Preventing Churn with Automatic Review of MFPP Eligibility

When an applicant is found ineligible for full Medicaid benefits at the initial application or during renewal, states should consider them for Medicaid Family Planning Program (MFPP) eligibility without requiring them to opt-in.

Federal Regulations require state Medicaid agencies to consider a beneficiary's eligibility for partial benefit programs at redetermination, prior to terminating an enrollee's Medicaid coverage. Yet many states don't do so for family planning coverage unless an applicant opts-in.

Automatic eligibility review without an opt-in:

Helps people achieve healthy birth spacing:

- Most states have extended postpartum Medicaid coverage to 12 months! At the end of 12 months, individuals losing eligibility for full coverage can be enrolled in MFPPs, if eligible, to maintain coverage that helps recently-pregnant people achieve healthy pregnancy intervals.

Reduces churn, saving state dollars:

- Disenrolling and reenrolling an individual in Medicaid costs a state $400-$600 dollars. Automatic MFPP eligibility review ensures states are not unnecessarily wasting resources disenrolling folks from Medicaid and reenrolling them into MFPPs.

Supports enrollment despite cuts to navigator programs:

- Enrollment navigator program budgets have been severely cut leaving the public with fewer resources to support them navigating complicated enrollment processes. Automatic MFPP consideration reduces the need for re-enrollment support, allowing more resources to be spent on supporting new enrollees.

Ensures an applicant's present needs do not limit their future benefits:

- Individuals may not opt-in to MFPP coverage at their initial application because they do not *presently* need family planning and related care-- like pregnant people! If an applicant's initial opt-in/out choice determines what they'll be considered for at redetermination, many individuals who don't need MFPP now, but would benefit from it later face unnecessary administrative barriers to re-enrolling.

Step 1: Move to an opt-out application!

Automatically select to apply for Family Planning when an individual selects to apply for Medicaid on the state's online benefits application. Individuals may still opt-out, but this is an easy way to improve enrollment and reduce administrative burdens without significant system changes!

Step 2: Transition to a cascading application!

Remove the opt-in/out box from the application and make MFPP coverage a normal part of the application cascade for applications and redeterminations. This requires larger system updates, thus transitioning to opt-out in the meantime protects coverage while updates are underway.

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