limited, time/cost limited, timely, time-sensitive)



**TIP**

This action plan should be completed after (or as part of) conversations between state and local office staff responsible for the development and implementation of policy, eligibility and enrollment processes, and data and technology systems; and in collaboration with external stakeholders including, but not limited to, representatives from managed care organizations (MCOs) and community-based organizations (CBOs). The action plan should be revisited and updated periodically to reflect changes and accomplishments. For each activity/milestone, the project lead should:

* Establish a timeline for completing each policy/process change and

the associated activities and subtasks

* Name the lead department and associated state and county staff
* Name key external partners involved in accomplishing each subtask
* Identify any technical assistance and resource needs
* Determine indicators to evaluate progress

|  |  |
| --- | --- |
| **Overall State Churn Goal(s)** | |
| **1:** |  |
| **2:** |  |
| **3:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State:** |  | **Date Created:** |  | **Updated on:** |  |

|  |  |
| --- | --- |
| **Executive Sponsor:** |  |
| **Project Lead(s):** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy/Process Change:** |  | | | |
| **Activities & Subtasks** | **Point Person(s)** | **Key Partners/ Stakeholders for Success** | **Technical Assistance/ Resource Needs** | **Notes/ Intended Outcome(s)** |
|  | **Lead Staff:** | **Organization:**  **Point Person:** |  |  |
| **Additional Staff:** | **Organization:**  **Point Person:** |
| **Timeline:** |
|  | **Lead Staff:** | **Organization:**   **Point Person:** |  |  |
| **Additional Staff:** | **Organization:**   **Point Person:** |
| **Timeline:** |
|  | **Lead Staff:** | **Organization:**   **Point Person:** |  |  |
| **Additional Staff:** | **Organization:**   **Point Person:** |
| **Timeline:** |

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*The views expressed here do not necessarily reflect the views of the Foundation.*