

Express Lane Eligibility—a New Way to Enroll Children in SCHIP and Medicaid

Exploring the Options for Auto-Enrollment for Children in SCHIP and Medicaid

SUMMARY

From 2007 to 2009, the Urban Institute researched policy options and produced a policy paper designed to help states implement "automated enrollment," a strategy designed to ensure that eligible children enroll in publicly supported health insurance programs.

The policy paper focused on new incentives and eligibility options in the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA), which encouraged states to use existing data from other programs to establish children who are eligible to enroll, including an automated enrollment option called "express lane eligibility."

Key Results

• The project team published and disseminated the April 2009 report, *Express Lane Eligibility and Beyond: How Automated Enrollment Can Help Eligible Children Receive Medicaid and CHIP* (available online). In the weeks after its release, a Google search found 1,390 Web pages that referred to the paper.

Funding

The Robert Wood Johnson Foundation (RWJF) supported the project with an unsolicited grant of \$107,855 from August 2007 to March 2009.

CONTEXT

The Problem

Nearly 9 million children had no health coverage in 2005, according to U.S. Census Bureau data. The majority of these children qualified for, but were not enrolled in, Medicaid or the State Children's Health Insurance Program (SCHIP), now known simply as the Children's Health Insurance Program (CHIP).

Many states had sought to increase enrollment through outreach campaigns and by simplifying application and renewal procedures. These efforts have helped many eligible children enroll, but not all.

One strategy for getting children covered is "auto-enrollment," also called automated enrollment. Using this strategy, an eligible child could be automatically enrolled in Medicaid or CHIP by matching the child's name with family income data already collected under other programs, such as the U.S. Department of Agriculture's Food Stamp or National School Lunch programs. In this way, programs could reduce or even eliminate the need for many families to fill out additional application enrollment forms.

Other programs have used existing data effectively to determine eligibility and enroll participants. For example, Medicare Part D, the prescription drug program for seniors, automatically enrolls people in its low-income subsidy program if they also received either Medicaid or Supplemental Security Income the previous year. In 2006, this strategy helped Medicare Part D achieve the highest takeup rate during its first year of any federal means-tested program.

RWJF Strategy

For more than 30 years, RWJF has been concerned about Americans' lack of access to affordable and stable health care coverage. RWJF has funded studies, demonstration projects and symposia about this problem.

In 1997, Congress funded the State Children's Health Insurance Program with the aim of providing health insurance coverage to children who were not eligible for private or other public insurance programs. That same year, RWJF created *Covering Kids*[®] (see Program Results). In 2001 RWJF reshaped the program and renamed it *Covering Kids* & *Families*[®], reflecting the Foundation's commitment to help states also cover parents and other adults who work in jobs that do not provide health coverage for them or their children.

Through a series of *State Coverage Initiatives*, RWJF assisted states in developing and implementing policies that made health care insurance more available and affordable to low-income residents. RWJF also created *State Solutions: An Initiative to Improve Enrollment in Medicare Savings Programs*, a national program to maximize enrollment in Medicaid, Medicare, and other health insurance programs (See Program Results). *Communities in Charge: Financing and Delivering Health Care to the Uninsured* is a national program to help cities or counties improve access to care for low-income, uninsured individuals by changing the organization and financing of local care delivery. *The Access Project* began work to improve health and health care in 1998.

RWJF has also supported other efforts to enhance Americans' access to health care coverage, including:

- Understanding costs and financing mechanisms through Changes in Health Care Financing and Organization. See Program Results.
- Analyzing proposals to expand coverage through the Economic & Social Research Institute's Covering America project.
- Helping states plan and develop insurance market reforms to expand health coverage for the uninsured through State Initiatives in Health Care Reform.
- Increasing awareness among policy-makers and action by the general public through Cover the Uninsured Week.

The *Targeted Research for Coverage* initiative supports projects that advance RWJF's strategic objective to improve access to stable and affordable health care coverage.

THE PROJECT

The Urban Institute researched policy options and produced a policy paper designed to help states implement "automated enrollment," a promising strategy designed to ensure that eligible children enroll in publicly supported health insurance programs.

The Urban Institute is a nonpartisan economic and social policy research firm in Washington.

The Urban Institute contracted with the National Academy for State Health Policy (NASHP) to convene a meeting in December 2007 of state officials and national experts to assess the feasibility of so-called auto-enrollment strategies. NASHP is an independent organization of state health policy-makers with offices in Portland, Maine, and Washington.

State officials who attended the meeting expressed enthusiasm for automated enrollment, and in a memo to RWJF, recommended that RWJF invest in demonstration projects testing various automated enrollment strategies. The Urban Institute then began work on a policy options paper to support RWJF's broader initiative to maximize enrollment of eligible children into publicly supported health insurance programs.

The policy paper evolved over time as the policy environment in the country changed. By early 2009, the federal government was preparing to enact the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA), which included many provisions relevant to automated enrollment. A key provision called "express lane eligibility" gives states the option to satisfy eligibility requirements for Medicaid and CHIP based on findings by other government agencies.

The Urban Institute revised its report to describe new options created by CHIPRA and to explain how states could use those tools to implement auto-enrollment strategies. Staff of Health Management Associates (HMA), a national research and consulting firm headquartered in Lansing, Mich., provided feedback about the practical details of implementing automated enrollment. HMA regularly provides technical assistance to state Medicaid and CHIP programs.

RESULTS

The Urban Institute reported these results:

- The project team published and disseminated the April 2009 report, Express Lane Eligibility and Beyond: How Automated Enrollment Can Help Eligible Children Receive Medicaid and CHIP (available online). The paper describes:
 - Provisions in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) that are designed to make it easier for states to implement automated enrollment strategies
 - An array of automated strategies designed to achieve four goals:
 - Identify uninsured children.
 - Determine their eligibility for Medicaid and the Children's Health Insurance Program, or CHIP (formerly called State Children's Health Insurance Program, SCHIP).
 - Enroll eligible children into coverage.
 - Retain eligible children.

Communications

The Urban Institute engaged in a number of activities to disseminate and promote the policy options paper, including:

- On May 11, 2009, Project Director Stan Dorn, J.D., participated in a webinar about express lane eligibility, sponsored by National Academy for State Health Policy (NASHP). Of the 300 people who joined the webinar, more than half were state officials. Since the webinar, the NASHP Web pages carrying an archived copy of the webinar and the policy options paper have been viewed more than 1,100 times.
- Dorn described automated enrollment options for states in an article in the June 2009
 e-newsletter of State Coverage Initiatives (SCI), available online, and in a
 presentation at SCI's national meeting, held July 31, 2009.
- On September 25, 2009, Dorn led a panel discussion at the annual meeting of RWJF's *Maximizing Enrollment for Kids: Making Medicaid and SCHIP Work* national

- program. Officials from the eight states funded through the RWJF program expressed interest in automated enrollment strategies, Dorn said.
- As a general indicator of the policy options paper's distribution and reach, the project team received 1,390 Web page hits in a Google search for the paper conducted a few weeks after its release.

LESSONS LEARNED

- 1. When working in a changing policy environment, be prepared to modify your scope of work accordingly. The Urban Institute changed the focus of its policy options paper three times, as the debate leading up to the enactment of CHIPRA shifted. One needs to be willing to be "flexible and opportunistic," project director Stan Dorn said. "You see what the opportunities are that were not there when the grant began, and you revise your efforts to take advantage of them." (Project Director/Dorn)
- 2. Recruit organizations with synergistic strengths to help you execute a project. The Urban Institute subcontracted with National Academy for State Health Policy (NASHP) to put on its meeting with state and national policy-makers because "they had strengths in convening people," Project Director Dorn said. "We [Urban Institute] have a lot of skill in data analysis." Dorn also called on staff of Health Management Associates as he developed auto-enrollment strategies because "they have concrete, on-the-ground experience" in implementing Medicaid and other government insurance programs. (Project Director/Dorn)
- 3. When presenting approaches that state Medicaid and CHIP programs have never used before:
 - Analyze similar enrollment strategies applied by other benefit programs. Urban Institute researchers found numerous useful models from other meanstested benefit programs that were mostly unknown to the policy-makers whose careers had been focused on health coverage and traditional public benefits. For example, three federal programs base current-year income determination on prioryear federal income tax forms. This understanding provided a precedent for using similar strategies to find children eligible for Medicaid and CHIP based on prioryear state income tax data. (Project Director/Dorn)
 - Consult with a broad range of experienced national experts as well as state
 officials. Both sets of consultants provided useful feedback that led project staff
 to restructure its recommendations to make them more practical. (Project
 Director/Dorn)
 - Investigate initial efforts by states and localities to apply auto-enrollment strategies to children. At the project's December 2007 meeting, state officials were quite excited to hear about one another's efforts. This helped project staff identify both opportunities to seize and pitfalls to avoid. (Project Director/Dorn)

AFTERWARD

The Urban Institute and the project director Stan Dorn continue to conduct research and provide technical assistance on express lane eligibility. Dorn contributed, either as an independent contractor or under the auspices of the Urban Institute, to these key papers:

- A case study report, Using Information from Income Tax Forms to Target Medicaid and CHIP Outreach: Preliminary Results of the Maryland Kids First Act (September 2009), available online, for RWJF's State Health Access Reform Evaluation (SHARE) program.
- A case study report, *The Secrets of Massachusetts' Success: Why 97 Percent of State Residents Have Health Coverage* (November 2009), also for the SHARE program. The full report and an issue brief of findings are available on the RWJF Web site.
- Reducing Paperwork to Improve Enrollment and Retention in Medicaid and CHIP
 (October 2009), published by the Medicaid Institute at United Hospital Fund,
 chronicles New York's efforts to implement auto-enrollment. The paper is available
 online.
- Applying 21st-Century Eligibility and Enrollment Methods to National Health
 Reform, funded by the Pharmaceutical Research and Manufacturers of America,
 examines how national health reform can incorporate auto-enrollment mechanisms.
 Available online.

Report prepared by: Kelsey Menehan

Reviewed by: Richard Camer and Marian Bass

Program Officer: Nancy Barrand

RWJF Team: Coverage

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