MACPAC

Medicaid and CHIP Payment and Access Commission

Review of Secretary's Report on Express Lane Eligibility

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Today's Discussion

- MACPAC last discussed Express Lane Eligibility in May 2013, when we reviewed the initial findings from the interim evaluation
- Final evaluation was released by ASPE in late 2013
- MACPAC is required to review reports submitted by the Secretary to Congress and submit written comments to the appropriate committees of Congress and the Secretary

Express Lane Eligibility

- Congress authorized the ELE policy option as part of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- Schedule to sunset on September 30, 2013, but was extended to September 30, 2014
- CHIPRA gives states options on how to implement ELE
- 13 states have been approved to implement ELE methodologies

State Implementation of ELE

	Alabama Medicaid	Colorado Medicaid &CHIP	Georgia Medicaid & CHIP	Iowa Medicaid	Iowa CHIP	Louisiana Medicaid	Maryland Medicaid
Partner Agency	SNAP and TANF	NSLP	WIC	SNAP	Medicaid	SNAP, NSLP	State tax agency
Program Strategy	Income data used to support self-declaration at enrollment and renewal Waiver allows state to use information for pregnant women	Income data used to screen and enroll	ID potentially eligible children; mail out partially pre-populated applications	ID potentially eligible children; establish income eligibility	Medicaid applications and redetermin-ations that show CHIP eligibility are automatic-ally referred to CHIP for processing	Automated eligibility, enrollment, and renewal based on SNAP findings	ID potentially eligible children; mail out partially pre-populated applications

Source: "Express Lane Eligibility for Medicaid and CHIP Coverage," Insure Kids Now. http://www.insurekidsnow.gov/professionals/eligibility/express_lane.html

State Implementation of ELE

	Mass. Medicaid & CHIP	New Jersey Medicaid & CHIP	New York Medicaid	Oregon Medicaid & CHIP	Penn. CHIP	South Carolina Medicaid	Utah CHIP
Partner Agency	SNAP	State tax agency	CHIP	SNAP	TANF, Medicaid	SNAP, TANF	State tax agency
Program Strategy	Income used to conduct redeterm-inations Waiver allows state to use information for adults	ID potentially eligible children; mail out partially pre-populated applications	CHIP applications and redeterm-inations that show Medicaid eligibility are automatic-ally referred to Medicaid for processing	ID potentially eligible children; mail out partially pre-populated application; establish income eligibility	Medicaid and TANF applications and redetermin-ations that show CHIP eligibility are automatic-ally referred to CHIP for processing	Income used to conduct redeterm-inations	Mail out partially pre-populated redeterm-ination forms; establish income eligibility

Source: "Express Lane Eligibility for Medicaid and CHIP Coverage," Insure Kids Now. http://www.insurekidsnow.gov/professionals/eligibility/express_lane.html

ELE Evaluation

- Secretary of Health and Human Services is required to conduct an evaluation of the effects of ELE on:
  - Enrollment
  - Administrative costs
  - Accuracy of eligibility determinations

ELE Evaluation Uses Multiple Methods

- Descriptive study of program costs, enrollment, and utilization
- Multivariate enrollment impact analysis
- Case studies with a subset of states
- Interviews with non-case study states
- Survey of all 51 state programs

Key Findings: ELE Adoption Can Increase Enrollment

- Evaluation included a formal impact analysis that controlled for economic and state policy changes
- Significant evidence that ELE increased children's enrollment in Medicaid by about 6 percent on average among states that implemented ELE

Key Findings: State Decisions about ELE Affect its Benefits

- States that implemented ELE made different decisions
  - Type of ELE process to use
  - Choice of ELE partner agency
  - How to use partner agency data
- Choices appear to affect the efficacy of ELE increasing enrollment and retention

Key Findings: Automatic ELE Processes Have Greater Benefits

- Compared to other ELE processes studied, automatic processing:
  - Serves the most individuals
  - Requires greater up-front system investments
  - Yields the most administrative savings
  - Eliminates procedural barriers to coverage

Key Findings: Simplified Processes Have Modest Impacts

- Some states have implemented non-automated ELE processes
  - Simplified procedures: eligibility workers use partner agency data to validate application data
  - Simplified applications: state sends families pre-populated application forms to complete and submit
- Simplified processes help with outreach but have resulted in small increases in enrollment

Key Findings: Using ELE for Renewals Can Generate Savings

- Renewal processes create greater opportunities for administrative savings
  - Renewal caseloads are larger than new enrollment caseloads
  - Renewals recur periodically
- Most states that choose to implement ELE do so only for initial applications, not for renewals

Key Findings: ELE Enrollees Use Health Care Services

- Analysis of utilization data shows that most ELE enrollees accessed a variety of health care services
- ELE enrollees are slightly less likely to use services, and those who do use them less intensively

Key Findings: Other Approaches Can Also Simplify Enrollment

- States have other options to simplify the enrollment and renewal process:
  - Presumptive eligibility
  - Phone renewals
  - Online enrollment
- These options can help simplify the process for applicants, but differ in reach and magnitude compared to ELE

Other Considerations: Effects on Program Integrity are Unknown

- CHIPRA specifically addressed concerns that ELE could introduce enrollment errors
  - Required states to track ELE cases and conduct a full eligibility review of a sample of ELE decisions
- CMS has not issued guidance on how states should sample or review ELE cases
- No information is available on the nature of rate of errors among ELE decisions

Other Considerations: Express Lane and the ACA

- ELE procedures are forerunners to ACA process simplifications

- Federal incentives available through the ACA may also help states make changes necessary to implement ELE

Other Considerations: Express Lane and the ACA

- Six states have implemented temporary policies to facilitate enrollment of eligible individuals (including adults) into Medicaid

- ACA simplifies eligibility rules and supports data matching, but only ELE authority allows states to rely on eligibility findings from other agencies

Other Considerations: Express Lane and Adults

- Current ELE authority applies only to children

- Alabama and Massachusetts have used 1115 waiver authority to extend ELE provisions to adults

Issues for MACPAC Consideration

- Findings from evaluation report can be used to inform options for the future of ELE
- Specific issues for consideration include:
  - Whether to extend or make permanent the ELE option in statute
  - Whether to expand the scope of ELE policies to include adults
  - How to measure the accuracy of ELE decisions

Should the ELE Option be Extended or Made Permanent?

- ELE has benefits for states that implement it
  - Evaluation findings suggest that ELE saves time, reduces costs, contributes to positive enrollment gains
  - States that have implemented ELE will be required to changes their processes if the provision sunsets (may incur costs to program changes, need to rehire staff)
  - ELE provides an option for states that want to improve enrollment processes
- It is unknown whether ELE processes result in accurate eligibility determinations

Should the ELE Option Be Extended to Adults?

- Some states could benefit from the ability to apply ELE processes to adults
  - ACA expanded eligibility to a large number of adults who may qualify for ELE partner programs
  - Benefits of ELE may be reduced if separate processes must be maintained for parents and children
  - Two states have already extended ELE to adults
- Other states may see little benefit
  - States have implemented many ACA changes already
  - States that did not expand to cover adults may see little impact

Should CMS Separately Measure ELE Eligibility Errors?

- CHIPRA requires a separate sample and review of ELE cases, and excludes these cases from PERM
  - Robust sample of ELE cases would provide detailed information to inform corrective actions
  - CMS has not issued guidance on how to sample and review ELE cases
- ELE cases could be included in the universe of eligibility decisions review in PERM
  - CMS can develop separate ELE review guidance
  - Combined sample would reduce cost and burden for states