

51-State Survey Recruiting Letter

1. Email to State Medicaid and CHIP Directors Transmitting Survey Instrument {URL Link and paper copy attached}

Dear <State Medicaid or CHIP Director>:

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) directed the Secretary of the US Department of Health and Human Services (HHS) to conduct a comprehensive, independent evaluation of states' implementation of the Express Lane Eligibility (ELE) provision in the Act and to submit a report of findings to Congress by September 30, 2012. The evaluation must address both the cost effectiveness and efficacy of ELE programs and in addition outreach and simplified enrollment activities in states that have chosen not to implement ELE programs.

The evaluation is being conducted for HHS by a team comprised of Mathematica Policy Research, the Urban Institute and Health Management Associates (HMA). As a part of the overall evaluation effort, HMA is conducting a survey of state Medicaid and CHIP programs to better understand the impact of activities to enroll and retain eligible children in Medicaid and CHIP.

I am pleased to invite you to participate in the survey here: [INSERT URL].

We have tried to make the survey instrument as easy as possible for you. These suggestions may be helpful:

1. Responses can be entered in any shaded area.
2. You can use the tab key to move forward, shift-tab to move backward or click on any shaded area.
3. To make an X in a check box, tab to the box and left-click on the mouse, or hit the space bar. Clicking on the mouse or hitting the space bar a second time will remove the check. You can tab past the box if a check is not required.
4. Text of any length can be entered in a text box. To start a new line within a text box, hold down the shift key and press return.

If you would prefer to complete a paper version of the instrument, I am attaching that also, but please be advised that it is easier to complete the online version because it will skip to the appropriate follow-up questions automatically. **If you do complete the paper version, a copy of the consent form that starts on page 1 must be signed and submitted by each person completing the survey or a section of the survey.** If you choose to complete the attached paper version, please print, complete, scan and send it by email to the lead investigator, Jennifer Edwards, at jedwards@healthmanagement.com or by fax at (866) 328-6201, along with the signed consent form(s). If you have questions about or difficulty with the survey instrument, please do not hesitate to email Jennifer or call her at 212-575-5929.

Your participation in the survey is voluntary but it would be an important contribution to the study. We are aware that you are asked to complete several surveys and reports for the federal government each year and we are most grateful for your participation in this data collection effort. We have made every effort not to solicit information you have been asked to provide through other federal requests.

Thank you very much for your valuable contribution to this important evaluation effort.

Sincerely,
Vernon K. Smith, PhD
Managing Principal
Health Management Associates