The Evolution of Medicaid/CHIP Outreach and Enrollment

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Timeline of Medicaid/CHIP Eligibility Simplifications

- **1965**: Medicaid
- **1997**: State Children’s Health Insurance Program (CHIP)
- **2009**: Children’s Health Insurance Program Reauth. Act of 2009 (CHIPRA)
- **2010**: Patient Protection and Affordable Care Act (ACA)
- **2014**: ACA Effective
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
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

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)

## Maximizing Enrollment State Adoption of Technology-Based Strategies

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

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

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

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