

President Clinton and Congress created the Children's Health Insurance Program in 1997, which—along with Medicaid—offered health coverage to the vast majority of the nation's uninsured children. Following that, states began actively looking for fresh ideas to efficiently enroll the estimated 8 million uninsured children who were eligible for that coverage but not enrolled. In fact, more than 70% of those children had already qualified for and been enrolled in other public, need-based programs, such as the National School Lunch Program.

In 1999, The Children's Partnership published a report supported by the Kaiser Commission on Medicaid and the Uninsured laying out a strategy to streamline enrollment into public health care coverage for eligible children by using their qualification for another public program with similar if not identical eligibility rules. This concept is called Express Lane Eligibility and "The Express Lane Story" tells the story of how a common sense idea became public policy that makes a difference for children.

From the initial launch of the Express Lane concept in 1999 to the moment when it was enacted into federal law in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), systematic groundwork was laid to craft this opportunity for children.

What is Express Lane?

Express Lane refers broadly to the concept of using data and findings from one public agency (for example, School Lunch) to help another public agency make eligibility determinations for their need-based program (in this case, Medicaid and CHIP). This common-sense concept has been used to improve participation in other important public services, such as nutrition programs. However, until CHIPRA, Medicaid and CHIP agencies have only been able to borrow another agency's finding where the rules and methods for making that finding are exactly the same—a near impossibility for most eligibility criteria, given the complex rules governing these findings.

The Research Base

The Children's Partnership's first [concept paper](#) fleshed out a vision for what Express Lane Eligibility (ELE) could look like in practice. TCP then followed this up in 2000 with a [second report](#) that took a deeper look at the eligibility rules of selected need-based public programs, the administrative structures and eligibility systems for those programs, and their data-sharing rules.

An important aspect of this research phase was establishing what was already possible under federal law (such as targeted outreach through other public programs) as well as what would be ideal (ELE), even where it would require changes to federal law before being realized.

Another essential piece of the research was communicating with programs in the field to learn from their streamlining experience, factor in the challenges they had faced, and incorporate their ideas for making the system work better.

Based on this research, the next step was to implement the practice at a state level. The Children's Partnership is a national organization with a strong base in California, so we decided to launch this effort in partnership with California stakeholders.

Local Community Pilots

Research showed that 56% of California's uninsured children were enrolled in the National School Lunch Program. So, TCP helped the Los Angeles Unified School District and the County Welfare Directors Association craft AB 59 (2001), which created an "Express Enrollment" (EE) pilot program in California schools.

The pilot program allowed participating school districts to modify their school lunch application in modest ways to let families submit it as an application for Medi-Cal (California's Medicaid program) and receive immediate, temporary coverage for their child while the state conducted its final eligibility determination. To make the final determination, Medi-Cal sent families a short follow-up form to request additional information and required documentation.

Since 2003, over 100 California schools have participated in these pilots and the effort is still underway in many schools.

Evaluation

In order to get the most value from these pilots, the State implemented tracking procedures, and an independent evaluation was done. Results showed that the pilots identified thousands of uninsured children, including hard-to-reach children who typically are not reached by outreach efforts. In addition, the process was found to have streamlined the initial coverage process for these children, provided them with temporary coverage that resulted in their obtaining essential health services during that temporary period (most notably, dental care and pharmacy services), and built productive connections between schools and the Medi-Cal agency.

In addition, the pilot effort demonstrated the success of some helpful policies that the State was unwilling to try previously: presumptive eligibility; administrative verification of income; simplified forms; and data-sharing between agencies to facilitate enrollment.

However, the pilots also identified some structural impediments to truly efficient cross-program enrollment. First, the two-step EE process created to help Medi-Cal address differences in rules and methodologies was labor-intensive and led to families falling out of the process. Second, many of the children who entered the Express Enrollment process were already enrolled in Medi-Cal, but the technology available for the EE process could not identify these children. Third, the process was largely manual (which required significant school staff time), and schools were reluctant to take it on without additional resources.

Thus, the Express Enrollment pilot demonstrated the need for greater flexibility in federal law as well as better technology to improve administrative enrollment efforts. This conclusion was also supported by a feasibility study conducted by the health care agencies pursuant to state legislation (AB2877).

Additional Research

The California experience demonstrated that true streamlining depends on the support of information technology. When conversations began with the State, technology was presented as being an insurmountable hurdle.

The Children's Partnership began to research what other states had achieved in terms of data-sharing and automation. The resulting *E-Health Snapshot* made it plain that technology had attained a capability that could effectively and securely automate enrollment across programs, but that funding, governance, and leadership remain a challenge for states.

Policy Change

Informed by California's experience as well as continuing conversations with other states about their streamlining efforts, TCP began to work with other advocates and members of Congress at the federal level. Legislation was drafted and introduced in 2005 by Senators Lugar (IN-R) and Bingaman (NM-D) to make the rules changes that could help states achieve cross-program enrollment. Funding to support eligibility systems improvements was included in the early federal legislation.

Over the next few years, the initial legislation was revised and reintroduced. Other legislators took on the cause and included it in their bills. Ultimately, it appeared in eleven bills and enjoyed bipartisan support. Most notably, the concept was incorporated in a number of SCHIP reauthorization bills in 2007 and again in 2009.

With the 2009 reauthorization of CHIP, signed into law by President Obama on February 4th, Express Lane Eligibility received federal authorization. This new law addresses the rules issue identified in California—reducing the need for a two-step process by allowing Medicaid and CHIP agencies to rely on other program findings. It also dedicates specific financial support to help states make necessary systems changes by including Express Lane Eligibility in the list of streamlining procedures that can qualify a state for performance bonuses and by providing an enhanced federal match to build data-sharing capabilities with the Social Security Administration.

Implementing the New Federal ELE Law

Federal law is not the end of the story. The Children's Partnership and other leaders for children are now working with states to help craft workable Express Lane policies. As this work proceeds, we continue to gather stories from states about challenges and successes, in order to help federal law and guidance support the most effective procedures. Along with other organizations, TCP is providing assistance through [tools](#) and having strategic discussions with federal and state stakeholders as well as continuing to work for technology solutions that can help ensure that every child will have the opportunity to grow up healthy.

For further information about The Children's Partnership or Express Lane Eligibility, please visit our Web site at www.childrenspartnership.org.