ATTACHMENT D2

NON-ELE CASE STUDY PROTOCOLS

CHIPRA Express Lane Eligibility Evaluation

Non-ELE Program Case Study Site Visit

State Medicaid/CHIP Program Officials - Key Informant Protocol

Thanks very much for agreeing to meet with us. We have been funded by the Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services (HHS) to conduct a national evaluation of the new state policy option under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), known as Express Lane Eligibility (ELE). With ELE, a state's Medicaid and/or Children's Health Insurance Program (CHIP) can rely on another agency's eligibility findings to qualify children for health coverage, despite programs' different methods of assessing income or otherwise determining eligibility.

This Congressionally Mandated Evaluation of ELE is composed of four components: monitoring state programs and policy; analysis of ELE impacts on enrollment; a descriptive study of costs, enrollment, and utilization; and case studies of states that have adopted ELE or other approaches to streamlining enrollment and/or retention. We're here as part of this latter study of alternative or "non-ELE" approaches to simplifying enrollment and renewal. We selected your state for study because it has pursued the following simplification: [*insert name of non-ELE policy of interest in state.*]

While we're here onsite, we will gather information from a broad range of key informants. At the state level, we are meeting with officials responsible for administering CHIP and Medicaid, policy makers such as key legislative staff, and family and child advocates, (*if applicable: partner agencies*), among others. At the local level, we will meet with such informants as: county social service administrators, frontline eligibility workers, and community-based organizations involved with outreach and application assistance. We will also be conducting two focus groups in each state with parents of children who enrolled or renewed coverage via [*insert name of non-ELE policy of interest in state*].

During these interviews, we will discuss a wide range of issues including: the broader eligibility policy features of your state's Medicaid and CHIP programs; the process your state went through to consider and develop [*non-ELE policy of interest]*; [*non-ELE policy of interest]* implementation; outcomes of [*non-ELE policy of interest]* related to enrollment, retention, and access to care; and the role that [*non-ELE policy of interest]* may play in your state's implementation of federal health reform coverage expansions under the Affordable Care Act.

Information gathered during our site visit will be used in a series of state-specific case study reports, as well as a final cross-cutting Report to Congress that will synthesize findings from across the study states. Importantly, none of the information you share with us today will be quoted without your permission. We'll be taking notes during our discussion, but if it's okay with you we would also like to record this interview, as a backup to those notes.

Do you have any questions?

Do we have your consent to proceed with our interview?

Do we have your permission to record?

I. BACKGROUND AND OVERVIEW

1. To start with, please give us some background information on your agency/organization and tell us about the role you play in the Medicaid and CHIP programs.

   Probes:
   - How long have you worked at this agency/organization?
   - What are your current responsibilities?

II. MEDICAID AND CHIP PROGRAM FEATURES
[Note to reviewers: we will have an extensive set of background materials from other data collection efforts, including this project's 51 state survey and first set of quarterly calls that will both be fielded prior to this, as well as from other publicly available sources such as the Kaiser Family Foundation and the CHIP annual reports, among others. Any data and/or program characteristics that we have will be summarized and shared with state officials prior to our site visits, so that we won't need to burden them unnecessary questions during our interviews. For example, much of the information sought in sections II.A. and II.B. below may be known in advance of our case studies and thus may not have to be collected during our visits.]

Before we begin talking about [*insert name of non-ELE policy of interest*], *I want to be sure we have a good understanding of broader Medicaid/CHIP policies related to enrollment, retention, and outreach. My next set of questions explores that context.*

A. *Enrollment*

1. Putting [*insert name of non-ELE policy of interest*] to the side for the moment, can you summarize for us some of the basic characteristics of your state's enrollment process, and the various ways in which parents can enroll their children in Medicaid and CHIP?

   - What is the application like? How long is it? Can families apply for coverage together on the same application? Is there a joint Medicaid/CHIP application? Is there a joint application for medical and human services (TANF, SNAP) programs?
   - What kinds of verification do you require as part of the application (income, assets, age, residency, identity)?
   - Can parents apply online? How does that work exactly: do parents have to print the application out and mail it, or can they file it online? If they can submit it online, does other data need to be sent by mail (income documents, for example)?
   - Can applications be submitted by mail or over the phone? By Fax?
   - Is a face-to-face interview with an eligibility worker required?
   - Is community-based application assistance provided? How? Where?
   - Do providers or health plans help enroll consumers? If so, how?

2. What steps has your state taken to simplify or streamline enrollment into Medicaid and CHIP for children?

   - Have you eliminated the assets test from the application?

- Have you reduced or eliminated any other verification requirements?
- Do you conduct administrative verification of income or other information (through data matches)?
- Do you have presumptive eligibility for children? What types of providers or organizations are permitted to conduct presumptive eligibility? How does the follow up process work for getting individuals enrolled?
- Do you have 12-month continuous eligibility?
- Are there other simplification strategies we should know about?

3. Did your state qualify for a CHIPRA "performance bonus" by adopting at least five qualifying simplification strategies, and meeting enrollment targets? How did you qualify (which strategies), and how much was your bonus?

4. Please highlight for us any key difference between the Medicaid and CHIP applications or enrollment policies/procedures.

B. Renewal

5. Let's turn to eligibility redetermination, or renewal. Can you tell us about how families renew coverage for their children?

- How is the family informed that they need to renew their child's coverage?
- What form, if any, is required to be completed? Is a signature required?
- Does a parent need to meet, face to face, with anyone?
- Can the process be completed online, or by phone, or through the mail? [*obtain a yes/no for each issue in this question*]
- What verification, if any, needs to be submitted?
- Is community-based application assistance provided? How? Where? Can you describe this process?

6. What would you highlight as the most important renewal simplifications that your state has implemented under Medicaid and CHIP?

- Do you pre-print forms with information already in the system?
- Is renewal "passive" (i.e., are children renewed if you don't receive changed/updated information from families)?
- Do you conduct administrative and/or ex parte renewal (i.e., when states use other data available to them, such as wage or labor records, to determine if a child is still eligible for the program)?
- Do you allow "rolling" renewals (i.e., any time a family updates their information, the state automatically extends their coverage forward for an additional set of months, up to 12 months) ?
- Anything else?

7. Once again, please highlight for us any key differences between the Medicaid and CHIP renewal processes.

C. Outreach

8. With regard to outreach and public education:

- Please provide an overview of your outreach and education activities. Where do you focus most of your efforts (in terms of dollars)? (For example, do you concentrate resources on state-level outreach, or community-based outreach?) Which special populations (if any) do you focus on?
- Has your state engaged in any large scale, statewide media campaigns to publicize the availability of coverage for children? How recently? Was there any particular focus on simplified procedures for applying?
- Does your state support any notable community-based outreach strategies, such as application assistance or grants to CBOs to support outreach and enrollment assistance? If so, what types of organizations are involved? Are providers, health plans, or school-based clinics involved?
- Did your state receive any CHIPRA outreach grants, or other federal grants to support outreach for children's coverage? If so, please describe.
- Which outreach strategies have you found to be most effective? How have you assessed or measured this?
- How has outreach in your state been affected by funding uncertainties?

III. KNOWLEDGE AND VIEWS OF EXPRESS LANE ELIGIBILITY [ELE] IN NON-ELE STATES

As you probably know, legislation to continue the CHIP program, known as the CHIPRA legislation, was passed in February 2009. CHIPRA gave states the ability to undertake Express Lane Eligibility (often called "ELE") for either enrollment, retention or both. Now, we'd like to discuss the ELE option more specifically, even though your state is not approved for ELE.

9. What do you know about ELE?

- How would you describe it?
- How would you define a successful ELE program?

If little or no knowledge: tell respondents that ELE allows a state's Medicaid and/or CHIP program can rely on another agency's eligibility findings to qualify children for health coverage, despite their different methods of assessing income or otherwise determining eligibility. ELE thus gives states another way to try to enroll and retain children who are eligible for Medicaid/CHIP but remain uninsured.

10. Do you know anything about states that have implemented it?

- What do you see as the benefits/advantages to using ELE?
- What do you think are the drawbacks/disadvantages of this approach?

11. Has your state considered ELE as an option in the past?

- Why or why not?
- If so, what were the most important debates (whether political, technical, fiscal or programmatic) that surrounded this issue?

- Do you think your state's decision to pursue ELE might change in the future?

- How feasible would it be to adopt ELE in the future? What would be some of the anticipated challenges or barriers? Do you see any particular federal policies or rules for ELE that pose a challenge? If so, which ones?

- Would there be benefits to implementing ELE in your state? What benefits can you see? Would this change under health reform, for example if ELE could be used to help single adults receiving SNAP benefits who will gain Medicaid coverage in 2014?

- Which agency or agencies would be the easiest or most likely partners; why?

12. Has your state applied for an ELE state plan amendment?

- If yes, please describe the process; is your amendment still under consideration or was it rejected?

- If no, why have you not pursued HHS approval for your simplified approach to enrollment?

13. ELE is one of the policies a state can implement to qualify for a CHIPRA bonus payment. Does the fact that implementing ELE can help qualify your state for CHIPRA bonus payments have any influence on whether your state might pursue ELE in the future?

- What would be a more effective incentive to implement ELE, from your perspective?

- Your state was selected for this study because of *[insert non-ELE policy of interest]*, but some states also report having policies similar to ELE but not "approved" for ELE. Does your state have any simplifications in place similar to ELE (i.e. a simplified approach to enrollment or retention that works *with* another state agency) but for which you do not have an approved state plan amendment (so not "officially" ELE)?

- If so, please describe how this simplified approach works.

- Is this approach used for enrollment, renewal, or both?

- How successful do you think this approach is?

- Do you have any other simplified approaches to enrollment/renewal not discussed above that we should know about?

IV. NON-ELE POLICY OF INTEREST

The remainder of our questions are about the specifics of [insert name of non-ELE policy of interest]. We begin with questions related to your state's decision to adopt [insert name of non-ELE policy of interest]. We continue with questions about the "nuts and bolts" operations of [insert name of non-ELE policy of interest]. We then turn to any evidence you may have regarding the impacts of [insert name of non-ELE policy of interest] on enrollment, retention, access to care, and administrative costs.

A. Non-ELE Policy Development

14. Why did your state decide to implement *[insert name of non-ELE policy of interest]?* What were your original goals in adopting it? Have these changed at all?

15. Where did the support for adopting this simplified approach come from – the Governor's office, legislature, advocacy community, other?

16. Did you rely on/learn from the experiences of other states that had implemented this policy? Which ones?

17. Do you use *[insert name of non-ELE policy of interest]* to determine initial eligibility, renewal eligibility, or both? What were the various factors that played into that decision?

18. What benefits or advantages did this option add to your system, above and beyond the strategies we've already discussed?

19. Did you need new state-level statutory authority to adopt *[insert name of non-ELE policy of interest]*?

20. How was adoption of *[insert name of non-ELE policy of interest]* framed in terms of your agency's budget (i.e., budget-neutral, costly but advantageous, or money-saving)? Has this proven to be true?

21. Did adopting this policy require federal approval from CMS? If so, how easy or difficult was it to gain federal approval from CMS for this purpose?

22. What was the timeline for *[insert name of non-ELE policy of interest]* design and implementation? Did it take more, or less, time than you anticipated?

23. Were there any particular factors that facilitated your adoption of *[insert name of non-ELE policy of interest]*? Conversely, were there any particular obstacles or challenges that you had to overcome?

24. Did you have any concerns or worries about *[insert name of non-ELE policy of interest]* and, if so, how did you address them?

B. Non-ELE Policy Implementation and Operations

25. Please tell us, in detail, how the mechanics of *[insert name of non-ELE policy of interest]* work in your state.

   - What population(s) do you target with *[insert name of non-ELE policy of interest]*? Does the child need to have been "known" to Medicaid/CHIP previously? (In other words, previously enrolled in or previously applied to programs?) How do you avoid duplicate enrollment?
   - Do you use this policy for initial eligibility, renewal eligibility, or both? What factors played into that decision?
   - What happens after the child is enrolled – is there a data matching process? If so, are matches performed automatically by your systems, or do you sometimes have to perform manual matches/reviews? Why? How often is a manual review involved?
   - How do you inform families that their child has been found eligible for health coverage through *[insert name of non-ELE policy of interest]?*
   - Do families have to "do" anything to consent to this coverage? (What constitutes "affirmative consent" in your program?) Do families opt in or opt out to authorize this coverage?
   - How and when does a family receive a Medicaid/CHIP card demonstrating their enrollment?
   - What information is shared with families to help them identify a primary care provider for their child, or a health plan in which to enroll their child?
   - What systems do you have to monitor whether or not a family has enrolled their child in a health plan, or with a PCP?
   - Beyond the *[insert name of non-ELE policy of interest]* process, are other data matches performed as well during eligibility or renewal determination, for example, with citizenship or third-party-liability databases?

26. Has the process always been this way, or has it evolved since implementation?

27. Let's turn to renewal (if applicable). Please tell us, in detail, how the mechanics of *[insert name of non-ELE policy of interest]* renewal work in your state.

   - Do you use *[insert name of non-ELE policy of interest]* to renew all Medicaid/CHIP recipients, regardless of how they originally enrolled? Or only those who enrolled, initially, through *[insert name of non-ELE policy of interest]*?
   - If both, do the procedures for how [insert name of non-ELE policy of interest] is used to renew coverage differ?
   - What data matching, consent, and follow-up communications with families occur under [insert name *of non-ELE policy of interest]* renewal?

28. Did the adoption and implementation of *[insert name of non-ELE policy of interest]* involve a significant "culture change" among both state and local officials?

   - If so, how did that change in mindset come about?
   - Did state officials do anything in particular to prepare local officials for this change?
   - What feedback have you received from local officials?

29. Did your state conduct any broad outreach or public education effort related to the implementation of *[insert name of non-ELE policy of interest]* (to inform families that they there was an easier way to enroll/renew their child in Medicaid/CHIP)? Please describe.

30. What kind of staff and financial investment did *[insert name of non-ELE policy of interest]* design and implementation require? How did your state cover these costs?
    - What staffing or organizational changes were required? Describe the type and level of effort for those changes.
    - Did you have to train/re-train staff? How many and what types of staff were trained?
    - How did the systems and processes change in your agency? Describe the type and level of effort for those changes.
    - What IT or Data system changes were required from your department in order to implement [non-ELE policy of interest]?

31. Did your state receive any technical assistance in designing and implementing *[insert name of non-ELE policy of interest]*? (For example, from the MaxEnroll program?) Please describe.

C. Outcomes of Non-ELE Program

[*Note, there is a separate cost and enrollment study in the non-ELE states; we will coordinate these questions with that study so that there is no overlap/duplication on site.]*

32. Let's turn to some of the various outcomes that you may have experienced as a result of *[insert name of non-ELE policy of interest]* implementation. Have you evaluated your *[insert name of non-ELE policy of interest]* program? If so, are there findings you can share with us? Are you planning any future evaluation activities?

33. Can you differentiate *[insert name of non-ELE policy of interest]* enrollees from other enrollees in your systems (i.e., can you identify those who came in through the non-ELE path of interest in your data)?

    - If so, how many children have been enrolled into Medicaid/CHIP via *[insert name of non-ELE policy of interest]* since the initiative was launched?
    - What proportion of all children enrolled during this period does this represent?
    - Is this higher, or lower, than expected?
    - Do you know, among [insert name of non-ELE policy of interest] enrollees, the number and percentage who subsequently renewed at the renewal period? Is their pattern of renewal similar/different than other enrollees? If so, how so?

34. How would you characterize these *[insert name of non-ELE policy of interest]* enrollees? Do they differ, demographically, than other children in the program? How so?

35. How many children have renewed Medicaid/CHIP coverage via *[insert name of non-ELE policy of interest]* since the initiative was launched?

    - What proportion of all children renewed during this period does this represent?
    - Is this higher, or lower, than expected?

- What is the retention rate of *[insert name of non-ELE policy of interest]* enrollees vs. other enrollees? Do you see evidence that *[insert name of non-ELE policy of interest]* improves retention rates?

36. Do you track service utilization rates for *[insert name of non-ELE policy of interest]* enrollees, separate from all other enrollees? If so, what does the utilization profile of these children look like?

- Do *[insert* name *of non-ELE policy of interest]* enrollees use the same types and amounts of services as the general population of enrollees?
- Or, do the data indicate any cause for concern? For example, if utilization rates are low, might this indicate that enrollees/families may not understand that they have coverage? Or could it mean that they are not being connected with health plans or PCPs?

37. Have you calculated whether or not *[insert name of non-ELE policy of interest]* is resulting in administrative savings to your program?

- Can *you tell us the 'per case' cost of traditional eligibility determination, versus [insert name of non-ELE policy of interest] determination?*
- *Can you tell us the 'per case' cost of traditional eligibility renewal, versus [insert name of non-ELE policy of interest]* renewal?

38. Have you done any program integrity studies on this policy? If so, what have you learned from any program integrity reviews you've done?

39. What feedback have you received from clients? From community groups? From other stakeholders?

40. Are there any other outcomes of *[insert name of non-ELE policy of interest]* that we haven't talked about? If so, what are they?

D. Role of the non-ELE policy of interest under Health Care Reform

41. Will *[insert name of non-ELE policy of interest]* policies or processes change in any way as a result of the implementation of health care reform?

- Will new enrollment systems cause *[insert name of non-ELE policy of interest]* for children to change or go away?
- Will *[insert name of* non-*ELE policy of interest]* -like enrollment systems be extended to new populations under reform (for example, could it be used for adults who will now gain coverage under Medicaid?)?

42. Do you think that, by designing and implementing *[insert name of non-ELE policy of interest]*, you're any better prepared to launch automated enrollment systems (for Medicaid or the Health Insurance Exchange) under reform?

    - How so? Did practice gained from developing new data matching algorithms help you design new data-driven eligibility systems under reform?
    - Did the *[*insert *name of non-ELE policy of interest]* effort help prepare for this collaboration?

43. To what extent are the changes you made because of *[insert name of non-ELE policy of interest]* changes that you would have needed to make any way to prepare for implementation of the Affordable Care Act?

44. What lessons from your experience with *[insert name of non-ELE policy of interest]* do you think could be helpful to national and state policymakers involved in implementing the Affordable Care Act?

V. LESSONS LEARNED

45. What would you say are the most important lessons that you have learned by adopting, designing, and implementing *[insert name of non-ELE policy of interest]*?

46. What worked well in implementing *[insert name of non-ELE policy of interest]*? What were the best planning or policy decisions that your state made?

47. Given what you know now, what would you have done differently?

48. What would you tell policymakers in other states who are considering *[insert name of non-ELE policy of interest]*?

49. What do you see as the biggest advantages and disadvantages of adopting *[insert name of non-ELE policy of interest]*?

CHIPRA Express Lane Eligibility Evaluation

Non-ELE Program Case Study Site Visit

High Level Policymakers - Key Informant Protocol

Thanks very much for agreeing to meet with us. We have been funded by the Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services (HHS) to conduct a national evaluation of the new state policy option under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), known as Express Lane Eligibility (ELE). With ELE, a state's Medicaid and/or Children's Health Insurance Program (CHIP) can rely on another agency's eligibility findings to qualify children for health coverage, despite programs' different methods of assessing income or otherwise determining eligibility.

This Congressionally Mandated Evaluation of ELE is composed of four components: monitoring state programs and policy; analysis of ELE impacts on enrollment; a descriptive study of costs, enrollment, and utilization; and case studies of states that have adopted ELE or other approaches to streamlining enrollment and/or retention. We're here as part of this latter study of alternative or "non-ELE" approaches to simplifying enrollment and renewal. We selected your state for study because it has pursued the following simplification: [*insert name of non-ELE policy of interest in state*.]

While we're here onsite, we will gather information from a broad range of key informants. At the state level, we are meeting with officials responsible for administering CHIP and Medicaid, policy makers such as key legislative staff, and family and child advocates, (*if applicable: partner agencies*), among others. At the local level, we will meet with such informants as: county social service administrators, frontline eligibility workers, and community-based organizations involved with outreach and application assistance. We will also be conducting two focus groups in each state with parents of children who enrolled or renewed coverage via [*insert name of non-ELE policy of interest in state*].

During these interviews, we will discuss a wide range of issues including: the broader eligibility policy features of your state's Medicaid and CHIP programs; the process your state went through to consider and develop [*non-ELE policy of interest]*; [*non-ELE policy of interest]* implementation; outcomes of [*non-ELE policy of interest]* related to enrollment, retention, and access to care; and the role that [*non-ELE policy of interest]* may play in your state's implementation of federal health reform coverage expansions under the Affordable Care Act.

Information gathered during our site visit will be used in a series of state-specific case study reports, as well as a final cross-cutting Report to Congress that will synthesize findings from across the study states. Importantly, none of the information you share with us today will be quoted without your permission. We'll be taking notes during our discussion, but if it's okay with you we would also like to record this interview, as a backup to those notes.

Do you have any questions?

Do we have your consent to proceed with our interview?

Do we have your permission to record?

I. BACKGROUND AND OVERVIEW

1. To start with, please tell us a little bit about yourself and your relationship to your state's Medicaid and CHIP programs.
   Probes:
   - How familiar are you with the state's Medicaid/CHIP policies, including *[insert name of non-ELE policy of interest]*?
   - What has been your role in adopting or implementing Medicaid/CHIP policies??

II. MEDICAID AND CHIP ELIGIBILITY AND ENROLLMENT - GENERAL

Before we begin talking about [insert name of non-ELE policy of interest], I want to get a sense of your state's approach to Medicaid/CHIP policies related to enrollment, retention, and outreach. My next set of questions explores that context.

2. Can you summarize your state's overall approach to Medicaid and CHIP, enrollment and renewal processes? Has the state actively pursued ways to simplify or streamline enrollment into Medicaid and CHIP for children? How has it done this?

3. Is there support for simplifying and streamlining Medicaid and CHIP enrollment for children among state policymakers? Has there been any opposition to simplification or streamlining efforts? Please describe.

4. Are the Medicaid and CHIP enrollment, or renewal policies/procedures different at all? How?

5. How would you characterize your state's approach to outreach for and public education about Medicaid and CHIP coverage? Is there support among policymakers for outreach and public education?

   - Are you aware of any large scale, statewide media campaigns to publicize the availability of coverage for children? How recently?
   - Are you aware of any community-based outreach strategies, such as application assistance or grants to community-based organizations to support outreach and enrollment assistance?
   - Did your state receive any CHIPRA outreach grants, or other federal grants to support outreach for children's coverage? If so, please describe.

III. KNOWLEDGE AND VIEWS OF EXPRESS LANE ELIGIBILITY [ELE] IN NON-ELE STATES

As you probably know, legislation to continue the CHIP program, known as the CHIPRA legislation, was passed in February 2009. CHIPRA gave states the ability to undertake Express Lane Eligibility (often called "ELE") for either enrollment, retention or both. Now, we'd like to discuss the ELE option more specifically, even though your state is not approved for ELE.

6. What do you know about ELE?
   - How would you describe it?
   - How would you define a successful ELE program?

If little or no knowledge: tell respondents that ELE allows a state's Medicaid and/or CHIP program can rely on another agency's eligibility findings to qualify children for health coverage, despite their different methods of assessing income or otherwise determining eligibility. ELE thus gives states another way to try to enroll and retain children who are eligible for Medicaid/CHIP but remain uninsured.

7. Do you know anything about states that have implemented it?

   - What do you see as the benefits/advantages to using ELE?
   - What do you think are the drawbacks/disadvantages of this approach?

8. Has your state considered ELE as an option in the past?

   - Why or why not?
   - If so, what were the most important debates (whether political, technical, fiscal or programmatic) that surrounded this issue?
   - Do you think your state's decision to pursue ELE might change in the future?

9. Has your state applied for an ELE state plan amendment?

   - If yes, please describe the process; is your amendment still under consideration or was it rejected?
   - If no, why have you not pursued HHS approval for your simplified approach to enrollment?

10. ELE is one of the policies a state can implement to qualify for a CHIPRA bonus payment. Does the fact that implementing ELE can help qualify your state for CHIPRA bonus payments have any influence on whether your state might pursue ELE in the future?

    - What would be a more effective incentive to implement ELE, from your perspective?

IV. NON-ELE POLICY OF INTEREST

The remainder of our questions are about the specifics of [insert name of non-ELE policy of interest]. We begin with questions related to your state's decision to adopt [insert name of non-ELE policy of interest]. We then turn to any evidence you may have regarding the impacts of [insert name of non-ELE policy of interest]on enrollment, retention, access to care, and administrative costs.

A. *Non-ELE Policy Development*

11. Why did your state decide to implement *[insert name of non-ELE policy of interest]*? What were the state's original goals in adopting it? Have those goals changed at all?

    - *If applicable:* Were CHIPRA bonuses an incentive to implement *[insert name of non-ELE policy of interest]*?

12. Did the state rely on/learn from the experiences of other states that had implemented *[insert name of non-ELE policy of interest]*? Which ones?

13. What did this option add to your state's system, above and beyond the strategies we've already discussed?

    - Did policymakers consider other simplification routes vis a vis *[insert name of non-ELE policy of interest]*? If so, which other routes? Were any implemented?

14. What was the timeline for *[insert name of non-ELE policy of interest]* design and implementation? Did it take more, or less, time than you anticipated?

15. Were you involved in the *[insert name of non-ELE policy of interest]* design process (e.g., deciding whether to use it for initial eligibility determination, renewals, or both)? What factors influenced the decisions about its design?

16. Were there any particular factors that facilitated the state's adoption of *[insert name of non-ELE policy of interest]*? Conversely, were there any particular obstacles or challenges it has had to overcome?

17. Did policymakers have any concerns or worries about *[insert name of non-ELE policy of interest]* and, if so, how did you address them?

    - Were there concerns about effects on the state budget? Or on program integrity?

18. *If non-ELE program utilizes information-sharing,* Were there any concerns about issues related to consent (i.e., parents having to authorize the sharing of eligibility information across programs)? How were these addressed?

19. Was state statutory authority required to adopt *[insert name of non-ELE policy of interest]*? What was this process of authorizing the option like—did it go smoothly or was it challenging?

20. Did you need to gain federal approval from CMS for *[insert name of non-ELE policy of interest]?* If so, how easy or difficult was this process?

21. Did adoption and implementation of *[insert name of non-ELE policy of interest]* involve a significant "culture change" among both state and local officials?

    - If so, how did that change in mindset come about?
    - Did state officials do anything in particular to prepare local officials for this change?

22. What kind of staff and financial investment did *[insert name of non-ELE policy of interest]* design and implementation require? How did your state cover these costs?

B. Outcomes of non-ELE Program

[*Note, there is a separate cost and enrollment study in the non-ELE states; we will coordinate these questions with that study so that there is no overlap/duplication on site.]*

23. Let's turn to some of the various outcomes that you may have experienced as a result of *[insert name of non-ELE policy of interest]* implementation. First, how would you define a successful *[insert name of non-ELE policy of interest]* program?

24. Has the state evaluated its *[insert name of non-ELE policy of interest]* program?

25. Overall, how do you think the *[insert name of non-ELE policy of interest]* program has been performing since it was implemented? How do you get information about its performance?

26. How many children have been enrolled into Medicaid/CHIP via *[insert name of non-ELE policy of interest]* since the initiative was launched? Is this higher, or lower, than expected?

    - Do you have any sense of whether *[insert name of non-ELE policy of interest]* enrollees differ, demographically, from other children in the program? How so?

27. How many children have renewed Medicaid/CHIP coverage via *[insert name of non-ELE policy of interest]* since the initiative was launched? Is this higher, or lower, than expected?

    - Do you see evidence that *[insert name of non-ELE policy of interest]* improves retention rates?

28. Has the state examined service utilization rates for *[insert name of non-ELE policy of interest]* enrollees, separate from all other enrollees? If so, what does the utilization profile of these children look like?

29. Has the state calculated whether or not *[insert name of non-ELE policy of interest]* is resulting in administrative savings to Medicaid and CHIP?

- Can you tell us the 'per case' cost of traditional eligibility determination, versus *[insert name of non-ELE policy of interest]* determination?
- Can you tell us the 'per case' cost of traditional eligibility renewal, versus *[insert name of non-ELE policy of interest]* renewal?

30. Are there any other outcomes of *[insert name of non-ELE policy of interest]* that we haven't talk about?

C. Role of the non-ELE policy of interest under Health Care Reform

31. Will *[insert name of non-ELE policy of interest]* policies or processes change in any way as a result of the implementation of health care reform?

- Will new enrollment systems cause *[insert name of non-ELE policy of interest]* for children to change or go away?
- Will *[insert name of non-ELE policy of interest]*-like enrollment systems be extended to new populations under reform (for example, single adults receiving SNAP who will now gain coverage under Medicaid?)?

32. Do you think that, by designing and implementing *[insert name of non-ELE policy of interest],* the state is any better prepared to launch automated enrollment systems (for Medicaid or the Health Insurance Exchange) under reform?

- How so? Did practice gained from developing new data matching algorithms help you design new data-driven eligibility systems under reform?
- Did the *[insert name of non-ELE policy of interest]*effort help prepare for this collaboration?

33. Has having the *[insert name of non-ELE policy of interest]* option had any influence (positive or negative) on state policymakers' support for other simplification and streamlining efforts, including those required and/or authorized by the Affordable Care Act?

V. LESSONS LEARNED

34. What would you say are the most important lessons that the state has learned by adopting, designing, and implementing *[insert name of non-ELE policy of interest]*?

35. What worked well in implementing *[insert name of non-ELE policy of interest]*? What were the best planning or policy decisions that your state made?

36. Given what you know now, what would you have done differently?

37. What would you tell policymakers in other states who are considering *[insert name of non-ELE policy of interest]*?

38. What do you see as the biggest advantages and disadvantages of adopting *[insert name of non-ELE policy of interest]*?

39. What lessons from your experience with *[insert name of non-ELE policy of interest]* do you think could be helpful to national and state policymakers involved in implementing the Affordable Care Act?

CHIPRA Express Lane Eligibility Evaluation

Non-ELE Program Case Study Site Visit

Non-ELE Partner Agency – Key Informant Protocol

Thanks very much for agreeing to meet with us. Mathematica Policy Research, the Urban Institute, and Health Management Associates have been funded by the Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services (DHHS) to conduct a national evaluation of the new state policy option under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), known as Express Lane Eligibility (ELE). With ELE, a state's Medicaid and/or Children's Health Insurance Program (CHIP) can rely on another agency's eligibility findings to qualify children for health coverage, despite programs' different methods of assessing income or otherwise determining eligibility.

This Congressionally Mandated Evaluation of ELE is composed of four components: monitoring state programs and policy; analysis of ELE impacts on enrollment; a descriptive study of costs, enrollment, and utilization; and case studies of states that have adopted ELE or other approaches to streamlining enrollment and/or retention. We're here as part of this latter study of alternative or "non-ELE" approaches to simplifying enrollment and renewal. We selected your state for study because it has pursued the following simplification: [insert name of non-ELE policy of interest in state.]

While we're here onsite, we will gather information from a broad range of key informants. At the state level, we are meeting with officials responsible for administering CHIP and Medicaid, policy makers such as key legislative staff, and family and child advocates, (if applicable: partner agencies), among others. At the local level, we will meet with such informants as: county social service administrators, frontline eligibility workers, and community-based organizations involved with outreach and application assistance. We will also be conducting two focus groups in each state with parents of children who enrolled or renewed coverage via [insert name of non-ELE policy of interest in state].

During these interviews, we will discuss a wide range of issues including: the broader eligibility policy features of your state's Medicaid and CHIP programs; the process your state went through to consider and develop   [non-ELE policy of interest]; [non-ELE policy of interest] implementation; outcomes of [non-ELE policy of interest] related to enrollment, retention, and access to care; and the role that [non-ELE policy of interest] may play in your state's implementation of federal health reform coverage expansions under the Affordable Care Act.
Information gathered during our site visit will be used in a series of state-specific case study reports, as well as a final cross-cutting Report to Congress that will synthesize findings from across the study states. Importantly, none of the information you share with us today will be quoted without your permission. We'll be taking notes during our discussion, but if it's okay with you we would also like to record this interview, as a backup to those notes.

Do you have any questions?

Do we have your consent to proceed with our interview?

Do we have your permission to record?

I. BACKGROUND AND OVERVIEW

1. To start with, please give us some background information on your agency/organization and your role within that agency.

   Probes:
   - How long have you worked at this agency/organization?
   - What are your current responsibilities?

II. PARTNER AGENCY PROGRAM FEATURES

Before we begin talking about [insert name of non-ELE policy of interest], I want to be sure we have a good understanding of broader policies related to [SNAP, free and reduced school lunch, etc., whichever area the agency focuses on] enrollment, retention, and outreach. My next set of questions explores that context.

A. Enrollment

2. Putting [insert name of non-ELE policy of interest] to the side for the moment, can you summarize for us some of the basic characteristics of the enrollment process for your program, and the various ways in which parents can enroll their children in [SNAP, free and reduced school lunch, etc.]

   - What is the application like? How long is it? Is there a joint application for medical and human services programs in your state?
   - What kinds of verification do you require as part of the application (income, assets, age, residency, identity)?
   - Do you use any form of data matching to verify citizenship or income eligibility? To verify any other eligibility factors?
   - Can parents apply online? How does that work exactly: do parents have to print the application out and mail it, or can they file it online? If they can submit it online, does other data need to be sent by mail (income documents, for example)?
   - Can applications be submitted by mail or over the phone? By fax?
   - Is a face-to-face interview with an eligibility worker required? If so, how long does that interview typically take?
   - Is community-based application assistance provided? How? Where? How is it funded?
   - Does anyone else in the community provide application assistance? If so, who? Where?

3. Have there been any recent efforts to streamline the enrollment process in your agency? If so, please describe.

B. Renewal

4. Let's turn to eligibility redetermination, or renewal. Can you tell us about how families renew or maintain their eligibility for this benefit?

    - How is the family informed that they need to renew their child's coverage?
    - What form, if any, is required to be completed?
    - Does a parent need to meet, face to face, with anyone? Or can the process be completed online, or by phone, or through the mail? [obtain a yes/no for each issue in this question]
    - What verification, if any, needs to be submitted?
    - Is community-based application assistance provided for renewal? How? Where? Can you describe this process? How is it funded?
    - Do you conduct data matches to establish eligibility automatically, without requesting information from the family? Have you taken other steps to streamline the renewal process?

C. Outreach

5. With regard to outreach and public education:

    - Has your state engaged in any large scale, statewide media campaigns to publicize the availability of [SNAP, free and reduced lunch program, etc.] for children? How recently?
    - Does your state support any community-based outreach strategies, such as application assistance or grants to CBOs to support outreach and enrollment assistance?

III. KNOWLEDGE AND VIEWS OF EXPRESS LANE ELIGIBILITY [ELE] IN NON-ELE STATES

As you probably know, legislation to continue the CHIP program, known as the CHIPRA legislation, was passed in February 2009. CHIPRA gave states the ability to undertake Express Lane Eligibility (often called "ELE") for either enrollment, retention or both. Now, we'd like to discuss the ELE option more specifically, even though your state is not approved for ELE.

6. What do you know about ELE?

    - How would you describe it?
    - How would you define a successful ELE program?

If little or no knowledge: tell respondents that ELE allows a state's Medicaid and/or CHIP program can rely on another agency's eligibility findings to qualify children for health coverage, despite their different methods of assessing income or otherwise determining eligibility. ELE thus gives states another way to try to enroll and retain children who are eligible for Medicaid/CHIP but remain uninsured.

7. Do you know anything about states that have implemented it?

- What do you see as the benefits/advantages to using ELE?
- What do you think are the drawbacks/disadvantages of this approach?

IV. NON-ELE POLICY OF INTEREST

The remainder of our questions focus on your agency's role in the implementation of [insert name of non-ELE policy of interest] for CHIP. We begin with questions related to your state's decision to adopt [insert name of non-ELE policy of interest] and your agency's role in this decision. We continue with questions about the "nuts and bolts" operations of [insert name of non-ELE policy of interest], and any changes that may have affected your agency's operations. We then turn to any evidence you may have regarding the impacts of [insert name of non-ELE policy of interest] on enrollment, retention, access to care, and administrative costs.

A. Non-ELE Policy of Interest Development

8. Why did your state decide to implement [insert name of non-ELE policy of interest]? What were the original goals in adopting [insert name of non-ELE policy of interest]? Have these changed at all?

9. How involved was your agency in the decision to implement [insert name of non-ELE policy of interest]? To what extent/in what capacity?

10. Where did the support for adopting this simplified approach come from – the Governor's office, legislature, advocacy community, other?

11. Did you rely on/learn from the experiences of other states that had implemented [insert name of non-ELE policy of interest]? Which ones?

12. Did you have any concerns or worries about [insert name of non-ELE policy of interest] and, if so, how were they addressed?

13. Do you use [insert name of non-ELE policy of interest] in your state to determine initial eligibility, renewal eligibility, or both? What were the various factors that played into that decision?

14. Did this option add any advantages or benefits to your system? If so, what were they?

15. Did you need statutory authority to adopt [insert name of non-ELE policy of interest]?

16. Who covered your costs to implement [insert name of non-ELE policy of interest] – your budget, or the Medicaid/CHIP agency? How significant were those costs?

17. How was adoption of [insert name of non-ELE policy of interest] framed in terms of your agency's budget (i.e., budget-neutral, costly but advantageous, or money-saving)? Has this proven to be true?

18. What was the timeline for [insert name of non-ELE policy of interest] design and implementation? Did it take more, or less, time than you anticipated?

19. Were there any particular factors that facilitated your adoption of [insert name of non-ELE policy of interest]? Conversely, were there any particular obstacles or challenges that you had to overcome?

20. Did you have any concerns or worries about [insert name of non-ELE policy of interest] and, if so, how did you or others address them?

B. Non-ELE Policy of Interest Implementation and Operations

21. Please describe for us the conversations you had with CHIP/Medicaid officials when planning for [insert name of non-ELE policy of interest]. What approval did your agency need before proceeding?

22. How did this option change your systems and procedures, above and beyond the strategies we've already discussed?

23. Please walk us through the new process. How has implementation of [insert name of non-ELE policy of interest] in your state affected your agency's enrollment and renewal processes?

- Did you need to modify your agency's application?
- Have you held any staff training to promote understanding of new processes?
- Have you put into place any sort of monitoring or quality assurance checks to ensure that processes are working appropriately?
- Do families have to "do" anything to consent to the data sharing that occurs under [insert name of non-ELE policy of interest]? (What constitutes "affirmative consent" in your program?) Do parents opt "in" or "out" to consent to participate?
- When are data matches performed automatically by the agencies' systems? When do you or others have to perform manual matches/reviews?
- Does [insert name of non-ELE policy of interest] matching happen at initial enrollment and at renewal?

24. How did the initial [insert name of non-ELE policy of interest] enrollment process unfold?

- Was the transition smooth? What enabled this?
- Were there bumps along the way?
- What are some of examples of challenges encountered? How were they addressed?

25. Has the [insert name of non-ELE policy of interest] process evolved since implementation?

26. Did [insert name of non-ELE policy of interest] adoption and implementation require any notable change in your agency's "culture"?

- If yes, can you describe these changes? How did these changes evolve?
- Did your agency receive training or technical assistance to smooth the adoption of [insert name of non-ELE policy of interest] and facilitate "culture" change?
- Did your agency provide technical assistance or training to county-level agencies and staff to promote business process improvements?

27. Did your agency conduct any broad outreach or public education effort related to the implementation of [insert name of non-ELE policy of interest] (to inform families that they could now be automatically enrolled in Medicaid/CHIP)? Please describe.

28. Did your agency conduct any community-based outreach or application assistance to help families through [insert name of non-ELE policy of interest]?

C. Outcomes of Non-ELE Policy of Interest

29. Do you have a sense of how many children have been enrolled into Medicaid/CHIP via [insert name of non-ELE policy of interest] since the initiative was launched?

- Is this higher, or lower than expected?
- Are [insert name of non-ELE policy of interest] enrollees any different from your typical program enrollees? In other words, is [insert name of non-ELE policy of interest] allowing your agency (in tandem with Medicaid/CHIP) to reach new populations that heretofore have not enrolled in health coverage?
- Do you know this from discussions with Medicaid/CHIP partners, or does your program's system track these data?
- Have you heard feedback from your clients?
- What are they saying about the process?

30. Are there any other outcomes of [insert name of non-ELE policy of interest] that you would like to mention?

D. Role of Non-ELE Policy of Interest under Health Care Reform

31. Will [insert name of non-ELE policy of interest] policies or processes change in any way as a result of the implementation of health care reform?

- Will [insert name of non-ELE policy of interest] -like enrollment systems be extended to new populations under reform (for example, adults receiving SNAP who will now gain coverage under Medicaid?)?
- Have you discussed these issues with the state?

V. LESSONS LEARNED

32. What would you say are the most important lessons that you have learned by adopting, designing, and implementing [insert name of non-ELE policy of interest]?

33. What worked well in implementing [insert name of non-ELE policy of interest]? What were the best planning or policy decisions that your state made?

34. How do you think this would work with other agencies or programs?

35. Given what you know now, what would you have done differently?

36. What would you tell policymakers in other states who are considering [insert name of non-ELE policy of interest]?

37. What do you see as the biggest advantages and disadvantages of adopting [insert name of non-ELE policy of interest]?

38. What would you tell federal policymakers who are considering whether to continue the ELE option and, if so, whether to change the federal rules?

39. What lessons from your experience with [insert name of non-ELE policy of interest] do you think could be helpful to national and state policymakers involved in implementing the Affordable Care Act?

CHIPRA Express Lane Eligibility Evaluation

Non-ELE Program Case Study Site Visit

County or Local Social Services Agencies Conducting Eligibility Determinations/ Application Processing - Key Informant Protocol

Thanks very much for agreeing to meet with us. We have been funded by the Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services (HHS) to conduct a national evaluation of the new state policy option under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), known as Express Lane Eligibility (ELE). With ELE, a state's Medicaid and/or Children's Health Insurance Program (CHIP) can rely on another agency's eligibility findings to qualify children for health coverage, despite programs' different methods of assessing income or otherwise determining eligibility.

This Congressionally Mandated Evaluation of ELE is composed of four components: monitoring state programs and policy; analysis of ELE impacts on enrollment; a descriptive study of costs, enrollment, and utilization; and case studies of states that have adopted ELE or other approaches to streamlining enrollment and/or retention. We're here as part of this latter study of alternative or "non-ELE" approaches to simplifying enrollment and renewal. We selected your state for study because it has pursued the following simplification: [insert name of non-ELE policy of interest in state.]

While we're here onsite, we will gather information from a broad range of key informants. At the state level, we are meeting with officials responsible for administering CHIP and Medicaid, policy makers such as key legislative staff, and family and child advocates, (if applicable: partner agencies), among others. At the local level, we will meet with such informants as: county social service administrators, frontline eligibility workers, and community-based organizations involved with outreach and application assistance. We will also be conducting two focus groups in each state with parents of children who enrolled or renewed coverage via [insert name of non-ELE policy of interest in state].

During these interviews, we will discuss a wide range of issues including: the broader eligibility policy features of your state's Medicaid and CHIP programs; the process your state went through to consider and develop   [non-ELE policy of interest]; [non-ELE policy of interest] implementation; outcomes of [non-ELE policy of interest] related to enrollment, retention, and access to care; and the role that [non-ELE policy of interest] may play in your state's implementation of federal health reform coverage expansions under the Affordable Care Act.
Information gathered during our site visit will be used in a series of state-specific case study reports, as well as a final cross-cutting Report to Congress that will synthesize findings from across the study states. Importantly, none of the information you share with us today will be quoted without your permission. We'll be taking notes during our discussion, but if it's okay with you we would also like to record this interview, as a backup to those notes.

Do you have any questions?

Do we have your consent to proceed with our interview?

Do we have your permission to record?

I. BACKGROUND AND OVERVIEW

1. To start with, could you please give us some background information on your agency/organization and tell us about the role you play in the Medicaid and CHIP programs.

   Probes:
   • How long have you worked at this agency/organization?
   • What are your current responsibilities?

2. What kinds of interactions do you have with state Medicaid and CHIP administrators?
   a. On what kinds of issues do you generally talk to with state officials about? How often?

II. MEDICAID AND CHIP PROGRAM FEATURES

Before we begin talking about [non-ELE policy of interest], I want to be sure we have a good understanding of how families typically enroll their children into Medicaid or CHIP, as well as a characterization of any outreach efforts that exist in your state.

A. Enrollment

3. First, could you walk us through the process that a parent would follow to apply for Medicaid or CHIP for their children?

   Probes:
   • What is the application like? How long is it? Can families apply for coverage together on the same application? Is there a joint Medicaid/CHIP application? Is there a joint application for medical and human services (TANF, SNAP) programs?
   • What kinds of verification do you collect as part of the application (income, assets, age, residency, identity)?
   • Can parents apply online? How does that work exactly: do parents have to print the application out and mail it, or can they file it online? If they can submit it online, does other data need to be sent by mail (for example income documents)?
   • Can applications be submitted by mail or over the phone? By fax?
   • Is a face-to-face interview with an eligibility worker required? (If so, how long does such an interview typically take?)
   • Is community-based application assistance provided? How? Where?
   • Do providers or health plans help enroll consumers? If so, how?
   • Do providers or health plans help enroll consumers? If so, how?

B. Renewal

4. Next, could you please walk us through the process that a parent would follow in order to renew their child's Medicaid or CHIP coverage?

   • How is the family informed that they need to renew their child's coverage?
   • What form, if any, is required to be completed? Is a signature required?

- Does a parent need to meet, face to face, with anyone? Or can the process be completed online, or by phone, or through the mail? [obtain a yes/no for each of these]
- What verification, if any, needs to be submitted?
- In your view, how easy or hard is the process for families?

5. Thinking back to before the implementation of [non-ELE policy of interest], can you describe any other major changes or simplifications that have taken place with Medicaid/CHIP eligibility during the last ten years? [prompts if needed: for example, pre-printed forms, a single form for applying for Medicaid and CHIP, enroll or renew online, etc.]

   Probes:
   - What do you think are the most important such changes? Why?
   - Was it easy for eligibility and enrollment staff to adjust to those changes? Why or why not?
   - How have those changes affected clients?

C. Outreach

6. Has your state engaged in any large scale, statewide media campaigns to publicize the availability of coverage for children? How recently? Was there any particular focus on simplified procedures for applying?

7. Does your state support any notable community-based outreach strategies, such as application assistance or grants to CBOs to support outreach and enrollment assistance? Are providers, health plans, or school-based clinics involved? Is your agency involved?

8. Did your state receive any CHIPRA outreach grants, or other federal grants to support outreach for children's coverage? If so, please describe. Are you involved in a CHIPRA outreach grant project?

III. NON-ELE POLICY OF INTEREST

Now, let's change gears a bit and talk about the specifics of [non-ELE policy of interest]. We begin with questions related to your state's decision to adopt [non-ELE policy of interest]. We continue with questions about the "nuts and bolts" operations of [non-ELE policy of interest].

A. Policy Development

Non-ELE Policy Development

9. When did you first learn about [insert name of non-ELE policy of interest]? How did you hear about it?

10. When you first heard about it, what did you think?
    a. Did you have any worries or concerns, and if so, how did you address these?

11. Did you or your colleagues at the local level have the opportunity to weigh in during the development of the policy, or was planning and decision making a state-level exercise?

B. Non-ELE Policy Eligibility And Enrollment Process

12. Could you please describe your understanding of **[state]**'s [non-ELE policy of interest] approach to enrolling uninsured children?

13. How did you and your colleagues prepare to enroll children through [non-ELE policy of interest]?

    Probes:
    • Did any of this preparation require a lot of work?
    • Did anything lead to resistance or confusion? If so, how was that addressed?

14. When it came time to enroll the first group of children through [non-ELE policy of interest] in **[Month, Year]**, what happened? Could you describe how things unfolded?

15. How have your eligibility and enrollment processes at the local level changed due to the implementation of [non-ELE policy of interest]?

    Probes:
    • What is the same?
    • What is different?

16. Have [non-ELE policy of interest] enrollment procedures changed since the first group of children was enrolled via [non-ELE policy of interest] in **[Month, Year]**?

    Probes:
    • If so, how?

17. How do you think the new [non-ELE policy of interest] approach to eligibility and enrollment compares to the processes in place before [non-ELE policy of interest] implementation?

    Probes:
    • Is it more, or less work for local-level agencies and staff?
    • Is it more, or less accurate, in terms of program integrity?
    • Is it more, or less work for families with children?
    • Is it more, or less, understandable for parents?

18. Have you heard any reactions from clients to the new [non-ELE policy of interest] process?

Probes:
- If so, what?

C. Renewal Process

19. Could you please describe your understanding of **[state]**'s [non-ELE policy of interest] approach to renewing coverage for children in Medicaid and CHIP?

20. How have renewal processes changed due to the implementation of [non-ELE policy of interest]?

    Probes:
    - What is the same?
    - What is different?

21. Have [non-ELE policy of interest] renewal procedures changed since the first group of children was enrolled via [non-ELE policy of interest]?

    Probes:
    - If so, how?

22. Have you heard any reactions from clients to the new [non-ELE policy of interest] renewal process? If so, what feedback have you received, good or bad?

D. Outreach

23. Was any outreach or public education conducted to promote the availability of [non-ELE policy of interest] to families in your state? Please describe that for us.

24. Why do you think the remaining eligible, uninsured children haven't yet enrolled into coverage?

25. During outreach efforts, have you seen any effects of [non-ELE policy of interest] implementation?

26. Have outreach strategies changed as a result of [non-ELE policy of interest] implementation?

- If so, how?

IV. OUTCOMES AND EFFECTS OF NON-ELE PROGRAM

Next, I'd like to discuss some of the outcomes of [non-ELE policy of interest] implementation on enrollment and possible effects on your agency.

A. Medicaid/Chip Enrollment

27. Do you have a sense of how many children have been enrolled into Medicaid/CHIP via [non-ELE policy of interest] in your state? What about in your county?

   Probes:
   • Is this higher or lower than expected?
   • How do you track [non-ELE policy of interest] enrollment?

28. How would you characterize these children enrolling through [non-ELE policy of interest]? Are they children who have previously been enrolled in Medicaid/CHIP, or are they "new" children without previous experience on the program?

B. Organization-Level

29. Was implementing [non-ELE policy of interest]a major "cultural" change at your organization? If so:

   Probes:
   • How did state officials help people make this change? (Was there any formal training or technical assistance to change county-level business processes?)
   • How effective were such efforts?
   • Is more work along these lines still needed, in your opinion? What else, if anything, do you think the state should do?

30. What other kinds of organizational changes have occurred as a result of [non-ELE policy of interest] implementation?

   Probes:
   • Have you had staffing changes?
   • Have you had to conduct additional staff trainings?
   • Have you had to other make any changes to your IT systems or business processes?

31. Has the implementation of [non-ELE policy of interest] allowed you to shift resources to other efforts?

V. LESSONS LEARNED AND BEST PRACTICES

32. What do you think worked well in implementing [non-ELE policy of interest]? What were the best planning or policy decisions you think your state made?

33. Given what you know today, what do you think the state should have done differently? What might have made [non-ELE policy of interest] adoption and implementation smoother at the county/local level?

34. What would you tell policymakers in other states who are considering [non-ELE policy of interest] implementation?

   Probes:
   - What are the advantages of the strategy?
   - Are there any disadvantages?
   - What have been your greatest challenges at the local level, and how have you overcome them?

35. What barriers to eligibility/enrollment and renewal remain for Medicaid/CHIP clients, and how might these be overcome?

CHIPRA Express Lane Eligibility Evaluation

ELE Program Case Study Site Visit

Community Based Organization Involved in Outreach/Application Assistance or Enrollment- Key Informant Protocol

Thanks very much for agreeing to meet with us. We have been funded by the Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services (HHS) to conduct a national evaluation of the new state policy option under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), known as Express Lane Eligibility (ELE). With ELE, a state's Medicaid and/or Children's Health Insurance Program (CHIP) can rely on another agency's eligibility findings to qualify children for health coverage, despite programs' different methods of assessing income or otherwise determining eligibility.

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During these interviews, we will discuss a wide range of issues including: the broader eligibility policy features of your state's Medicaid and CHIP programs; the process your state went through to consider and develop   [non-ELE policy of interest]; [non-ELE policy of interest] implementation; outcomes of [non-ELE policy of interest] related to enrollment, retention, and access to care; and the role that [non-ELE policy of interest] may play in your state's implementation of federal health reform coverage expansions under the Affordable Care Act.
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Do you have any questions?
Do we have your consent to proceed with our interview?
Do we have your permission to record?

I. BACKGROUND AND OVERVIEW

1. To start with, could you please give us some background information on your agency/organization and tell us about the role you play in the Medicaid and CHIP programs.

   Probes:
   - How long have you worked at this agency/organization?
   - What are your current responsibilities?
   - What is the work that your organization does, and which populations does your organization serve?
   - For advocates: What issue areas do you advocate for?

2. What kinds of interactions do you have with state Medicaid and CHIP administrators?

   - On what kinds of issues do you generally talk to with state officials about? How often?

II. ENROLLMENT AND RETENTION PROCESSES

3. In the discussions we have had with state officials, we learned a great deal about enrollment and retention policies. But now that we are at the local level, it would be helpful if you could walk us through the process that a parent would follow to apply for CHIP for their children.

   - When people come in to apply, about how long do they have to wait before meeting with an eligibility worker/application assistor? Is there a place for their kids to play? If they go out to lunch, do they lose their place in line?

   - How much time do workers/assistors spend with each applicant?

   - What forms must be filled out? How long are they? (May we have a copy?)

   - What verification is needed?

   - Do families usually have everything they need to apply with them? What proportion of families typically need to follow up by submitting additional documents and other verification?

   - Do they have to come in, in person, to do this, or can they submit such material by mail?

   - Does your state offer on-line applications? Are you able to help families fill out their applications on line?

   - Can families fill out their applications at home (either on-line of in paper and mail them in to you), or must they come in for a face-to-face interview?

- What proportion of applicants do you never hear from again?

- What do you do if a family doesn't speak English?

- What would you do if a father told you he was in the country illegally?

4. Have any of the processes you described change in the past year or two? If so, what has changed? In your view, has this change made it easier or harder for families, or to families was this change invisible and only affected workers here?

5. Do you also process Medicaid applications? Is the process the same? If not, can you walk me through the application process for Medicaid?

6. Does your state have a joint application for these two programs (Medicaid and CHIP)? If not, are you aware of any plans to create one?

7. Can you describe for me the "screen and enroll" process that you use?

- How do you/your staff refer applicants who appear to be Medicaid eligible to the Medicaid agency, and vice versa?

- Do families have to indicate that they want their applications referred to Medicaid, or is this done automatically?

8. Now I'd like to talk with you about the process after applications are completed.

- Are you authorized to make "official" eligibility determinations or do you forward completed applications to another agency?

- If so, who? Is this a central "clearinghouse" for processing or are there multiple such sites around the state?

- How long does processing of applications take for CHIP and Medicaid (i.e. how much time elapses from when a form is completed/submitted, and when a notification of approval or denial is sent to a family)? Is there any priority given to children's applications?

- Can we get a copy of the letter families receive when they are notified of approval?

9. Can you walk us through how the renewal process works for families?

- How often must eligibility be redetermined?

- When and how often are families notified?

- Do you offer automatic renewal?

- What forms are required to be completed? Are forms pre-populated or do they need to be filled out? (May we have a blank copy?)

- Can the forms be mailed in, or is a face-to-face interview required?

- What assistance is provided to fill out the form?

- What verification requirements must be submitted?

- How long do families have to comply before their children are disenrolled?

- Are there any differences between Medicaid and CHIP redetermination processes? If so, what are they?

III. NON-EXPRESS LANE POLICY OF INTEREST

Now, let's change gears a bit and talk about the specifics of [the non-ELE policy of interest]. We begin with questions related to your state's decision to adopt [the non-ELE policy of interest]. We continue with questions about the "nuts and bolts" operations of [the non-ELE policy of interest]. It is OK if you do not know much about [the non-ELE policy of interest].

A. Policy Development

10. When did you first learn about [the non-ELE policy of interest]? How did you hear about it?

11. When you first heard about [the non-ELE policy of interest], what did you think?

    Probes:
    - Did you have any concerns or worries about [the non-ELE policy of interest], and if so, how did you address these?

12. Did you or your colleagues at the local level have the opportunity to weigh in during the development of the state's [the non-ELE policy of interest] policy, or was planning and decision making a state-level exercise?

B. Eligibility And Enrollment Process

13. Could you please describe your understanding of **[state]**'s [the non-ELE policy of interest] approach to enrolling uninsured children?

14. Did you and your colleagues need to do anything to prepare to enroll children through [the non-ELE policy of interest]?

    Probes:
    - Did any of this preparation require a lot of work?
    - Did anything lead to resistance or confusion? If so, how was that addressed?

15. When it came time to enroll the first group of children through [the non-ELE policy of interest] in **[Month, Year]**, what happened? Could you describe how things unfolded?

16. Have your eligibility and enrollment processes at the local level changed due to the implementation of [the non-ELE policy of interest]?

    Probes:
    - What is the same?
    - What is different?

17. Have [the non-ELE policy of interest] enrollment procedures changed since the first group of children was enrolled via [the non-ELE policy of interest] in **[Month, Year]**?

    Probes:
    - If so, how?

18. How do you think the new [the non-ELE policy of interest]approach to eligibility and enrollment compares to the processes in place before [the non-ELE policy of interest] implementation?

    Probes:
    - Is it more, or less work for local-level agencies and staff?
    - Is it more, or less accurate, in terms of program integrity?
    - Is it more, or less work for families with children?
    - Is it more, or less, understandable for parents?

19. Have you heard any reactions from clients to the new [the non-ELE policy of interest] process?

    Probes:
    - If so, what?

C. Renewal Process

20. Could you please describe your understanding of **[state]**'s [the non-ELE policy of interest]'s approach to renewing coverage for children in Medicaid and CHIP?

21. How have renewal processes changed due to the implementation of [the non-ELE policy of interest]?

    Probes:
    - What is the same?
    - What is different?

22. Have [the non-ELE policy of interest] renewal procedures changed since the first group of children was enrolled via [the non-ELE policy of interest]?

Probes:
- If so, how?

23. Have you heard any reactions from clients to the new [the non-ELE policy of interest] renewal process? If so, what feedback have you received, good or bad?

IV. OUTREACH

24. Was any outreach or public education conducted to promote the availability of [the non-ELE policy of interest] to families in your state? Please describe that for us. How recently was this? Was there any particular focus on simplified procedures for applying?

25. Why do you think the remaining eligible, uninsured children haven't yet enrolled into coverage?

26. Setting [the non-ELE policy of interest] aside for a minute, do you conduct outreach at your organization? If so,

- Can you describe your outreach activities?

    o Do you target special populations?
    o How is your agency funded to do outreach – do you receive state support?
    o Has funding for outreach been a problem in recent years? How has your agency dealt with funding challenges?

- During outreach efforts, have you seen any effects of [the non-ELE policy of interest] implementation?
- Have outreach strategies at your agency changed as a result of [the non-ELE policy of interest]implementation? If so, how?

27. Did your state receive any CHIPRA outreach grants, or other federal grants to support outreach for children's coverage? If so, please describe. Are you involved in a CHIPRA outreach grant project?

V. OUTCOMES AND EFFECTS OF THE NON-ELE PROGRAM

Next, I'd like to discuss some of the outcomes of [the non-ELE policy of interest] implementation on enrollment and possible effects on your agency.

A. Medicaid/Chip Enrollment

28. Do you have a sense of how many children have been enrolled into Medicaid/CHIP via [the non-ELE policy of interest] in your state? What about in your county?

    Probes:
    - Is this higher or lower than expected?
    - How do you track [the non-ELE policy of interest] enrollment?

29. How would you characterize these children enrolling through [the non-ELE policy of interest]? Are they children who have previously been enrolled in Medicaid/CHIP, or are they "new" children without previous experience on the program?

B. Organization-Level

30. Some have described [the non-ELE policy of interest] as involving a major culture change for eligibility determination and enrollment. Do you think that's true? If so:

    Probes:
    - How did state officials help people make this change? (Was there any formal training or technical assistance to change county-level business processes?)
    - How effective were such efforts?
    - Is more work along these lines still needed, in your opinion? What else, if anything, do you think the state should do?

31. What other kinds of organizational changes have occurred as a result of [the non-ELE policy of interest] implementation?

    Probes:
    - Have you had staffing changes?
    - Have you had to conduct additional staff trainings?
    - Have you had to other make any changes to your IT systems or business processes?

32. Has the implementation of [the non-ELE policy of interest] allowed you to shift resources to other efforts?

VI.   PRESUMPTIVE ELIGIBILITY

Use this section for providers doing presumptive eligibility

33. How do you feel the presumptive eligibility policy works in your state?

    - Can you describe what you do to establish presumptive eligibility?

    - Has your role as a presumptive eligibility provider fit well with your agency's traditional functions?

- Is the process going smoothly, or do you find it difficult to conduct this function on top of your other responsibilities?

- Are you compensated sufficiently to continue conducting presumptive eligibility?

- How well has the referral process worked? Do most families follow-up their receipt of presumptive eligibility with formal applications for full CHIP/Medicaid eligibility?

- With all the other strategies being implemented to facilitate families' enrollment of children into CHIP/Medicaid (e.g., such as mail-in applications and community-based application assistors), do you see added benefits of having presumptive eligibility, as well? Or is presumptive eligibility somewhat redundant, given the other strategies that are in place?

- Has presumptive eligibility made life easier for applicants and boosted enrollment?

VII. LESSONS LEARNED AND BEST PRACTICES

34. What do you think worked well in implementing [non-ELE policy of interest]? What were the best planning or policy decisions you think your state made?

35. Given what you know today, what do you think the state should have done differently? What might have made adoption and implementation smoother at the county/local level?

36. What would you tell policymakers in other states who are considering implementing this policy?

    Probes:
    - What are the advantages of the strategy?
    - Are there any disadvantages?
    - What have been your greatest challenges at the local level, and how have you overcome them?

37. What barriers to eligibility/enrollment and renewal remain for Medicaid/CHIP clients, and how might these be overcome?