

## **Express Lane Eligibility: New Options under CHIPRA**

### ***About Express Lane Eligibility***

Express Lane Eligibility (ELE) is a relatively simple concept. There are millions of uninsured children eligible for Medicaid and enrolled in other public programs, like school lunch or food stamps. Since they serve the same populations and families have already submitted relevant information, ELE creates connections between the programs in order help more children access affordable health coverage.

### ***Options for States***

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) provides states with new tools and flexibility for implementing ELE. In general, state Medicaid and CHIP agencies can partner with other public programs, such as school lunch, food stamps, or WIC, to conduct outreach and enrollment activities.<sup>1</sup> A state may also obtain and use information directly from state income tax records or returns. Under the legislation, states can:

- **Apply other public program eligibility findings to Medicaid and CHIP when determining children's eligibility for Medicaid and CHIP at enrollment or renewal.** For example, if the school lunch program has determined that a child is at 100% of the FPL the state can use that determination, without re-computing income or requiring the family to resubmit or re-verify the information, to determine that the child is income-eligible for Medicaid. However, a state must still follow Medicaid and CHIP rules when verifying someone's citizenship status.

A family must be notified that the information will be used for Medicaid or CHIP purposes, and be provided the opportunity to not have their information disclosed. However, when verifying an element of Medicaid or CHIP eligibility provided through another public program or agency, the state does not have to obtain the applicant's signature under "penalty of perjury" for that specific component of eligibility. If a finding from another public program results in a child being found ineligible for Medicaid or CHIP, the state is required to make a regular determination.

- **Simplify procedures to meet "screen and enroll" rules.** While states can rely on income determinations from other programs, they will still need to assess whether a child's income makes them eligible for Medicaid or CHIP. One option is for states to establish an income eligibility "screening threshold"<sup>2</sup> in which a child under that level can be deemed Medicaid-eligible and a child above can be deemed CHIP-eligible, with the state receiving the corresponding matching rate.<sup>3</sup> Another option is for states to temporarily enroll a child in CHIP based on the other program's finding pending an eligibility determination; however, the state must simplify the process for families by not seeking information that is already available to the state. The state will receive the CHIP match rate during the temporary enrollment period.

---

<sup>1</sup> Express Lane agencies cannot include private, for-profit organizations, or agencies that determine eligibility for programs under Title XX the Social Services Block Grant. Medicaid and CHIP agencies must enter an interagency agreement with the other public program(s).

<sup>2</sup> The screening threshold would be set as a percentage of the FPL that exceeds the highest income eligibility threshold under Medicaid by a minimum of 30 percentage points (or, at state option, by a higher number that reflects the differences in income methodologies used by the other public program as compared to Medicaid).

<sup>3</sup> For a child deemed CHIP-eligible under this process, the state must notify the family that the child might be Medicaid-eligible if he or she was evaluated using the state's regular determination process, and must allow the family to seek a new determination as a result.

- **Automatically enroll a child in Medicaid and CHIP.** Children can be enrolled without an application if all the information required to make an eligibility determination can be obtained from other data sources. A family's affirmative consent will be required, which can be obtained in writing, by telephone, orally, through electronic signature, or signature on another program's application. A state must provide the family with information on the program, including cost sharing requirements.
- **Access other public program databases.** The legislation authorizes relevant federal, state, or private entities to share information with Medicaid and CHIP, with some restrictions on use of the data. In addition, for those states implementing ELE, the law allows the Medicaid or CHIP agency to receive data from the National Directory of New Hires, or other relevant sources.

In addition, CHIPRA assures that program integrity standards take the new option into account, by establishing new error rate procedures for monitoring eligibility determinations under ELE.

### ***Issues to Consider***

There is no "one size fits all" under ELE. As a result, each state has a number of choices to make when implementing the program, including what public program to link with, whether to use ELE for enrollment and/or renewal, and which screen and enroll option to apply. The new ELE options, maybe most importantly, give states the permission to be creative in their outreach and enrollment efforts. Some issues when implementing ELE to consider are:

- **Spend the time to build relationships.** Do not assume that the other programs will automatically understand the implications for ELE. Medicaid and CHIP agencies should be sensitive to the other program's mission, workload issues, and confidentiality concerns. It will take time to build the relationships, and getting support from leadership, whether Secretary of Education or Tax Revenue Board, will help smooth the way.
- **Technology will make or break the program.** Whether the different program computer systems can talk to each other will be critical to the success of ELE. If they can, manual processes can be reduced and efforts can be better targeted. For example, simple data runs can cull out those children already enrolled in Medicaid or CHIP (otherwise staff could spend countless hours processing their applications).
- **The more information that is asked for, the less successful it will be.** It is human nature to not return forms. The more information that can be obtained from the public program or other databases, versus from additional mailings to the family, will mean greater success in enrolling children. Think about combining "asks" from families, such as using the other public program application to notify the family about using the information for Medicaid or CHIP.
- **Do not be afraid to start small.** ELE will mean forging new ground so it is okay to think about piloting the project or starting on a more limited scale. For example, states may want to begin with food stamps. While fewer uninsured children are enrolled in food stamps than other programs, like school lunch, the program has advantages for ELE: it is often administered by the same agency as Medicaid and its eligibility rules, including citizenship, require collection of the information needed to make a Medicaid/CHIP eligibility determination.

### **For More Information**

- CMS Guidance on Express Lane Eligibility and State Plan Amendment Template (<http://ccf.georgetown.edu/index/chip-law>)
- The Children's Partnership's Express Lane Toolkit [http://www.childrenspartnership.org/Content/NavigationMenu/Programs/EHealthAgendaforChildren/ExpressLaneEligibility/Toolkit/ELE\\_Toolkit.htm](http://www.childrenspartnership.org/Content/NavigationMenu/Programs/EHealthAgendaforChildren/ExpressLaneEligibility/Toolkit/ELE_Toolkit.htm))
- Center on Budget and Policy Priorities (<http://www.cbpp.org/research/index.cfm?fa=topic&id=37>)
- The Urban Institute (<http://www.urban.org/publications/411879.html>)