State Solutions
An Initiative to Improve Enrollment in Medicare Savings Programs

Administrative Costs Associated with Enrollment and Renewal for the Medicare Savings Programs: *A Case Study of Practices in Louisiana*

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Introduction

One important activity of the *State Solutions* project is to examine current program policies and – based on research and experience – provide information that policy makers can use as they consider how to operate the Medicare Savings Programs most effectively. The *State Solutions* National Program Office is working with several grantees to examine the time and costs associated with performing tasks related to enrollment and renewal. Each state has different policies in place and each is considering different types of policy changes.

This Issue Brief describes the enrollment and renewal processes for the Medicare Savings Programs in Louisiana. The Brief indicates that some of the changes Louisiana already has made to simplify enrollment and renewal have reduced administrative costs for the Medicare Savings Programs and that additional changes could lead to further reductions. Together, the new and potential policy changes represent a savings of three to five million dollars annually. The information presented here pertains to policies and practices in Louisiana, but should be of interest to policy makers in other states as it illustrates the potential for considerable administrative savings with enrollment and renewal simplification.

Background

Federal rules set income and asset limits for the Medicare Savings Programs, but states have some discretion with regard to the methods used to count income and assets and the process used to make eligibility determinations for the programs.[1] Many have taken steps to develop simple application and renewal processes for the Medicare Savings Programs, though there is still considerable difference in procedures across states. Among the actions that states have taken:

- Some states disregard – or do not count – particular assets, or disregard some part of the value of assets when eligibility is determined so that asset limits for the programs are effectively higher than the federal standard.[2]
- Some states allow applicants to make "self-declarations" about the value of their income or assets. They are not required to provide verification documents.
- Most states allow individuals to submit applications by mail rather than having to appear for a face-to-face interview.
- Most states have taken steps to simplify the application form for the Medicare Savings Programs.
- Some states have streamlined the renewal process so that program participants are not required to reapply for benefits, but are simply asked to indicate that their financial circumstances have not changed significantly and therefore they remain eligible. Or, the state Medicaid program checks other program records to verify that financial circumstances have not changed and extends eligibility for another year.

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Enrollment and renewal simplification have advantages for applicants in that they are better able to understand the process and comply with the requirements. A simpler process also has consequences for program administration. If the process is modified to be less labor intensive, the cost of making eligibility and renewal determinations will decrease. More staff time may be available for other tasks and, in states that have to contend with staff shortages, a simple process may make workloads more manageable.

Policy Issues of Particular Interest for Louisiana's Medicare Savings Programs

Louisiana already has made a number of changes to simplify the enrollment and renewal processes:

- Simplified renewal forms are used.
- Face-to-face interviews are not required.
- A policy implemented in September 2003 increased the allowable deduction for the value of life insurance from $1,500 to $10,000 and for burial funds from $1,500 to $10,000 when the value of assets is calculated.
- A streamlined renewal process, including "ex parte" renewals, has been in place since October 2003 (see Box).

The Louisiana Medicaid Program, the *State Solutions* grantee in Louisiana, has also been interested in examining the costs associated with the use of the asset test for enrollment and renewal in the Medicare Savings Programs.

Methods

A case study approach was used to describe the enrollment and renewal processes in Louisiana at a point in time and to make estimates of some of the basic costs associated with each process. The emphasis was on activities that occur at local Medicaid offices.

Initially, a few state and local officials were contacted and asked to describe the enrollment and renewal processes in Louisiana. Two sets of questions were developed based on that information: one for Medicaid Analysts who make eligibility determinations and one for Medicaid Coordinators who generally help with some of the clerical tasks related to processing applications. Questions were asked about enrollment and two types of renewals: a full renewal that involves mailing forms to program participants and reviewing the forms when they are returned, and an "ex parte" renewal that can be conducted internally by Medicaid staff (see Appendix A).[3]

The sets of questions were used by the Louisiana *State Solutions* project director to interview Medicaid staff. Structured interviews were conducted with Office Coordinators and Medicaid Analysts in the fall of 2003 in a total of six parishes in five regions of the state that vary in geographic location and size, but are not necessarily representative of the entire state: Alexandria, Monroe, New Orleans, Shreveport, Thibodaux. In each region, interviews were conducted with at least one Office Coordinator and two to four Medicaid Analysts. Office Supervisors also were interviewed. Because there are differences in who performs tasks and how they are performed locally it was necessary to be somewhat flexible in asking the questions about tasks. The enrollment and renewal processes are similar enough across the state, however, that it was possible to make comparable time estimates for each process across sites.

Each respondent was asked to estimate the amount of time required to accomplish specific tasks related to the enrollment of "typical," or average, applicants for the Medicare Savings Programs or the renewal of benefits for the typical MSP beneficiary. The assumption in determining the total time for each process was that each of the routine tasks associated with enrollment and renewal would be performed for the typical MSP applicant or beneficiary. For example, in practice it is not necessary to contact every

applicant to ask for missing information, but the assumption is that this task will be performed for the typical client. The totals do not include time associated with tasks that are not routine, but may be requested, however. For example, time spent talking with applicants who call to check on the status of their applications or to get information about the Medicare Savings Programs or related benefits are not reflected in the totals. And time spent with clients when they request face-to-face interviews or assistance is not included.

Costs related to the enrollment and renewal processes were calculated by multiplying the average amount of time associated with each process by the personnel cost per employee for each of the types of employees involved at each site. An average of the personnel costs per site was then calculated to get an estimate of the basic personnel costs associated with enrollment and renewal in the state. Personnel costs, provided by the state Medicaid program, include the salary and related benefits for each type of employee as well as costs related to travel, space, telephones, supplies and equipment. Generally, employees who have been on the job for more years have higher salaries. The figures used in this analysis for salaries, benefits, and related costs are for employees with two years experience in 2003. Costs for printing and postage also were included in estimates of costs for enrollment and renewal.

It is important to note that these estimates represent just a portion of the cost of enrollment and renewal. They only represent the costs associated with the work performed locally by Medicaid Coordinators, Analysts, and Supervisors. The estimates are conservative because the personnel cost figures used represent salaries and benefits for employees with two years of service, but many of the people interviewed have been employed considerably longer. The time that other employees spend, for example state staff who provide program, data, or other types of program support, is not included. In addition, the estimates do not include the cost of purchasing, programming and reprogramming, and maintaining data systems. And, the cost of activities related to program outreach is not included.

ENROLLMENT AND RENEWAL FOR THE MEDICARE SAVINGS PROGRAMS IN LOUISIANA

The Enrollment Process

A mail-in application is used for the Medicare Savings Programs in Louisiana. Applicants send completed applications and required documents to verify income and the value of their assets to local Medicaid offices. Applicants may also go to enrollment centers across the state to receive assistance with the application process. When applications arrive at Medicaid offices in each parish, Office Coordinators and Medicaid Analysts are the primary people involved with the enrollment process. Procedures are generally the same across the state though there is some variation in how tasks are completed in each region of the state.

Initially, staff "pends" the application. Identifying information such as the person's name, Social Security number and date of birth is entered in the Medicaid Eligibility Data System (MEDS). Often the Office Coordinator is responsible for this task. Medicaid Analysts review the applications. If information or verification documents regarding income or assets are missing, Analysts attempt to check other program records. For example, income can be verified instantly online with the Social Security Administration. Medicaid analysts also make calls or send letters to institutions to verify information such as bank account balances. When all of the required financial information is available, it is put into the MEDS system where an eligibility determination is made. Analysts complete an "Evaluation Guide" form to insure that all programs for which the applicant is potentially eligible have been considered. Medicaid Analysts print and send notices to applicants that explain whether they are eligible for benefits. Documents that are submitted with applications are copied and returned. For each applicant, Medicaid Analysts complete a case record. Information should be entered in the Medicaid Application System (MAS), though some analysts believe that using MAS is more time-consuming and so they handwrite case records instead.

The Renewal Process

Eligibility renewals are required after one year of participation in the Medicare Savings Programs. Louisiana has made recent changes to require as little involvement as possible in the renewal process on the part of program participants. Medicaid Analysts are generally responsible for renewal activities. They attempt, first, to conduct "ex parte" reviews. They can search databases for other programs, such as Food Stamps, to verify that individuals still qualify for benefits based on their income and assets. If input on the part of beneficiaries is not needed, the Analyst updates the MEDS system, changes the date of eligibility, and sends a notice that enrollment has been extended and that program benefits will continue for another year.

If "ex parte" reviews are not possible, or if an "ex parte" review indicates that a program participant may not be eligible for continued benefits, Medicaid Analysts make calls to ask for any information they need to make a determination about continued eligibility. In the event that adequate information cannot be obtained in this manner, a "full renewal" is conducted. Renewal applications with postage-paid business reply envelopes are sent to beneficiaries. When these applications are returned, Medicaid Analysts review and process them in the same manner that initial applications are reviewed and processed.

Findings and Discussion

Findings on administrative costs associated with enrollment and renewal for the Medicare Savings programs are useful in terms of supporting or suggesting policy changes. They indicate that enrollment and renewal simplification have the potential to generate considerable administrative savings. Together, the new and potential policy changes in Louisiana represent an annual savings of three to five million dollars. The findings also indicate that certain changes in program management may be helpful.

The Basic Costs of Enrollment and Renewal

On average, in five regions in Louisiana, the basic cost associated with enrolling applicants in the Medicare Savings Programs is about $42.62 per applicant. Personnel costs are lower, on average, when beneficiaries are re-enrolled in the programs. The basic administrative cost for a full renewal that involves mailing forms to program participants and reviewing the forms when they are returned is $31.73. The cost of a simpler "ex parte" renewal that can be conducted internally by Medicaid staff is much lower, under $10.00. Not only do personnel costs differ for each process, but also there are substantial differences in printing and postage costs (see Table 1).

Table 1
Average basic costs per applicant for enrollment and renewal in the Medicare Savings Programs in Louisiana

	Personnel	Postage and Printing	Total
Enrollment	$36.33	$6.29	$42.62
Full Renewal	$25.59	$6.14	$31.73
EP Renewal	$9.46	$0.38	$9.84

Source: Health Policy Institute, Georgetown University

Costs Differ Among Regions

A comparison of costs associated with enrollment and the two types of renewal in the state show that there is variation in the costs, particularly personnel costs, for each process across sites. Personnel costs for enrollment average $36.33, for example, but range from just under $28.00 to almost $42.00 in the five regions (see Table 2). Localities have a fair amount of discretion about how they do the job of making eligibility and renewal determinations. Thus, there are differences in the amount of time devoted to enrollment and renewal at each site and in the types of staff that conduct tasks. For example, most regions have both Office Coordinators and Analysts involved in the enrollment process, but in one location the Analysts are responsible for the entire process. Differences in the amount of time reported are also a function of the work styles of the individuals determining eligibility for enrollment and renewal.

Table 2
Average personnel costs per person for enrollment and renewal
in the Medicare Savings Programs in five regions in Louisiana*

	Region 1	Region 2	Region 3	Region 4	Region 5	Average
Enrollment	$41.96	$41.37	$27.92	$33.78	$36.63	$36.33
Full Renewal	$24.29	$24.76	**	$34.90	$18.40	$25.59
EP Renewal	$10.00	$7.52	**	$13.36	$6.95	$9.46

*The cost per applicant is calculated by multiplying the portion of an hour spent on the task by the hourly personnel costs for each type of employee ($21.98 for Program Coordinators, $27.50 for Medicaid Analysts, and $32.28 for Supervisors).
** Data on renewals were not collected in this region because the renewal policies and procedures had just changed at the time of data collection
Source: Health Policy Institute, Georgetown University

A Simplified Renewal Process, Particularly ex parte Renewal, Can Yield Substantial Administrative Savings

Despite regional differences, clear patterns emerge: the enrollment process takes considerably more time and therefore is more costly, than the full renewal process. The ex parte renewal process is the least costly.[4]

Most states have the potential to realize administrative savings by simplifying the renewal process. About half the states still use the same applications and presumably the same process for renewal as for enrollment in the Medicare Savings Programs.[5] Substituting a simpler process would reduce costs. The savings can be substantial on an annual basis. In Louisiana, for example, almost 85,000 program participants renewed coverage for the Medicare Savings Programs in the 12-month period beginning June 2003. If the renewal process had been the same as the initial enrollment process (as it had been in Louisiana before the use of the full and ex parte renewal processes) the basic costs to renew coverage for each beneficiary would have been about $3.6 million. Using the simpler full renewal process for every beneficiary would cost almost $2.7 million on an annual basis. And, if the ex parte renewal process were used universally, the cost would be well under one million dollars annually. (See Table 3).

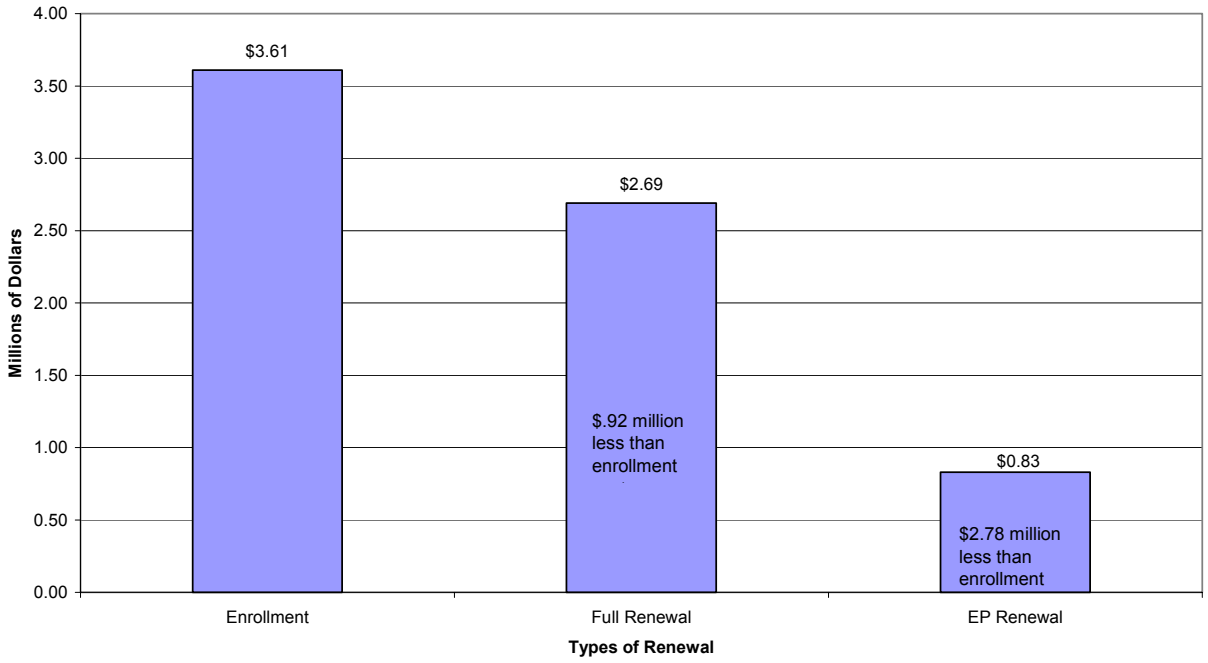
Table 3
Annual Administrative Costs Associated with Different Types of Renewal

	Cost per enrollee	Annual number of renewals*	Total annual cost
Enrollment	$42.62	84,829	$3,615,412
Full Renewal	$31.73	84,829	$2,691,624
EP Renewal	$9.84	84,829	$834,717

*For the period from June 2003 through May 2004
Source: Health Policy Institute, Georgetown University

Relative to the cost of enrollment, the use of the full renewal process saves over $900,000 annually. And because the ex parte renewal process is so much less expensive to conduct, it would cost about $2.78 million less than enrollment and about $1.86 million less than the full renewal process if it were used for all renewals on an annual basis (see Figure 1).

Figure 1
Annual Administrative Costs and Savings Associated with Different Types of Renewal



Source: Health Policy Institute, Georgetown University

Changes in Rules for Counting Assets also Have Yielded Significant Administrative Savings for the State

Medicaid Analysts in three of the regions were asked if the time they spend verifying information about assets has changed since the implementation of the new policy to increase the allowable deduction for the value of life insurance or burial funds. Under the old policy, the value of each of these types of assets exceeding $1,500 was counted in determining the total value of an applicant's assets. Applicants were required to provide documents to verify the values. Under the new policy, the allowable deduction for the value of life insurance or burial funds is $10,000 and applicants are only required to provide verification documents if the value of either of these assets exceeds $10,000.

Every Medicaid Analyst indicated that the new policy has had an impact on his or her work, accounting for a reduction, on average, of 21 minutes during the enrollment process and 19 minutes during the renewal process. In addition, fewer verification forms are sent so the cost of printing and postage has been reduced. On an annual basis, the savings that accrue from this policy change is almost $1.7 million (see Table 4).

These findings demonstrate that changes in rules regarding the verification of certain assets can reduce administrative costs. And, they suggest that even if policy makers are reluctant to make changes in enrollment procedures, changes in renewal procedures should be considered. Verification at the time of renewal is costly. If asset values already have been verified at enrollment, a repeat of the verification process may be unnecessarily time-consuming and costly. And there is evidence to show that the financial circumstances of older people with low incomes do not change substantially over time.[6]

Table 4
Savings associated with new policy to increase the allowable deduction for the value of life insurance or burial funds

	personnel savings per individual*	printing and postage savings per individual**	total savings per individual	# individuals applying or renewing annually***	annual savings
Enrollment	$9.63	$3.56	$13.19	48,046	$633,727
Full Renewal	$8.71	$3.56	$12.27	84,829	$1,040,852
Total					$1,674,579

*Accounts only for Analysts' time

**Assumes two requests for verification will not have to be sent and returned

***For the period from June 2003 through May 2004

Source: Health Policy Institute, Georgetown University

Refinements to further simplify the process could produce more administrative savings

The change in rules regarding deductions for life insurance policies and burial funds has made a significant difference in terms of administrative costs. Additional savings would occur if the dollar limits for the amount of savings applicants can have were increased. Medicaid Analysts would then spend less time verifying bank balances because fewer people would have countable savings.

A simple change in the current rule that requires applicants to provide bank account balances from the first of the month also could be helpful. Currently, even when applicants submit bank statements, Medicaid Analysts must contact the bank to verify the balance on the first day of the month unless the statement shows the balance on that date. Analysts would spend less time contacting financial institutions if balances from any time in the current month or current quarter could be used. Any effort to simplify the enrollment and renewal processes also reduces the number of questions from applicants that Analysts must answer and the time Analyst Supervisors have to spend clarifying rules.

The Use of an Asset Test Still Contributes to Administrative Costs

The new rules regarding burial funds and life insurance policies have reduced administrative costs related to making eligibility determinations at the time of enrollment and renewal. Additional reductions in costs could be realized if asset limits were adjusted to a level that effectively eliminates the need to review assets at all.

Medicaid Analysts in three regions were asked to indicate how much time the process of verifying information regarding assets takes. On average, they report that the verification process takes almost 10

minutes at the time of enrollment and almost seven minutes at the time of renewal. On an annual basis, this is more than $700,000 (see Table 5).

Table 5
Administrative costs associated with verifying information regarding the value of assets

	personnel costs per individual*	printing and postage costs per individual**	total costs per individual	# individuals applying or renewing annually***	annual costs
Enrollment	$4.47	$1.78	$6.25	48,046	$300,288
Full Renewal	$3.09	$1.78	$4.87	84,829	$413,117
Total					$713,405

*Accounts only for Analysts' time

**Assumes one request for verification will have to be sent and returned

***For the period from June 2003 through May 2004

Source: Health Policy Institute, Georgetown University

Training efforts are essential

Differences across regions in the cost of the enrollment and renewal processes may reflect differences in the staffing available, the procedures used, and the prevailing culture. Comments from respondents also indicate that their understanding and implementation of new policies differed considerably. This project was conducted at a point in time when a number of eligibility rule changes for the Medicare Savings Programs were being implemented. Routinely, respondents noted that when policy changes are made it is essential to insure that they are communicated to the people who conduct the eligibility assessments and that ongoing training is made available.

Conclusion

This description of the Louisiana experience indicates that there is potential for significant administrative savings when states simplify the enrollment and renewal processes for the Medicare Savings Programs. The amount of savings will depend on current policies and procedures and the types of changes that are implemented. At a time when state budgets are tight, administrative simplification may have some appeal to policy makers. There has been reluctance in some instances to simplify enrollment procedures because of concerns that the number of new program beneficiaries will increase substantially as a result, but it should be noted that these concerns are less relevant to renewal simplification. Individuals already enrolled in the Medicare Savings Programs are already aware of the programs and likely will reapply for benefits when they realize that benefit renewal did not occur. Thus, the use of a simple renewal process that is inexpensive to administer may be advantageous for the state, as well as for beneficiaries.

Endnotes

[1] Federal rules specify that various Medicare Savings Program benefits be available to people with incomes less than 135 percent of the federal poverty level and with countable assets valued at less than $4,000 for an individual and $6,000 for a couple. Under section 1902(r)(2) of the Social Security Act, however, states have the ability to use less restrictive methods for calculating the value of income or assets than those specified in federal law.

[2] Certain deductions are allowed in making calculations for the value of assets. For example, federal law allows a deduction for the value of an applicant's home. Federal law also specifies deductions for the value of certain assets, such as automobiles, that applicants can own.

[3] Data on renewals were not colleted at one of the sites because the renewal policies and procedures had just changed at the time of data collection.

[4] It is important to note that at the time of data collection the ex parte renewal process was quite new. Thus, some of the differences in costs across regions may be due to variation in how the new policy was implemented at the time.

[5] Summer, Laura and Emily Ihara, *Simplifying Medicaid Enrollment for the Elderly and Individuals with Disabilities*, AARP Public Policy Institute, forthcoming.

[6] Summer, Laura and Lee Thompson, *How Asset Tests Block Low-Income Medicare Beneficiaries from Needed Benefits*, The Commonwealth Fund, May 2004.

Appendix A
Structured Questions
Louisiana–Questions for Medicaid Coordinators

Questions regarding the enrollment process

1. For a typical MSP applicant, how many minutes are spent reviewing the application you receive?
2. For a typical MSP applicant, how many minutes are spent "pending" the application (putting identifying information in MEDS)?
3. For a typical MSP applicant, how much time does it take to get missing information?
4. For a typical MSP applicant, how much time does it take to get all the rest of the paperwork done to get the case ready for a Medicaid analyst?
5. For a typical MSP applicant, how much time does it take to get the case assigned to a Medicaid analyst?
6. For a typical MSP applicant, how many minutes are spent copying documents and returning them by mail?
7. Are there other steps in the enrollment process for typical MSP applicants that we have not asked about? If so, please use the space below to:
    - Describe each task
    - Indicate what proportion of applicants the task applies to
    - Estimate how many minutes each task requires

Questions for Medicaid Analysts

Questions regarding the enrollment process:

1. For a typical MSP applicant, how many minutes are spent conducting clearances (electronic checks of program records)?
2. How much time does it take to contact a typical MSP applicant by phone or mail to ask them to provide missing information?
3. For a typical MSP applicant, how much time does it take to send letters or make calls to institutions to verify information submitted regarding income or assets?
4. For a typical MSP applicant, how many minutes are spent completing the evaluation guide to determine which budget to use?
5. For a typical MSP applicant, how many minutes are spent putting a budget on the MEDS system?
6. For a typical MSP applicant, how many minutes are spent making an eligibility determination?
7. For a typical MSP applicant, how many minutes are spent printing and sending notices to clients?
8. For a typical MSP applicant, how many minutes are spent copying verification documents and returning them by mail?
9. Are there other steps in the enrollment process for typical MSP applicants that we have not asked about? If so, please
    - Describe each task
    - Indicate what proportion of applicants the task applies to
    - Estimate how many minutes each task requires

Policy related questions regarding enrollment:

1. For a typical MSP applicant, how much time does the process of verifying information regarding income or assets take?
   When you have to verify information for MSP applicants, what proportion of your time is spent verifying information about income and what percent of your time is spent verifying information about assets?
2. Since the change in rules for the Medicare Savings Programs to disregard $10,000 for life insurance policies or burial plots, has the time you spend verifying information about assets decreased?
   If so, by how many minutes?
3. What are the most common problems or questions that applicants have or enrollment barriers that they face?
4. What is the most difficult or time-consuming part of the enrollment process?
5. What would make (or has made) the enrollment process faster or easier?

Questions regarding the renewal process:

1. For a typical MSP beneficiary, how many minutes are spent sending notices that enrollees must reapply for benefits?
2. For a typical MSP beneficiary, how many minutes are spent conducting clearances (electronic checks of program records)?
   How much time does it take to contact a typical MSP beneficiary how much time does it take to?
3. How much time does it take to contact a typical MSP beneficiary by phone or letter to ask them to return renewal forms?
4. How much time does it take to contact a typical MSP beneficiary by phone or letter to ask them to provide missing information?
5. For a typical MSP beneficiary, how much time does the process of verifying information regarding income or assets by making calls or sending letters to institutions take?
6. For a typical MSP beneficiary, how many minutes are spent putting a budget on the MEDS system?
7. For a typical MSP beneficiary, how many minutes are spent making an eligibility determination?
8. For what proportion of MSP beneficiaries do you have to complete the evaluation guide to determine which budget to use? (for closures)
9. For a typical MSP beneficiary, how many minutes are spent completing the evaluation guide?
10. For a typical MSP beneficiary, how many minutes are spent printing and sending notices to clients?
11. For a typical MSP beneficiary, how many minutes are spent copying verification documents and returning them by mail?
12. Are there other steps in the re-enrollment process for typical MSP beneficiaries that we have not asked about? If so, please use the space below to:
    - Describe each task
    - Indicate what proportion of beneficiaries the task applies to
    - Estimate how many minutes each task requires

Policy related questions regarding renewal:

1. For a typical MSP beneficiary, how much time does the process of verifying information regarding income or assets take?
   When you have to verify information for MSP beneficiaries, what proportion of your time is spent verifying information about income and what percent of your time is spent verifying information about assets?
2. Since the change in rules for the Medicare Savings Programs to disregard $10,000 for life insurance policies or burial plots, has the time you spend verifying information about assets decreased?
3. What are the most common problems or questions that beneficiaries have or barriers that they face when it is time to renew benefits?
4. What is the most difficult or time-consuming part of the renewal process?
5. What would make (or has made) the renewal process faster or easier?

Questions for Supervisors

1. On a monthly basis, approximately how many *hours* do you spend on training related to the MSP, questions from staff on resolving problems related to the MSP, or other supervision regarding the MSP?
2. On a monthly basis, approximately how many *hours* would a financial worker spend on training activities related to the MSP?

State Solutions

The Medicare Savings Programs are publicly financed programs that help people pay for costs associated with Medicare, such as premiums, co-payments and deductibles. It is estimated that 5 million people are eligible to receive financial help through the Medicare Savings Programs, but only half are enrolled. Eligibility is generally granted to Medicare enrollees with low incomes, including people with disabilities and seniors.

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