

Maximizing Enrollment for Kids
Making Medicaid and SCHIP Work

Maximizing Enrollment Self-Assessment Toolkit Stakeholder Questionnaire:
Governor's Office/Legislators/Legislative Staff

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. In what way(s) are you involved in the Medicaid/CHIP program? (e.g., your legislative committee has authority; you work on health care issues for the Governor; you sit on the Governor's Cabinet on Children/Health; other)
2. Do you follow the program closely or primarily when there are problems?
 - 2.1. If only when there are problems: do you hear from the administering agencies, from the public, or from others?
 - 2.2. If you follow the program closely, how do you get your information? From whom, and how often?
 - 2.3. Do you track enrollment and retention, specifically? Do you get as much information as you'd like?
3. Are you aware of any problems with enrollment or retention?
 - 3.1. What have you heard? From whom?
4. Do you think your state could be or should be doing more to enroll and retain eligible children?
 - 4.1. What would you like to see done?
5. In general, what do you think are the primary barriers?
 - 5.1. Do you think any of the following are barriers:
 - 5.1.1. Interagency coordination?
 - 5.1.2. Information systems?
 - 5.1.3. Finding eligible but non-enrolled children?

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- 5.1.4. Enrolling or recertifying is too complex?
- 5.1.5. Funding for outreach or other activities?
- 6. If your state is experiencing a budget crisis, how is the budget crisis affecting your state's plans for improving enrollment and retention of children in the program?
- 7. How does CHIP reauthorization uncertainty affect your state's plans?

Section II. State Leadership

- 8. What steps have high-level executive branch leadership taken in the last two years?
 - 8.1. For example, has it?
 - 8.1.1. Publicly set a goal of enrolling/retaining children
 - 8.1.2. Set internal performance goals
 - 8.1.3. Provided a spokesperson to inform the public about the availability of health coverage
 - 8.1.4. Gained support for new policies in the legislature
 - 8.1.5. Conveyed a clear message and goal to the agencies that are executing new policies
 - 8.1.6. Facilitated interagency cooperation
 - 8.1.7. Executed administrative changes needed to support the goal
 - 8.1.8. Leveraged additional resources needed to identify and enroll eligible children
 - 8.1.9. Established directives to increase enrollment and stability of coverage (e.g., to better position the state to conduct comprehensive reviews of program renewal procedures, make changes, and revisit policies when changes do not produce desired results)
- 9. Has the legislature drafted legislation and/or held hearings in the past 12 months to discuss increasing enrollment and retention, or controlling it? Please describe.
- 10. Does the state have a work group/commission/task force that includes a goal to improve enrollment and retention?
 - 10.1. If yes, describe membership, agenda, and frequency of meetings.

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11. Does your state have non-health related immigration policies that have unintended consequences for children's health insurance enrollment?

11.1. If so, do you have strategies for addressing the effects?

Section III. Federal Barriers

12. To the extent 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? Please describe.

13. Have you been able to get the clarification you needed, either from CMS, consultants, or other sources? Where does this issue stand?