



# Health Policy Snapshot

Health Insurance Coverage

[www.rwjf.org/healthpolicy](http://www.rwjf.org/healthpolicy)

ISSUE BRIEF

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## What proven strategies help maximize enrollment in public health insurance programs?

### Takeaways:

- States will play a vital role in the success of federal health reform by enrolling residents in public health insurance programs.
- States have boosted enrollment in the past by making the process simpler and by partnering with outside groups.
- Automatic enrollment strategies are an effective way to increase enrollment.

### Overview

The Affordable Care Act (ACA) will make insurance coverage available to an estimated 30 million additional people, largely through expansions in Medicaid and the Children's Health Insurance Program (CHIP). The success of these expansions will hinge on whether states are successful in enrolling all the newly eligible people. In the past, states have struggled to enroll everyone eligible for government health insurance. As of February 2009, nearly two-thirds of the uninsured children in the United States were eligible for Medicaid or SCHIP but were not enrolled.

### LESSONS AND STRATEGIES

A variety of successful strategies have emerged from states that have worked for years to boost children's enrollment in public health insurance programs.<sup>1</sup>

The most effective strategy is keeping enrollment and renewal procedures simple. States have simplified procedures by allowing families to renew their policies on an annual basis rather than more frequently. They have also allowed children to maintain continuous eligibility in Medicaid or SCHIP for 12 months, regardless of whether the family's income rises. States have also offered joint applications for Medicaid and SCHIP and have allowed applicants to enroll without an in-person interview or asset test.

States have improved enrollment by leveraging community-based outreach through community health centers and religious organizations, and by partnering with schools, health plans, hospitals and business to achieve enrollment goals.

Other strategies states include changing agency culture to promote enrollment, employing marketing techniques and using technology to coordinate programs and reduce administrative burdens.

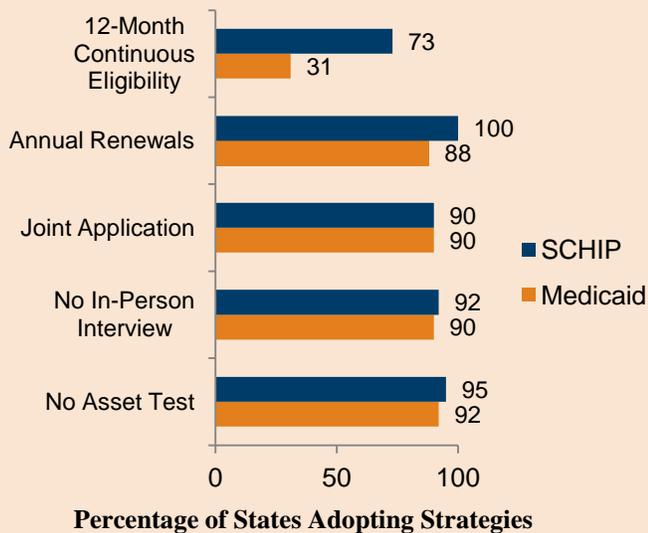
### AUTOMATING THE PROCESS

States have achieved remarkable results by automating enrollment, boosting participation while lowering operating costs and cutting errors in eligibility determination.

States have used automated procedures in several ways:<sup>2</sup>

- **Identifying uninsured people.** Most people who are eligible for public health insurance file government forms, such as income tax forms,

### Common Enrollment and Renewal Simplification Strategies



Source: <http://www.rwjf.org/files/research/3702.pdf>

applications for unemployment benefits or school health forms. These documents could offer adults a box to check if they or their children are uninsured. This designation would help officials begin the process of determining eligibility.

- Determining Medicaid or CHIP eligibility.** The CHIP Reauthorization Act of 2009 (CHIPRA) gave states the option of providing children with “Express Lane Eligibility,” which allows CHIP and Medicaid eligibility requirements to be satisfied by other government agencies’ findings. For example, a state can automatically deem a child eligible for Medicaid if the gross income on the family’s state income tax form falls below a certain level or if the family receives Supplemental Nutrition Assistance Program benefits (formerly food stamps). The same approach could be taken to determine coverage eligibility of adults who fall below a certain income level or who use other public assistance programs. U.S. citizenship is the only eligibility

requirement that cannot be satisfied through Express Lane Eligibility.

- Enrolling eligible individuals.** If a state uses some of the mechanisms listed above to identify eligible individuals, it can then satisfy certain procedural requirements by encouraging families to go online and take the final steps needed for enrollment. Such steps may involve nothing more than providing an electronic signature, which CHIPRA explicitly allows.
- Retaining enrollees.** States intent on keeping eligible adults and children insured through public health programs can learn from Louisiana’s example. The state reduced the percentage of children losing coverage at the end of their eligibility periods from 28 percent in 2001 to 8 percent in 2005 through such measures as:
  - Automatically renewing most children’s eligibility—without obtaining information from parents—when eligibility appears reasonably certain based on third-party data from public programs and other sources.
  - Encouraging parents to call toll-free phone numbers if available data do not permit automated renewals. Parents who provide information by phone need not complete paper forms. As a result, fewer than 15 percent of children now require renewal forms as their eligibility periods come to a close.

### WANT TO KNOW MORE?

- [Maximizing Kids' Enrollment in Medicaid and SCHIP \(RWJF\)](#)
- [Express Lane Eligibility and Beyond \(Urban Institute/RWJF\)](#)
- [Reaching Uninsured Children: Iowa's Income Tax Return and CHIP Project \(RWJF\)](#)

<sup>1</sup> <http://www.rwjf.org/pr/product.jsp?id=38348>

<sup>2</sup> <http://www.rwjf.org/pr/product.jsp?id=58608>