



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# REASONS FOR PREVENTABLE DENIALS, CLOSURES, AND CHURN AMONG MILWAUKEE COUNTY MEDICAID MEMBERS, 2017

Nicholas Di Meo, MPH

*Wisconsin Department of Health Services, Office of the Secretary*

Autumn Arnold

*Wisconsin Department of Health Services, Division of Medicaid Services*

## Contents

<b>Executive Summary</b> .....	1
<b>Overview</b> .....	5
<b>Methods</b> .....	6
<b>Data Set Description</b> .....	9
<b>Results</b> .....	13
Month-by-Month Analysis .....	13
Most Prevalent Causes for Preventable Denials, Closures, and Churn .....	13
Trends in Preventable Denials, Closures, and Churn .....	14
Seasonality .....	16
Eligibility Gap Analysis .....	20
Most Prevalent Causes for Preventable Churn .....	21
Trends in Preventable Churn .....	22
Correlation Between Reasons for Churn and Eligibility Gap .....	23
<b>Conclusions</b> .....	26
<b>APPENDIX</b> .....	30
APPENDIX A: Preventable Reason Codes for Denials, Closures, and Churn .....	30
APPENDIX B: Preventable Denials, Closures, and Churn by Population and Month .....	36
APPENDIX C: Most Common Preventable Reason Codes by Population and Quarter .....	42
Appendix D: Contingency Tables for Odds Ratios .....	49



Department of Health Services  
Office of the Secretary  
P-02479 (08/2019)

## Executive Summary

Churn describes a situation in which a person loses eligibility (for benefits such as medical assistance) and then regains it at some later date. In many cases, people experiencing churn could have maintained continuous coverage, had they taken a required action. The challenges posed by churn are important to Medicaid members, providers, Medicaid Managed Care Organizations (MCOs), enrollment assisters, and the Department of Health Services (DHS). Churn can disrupt treatment when a member loses coverage, potentially leading to poorer or more acute health outcomes and costlier care. By examining the reasons for churn, we can better understand the magnitude of preventable churn and identify opportunities for intervention. Reducing preventable churn could result in the benefits we associate with access to health care; better health outcomes, lower overall cost of care, better quality of life, etc. It will also reduce unnecessary workload for income maintenance agencies, MCOs, and providers.

To begin to understand the reasons why Wisconsin Medicaid members experience churn, DHS examined the most common reasons why people were denied or lost eligibility in Milwaukee County during calendar year 2017. This study analyzed the preventable reasons why new applicants were denied eligibility (denials), existing members lost eligibility and **did not** regain it (closures), and existing members lost eligibility and **did** regain it at a later date (churn) for full-benefit Medicaid. Full benefit Medicaid is coverage that provides the full range of Medicaid covered services under BadgerCare Plus or Medicaid for the Elderly, Blind, and Disabled. Eligibility is generally certified for a year before renewal is required as long as the member's circumstances do not change.

The rate of closures and churn was calculated for each population by month (see [Appendix B](#)). The rate was calculated by dividing the number of members who closed in a given month divided by the total number of members enrolled for that month. Using this methodology creates a measure of closures and churn among all members who are potentially at risk for closure and churn. The monthly churn rate among all populations ranged from 0.7% - 0.9%. Even though churn affected a relatively small percentage of all enrollees, this represents between 1,609 and 1,967 members per month in Milwaukee County in 2017.

The average monthly rates varied by MAG program (see [Table 3](#)). Parents and caretakers (MAGM) in an extension had the highest rates of closures and churn among all records (9.5% and 3.2%, respectively). They also had the highest average monthly rates of closures and churn among preventable records (5.8% and 2.1%, respectively). Not considering former foster care youth, which have sample sizes of less than 10, children have the lowest rates of closures among all records and preventable records (1.6% and 0.6%, respectively) and childless adults have the lowest rates of churn among all records and preventable records (0.5% and 0.2%, respectively). The overall rate of preventable closures was a little over 40% of the rate of all closures, while the overall rate of preventable churn was a little over half the rate of all churn.

Two distinct analyses were completed; a month-by-month analysis; and an eligibility gap analysis. A **month-by-month analysis** examined the preventable reasons why people were denied or lost eligibility, and whether the underlying reasons differ based on the time of year they applied. The results were further stratified by the following population groups: parents and caretakers; childless adults; children; and former foster care youth. An **eligibility gap analysis** looked at whether the underlying reasons for originally losing eligibility differ based on the length of time between losing and subsequently regaining eligibility.

### **Month-by-Month Analysis**

The data set for the month-by-month analysis contains 167,360 records, each of which represents an individual for whom health care eligibility was denied or lost during calendar year 2017 ([see Table 2](#)). The majority of denials were not preventable (74%). The same is true of closures, but with a closer margin (58%). That trend reversed with churn records. Of all churn records, 55% were preventable. Closure and churn records are mutually exclusive, which is to say that churn records are not a subset of all closures.

The majority of individuals whose eligibility ended or was denied for preventable reasons were childless adults (69,940), followed by children (55,190), and then parents and caretakers (42,042) ([see Table 4](#)). However, while childless adults made up 42% of all preventable denials, closures, and churn in 2017, they only made up 11% of all preventable churners. Conversely, children made up 33% of the total, but 57% of all preventable churners. Therefore, within the population of members who lost eligibility for preventable reasons, children made up a disproportionate share of preventable churn, while childless adults made up a disproportionately small share.

When analyzing reasons for losing eligibility, substantially similar reasons were grouped into broad categories. Within each population group, there were only two to three dominant categories of preventable reasons for being denied or losing eligibility, and across all populations, there were only five. Not completing an application or renewal and not providing verification or information, were by far the most prevalent categories of reasons people were denied or lost eligibility ([see Tables 7 – 9](#)).

The preventable reasons and their frequency of occurrence are as follows.

- Application or renewal not completed (26,335)
- Verification or information not provided (24,550)
- Premium was not paid (5,864)
- Separate application required or healthcare not requested (4,442)
- Noncompliant with program eligibility requirements (1,141)

Each record could contain codes that indicate reasons for being denied or losing eligibility at the assistance group level or the individual level. At the assistance group level, not completing an application or renewal and not providing verification or information were the top two reasons for being denied or losing eligibility across all populations. At the individual level, across

all populations, the most common preventable reason for denials was not submitting a separate application or not requesting healthcare coverage. Examples of this situation include a member of the household turning 19 years old, which requires them to apply separately, or an applicant indicating that they want to exclude a member of the household from health care coverage. At the individual level, not paying a premium was the most common preventable reason for closures among parents and caretakers and children (a recent policy change, described below, removes this barrier for some parents and caretakers).

In general, the main reasons each population group was denied or lost eligibility were stable throughout the year, indicating that the underlying reasons do not change by month or season ([see Figures 4 – 6](#)). When looking at the monthly number of preventable denials, closures, and churn, there were some observable trends among preventable denials. The number of child and childless adult applicants who were denied eligibility showed an uptick in November and December ([see Figures 1 – 3](#)).

### **Eligibility Gap Analysis**

The eligibility gap analysis was performed to better understand whether the underlying reasons for losing eligibility differed at all for members who experienced a longer period between disenrollment and reenrollment than those who experienced a shorter one. In order to do this analysis, we had to diverge from the standard definition of churn commonly used by DHS; losing and regaining coverage within 60 days (additional details below in the Methods Section). Instead, we focused on a cohort of members who lost full benefit Medicaid in January 2017 and regained it sometime later that year. The strength of association between the most common reasons for losing eligibility were tested against different time periods. The results were further stratified by the following population groups: parents and caretakers; childless adults; children; and former foster care youth.

Of the three most common reasons for preventable churn (renewal not submitted, verification or information not provided, and premium not paid), not submitting verification or information was strongly associated with members who had a gap in eligibility of three months or less ([see Table 13](#)). After three months, it becomes much less likely that this was the original cause of their losing eligibility. Conversely, the odds that a member lost eligibility for not paying a premium increase the more time passes between when they originally lost eligibility and when they eventually regain it. Future tracking or analysis should take into account these dynamics when determining how much time to allow between disenrollment and reenrollment when defining what counts as churn when dealing with policies related to these causes for losing eligibility.

### **Recommendations**

The limited number of reasons people were denied or lose eligibility provides a relatively small number of root causes to focus on when thinking about interventions to help people gain and retain coverage. Because an overwhelming majority of denials or loss of eligibility were due to

either not completing an application or renewal and not providing verification or information, focusing on these two causes has the potential to impact a large percentage of preventable denials, closures, and churn. These two reasons, along with the most common reason at the individual level, not submitting a separate application or requesting healthcare, indicate that there is a need for education and outreach both to members and enrollment assister partners.

Outreach efforts to members should focus on raising awareness of the entire application process. Partner education should focus on:

1. Their role in counseling members on the entire application process and what to expect after submitting the application, including the potential need to submit additional verifications and information;
2. Developing strategies to target members' annual renewals as a time when they are most susceptible to losing eligibility;
3. Tracking and following up with clients beyond submission of the original (re)application to provide ongoing support until they either have coverage or have exhausted their options; and
4. The need to maintain these efforts during the health care marketplace open enrollment period.

Recently, DHS has made investments in two interventions and made a policy change that addresses these issues. The administrative renewal process allows for redeterminations of health care eligibility without requiring information from members when their information can be verified through data exchanges. Since this system was launched in May of 2017, around 18% of all members whose renewals are due each month are automatically renewed through this system. In February of 2019, DHS launched the MyAccess mobile application. The MyAccess app allows users to check their benefits, be reminded of actions they need to take through push notifications, and submit documents needed for their cases. The application provides a clear and simple way for people to track the status of their case, know when the renewal is due, and when verification or information is needed to process their case. What's more, submitting verification can be accomplished by taking a photo of the needed document and uploading it to the application. And finally, due to a recent policy change<sup>1</sup>, effective January 1, 2019, premiums are no longer required of parents and caretakers enrolled in a BadgerCare Plus extension.

---

<sup>1</sup> See Medicaid Operations Memo 18-47 at <https://www.dhs.wisconsin.gov/dhcaa/memos/18-47.pdf> for details.

## Overview

The challenges posed by churn are important to Medicaid members, providers, Medicaid Managed Care Organizations (MCOs), enrollment assisters, and the Department of Health Services. Churn can disrupt treatment when a member loses coverage, potentially leading to poorer or more acute health outcomes and costlier care. There is also the potential for disrupting continuity of care for a member if they enroll in a different MCO and their previous provider is out of network. MCOs may be reluctant to make long-term investments in interventions and services that could benefit these members because of the potential for that member to enroll with a different MCO after churning. By examining the reasons for churn, we can better understand the magnitude of preventable churn and identify opportunities for intervention. Reducing preventable churn could result in the benefits we associate with access to health care; better health outcomes, better quality of life, and lower overall cost of care. It also has the potential to reduce unnecessary workload for income maintenance agencies, MCOs, and providers.

To begin to understand the reasons why Wisconsin Medicaid members experience churn, DHS examined the most common reasons why people were denied or lost eligibility in Milwaukee County during calendar year 2017. This study examined the preventable reasons why new applicants were denied eligibility (denials), existing members lost eligibility and **did not** regain it (closures), and existing members lost eligibility and **did** regain it (churn) for full-benefit Medicaid. Full benefit Medicaid is coverage that provides the full range of Medicaid covered services under BadgerCare Plus or Medicaid for the Elderly, Blind, and Disabled. Eligibility is generally certified for a year before renewal is required as long as the member's circumstances do not change. Focusing only on members who lost and then regained full benefit Medicaid removes the potential for including cases in the analysis where there may be a legitimate reason the member lost full benefit Medicaid and gained partial benefit Medicaid (or vice versa) which would not be discernable from the data. It also captures the majority of people who receive medical assistance benefits.

Two distinct analyses were completed; a month-by-month analysis, and an eligibility gap analysis. The purpose of the month-by-month analysis was to better understand the underlying reasons for denials and loss of eligibility. To do this, results were examined by calendar year quarter to determine if the reasons for denials, closures, and churn differ at all by the time of year they occur in.

The purpose of the eligibility gap analysis was to better understand whether the underlying reasons for losing eligibility differed at all for members who experienced a longer period between disenrollment and reenrollment than those who experienced a shorter gap. In order to do this analysis, we had to diverge from the standard definition of churn commonly used by DHS; losing and regaining coverage within 60 days (additional details below in the Methods section). Instead, we focused on a subset of members who lost full benefit Medicaid in January

2017 and regained it sometime later that year. The strength of association between the most common reasons for being losing eligibility were tested against different time periods. The results were further stratified by the following population groups: parents and caretakers; childless adults; children; and former foster care youth.

## Methods

Enrollment data from the CARES eligibility system were provided by the Wisconsin Division of Medicaid Services. In CARES, all BadgerCare Plus members are coded with variations on the “MAG” program code depending on their age and circumstances. For the purposes of summarizing and describing the results, program codes were aggregated into two populations: parents and caretakers (MAGA, MAGM, MAGN); and children (MAGC, MAGE, MAGL). Childless adults (MAGS) and former foster care youth (MAGY) were examined individually.

Table 1. MAG program codes used in this analysis	
MAGA	BadgerCare Plus parents
MAGM	BadgerCare Plus parents / caretakers in an extension
MAGN	BadgerCare Plus caretaker (Non-Legally Responsible Relative)
MAGS	BadgerCare Plus childless adult
MAGC	BadgerCare Plus children (<19yo)
MAGE	BadgerCare Plus extensions without a premium (Primarily includes children, but also include a small number of tribal members and disabled parents.)
MAGL	BadgerCare Plus children in a household with a Non-Legally Responsible Relative
MAGY	BadgerCare Plus former foster care youth

CARES records can contain up to three reason codes for why the individual was denied or lost eligibility at the assistance group (AG) level and up to 10 reason codes indicating this at the individual non-financial (INF) level. Assistance group-level codes are reasons that apply at the same time to everyone in the AG, such as a failure to complete a renewal. Individual non-financial codes are specific to an individual within the AG, and include reasons such as the individual is not a qualifying immigrant. The distinction between the two codes is primarily a function of how CARES operates. For the purposes of this report, we have maintained a distinction between the two categories of codes in order to identify when a reason is something that needs to be remedied at a group level versus something that needs to be remedied at an individual level.

Each unique code in the data set was enumerated and then grouped into one of three categories: preventable, non-preventable, and informational. Preventable codes included things like failure to complete a renewal or provide verification. Non-preventable codes included things like, being over the income limit or not residing in Wisconsin. Informational codes are those that may be generated by CARES for systems other reasons or to communicate



additional information to the member but which do not directly identify a reason for losing eligibility. For example, “No person is determined eligible.”

A detailed analysis of the most common causes for denials, closures, and churn was conducted for Milwaukee County. Each record was evaluated individually to determine whether the denial, closure, or churn could have been prevented if there was an intervention or additional action taken by the member. Records that had no **unpreventable** reason codes and at least one preventable reason code were categorized as “preventable.” Those with at least one **unpreventable** reason code were categorized as “unpreventable.” These classifications do not necessarily reflect the intent of the applicant/member, and were only based on the information provided to the agency. For example, we do not know if a member did not complete an application or submit a verification because they no longer wished to apply.

The frequency for reason codes was calculated separately for the AG and INF levels. There is no implied hierarchy within the three AG and ten INF reason code fields. That is to say that AG code one is no more or less important than AG code three. As such, reason codes were aggregated and frequencies were calculated for all three AG fields together. The same is true for the INF fields, which were handled in the same way.

Many reason codes identify the same type of underlying issue, but may point to different specific reasons. For example, codes 38 (“failed to verify identity”), 112 (“did not verify answers”), and 658 (“failed to provide social security number”) could be aggregated under a broader category called “verification or information not provided.” For the purposes of summarizing the data, the reason codes were aggregated into a couple of high-level categories. Tables A1-A5 in Appendix A provide additional details about how these were grouped.

As mentioned earlier, two distinct analyses were completed; a month-by-month analysis and an enrollment gap analysis. For the month-by-month analysis of the reasons for denials, closures, and churn, the data set was made up of individuals who were not eligible for full-benefit Medicaid benefits during each month of 2017, but were eligible for full-benefit Medicaid coverage under MAGA, MAGS, MAGC, MAGE, MAGM, MAGN, MAGL, or MAGY in the previous month (see Table 1 for MAG program descriptions). Monthly rates of closures and churn were calculated based on the total number of members enrolled in each MAG program that month.

For the eligibility gap analysis (looking at whether the reasons for losing eligibility differ based on the length of time between losing and regaining eligibility), the data set included individuals who were eligible for full-benefit Medicaid coverage under MAGA, MAGS, MAGC, MAGE, MAGM, MAGN, or MAGL in December 2016, lost their eligibility in January 2017, and regained it some time during calendar year 2017.

Each record represents a unique individual. For the purposes of the month-by-month analysis, we examined the most prevalent reasons for:

- Denials – Applicant was denied eligibility;

- Closures – Existing full benefit Medicaid member loses eligibility and does not regain it within 60 days; and
- Churn – Existing full benefit Medicaid member loses eligibility, but subsequently regains eligibility in full benefit Medicaid within 60 days. Churn and closure records are mutually exclusive.

For the purposes of the eligibility gap analysis (analysis of whether the reasons for loss of eligibility differ based on the period between disenrollment and re-enrollment), closures, and churn were defined differently. Denials were not examined.

- Closures – Existing full benefit Medicaid member loses eligibility and does not regain it within the calendar year.
- Churn – Existing full benefit Medicaid member loses eligibility, but subsequently regains eligibility in full benefit Medicaid sometime within the calendar year. In this case as well, churn and closure records are mutually exclusive.

For the eligibility gap analysis, the original intention was to measure that period as starting when the member loses eligibility (i.e., January 2017 for all records in this data set) and ending on their reapplication date. However, there were no reliable markers for reapplication date, as the confirmation dates on file are not a point-in-time measurement. They instead represent the last time an income maintenance worker touched that case. Instead, the month the member regained coverage was used to define the gap period. Because, in this data set, there is no way to know whether cases requested backdated eligibility, results from each month may include individuals that reapplied two or three months after the date they regained eligibility. Without an alternative reliable marker, this analysis is not sensitive to differences at the monthly level.

The eligibility gap analysis utilized the aggregation of MAG programs into population groups and specific reason codes into categories of reasons, as was done in the month-by-month analysis. It also utilized odds ratios (OR) to test the strength of association between the top three reasons for losing eligibility against different lengths of time (defined by calendar year quarter) between when the member lost eligibility and subsequently regained it. Confidence intervals and P-values were calculated for each OR.

## Data Set Description

Before reviewing the results of the analyses, it is important to understand the underlying data sets. This not only provides context for the subsequent results, but can provide some additional insights as well. In the month-by-month analysis, there were 167,360 records in the data set (see Table 2), each of which represents an individual for whom health care eligibility was denied or lost during calendar year 2017. Closures make up the majority of preventable records, followed by denials, and then churn. The majority of denials were not preventable (74%). The same is true of closures, but with a closer margin (58%). That trend reverses with churn records. Of all churn records, 55% were preventable.

**Table 2. Prevention status by DENIAL, CLOSURE, or CHURN status, Milwaukee County during calendar year 2017.**

Type	All Records (%)	Preventable (%)	Unpreventable (%)
Denials	80,531 (100%)	20,841 (26%)	59,690 (74%)
Closures	65,820 (100%)	27,423 (42%)	38,397 (58%)
Churn	21,009 (100%)	11,635 (55%)	9,374 (45%)
Total	167,360 (100%)	59,899 (36%)	107,461 (64%)

The rates of preventable closures and churn were calculated for each population by month (see Appendix B). The rate was calculated by dividing the number of members who closed in a given month divided by the total number of members enrolled for that month. Using this methodology creates a measure of closures and churn among all members who are potentially at risk for closure and churn.

Monthly rates across all MAG programs were relatively stable. They ranged from a low of 2.2% to a high of 2.8% among all closures. The difference was a little wider among preventable closures, ranging from 0.86% to 1.24%. Average monthly rates for churn ranged from 0.7% to 0.9% for all churn and tightened to 0.37% to 0.51% for preventable churn. Even though churn affected a relatively small percentage of all enrollees, this represents between 1,609 and 1,967 members per month in Milwaukee County in 2017.

A summary of the average monthly totals and average monthly rates are found below in Table 3. The average monthly rates varied by MAG program. Parents and caretakers (MAGM) in an extension had the highest rates of closures and churn, both among all records and among preventable records. Not considering former foster care youth, which have very low sample sizes, children have the lowest rates of closures (all records and preventable) and childless adults have the lowest rates of churn (all records and preventable). The overall rate of

preventable closures was a little over 40% of the rate of all closures, while the overall rate of preventable churn was a little over half the rate of all churn.

**Table 3. Average monthly total (and rate) of CLOSURES and CHURN by MAG program and whether the action could have been prevented.**

	All Records*		Preventable Records	
	CLOSURES Average Monthly Total (Rate)	CHURN Average Monthly Total (Rate)	CLOSURES Average Monthly Total (Rate)	CHURN Average Monthly Total (Rate)
MAGM	474 (9.5%)	161 (3.2%)	288 (5.8%)	103 (2.1%)
MAGA	822 (2.1%)	322 (0.8%)	323 (0.8%)	194 (0.5%)
MAGN	20 (2.2%)	9 (1.0%)	5 (0.6%)	5 (0.6%)
<i>Parents and Care Takers Subtotal</i>	<b>1,315</b> <b>(2.9%)</b>	<b>491</b> <b>(1.1%)</b>	<b>616</b> <b>(1.3%)</b>	<b>303</b> <b>(0.7%)</b>
<i>MAGS, Childless Adults</i>	<b>2,173</b> <b>(4.4%)</b>	<b>265</b> <b>(0.5%)</b>	<b>872</b> <b>(1.8%)</b>	<b>109</b> <b>(0.2%)</b>
MAGC	1,705 (1.6%)	800 (0.7%)	764 (0.7%)	540 (0.5%)
MAGE	219 (1.5%)	169 (1.2%)	6 (0.04%)	3 (0.02%)
MAGL	65 (1.7%)	25 (0.7%)	21 (0.6%)	15 (0.4%)
<i>Children Subtotal</i>	<b>1,990</b> <b>(1.6%)</b>	<b>993</b> <b>(0.8%)</b>	<b>792</b> <b>(0.6%)</b>	<b>557</b> <b>(0.4%)</b>
<i>MAGY, Former Foster Care Youth</i>	<b>7</b> <b>(2.8%)</b>	<b>1</b> <b>(0.4%)</b>	<b>6</b> <b>(2.3%)</b>	<b>1</b> <b>(0.3%)</b>
<i>Grand Total</i>	<b>5,485</b> <b>(2.5%)</b>	<b>1,751</b> <b>(0.8%)</b>	<b>2,285</b> <b>(1.04%)</b>	<b>970</b> <b>(0.44%)</b>

\* Includes all records, both preventable and unpreventable.

Looking at records of preventable denials, closures, and churn by MAG group and population (see Table 4), the majority of records of are childless adults (69,940), followed by children (55,190), and then parents and caretakers (42,042). However, while childless adults make up 42% of the total population, they only make up 11% of all preventable churners. Conversely, children make up 33% of the total, but 57% of all preventable churners. Parents and caretakers make up 25% of the total, but 31% of all preventable churners. Therefore, among those who were denied or lost eligibility for preventable reasons in 2017, children made up a disproportionate share of preventable churn, while childless adults made up a disproportionately small share. Across all programs, there were more preventable closures than there were denials or churners.

**Table 4. Preventable DENIALs, CLOSUREs, and CHURN by program and aggregate populations in Milwaukee County during calendar year 2017.**

	<b>All Records (% of Total)</b>	<b>Preventable Denials (% of Total)</b>	<b>Preventable Closures (% of Total)</b>	<b>Preventable Churn (% of Total)</b>
Total MAGM	8,328 (5%)	384 (2%)	3,455 (13%)	1,238 (11%)
Total MAGA	32,650 (20%)	3,440 (17%)	3,877 (14%)	2,331 (20%)
Total MAGN	1,064 (1%)	105 (1%)	61 (0.2%)	61 (1%)
<b><i>Total Parents and Caretakers</i></b>	<b>42,042 (25%)</b>	<b>3,929 (19%)</b>	<b>7,393 (27%)</b>	<b>3,630 (31%)</b>
<b><i>Total MAGS, Childless Adults</i></b>	<b>69,940 (42%)</b>	<b>8,918 (43%)</b>	<b>10,460 (38%)</b>	<b>1,307 (11%)</b>
Total MAGC	47,726 (29%)	7,760 (37%)	9,172 (33%)	6,480 (56%)
Total MAGE	5,592 (3%)	39 (0.2%)	70 (0.3%)	32 (0%)
Total MAGL	1,872 (1%)	169 (1%)	256 (1%)	177 (2%)
<b><i>Total Children</i></b>	<b>55,190 (33%)</b>	<b>7,968 (38%)</b>	<b>9,498 (35%)</b>	<b>6,689 (57%)</b>
<b><i>Total MAGY, Former Foster Care Youth</i></b>	<b>188 (0.1%)</b>	<b>26 (0.1%)</b>	<b>72 (0.3%)</b>	<b>9 (0.1%)</b>
<b><i>Total</i></b>	<b>167,360 (100%)</b>	<b>20,841 (100%)</b>	<b>27,423 (100%)</b>	<b>11,635 (100%)</b>

The eligibility gap analysis (whether the reasons for loss of eligibility differ based on the period between disenrollment and reenrollment), contains 29,620 records in the data set, each of which represents an individual for whom health care eligibility was lost as of January 2017 and regained sometime during calendar year 2017 (see Table 5). The data set differs from the month-by-month analysis in some notable ways. First, since the eligibility gap analysis only looks at members who lost eligibility in January and omits denials, the total number of records is much smaller than the month-by-month analysis (29,620 compared to 167,360). Similar to the month-by-month analysis, closures made up the majority of records followed by churn. Likewise a smaller proportion of closures were preventable than unpreventable (39% and 61%, respectively). Unlike the month-by-month data set, the proportion of preventable churn cases was less than the proportion of unpreventable cases in the eligibility gap data set (46% and 54% respectively).

<b>Table 5. Prevention status by CLOSURE or CHURN status, Milwaukee County January 2017.</b>			
<b>Type</b>	<b>All Records (%)</b>	<b>Preventable (%)</b>	<b>Unpreventable (%)</b>
Closures	15,295 (100%)	5,903 (39%)	9,392 (61%)
Churn	14,325 (100%)	6,567 (46%)	7,758 (54%)
Total	29,620 (100%)	12,470 (42%)	17,150 (58%)

Closure results from individual programs in Table 6 reveal some differences between childless adults, and parents and caretakers and children. Unlike the month-by-month analysis, children make up a slim majority of records (39%), followed by childless adults (35%), and parents and caretakers (26%). Similar to the month-by-month analysis, children make up the majority of preventable churn (46%), while childless adults make up the least (24%).

Although childless adults made up 35% of the total number of records, they account for 51% of all preventable closures. Conversely, children made up 39% of all records and only 26% of all preventable closures. Similar to the month-by-month analysis, children make up the majority of preventable churn (46%), although by a slimmer margin.

<b>Table 6. Total number of preventable CHURN and CLOSURES by program and aggregate populations in Milwaukee County in January 2017.</b>					
	<b>All Records (% of Total)</b>	<b>Churned Records (% of Total)</b>	<b>Preventable Churn (% of Total)</b>	<b>Closures (% of Total)</b>	<b>Preventable Closures (% of Total)</b>
Total MAGM	707 (9%)	369 (8%)	232 (10%)	338 (9%)	179 (11%)
Total MAGA	1,316 (16%)	814 (19%)	421 (19%)	502 (14%)	172 (11%)
Total MAGN	37 (0.5%)	25 (0.6%)	12 (0.5%)	12 (0.3%)	4 (0.3%)
<b>Total Parents and Care Takers</b>	<b>2,060 (26%)</b>	<b>1,208 (28%)</b>	<b>665 (30%)</b>	<b>852 (23%)</b>	<b>355 (23%)</b>
<b>Total MAGS, Childless Adults</b>	<b>2,854 (35%)</b>	<b>1,147 (26%)</b>	<b>525 (24%)</b>	<b>1,707 (46%)</b>	<b>796 (51%)</b>
Total MAGC	2,628 (33%)	1,670 (38%)	1,004 (45%)	958 (26%)	391 (25%)
Total MAGE	431 (5%)	286 (7%)	5 (0.2%)	145 (4%)	6 (0.4%)
Total MAGL	72 (1%)	42 (1%)	24 (1%)	30 (1%)	7 (0.4%)
<b>Total Children</b>	<b>3,131 (39%)</b>	<b>1,998 (46%)</b>	<b>1,033 (46%)</b>	<b>1,133 (31%)</b>	<b>404 (26%)</b>
<b>Total MAGY, Former Foster Care Youth</b>	<b>12 (0.1%)</b>	<b>6 (0.1%)</b>	<b>6 (0.3%)</b>	<b>6 (0.2%)</b>	<b>4 (0.3%)</b>
<b>Total</b>	<b>8,057 (100%)</b>	<b>4,359 (100%)</b>	<b>2,229 (100%)</b>	<b>3,698 (100%)</b>	<b>1,559 (100%)</b>

## Results

### Month-by-Month Analysis

#### Most Prevalent Causes for Preventable Denials, Closures, and Churn

Tables 7-9, below, represent data from all of calendar year 2017 and reflect an aggregate count of reasons for preventable denials, closures, and churn across the entire year. These tables only display results for preventable reason codes. That is to say, in order to be included in these results, the record must not include any unpreventable codes and at least one preventable code. The frequencies of unpreventable reason codes are not displayed. It is also important to note that this represents a gross count and that these reasons are not mutually exclusive.

At the assistance group level, there were two reasons that were responsible for the vast majority of denials, closures, and churn: not completing an application or renewal; and not providing verification or information. Not completing an application or renewal had the highest incidence among denials, closures, and churn.

At the individual level, the results for closures and churn were more similar than the results for denials. Not paying a premium was the most prevalent cause of closures and churn. The second most common cause for closures and churn, at the individual level, was noncompliance with program eligibility requirements. It is worth noting that in contrast to the other aggregate categories of reasons, this category only included two specific denial codes, and 99.8% of them were “not cooperating with medical support liability requirements” (see Appendix A for details). “Verification was not provided” was also a prominent cause for closures and churn. At the individual level, the overwhelming majority of denials were for not submitting a separate application or requesting health care. As noted above, we do not know whether members of this group were interested in or intended to apply for health care separately. It is likely that this statistic includes both people who were and were not interested in Medicaid coverage. So while we can assume that this statistic is inflated, we don’t know by how much. Not providing verification or information and not paying a premium were almost evenly split as the second and third most prevalent causes of preventable denials.

**Table 7. Frequency of occurrence of PREVENTABLE reason categories in PREVENTABLE DENIAL records in Milwaukee County during calendar year 2017.**

Reason Category	AG Frequency	Reason Category	INF Frequency
Verification or information not provided	14,081	Separate application required or healthcare not requested	4,169
Application or renewal not completed	3,146	Verification or information not provided	556
Separate application required or healthcare not requested	7	Premium was not paid	517
		Noncompliant with program eligibility requirements	220

**Table 8. Frequency of occurrence of PREVENTABLE reason categories in PREVENTABLE CLOSURE records in Milwaukee County during calendar year 2017.**

Reason Category	AG Frequency	Reason Category	INF Frequency
Application or renewal not completed	15,997	Premium was not paid	4,016
Verification or information not provided	6,465	Noncompliant with program eligibility requirements	655
Separate application required or healthcare not requested	210	Verification or information not provided	485
		Separate application required or healthcare not requested	30

**Table 9. Frequency of occurrence of PREVENTABLE reason categories in PREVENTABLE CHURN records in Milwaukee County during calendar year 2017.**

Reason Category	AG Frequency	Reason Category	INF Frequency
Application or renewal not completed	7,192	Premium not paid	1,331
Verification or information not provided	2,750	Noncompliant with program eligibility requirements	266
Separate application required or healthcare not requested	30	Verification or information not provided	213
		Separate application required or healthcare not requested	3

### Trends in Preventable Denials, Closures, and Churn

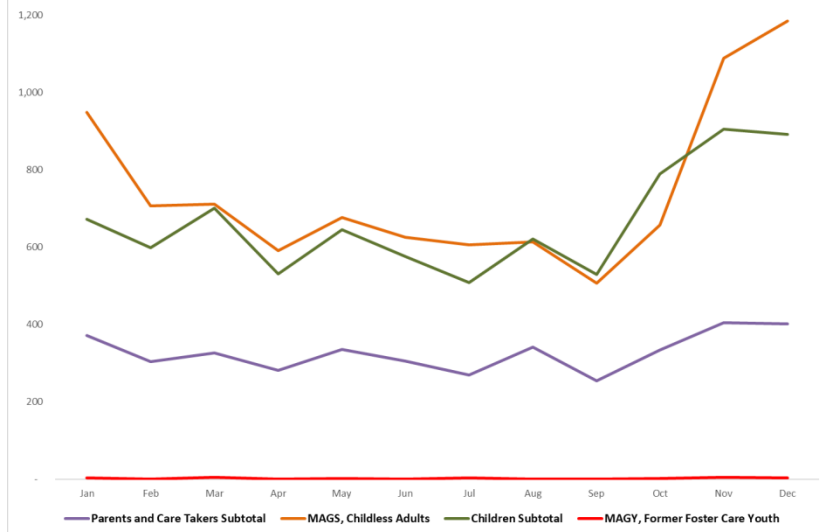
The total number of denials, closures, and churn were looked at by month in 2017 to identify trends. Monthly totals were calculated as follows. Denials were grouped by the month of their application filing date. Closures and churn were grouped by the month after their eligibility expired (i.e., records whose eligibility ended in September were counted towards October totals).

Figures 1 - 3 show trends in preventable denials in Milwaukee County for each month in 2017. The number of parents and caretakers who are denied, closed, or churn fluctuate, but are relatively stable across all months. The number of former foster care youth are too small to identify trends. Please see Appendix B for a monthly breakdown of the raw data by each program as well as population.

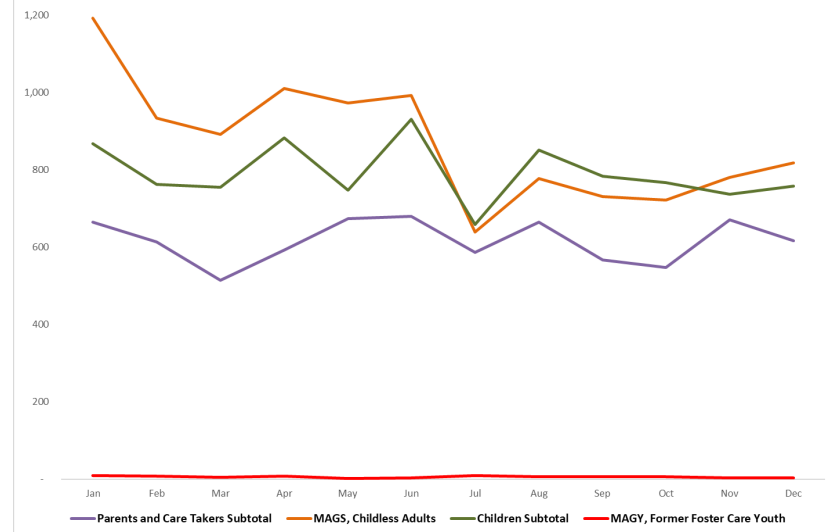
Children and childless adults are the two populations with observable trends. The number of children and childless adults who were denied eligibility shows an uptick in the last quarter of the year. This is especially pronounced for childless adults in November and December. There is also a slightly elevated number of denials of childless adults in January, but because there is no data from either November and December of 2016 or January of 2018, it is impossible to say whether this uptick is linked to an annual trend during the cold weather months or not. Similarly, there is an uptick in closures among childless adults in January as well. Rates of preventable denials, closures, and churn were the most stable among parents and caretakers.



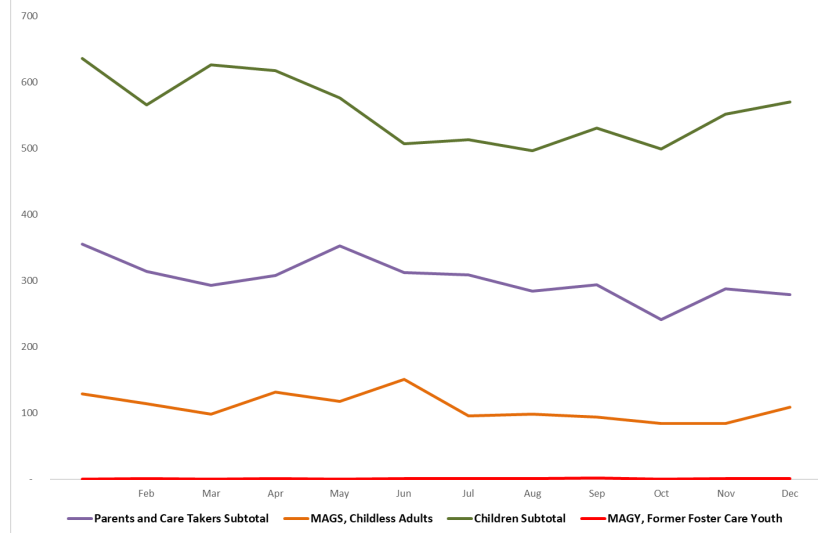
**Figure 1. Trends in Preventable Denials in Milwaukee County by Population, 2017**



**Figure 2. Trends in Preventable Closures in Milwaukee County by Population, 2017**



**Figure 3. Trends in Preventable Churn in Milwaukee County by Population, 2017**



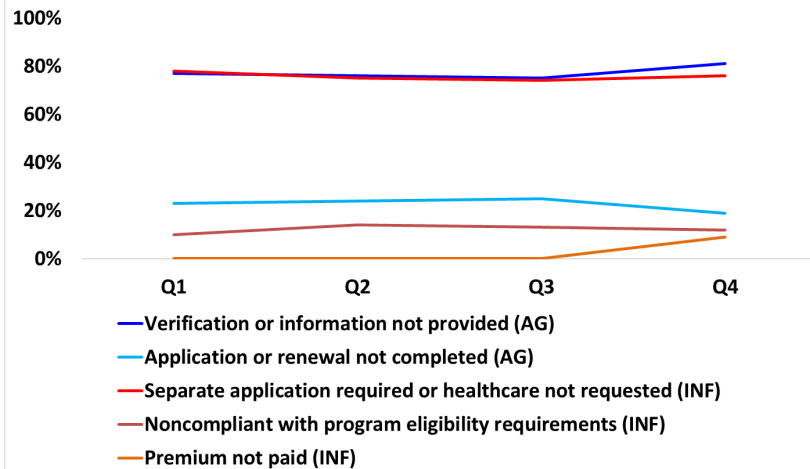
## Seasonality

In order to examine seasonality, the data were aggregated for each population by calendar year quarter. The two to three most prevalent reasons for denials, closures, and churn for each population were converted to percentages representing the proportion of records that were denied or lost eligibility for each reason and charted. This allows us to compare trends at the group and individual levels and across populations. However, it is important to remember that the conversion to percentages masks the differences in raw number totals. Results from the former foster care youth records are not graphed due to their small numbers. There were usually only two overwhelmingly predominant reasons for churn by population per year. When a third reason was within three percentage points of the second, that reason was included in the graphs as well. In figures 4-6, results at the assistance group level were charted in cool colors (blues) and results at the individual level were charted in warm colors (reds). To see the raw data compared across all population groups by quarter, see Appendix C.

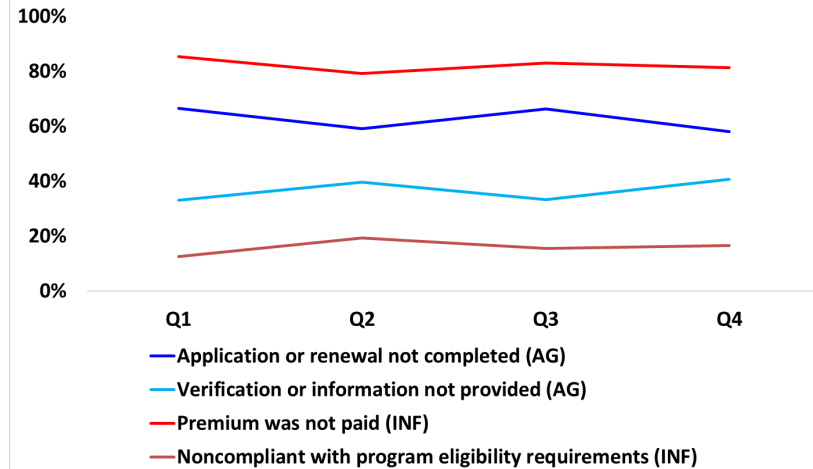
Across all populations, the reasons for denial, closure, and churn remained relatively stable throughout the year. This was true both at the assistance group and individual levels. In all but one case, the top reason remains the same throughout the year. The reasons children churn at the individual level is the one exception. Not paying a premium and failure to provide verification trade off as the primary and secondary reasons for churn each quarter. This also happened at the individual level for churn among childless adults in the first and second quarters, but this was due to small denominators and quarters where the denominator was zero.

At both the assistance group and individual levels, there is a much larger gap between the first and second reasons why people are denied coverage than those whose case was closed or who experienced churn. This may indicate that the behavior of people who are applying for coverage is different from that of members who are reapplying.

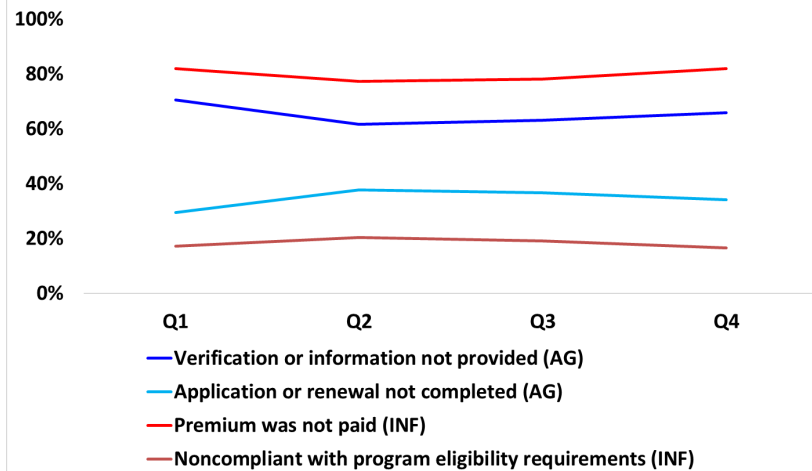
**Figure 4.1 The most common preventable reasons for DENIAL for Parents and Caretakers in Milwaukee County, 2017**



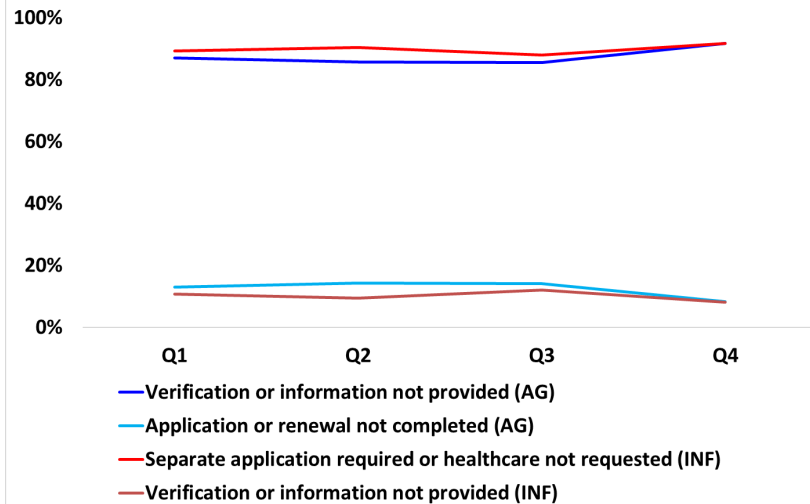
**Figure 4.2 The most common preventable reasons for CLOSURES for Parents and Caretakers in Milwaukee County, 2017**



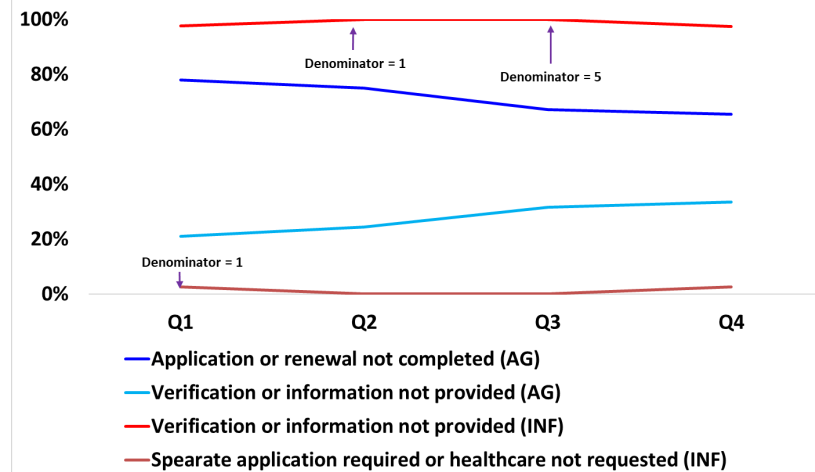
**Figure 4.3 The most common preventable reasons for CHURN for Parents and Caretakers in Milwaukee County, 2017**



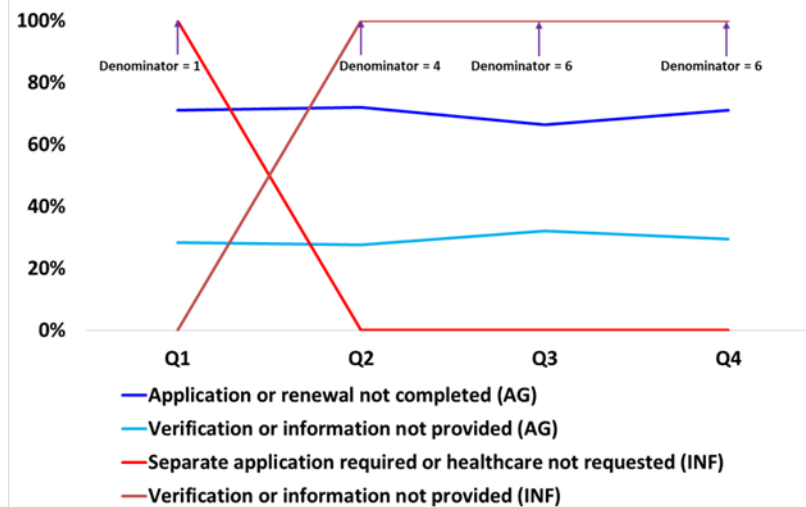
**Figure 5.1 The most common preventable reasons for DENIAL for Childless Adults in Milwaukee County, 2017**



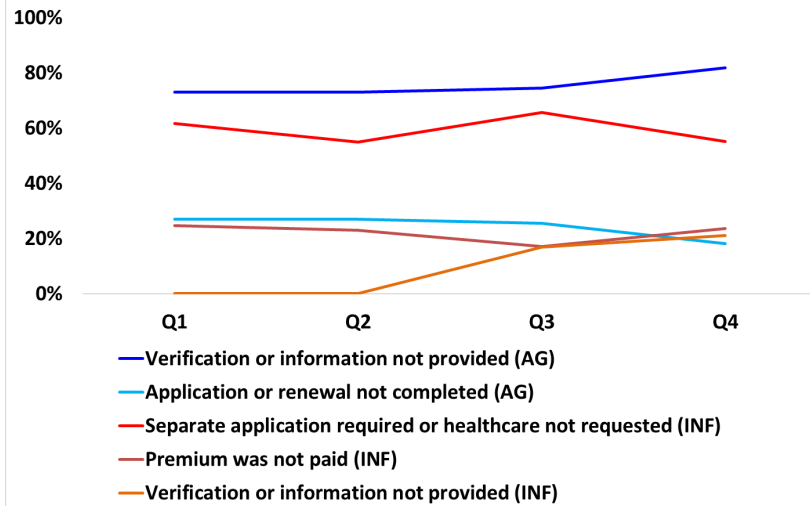
**Figure 5.2 The most common preventable reasons for CLOSURE for Childless Adults in Milwaukee County, 2017**



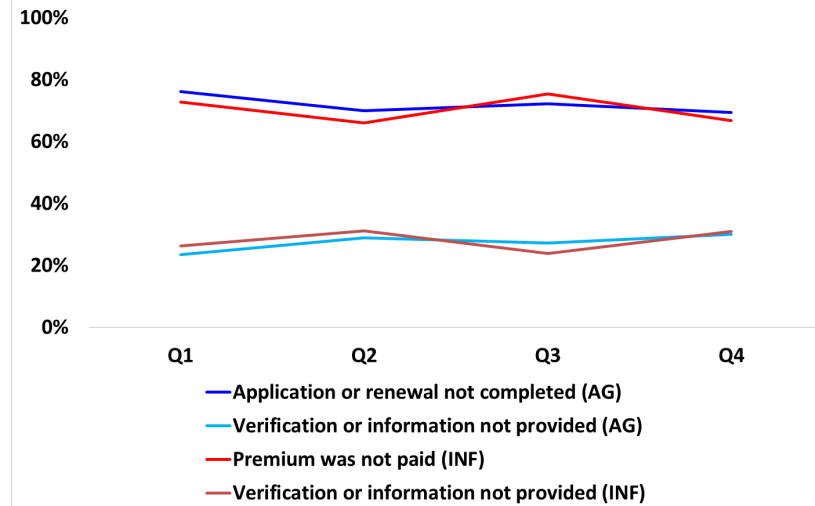
**Figure 5.3 The most common preventable reasons for CHURN for Childless Adults in Milwaukee County, 2017**



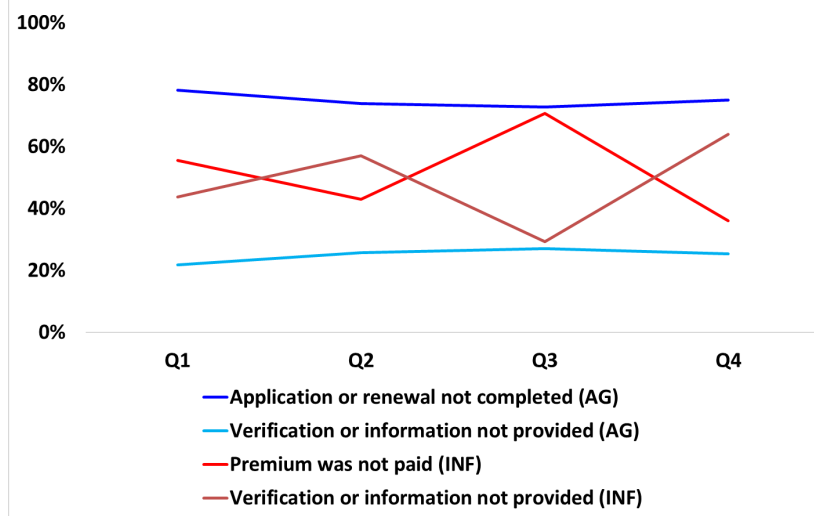
**Figure 6.1 The most common preventable reasons for DENIALS for Children in Milwaukee County, 2017**



**Figure 6.2 The most common preventable reasons for CLOSURES for Children in Milwaukee County, 2017**



**Figure 6.3 The most common preventable reasons for CHURN for Children in Milwaukee County, 2017**



## Eligibility Gap Analysis

The following tables and figures provide results for the analysis of whether the underlying reasons for losing eligibility differ based the amount of time between disenrollment and reenrollment; that is to say, based on the eligibility gap. As mentioned earlier, this data set only contains records of members who lost full benefit Medicaid eligibility in January 2017 and regained it sometime during the rest calendar year. It does not include records of applicants who were denied eligibility, or members whose eligibility was closed. Because we are testing whether the underlying reasons for losing eligibility differ based on the gap in eligibility, we are not using the standard DHS definition of churn (losing and subsequently regaining eligibility within 60 days). Instead, we defined churn as losing full benefit Medicaid eligibility in January 2017 and subsequently regaining it sometime before the end of the calendar year so that we can conduct the analysis based on eligibility gaps of different lengths.

As shown in Table 10, the total number of members in this study population was 2,229. It further shows the breakdown by program and aggregate population groups. Children made up the largest number of records in this sample (1,033), followed by parents and caretakers (665) and childless adults (525).

<b>Table 10. Total number of Milwaukee County members to experience preventable churn in January 2017 by month they regained eligibility.</b>												
	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Total</b>
MAGM	71	40	24	25	17	13	9	6	8	12	7	232
MAGA	210	74	38	27	20	12	16	7	8	2	7	421
MAGN	8	2	1	-	-	-	1	-	-	-	-	12
<b>Parents and Care Takers Subtotal</b>	<b>289</b>	<b>116</b>	<b>63</b>	<b>52</b>	<b>37</b>	<b>25</b>	<b>26</b>	<b>13</b>	<b>16</b>	<b>14</b>	<b>14</b>	<b>665</b>
<b>MAGS, Childless Adults</b>	<b>128</b>	<b>77</b>	<b>53</b>	<b>54</b>	<b>38</b>	<b>31</b>	<b>33</b>	<b>35</b>	<b>29</b>	<b>19</b>	<b>28</b>	<b>525</b>
MAGC	537	183	76	53	53	18	32	22	13	6	11	1,004
MAGE	1	2	-	1	-	-	1	-	-	-	-	5
MAGL	12	3	-	1	2	4	1	1	-	-	-	24
<b>Children Subtotal</b>	<b>550</b>	<b>188</b>	<b>76</b>	<b>55</b>	<b>55</b>	<b>22</b>	<b>34</b>	<b>23</b>	<b>13</b>	<b>6</b>	<b>11</b>	<b>1,033</b>
<b>MAGY, Former Foster Care Youth</b>	<b>-</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6</b>
<b>Grand Total</b>	<b>967</b>	<b>383</b>	<b>193</b>	<b>163</b>	<b>130</b>	<b>78</b>	<b>93</b>	<b>72</b>	<b>58</b>	<b>39</b>	<b>53</b>	<b>2,229</b>

### Most Prevalent Causes for Preventable Churn

Table 11 lists all of the aggregate categories of reason codes along with the frequency with which they appear in either the assistance group (AG) and individual non-financial (INF) fields across all populations. It is important to note that this represents a gross count and that these reasons are not mutually exclusive. Similar to the results of the month-by-month analysis, not completing a renewal is by far the most common reason for a closure, followed by not providing verification and not paying a premium.

<b>Table 11. Frequency of occurrence of reason categories in preventable CHURN records in Milwaukee County during January 2017.</b>			
<b>AG Fields</b>		<b>INF Fields</b>	
<b>Reason Category</b>	<b>Frequency</b>	<b>Reason Category</b>	<b>Frequency</b>
Renewal not completed	1,392	Premium not paid	235
Verification or information not provided	515	Noncompliant with medical support liability requirements	58
Separate application required or healthcare not requested	9	Verification or information not provided	31
		Separate application required or healthcare not requested	1

Table 12 further backs up these results when looking at these categories as a percentage of all of the reasons within each population group. This table summarizes the two most common preventable reasons that each population in Milwaukee County churns at the assistance group and individual levels.

The most common reasons for losing eligibility at the assistance group level were not completing a renewal and not providing verification or information, with not completing a renewal being the overwhelming cause of churn in every population group. The most common reasons for losing eligibility at the individual level included not paying a premium, not providing verification or information, and noncompliance with medical support liability requirements<sup>2</sup>. Not paying a premium was the most common reason for losing eligibility at the individual level for parents and caretakers and the second most common reason that children lost eligibility. As stated earlier, due to a recent policy change, effective January 1, 2019, premiums are no longer required of parents and caretakers enrolled in a BadgerCare Plus extension.

---

<sup>2</sup> Every other category of reason codes is an aggregate of two or more different reason codes, except this one. "Noncompliant with medical support liability requirements" is the only code in this category. Medical support liability refers to the obligation that a parent has to pay for his or her child's medical care, either through the provision of health insurance coverage or direct payment of medical bills. In many cases, custodial parents are required to cooperate with the child support agency to establish paternity and/or medical support as a condition of their own eligibility.

**Table 12. The most common causes of disenrollment, by population, for preventable CHURN in Milwaukee County during January 2017.**

	<b>Parents and Caretakers (MAGA, MAGM, MAGN)</b>	<b>Childless Adults (MAGS)</b>	<b>Children (MAGC, MAGE, MAGL)</b>	<b>Former Foster Care Youth (MAGY)</b>
<b>Most common for AG</b>	Renewal not completed (64% of all cases)	Renewal not completed (75% of all cases)	Renewal not completed (74% of all cases)	Renewal not completed (100% of cases*)
<b>Second most common for AG</b>	Verification or information not provided (35% of all cases)	Verification or information not provided (24% of all cases)	Verification or information not provided (25% of all cases)	N/A
<b>Most common for INF</b>	Premium was not paid (77% of all cases)	Verification or information not provided (100% of cases**)	Verification or information not provided (54% of all cases)	N/A
<b>Second most common for INF</b>	Noncompliant with medical support liability requirements (21% of all cases)	N/A	Premium was not paid (46% of all cases)	N/A

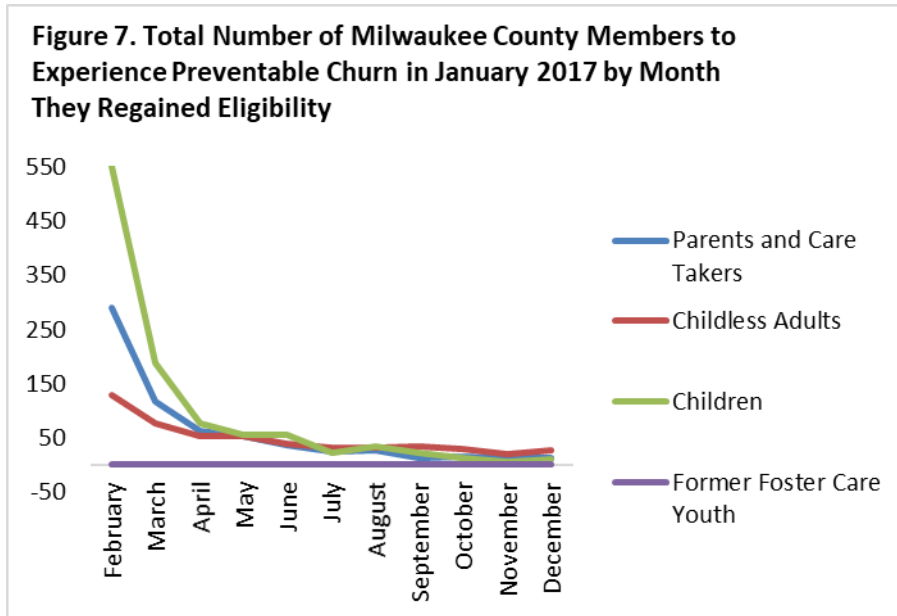
\* Out of a total of six cases.

\*\* Out of a total of 2 cases.

### Trends in Preventable Churn

Predictably, the majority of people regained eligibility in the subsequent month after disenrollment (Table 10 and Figure 7). These are members who may have reapplied in February and not asked for backdated coverage, or regained eligibility in March or April and asked for backdated coverage to February. They would have been separated from their MCO and experienced a one-month gap in coverage. Generally, there was a steady decline in the number of reenrollments the more time passed.





#### Correlation Between Reasons for Churn and Eligibility Gap

In light of the homogeneity of results across population groups, the analysis of whether the reasons for losing coverage differed for members who experienced a longer coverage gap from those who experienced a shorter gap was done across all populations. For this analysis, the odds ratio (OR), 95% Confidence Interval (CI), and P-value were calculated for the three most common causes of disenrollment: not completing a renewal, not providing verification or information, and not paying a premium. An odds ratio is a measure of association between an exposure and an outcome. The odds ratio represents the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure. Odds ratios are more frequently used in epidemiology to measure the association of an exposure with a health outcome; for example, the odds that smokers will develop lung cancer.

In this application of the odds ratio, the exposure is the presence or absence of reason codes for one of the three most common causes for disenrollment in a given record. The outcome of interest is the length of time between when the member lost eligibility and eventually regained it. The OR was calculated by cause of the disenrollment for each quarter in which the member regained eligibility as compared to members who were disenrolled for the same reason but regained eligibility during any other quarter. A summary of the results can be found below in Table 13. The individual 2 x 2 contingency tables used in the calculations can be found in Appendix D.

An OR greater than one indicates a correlation between the exposure and the outcome. An OR less than one indicates the opposite; that the presence of the exposure reduces the odds of the

outcome. The confidence interval (CI) and P-value are ways of testing the accuracy of the OR (or other statistics). The CI specifies a range of values that we can be 95% sure includes the actual value of the OR. Tighter ranges are better. If the confidence interval (CI) includes one, there is a chance that there is no association between the exposure and the outcome. The P-value measures chances that the correlation between the outcome and exposure occurs by chance. A P-value of .05 means that there is a 5% probability that the correlation is occurring by chance and 95% probability that the correlation is statistically significant. The smaller the P-value, the more confident we can be in our results.

There is no statistically significant correlation between failure to complete a renewal and any of the four time periods. In each case, the OR is close to or less than one, the CI includes one, and the P-value is greater than 0.05. Members who fall into this category either never began or never submitted their renewal. Perhaps they were unaware of the renewal deadline and did not realize their coverage had lapsed until the next time they touched the health care system. Perhaps these members did not feel they needed the coverage and did not prioritize submitting their renewal. Whatever the reason, these members were not statistically associated with any of these eligibility gaps.

**Table 13. Summary of odds ratios by original reason for losing eligibility and the quarter in which they regained eligibility.**

	Regained Eligibility in Q1	Regained Eligibility in Q2	Regained Eligibility in Q3	Regained Eligibility in Q4
<b>Renewal not completed</b>	OR = 0.945 CI = 0.793-1.126 P = 0.527	OR = 1.058 CI = 0.856-1.307 P = 0.6050	OR = 1.029 CI = 0.817-1.295 P = 0.809	OR = 0.938 CI = 0.611-1.439 P = 0.7690
<b>Verification not provided</b>	OR = 1.598 CI = 1.301-1.963 P < 0.0001	OR = 0.64* CI = 0.496-0.825 P = 0.0006 Invert = 1.563	OR = 0.759* CI = 0.578-0.997 P = 0.0475 Invert = 1.318	OR = 0.636 CI = 0.368-1.1 P = 0.106
<b>Premium not paid*</b>	OR = 0.505* CI = 0.385-0.663 P < 0.0001 Invert = 1.98	OR = 1.831 CI = 1.35-2.483 P < 0.0001	OR = 1.166 CI = 0.823-1.652 P = 0.3881	OR = 2.34 CI = 1.385-3.957 P = 0.0015

*\* When the OR is less than one, and the results are statistically significant, they have been inverted to facilitate easier interpretation. The "Invert" value is the odds that a member who regained eligibility in a given quarter lost eligibility for any other reason than the one being tested. For example, among people who regained eligibility in the first quarter, the odds that they lost eligibility for any reason other than paying a premium are 1.98 times higher than the odds of having lost eligibility for failing to pay a premium.*

Failure to provide verification or information is statistically associated with churning in each of the first three quarters. The odds that a member churned for not providing verification or information are the greatest in the first quarter but decrease sharply after that. The odds that members who regained eligibility in the first quarter originally lost eligibility for not providing

verification or information are almost 1.6 times greater than doing so for any other reason. The odds that members who regained eligibility in quarters two and three did so for any reason **other than** not providing verification or information are 1.6 and 1.3 times greater, respectively. By the fourth quarter, there is no statistical association. Members who lose eligibility for this reason have submitted their renewal, but did not provide adequate verification or supporting information before the deadline. If we assume that they were motivated to complete their application, it makes sense that, given a little more time, they were able to provide all of the necessary information to get enrolled within the first quarter.

There was a strong statistical association between not paying a premium and regaining eligibility in quarters one, two, and four. The magnitude of the association grew larger with each of these quarters. The odds that members who regained eligibility in the first quarter did so for any reason **other than** not paying a premium were 1.98 times greater. However, the odds that members who regained eligibility in the second quarter originally lost eligibility for not paying a premium are 1.8 times higher than for any other reason. The odds increase again to 2.34 times higher in the fourth quarter. The third quarter results are not statistically significant.

These results may be due to the fact that members who have a premium obligation and do not pay their premiums are subject to a three-month restrictive reenrollment period (RRP). They would need to pay all owed premiums (including those for months during the RRP) in order to regain eligibility. After the RRP ends, the member may reenroll without paying owed premiums if he or she continues to meet the program eligibility criteria. This result may indicate that many members choose to reapply after the RRP ends in order to avoid paying those missed premiums. Additionally, many may not reenroll right after their RRP ends, instead waiting until they have a medical need to do so.

## Conclusions

The purpose of this study was to examine the most common preventable reasons why applicants were denied eligibility and why members lost eligibility in Milwaukee County during calendar year 2017. It looked at the causes of preventable denials, closures, and churn among full-benefit Medicaid members and whether the underlying reasons people were denied or lost eligibility differed based on the time of year they are applying. It also looked at whether the underlying reasons for originally losing eligibility differ based on the length of time between losing and subsequently regaining eligibility. These results were further stratified by the following population groups: parents and caretakers; childless adults; children; and former foster care youth.

The rates of closures and churn were calculated for each population by month. The rate was calculated by dividing the number of members who closed in a given month divided by the total number of members enrolled for that month. Using this methodology creates a measure of closures and churn among all members who are potentially at risk for closure and churn. The monthly churn rate among all populations ranged from 0.7% - 0.9%. Even though churn affected a relatively small percentage of all enrollees, this represents between 1,609 and 1,967 members per month in Milwaukee County in 2017.

The average monthly rates varied by MAG program. Parents and caretakers (MAGM) in an extension had the highest rates of closures and churn among all records (9.5% and 3.2%, respectively). They also had the highest average monthly rates of closures and churn among preventable records (5.8% and 2.1%, respectively). Not considering former foster care youth, which have sample sizes of less than 10, children have the lowest rates of closures among all records and preventable records (1.6% and 0.6%, respectively) and childless adults have the lowest rates of churn among all records and preventable records (0.5% and 0.2%, respectively). The overall rate of preventable closures was a little over 40% of the rate of all closures, while the overall rate of preventable churn was a little over half the rate of all churn.

Two distinct analyses were completed; a month-by-month analysis; and an eligibility gap analysis. A **month-by-month analysis** examined the preventable reasons why people were denied or lost eligibility, and whether the underlying reasons differ based on the time of year they are applying. The results were further stratified by the following population groups: parents and caretakers; childless adults; children; and former foster care youth. An **eligibility gap analysis** looked at whether the underlying reasons for originally losing eligibility differ based on the length of time between losing and subsequently regaining eligibility.

## Month-by-Month Analysis

Of the 167,360 records represented in the month-by-month data set, closures make up the majority of preventable records, followed by denials, and then churn. The overwhelming majority of denials were not preventable (74%). The same was true of closures, but with a closer margin (58%). However, a slight majority of churn records, (55%) were preventable. Closure and churn records are mutually exclusive, which is to say that churn records are not a subset of all closures.

The majority of records of preventable denials, closures, and churn were childless adults (69,940), followed by children (55,190), and then parents and caretakers (42,042). However, while childless adults made up 42% of all preventable denials, closures, and churn in 2017, they only made up 11% of all preventable churners. Conversely, children made up 33% of the total, but 57% of all preventable churners. Within the population of members who lost eligibility for preventable reasons, children made up a disproportionate share of preventable churn, while childless adults made up a disproportionately small share.

In order to analyze reasons for losing eligibility, substantially similar reasons were grouped into broad categories. Within each population group, there were only two to three dominant categories of preventable reasons for being denied or losing eligibility, and across all populations, there were only five. These categories of reasons and their frequency of occurrence within preventable records are as follows.

- Application or renewal not completed (26,335)
- Verification or information not provided (24,550)
- Premium was not paid (5,864)
- Separate application required or healthcare not requested (4,442)
- Noncompliant with program eligibility requirements (1,141)

Each record could contain codes that indicate reasons for being denied or losing eligibility at the assistance group level or the individual level. At the assistance group level, not completing an application or renewal and not providing verification or information were the top two reasons for being denied or losing eligibility across all populations. At the individual level, across all populations, the most common preventable reason for denials was not submitting a separate application or not requesting healthcare coverage. Examples of this may include a member of the household turning 19 years old, which requires them to apply separately, or an applicant indicating that a member of the household does not want health care coverage. At the individual level, not paying a premium was the most common preventable reason for closures among parents and caretakers and children.

In general, the main reasons each population group was denied or lost eligibility were stable throughout the year, indicating that the underlying reasons do not change by month or season.

When looking at the monthly number of preventable denials, closures, and churn, there were some observable trends among preventable denials. The number of child and childless adult applicants who were denied eligibility showed an uptick in November and December.

### **Eligibility Gap Analysis**

The eligibility gap analysis was performed to better understand whether the underlying reasons for losing eligibility differed at all for members who experienced a longer period between disenrollment and reenrollment than those who experienced a shorter one. In order to do this analysis, we had to diverge from the standard definition of churn commonly used by DHS; losing and regaining coverage within 60 days. Instead, we focused on a subset of members who lost full benefit Medicaid in January 2017 and regained it sometime later that year. The strength of association between the most common reasons for being denied or losing eligibility were tested against different time periods. The results were further stratified by the following population groups: parents and caretakers; childless adults; children; and former foster care youth.

Of the three most common reasons for preventable churn (renewal not submitted, verification or information not provided, and premium not paid), not submitting verification or information was strongly associated with members who had a gap in eligibility of three months or less. After three months, it becomes much less likely that this was the original cause of their losing eligibility. Conversely, the odds that a member lost eligibility for not paying a premium increase the more time passes between when they originally lost eligibility and when they eventually regain it. Future tracking or analysis should take into account these dynamics when determining how much time to allow between disenrollment and reenrollment when defining what counts as a closure or as churn when dealing with policies related to these causes for losing eligibility.

### **Recommendations**

The limited number of reasons people were denied or lost eligibility provides a relatively small number of root causes to focus on when thinking about interventions to help people gain and retain coverage. Because an overwhelming majority of cases were due to either not completing an application or renewal and not providing verification or information, focusing on these two causes has the potential to impact a large percentage of preventable denials, closures, and churn. These two reasons, along with the most common reason at the individual level, not submitting a separate application or requesting healthcare, indicate that there is a need for education and outreach both to members and enrollment assister partners.

Outreach efforts to members should focus on raising awareness of the entire application process. Partner education should focus on:

1. Their role in counseling members on the entire application process and what to expect after submitting the application, including the potential need to submit additional verifications and information;
2. Developing strategies to target members' renewals as a time when they are most susceptible to losing eligibility;
3. Tracking and following up with clients beyond submission of the original (re)application to provide ongoing support until they either have coverage or have exhausted their options; and
4. The need to maintain efforts during the health care marketplace open enrollment period.

Recently, DHS has made investments in two interventions and made a policy change that addresses these issues. The administrative renewal process allows for redeterminations of health care eligibility without requiring information from members when it is possible to do so based on reliable information in the member's case or information available through data exchanges. Since this system was launched in May of 2017, around 18% of all members who are eligible for renewal get automatically renewed through this system. In February of 2019, DHS launched the MyAccess mobile application. The MyAccess application allows users to check their benefits, be reminded of actions they need to take through push notifications, and submit documents needed for their cases. The app provides a clear and simple way for people to track the status of their application or renewal and know whether additional verification or information is needed to process their case. What's more, submitting verification can be accomplished by taking a photo of the needed document and uploading it to the app. And finally, a recent policy change<sup>3</sup>, effective January 1, 2019, removes the premium requirement for parents and caretakers enrolled in a BadgerCare Plus extension.

---

<sup>3</sup> See Medicaid Operations Memo 18-47 at <https://www.dhs.wisconsin.gov/dhcaa/memos/18-47.pdf> for details.

## APPENDIX

### APPENDIX A: Preventable Reason Codes for Denials, Closures, and Churn

Table A1 includes all of the preventable reason codes in the entire data set used for the month-by-month analysis. Tables A2-A4 are subsets of Table A1 and include the total number of times a preventable reason code appears *within a preventable record*. A preventable record is one that had no unpreventable codes and at least one preventable code in it. This means that preventable reason codes found in records that also contain unpreventable reason codes are not represented in Tables A2-A4. Tables A2-A4 list preventable codes found in preventable records of denials, closures, and churn, respectively. Table A5 lists preventable codes found in churn records from the eligibility gap analysis.

**Table A1. Frequency of PREVENTABLE reason codes for DENIALS, CLOSURES, and CHURN in Milwaukee County, 2017.**

Reason Code	Short Description	Category	Code Frequency
112	Did not verify answers	Verification or information not provided	38,478
93	Refuses to give or get a social security number	Verification or information not provided	462
696	Household tax filing status has not been provided	Verification or information not provided	437
38	Failed to verify identity	Verification or information not provided	403
80	Declaration of citizenship not completed	Verification or information not provided	403
658	Failed to provide social security number	Verification or information not provided	381
722	Did not verify answers	Verification or information not provided	118
113	Did not provide information	Verification or information not provided	73
77	Your renewal has not been completed	Application or renewal not completed	28,582
614	Application not signed for this program	Application or renewal not completed	944
697	Individual is not requesting healthcare and must apply separately	Separate application required or healthcare not requested	4,356
114	Primary person requested to exclude this person	Separate application required or healthcare not requested	2,179
27	The applicant left the household	Separate application required or healthcare not requested	277
720	Individual has not requested BadgerCare Plus after the Restrictive Reenrollment Period	Separate application required or healthcare not requested	110



**Table A1. (continued) Frequency of PREVENTABLE reason codes for DENIALS, CLOSURES, and CHURN in Milwaukee County, 2017.**

Reason Code	Short Description	Category	Code Frequency
531	As an adult you may be eligible, but must apply separately	Separate application required or healthcare not requested	12
677	BadgerCare Plus premium has not been paid - subject to Restrictive Reenrollment Period	Premium was not paid	4,771
691	BadgerCare Plus premium has not been paid for a child	Premium was not paid	759
602	You have not paid your BadgerCare plus premium	Premium was not paid	592
692	BadgerCare Plus premium has not been paid - subject to Restrictive Reenrollment Period	Premium was not paid	451
90	Not cooperating with medical support liability requirements	Noncompliant with program eligibility requirements	1,233
60	Failed to cooperate with third party liability requirements	Noncompliant with program eligibility requirements	6

**Table A2. Frequency of PREVENTABLE reason codes found in PREVENTABLE DENIAL records in 2017 in Milwaukee County**

Code	Description	Category	Code Frequency
112	Did not verify answers	Verification or information not provided	13,957
658	Failed to provide social security number	Verification or information not provided	196
696	Household tax filing status has not been provided	Verification or information not provided	192
80	Declaration of citizenship not completed	Verification or information not provided	115
38	Failed to verify identity	Verification or information not provided	91
93	Refuses to give or get a social security number	Verification or information not provided	38
113	Did not provide information	Verification or information not provided	32
722	Did not verify answers	Verification or information not provided	16
697	Individual is not requesting healthcare and must apply separately	Separate application required or healthcare not requested	2,857
114	Primary person requested to exclude this person	Separate application required or healthcare not requested	1,202

**Table A2. (continued) Frequency of PREVENTABLE reason codes found in PREVENTABLE DENIAL records in 2017 in Milwaukee County**

Code	Description	Category	Code Frequency
720	Individual has not requested BadgerCare Plus after the Restrictive Reenrollment Period	Separate application required or healthcare not requested	103
27	The applicant left the household	Separate application required or healthcare not requested	7
77	Your renewal has not been completed	Application or renewal not completed	2,690
614	Application not signed for this program	Application or renewal not completed	456
602	You have not paid your BadgerCare plus premium	Premium was not paid	413
692	BadgerCare Plus premium has not been paid - subject to Restrictive Reenrollment Period	Premium was not paid	97
677	BadgerCare Plus premium has not been paid - subject to Restrictive Reenrollment Period	Premium was not paid	5
691	BadgerCare Plus premium has not been paid for a child	Premium was not paid	2
90	Not cooperating with medical support liability requirements	Noncompliant with program eligibility requirements	218
60	Failed to cooperate with third party liability requirements	Noncompliant with program eligibility requirements	2

**Table A3. Frequency of PREVENTABLE reason codes found in PREVENTABLE CLOSURE records in 2017 in Milwaukee County**

Code	Description	Category	Code Frequency
77	Your renewal has not been completed	Application or renewal not completed	15,929
614	Application not signed for this program	Application or renewal not completed	68
112	Did not verify answers	Verification or information not provided	6,419
80	Declaration of citizenship not completed	Verification or information not provided	195
38	Failed to verify identity	Verification or information not provided	176
658	Failed to provide social security number	Verification or information not provided	82
696	Household tax filing status has not been provided	Verification or information not provided	37

**Table A3. (continued) Frequency of PREVENTABLE reason codes found in PREVENTABLE CLOSURE records in 2017 in Milwaukee County**

Code	Description	Category	Code Frequency
113	Did not provide information	Verification or information not provided	23
722	Did not verify answers	Verification or information not provided	17
93	Refuses to give or get a social security number	Verification or information not provided	1
677	BadgerCare Plus premium has not been paid - subject to Restrictive Reenrollment Period	Premium was not paid	3,232
691	BadgerCare Plus premium has not been paid for a child	Premium was not paid	595
692	BadgerCare Plus premium has not been paid - subject to Restrictive Reenrollment Period	Premium was not paid	164
602	You have not paid your BadgerCare plus premium	Premium was not paid	25
90	Not cooperating with medical support liability requirements	Noncompliant with program eligibility requirements	655
27	The applicant left the household	Separate application required or healthcare not requested	210
114	Primary person requested to exclude this person	Separate application required or healthcare not requested	20
697	Individual is not requesting healthcare and must apply separately	Separate application required or healthcare not requested	6
720	Individual has not requested BadgerCare Plus after the Restrictive Reenrollment Period	Separate application required or healthcare not requested	4

**Table A4. Frequency of PREVENTABLE reason codes found in PREVENTABLE CHURN records in 2017 in Milwaukee County**

Code	Description	Category	Code Frequency
77	Your renewal has not been completed	Application or renewal not completed	7,135
614	Application not signed for this program	Application or renewal not completed	57
112	Did not verify answers	Verification or information not provided	2,714
38	Failed to verify identity	Verification or information not provided	78
80	Declaration of citizenship not completed	Verification or information not provided	50

**Table A4. (continued) Frequency of PREVENTABLE reason codes found in PREVENTABLE CHURN records in 2017 in Milwaukee County**

Code	Description	Category	Code Frequency
658	Failed to provide social security number	Verification or information not provided	44
722	Did not verify answers	Verification or information not provided	37
696	Household tax filing status has not been provided	Verification or information not provided	36
113	Did not provide information	Verification or information not provided	4
677	BadgerCare Plus premium has not been paid - subject to Restrictive Reenrollment Period	Premium was not paid	1,101
691	BadgerCare Plus premium has not been paid for a child	Premium was not paid	123
692	BadgerCare Plus premium has not been paid - subject to Restrictive Reenrollment Period	Premium was not paid	86
602	You have not paid your BadgerCare plus premium	Premium was not paid	21
90	Not cooperating with medical support liability requirements	Noncompliant with program eligibility requirements	266
27	The applicant left the household	Separate application required or healthcare not requested	30
114	Primary person requested to exclude this person	Separate application required or healthcare not requested	2
697	Individual is not requesting healthcare and must apply separately	Separate application required or healthcare not requested	1

**Table A5. Frequency of PREVENTABLE reason codes found in PREVENTABLE CHURN records, in Milwaukee County for members *who lost eligibility in January 2017 and regained it sometime during the calendar year.***

Code	Description	Category	Code Frequency
77	Your renewal has not been completed	Application or renewal not completed	1,384
614	Application not signed for this program	Application or renewal not completed	8
112	Did not verify answers	Verification or information not provided	512
80	Declaration of citizenship not completed	Verification or information not provided	10
658	Failed to provide social security number	Verification or information not provided	10

**Table A5. (continued) Frequency of PREVENTABLE reason codes found in PREVENTABLE CHURN records, in Milwaukee County for members *who lost eligibility in January 2017 and regained it sometime during the calendar year.***

Code	Description	Category	Code Frequency
38	Failed to verify identity	Verification or information not provided	8
113	Did not provide information	Verification or information not provided	2
696	Household tax filing status has not been provided	Verification or information not provided	2
722	Did not verify answers	Verification or information not provided	2
677	BadgerCare Plus Premium has not been paid – subject to restrictive reenrollment period	Premium was not paid	205
692	BadgerCare Plus Premium has not been paid – subject to restrictive reenrollment period	Premium was not paid	23
602	You have not paid your BadgerCare Plus premium	Premium was not paid	6
691	BadgerCare Plus premium has not been paid for a child	Premium was not paid	1
90	Noncompliant with medical support liability requirements	Noncompliant with medical support liability requirements	58
27	The applicant left the household	Separate application required or healthcare not requested	9
114	Primary person requested to exclude this person	Separate application required or healthcare not requested	1

## APPENDIX B: Preventable Denials, Closures, and Churn by Population and Month

Tables B1-B6 show the total number of members who experienced denial, closure, or churn, respectively, by month for the month-by-month analysis. The rates of closures and churn are also given in parenthesis by program and month. The numerator for the rate is the number of members who closed in a given month. The denominator is the total number of members enrolled for that month. Using this methodology creates a measure of closures and churn among all members who are potentially at risk for closure and churn. The rates for denials was not calculated because the data set did not include the total number of applicants to serve as a denominator.

<b>Table B1. Number of Milwaukee County members to experience DENIALS, preventable and unpreventable, by month during calendar year 2017.</b>												
	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
MAGM	76	50	72	34	61	52	41	66	56	58	69	84
MAGA	1,839	1,481	1,571	1,313	1,500	1,493	1,244	1,723	1,354	1,673	1,897	1,838
MAGN	62	59	71	70	54	51	45	69	55	65	59	63
<b><i>Parents and Caretakers Subtotal</i></b>	<b><i>1,977</i></b>	<b><i>1,590</i></b>	<b><i>1,714</i></b>	<b><i>1,417</i></b>	<b><i>1,615</i></b>	<b><i>1,596</i></b>	<b><i>1,330</i></b>	<b><i>1,858</i></b>	<b><i>1,465</i></b>	<b><i>1,796</i></b>	<b><i>2,025</i></b>	<b><i>1,985</i></b>
<b><i>MAGS, Childless Adults</i></b>	<b><i>3,829</i></b>	<b><i>3,120</i></b>	<b><i>3,266</i></b>	<b><i>2,885</i></b>	<b><i>3,273</i></b>	<b><i>3,044</i></b>	<b><i>2,847</i></b>	<b><i>3,237</i></b>	<b><i>2,828</i></b>	<b><i>3,346</i></b>	<b><i>4,694</i></b>	<b><i>4,308</i></b>
MAGC	-	-	-	-	-	-	-	-	-	-	-	-
MAGE	76	83	80	60	74	82	107	92	64	83	69	68
MAGL	45	57	59	72	72	62	49	93	89	81	52	63
<b><i>Children Subtotal</i></b>	<b><i>121</i></b>	<b><i>140</i></b>	<b><i>139</i></b>	<b><i>132</i></b>	<b><i>146</i></b>	<b><i>144</i></b>	<b><i>156</i></b>	<b><i>185</i></b>	<b><i>153</i></b>	<b><i>164</i></b>	<b><i>121</i></b>	<b><i>131</i></b>
<b><i>MAGY, Former Foster Care Youth</i></b>	<b><i>7</i></b>	<b><i>8</i></b>	<b><i>8</i></b>	<b><i>5</i></b>	<b><i>7</i></b>	<b><i>9</i></b>	<b><i>11</i></b>	<b><i>4</i></b>	<b><i>1</i></b>	<b><i>8</i></b>	<b><i>11</i></b>	<b><i>8</i></b>
<b><i>Grand Total</i></b>	<b><i>5,934</i></b>	<b><i>4,858</i></b>	<b><i>5,127</i></b>	<b><i>4,439</i></b>	<b><i>5,041</i></b>	<b><i>4,793</i></b>	<b><i>4,344</i></b>	<b><i>5,284</i></b>	<b><i>4,447</i></b>	<b><i>5,314</i></b>	<b><i>6,851</i></b>	<b><i>6,432</i></b>

Table B2. Number of Milwaukee County members to experience PREVENTABLE DENIALS by month during calendar year 2017.												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
MAGM	35	33	38	21	27	26	24	36	30	35	39	40
MAGA	326	259	281	247	302	278	241	290	220	287	358	351
MAGN	11	12	7	13	6	2	5	15	5	12	7	10
<i>Parents and Caretakers Subtotal</i>	<b>372</b>	<b>304</b>	<b>326</b>	<b>281</b>	<b>335</b>	<b>306</b>	<b>270</b>	<b>341</b>	<b>255</b>	<b>334</b>	<b>404</b>	<b>401</b>
<b>MAGS, Childless Adults</b>	<b>949</b>	<b>707</b>	<b>711</b>	<b>591</b>	<b>677</b>	<b>626</b>	<b>606</b>	<b>613</b>	<b>507</b>	<b>657</b>	<b>1,089</b>	<b>1,185</b>
MAGC	665	578	685	511	637	559	499	584	509	769	891	873
MAGE	-	4	7	6	2	2	1	4	1	3	5	4
MAGL	7	17	8	14	6	15	8	33	20	17	9	15
<i>Children Subtotal</i>	<b>672</b>	<b>599</b>	<b>700</b>	<b>531</b>	<b>645</b>	<b>576</b>	<b>508</b>	<b>621</b>	<b>530</b>	<b>789</b>	<b>905</b>	<b>892</b>
<b>MAGY, Former Foster Care Youth</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>2</b>	<b>5</b>	<b>4</b>
<b>Grand Total</b>	<b>1,996</b>	<b>1,611</b>	<b>1,742</b>	<b>1,404</b>	<b>1,659</b>	<b>1,508</b>	<b>1,387</b>	<b>1,575</b>	<b>1,292</b>	<b>1,782</b>	<b>2,403</b>	<b>2,482</b>

**Table B3. Number of Milwaukee County members to experience CLOSURES, both preventable and unpreventable, (and monthly rate) for each program during calendar year 2017.**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
MAGM	538 (10.4%)	480 (9.8%)	387 (8.1%)	453 (9.0%)	496 (10.2%)	445 (9.1%)	499 (10.3%)	476 (10.0%)	424 (8.7%)	462 (8.8%)	538 (10.4%)	484 (9.1%)
MAGA	925 (2.3%)	710 (1.8%)	775 (1.9%)	837 (2.1%)	901 (2.3%)	879 (2.2%)	728 (1.8%)	854 (2.1%)	778 (1.9%)	812 (2.0%)	886 (2.2%)	777 (2.0%)
MAGN	23 (2.6%)	15 (1.7%)	21 (2.3%)	25 (2.8%)	24 (2.7%)	17 (1.9%)	18 (2.0%)	18 (2.1%)	11 (1.2%)	14 (1.5%)	24 (2.7%)	25 (2.8%)
<b>Parents and Caretakers Subtotal</b>	<b>1,486 (3.2%)</b>	<b>1,205 (2.6%)</b>	<b>1,183 (2.6%)</b>	<b>1,315 (2.9%)</b>	<b>1,421 (3.1%)</b>	<b>1,341 (2.9%)</b>	<b>1,245 (2.7%)</b>	<b>1,348 (2.9%)</b>	<b>1,213 (2.6%)</b>	<b>1,288 (2.8%)</b>	<b>1,448 (3.2%)</b>	<b>1,286 (2.8%)</b>
<b>MAGS, Childless Adults</b>	<b>2,544 (5.2%)</b>	<b>2,039 (4.1%)</b>	<b>2,288 (4.6%)</b>	<b>2,544 (5.2%)</b>	<b>2,208 (4.5%)</b>	<b>2,341 (4.8%)</b>	<b>1,848 (3.8%)</b>	<b>2,005 (4.1%)</b>	<b>1,986 (4.0%)</b>	<b>1,984 (4.0%)</b>	<b>2,116 (4.2%)</b>	<b>2,175 (4.3%)</b>
MAGC	1,741 (1.6%)	1,505 (1.4%)	1,551 (1.5%)	1,921 (1.8%)	1,687 (1.6%)	1,871 (1.8%)	1,529 (1.4%)	1,815 (1.7%)	1,688 (1.6%)	1,718 (1.6%)	1,775 (1.6%)	1,659 (1.5%)
MAGE	258 (1.7%)	192 (1.3%)	209 (1.4%)	236 (1.5%)	184 (1.2%)	200 (1.3%)	226 (1.5%)	229 (1.5%)	209 (1.4%)	235 (1.7%)	238 (1.8%)	215 (1.7%)
MAGL	49 (1.3%)	66 (1.8%)	66 (1.8%)	74 (2.0%)	74 (2.0%)	76 (2.1%)	54 (1.4%)	65 (1.7%)	64 (1.7%)	58 (1.5%)	73 (1.9%)	65 (1.7%)
<b>Children Subtotal</b>	<b>2,048 (1.6%)</b>	<b>1,763 (1.4%)</b>	<b>1,826 (1.5%)</b>	<b>2,231 (1.8%)</b>	<b>1,945 (1.6%)</b>	<b>2,147 (1.7%)</b>	<b>1,809 (1.4%)</b>	<b>(2,109) (1.7%)</b>	<b>1,961 (1.6%)</b>	<b>2,011 (1.6%)</b>	<b>2,086 (1.7%)</b>	<b>1,939 (1.5%)</b>
<b>MAGY, Former Foster Care Youth</b>	<b>12 (4.7%)</b>	<b>10 (4.0%)</b>	<b>7 (2.7%)</b>	<b>8 (3.2%)</b>	<b>5 (2.0%)</b>	<b>4 (1.5%)</b>	<b>10 (3.8%)</b>	<b>6 (2.3%)</b>	<b>7 (2.6%)</b>	<b>7 (2.5%)</b>	<b>7 (2.6%)</b>	<b>5 (1.8%)</b>
<b>Grand Total</b>	<b>6,090 (2.8%)</b>	<b>5,017 (2.3%)</b>	<b>5,304 (2.4%)</b>	<b>6,098 (2.8%)</b>	<b>5,579 (2.5%)</b>	<b>5,833 (2.7%)</b>	<b>4,912 (2.2%)</b>	<b>5,468 (2.5%)</b>	<b>5,167 (2.3%)</b>	<b>5,290 (2.4%)</b>	<b>5,657 (2.5%)</b>	<b>5,405 (2.4%)</b>



**Table B4. Number of Milwaukee County members to experience PREVENTABLE CLOSURES (and monthly rate) for each program during calendar year 2017.**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
MAGM	307 (5.9%)	316 (6.5%)	237 (4.9%)	260 (5.2%)	301 (6.2%)	272 (5.6%)	307 (6.3%)	306 (6.4%)	266 (5.5%)	269 (5.1%)	332 (6.4%)	282 (5.3%)
MAGA	350 (0.9%)	293 (0.7%)	275 (0.7%)	329 (0.8%)	366 (0.9%)	400 (1.0%)	276 (0.7%)	354 (0.9%)	298 (0.7%)	277 (0.7%)	331 (0.8%)	328 (0.8%)
MAGN	8 (0.9%)	4 (0.5%)	3 (0.3%)	4 (0.5%)	7 (0.8%)	8 (0.9%)	4 (0.5%)	5 (0.6%)	3 (0.3%)	2 (0.2%)	7 (0.8%)	6 (0.7%)
Parents and Caretakers <i>Subtotal</i>	<b>665</b> <b>(1.4%)</b>	<b>613</b> <b>(1.3%)</b>	<b>515</b> <b>(1.1%)</b>	<b>593</b> <b>(1.3%)</b>	<b>674</b> <b>(1.5%)</b>	<b>680</b> <b>(1.5%)</b>	<b>587</b> <b>(1.3%)</b>	<b>665</b> <b>(1.5%)</b>	<b>567</b> <b>(1.2%)</b>	<b>548</b> <b>(1.2%)</b>	<b>670</b> <b>(1.5%)</b>	<b>616</b> <b>(1.4%)</b>
<i>MAGS,</i> Childless Adults	<b>1,192</b> <b>(2.4%)</b>	<b>934</b> <b>(1.9%)</b>	<b>892</b> <b>(1.8%)</b>	<b>1,010</b> <b>(2.1%)</b>	<b>973</b> <b>(2.0%)</b>	<b>992</b> <b>(2.1%)</b>	<b>639</b> <b>(1.3%)</b>	<b>778</b> <b>(1.6%)</b>	<b>730</b> <b>(1.5%)</b>	<b>722</b> <b>(1.5%)</b>	<b>780</b> <b>(1.6%)</b>	<b>818</b> <b>(1.6%)</b>
MAGC	841 (0.8%)	727 (0.7%)	717 (0.7%)	851 (0.8%)	713 (0.7%)	896 (0.8%)	641 (0.6%)	831 (0.8%)	762 (0.7%)	742 (0.7%)	714 (0.7%)	737 (0.7%)
MAGE	10 (0.1%)	4 (0.03%)	6 (0.04%)	9 (0.06%)	4 (0.03%)	5 (0.03%)	2 (0.01%)	6 (0.04%)	4 (0.03%)	7 (0.1%)	7 (0.1%)	6 (0.1%)
MAGL	17 (0.5%)	31 (0.9%)	32 (0.9%)	22 (0.6%)	30 (0.8%)	30 (0.8%)	15 (0.4%)	14 (0.4%)	17 (0.5%)	18 (0.5%)	15 (0.4%)	15 (0.4%)
Children <i>Subtotal</i>	<b>868</b> <b>(0.7%)</b>	<b>762</b> <b>(0.6%)</b>	<b>755</b> <b>(0.6%)</b>	<b>882</b> <b>(0.7%)</b>	<b>747</b> <b>(0.6%)</b>	<b>931</b> <b>(0.7%)</b>	<b>658</b> <b>(0.5%)</b>	<b>851</b> <b>(0.7%)</b>	<b>783</b> <b>(0.6%)</b>	<b>767</b> <b>(0.6%)</b>	<b>736</b> <b>(0.6%)</b>	<b>758</b> <b>(0.6%)</b>
<i>MAGY,</i> Former Foster Care Youth	10 (3.9%)	8 (3.2%)	5 (1.9%)	8 (3.2%)	2 (0.8%)	3 (1.1%)	9 (3.4%)	6 (2.3%)	6 (2.2%)	7 (2.5%)	4 (1.5%)	4 (1.4%)
<i>Grand Total</i>	<b>2,735</b> <b>(1.2%)</b>	<b>2,317</b> <b>(1.1%)</b>	<b>2,167</b> <b>(1.0%)</b>	<b>2,493</b> <b>(1.1%)</b>	<b>2,396</b> <b>(1.1%)</b>	<b>2,606</b> <b>(1.2%)</b>	<b>1,893</b> <b>(0.9%)</b>	<b>2,300</b> <b>(1.0%)</b>	<b>2,086</b> <b>(0.9%)</b>	<b>2,044</b> <b>(0.9%)</b>	<b>2,190</b> <b>(1.0%)</b>	<b>2,196</b> <b>(1.0%)</b>

**Table B5. Number of Milwaukee County members to experience CHURN, both preventable and unpreventable, (and monthly rate) for each program during calendar year 2017.**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
MAGM	169 (3.3%)	201 (4.1%)	185 (3.8%)	152 (3.0%)	165 (3.4%)	169 (3.4%)	167 (3.4%)	141 (3.0%)	155 (3.2%)	124 (2.4%)	160 (3.1%)	139 (2.6%)
MAGA	391 (1.0%)	309 (0.8%)	317 (0.8%)	354 (0.9%)	396 (1.0%)	309 (0.8%)	305 (0.8%)	310 (0.8%)	308 (0.8%)	289 (0.7%)	285 (0.7%)	289 (0.7%)
MAGN	14 (1.6%)	12 (1.3%)	6 (0.7%)	12 (1.4%)	11 (1.2%)	7 (0.8%)	6 (0.7%)	9 (1.0%)	7 (0.8%)	5 (0.5%)	8 (0.9%)	9 (1.0%)
<b>Parents and Caretakers Subtotal</b>	<b>574 (1.2%)</b>	<b>522 (1.1%)</b>	<b>508 (1.1%)</b>	<b>518 (1.1%)</b>	<b>572 (1.3%)</b>	<b>485 (1.1%)</b>	<b>478 (1.0%)</b>	<b>460 (1.0%)</b>	<b>470 (1.0%)</b>	<b>418 (0.9%)</b>	<b>453 (1.0%)</b>	<b>437 (1.0%)</b>
<b>MAGS, Childless Adults</b>	<b>310 (0.6%)</b>	<b>262 (0.5%)</b>	<b>246 (0.5%)</b>	<b>295 (0.6%)</b>	<b>279 (0.6%)</b>	<b>321 (0.7%)</b>	<b>247 (0.5%)</b>	<b>260 (0.5%)</b>	<b>228 (0.5%)</b>	<b>226 (0.5%)</b>	<b>211 (0.4%)</b>	<b>300 (0.6%)</b>
MAGC	887 (0.8%)	811 (0.8%)	852 (0.8%)	888 (0.8%)	806 (0.8%)	742 (0.7%)	743 (0.7%)	712 (0.7%)	819 (0.8%)	739 (0.7%)	772 (0.7%)	828 (0.8%)
MAGE	173 (1.1%)	131 (0.9%)	144 (0.9%)	154 (1.0%)	142 (0.9%)	147 (1.0%)	195 (1.3%)	153 (1.0%)	217 (1.5%)	202 (1.4%)	197 (1.5%)	168 (1.3%)
MAGL	23 (0.6%)	34 (0.9%)	22 (0.6%)	27 (0.7%)	40 (1.1%)	18 (0.5%)	32 (0.9%)	27 (0.7%)	12 (0.3%)	24 (0.6%)	16 (0.4%)	19 (0.5%)
<b>Children Subtotal</b>	<b>1,083 (0.9%)</b>	<b>976 (0.8%)</b>	<b>1,018 (0.8%)</b>	<b>1,069 (0.9%)</b>	<b>988 (0.8%)</b>	<b>907 (0.7%)</b>	<b>970 (0.8%)</b>	<b>892 (0.7%)</b>	<b>1,048 (0.8%)</b>	<b>965 (0.8%)</b>	<b>985 (0.8%)</b>	<b>1,015 (0.8%)</b>
<b>MAGY, Former Foster Care Youth</b>	<b>- (0.0%)</b>	<b>1 (0.4%)</b>	<b>1 (0.4%)</b>	<b>2 (0.8%)</b>	<b>2 (0.8%)</b>	<b>1 (0.4%)</b>	<b>1 (0.4%)</b>	<b>1 (0.4%)</b>	<b>2 (0.7%)</b>	<b>- (0.0%)</b>	<b>1 (0.4%)</b>	<b>1 (0.4%)</b>
<b>Grand Total</b>	<b>1,967 (0.9%)</b>	<b>1,761 (0.8%)</b>	<b>1,773 (0.8%)</b>	<b>1,884 (0.9%)</b>	<b>1,841 (0.8%)</b>	<b>1,714 (0.8%)</b>	<b>1,696 (0.8%)</b>	<b>1,613 (0.7%)</b>	<b>1,748 (0.8%)</b>	<b>1,609 (0.7%)</b>	<b>1,650 (0.7%)</b>	<b>1,753 (0.8%)</b>

**Table B6. Number of Milwaukee County members to experience PREVENTABLE CHURN (and monthly rate) for each program during calendar year 2017.**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
MAGM	104 (2.0%)	137 (2.8%)	99 (2.1%)	85 (1.7%)	113 (2.3%)	116 (2.4%)	112 (2.3%)	94 (2.0%)	95 (2.0%)	84 (1.6%)	100 (1.9%)	99 (1.9%)
MAGA	243 (0.6%)	170 (0.4%)	191 (0.5%)	216 (0.5%)	234 (0.6%)	192 (0.5%)	196 (0.5%)	185 (0.5%)	195 (0.5%)	152 (0.4%)	182 (0.5%)	175 (0.4%)
MAGN	8 (0.9%)	7 (0.8%)	3 (0.3%)	7 (0.8%)	6 (0.7%)	4 (0.5%)	1 (0.1%)	5 (0.6%)	4 (0.4%)	5 (0.5%)	6 (0.7%)	5 (0.6%)
<b>Parents and Caretakers Subtotal</b>	<b>355 (0.8%)</b>	<b>314 (0.7%)</b>	<b>293 (0.6%)</b>	<b>308 (0.7%)</b>	<b>353 (0.8%)</b>	<b>312 (0.7%)</b>	<b>309 (0.7%)</b>	<b>284 (0.6%)</b>	<b>294 (0.6%)</b>	<b>241 (0.5%)</b>	<b>288 (0.6%)</b>	<b>279 (0.6%)</b>
<b>MAGS, Childless Adults</b>	<b>129 (0.3%)</b>	<b>114 (0.2%)</b>	<b>98 (0.2%)</b>	<b>132 (0.3%)</b>	<b>118 (0.2%)</b>	<b>151 (0.3%)</b>	<b>96 (0.2%)</b>	<b>98 (0.2%)</b>	<b>94 (0.2%)</b>	<b>84 (0.2%)</b>	<b>84 (0.2%)</b>	<b>109 (0.2%)</b>
MAGC	621 (0.6%)	539 (0.5%)	604 (0.6%)	596 (0.6%)	554 (0.5%)	489 (0.5%)	497 (0.5%)	477 (0.5%)	521 (0.5%)	483 (0.5%)	537 (0.5%)	562 (0.5%)
MAGE	1 (0.01%)	2 (0.01%)	2 (0.01%)	3 (0.02%)	2 (0.01%)	1 (0.01%)	3 (0.02%)	2 (0.01%)	5 (0.03%)	6 (0.04%)	5 (0.04%)	- (0.0%)
MAGL	14 (0.4%)	25 (0.7%)	20 (0.5%)	18 (0.5%)	20 (0.5%)	17 (0.5%)	13 (0.4%)	17 (0.5%)	5 (0.1%)	10 (0.3%)	10 (0.3%)	8 (0.2%)
<b>Children Subtotal</b>	<b>636 (0.5%)</b>	<b>566 (0.5%)</b>	<b>626 (0.5%)</b>	<b>617 (0.5%)</b>	<b>576 (0.5%)</b>	<b>507 (0.4%)</b>	<b>513 (0.4%)</b>	<b>496 (0.4%)</b>	<b>531 (0.4%)</b>	<b>499 (0.4%)</b>	<b>552 (0.4%)</b>	<b>570 (0.5%)</b>
<b>MAGY, Former Foster Care Youth</b>	<b>- (0.0%)</b>	<b>1 (0.4%)</b>	<b>- (0.0%)</b>	<b>1 (0.4%)</b>	<b>- (0.00%)</b>	<b>1 (0.4%)</b>	<b>1 (0.4%)</b>	<b>1 (0.4%)</b>	<b>2 (0.7%)</b>	<b>- (0.0%)</b>	<b>1 (0.4%)</b>	<b>1 (0.4%)</b>
<b>Grand Total</b>	<b>1,120 (0.5%)</b>	<b>995 (0.5%)</b>	<b>1,017 (0.5%)</b>	<b>1,058 (0.5%)</b>	<b>1,047 (0.5%)</b>	<b>971 (0.4%)</b>	<b>919 (0.4%)</b>	<b>879 (0.4%)</b>	<b>921 (0.4%)</b>	<b>824 (0.4%)</b>	<b>925 (0.4%)</b>	<b>959 (0.4%)</b>

## APPENDIX C: Most Common Preventable Reason Codes by Population and Quarter

Tables C1-C12 include results from the month-by-month analysis. They show, by population for each quarter (calendar year), the percentage of cases that were either denied, closed, or churned by the top 2-3 reasons at both the assistance group and individual levels. When there was only 3% or less difference between the second and third most common reasons, the third reason was included in the results as well. Denominators less than 20 are noted.

**Table C1. The most common PREVENTABLE reasons for DENIAL by population in Milwaukee County, Q1 2017**

	Parents and Caretakers	Childless Adults	Children	Former Foster Care Youth
<b>Most common for AG</b>	Verification or information not provided (77%)	Verification or information not provided (87%)	Verification or information not provided (73%)	Application or renewal not completed (83%)*
<b>Second most common for AG</b>	Application or renewal not completed (23%)	Application or renewal not completed (13%)	Application or renewal not completed (27%)	Verification or information not provided* (17%)
<b>Most common for INF</b>	Separate application required or healthcare not requested (78%)	Separate application required or healthcare not requested (89%)	Separate application required or healthcare not requested (62%)	Separate application required or healthcare not requested** (100%)
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (10%)	Verification or information not provided (11%)	Premium was not paid (25%)	N/A
* Denominator equals 6 records.				
** Denominator equals 4 records.				

**Table C2. The most common PREVENTABLE reasons for DENIAL by population in Milwaukee County, Q2 2017**

	Parents and Caretakers	Childless Adults	Children	Former Foster Care Youth
<b>Most common for AG</b>	Verification or information not provided (76%)	Verification or information not provided (86%)	Verification or information not provided (73%)	Application or renewal not completed* (60%)
<b>Second most common for AG</b>	Application or renewal not completed (24%)	Application or renewal not completed (14%)	Application or renewal not completed (27%)	Verification or information not provided* (40%)

**Table C2. (continued) The most common PREVENTABLE reasons for DENIAL by population in Milwaukee County, Q2 2017**

	<b>Parents and Caretakers</b>	<b>Childless Adults</b>	<b>Children</b>	<b>Former Foster Care Youth</b>
<b>Most common for INF</b>	Separate application required or healthcare not requested (75%)	Separate application required or healthcare not requested (90%)	Separate application required or healthcare not requested (55%)	N/A
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (14%)	Verification or information not provided (9%)	Premium was not paid (23%)	N/A
<i>* Denominator equals 5 records.</i>				

**Table C3. The most common PREVENTABLE reasons for DENIAL by population in Milwaukee County, Q3 2017**

	<b>Parents and Caretakers</b>	<b>Childless Adults</b>	<b>Children</b>	<b>Former Foster Care Youth</b>
<b>Most common for AG</b>	Verification or information not provided (75%)	Verification or information not provided (86%)	Verification or information not provided (75%)	N/A
<b>Second most common for AG</b>	Application or renewal not completed (25%)	Application or renewal not completed (14%)	Application or renewal not completed (25%)	N/A
<b>Most common for INF</b>	Separate application required or healthcare not requested (74%)	Separate application required or healthcare not requested (88%)	Separate application required or healthcare not requested (66%)	Separate application required or healthcare not requested* (67%)
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (13%)	Verification or information not provided (12%)	Verification or information not provided (17%)	Noncompliant with program eligibility requirements* (33%)
<b>Third most common for INF</b>	N/A	N/A	Premium was not paid (17%)	
<i>* Denominator equals 3 records.</i>				

**Table C4. The most common PREVENTABLE reasons for DENIAL by population in Milwaukee County, Q4 2017**

	<b>Parents and Caretakers</b>	<b>Childless Adults</b>	<b>Children</b>	<b>Former Foster Care Youth</b>
<b>Most common for AG</b>	Verification or information not provided (81%)	Verification or information not provided (92%)	Verification or information not provided (82%)	Verification or information not provided* (55%)
<b>Second most common for AG</b>	Application or renewal not completed (19%)	Application or renewal not completed (8%)	Application or renewal not completed (18%)	Application or renewal not completed* (45%)
<b>Most common for INF</b>	Separate application required or health care not requested (76%)	Separate application required or health care not requested (92%)	Application or renewal not completed (55%)	Separate application required or healthcare not requested** (75%)
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (12%)	Verification or information not provided (8%)	Premium was not paid (24%)	Verification or information not provided** (25%)
<b>Third most common for INF</b>	Premium not paid (9%)	N/A	Verification or information not provided (21%)	N/A

\* Denominator equals 11 records.

\*\* Denominator equals 4 records.

## CLOSURES

**Table C5. The most common PREVENTABLE reasons for CLOSURES by population in Milwaukee County, Q1 2017**

	<b>Parents and Caretakers</b>	<b>Childless Adults</b>	<b>Children</b>	<b>Former Foster Care Youth</b>
<b>Most common for AG</b>	Application or renewal not completed (66%)	Application or renewal not completed (78%)	Application or renewal not completed (76%)	Application or renewal not completed (100%)
<b>Second most common for AG</b>	Verification or information not provided (33%)	Verification or information not provided (21%)	Verification or information not provided (23%)	N/A

**Table C5. (continued) The most common PREVENTABLE reasons for CLOSURES by population in Milwaukee County, Q1 2017**

	<b>Parents and Caretakers</b>	<b>Childless Adults</b>	<b>Children</b>	<b>Former Foster Care Youth</b>
<b>Most common for INF</b>	Premium was not paid (85%)	Verification or information not provided (98%)	Premium was not paid (73%)	Noncompliant with program eligibility requirements* (100%)
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (13%)	Separate application required or healthcare not requested (3%)	Verification or information not provided (26%)	N/A

\* Denominator equals 1 record.

**Table C6. The most common PREVENTABLE reasons for CLOSURES by population in Milwaukee County, Q2 2017**

	<b>Parents and Caretakers</b>	<b>Childless Adults</b>	<b>Children</b>	<b>Former Foster Care Youth</b>
<b>Most common for AG</b>	Application or renewal not completed (59%)	Application or renewal not completed (75%)	Application or renewal not completed (70%)	Application or renewal not completed (92%)*
<b>Second most common for AG</b>	Verification or information not provided (40%)	Verification or information not provided (24%)	Verification or information not provided (29%)	Verification or information not provided* (8%)
<b>Most common for INF</b>	Premium was not paid (79%)	Verification or information not provided (100%)	Premium was not paid (66%)	N/A
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (19%)	N/A	Verification or information not provided (31%)	N/A

\* Denominator equals 13 records.

**Table C7. The most common PREVENTABLE reasons for CLOSURES by population in Milwaukee County, Q3 2017**

	Parents and Caretakers	Childless Adults	Children	Former Foster Care Youth
<b>Most common for AG</b>	Application or renewal not completed (66%)	Application or renewal not completed (67%)	Application or renewal not completed (72%)	Application or renewal not completed (74%)*
<b>Second most common for AG</b>	Verification or information not provided (33%)	Verification or information not provided (32%)	Verification or information not provided (27%)	Verification or information not provided* (26%)
<b>Most common for INF</b>	Premium was not paid (83%)	Verification or information not provided* (100%)	Premium was not paid (75%)	Noncompliant with program eligibility requirements** (100%)
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (16%)	N/A	Verification or information not provided (24%)	N/A

\* Denominator equals 19 records.

\*\* Denominator equals 2 records.

**Table C8. The most common PREVENTABLE reasons for CLOSURES by population in Milwaukee County, Q4 2017**

	Parents and Caretakers	Childless Adults	Children	Former Foster Care Youth
<b>Most common for AG</b>	Application or renewal not completed (58%)	Application or renewal not completed (65%)	Application or renewal not completed (69%)	Application or renewal not completed* (93%)
<b>Second most common for AG</b>	Verification or information not provided (41%)	Verification or information not provided (33%)	Verification or information not provided (30%)	Verification or information not provided* (7%)
<b>Most common for INF</b>	Premium was not paid (81%)	Verification or information not provided (97%)	Premium was not paid (67%)	Noncompliant with program eligibility requirements** (100%)
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (17%)	Separate application required or healthcare not requested (3%)	Verification or information not provided (31%)	N/A

\* Denominator equals 14 records.

\*\* Denominator equals 1 record.



## CHURN

**Table C9. The most common PREVENTABLE reasons for CHURN by population in Milwaukee County, Q1 2017**

	Parents and Caretakers	Childless Adults	Children	Former Foster Care Youth
<b>Most common for AG</b>	Application or renewal not completed (70%)	Application or renewal not completed (71%)	Application or renewal not completed (78%)	Application or renewal not completed* (100%)
<b>Second most common for AG</b>	Verification or information not provided (29%)	Verification or information not provided (28%)	Verification or information not provided (22%)	N/A
<b>Most common for INF</b>	Premium was not paid (82%)	Separate application required or healthcare not requested* (100%)	Premium was not paid (55%)	N/A
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (17%)	N/A	Verification or information not provided (44%)	N/A

\* Denominator equals one record.

**Table C10. The most common PREVENTABLE reasons for CHURN by population in Milwaukee County, Q2 2017**

	Parents and Caretakers	Childless Adults	Children	Former Foster Care Youth
<b>Most common for AG</b>	Application or renewal not completed (62%)	Application or renewal not completed (72%)	Application or renewal not completed (74%)	Application or renewal not completed* (100%)
<b>Second most common for AG</b>	Verification or information not provided (38%)	Verification or information not provided (28%)	Verification or information not provided (26%)	N/A
<b>Most common for INF</b>	Premium was not paid (77%)	Verification or information not provided** (100%)	Verification or information not provided (57%)	Noncompliant with program eligibility requirements* (100%)
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (20%)	N/A	Premium was not paid (43%)	N/A

\* Denominator equals 1 record.

\*\* Denominator equals 4 records.

**Table C11. The most common PREVENTABLE reasons for CHURN by population in Milwaukee County, Q3 2017**

	<b>Parents and Caretakers</b>	<b>Childless Adults</b>	<b>Children</b>	<b>Former Foster Care Youth</b>
<b>Most common for AG</b>	Application or renewal not completed (63%)	Application or renewal not completed (66%)	Application or renewal not completed (73%)	Application or renewal not completed* (100%)
<b>Second most common for AG</b>	Verification or information not provided (37%)	Verification or information not provided (32%)	Verification or information not provided (27%)	N/A
<b>Most common for INF</b>	Premium was not paid (78%)	Verification or information not provided** (100%)	Premium was not paid (71%)	Noncompliant with program eligibility requirements*** (100%)
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (19%)	N/A	Verification or information not provided (29%)	N/A

\* Denominator equals 3 records.

\*\*\* Denominator equals 1 record.

\*\* Denominator equals 6 records.

**Table C 12. The most common PREVENTABLE reasons for CHURN by population in Milwaukee County, Q4 2017**

	<b>Parents and Caretakers</b>	<b>Childless Adults</b>	<b>Children</b>	<b>Former Foster Care Youth</b>
<b>Most common for AG</b>	Application or renewal not completed (66%)	Application or renewal not completed (71%)	Application or renewal not completed (75%)	Application or renewal not completed* (100%)
<b>Second most common for AG</b>	Verification or information not provided (34%)	Verification or information not provided (29%)	Verification or information not provided (25%)	N/A
<b>Most common for INF</b>	Premium was not paid (82%)	Verification or information not provided** (100%)	Verification or information not provided (64%)	N/A
<b>Second most common for INF</b>	Noncompliant with program eligibility requirements (17%)	N/A	Premium was not paid (36%)	N/A

\* Denominator equals 2 records.

\*\* Denominator equals 6 records.

## Appendix D: Contingency Tables for Odds Ratios

Tables D1 – D12 show the underlying 2x2 contingency tables used to generate the odds ratios for the eligibility gap analysis. The results are aggregated in Table 13 in the main body of the report.

**Table D1. Odds of a Milwaukee County member who lost eligibility in January 2017 for not completing their renewal regaining eligibility in Q1 2017.**

**OR = 0.945, 95% CI [0.793 – 1.126] P = 0.527**

Original Reason for Losing Eligibility	Regained Eligibility in Q1	Regained Eligibility in Q2 – Q4
Renewal not complete	836	556
Any other reason	514	323

**Table D2. Odds of a Milwaukee County member who lost eligibility in January 2017 for not providing verification or information regaining eligibility in Q1 2017.**

**OR = 1.598, 95% CI [1.301 – 1.963] P < 0.0001**

Original Reason for Losing Eligibility	Regained Eligibility in Q1	Regained Eligibility in Q2 – Q4
Verification or information not provided	374	170
Any other reason	976	709

**Table D3. Odds of a Milwaukee County member who lost eligibility in January 2017 for not paying a premium regaining eligibility in Q1 2017.**

**OR = 0.505\* 95% CI [0.385 – 0.663] P < 0.0001**

**Invert = 1.98, 95% CI [1.508 – 2.6] P < 0.0001**

Original Reason for Losing Eligibility	Regained Eligibility in Q1	Regained Eligibility in Q2 – Q4
Premium not paid	107	128
Any other reason	1,243	751

*\* When the OR is less than one, and the results are statistically significant, they have been inverted to facilitate easier interpretation. The “Invert” value is the odds that a member who regained eligibility in a given quarter lost eligibility for any other reason than the one being tested. For example, among people who regained eligibility in the first quarter, the odds that they lost eligibility for any reason other than paying a premium are 1.98 times higher than the odds of having lost eligibility for failing to pay a premium.*

**Table D4. Odds of a Milwaukee County member who lost eligibility in January 2017 for not completing their renewal regaining eligibility in Q2 2017.**

**OR = 1.058, 95% CI [0.856 - 1.307] P = 0.605**

Original Reason for Losing Eligibility	Regained Eligibility in Q2	Regained Eligibility in Q1, Q3 – Q4
Renewal not complete	308	931
Any other reason	178	569

**Table D5. Odds of a Milwaukee County member who lost eligibility in January 2017 for not providing verification or information regaining eligibility in Q2 2017.**

OR = 0.640\*, 95% CI [0.496 - 0.825] P = 0.0006  
Invert = 1.563, 95% CI [1.212 - 2.015] P = 0.0006

Original Reason for Losing Eligibility	Regained Eligibility in Q2	Regained Eligibility in Q1, Q3 – Q4
Verification or information not provided	92	401
Any other reason	394	1,099

*\* When the OR is less than one, and the results are statistically significant, they have been inverted to facilitate easier interpretation. The “Invert” value is the odds that a member who regained eligibility in a given quarter lost eligibility for any other reason than the one being tested. For example, among people who regained eligibility in the second quarter, the odds that they lost eligibility for any reason other than not providing verification or information are 1.563 times higher than the odds of having lost eligibility for not providing verification or information.*

**Table D6. Odds of a Milwaukee County member who lost eligibility in January 2017 for not paying a premium regaining eligibility in Q2 2017.**

OR = 1.831, 95% CI [1.350 - 2.483] P < 0.0001

Original Reason for Losing Eligibility	Regained Eligibility in Q2	Regained Eligibility in Q1, Q3 – Q4
Premium not paid	74	134
Any other reason	412	1,366

**Table D7. Odds of a Milwaukee County member who lost eligibility in January 2017 for not completing their renewal regaining eligibility in Q3 2017.**

OR = 1.029, 95% CI [0.817 - 1.295] P = 0.809

Original Reason for Losing Eligibility	Regained Eligibility in Q3	Regained Eligibility in Q1 – Q2, Q4
Renewal not complete	235	1,157
Any other reason	138	699

**Table D8. Odds of a Milwaukee County member who lost eligibility in January 2017 for not providing verification or information regaining eligibility in Q3 2017.**

OR = 0.759\*, 95% CI [0.578 - 0.997] P = 0.0475  
Invert = 1.318, 95% CI [1.003 - 1.731] P = 0.0475

Original Reason for Losing Eligibility	Regained Eligibility in Q3	Regained Eligibility in Q1 – Q2, Q4
Verification or information not provided	76	468
Any other reason	297	1,388

*\* When the OR is less than one, and the results are statistically significant, they have been inverted to facilitate easier interpretation. The “Invert” value is the odds that a member who regained eligibility in a given quarter lost eligibility for any other reason than the one being tested. For example, among people who regained eligibility in the third quarter, the odds that they lost eligibility for any reason other than not providing verification or information are 1.318 times higher than the odds of having lost eligibility for not providing verification or information.*

**Table D9. Odds of a Milwaukee County member who lost eligibility in January 2017 for not paying a premium regaining eligibility in Q3 2017.**

**OR = 1.166, 95% CI [0.823 - 1.652] P = 0.3881**

Original Reason for Losing Eligibility	Regained Eligibility in Q3	Regained Eligibility in Q1 – Q2, Q4
Premium not paid	44	191
Any other reason	329	1,665

**Table D10. Odds of a Milwaukee County member who lost eligibility in January 2017 for not completing their renewal regaining eligibility in Q4 2017.**

**OR = 0.938, 95% CI [0.611 - 1.439] P = 0.7690**

Original Reason for Losing Eligibility	Regained Eligibility in Q4	Regained Eligibility in Q1 – Q3
Renewal not complete	56	1,297
Any other reason	36	782

**Table D11. Odds of a Milwaukee County member who lost eligibility in January 2017 for not providing verification or information regaining eligibility in Q4 2017.**

**OR = 0.636, 95% CI [0.368 - 1.100] P = 0.1057**

Original Reason for Losing Eligibility	Regained Eligibility in Q4	Regained Eligibility in Q1 – Q3
Verification or information not provided	16	517
Any other reason	76	1,562

**Table D12. Odds of a Milwaukee County member who lost eligibility in January 2017 for not paying a premium regaining eligibility in Q4 2017.**

**OR = 2.341, 95% CI [1.385 - 3.957] P = 0.0015**

Original Reason for Losing Eligibility	Regained Eligibility in Q4	Regained Eligibility in Q1 – Q3
Premium not paid	19	208
Any other reason	73	1,871