



Center for Medicaid and State Operations

SHO # 10-003
CHIPRA # 14

February 4, 2010

Re: Express Lane Eligibility Option

Dear State Health Official:

This letter is one of a series that provides guidance on implementation of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3. CHIPRA includes many provisions designed to give States the tools they need to effectively enroll eligible children in Medicaid and Children's Health Insurance Program (CHIP) coverage. One of the key tools that CHIPRA offers is the Express Lane Eligibility option. Section 203 of CHIPRA permits States to rely on findings from an Express Lane agency to conduct simplified eligibility determinations and facilitate enrollment in Medicaid and CHIP. This provision was effective upon enactment of CHIPRA, February 4, 2009. This letter and enclosure provide guidance on Express Lane eligibility option to enable States to effectively pursue this strategy.

Overview

Section 203 of CHIPRA permits States to rely on findings from an entity designated by the State as an "Express Lane agency" to determine whether a child satisfies one or more factors of eligibility for Medicaid or CHIP. Under this option, Express Lane agencies can provide information that the State Medicaid or CHIP agency will use to determine eligibility. The State Medicaid or CHIP agency remains responsible for making the ultimate determination of Medicaid or CHIP eligibility. The new option also permits States to automatically enroll and renew eligible children in Medicaid or CHIP under the conditions set forth in the statute. States may use the Express Lane option for Medicaid, CHIP, or both programs. Medicaid programs may apply the Express Lane option to children up to age 19, age 20, or age 21. CHIP may apply the Express Lane option to children up to age 19. The Express Lane option may be used for initial eligibility determinations as well as renewals.

The Express Lane option provides States with important new avenues to ensure that children eligible for Medicaid or CHIP have a fast and simplified process for having their eligibility determined or redetermined. CHIPRA opens up many possible arrangements for State Medicaid and CHIP programs to work with other public agencies to streamline enrollment and renewal -- there is no one way to implement the Express Lane option. We encourage States to consider what may be the most promising opportunities given individual State programs, systems issues, and other factors, and then to work with CMS to determine how the new option may be utilized to further the objectives of the programs. States may designate multiple Express Lane agencies and

establish unique criteria for each agency depending on the type of information that is available from that agency. The Appendix provides a few examples of ways States might use the Express Lane option. These examples are intended to help stimulate ideas, not to constrain opportunities.

Express Lane Agencies

As specified by section 203(a) of CHIPRA, Express Lane agencies are entities identified in the State plan by the State Medicaid or CHIP agency as being capable of making a finding regarding one or more programmatic eligibility requirements, using information the Express Lane agencies already collect. A State's Medicaid and CHIP programs may use different Express Lane agencies and may select more than one agency.

Express Lane agencies are public agencies, including:

- Agencies that determine eligibility for assistance for any of the following programs or under any of the following authorities:
 - The Temporary Assistance for Needy Families (TANF) program funded under part A of title IV of the Social Security Act (the Act);
 - A State program funded under title IV-D of the Act (Child Support Enforcement);
 - The State Medicaid or CHIP program;
 - The Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps);
 - The Richard B. Russell National School Lunch Act (School Lunch programs);
 - The Child Nutrition Act of 1966 (the Special Supplemental Nutrition Program for Women, Infants, and Children, or "WIC");
 - The United States Housing Act of 1937;
 - Head Start;
 - Child Care under the Child Care and Development Block Grant Act of 1990;
 - Homeless Assistance under the Stewart B. McKinney Homeless Assistance Act; and
 - The Native American Housing Assistance and Self-Determination Act of 1996;
- Another State-specified governmental agency that has fiscal liability or legal responsibility for the accuracy of the eligibility determination findings relied on by the State;
- A public agency that is subject to an interagency agreement limiting the disclosure and use of information disclosed for purposes of determining eligibility for Medicaid or CHIP.

We note that a public agency may include an agency administered by an Indian tribe recognized by the State or federal government that determines assistance for any of the programs or under any of the authorities listed above.

A State may also obtain and use information directly from State income tax records or returns.

Express Lane agencies may not include:

- Private, for-profit organizations; or,
- Agencies that only determine eligibility for programs under the title XX Social Services Block Grant.

Consultation Matters Affecting Indians

In accordance with section 5006(e) of the American Recovery and Reinvestment Act (Public Law 111-5), effective July 1, 2009, certain States are required to utilize a process for the State to seek advice on a regular, ongoing basis from designees of the Indian Health Service (IHS) and Urban Indian Organizations concerning Medicaid and CHIP matters likely to have a direct effect on Indians, IHS, or Urban Indian Organizations. States considering Express Lane agencies that are likely to serve Indian populations must ensure that this consultation takes place in the earliest stages of Express Lane development.

Use of Information

The Medicaid or CHIP agency and the Express Lane agency must have procedures in place, including an interagency agreement, to limit disclosure and use of information. The State may use a single interagency agreement with the Express Lane agency, if the State administers Medicaid and CHIP through the same State agency, exercises the Express Lane option for both programs, and intends to use the same Express Lane agency's findings for both programs.

An Express Lane agency must agree to notify the child's family: 1) about the information that will be disclosed to the Medicaid or CHIP agency; and 2) that the purpose of the disclosure will be solely for the purposes of determining or renewing eligibility for Medicaid or CHIP. The Express Lane agency must also provide the family the option of not having their information disclosed.

Financial Eligibility Determinations

A State may use a finding from an Express Lane agency made within a reasonable period of time (as defined by the State), for any Medicaid or CHIP eligibility factor without regard to differences in budget unit, income disregards, deeming, or other differences in methodology between the Express Lane agency and Medicaid or CHIP. For example, a State may use an income finding from an Express Lane agency that uses either gross or adjusted gross income obtained from State income tax records or returns. (As noted above, a State may also obtain this information directly from State income tax records or returns.)

Since the Express Lane agency's methods of calculating income may result in a determination that the family's income is higher than it might be using regular Medicaid or CHIP methods, States using the Express Lane option will need to meet the following requirements:

- If a child is found ineligible for Medicaid and CHIP using an Express Lane finding, the State is required to conduct a full eligibility determination to ensure that the child is not

eligible under regular program rules. Families in these situations must be informed if additional information is required and be given the opportunity to provide it.

- For children who are subject to premiums, the State must provide notice that the child may qualify for lower premiums or cost sharing if evaluated for eligibility by the State using its regular procedures.
- If a child is found ineligible for Medicaid but eligible for CHIP, the child can be enrolled in CHIP. However, the State must notify the family that the child may qualify for reduced or no premiums and cost sharing under Medicaid, as well as a different benefit package, if the State were to conduct the full eligibility determination.

Citizenship Status

States using the Express Lane option must ensure that those individuals declaring to be citizens or nationals of the United States have established that status, in accordance with the applicable documentation requirements. However, consistent with the changes adopted in section 211 of CHIPRA, individuals must be given a reasonable period of time to provide documentation after initial eligibility has been established, and, if otherwise eligible for medical assistance, individuals must be enrolled in coverage pending the documentation of citizenship/nationality. In addition, section 211 of CHIPRA extended the citizenship verification requirements to CHIP effective January 1, 2010, along with a new option for States to meet such requirements through a data match with the Social Security Administration. For more information, see CMS SHO #11, December 28, 2009, available at <http://www.insurekidsnow.gov/professionals/CHIPRA/chipracitizenshipdocumentation.pdf>.

Automatic Enrollment

In some cases, States will have all of the information they need from the findings of the Express Lane agency, State tax returns, and other sources, to make an eligibility determination (or to renew coverage). In these and other circumstances, a State may choose the automatic enrollment option, which allows the State to initiate and determine eligibility for Medicaid or CHIP without a signed Medicaid or CHIP program application, as long as the family or child consents to be enrolled in Medicaid or CHIP. This consent can be in writing, by phone, orally, by electronic signature, by signature on an Express Lane agency application, or by other means approved by CMS. The parent, guardian, or custodial relative of the child must be informed about: 1) the services available for the child; 2) how to utilize services; 3) the applicable premiums or cost sharing; 4) any medical support obligations created by enrollment of the child that would apply; and 5) how to maintain enrollment and renew coverage.

Specific consent from the child's parent, guardian, or custodial relative is not generally necessary in order for the Medicaid or CHIP agency to obtain and use an Express Lane agency's findings to renew or continue eligibility. This is true as long as the parent, guardian or custodial relative has previously signed a Medicaid or CHIP application on behalf of the child and that application includes consent to verify eligibility information from such sources.

Coordination between Medicaid and CHIP can be enhanced if both programs rely on the same Express Lane agencies. If a State chooses the Express Lane option for only the Medicaid or for only the CHIP program, and the child is not eligible for that program, the State shall assure that the child is evaluated by the other program for a full eligibility determination in accordance with longstanding Medicaid and CHIP coordination requirements. The program receiving the information must conduct the eligibility determination according to its usual procedures, and may not base its determination on findings from an Express Lane agency unless there is another basis for obtaining and relying upon those findings.

Screen and Enroll Requirements

The Express Lane option offers States the following two methods for using income findings from Express Lane agencies to satisfy the screen and enroll requirements of section 2102(b)(3) of the Act. These approaches are described below.

Option 1: Establishing a Screening Threshold

- Since the Express Lane agency determinations may not take into account Medicaid income-related deductions, a State may establish a screening threshold set as a percentage of the Federal poverty level (FPL) that exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points. A State may also set this threshold higher than 30 percentage points to account for any differences between the income calculation methodologies used by the Express Lane agency and those used by the State for its Medicaid program. If the State chooses to set its threshold higher than 30 percentage points, it should describe this threshold choice in its State plan. The State may set one screening threshold for all children based on the highest Medicaid income threshold for children, or it may set more than one screening threshold based on its existing, age-related Medicaid income thresholds (if applicable).
- Children with income at or below the established threshold are considered to meet the income test for Medicaid eligibility for the purposes of the State's compliance with the screen and enroll requirement of section 2102(b)(3) of the Act.
- Children with income above the established threshold for Medicaid are considered to have income above the Medicaid applicable income level and to satisfy the requirement that CHIP Federal matching funds may be used only for children not eligible for Medicaid. Such children should be evaluated for whether they meet the income test for CHIP eligibility, based on the Express Lane agency finding if the State elects to use Express Lane for CHIP eligibility.
 - These children are not subject to further testing of income eligibility, but all other CHIP eligibility factors must be evaluated.
 - For children who are determined eligible and enrolled in CHIP using this option, the State must provide notice to the parent, guardian, or custodial relative that the child may be eligible for Medicaid if evaluated using the State's regular eligibility determination procedures. The notice must specify the process for requesting such an evaluation and the differences between Medicaid and CHIP, including differences in benefits and cost sharing.

Option 2: Temporary Enrollment in CHIP Pending Screen and Enroll

- The State may temporarily enroll the child in the CHIP program if he or she appears to be eligible using Express Lane agency income findings.
- During this temporary enrollment period, the State must promptly conduct a full eligibility determination, testing all eligibility factors, to establish the child's eligibility for either Medicaid or CHIP.
- In conducting the full eligibility determination, the State must use simplified procedures that, to the maximum extent feasible, minimize the burden on the family. The State may not require the parent, guardian, or custodial relative to submit or verify information that has already been provided to the State agency by the Express Lane agency, or is available to the State from another source, unless the State has reason to believe that the information is erroneous.
- Title XXI matching funds may be claimed for children enrolled in CHIP during the temporary enrollment period, even for children who are ultimately determined eligible for Medicaid.

Findings of Ineligibility

The State must initiate a full eligibility determination for Medicaid and CHIP using its regular procedures (including standard screen and enroll procedures), if an Express Lane agency finding used by the State would result in a determination that a child is ineligible for both Medicaid and CHIP.

Assuring Accurate Payments

A State electing the Express Lane option is expected to have systems and codes in place to accurately identify the universe of children who enroll through this option. Consistent with the requirements of CHIPRA, States will be required to ensure the accuracy of Express Lane eligibility determinations through eligibility reviews based on a statistically valid sample of the children enrolled through Express Lane. CMS will specify the process for this error rate measurement in regulation.

It should be noted that children whose eligibility is determined through use of Express Lane agency findings will not be included in the universe from which samples are drawn for either the Medicaid Eligibility Quality Control (MEQC) or Payment Error Rate Measurement (PERM) reviews.

Additional guidance will be forthcoming regarding the selection of samples, calculation of the improper payment rate, and the format and means of reporting the results of the payment reviews. According to the statute, if the rate exceeds 3 percent for either of the first two fiscal years the Express Lane option is effective, the State must identify the actions it has implemented to reduce its rate of improper payments. A rate in excess of 3 percent will result in a reduction in the amount otherwise payable to the State under section 1903(a) of the Act equal to the amount of excess payments with respect to children in the sample that are in excess of 3 percent.

State Plan Amendments and Effective Dates

Medicaid and CHIP State plan amendments must be submitted for each program selecting the Express Lane option. A draft template is attached for State plan amendments under title XIX and a guidance document is attached for completion of the title XXI State plan for States electing to use Express Lane eligibility for CHIP. The amendments must identify each Express Lane agency, the findings that will be utilized, whether the option will be used for applications, redeterminations, or both, and which screen and enroll process will be used. CMS will continue to work with States interested in submitting State plan amendments to implement Express Lane eligibility.

The Express Lane option is effective as of February 4, 2009 through the entire timeframe that CHIP has been reauthorized, until September 30, 2013.

Enclosures

Enclosed you will find a summary of State Express Lane policy choices, a draft Medicaid State plan preprint, CHIP State Plan guidance, and three examples of how Express Lane eligibility could be implemented.

If you have questions regarding this guidance, please email them to CHIPRAquestions@cms.hhs.gov or contact Ms. Victoria Wachino, Director, Family and Children's Health Programs Group, who may be reached at (410) 786-5647.

Sincerely,

/s/

Cindy Mann
Director
Center for Medicaid and State Operations

cc:

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Enclosure 1

SUMMARY OF STATE POLICY CHOICES FOR IMPLEMENTATION
OF EXPRESS LANE ELIGIBILITY FOR MEDICAID AND CHIP

States have a number of choices to make when considering how they might take advantage of the Express Lane option. The following list is intended to provide States assistance in considering the choices that the new Express Lane Eligibility (ELE) option offers. In thinking through potential ELE proposals, States might consider:

- Whether to implement the option for Medicaid and/or CHIP;
- Whether to apply the option to all children up to 19 years old or, at the State's option, to all children up to age 19, age 20, or age 21 for Medicaid-eligible children;
- Which agencies are viable Express Lane agencies;
- Whether to use the Express Lane option for eligibility determinations, redeterminations, or both;
- Whether to use information available from State income tax records;
- Whether to implement the automatic enrollment provision (not requiring a Medicaid or CHIP application form); and,
- Whether to maintain the existing Medicaid/CHIP screen and enroll process or use one of the two new screen and enroll processes established by CHIPRA in designing an Express Lane strategy.

Enclosure 2

Express Lane Eligibility in Medicaid and CHIP EXAMPLES

The following examples are provided to illustrate how States may use one or more of the various simplified and expedited processes offered by the Express Lane eligibility option to enroll or renew children eligible for Medicaid or the Children's Health Insurance Program (CHIP). Many other approaches can be designed and CMS will be providing ongoing technical support as States learn which strategies are most effective. CMS will also work to help States learn from each other as new approaches for successfully implementing the Express Lane option emerge.

Example #1: Use of State Income Tax Records and Income Threshold Option for CHIP Screen and Enroll

This example is based on an approved Express Lane State plan amendment submitted by New Jersey. It illustrates how a State may implement the Express Lane eligibility option for initial eligibility determinations for Medicaid and CHIP by using its State income tax records for the income finding. It also shows how a State may fulfill the CHIP screen and enroll requirements using the income threshold option. Additional simplified procedures are used in order to expedite eligibility determinations.

Overview

- State law requires the State income tax return to request the health insurance status for dependents, and allows the State Department of Taxation to electronically send the mail file of all State residents who have uninsured dependents to the State Medicaid/CHIP program for outreach.
- The State Medicaid/CHIP program sends an application packet to those residents on the outreach list. This packet contains a simplified one-half page application that the family may complete to apply for Medicaid/CHIP for children in the household who are younger than 19 years old. The application asks for each parent's and child's Social Security number (SSN) and information about any insurance coverage.
- Having elected the Express Lane option for both its Medicaid and CHIP programs and identified the State Department of Taxation as an Express Lane agency, the State uses the Department of Taxation's findings for gross income, State residency, family composition, and family size.
- Using the parents' Social Security numbers, signed authorization on the application form, and an interagency agreement, a match is done with the Taxation database to obtain the family's gross annual income from the most recent State income tax return. This match with the State's income tax records and the home address provided on the Medicaid/CHIP application is also considered to verify State residency, family composition, and family size. Based on this income finding from the State Department of Taxation as an Express Lane agency, the State Medicaid/CHIP agency evaluates each child's income eligibility as follows:

- If the family’s gross income is at or below the screen and enroll threshold approved for Express Lane, which is 30 percentage points above the net Medicaid income eligibility level for the child’s age group, the child is determined income eligible for Medicaid.
- If the family’s gross income is above the Express Lane screen and enroll threshold, but below the gross CHIP income eligibility level, the child is determined income eligible for CHIP.
- Once income is verified through the Taxation database, the State Medicaid/CHIP agency conducts a series of other electronic verifications for a full determination of the child’s Medicaid or CHIP eligibility.
 - The State Medicaid/CHIP agency checks MMIS to determine if the child is already enrolled in Medicaid or CHIP.
 - It checks with the Social Security Administration (SSA) to determine if the child is a Medicare beneficiary.
 - The State’s third party liability contractor checks for whether there is a record in its database indicating that the child has private health insurance. (Coverage does not preclude eligibility for Medicaid).
 - The State conducts a match with its vital records database to determine if a birth certificate is on record for the child. If so, this database match verifies the child’s U.S. citizenship.
 - The State uses SVES/SOLQ to verify the child’s SSN and identity.
- If the child’s Medicaid or CHIP eligibility cannot be determined based on this process (e.g., a birth certificate is not located through the vital records match or the child is over income for CHIP using the Express Lane agency’s income finding), a full eligibility determination is conducted using the regular Medicaid/CHIP processes. Additional information is requested from the family as necessary.

Example #2: Use of the Express Lane Automatic Enrollment Option

This example illustrates how a State may implement the automatic enrollment Express Lane option for eligibility determinations for Medicaid and CHIP by using information collected by the agency determining eligibility for the Supplemental Nutrition Assistance Program (SNAP).

Overview

- The State Medicaid/CHIP agency and the SNAP (formerly known as “Food Stamps”) agency enter into an interagency agreement for the SNAP agency to be an Express Lane agency.
- If a SNAP application is received for a child younger than 19 years old, information provided by the family on that application or otherwise collected for the SNAP eligibility determination is used by the State Medicaid/CHIP agency to determine most factors of Medicaid/CHIP eligibility.
- For initial eligibility determinations, the State Medicaid/CHIP agency mails an “opt-out” letter to SNAP applicants advising them that the information provided for the SNAP application will be shared with the State Medicaid/CHIP agency for determining the children’s Medicaid/CHIP eligibility, unless the individual calls a toll-free number to opt-out.
- A Medicaid or CHIP application is not required.

- The State Medicaid/CHIP agency uses the SNAP agency’s income finding, calculated based on SNAP eligibility policies (income exclusions, disregards, household composition, deeming, etc.) to determine income eligibility for Medicaid/CHIP.
- The State Medicaid/CHIP agency uses other information collected by the SNAP agency on the SNAP application or through its verification processes to determine most other factors of Medicaid/CHIP eligibility (e.g., verification of citizenship, State residency).
- The State Medicaid/CHIP agency checks MMIS to determine if the child is already enrolled in Medicaid or CHIP.
- It checks with the Social Security Administration (SSA) to determine if the child is a Medicare beneficiary.
- The State Medicaid/CHIP agency has its third party liability contractor check for whether there is a record in its database indicating that the child has private health insurance (coverage does not preclude eligibility for Medicaid).
- If the child is determined eligible for Medicaid or CHIP, the State must obtain affirmative consent from the family and send the information required as to services, cost sharing and other obligations, as described in section 1902(e)(13)(D) before enrolling the child.
- If the child’s Medicaid or CHIP eligibility cannot be determined based on the processes used for Express Lane eligibility (e.g., the child is over income for CHIP using the Express Lane agency’s income finding), a full eligibility determination is conducted using the regular Medicaid/CHIP processes. Additional information is requested from the family as necessary. The income finding from the Express Lane agency may not be used, so the State must determine income eligibility using its regular policies and procedures.

Example #3: Use of Automatic Eligibility and Temporary Enrollment Option Pending CHIP Screen and Enroll

This example illustrates how a State may implement the automatic enrollment Express Lane option for eligibility determinations and redeterminations for Medicaid and CHIP by using information collected for free or reduced school lunch eligibility by the School Lunch program as an Express Lane agency. It also shows how a State may fulfill the CHIP screen and enroll requirements using the Express Lane option for temporary enrollment in CHIP pending screen and enroll.

Overview

- The State Medicaid/CHIP agency and the State School Lunch program enter into an interagency agreement for the State School Lunch program to be an Express Lane agency.
- If an application for free or reduced school lunches is received for a child younger than 19 years old, information provided by the family on that application or otherwise collected for the school lunch program eligibility determination is used by the State Medicaid/CHIP agency for an income finding of Medicaid/CHIP eligibility.
- The application for the school lunch program advises applicants that the information provided for the school lunch application will be shared with the State Medicaid/CHIP agency for determining the children’s Medicaid/CHIP eligibility, unless the individual calls a toll-free number to opt-out.

- The State Medicaid/CHIP agency uses the School Lunch program’s income finding, calculated based on that program’s policies (income exclusions, disregards, household composition, deeming, etc.) to determine income eligibility for Medicaid/CHIP.
- If the family’s reported income indicates that the child appears to be income-eligible for coverage, the child is enrolled in CHIP temporarily after the State confirms that the child is not already enrolled in Medicaid or CHIP.
- Enhanced match is paid for the child’s CHIP benefits from the State’s title XXI allotment during the temporary enrollment period in CHIP.
- If the family’s reported income clearly appears to qualify the child for Medicaid eligibility, the child should be enrolled directly into Medicaid. (This determination would be based on the auto-enrollment option, not the screen and enroll option, which would require the child to be enrolled in CHIP pending verification. The State must obtain affirmative consent from the family and send the information required as to services, cost sharing, and other obligations, as described in section 1902(e)(13)(D) of the Act before enrolling the child.)
- If the child ultimately is eligible for CHIP, the enhanced matching rate will be available for benefits paid during the eligibility verification process.
- The State Medicaid/CHIP agency conducts a full eligibility determination within 30 days from the date of temporary enrollment in CHIP. The State examines all eligibility factors except income, to establish the child’s eligibility for either Medicaid or CHIP.
- The State only requests information from the family that is not already available through other means (e.g., documentation of citizenship or immigration status, information about any third party health insurance coverage, any information necessary to establish paternity or a medical support order).
- The State may use information provided to the School Lunch program to determine factors of Medicaid/CHIP eligibility besides income (e.g., State residency based on the reported residential address).
- The State performs the usual verifications (e.g., SVES/SOLQ to verify the child’s Social Security number with SSA and to determine whether the child is currently Medicare-eligible or SAVE to verify qualified alien status).
- The State verifies citizenship for Medicaid applicants according to existing processes.
- Based on the State’s eligibility determination, the child may be determined:
 - Eligible for Medicaid, and so is moved from CHIP to Medicaid after written, advance notice;
 - Ineligible for Medicaid but eligible for CHIP, and so remains in CHIP; or
 - Ineligible for both Medicaid and CHIP, and so is disenrolled from CHIP after written, advance notice.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: _____ Medical Assistance Program

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SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

1902(e)(13) of
the Act

(e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013.

(1) The Express Lane option is applied to:

- Initial determinations Redeterminations
- Both

(2) A child is defined as younger than age:

- 19 20 21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

TN No.: _____ Approval Date _____ Effective Date _____

Supersedes TN No.: _____

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: _____ Medical Assistance Program
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SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

- (5) Check off and describe the option used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

- (a) Screening threshold established by the Medicaid agency as:
 - (i) ___ percentage of the Federal poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify _____ ; or
 - (ii) ___ percentage of the FPL (describe how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency: _____) ; or

- (b) Temporary enrollment pending screen and enroll.

TN No.: _____ Approval Date _____ Effective Date _____
Supersedes TN No.: _____

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: _____ Medical Assistance Program
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SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

- (c) State's regular screen and enroll process for CHIP.

- (6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

- (7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

TN No.: _____
Supersedes
TN No.: _____

Approval Date _____

Effective Date _____

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CHIP State Plan Guidance for Express Lane Eligibility Option

This is a guide containing information on the specific subsections of the title XXI State plan that should be completed when submitting a State plan amendment (SPA) to add the Express Lane option for conducting simplified eligibility determinations under CHIP.

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements

Complete subsection 1.4 providing information related to this SPA. This includes the SPA number, submission date, effective date, and implementation date.

Section 2. General Background and Description of State Approach to Child Health Coverage and Coordination

Within subsection 2.2, regarding current State efforts to provide coverage for uncovered children, complete subsection 2.2.1. The State should include a description of its election of the Express Lane eligibility option to provide a simplified eligibility determination process and expedited enrollment of eligible children into Medicaid or CHIP.

Section 4. Eligibility Standards and Methodology

Subsection 4.1 addresses various eligibility standards used by the State in establishing eligibility. Within subsection 4.1, check the box for subsection 4.1.9 “Other standards.” Identify the Express Lane option, and describe how the State intends to implement this option. Include information on the identified Express Lane agency or agencies, and whether the State will be using the Express Lane eligibility option for initial eligibility determinations, redeterminations, or both.

Next, within subsection 4.4, complete subsection 4.4.1. When the State is using an income finding from an Express Lane agency, the State must still comply with screen and enroll requirements before enrolling children in CHIP. The State may either continue its current screen and enroll process, or elect one of two new options to fulfill these requirements. The State should designate the option it will be using to carry out screen and enroll requirements.

___ The State will continue to use the screen and enroll procedures required under section 2102(b)(3)(A) and (B) of the Social Security Act and 42 CFR 457.350(a) and 457.80(c). Describe this process.

___ The State is establishing a screening threshold set as a percentage of the Federal poverty level (FPL) that exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points. (NOTE: The State may set this threshold higher than 30 percentage points to account for any differences between the income calculation methodologies used by the Express Lane agency and those used by the State for its Medicaid program. The State

may set one screening threshold for all children, based on the highest Medicaid income threshold, or it may set more than one screening threshold, based on its existing, age-related Medicaid eligibility thresholds.) Include the screening threshold(s) expressed as a percentage of the FPL, and provide an explanation of how this was calculated.

_____ The State is temporarily enrolling children in CHIP, based on the income finding from the Express Lane agency, pending the completion of the screen and enroll process.

Section 5. Outreach

Information should be added to this section similar to the information being added in subsection 2.2.1 regarding the State's election of the Express Lane eligibility option to provide a simplified eligibility determination process and expedited enrollment of eligible children into Medicaid or CHIP. Include any outreach and enrollment activities that are specifically related to the Express Lane eligibility option to rely on findings from an Express Lane agency to conduct simplified eligibility determinations.

Section 9. Strategic Objectives and Performance Goals and Plan Administration

Subsection 9.9 addresses public involvement.

Within this subsection, include information in subsection 9.9.1 describing the State's interaction, consultation, and coordination with any Indian tribes and organizations in the State regarding implementation of the Express Lane eligibility option.

Subsection 9.10

Provide a 1-year projected budget.

Section 12. Applicant and Enrollee Protections

Complete subsection 12.1 relating to eligibility and enrollment matters, and describe any special processes and procedures that are unique to the applicant's rights when the State is using the Express Lane option when determining eligibility. See examples below:

Example 1: If a child is found eligible but subject to premiums, based on an income finding from an Express Lane agency, the State must provide notice that the child may qualify for lower premiums if evaluated using the State's regular eligibility determination procedures, and receive information concerning how to request such an evaluation.

Example 2: Children who are determined eligible and enrolled in CHIP using the screening threshold option for screen and enroll, the State must provide notice to the family that the child may be eligible for Medicaid if evaluated using the State's regular eligibility determination procedures. The notice must specify the process for requesting such an evaluation and the differences between Medicaid and CHIP, including differences in benefits and cost sharing.