

**Maximizing Enrollment for Kids**  
Making Medicaid and SCHIP Work

Maximizing Enrollment Self-Assessment Toolkit Stakeholder Questionnaire:  
Health Plans

**Introduction:** Your state has begun to assess its Medicaid and CHIP enrollment and retention policies and procedures using the Maximizing Enrollment self-assessment toolkit. The toolkit includes multiple components, one of which is this questionnaire. By providing answers to these questions you are helping your state's Medicaid and CHIP program administrators learn about your unique experiences with the current systems for enrolling and retaining children, and about changes you think could improve enrollment and retention of eligible children.

**Section I. Experience with the Medicaid/CHIP Program/s**

1. Do you enroll children in Medicaid, CHIP, or both?
  - 1.1. If either, describe your health plan's role in the enrollment process.
2. Do you track the approval rate of applications that are handled by your health plan?
  - 2.1. If so, what proportion is approved?
  - 2.2. What are the main reasons that others are denied?
3. Are you involved in recertifying children for Medicaid, CHIP, or both?
  - 3.1. If either, describe your health plan's role in the recertification process.
4. Do you track the success rate of renewals that are handled by your health plan?
  - 4.1. What proportion of eligible children are renewed without a break in coverage?
  - 4.2. What are the main reasons that an eligible child would not be recertified due to procedural issues (i.e. documentation requirements, systems issues, missing information, premium-related issues)?
  - 4.3. What are the main reasons that children lose eligibility at renewal due to changes in their status (e.g., income change, age, residency, etc.)?

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5. What changes could your plan make to improve your rate of success in enrolling and renewing eligible children?
6. What changes could the state agencies make that would result in greater success in enrolling and renewing eligible children?
7. Is coordination between Medicaid and CHIP adequate so that families who apply for the “wrong” program or who change eligibility status do not fall through the cracks? Or are changes needed? If so, what changes would help?
8. Does your health plan receive payment for providing enrollment or recertification assistance?
  - 8.1. If so, in what ways do you provide assistance (e.g., call center, community outreach, other)?
  - 8.2. How do you track the volume and outcomes of enrollment or renewal assistance?
  - 8.3. Is payment for service based on volume, outcomes, or other indicators of capacity and quality?

**Section II. Systems to Support Enrollment and Retention**

9. Are you familiar with the information systems in your state that support enrollment and retention?
  - 9.1. As far as you know, are they adequate for the task, or are changes needed?
    - 9.1.1. What changes would help?
10. Are you able to access state systems to check on eligibility, or do you submit data to the state?
  - 10.1. If you submit data, do you do so electronically or on paper?

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**Section III. Policy Leadership**

11. How do you work with the state agency(ies) on enrollment and retention?

11.1. Do you discuss individual cases?

11.2. Broader systems issues?

11.3. Policy?

11.4. Are they responsive to issues you raise?

12. To what extent are health plans invited to provide input into state policy development?

12.1. Have you seen any changes made in response to your input?

13. Do you have an organization that speaks for all health plans?

**Section IV. Federal Barriers**

14. If you have been involved in trying to improve enrollment and retention for children, have you encountered any barriers as a result of federal rules, or interpretations of federal rules?

15. Have you been able to get the clarification you needed, either from the State, consultants, or other sources?

15.1. What has been the outcome?