



BUILDING EFFICIENT AND EFFECTIVE MEDICAID AND CHIP ENROLLMENT SYSTEMS:

Core Requirements to Ensure the Greatest Value for Children and Families

Many states are actively engaged in planning for, designing, and implementing new eligibility systems for Medicaid and other need-based programs; overhauling their Medicaid Management Information Systems (MMIS); and/or designing enterprise architecture to manage information technology (IT) statewide, consistent with the Medicaid Information Technology Architecture (MITA) initiative. These efforts provide a tremendous opportunity for Medicaid and the Children's Health Insurance Program (CHIP) to improve administrative capabilities, build greater efficiency and reliability, and simplify the enrollment process for families and at the same time promote system-wide integration.

This document sets out the core functions that should be achieved by a modernized eligibility and enrollment system in order to ensure that these systems harness the full benefit of today's and tomorrow's technology to help children access health coverage. These core functions are attainable and have been drawn from state experience discussed in The Children's Partnership's *E-Health Snapshot: Harnessing Technology to Improve Medicaid and SCHIP Enrollment and Retention Practices* (available at <http://www.childrenspartnership.org/reports/ehealthsnapshot>).

Whether achieved through a comprehensive overhaul or phased in over time, a modernized system should ultimately accomplish the following objectives.

- ❑ **Provide Families with the Option of an Online, Self-Service Application.** In designing a modernized enrollment system, states should create a "front door" to health coverage through an online application that can be completed by families themselves or with the assistance of a community organization. This online application should be structured to:
 - Ask only the information required from the applicant depending on the program(s) for which he/she is applying;
 - Use information that can be obtained through available state databases rather than requesting it again from the family;
 - Allow enrollees to renew health coverage and provide updates (such as an address change), as necessary; and
 - Allow families to complete the application in stages, rather than requiring them to finish it in one sitting.
- ❑ **Provide Meaningful Application Support and Alternatives to the Online Application for Those Who Need Them.** Not all families have access to computers or the Internet, or have the skills and comfort level to use these technologies effectively. To accommodate these families, states need to offer convenient access to human assistance in using the modernized enrollment system as well as perform outreach and provide referrals to other support services. In addition, the enrollment and renewal process must include an alternative to the online application (mail, phone, and in person) for those who need it.
- ❑ **Connect Children and Families with All Programs for Which They Are Eligible.** New enrollment technology should provide a "front door" for as many need-based public programs as possible in addition to Medicaid and CHIP, since many children and families will be eligible for multiple safety net programs. Technology should provide an integrated user interface that can identify those programs for which a child is likely to be eligible, inform families about those programs in real time, and allow families to use the information submitted as part of the screening process to create applications that can then be submitted at the same encounter. If the enrollment system is built to allow for enrollment in a limited number of programs initially, it should be designed to allow the addition of more programs in the future.
- ❑ **Provide Eligible Children with Presumptive Eligibility.** The modernized enrollment system should be able to make a presumptive eligibility determination in real-time and provide the family with certification of temporary coverage that they can print out and present to a provider to obtain care while their final Medicaid or CHIP eligibility is being determined.
- ❑ **Safeguard Data.** Modernized enrollment systems must be developed in a manner that meets applicable privacy laws and applies privacy protections to appropriately limit data-sharing and use for intended purposes. Such systems must employ effective security measures to prevent the improper acquisition and use of data, whether that data is held by the system itself or simply retrieved and routed. Furthermore, state policy and practice must protect applicants from and provide a means for correcting data errors.

- ❑ **Retrieve and Exchange Eligibility Data from Available Databases.** When applying for Medicaid, CHIP, or other need-based programs, families should not be required to provide timely or unchanging information that they have already provided or that the state can easily retrieve. The automated back-end of the enrollment system should have the capacity to access data from other state databases, not limited to those programs participating in the enrollment system. Using these data, at minimum, the modernized enrollment system should:
 - Populate electronic applications and renewal applications with relevant, timely data in order to minimize the information families must provide;
 - Identify and retrieve eligibility information for the applicant from available databases in order to fill in missing data and verify information; and
 - Identify those children currently enrolled in Medicaid or CHIP, and other programs as appropriate, to avoid unnecessary processing.
- ❑ **Replace Paper-Based Procedures with Electronic Ones.** Requiring families to take additional steps beyond the electronic application, such as faxing or mailing in paperwork and coming into an office for a face-to-face interview, undermines the benefits of the new technology. States can verify eligibility information by using state and third party databases rather than requesting supporting documentation from families, to the extent allowable under federal law and as supported by state policies that should ideally take advantage of all federal opportunities to minimize administrative burdens on families. Further, where a document is provided, the system should allow for document imaging and storage for future use. Finally, the electronic enrollment system should provide an electronic method for submitting a signature. In other words, all efforts should be made to take full advantage of technology and not require the family to take steps beyond the electronic application to enroll in Medicaid or CHIP.
- ❑ **Ensure a Smooth Transition Between Medicaid and CHIP.** The electronic enrollment system should facilitate a seamless transition between Medicaid and CHIP and ensure that eligible children do not experience any gaps in coverage when they need to move between the two programs.
- ❑ **Facilitate Cross-Program Enrollment Initiatives, Such as Automated Renewal and/or Express Lane Eligibility.** Modernized enrollment technology, with its data-sharing capabilities, can help states take advantage of new federal options and incentives to use information and findings from other public programs to identify uninsured eligible children for targeted outreach or to accomplish enrollment and renewal. For further information on Express Lane Eligibility and other data-driven enrollment opportunities, see <http://www.childrenspartnership.org/ExpressLaneEligibility>.
- ❑ **Allow for Agency Oversight and Control, as Feasible.** While the development of this modernized enrollment system may involve vendors, it is important that the relevant government entity retain the ability to implement changes and updates that meet client and program needs in a timely, cost-effective manner (whether on its own or through contractors).
- ❑ **Harmonize with Other Relevant State Technology Efforts.** Modernized enrollment technology that meets the core specifications laid out in this document will help transcend the organizational and IT silos that have developed over time and should allow appropriate, secure bidirectional data exchange between agencies and providers who serve children. As states overhaul their MMIS pursuant to MITA, and as they develop statewide health information exchange (HIE) pursuant to the American Recovery and Reinvestment Act, it is incumbent upon them to approach these efforts as interrelated parts of a whole and forge connections with the modernized enrollment system. Service-oriented architecture should be used to ensure that all new systems and features are built using technology that can be leveraged and that promotes integration system-wide.
- ❑ **Be Compatible with Health Reform.** With the advent of health reform or any other systemic changes that affect children's coverage, the modernized enrollment system must be able to assist in the enrollment and retention of low-income children, whether covered by Medicaid or other coverage. The modernized enrollment system should facilitate transitions from Medicaid or CHIP into future coverage options and vice versa. This system capability will be especially important if families are to be penalized for failure to obtain insurance coverage for their children. In order to take on this role, modernized enrollment technology must be adaptable and capable of meeting future systems' needs.

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