

HOW TECHNOLOGY CAN HELP AN EXPRESS LANE ELIGIBILITY EFFORT

Express Lane Eligibility (ELE) aims to improve enrollment of eligible but uninsured children while also increasing administrative efficiency. Efficiency in ELE is realized by allowing Medicaid and CHIP agencies to use a finding by another program agency rather than requiring them to re-collect, re-evaluate, and re-verify the same information for Medicaid and CHIP purposes. ELE is founded on the concept of leveraging the effort public agencies have already made for all the value it can offer to the Medicaid and CHIP eligibility determination.

When properly applied, Information Technology (IT) offers agencies an opportunity to do ELE more effectively and efficiently. When used in an ELE-structured procedure, IT can:

1. Identify children who are not enrolled in Medicaid or CHIP but who are enrolled in other need-based programs;
2. Provide families with an opportunity to apply for coverage online;
3. Identify, organize, and transfer relevant eligibility data from available state databases for use in the eligibility determination;
4. Electronically obtain missing information and verify eligibility data, without requiring supporting paperwork from families;
5. Electronically process an eligibility or renewal determination; and,
6. Track results and perform evaluations.

Some states have already deployed technology to achieve some of these functions — though not yet in an ELE context. A few examples are as follows.

Identify Children Who Are Not Enrolled in Medicaid or CHIP But Who Are Enrolled in Other Need-Based Programs.

Florida Medicaid runs periodic data checks in its integrated data system to locate Food Stamp cases that contain children who are not enrolled in Medicaid. The Medicaid agency then sends those households a letter informing them that their children may be eligible for health coverage and how to apply online or in person.

Provide Families With a Dynamic Opportunity to Apply for Coverage Online.

Pennsylvania has an online application system, COMPASS, that provides a bridge between Medicaid, CHIP, and adultBasic (the state's program for low-income, uninsured adults). This "Health Care Handshake" automatically transfers eligibility information between these health programs' enrollment systems to assist in the enrollment process. This transfer occurs not only at the point of application but also when an enrollee loses eligibility in one system, but may qualify for benefits administered by another. As part of the Handshake, the transferring agency provides a fully populated application to the receiving agency with all the information needed to make an eligibility determination, requiring no further action by the individual or family. Coverage is seamless, as the transfer takes seconds and the individual is enrolled in the new program at the earliest date possible. (<http://www.compass.state.pa.us>)

Identify, Organize, and Transfer Relevant Eligibility Data from Available State Databases for Use in the Eligibility Determination.

Utah has a new eligibility system (eREP), which automates the eligibility determination for multiple programs, using data obtained through its data brokering system (eFIND). eREP allows families to access the system through an online application that provides an integrated front-end interface for multiple programs. eFIND provides eligibility workers with filtered, organized information from many different federal, state, and local sources. With one simple search, eFind automatically searches 18 different sources of information (including databases and data warehouse files), identifies relevant information, and reconciles it to assist the eligibility worker in making an eligibility determination. (<http://www.utahclicks.org>)

In addition, Pennsylvania has integrated COMPASS with a Master Client Index (MCI) system, which allows eligibility workers to easily determine whether a client is already in the system and receives or previously has received benefits. The MCI maintains consistent client information across multiple benefit programs and a historical record that can be called upon at application or renewal (eliminating the need to obtain stable information, such as citizenship documentation, more than once). When an application is submitted, relevant MCI and COMPASS data are imported into the client information system (an automated benefit and eligibility calculation system) for processing.

Electronically Obtain Missing Information and Verify Eligibility Data, Without Requiring Supporting Paperwork from Families.

New York has implemented a simple Internet application that can be used with a Web browser through which a registered provider (the hospital) files an electronic birth certificate for a newborn baby and supplies information about insurance. The information is automatically checked against the Welfare Management System when the mother has indicated that she is on Medicaid. When that inquiry finds a mother with an active Medicaid case, her newborn is automatically added to her case and given the same case number. Unique to newborn enrollment is the fact that the supporting documentation (record of U.S. birth to a mother on Medicaid) itself becomes the application and proof of eligibility.

Electronically Process an Eligibility or Renewal Determination.

Washington, among a number of other states, has programmed its welfare data system to automate the flow of new information provided for food stamp and TANF recertification into the Medicaid case files, to automatically update those files, and to provide the basis for an automatic renewal of Medicaid eligibility. In Washington, the renewal periods for these three programs are coordinated. When new information comes in, the Automated Client Eligibility System (ACES) updates the family's eligibility information in all relevant program files at the same time, calculates eligibility, and sets a new eligibility period without the need for any labor on the part of program staff.

Track Results and Perform Evaluations.

South Carolina has created a statistical data warehouse that includes extensive de-identified data from agencies across the spectrum of government as well as some private organizations such as hospitals and clinics. The data are geocoded, allowing the system to take de-identified individual-level data and examine it across silos at many levels (e.g., school districts, health practices, and legislative districts) as well as in many ways (e.g., determining the prevalence of obesity among Food Stamp participants, looking at the impact of health insurance coverage on school performance) and design program improvements.

For instance, an examination of children receiving services across all agencies identified and mapped those with special health care needs. The map demonstrated that the two counties most noted for environmental pollution had the highest rate of children with special health care needs. In response, the State's Medicaid agency began a public education campaign, initiated preventive health care programs, and conducted environmental studies.

(<http://www.ors.state.sc.us/default.htm>)

For a look at how Louisiana is planning to use technology to facilitate its unfolding ELE effort, see [*Express Lane Eligibility: Louisiana Moves Forward*](#).

More Information About Express Lane Eligibility and The Children's Partnership

Since 1999, The Children's Partnership has been developing policy recommendations for Express Lane Eligibility and working with states on the issue of streamlining enrollment.

For further ideas about how IT has been used in a manner that would benefit an ELE-supported procedure, see our [*E-Health Snapshot: Harnessing Technology to Improve Medicaid and SCHIP Enrollment and Retention Practices*](#).

Or, for a broader look at how IT is improving health care delivery for children in Medicaid and CHIP programs, see our [*E-Health Snapshot: Emerging Health Information Technology for Children in Medicaid and SCHIP Programs*](#).

To learn more, contact Ken Kelly, Director of The Children's Partnership's Washington, DC Office (kkelly@childrenspartnership.org or (202) 429-0033), or visit our Web site

(<http://www.childrenspartnership.org/ExpressLaneEligibility>).