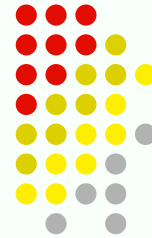


Medicaid and SCHIP Retention: A Roadmap for Moving Ahead Using Health Information Technology

February 4, 2009

Beth Morrow, Staff Attorney
The Children's Partnership



What are e-enrollment and e-renewal?

- Health information technology (**HIT**) provides many opportunities to reach eligible but uninsured children, enroll them, and maintain continuous coverage more simply, efficiently, and effectively.
- E-enrollment and e-renewal use data sharing to:
 - identify potentially eligible individuals,
 - verify their eligibility for health insurance, and
 - enroll or renew them if they qualify.
- E-enrollment and e-renewal strategies include online applications/renewal forms, cross-program data sharing to facilitate eligibility determinations and verification, Express Lane Eligibility, as well as automated processing, reporting, and tracking.

Why data-driven enrollment and retention make sense:



- People participate in many government-related efforts that collect data that could be used to help them demonstrate their eligibility and renew coverage for Medicaid and SCHIP.
- More than 70% of low-income, uninsured children live in families that receive NSLP, WIC, or Food Stamps. To participate in those nutrition programs, families have given the state extensive information and documentation to prove their income eligibility (and, in the case of Food Stamps, allowable immigration/citizenship status). Families routinely provide these programs updated data to renew coverage. That data is in state databases.

But:



- HIT cannot do it all.
- States must fix the underlying disconnected, siloed programs and bring them into better alignment to move forward most effectively with enrollment and retention strategies.

Barriers to e-enrollment and e-renewal:



- Antiquated, siloed technology that cannot share data across agency lines.
- Incompatible program rules.
- Difficulty changing agency practice/staff practices and developing new cross-agency governance (i.e., siloed business practices and funding streams).
- Limited technical expertise.
- High up-front cost of technology.
- Limitations on enhanced federal matching rate for eligibility systems improvements.

New tool:



- Federal Law
- SCHIP reauthorization as passed in both the House and Senate would give states a new tool for simplifying enrollment and renewal:

Express Lane Eligibility -- flexibility to use a finding from another need-based program (as to income or another eligibility element) to determine eligibility and renewal -- rather than requiring Medicaid to re-calculate per its own methodology/rules.

- In effect: ELE aligns program requirements so that agency efforts can be coordinated and greater efficiency realized.

New opportunities for funding:



- **SCHIP:**
 - Likely to provide bonus payments for states that successfully increase enrollment of eligible but uninsured children. To be eligible for bonus payments, a state must implement procedures from a menu of simplification measures (including ELE and administrative renewal).
 - Includes tiny amount of funding to support outreach and improve timeliness of eligibility data.
- **Stimulus Package:**
 - Includes funding for HIT -- not clear whether it will be available for administrative functions if not also tied to electronic records systems.

How can states move forward?



- 1. Engage a coalition of stakeholders in the process.** Make sure to reach outside of the health sector as well.
- 2. Put aside the business-as-usual approach.** Look at MITA and other state practices to determine what solutions are best. Think beyond the current silos that organize the human service agencies.
- 3. Let policy goals guide technology choices.** Don't let available technology be the end of the discussion. The technology is generally not a problem, it is the goal-setting, governance, and vision that are bigger challenges.

How can states move forward?



- 4. Make the most of current and new streamlining and simplification options.** These will maximize the positive impact of enrollment technology. While technology can accomplish a lot, it will work best where the underlying system makes sense.
- 5. Make a strong case for technology investment.** SCHIP and MITA give states new financial incentive to take this on (SCHIP - bonus payments, MITA - threat of future financial penalty).
- 6. Look for opportunities in other evolving technology arenas.** Medicaid and SCHIP enrollment technology improvements should be coordinated with related technology overhauls (enterprise architecture initiatives, electronic records systems efforts).

How can states move forward?



- 7. Build strong, reliable funding from all sectors.** Federal and state funding will be needed, funding that transcends silos. The private sector and foundations should be utilized as a resource.
- 8. Establish reasonable expectations.** This work takes time. It can be developed in stages. Chunk out the work in manageable pieces.
- 9. Build with an eye toward a future-system.** Design technologies to be interoperable, scalable and modifiable.

States on the move:



- A number of states have automated renewal using data provided to Food Stamps/TANF for periodic recertification.
- A number of states have applications online. But, their functions are often limited and fewer states have online renewals.
- States are using an Enterprise Service Bus to connect disparate databases and Master Client Indexes to manage eligibility information.
- States are beginning to connect to a wider set of databases for Medicaid eligibility verification and to collect missing eligibility data.

Example of a state moving forward: CA Enterprise Enrollment Portal



- Multi-Stakeholder effort (public/private collaboration).
- Initial funding by four foundations, included support for independent evaluation of the current technology by Eclipse Solutions and upcoming report from Manatt Solutions about new funding opportunities through Stimulus.
- Legislation requiring WIC “gateway” into health coverage, along with other streamlining measures putting pressure on state.
- Existing online applications system with two-way, real-time capability (One-e-App).

GOAL -- To create:

- a single/unified front-end for applying and renewing for public programs,
- real-time capability,
- with a back-end that brings all available data together to benefit the applicant.

For further information:



- E-Health Snapshot: *Harnessing Technology to Improve Medicaid and SCHIP Enrollment and Retention Practices* (May 2007)
- E-Health Snapshot: *Emerging Health Information Technology for Children in Medicaid and SCHIP Programs* (Nov. 2008)

@ www.childrenspartnership.org