

Maximizing Enrollment

Transforming State Health Coverage

Maximizing Enrollment State Grantee Progress as of April 2013

| Progress Indicators | AL | IL | LA | MA | NY | UT | VA | WI |
|--|------|----|------|----|------|------|------|------|
| Simplifying Processes | | | | | | | | |
| Streamlined application or enrollment process | ✓ ✓+ | ✓ | ✓ | ✓ | ✓+ | ✓+ | ✓+ | ✓ ✓+ |
| Simplified Renewals. Off cycle, ex parte, telephone, etc. | ✓+ | ✓ | ✓ | ✓+ | ✓ | ✓ ✓+ | ✓+ | ✓+ |
| Express Lane Eligibility certification and/or renewals | ✓+ | | ✓+ | ✓+ | ✓+ | | | |
| Using Technology | | | | | | | | |
| Electronic case records to promote data sharing and change workload/system processes | | + | ✓ | | | ✓ | ✓ | ✓ |
| Online applications, E-signature | ✓ | ✓ | ✓ ✓+ | + | | ✓ ✓+ | ✓ ✓+ | ✓ |
| Online renewals | + | + | + | + | | ✓+ | ✓+ | ✓ |
| Telephonic enrollment/renewals | ✓+ | ✓ | ✓ | + | ✓ ✓+ | ✓ | ✓+ | ✓ |
| Electronic document management adoption | X | + | ✓ | ✓+ | | ✓ | ✓ | ✓ |
| Data-Driven Policymaking | | | | | | | | |
| Create easily shared reports of data and program info (e.g., a dashboard, standard reports to track enrollment trends) | | | ✓ ✓+ | + | ✓+ | ✓+ | ✓+ | ✓ ✓+ |
| Better capacity to analyze data (e.g., data warehouse, single client identifier) | | ✓ | ✓ | ✓ | | ✓ | ✓+ | ✓+ |
| Culture Change | | | | | | | | |
| Attention to client perspective of eligibility process. Obtained consumer input | ✓+ | | ✓+ | ✓ | | ✓+ | | |
| Engage frontline workers in policy discussion | ✓ | ✓+ | ✓ + | + | ✓+ | ✓ ✓+ | ✓+ | ✓+ |
| Program Coordination | | | | | | | | |
| Regular, institutionalized communication between programs and offices | ✓ ✓+ | ✓+ | ✓ ✓+ | ✓ | ✓ ✓+ | ✓ ✓+ | ✓+ | |

Key:

- ✓+ - In place, with *Maximizing Enrollment* Support
- ✓ - In place, before or outside of *Maximizing Enrollment*
- + - In planning/development with *Maximizing Enrollment* Support
- X - No longer in place

Maximizing Enrollment Progress Indicators

SIMPLIFYING PROCESSES

Streamlined Applications or Enrollment Process—Application strategies include: improve the clarity of language and content included within its application; and implement a streamlined or joint application for multiple programs. Enrollment strategies include: automating verifications; and reduced documentation requirements by relying more on electronic sources of information for eligibility verification.

Simplified Renewal Process—Strategies include: administrative renewals, which ranges from the state pre-populating renewal forms with information the state already has to automatically renewing coverage for certain populations of clients whose eligibility criteria is unlikely to change; ex parte renewals, in which states use information from trusted data sources (i.e., unemployment records) to verify eligibility criteria without requesting documentation from the client and asks clients to respond only with changes.

Express Lane Eligibility—The Children’s Health Insurance Program Reauthorization Act option that allows states to rely on eligibility findings from an Express Lane agency, such as Supplemental Nutrition Assistance Program or Free and Reduced Lunch, to determine the eligibility of an uninsured child for Medicaid or Children’s Health Insurance Program (CHIP) coverage for initial enrollment or renewal.

USING TECHNOLOGY

Electronic Case Records—Storing applicant information electronically rather than maintaining paper case files, simplifying the caseworker’s access to eligibility and enrollment data and eases the exchange of such data between the state and applicant.

Online Application—An application accessible to consumers anytime, at any computer, and the state accepts the entire application electronically, including the applicant’s signature.

Online Renewal—A simplified redetermination process available online that includes the ability to send supporting documents (if needed) electronically.

Telephonic Enrollment and Renewal—Technology and procedures needed to accept either an initial application or renewal, including telephonic signature capacity, over the phone for public health coverage.

Electronic Document Management—Client eligibility documents scanned into a centralized database in electronic format to: verify eligibility criteria; centrally capture all documentation submitted by the client allowing any caseworker to access data; and enable the state to quickly verify receipt of documentation.

DATA-DRIVEN POLICYMAKING

Better Capacity to Analyze Data—Strategies include: a “data warehouse” that brings together data from multiple systems (e.g., an MMIS and an eligibility system(s)) into a single, searchable database; a single client identifier that allows for tracking of distinct individuals across programs and spells of eligibility; and establishment of requirements related to enhancement of data analysis capacity in contracts for new eligibility systems.

CULTURE CHANGE

Obtain Consumer Input—By engaging consumers in one or more of the following: focus groups; surveys, especially after not completing initial enrollment or the renewal process; or through public meetings.

Engage Frontline Workers in Policy Discussions—State program administrators seek or create opportunities to engage staff at all levels, particularly those at the first point of contact with clients, to gain their perspective on improving the enrollment and retention process through one or more of the following ways: invite eligibility workers at all levels to suggest changes in policy, process, or procedure; include representation of staff in policy changing workgroups; hold eligibility worker focus groups; or convene meetings of workers to share big policy updates.

PROGRAM COORDINATION

Regular Institutionalized Communication Between Programs and Offices—So that regardless of program leadership changes, partnerships continue between: Medicaid and CHIP; central office and county offices; health coverage programs and other state programs; or between program staff and administration leadership.