### Please view this document in Web Layout mode (Web Layout button on the View Ribbon)

### B. Application and Enrollment Simplifications

8. States have undertaken a number of application and enrollment simplifications in the past few years. If you have examined your data or done formal analyses to assess the impact of any enrollment simplifications enacted in your state, **how effective have these changes been?**

|  | **How effective have your state’s simplifications been at improving:** |
| --- | --- |
| **Simplification** | **Medicaid Enrollment** | **CHIP Enrollment** | **Administrative Efficiency or Cost Savings** |
| a. Elimination of face-to-face interview |  |  |  |
| b. Elimination or liberalization of asset test |  |  |  |
| c. Elimination or reduction in premiums |  |  |  |
| d. Joint Medicaid/CHIP application form |  |  |  |
| e. Reduced or eliminated income documentation |  |  |  |
| f. Using the Social Security Administration database for citizenship verification  |  |  |  |
| g. Acceptance of electronic applications |  |  |  |
| h. Acceptance of scanned documentation |  |  |  |
| i. Presumptive eligibility |  |  |  |
| j. Express lane eligibility |  |  |  |
| k. Expansion of coverage for parents (did covering more parents help you enroll more children?) |  |  |  |
| l. Increasing consistency between parent and child eligibility and enrollment policies  |  |  |  |
| m. Other:        |  |  |  |

13. If you have submitted a SPA for ELE **for Medicaid**, please answer the following questions about it.

|  |  |
| --- | --- |
|  | **Medicaid** |
| a. Is your ELE SPA for enrollment, renewal, or both? |  |
| b. Which program(s) do you use or do you intend to use for ELE? (**Please select all that apply**) | [ ]  SNAP[x]  Tax information[ ]  WIC[ ]  NSLP[ ]  Other:       |
| c. Do you intend to auto-enroll children through ELE, or will more information be required? |        |

16. If you have submitted a SPA for ELE **for CHIP,** please answer the following questions about it.

|  |  |
| --- | --- |
|  | **CHIP** |
| a. Is your ELE SPA for enrollment, renewal, or both? |  |
| b. Which program(s) do you use or do you intend to use for ELE? (**Please select all that apply**) | [x]  SNAP[ ]  Tax information[ ]  WIC[ ]  NSLP[x]  Other: This is a test sdfs sdf sdfasdfsdfsdaf sdaf sdaf dfdfg df gdf ghghjhjk hj khjk hjk ghjk |
| c. Do you intend to auto-enroll children through ELE, or will more information be required? |        |