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Express Lane Eligibility Efforts: Lessons Learned from Early State Cross-Program Enrollment Initiatives

SUMMARY

The Express Lane Eligibility (ELE) provisions in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) provide states new options to reach and enroll the nearly 6 million low-income uninsured children who are eligible for Medicaid or CHIP. ELE enables state Medicaid and CHIP agencies to identify, enroll, and recertify children by relying on eligibility findings from other programs, such as Head Start or Food Stamps, rather than having to re-analyze eligibility under their own rules. Further, CHIPRA authorizes greater use of electronic means to demonstrate eligibility. ELE builds upon prior state experience with cross-program enrollment, and this brief discusses lessons learned from these state experiences.

Key Lessons from Earlier Cross-Program Enrollment Efforts

Prior to CHIPRA, a number of states had moved forward with cross-program enrollment efforts. Given limitations in federal law, these initiatives stopped short of becoming full ELE programs; however, they provide some key lessons for future ELE efforts, including the following:

- It is important to have a one-step enrollment process for families that does not require any follow-up documentation, forms, or visits.
- States can enhance enrollment by utilizing state-initiated and *ex parte* enrollment and renewal procedures that rely on information available from existing databases and records to determine eligibility, placing minimal burdens on families.
- Technology can help support cross-program enrollment initiatives if appropriately designed and able to accomplish efficient and secure data exchange.
- Cross-program enrollment efforts work best with the buy-in and involvement of all relevant agency leaders and eligibility workers.

How States Can Use ELE to Improve Enrollment Initiatives

Building upon these lessons learned, states can use the new ELE option to advance enrollment efforts in the following key ways:

- ELE enables states to focus on coordinating Medicaid and CHIP enrollment with other programs that are best suited for identifying and enrolling eligible but uninsured children rather than focusing on small differences in program rules.
- The new flexibility ELE gives states to rely on information from other agencies and to demonstrate eligibility through electronic means facilitates states' ability to construct a one-step enrollment process with minimal burdens on the family.
- ELE provides new options and incentives for states to initiate automatic enrollment or renewal based on data and findings from other programs.
- ELE can be combined with technology to further simplify enrollment processes.

One key step forward that can be taken in covering the uninsured is to enroll eligible but uninsured children into Medicaid and CHIP. ELE provides states a new option to advance Medicaid and CHIP enrollment efforts by allowing states to rely on eligibility determinations from other public programs. As states consider the ELE option and design ELE programs, they can draw on the experience of earlier state cross-program enrollment efforts.

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INTRODUCTION

Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage for nearly 30% of children in the United States who do not have access to affordable employer-based insurance.[1] Still, an estimated 9 million children remain uninsured, two-thirds of whom are eligible for Medicaid or CHIP.[2] The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) has given states a new option to streamline enrollment and renewal of eligible but uninsured children into Medicaid and CHIP. Called Express Lane Eligibility (ELE), this option allows state Medicaid and CHIP agencies to identify, enroll, and recertify children by relying on eligibility findings made by other public need-based programs, such as Head Start or Food Stamps, rather than requiring the health coverage agencies to re-analyze and determine eligibility under their own rules.

The federal ELE provisions build upon lessons learned from a decade of state efforts to streamline enrollment into Medicaid and CHIP through cross-program, data-sharing initiatives. This brief provides an overview of these early cross-program enrollment initiatives and discusses some lessons learned from these initiatives for future ELE efforts.

OVERVIEW OF EXPRESS LANE ELIGIBILITY

Overall, more than 70 percent of uninsured, low-income children live in families that participate in the National School Lunch Program (NSLP), the Supplemental Nutrition Assistance Program (formerly Food Stamps), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).[3] Recognizing that these and other public programs serve many low-income uninsured children who are likely eligible for Medicaid and CHIP, states have long been interested in using other public programs as a way to identify, reach, and enroll eligible but uninsured children. However, prior to CHIPRA, states' ability to implement cross-program enrollment initiatives was limited in that they could not rely on another program's eligibility finding to determine Medicaid or CHIP eligibility if that program's methodology for determining eligibility differed in any way from that used in Medicaid and CHIP.

Now, with federal authorization of ELE under CHIPRA, Medicaid and CHIP agencies can borrow and rely on eligibility findings as well as data from another need-based program, called the "Express Lane agency," even when the Express Lane agency's methodology for determining eligibility is different from Medicaid and CHIP (see text box). Further, CHIPRA authorizes greater use of electronic means to demonstrate eligibility, removing the need for paper documentation. The goal of ELE is to improve efficiency, simplify program administration, and increase enrollment/retention by simplifying the enrollment process for families.

Key Provisions of New Express Lane Eligibility Options in CHIPRA

Use of Eligibility Findings and Data from Express Lane Agencies

- Medicaid and CHIP agencies can borrow and rely upon eligibility findings from a wide array of need-based programs, called Express Lane agencies, to determine or renew Medicaid and CHIP eligibility for children. Any timely eligibility finding made by an Express Lane agency is available for use in ELE, even where that agency used a different methodology to make the finding, except citizenship.
- States can conduct "automatic enrollment or renewal" by using available data and findings from other programs to initiate enrollment or renewal. If a child is found eligible through these processes, a state must obtain affirmative consent for enrollment through oral, written, or electronic means.
- Medicaid and CHIP agencies can use streamlined screen and enroll procedures when doing ELE—establishing an income threshold below which children are placed in Medicaid and above which into CHIP or by using presumptive eligibility and a simplified screening.
- For children found ineligible for enrollment or renewal through ELE, states must revaluate eligibility through standard Medicaid and CHIP eligibility determination methods.
- States are not exposed to penalties for errors related to ELE enrollment. ELE-related enrollment will not be included in Medicaid Eligibility Quality Control or Payment Error Rate Measurement studies. Separate procedures will be used to analyze error rates related to ELE.

Increased Use of Electronic Means to Determine Eligibility

- Medicaid and CHIP agencies have the option to verify citizenship through an electronic exchange of data with the Social Security Administration.
- Medicaid and CHIP agencies can accept electronic signatures to meet any applicable signature requirements. They do not need to obtain a signature under penalty of perjury for borrowed data or findings.

PRE-CHIPRA CROSS-PROGRAM ENROLLMENT EFFORTS

Prior to CHIPRA, many states understood the potential benefit of utilizing information from other public programs to help reach and enroll eligible but uninsured children in Medicaid and CHIP. In fact, following the authorization of CHIP in 1997 and the incentive it offered through enhanced federal matching funds, a number of states began pursuing efforts to link children into Medicaid and CHIP through other public programs. While states were limited in their ability to implement full-scale ELE efforts prior to CHIPRA, a number of states did move forward with cross-program enrollment efforts. These early cross-program enrollment initiatives fall into three broad groups:

- **Targeted Outreach:** Using other public programs as referral sources to find, contact, and provide application assistance to uninsured children who are likely eligible for Medicaid and CHIP. For example, many states use a check-off box on the Free and Reduced Priced School Lunch Application, which allows the state to use information from the school lunch applications as a means for identifying and then providing Medicaid/CHIP applications to potentially eligible children.[4]

- **Streamlined Application and Renewal Processes:** Allowing the information that a family has already provided to another public program to be used to evaluate the child's eligibility

for Medicaid and CHIP or as a basis for renewal of eligibility. For example, a number of states use information from a Food Stamp annual recertification to renew Medicaid.[5]

- **Automatic Eligibility:** Basing a Medicaid or CHIP eligibility finding on an eligibility finding from another public program with similar eligibility criteria. For example, in a majority of states, persons receiving Supplemental Security Income (SSI) benefits automatically qualify for Medicaid.[6]

LESSONS LEARNED FROM EARLIER CROSS-PROGRAM ENROLLMENT EFFORTS

As states evaluate the new ELE option and design ELE programs, they can draw on the experiences of earlier cross-program enrollment initiatives. Following are some key lessons for states to consider:

Creating a one-step enrollment process is important for successful enrollment. Some states that moved forward with cross-program enrollment procedures during the past decade relied on a multi-step enrollment process for families, often stemming from the pre-CHIPRA limitations that did not allow states to rely on eligibility findings from other programs. Experience shows that a multi-step enrollment or renewal process that requires families to complete more than one set of forms or to visit an agency more than once leads to a significant drop-off in participation between the first and second steps and is administratively burdensome for the Medicaid or CHIP agency.

For example, since 2003, ***California*** has allowed children to use the school lunch application as a Medicaid application at participating schools. However, the program utilizes a two step process. First, a family must submit the school lunch application. Children eligible for free lunch are evaluated for temporary Medicaid after submitting this form, where their family provides consent. However, to receive full coverage, the family must then complete a short supplemental form with additional information and documentation. An evaluation of three years of this effort found that only 40 percent of the children who received temporary coverage based on their school lunch application ended up receiving ongoing coverage, predominantly due to their failure to return the follow-up form.[7]

In contrast, ***Wisconsin*** deems migrant laborer families eligible for Medicaid with proof of enrollment in another state's Medicaid program. Deemed eligibility runs through the full eligibility period granted by the other state's Medicaid program. Wisconsin's Medicaid eligibility workers gather current demographic information and copy proof of enrollment in another state's Medicaid program (or, where there is none, contact the other state to confirm enrollment) and this is all the information they need to complete the enrollment process. Wisconsin's one-step process enables a smooth enrollment process for eligible migrant laborer families and has been incorporated into the program's normal workflow.

States can enhance enrollment by utilizing state-initiated and *ex parte* procedures. State experience has demonstrated that state-initiated enrollment initiatives reach larger numbers of children than those that wait for a family to apply for or renew coverage. Also, an initiative's success can be greatly improved by using *ex parte* processes to obtain necessary information through other available resources before contacting the family.

For example, since 2001, ***Louisiana*** has been utilizing a state-initiated Medicaid renewal process that relies on *ex parte* processes to obtain relevant information. When an enrollee comes up for renewal in Medicaid, Louisiana takes the initiative to retrieve relevant, current

information from Food Stamp and cash assistance files in order to complete the renewal, rather than waiting for the family to start the renewal process. Today, about three-quarters of enrollees are renewed without completing a Medicaid renewal form.[8] To date, this process has been completed manually by eligibility staff, but the state is currently automating the process so that it will no longer require staff time. Since implementing this initiative, Louisiana's Medicaid renewal denial rate for procedural reasons has dramatically fallen from over 25% to just 1%.

In addition, in early 2001, ***New York City*** implemented a state-initiated enrollment drive with *ex parte* procedures that led to impressive results. Using a one-time administrative procedure, the state electronically "converted" Food Stamp enrollment for children into Medicaid enrollment. The city sent a letter telling those households that their children would be automatically enrolled in health coverage unless they sent back the enclosed, pre-paid envelope to "opt out" of the process. As a result of this one-time initiative, 14,700 children were enrolled into Medicaid, accounting for 98% of children enrolled in Food Stamps who did not previously have Medicaid coverage.

Technology can help support cross-program enrollment initiatives if appropriately designed and able to accomplish efficient and secure data exchange. Technology can be used to facilitate enrollment processes both for families and the state. For example, on-line applications can allow for a simpler entryway to coverage that can then be linked on the back end to other agency databases and rules engines. This is exactly what was done with One-e-App, an online application that was used to facilitate the ***California*** school lunch cross-program enrollment effort in some school districts. One-e-App is a data collection and delivery system with a sophisticated screening, router, rules engine and a workload management/tracking system.[9] One-e-App allowed school districts to collect the information that a family needed to provide to apply for health coverage on the school lunch form and submit it electronically to the Medicaid program. In real time, the One-e-App system electronically made a preliminary eligibility finding, generated the appropriate notice for a family, and provided verification that the application was submitted to the appropriate agency. The county then made the final eligibility determination using the information submitted through One-e-App as well as the information provided on the follow-up form that is required in that process.

However, earlier cross-program enrollment initiatives also revealed the need for improvements in technology as well as for underlying program rules and data sharing that support cross-program enrollment. For example, California's school lunch effort was hampered by a Medicaid eligibility database (MEDS) that cannot determine with certainty whether applicants for the school lunch program are already enrolled in Medicaid and which is not available to school employees or the One-e-App system to help them target enrollment assistance toward the uninsured. As a result, schools and the county Medicaid agencies wasted significant effort on processing the roughly 40% of applications that were for children already enrolled in Medicaid.[10] In fact, due to these process challenges, the state stopped using One-e-App to process applications through the school lunch program, although it is still using it as a robust online application.

Cross-program enrollment efforts work best with the buy-in and involvement of relevant agency leaders and eligibility workers. Cross-program enrollment efforts require time and resources from all participating agencies – for planning, technology modifications, and sometimes to conduct the enrollment process itself. For instance, ***Florida*** conducted an enrollment initiative between 2000 and 2003 in which childcare resource and referral agencies helped families complete a health care application. When the childcare eligibility worker checked a box on the electronic childcare application indicating that a family wanted to apply for

health coverage, they were automatically prompted to ask an additional eight "yes or no" questions that were then used to complete a health coverage application. Childcare staff spent about five minutes to fill out the additional screen to submit a Medicaid application. Despite that added labor, the enrollment initiative received support from Florida's subsidized child care agency, and, therefore, the child care resource and referral agencies were committed to it as well and found the limited time investment to be worthwhile.

Given that cross-program efforts require buy-in and commitment from all participating agencies, states have found that it is important for all relevant stakeholders to be involved at all stages, from planning to implementation, especially the two central program agencies (i.e., Medicaid/CHIP agency and the other agency being used to facilitate enrollment). Each need-based program has its own rules and processes, and it is important that each agency understand the other's program so that they can find the right way to work together. Many streamlining efforts have found Memoranda of Understanding to be useful in defining each organization's roles and responsibilities as well as to govern data sharing and use. In addition, funding a cross-program enrollment initiative requires skillful collaboration to address limitations imposed by the public funding streams and to identify funding to support the efforts of the other program agency.

HOW CAN STATES USE ELE TO IMPROVE ENROLLMENT INITIATIVES

Building upon the lessons learned from earlier cross-program enrollment initiatives, states can use CHIPRA's new full ELE option to construct cross-program enrollment initiatives that are administratively simpler, technology-supported, collaborative efforts. Following are a number of key ways the new ELE option can be used to improve and build successful enrollment initiatives.

As a result of ELE, states can focus on coordinating enrollment with programs that are best suited for identifying and enrolling eligible but uninsured children. Prior to CHIPRA, a key challenge to implementing cross-program, data-driven enrollment was that states could not utilize eligibility findings from another public program unless that program had the exact same eligibility rules and elements as Medicaid or CHIP. Finding other programs that met this requirement was a near impossibility, which often resulted in administratively burdensome, two-step enrollment designs. Now, with federal authorization of ELE, Medicaid and CHIP agencies can borrow and rely on an eligibility finding from another need-based program even where the methodology for making the finding is different from their own. In effect, ELE allows a state to transcend some of the differences in program rules to coordinate eligibility findings across different programs. With this added flexibility, states are can focus on issues over and above the minutiae of program rules to assess which other need based program(s) work best for this purpose (see text box, next page).

The new flexibility states have to rely on information from an Express Lane agency and to demonstrate eligibility through electronic means facilitates states' ability to construct a one-step eligibility initiative with minimal burdens on the family. With ELE, Medicaid and CHIP can borrow an eligibility finding (such as income, residency, immigration status, etc.) or data from another program agency, called the Express Lane agency. Further, the new CHIPRA options increase states' ability to collect and obtain information on an *ex parte* basis by authorizing greater use of electronic means to demonstrate eligibility, removing the need for paper documentation. For example, in the past, immigration and citizenship rules posed a challenge to the use of *ex parte* procedures since they required paper documentation. Since the new options in CHIPRA allow states to use electronic means to determine citizenship and

ELE to determine immigration status, it becomes increasingly feasible to do a complete eligibility review through *ex parte* methods.[11] As such, by utilizing ELE and electronic processes together, states can construct a process to collect information necessary to complete an eligibility or renewal determination with no or minimal burdens on families.

Key Factors for States to Consider in Choosing an Express Lane Agency

Each state will have to weigh a number of factors in selecting an Express Lane agency, given its own program rules, governance structures, and available technologies. The factors will balance out differently, depending on whether the state is looking to use ELE for initial enrollment or to use it for renewal – given that children who up for renewal have already met the immigration/citizenship rules and consented to enrollment.

CHIPRA specifically lists 12 public agencies to consider as Express Lane agencies, including those for Temporary Assistance for Needy Families (TANF), Food Stamps, Head Start, WIC, child care assistance, and free and reduced-price school lunch. However, this list is not meant to be exhaustive and states may identify additional agencies and programs that could prove useful in helping to enroll eligible but uninsured children.

In determining which programs to use for ELE, a state should consider a number of factors:

- Does the other public program provide access to large numbers of uninsured children?
- Does it utilize the same eligibility workers as Medicaid and/or CHIP?
- Does it impose similar eligibility rules and gather necessary eligibility information?
- Does it conduct an in-person interview that can facilitate the ELE process?
- Does it utilize current data and verify that data before making an eligibility finding?
- Can the other program's enrollment technology facilitate the ELE process?
- Does the program have a mission of improving health and access to health care?
- Do the administrators of the program support the idea of ELE?

In this exercise, a state will find that the each program choice involves some benefits and trade-offs. For instance, while Food Stamps might be the simplest program for conducting ELE, given that it uses similar eligibility rules and often the same eligibility workers, it does not reach as many uninsured children as some other public programs, such as the national school lunch program. The school lunch program enrolls large volumes of uninsured children, making it useful for targeting eligible children. However, to process initial enrollments, states would need to match to additional databases or records to obtain immigration or citizenship data.

ELE provides new options and incentives for state-initiated automatic enrollment and retention efforts. As noted, experience has demonstrated the significant benefits of state-initiated enrollment and retention. CHIPRA includes specific language in the ELE provisions to guide and encourage such efforts, called "automatic enrollment." Under these new provisions, states can initiate enrollment or renewal using available data and findings from other programs, and then must obtain affirmative consent through oral, written, or electronic means to complete actual enrollment. Using this strategy, a state can take the idea of targeted outreach one step further to actually determine eligibility and seek the family's approval to enroll or continue coverage. This strategy has had successful results in other public programs, such as in the Medicare Part D Low Income Subsidy program, which used data matches with the Social Security Administration to automatically enroll nearly three-quarters of eligible seniors in just six months.[12] Furthermore, CHIPRA creates incentives for states to implement state-initiated

processes by including automatic renewal as one of a series of streamlining practices that a state can implement to qualify for additional federal bonus payments, in addition to ELE.

ELE can be combined with technology to simplify cross-program enrollment processes. As discussed earlier, technology is essential to achieving maximum efficiency in cross-program enrollment. By allowing Medicaid and CHIP to borrow findings from other need-based programs and to use electronic means to document eligibility, CHIPRA removes a layer of complexity from the eligibility determination process and simplifies the role that technology must play. Further, CHIPRA authorizes the use of data-matching to satisfy citizenship rules and provides enhanced funding to design and deploy the technology necessary for that match. In addition, information technology has evolved dramatically since the streamlining efforts profiled above were designed, and its expanded capabilities can helps states maximize the results of future cross-program enrollment initiatives.[13] Together, the new flexibilities provided by the ELE provisions and modernized eligibility systems can help overcome the barriers to program coordination that result from the underlying differences between need-based program applications and rules.

However, attaining an ideal administrative system will require states to engage in a planning process that looks at systems as a whole enterprise, rather than just modifying the technology that operates Medicaid and CHIP. At this moment, large numbers of states are overhauling their Medicaid claims processing and information retrieval systems to bring them into compliance with the Medicaid Information Technology Architecture (MITA).[14] MITA aims to help states improve systems development and healthcare management by allowing for greater data sharing across agency organizational boundaries. This service-oriented overhaul is intended to impact eligibility systems, as part of its whole enterprise approach, and, thus, presents an ideal opportunity to build systems that can accomplish data-driven enrollment that is simplified through the use of ELE and *ex parte* procedures.

Conclusion

One key step forward that can be taken in covering the uninsured is to enroll eligible but uninsured low-income children into Medicaid and CHIP. For many years, states have understood the importance of streamlined enrollment and renewal processes for enrolling and retaining families in Medicaid and CHIP coverage, and a number of states have moved forward aggressively with enrollment simplification methods. Recognizing the potential benefits of relying on data and information from other public programs to identify and enroll eligible but uninsured children, some focused on cross-program enrollment initiatives. CHIPRA provides states a new option to move even farther forward with these efforts by allowing states to implement ELE initiatives that rely on eligibility determinations from other public programs to determine children's eligibility for Medicaid and CHIP. As states consider the ELE option and design ELE programs, they can draw on the experience of earlier cross-program efforts, which demonstrate the importance of creating a one-step process for families, utilizing state-initiated and *ex parte* methods to collect information, utilizing and expanding the role of technology to share information across programs, and establishing strong cross-agency support.

This brief was prepared by Beth Morrow of The Children's Partnership in partnership with Samantha Artiga of the Kaiser Family Foundation's Kaiser Commission on Medicaid and the Uninsured.

ENDNOTES

[1] Kaiser Commission on Medicaid and the Uninsured, *Health Coverage of Children: The Role of Medicaid and SCHIP* (Washington, D.C.: Kaiser Family Foundation, November 2008).
[2] Ibid.
[3] Stan Dorn, Urban Institute, *Express Lane Eligibility and Beyond: How Automated Enrollment Can Help Eligible Children Receive Medicaid and CHIP* (Washington, D.C.: National Academy for State Health Policy, April 2009).
[4] Covering Kids & Families, *School-Based Outreach: Strategies* (Princeton, N.J.: Robert Wood Johnson Foundation, August 2006).
[5] See The Children's Partnership, *Express Lane Activities: States on the Move* (Santa Monica, CA: April 2009) at www.childrenspartnership.org/ExpressLaneToolKit
[6] National Health Law Program, *A Quick and Easy Method of Screening for Medicaid Eligibility under the Pickle Amendment* (2008) at www.healthlaw.org
[7] The Children's Partnership, *California's Express Enrollment Program: Lessons from the Medi-Cal/School Lunch Pilot Program* (Los Angeles, CA: The California Endowment, July 2006) 6.
[8] Georgetown Center for Children and Families, *Postcards from CCF: Louisiana* (Washington, D.C.: February 2009).
[9] See http://www.oneeapp.org/ for further information.
[10] op. cit. (7).
[11] Georgetown Center for Children and Families, *CHIP TIPS: Citizenship Documentation Changes* (Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, May 2009).
[12] op. cit. (3), Appendix A.
[13] The Children's Partnership and Kaiser Commission on Medicaid and the Uninsured, *E Health Snapshot, Harnessing Technology to Improve Medicaid and SCHIP Enrollment and Retention Practices* (Washington, D.C.: Kaiser Family Foundation, May 2007) and *How Technology Can Help an Express Lane Eligibility Effort* (Santa Monica, CA: July 2009) at www.childrenspartnership.org/ExpressLaneToolKit
[14] See http://www.cms.hhs.gov/MedicaidInfoTechArch for further information.

For More Information:

Putting Express Lane Eligibility into Practice, The Children's Partnership and the Kaiser Commission on Medicaid and the Uninsured, Nov. 2000, available at http://www.kff.org/medicaid/2211-index.cfm

Building an On-Ramp to Children's Health Coverage: A Report on California's Express Lane Eligibility Program, The Children's Partnership and the Kaiser Commission on Medicaid and the Uninsured, September 2004, available at http://www.kff.org/medicaid/7173.cfm

E-Health Snapshot: Harnessing Technology to Improve Medicaid and SCHIP Enrollment and Retention Practices, The Children's Partnership and the Kaiser Commission on Medicaid and the Uninsured, May 2007, available at http://www.kff.org/medicaid/7647.cfm

E-Health Snapshot: Emerging Health Information Technology for Children in Medicaid and SCHIP Programs, The Children's Partnership and the Kaiser Commission on Medicaid and the Uninsured, November 2008, available at http://www.kff.org/medicaid/7837.cfm

Web Resources:

The Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured:

- Medicaid/CHIP: Children
  http://www.kff.org/medicaid/children.cfm

The Children's Partnership:

- E-Enrollment and Express Lane
  http://www.childrenspartnership.org/ExpressLaneEligibility

Georgetown Center for Children and Families

- CHIP: Putting the New Law to Work
  http://ccf.georgetown.edu/index/chip-law

National Academy for State Health Policy:

- Maximizing Enrollment for Kids
  http://www.maxenroll.org/

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