NATIONAL ACADEMY
for STATE HEALTH POLICY

The Evolution of Medicaid/CHIP Outreach and Enrollment

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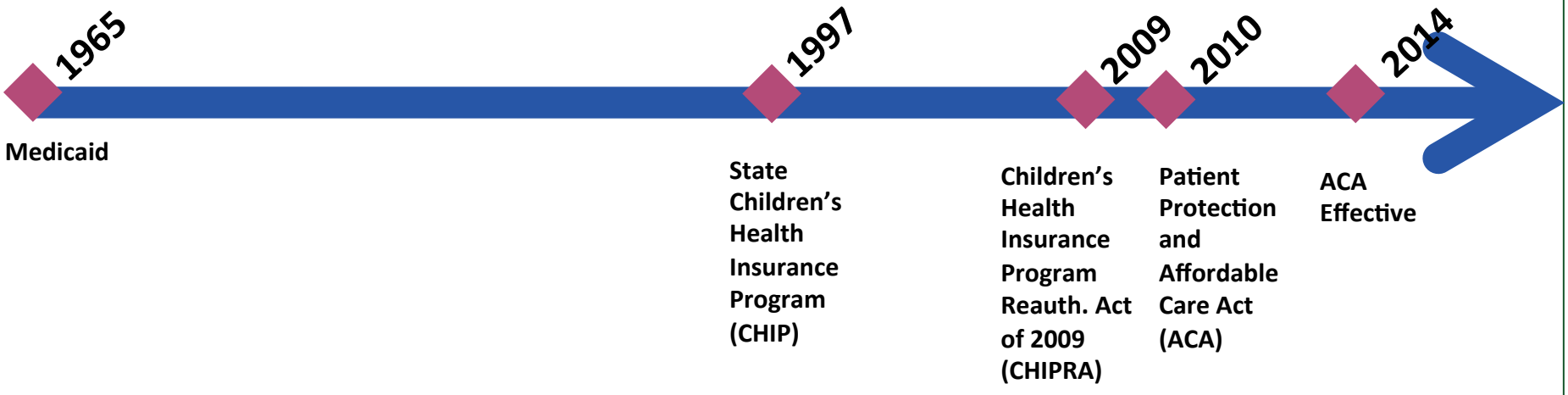
Timeline of Medicaid/CHIP Eligibility Simplifications



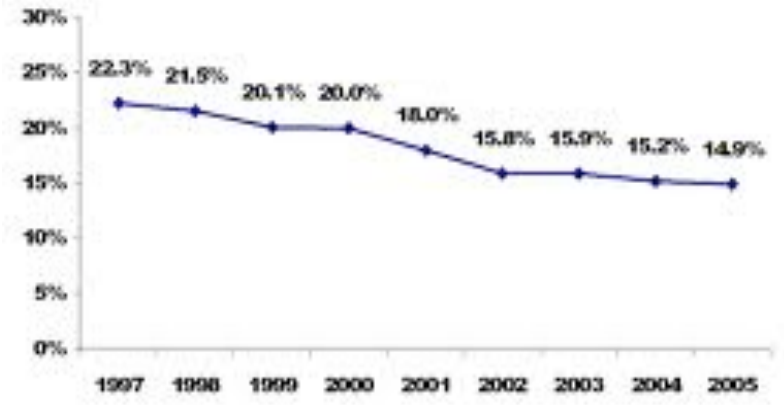
1965-1994: Medicaid Eligibility Standards

- Enrollment access and "reasonable promptness"
- Limits on error rate to 3% of spending
- Eligibility must be determined "consistent with simplicity of administration and in best interest of applicants"
- Medicaid barred from delegating eligibility decisions to private contractors ("single state agency")
- Presumptive eligibility for pregnant women
- Outstation eligibility access at sites serving large numbers of low-income uninsured (DSH, FQHCs)

1997: SCHIP Enacted

- Flexibility in eligibility and enrollment processes
- "Screen and enroll" requirement
- Enhanced FMAP
- Outreach and enrollment administrative match
- Presumptive eligibility for children

SCHIP Contributed to the Decline in the Uninsured Rate Among Low-Income Children from 1997 to 2005



Note: Beginning in 2004, the NHIS changed its methodology for counting the uninsured. This results in the data for 2004 and later years not being directly comparable to the data for 1997–2003.

Source: J. Lambrew, *SCHIP: Past, Present, and Future* (New York: The Commonwealth Fund, Feb. 2007); based on analysis of National Health Interview Survey data by L. Dubay, Georgetown Center for Children and Families.

1997-2009: Strategies to Improve Kids' Enrollment

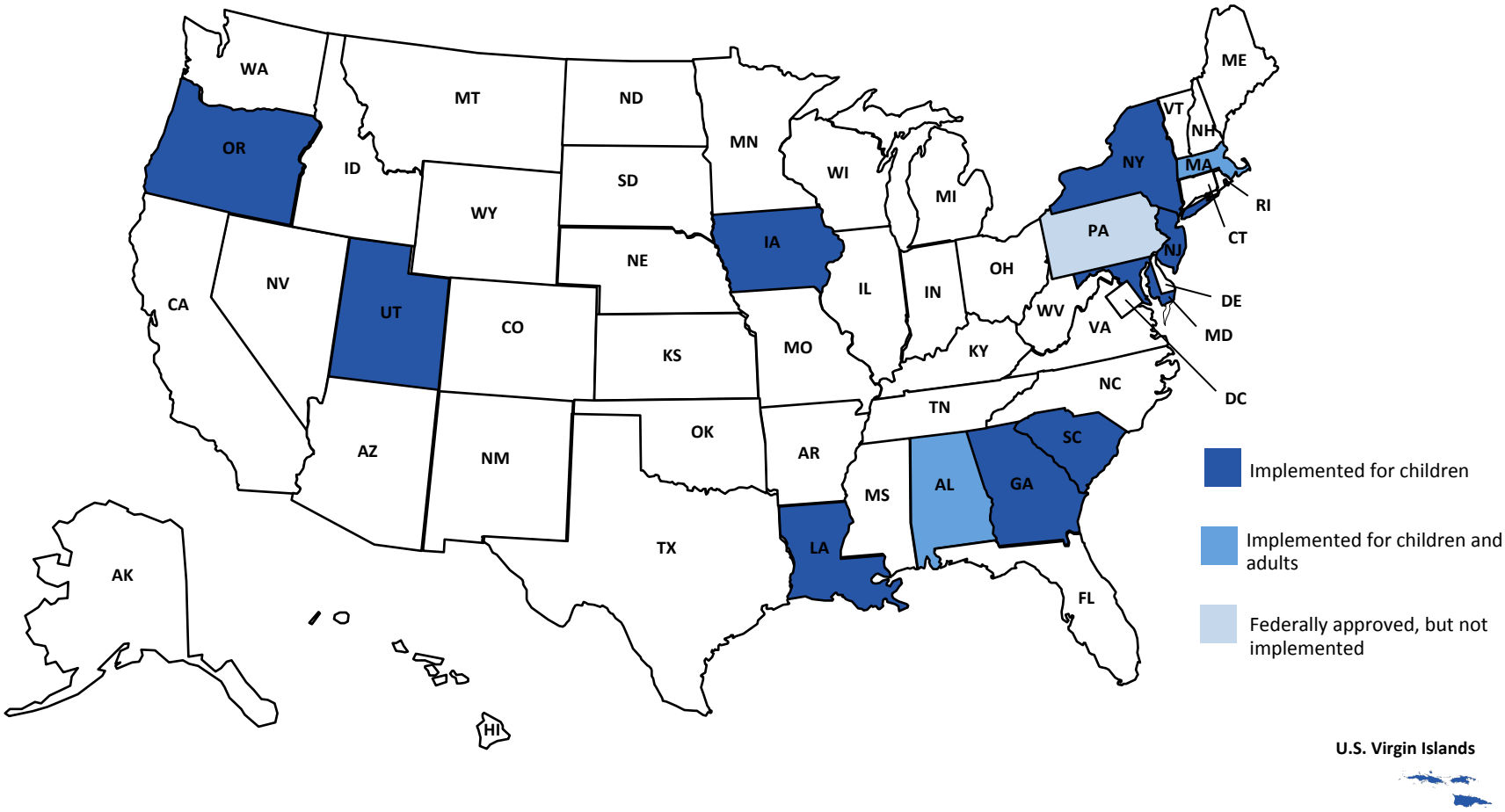
- Community-Based Outreach/Assistance
- Targeted Marketing
- Simplified Application Process
- Streamlined Eligibility Documentation
- Eliminating Asset Tests
- Eliminating In-Person Interview
- Administrative and/or Annual Renewals
- 12-Month Continuous Eligibility
- Limiting/Eliminating Waiting Period
- Coordinating Medicaid/CHIP Processes

Sources: Wachino, Victoria and Alice M. Weiss, *Maximizing Kids' Enrollment in Medicaid and SCHIP: What Works in Reaching, Enrolling and Retaining Eligible Children*, RWJF/NASHP (Washington, DC February 2009); Hill, Ian and Amy Westpfahl Lutsky, *Is There a Hole in the Bucket? Understanding SCHIP Retention*, Urban Institute (Washington, DC, May 2009)

2009: CHIPRA

- Performance Bonus
  - States that adopt 5 of 8 enrollment/retention strategies
  - Children's Medicaid enrollment exceeds target levels
- Express Lane Eligibility (ELE)
  - "Borrow" income finding from another means-tested program
  - Obtain consent for enrollment into coverage
- Outreach Grants – National, State, Tribal
- Other Outreach/Enrollment Strategies:
  - Electronic SSA verification of citizenship/identity
  - Affirms electronic signature
  - Requires 30 day grace period for non-payment of premiums
  - HHS model process for children who frequently change residence

State Implementation of Express Lane Eligibility (2014)



Source: Hensley-Quinn, Maureen,, Mary Henderson and Kimm Mooney, *State Experiences with Express Lane Eligibility: Policy Considerations and Possibilities for the Future*, RWJF State Health Reform Assistance Network (Princeton, NJ, December, 2012)

Maximizing Enrollment State Adoption of Technology-Based Strategies

	AL	IL	LA	MA	NY	UT	VA	WI
Customer Interfaces								
E-notices/texts						✔+	✔+	
Customer-facing accounts (including benefit status, report changes, viewing notices)	✔+(M)			✔		✔+	✔	✔
System Improvements								
Electronic verification	✔+(C)	✔	✔	✔	✔	✔+	✔	✔
Electronic case records			✔			✔	✔(C)	✔
Express Lane Eligibility	✔(M)[3]		✔(M)[4]	✔[5]	✔(M)[6]			
Electronic document management	✔(C)		✔	✔		✔	✔(C)	✔
Workforce Management								
Paperless workflow			✔+				✔(C)	✔
Centralizing processes/ rethinking work in light of technology			✔		+	✔	✔(C)	

(Unless specified otherwise, this chart assumes these improvements apply to children, parents, and caretaker relatives)

[1]Only implemented in Medicaid and certain counties
[2]Virginia does telephonic renewals for both CHIP and Medicaid, but telephonic applications are used for CHIP only and telephonic signature only for applications submitted
[3]Alabama's ELE policy covers enrolling and renewing SNAP children and TANF-eligible women into the Family Planning program
[4]Louisiana's ELE policy covers enrolling SNAP-eligible children into Medicaid and CHIP
[5]Massachusetts has implemented ELE for children, pregnant women, and parents with income up to 150% FPL
[6]New York's ELE policy covers transitioning Medicaid- and CHIP-eligible children into either program when income changes

Key:
✔ - Implemented before or outside Maximizing Enrollment support
✔+ - Implemented with Maximizing Enrollment support
\+ - In progress
(M) - Implemented in Medicaid only
(C) - Implemented in CHIP only

Source: Weiss, Alice M. and Katie Baudouin, *Harnessing Technology to Streamline Enrollment: Experiences from Eight Maximizing Enrollment Grantee States*, RWJF/NASHP (Washington, DC July, 2013);

ACA's Vision: An Enrollment Superhighway

- Assisted, easy-to-use process
- Seamless, "one-stop" system
- Simpler eligibility rules
- Seamless, technology-enabled system

Post-2014 State Enrollment Strategies

- CMS Targeted Enrollment Strategies
- Federal/State Coordination
- Strengthening Consumer Assistance/Outreach
- Modernizing Verification Processes
- Renewals and Transfers
- Data
- State/County Roles
- Plan Selection