Maximizing Enrollment
Transforming State Health Coverage

The questions within this document were based on those used in the Maximizing Enrollment participating state diagnostic assessment, which was developed and used in 2009 – prior to the enactment of ACA. However, states may find it helpful in identifying enrollment and renewal systems, policy and procedural strengths and prioritizing areas that need further improvements.

NASHP Self-Assessment – Step 1 – Questionnaire
(States with Medicaid expansion programs should only fill in the answers for Medicaid)

Simplifying the Enrollment and Renewal Process

Enrollment Process

Process Simplifications

Consider all of the various steps involved in your state's application process, or use a process map if you have created one.

	Medicaid	CHIP
1. Has the state simplified the application process for the applicant by eliminating or reducing procedural requirements? For example:		
a. Has the income documentation requirement been eliminated?	(Y /N)	(Y /N)
b. Has the asset test been eliminated?	(Y /N)	(Y /N)
c. Have the barriers created by the Medicaid citizenship and identity documentation requirements been minimized to the greatest extent possible under the law? (i.e., does the state use data matching with vital records? Is the state using the Social Security Number data match option?	(Y /N) (Y /N)	(Y /N) (Y /N)
2. Has the state simplified the application process for the caseworker by eliminating steps to process an application (e.g., using the electronic transfer of information to eliminate the need to re-key application information from one step to another)?	(Y /N)	(Y /N)
3. Has the state used process mapping to understand its processes better and reduce the total number of steps in the state's application and enrollment process?	(Y /N)	(Y /N)
4. Is presumptive eligibility used with a wide range of qualified entities?		
5. Are both eligibility and asset requirements (including income disregards, deductions and documentation requirements) the same for:	(Y /N)	(Y /N)
a. Medicaid and CHIP (i.e., for age category)?	(Y /N)	(Y /N)
b. Parents and children?	(Y /N)	(Y /N)
c. Pregnant women/infants and children over 1 year of age?		(Y /N)
6. Can newly uninsured children enroll in CHIP *without* a wait period? (note: if the CHIP program has a wait period but there are some exceptions, check 'no' to this question)		(Y /N)
7. Are documentation requirements the same for Medicaid and CHIP?		

Application Simplifications

	Medicaid	CHIP
8. Has the state worked to create a simpler application form with related instructions?	(Y /N)	Y /N)
9. Have the application form and related instructions been tested to ensure that they are	(Y /N)	(Y /N)

written at an appropriate reading level?

10. Have the application form and related instructions been translated into all languages spoken by at least 5 percent of the state's eligible population? (Y /N)　　(Y /N)

11. Does the state use bilingual caseworkers, a translation tool, or is using the new CHIPRA option to receive an enhanced match for language translation/interpreter services to ensure limited-English proficient applicants understand the application and its requirements? (Y /N)　　(Y /N)
(Y /N)

12. Does the state have a single application that can be used for Medicaid and CHIP applicants and do applicants have to submit the same documentation for both programs?

Method of Application

	Medicaid	CHIP
13. Is in-person application optional for most populations?	(Y /N)	(Y /N)

14. What other methods of application are allowed?

	Medicaid	CHIP
a. Mail	(Y /N)	(Y /N)
b. Phone	(Y /N)	(Y /N)
c. Online:		
i. can be printed and filled out manually		
ii. can be filled out online	(Y /N)	(Y /N)
iii. can be submitted online	(Y/N)	(Y/N)
iv. can be submitted online and data is imported into eligibility system	(Y /N)	(Y /N)
d. Fax	(Y /N)	(Y /N)

15. If the state allows online application, are e-signatures accepted?

Renewal Process

Renewal Policies

16. Are 12 months of coverage for children allowed before renewal, with beneficiaries reporting changes in the interim? (Y /N)　　(Y /N)

17. Are 12 months of continuous eligibility *guaranteed for children, with exceptions for children who age out of program or move out of program area*? (Y /N)　　(Y /N)

18. Are the following types of renewal conducted:

a. Off-cycle renewals (i.e., allowing individuals to renew throughout the year when they come into contact with the state agency or provider, not just at their renewal date)? (Y /N)　　(Y /N)

b. Administrative renewals (i.e., using pre-populated renewal forms and requesting that enrollees confirm their information and only respond with changes or using data from other programs/agencies to determine renewal eligibility and not asking for documentation on areas unlikely to change)? (Y /N)　　(Y /N)

c. Ex parte renewals (i.e., using third party data sources to supply needed information)? (Y /N)　　(Y /N)

19. Which options does your state allow for renewal including:

    a. Mail?   (Y /N)   (Y /N)

    b. Phone?   (Y /N)   (Y /N)

    c. Online (can be *filled out* online, but printed and mailed)   (Y /N)   (Y /N)

    d. Online (can be *submitted* online)   (Y /N)   (Y /N)

    e. Fax?   (Y /N)   (Y /N)

20. Is the renewal window flexible (i.e., can the time period to submit documents be extended to accommodate families who are making a good faith effort to complete the form and submit any required documentation)?   (Y /N)   (Y /N)

21. Do staff make multiple attempts to contact families that have not yet completed the renewal process, including by phone, auto-dialer, email, or text?   (Y /N)   (Y /N)

22. Is there a process in place to promote the pursuit of renewal information prior to case closure, such as requiring managerial approval (as opposed to cases being closed electronically when renewal information is not received)?   (Y/N)   (Y/N)

23. Is there a process in place to accommodate families that are eligible for renewal except for owing a premium? (i.e., is a 'grace period' of at least 30 days provided to families who owe premiums at renewal as required by CHIPRA?)   (Y /N)   (Y /N)

24. Does the state take steps to ensure accurate and current contact information, including the following strategies:

    a. Mail forwarding?   (Y /N)   (Y /N)

    b. USPS notification of address updates?   (Y /N)   (Y /N)

    c. Telephone contact?   (Y /N)   (Y /N)

    d. Internet searches (anywho.com, whitepages.com)?   (Y /N)   (Y /N)

    e. Third party data matching (e.g., DMV, income tax forms)?   (Y /N)   (Y /N)

    f. Using software programs?   (Y /N)   (Y /N)

    g. Allowing multiple options for updating contact information (phone, email, website, access to personal account profile)?   (Y /N)   (Y /N)

    h. Utilizing updated address information from health plans and providers of care?   (Y /N)   (Y /N)

    i. Utilizing updated address information from other application assistors and CBOs?   (Y/N)   (Y/N)

Process Simplifications

25. Is the renewal process centralized?   (Y /N)   (Y /N)

26. Does the state send pre-populated renewal forms?   (Y /N)   (Y /N)

27. Is self-declaration, administrative or electronic verification of income allowed?   (Y /N)   (Y /N)

28. Does your state process renewals without a signature?   (Y /N)   (Y /N)

29. Has the state taken steps to shorten the number of renewal communications with families and make written correspondence more easily understood by beneficiary families?　　(Y/N)　　(Y/N)

Assistance

30. Is language assistance provided in the enrollment office?　　(Y /N)　　(Y /N)

31. Is language assistance provided in the community?　　(Y /N)　　(Y /N)

CHIP Premiums

32. Is participation in the CHIP program free (i.e., no premiums or enrollment fees)?　　(Y /N)

[If yes, skip questions 33-36]

33. Are different methods allowed for paying premiums?

    a. Credit/debit cards
    　　(Y /N)
    b. Employer payroll deductions
    　　(Y /N)
    c. Electronic bank transfers
    　　(Y /N)
    d. Outstationed payment sites
    　　(Y /N)

34. Are flexible payment options allowed (e.g., monthly, quarterly, annually)?
    　　(Y /N)

35. Is a 30 day or longer grace period for premium payment (before enrollment is terminated) included in the CHIP program?
    　　(Y /N)

36. If a child is disenrolled in CHIP for failure to pay premiums, can he/she be reenrolled *without* a lockout period and a late fee?

Interagency Coordination

Coordination between Medicaid / CHIP

37. Is a single program name used for Medicaid and CHIP?
    　　(Y /N)

38. Are Medicaid and CHIP policy managed by a single agency?
    　　(Y /N)

39. If Medicaid and CHIP are separate programs, are policies, enrollment and renewal processes aligned to minimize confusion and difficulty for families switching between programs or with children in both programs?　　(Y /N)

40. Do staff from both programs meet regularly to align policies and resources?
    　　(Y /N)

41. If Medicaid and CHIP eligibility determinations are handled by a different agency than that manages the programs, are procedures in place to ensure a seamless transition?　　(Y /N)

42. Is there a system in place to make electronic referrals between Medicaid and CHIP in the following instances:

    a. When an applicant applies for one program but is eligible for the other?

(Y /N)

b. When an enrollee in one program is no longer eligible at renewal (e.g., a CHIP enrollee is Medicaid-eligible at renewal, or a Medicaid enrollee is CHIP-eligible at renewal)?   (Y /N)

43. Does the state have a "no wrong door" policy in effect where applications can be submitted to or processed by related agencies?

(Y /N)

44. Are strategies in place to assist in transitioning kids between Medicaid / CHIP at renewal (e.g., temporary continuing eligibility in CHIP while the Medicaid application is being processed)?   (Y /N)

Coordination with Other Public Programs

45. Has the Medicaid/CHIP agency(ies) taken steps to *identify* children served by other public agencies but not enrolled in Medicaid/CHIP, including:

a. State income tax department	(Y /N)	(Y /N)
b. Temporary Assistance for Needy Families (TANF)	(Y /N)	(Y /N)
c. Supplemental Nutrition Assistance Program (SNAP)	(Y /N)	(Y /N)
d. National School Lunch Program (NSLP) / Schools	(Y /N)	(Y /N)
e. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	(Y /N)	(Y /N)
f. Early Intervention	(Y /N)	(Y /N)
g. Head Start	(Y /N)	(Y /N)
h. Other	(Y /N)	(Y /N)

46. Has the Medicaid/CHIP agency(ies) worked with other state agencies directly to *enroll* children served by other public agencies but not enrolled in Medicaid/CHIP through the CHIPRA Express Lane Eligibility (ELE) option, including:

a. State income tax department	(Y /N)	(Y /N)
b. Temporary Assistance for Needy Families (TANF)	(Y /N)	(Y /N)
c. Supplemental Nutrition Assistance Program (SNAP)	(Y /N)	(Y /N)
d. National School Lunch Program (NSLP) / Schools	(Y /N)	(Y /N)
e. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	(Y /N)	(Y /N)
f. Early Intervention	(Y /N)	(Y /N)
g. Head Start	(Y /N)	(Y /N)
h. Other	(Y /N)	(Y /N)

47. Does the state have a universal application enabling applicants to apply for multiple programs at once?   (Y /N)   (Y /N)

48. Is a single client identifier used across multiple public programs?   (Y /N)   (Y /N)

	Medicaid	CHIP
49. Can the state's Medicaid/CHIP database(s) information useful in planning improvements, such as (note: you do not need to gather the actual data for this questionnaire):		

Enrollment Information

	Medicaid	CHIP
a. How many children applied by each method (e.g., mail, in person, online, phone) of application?	(Y /N)	(Y /N)
b. What was the applicants' abandonment rate (i.e., incomplete applications) by method (e.g., in person, by mail, online, by phone) of application?	(Y /N) (Y /N)	(Y /N) (Y /N)
c. Which questions and/or documentation and/or processes appeared to be causing the abandonment?	(Y /N)	(Y /N)
d. How many applicants submitted the application but did not submit the documentation?	(Y /N)	(Y /N)
e. How many CHIP applicants submitted the application but did not submit the premium?	(Y /N)	(Y /N)
f. The cost of collecting CHIP premiums relative to the money gained by collecting them?	(Y /N)	(Y /N)
g. For states with presumptive eligibility, the percent of presumptive eligibility applications that are ultimately determined eligible?	(Y /N)	(Y /N)
h. The application and renewal processing time by eligibility group?	(Y /N)	(Y /N)

Renewal / Retention Information

	Medicaid	CHIP
i. How many children are due to renew each month?	(Y /N)	(Y /N)
j. How many children lose coverage for failure to return renewal forms?	(Y /N)	(Y /N)
k. How many of those children renew or reapply within a designated window, such as 60 or 90 days?	(Y /N)	(Y /N)
l. How many CHIP children were disenrolled for failure to pay the premium?	(Y /N)	(Y /N)

	Medicaid	CHIP
50. Are state data systems being used to answer the following types of questions about patterns of enrollment and retention over time:		
a. What is the average duration of enrollment?	(Y /N)	(Y /N)
b. What is the mean number of enrollment spells for children?	(Y /N)	(Y/N)
c. What is the average length of the gap between enrollment spells?	(Y /N)	(Y /N)
d. What proportion of children transition between Medicaid and CHIP?	(Y /N)	(Y /N)

	Medicaid	CHIP
51. Can state data systems be used to analyze how enrollment and retention patterns like those above vary by key demographic characteristics:		
a. Income?	(Y /N)	(Y /N)
b. Race/Ethnicity?	(Y /N)	(Y /N)
c. Geographic Region?	(Y /N)	(Y /N)
d. Age?	(Y /N)	(Y /N)

52. Does the state have data on the demographic characteristics of eligible but uninsured children, particularly those who were previously enrolled? (Y /N) (Y /N)

53. Are IS / analytic staff available to run the reports needed to monitor/predict enrollment and retention of kids in Medicaid and CHIP? (Y /N) (Y /N)

54. If a question arises which cannot be answered by a standardized report, do IS / analytic staff have the expertise and availability to generate a timely ad hoc report? (Y /N) (Y /N)

55. Are additional studies (e.g., phone surveys, focus groups) done to determine barriers to enrollment and renewal? For example:

    a. Studies to determine reasons that renewal forms were not complete? (Y /N) (Y /N)

    b. Studies to determine if CHIP premiums are a barrier to enrollment and retention? (Y /N) (Y /N)

56. Does the state measure the impacts of recent or upcoming policy changes and outreach activities (e.g., an increase in the CHIP premium, school enrollment events)? (Y /N) (Y /N)

57. Do local foundations or universities interested in children's coverage support data collection and analysis that helps with program decision making? (Y /N) (Y /N)

Client-Centered Organizational Culture

Note: Other concepts that have been addressed elsewhere are also relevant here – single program name, application and renewal assistance, language access, multiple entry points.

	Medicaid	CHIP
58. Are eligibility workers trained to be service-oriented (i.e., to treat applicants as customers)?	(Y /N)	(Y /N)
59. Are enrollment sites customer-focused (i.e., are extended evening and/or weekend hours and language assistance available)?	(Y /N)	(Y /N)
60. Do performance standards and evaluations for case workers or eligibility staff promote enrollment and retention?	(Y /N)	(Y /N)
61. Are employee incentives and/or recognition used to promote enrollment and retention?	(Y /N)	(Y /N)
62. Are procedural and eligibility changes communicated clearly to eligibility staff in a forum that allows for discussion and assistance in implementation?	(Y /N)	(Y /N)
63. Have *eligibility workers* been included in or provided input into eligibility process improvement efforts?	(Y /N)	(Y /N)
64. Have focus groups or surveys been conducted with *applicants* to determine their views of the enrollment process?	(Y /N)	(Y /N)
65. Has management conveyed goals for enrollment and renewal to eligibility staff?	(Y /N)	(Y /N)

Community Partnerships and Outreach

	Medicaid	CHIP
66. Does the state have agreements with community-based organizations or workers to conduct outreach?	(Y /N)	(Y /N)
67. Does the state have formal programs to support/pay community workers to provide	(Y /N)	(Y /N)

assistance with application and renewal (such as grants or per-application or enrollment fees)?

	Medicaid	CHIP
68. Is community-based outreach and enrollment/renewal assistance available in all areas of the state (i.e., not just urban centers)?	(Y /N)	(Y /N)
69. Is the funding and supply of community-based assistance adequate to meet the needs of the eligible population?	(Y /N)	(Y /N)
70. Does the state conduct targeted outreach to underserved groups?	(Y /N)	(Y /N)
71. Does the state fund members of underserved communities to conduct outreach?	(Y /N)	(Y /N)
72. Are marketing materials available in all languages spoken by more than 5 percent of the eligible population?	(Y /N)	(Y /N)
73. Does the state partner with any of the following community-based partners to conduct outreach, enrollment and renewal:		
a. Schools and/or daycare providers?	(Y /N)	(Y /N)
b. Hospitals?	(Y /N)	(Y /N)
c. Doctors?	(Y / N N/A)	(Y / N N/A)
d. Community health centers?		
e. Managed care plans (for states with Medicaid/CHIP children enrolled in managed care)?	(Y /N)	(Y /N)
f. Other CBOs?	(Y /N)	(Y /N)
g. Media outlets (e.g., radio, newspaper, TV, other)	(Y /N)	(Y /N)
h. Sports teams (local, college, school, professional)	(Y /N)	(Y /N)
74. Does the state use outstationed eligibility workers?	(Y /N)	(Y /N)
75. Does the state meet with stakeholders that can bring awareness to enrollment and renewal issues on a regular basis?	(Y /N)	(Y/N)
76. Do children's advocates work with the Medicaid/CHIP agencies and/or the legislature to promote change?	(Y/N)	(Y/N)

State Leadership

	Medicaid	CHIP
77. Has the Governor issued an executive directive or otherwise visibly supported covering all eligible kids in the state, (e.g., in TV commercials, testimony, or speeches)?	(Y /N)	(Y /N)
78. Has the legislature seriously debated or enacted legislation to promote enrollment for all eligible kids?	(Y /N)	(Y /N)
79. Has gubernatorial and legislatorial support been apparent even during difficult budget years?	(Y /N)	(Y /N)
80. Has the Governor or head(s) of the Medicaid/CHIP agency(ies) asked other	(Y /N)	(Y /N)

agencies to work together on enrolling children, such as through sharing data to find and enroll eligible children?

81. Do the Governor and legislature support both Medicaid and CHIP comparably?   (Y /N)   (Y /N)

82. Have specific goals for enrollment and renewal been set by the Governor?   (Y /N)   (Y /N)

     a. If so, is ongoing evaluation conducted to ensure progress toward these goals?   (Y / N N/A)   (Y / N N/A)

     b. Have specific resources been designated to ensure that these goals are achieved?   (Y / N N/A)   (Y / N N/A)