**PUBLIC HEALTH EMERGENCY UNWINDING DIGITAL TECHNICAL ASSISTANCE: PROJECT CHARTER**

<CIVIC TECHNOLOGY ORGANIZATION> and

<STATE HUMAN SERVICES AGENCY>

1. **Overview**

This project charter outlines the priority project(s), timelines, roles, and responsibilities for the collaboration between the <CIVIC TECH ORG> and <STATE AGENCY> regarding digital technical assistance during the Public Health Emergency unwinding.

1. **Background**

The COVID-19 unwinding continuous enrollment condition has begun a process by which states must resume full Medicaid eligibility renewals and terminations for individuals found ineligible. During this process, large portions of the Medicaid population are expected to be disenrolled due to “administrative churn”, despite remaining eligible.[[1]](#footnote-1) Administrative churn occurs when an enrollee has difficulty navigating the redeterminations process and fails to clear all of the administrative hurdles required to remain enrolled. The technical assistance provided by <CIVIC TECH ORG> will be focused on reducing this administrative churn and maximizing the number of eligible individuals that remain enrolled in Medicaid.

<CIVIC TECH ORG> has identified key strategies to reduce administrative churn and is now partnering with states to provide digital technical assistance to implement those strategies. <CIVIC TECH ORG> will work with the state of <STATE> to quickly identify, co-design, and deliver digital solutions that will minimize the administrative burden of renewals on Medicaid enrollees and caseworkers. Recognizing the urgency of unwinding timelines, <CIVIC TECH ORG> will move quickly to provide technical assistance and is funding this support.

1. **Priority Projects & Activities**

The projects outlined below were developed in collaboration with <STATE AGENCY> and the inclusion, scope, and specific activities defined for each are subject to change depending on <STATE>’s priorities and discovery research findings. The purpose of the project descriptions below are to provide a menu of possible activities that can be undertaken to address the core challenges resulting in administrative churn.

It is the responsibility of <STATE AGENCY> to ensure that implementation of any project is compliant with federal Medicaid statute and regulations.

1. **Improvements to ex parte renewals process**

The goal of this work is to increase <STATE>’s successful ex parte renewal rate for eligible Medicaid enrollees to the greatest extent possible. Increasing the rate of successful ex parte renewals will significantly decrease the burden on enrollees and caseworkers, and decrease administrative churn.

* 1. **Analysis and improvement of determinations logic**

Take a holistic data-driven view of the ex parte renewal determinations logic to identify and improve the steps in the passive renewal process that will have the greatest impact on the ex parte renewal rate.

**Activities could include:**

* Analyze data on current ex parte removal reasons and tracing removals back through the determinations logic
* Lead sessions with state staff, policy subject matter experts, engineers, and designers to brainstorm and identify opportunities to improve the determinations logic and increase the successful ex parte rate
* Implement best practices published by the Center for Medicaid and CHIP Services at Medicaid.gov[[2]](#footnote-2) and strategies from other states to increase the successful ex parte rate.
* Work directly with systems vendors to design and implement viable solutions that increase ex parte renewals rates quickly.
* Provide engineering and system design support to the state and vendor teams to expedite implementation timelines.
1. **Improvements to non-ex parte renewal process**

The goal of this work is to identify and triage significant user experience challenges that may be contributing to administrative churn for those that cannot be ex parte renewed.

* 1. **Identify and triage non-ex parte renewal challenges and opportunities**

The core team works with state staff, community-based organizations, and enrollees to identify user experience pain points and opportunities across the non-ex parte renewal process. The team will triage opportunities with state staff, recommend solutions with state staff, and connect <STATE AGENCY> to additional resources as needed to assist with the implementation of solutions.

**Activities might include:**

* Meet with community-based organizations in <STATE> to learn from navigators, community health workers, and front-line workers as they move through the renewals process.
* Meet with Medicaid enrollees to understand their experience during renewal.
* Conduct direct observation usability testing with enrollees
* Synthesize key pain points across the user experience of completing a Medicaid renewal and co-creating short- and long-term solutions for near-term implementation.
1. **Timeline**

To begin collaboration, <CIVIC TECH ORG> and <STATE AGENCY> will align on the timing and activities below for the first two phases of work – preparation & discovery and on-site collaboration. Following the completion of these first two phases, <CIVIC TECH ORG> and <STATE AGENCY> will revisit this project charter and determine the appropriate timing and activities for the implementation & delivery phase. The timelines below are approximate and can be adjusted as needed to accommodate schedules and changes to the scope of work.

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| --- | --- | --- | --- |
| **Phase** | **Preparation & Discovery***Subject of agreement* | **On-site Collaboration***Subject of agreement* | **Implementation & Delivery***Revisit scope after on-site* |
| **Estimated****Timing** | 2 weeks<DATE> – <DATE> | 1 week<DATE> – <DATE> | ~4 weeks<DATE> - <DATE> |
| **Sample Activities** | * Introduce the <CIVIC TECH ORG> Team to all of the key state stakeholders
* 3-5 virtual working sessions with state staff and SMEs to define core challenges and refine focus of technical assistance
* Understand the key technical, policy, operational, and data blockers for progress
* Preliminary data analysis of ex parte removal reasons and income data.
* Co-design on-site activities
* Determine access to IT systems, buildings, and space logistics
 | * Meet state staff and stakeholders in person
* In person working sessions with state staff and SMEs on ex parte data and policy
* In person interviews with enrollees to understand pain points, user journeys, and customer experience
* Ride-along with CBOs and caseworkers in person to understand workflows, pain points, and priorities
* Engage vendors to understand pathways for implementation
* Define and agree to a set of solutions and timelines

*Travel subject to approval by <CIVIC TECH ORG>* | * Collaborate with state staff and vendor(s) to build and test determinations logic changes to improve ex parte rates
* Unblock policy hurdles for implementation of key projects
* Measure the impact of interventions
* Share best practices and connect <STATE> with other partners and states.
* Develop a long-term strategy for support and resourcing beyond unwinding assistance
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1. **Roles & Responsibilities**
2. **<CIVIC TECH ORG>**

<CIVIC TECH ORG> is committing a team of digital services experts for three weeks of discovery and co-design of priority projects. Subsequent weeks of commitment for implement and deliver of solutions will be determined following the on-site collaboration. The team will consist of:

<ROLE>: <NAME>

<ROLE>: <NAME>

…

1. **<STATE AGENCY>**

In order for the collaboration to operate quickly and be successful during the initial phases of work, engagement from the roles outlined below will be critical. Other subject matter experts and state staff beyond these are encouraged to engage with <CIVIC TECH ORG>.

<STATE> Medicaid Director:

* Description: Executive sponsor
* Activities: Approve of collaboration; approve of proposed solutions at the end of discovery; provide authoritative expertise on Medicaid policy and compliance implications; coordinate interagency collaboration if necessary; ensure project priorities are aligned

<STATE> Project Lead\*

* Description: Senior day-to-day project lead that owns and manages the collaboration with <CIVIC TECH ORG>
* Activities: Coordinate state stakeholders; convene state operational, policy, legal, and technical expertise; communicate state priorities; identify core challenges; participate in working sessions to develop solutions; maintain project momentum; participate in regular check-ins

\*Engagement from other state staff that manage IT systems, determinations policy teams, operational teams, caseworker teams, and vendor teams will all be critical during the initial phases of work. It will be the role of the <STATE> Project Lead to help identify those individuals and bring them into the work as appropriate.

1. HHS ASPE, Office of Health Policy, August 2022, [HHS Report](https://aspe.hhs.gov/sites/default/files/documents/a892859839a80f8c3b9a1df1fcb79844/aspe-end-mcaid-continuous-coverage.pdf) [↑](#footnote-ref-1)
2. CMCS Medicaid unwinding state best practices guides, [published resources](https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html#Webinars) [↑](#footnote-ref-2)