

## FIVE KEY CRITERIA FOR AN EXPRESS LANE ELIGIBILITY INITIATIVE

To streamline enrollment into children's health coverage, Express Lane Eligibility (ELE) authorizes Medicaid and Children's Health Insurance Program (CHIP) agencies to borrow specific eligibility findings from other public need-based programs rather than having to regather and re-analyze data according to their own rules. To ensure the greatest value for children and taxpayers, the following five criteria should be met by any ELE initiative. These baseline measures should guide a state's program design decisions, from picking an Express Lane Agency (ELA) to defining the role of technology. For more information on ELE and its key decision points, go to: <http://www.kff.org/medicaid/8043.cfm>.

- 1. Express Lane Eligibility should reach significant numbers of children.** Medicaid and CHIP agencies can borrow eligibility findings from state income tax records or from public program agencies (ELAs) to conduct ELE. An entity that serves large numbers of uninsured children can provide a high-leverage opportunity to reach and enroll children through ELE, while one that serves many Medicaid/CHIP enrollees is a logical platform for ELE-enabled renewal.
- 2. The ELE initiative should simplify the eligibility and/or renewal process for families.** An initiative will not achieve its purpose unless it simplifies the enrollment and/or renewal process for families. ELE procedures will be most family-friendly if they are automatic or if they require only one step for families (with no follow-up forms or visits). To achieve that result, the initiative should minimally modify the forms submitted to the ELA or tax authority to support the ELE process. Then, the Medicaid/CHIP agency should access any missing information from other state databases rather than by contacting the family, to the greatest extent possible.
- 3. The ELE initiative should reduce the administrative burdens on state health programs.** It is important to ensure that the potential reach of ELE is not undermined by its administrative challenges. In order to achieve the most efficient administrative process: the state should choose an ELA that provides most if not all of the findings and data required for the Medicaid/CHIP determination; the state should put in place a process for identifying which ELA program participants are already enrolled in Medicaid/CHIP so that ELE can more effectively target its efforts; Medicaid/CHIP agencies should fill gaps through ex parte processes, using other state databases; and the state should elect to use the simplest mechanism for screen and enroll (most likely, the threshold method – see <http://www.kff.org/medicaid/8043.cfm> for more information). Ultimately, the initiative should create the platform for the broader data-driven enrollment that will be deployed under health reform.
- 4. The ELE initiative should not be burdensome for the Express Lane Agency.** It is important that the ELE initiative impose the least burden possible on the ELA. To perform its role, there may be modifications needed to the ELA forms, labor required from ELA staff, and/or technology changes. To impose the least burden, the Medicaid/CHIP agency should identify ELAs with supportive leadership and staff and involve them in the design of the initiative.
- 5. Technology should support the effort.** In choosing an ELA, its technology should be considered. If the ELA is currently exchanging data electronically with Medicaid/CHIP or if it has a centralized, integrated eligibility system, it will be easier to make the systems improvements required to administer ELE efficiently. States should leverage the requirements under health reform and the Medicaid Information Technology Architecture to build the cross-agency systems connections that are needed for ELE.

Express Lane Eligibility is crafted so that each state can design an initiative that matches its unique program rules, technology, and administrative structures. Despite the variations, each state ELE initiative should meet the five basic criteria laid out above to ensure the greatest value for children and the ongoing viability of the initiative. To make ELE work, states should consider phasing in the initiative and maximize opportunities for funding through performance bonuses, outreach grants, and health reform.

For more information on ELE and assistance in implementing this innovative enrollment tool, visit [www.childrenspartnership.org/ExpressLaneToolkit](http://www.childrenspartnership.org/ExpressLaneToolkit) or contact Beth Morrow, Staff Attorney, at (718) 832-6061 or [bmorrow@childrenspartnership.org](mailto:bmorrow@childrenspartnership.org).