

State Health Reform Assistance Network

Charting the Road to Coverage

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Express Lane Eligibility State Profiles

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ABOUT STATE NETWORK

State Health Reform Assistance Network, a program of the Robert Wood Johnson Foundation, provides in-depth technical support to states to maximize coverage gains as they implement key provisions of the Affordable Care Act. The program is managed by the Woodrow Wilson School of Public and International Affairs at Princeton University. For more information, visit www.statenetwork.org.

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Alabama: Express Lane Eligibility through SNAP and TANF

The Alabama Medicaid Agency partners with the Department of Human Resources (DHR) to use the state’s Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) program as Express Lane Agencies (ELA) to determine Medicaid eligibility for children. Alabama began its phased ELE implementation in 2009 with Medicaid renewals, and then initial applications for children. It is also the first state to use ELE for adults having implemented the strategy using SNAP to determine initial and renewal eligibility for its Family Planning program, Plan First, in May 2012.

How it Works¹

- Step 1.** The individual submits an application or a renewal form, which asks whether he or she receives SNAP and requests the SNAP case number.
- Step 2.** The Medicaid agency checks if the individual is active on SNAP. If not, TANF is checked. If the individual is active on SNAP or TANF an ELE indicator is put on the file and no verification of income is required.
- Step 3.** The Medicaid agency verifies citizenship, and identity (if the person is new to the system), and then the individual is enrolled in coverage.

Looking Ahead

Alabama’s ultimate goal in future phases of implementation is to upgrade eligibility systems to support automatic enrollment and renewal through ELE. The state will then add a check box to the SNAP and TANF application where an applicant can indicate that he or she wants to be enrolled in Medicaid if determined eligible for SNAP or TANF.

Lessons Learned

- **Retention improved:** Using ELE to renew coverage for those active in SNAP or TANF has reduced the documentation burden on both families and the state and has prevented many children eligible for Medicaid from losing coverage due to paperwork issues.
- **Culture change:** Initially some frontline Medicaid staff had difficulty accepting SNAP determinations as sufficient to show eligibility for Medicaid. However, when they realized how much more could be accomplished using ELE, the new process was accepted.

AL’s Medicaid and CHIP Eligibility Basics	
Eligibility Levels	Medicaid covers children ages 0-5 with income up to 133% of the federal poverty level (FPL), and those ages 6-19 with income up to 100% of FPL. Separate CHIP covers children up to 300% of FPL. Plan First, AL’s Medicaid Family Planning program, covers women age 19 – 55 with income at or below 133% of FPL
Delivery Model	Medicaid services are delivered through a fee-for-service model with PCCM and CHIP uses fee-for service as well.
Eligibility Processing	Medicaid and CHIP eligibility is determined by separate agencies. CHIP uses self-declaration to determine income, and does not participate in ELE.

¹ AL uses ELE for initial applications the same way for children and Plan First women; AL is not currently using ELE to renew Plan First coverage, but is planning to do so soon.

Georgia: Express Lane Eligibility through WIC

The Georgia Department of Community Health (DCH) administers the Medicaid and PeachCare for Kids® (S-CHIP) programs. DCH partners with the Department of Public Health (DPH), which administers the Special Supplemental Nutrition Program for Women and Children (WIC), as an Express Lane Agency (ELA) to enroll eligible children in Medicaid and CHIP. ELE was implemented in April 2011.

How it Works

- Step 1.** WIC staff completes the WIC application with client, keying basic information into the reporting system. If client's child is uninsured and gives consent to share information, it is electronically sent to the PeachCare for Kids eligibility vendor.
- Step 2.** The PeachCare for Kids vendor screens information provided by the WIC agency to determine if the child is eligible for PeachCare for Kids. If the child is not eligible, he/she is screened for Medicaid. The PeachCare for Kids Program staff sends potential Medicaid eligibility files to the State's Medicaid Outreach group, Right from the Start Medicaid (RSM) Outreach Project.
- Step 3.** PeachCare for Kids and RSM staffs collect and verify additional information not included in the WIC referral that is necessary to make a health coverage determination; information may include citizenship and household composition.

Results of using ELE

Using the information provided by WIC to do initial screenings for Medicaid and CHIP has reduced processing time to less than 10 days and has increased enrollment.

Lessons Learned

- **Gaps in integrated systems:** Although Georgia's Medicaid eligibility system is integrated with other human service programs, 35% of the children enrolled in Medicaid through ELE with WIC were already enrolled in SNAP or TANF.
- **Sharing data:** The biggest challenges were establishing interagency data sharing agreements and ensuring the files transfers were compatible with the different eligibility systems.
- **Notices:** Even though parents are providing consent to the WIC program to share their data with the Medicaid and PeachCare for Kids programs, they do not always understand the follow up contacts from the programs.

GA's Medicaid and CHIP Eligibility Basics	
Eligibility Levels	PeachCare for Kids (S-CHIP) covers children up to 235% of the federal poverty level (FPL). The Medicaid program covers children age 6 years and above with income above 100% of FPL. The PeachCare for Kids program charges premiums for children age 6 and up.
Delivery Model	Managed care organizations deliver Georgia's public health coverage services.
Eligibility Processing	The Department of Human Services (DHS) administers integrated eligibility for Medicaid, SNAP, TANF and child care. PeachCare for Kids is administered by a private vendor.

Iowa: Express Lane Eligibility Two Ways

Iowa's Department of Human Services administers Medicaid and a separate CHIP program known as Hawk-i. Both use Express Lane Eligibility (ELE) differently. Medicaid uses the state's Supplemental Nutrition Assistance Program (SNAP) as an Express Lane Agency (ELA) for enrolling eligible children. Hawk-i uses Medicaid as an ELA to ensure children with increases in family income are seamlessly transitioned to CHIP coverage eliminating paperwork transfers between the programs.

How it Works using SNAP

- Step 1.** When the household applies for and is approved for SNAP, the system identifies children in the household who are not on Medicaid and haven't been in the previous two months.
- Step 2.** The system generates a letter explaining the data match process, requests information about other medical insurance and seeks affirmation that the parent wants to enroll the child in Medicaid. The parent must sign and send the letter back within 30 days to enroll the child in Medicaid.
- Step 3.** Once Medicaid receives the letter, an eligibility worker enrolls the child in Medicaid, and then verifies citizenship using an automated match with the Social Security Administration (SSA). If citizenship cannot be verified through SSA, the family has a reasonable opportunity period of 90 days to provide proof of citizenship or the child is disenrolled.

Lessons Learned

- **Performance bonus and enrollment as motivator:** State legislators interested in obtaining a CHIPRA performance bonus helped to make ELE using SNAP data a priority for making system improvements needed to support the strategy.
- **Low response rate:** Approximately 14 percent of letters sent to families seeking affirmation to enroll children in Medicaid are returned to the state. Program administrators are evaluating possible reasons for this. In the past, a possible deterrent has been the referral of children with an absent parent to child support enforcement. The state has since modified its interpretation of the child support law, so now the referral to child support appears as an option on the application. Other possibilities may be that the children have other insurance.

IA's Medicaid and CHIP Eligibility Basics

Eligibility Levels	Medicaid and CHIP cover children up to 300% of the federal poverty level (FPL); families with income between 150% - 300% of the FPL are charged premiums for hawk-i.
Delivery Model	Medicaid uses fee-for-service or a primary care case management system. CHIP services are delivered through capitated commercial managed care plans.
Eligibility Processing	Medicaid eligibility is processed within the Department of Human Services. Over half of applications are submitted on line. CHIP eligibility is processed separately from Medicaid by a contracted third party administrator (TPA).

How it Works Transitioning Children between Medicaid to CHIP

- Step 1.** Whether for an initial application or renewal for Medicaid, the system directs the caseworker to electronically refer families who are ineligible for Medicaid due to income to Hawk-i. Upon hitting the referral key the system populates demographic information, including income, presence of other insurance and citizenship verification, into an electronic form that is sent to Hawk-i. The Medicaid cancellation notice informs the parent that the child has been referred to Hawk-i and provides a referral number and customer service number.
- Step 2.** Hawk-i's third party administrator (TPA) treats the referral as an application for the CHIP program and accepts the income determination, household composition and citizenship verification from Medicaid. If the parent is self-employed, the TPA will adjust the family income to allow a deduction for depreciation of business equipment that is not allowed in Medicaid.
- Step 3.** If eligible for Hawk-i, the child is enrolled without additional processing. The parent is sent a notification letter that asks him/her to choose a plan within ten days or the child will be auto-enrolled into one. Hawk-i waives the first two months of premiums following enrollment to allow time for the parent to adjust to the program.

Looking Ahead

Iowa is developing an integrated eligibility system for 2014 that will determine eligibility for multiple health programs as well as for SNAP and TANF. Once that is in place, state administrators expect worker initiated referrals from Medicaid to CHIP will no longer be necessary as the transition between programs will be automated.

Lessons Learned

- **Increased referrals to CHIP:** Monthly referrals from Medicaid to Hawk-i jumped from about 200 to over 800, with referral averaging over 900 per month in this fiscal year.
- **Reduction in churn:** Prior to the electronic referral transitioning children between Medicaid and Hawk-i was done by transferring paper between the programs, which could result in children losing coverage for a month or more. The electronic system facilitates children moving seamlessly between the programs without losing coverage.
- **Online application is a key component:** Hawk-i's online application facilitates the transfer of data from Medicaid, without it Hawk-i would not have the capability to accept the eligibility data electronically.
- **Positive staff response:** Some Medicaid eligibility workers were initially concerned that the referral process would require additional work. However, the electronic referrals were quickly embraced because it takes less than two minutes to transition a case from Medicaid to Hawk-i.

Louisiana: Express Lane Eligibility through SNAP

The Louisiana Department of Health and Hospitals (DHH) administers Medicaid and the state’s combination Medicaid expansion and separate CHIP programs. In February 2010, Louisiana became the first state to implement Express Lane Eligibility (ELE). DHH partners with the Department of Children and Family Services (DCFS) to use SNAP eligibility determinations to automatically enroll and renew children’s Medicaid coverage.

How it Works

Initial Enrollment

- Step 1.** SNAP applications contain a box families can check if they want their child to be considered for Medicaid. If the box is checked and the worker has determined the child eligible for SNAP, the worker marks a field within the DCFS eligibility system that initiates an interface with Medicaid’s eligibility system. These children are automatically added to the Medicaid system overnight.
- Step 2.** If there is an error caused by mismatched information between the SNAP and Medicaid systems, the child’s eligibility must be manually reviewed.
- Step 3.** Once the child is electronically certified, a notice is automatically sent to the family. The child’s citizenship is then verified through a nightly data match with the Social Security Administration.

Renewals

- Step 1.** Children due to renew Medicaid eligibility are electronically matched with the DCFS eligibility system. If a child (18 years old and under) has an active SNAP case Medicaid coverage is automatically renewed for 12 months and a notice is sent to the family.

Lessons Learned

- **Automating enrollment requires shared commitment:** Multiple systems changes were needed to support automatic enrollment through ELE, which required resources from DHH and DCFS. Prioritizing these changes required a commitment to enrolling and retaining eligible children from both agencies.
- **Simple, straightforward communication is essential:** Obtaining consent through a check box on a SNAP application needs to be conveyed in a clear and easily understandable way to encourage the applicant to allow their data to be shared. Similarly, correspondence explaining that a child’s Medicaid renewal has already been completed needs to be clear and understandable to a parent.

LA’s Medicaid and CHIP Eligibility Basics	
Eligibility Levels	Medicaid and CHIP cover children up to 250% of the federal poverty level (FPL). Families with income over 200% of the FPL pay monthly premiums.
Delivery Model	Managed care organizations deliver Louisiana’s Medicaid and Medicaid expansion CHIP services. Louisiana’s separate CHIP services are delivered through a PPO.
Eligibility Processing	Medicaid and CHIP eligibility is primarily determined at the Parish, or local, level.

Massachusetts: Express Lane Eligibility through SNAP

The Massachusetts Executive Office of Health and Human Services (EOHHS) administers the state Medicaid and combination (Medicaid expansion and separate) CHIP programs, which are known as MassHealth. Although not yet implemented, EOHHS plans to design and operate ELE using the state’s Supplemental Nutrition Assistance Program (SNAP) eligibility data to determine renewals for families eligible for MassHealth. In December 2011, the state received approval to use ELE for adults through its 1115 demonstration waiver. In August 2012, Massachusetts received approval through a State Plan Amendment (SPA) to use ELE for its Medicaid and Medicaid expansion CHIP program and is waiting for SPA approval to use the strategy for its separate CHIP program. MassHealth’s eligibility system is based on households, not individuals, so the state must use ELE for the entire family.

How it is Anticipated to Work

- Step 1.** Households with children and income verified by MassHealth at 150 percent of FPL or lower due to renew their MassHealth coverage will be automatically screened against the state’s SNAP database.
- Step 2.** If the entire MassHealth household, including both children and parent(s), are receiving SNAP benefits with SNAP-verified income of 180 percent of FPL or lower² their MassHealth eligibility will be renewed.
- Step 3.** The system will generate and send a letter explaining the data matching process and sharing the determination. Families will be given the option to go through a regular redetermination process if they suspect an error.

Anticipated Results

EOHHS has determined there are approximately 140,000 individuals or 44,000 households that will meet the criteria for ELE. Using ELE to automatically renew these families’ coverage will reduce the workload for MassHealth eligibility staff, reduce paperwork and simplify the process for families.

Early Lessons Learned

- **Prioritizing policy changes:** Massachusetts’ officials prioritized policy and system changes needed to support ELE because of its expected workload reductions, improvement to the member experience, and its longstanding commitment to universal health coverage.

MA’s Medicaid and CHIP Eligibility Basics	
Eligibility Levels	Medicaid and CHIP cover children up to 300% of the federal poverty level (FPL). Medicaid covers parents with income up to 133% of FPL. Commonwealth Care covers parents with income 133% of FPL - 300% of FPL requiring a sliding fee scale and increased cost sharing for individuals with higher incomes.
Delivery Model	Managed care organizations, a state-operated primary care case management plan, and fee-for-service programs deliver Massachusetts’s public health coverage services.
Eligibility Processing	Medicaid and CHIP eligibility is centrally processed.

² 30 percentage points higher than the highest Medicaid income threshold for a child, as allowed under the screen and enroll provision of Express Lane in CHIPRA.

New Jersey: Express Lane Eligibility Two Ways

The New Jersey Department of Human Services (DHS) administers the state Medicaid and combination (Medicaid expansion and separate) CHIP programs, which are known as NJ FamilyCare. New Jersey operates two Express Lane Eligibility (ELE) initiatives. The first began in 2009, after the state mandated all children be covered by insurance and required that any state agency that interfaces with children or families had to work together to cover eligible children in NJ FamilyCare. As a result, the New Jersey Division of Taxation became an Express Lane Agency (ELA) to identify uninsured, eligible children. In May 2011, the National School Lunch Program (NSLP) also became an ELA to simplify enrollment for children in NJ FamilyCare.

How it Works with the Division of Taxation

- Step 1.** The state income tax form includes a check box asking whether any dependents in the household are uninsured. The households that check “yes” are compiled into a file that the Division of Taxation sends to DHS’s statewide eligibility processing vendor.
- Step 2.** The vendor matches the list against those already receiving NJ FamilyCare to be sure the child is not already enrolled in the program. The remaining families are sent a half-page Express Lane application requesting the uninsured child’s name, social security number, citizenship status, and the parent’s permission to access tax information to determine income eligibility. The application also asks the parent to select a managed care plan for the child.
- Step 3.** The Division of Taxation sends the NJ FamilyCare vendor a weekly batch providing the adjusted gross income of those households that returned express lane applications. The vendor determines eligibility for NJ FamilyCare based on this information, electronically verifies citizenship and identity, and notifies the family of the outcome.

Lessons Learned

- **Handling confidential tax information:** NJ’s Division of Taxation was initially hesitant to share families’ income tax data due to confidentiality concerns. The issue was resolved by including an explicit request for permission to use tax information on the shortened ELE application and by requiring NJ FamilyCare vendor staff sign confidentiality agreements.
- **Best for households with steady income:** The ELE application explains that the most recent income tax returns are used to determine eligibility and provides a telephone number for families whose income has changed to access the traditional application instead.

NJ’s Medicaid and CHIP Eligibility Basics

Eligibility Levels	Medicaid and CHIP cover children up to 350% of the federal poverty level (FPL); those with income between 200% - 350% of the FPL are charged premiums on a sliding scale according to their family income.
Delivery Model	Managed care organizations deliver NJ FamilyCare services.
Eligibility Processing	All ELE applications are processed centrally by a state vendor. Other NJ FamilyCare applications are processed at the county level or state vendor, depending on income.

How it Works with the School Lunch Program

- Step 1.** New Jersey schools ask parents to complete an emergency card each school year, which at the request of DHS includes a question about whether or not a child has health insurance. At the same time, the state Department of Agriculture that administers the school lunch program sends parents a notice allowing them to opt out of having their children's school lunch status disclosed to DHS to be used for NJ FamilyCare determinations.
- Step 2.** The school district provides NJ FamilyCare a list of children who are uninsured or whose health insurance status is unknown, and their school lunch program status. NJ FamilyCare uses a third party liability vendor to identify, if possible, the insurance status of children in the unknown group.
- Step 3.** NJ FamilyCare has two versions of a coded ELE application similar to the one used for the ELE tax application. The school lunch ELE application is also a half-page, but does not ask for citizenship information since the school lunch program has already determined it. Children receiving free school lunch are sent an ELE application that NJ FamilyCare uses to temporarily enroll them in Medicaid and children receiving reduced school lunch are sent an ELE application that temporarily enrolls them in CHIP.
- Step 4.** NJ FamilyCare then verifies the family's income using various electronic sources, i.e. state income tax data, State Verification Exchange System (SVES data, and the Department of Labor's Wage Reporting System (WAGES) to ensure the child was correctly enrolled in Medicaid or CHIP. The family then receives a determination letter.

Results of Using ELE

Returned ELE applications for both the tax and the school lunch programs have not been as high as hoped. Two thousand children have been enrolled through the school lunch program with half of school districts participating. DHS is working on increasing the participation of school districts. When the shortened applications are returned, ELE significantly speeds up processing time resulting in enrollment in 3 – 5 days. Another benefit of New Jersey's ELE experience is the simplification and the streamlining of the eligibility process will serve NJ FamilyCare staff well in 2014.

Lessons Learned

- **Governor's leadership:** Cooperation of the State Departments of Education, Agriculture and Taxation, whose missions do not involve enrolling children in health coverage, was enhanced by clear communication from the Governor in 2008 that enrolling children was a priority for the entire cabinet.
- **Institutionalizing partnerships:** While NJ FamilyCare had existing, but limited partnerships with the Division of Taxation and school districts, ELE allowed DHS to add more structure to the working relationships through enhanced agreements with State Departments and systematic data sharing.

New York: Express Lane Eligibility to Transition from Separate CHIP to Medicaid

New York's Department of Health (DOH) administers the state's separate CHIP program, Child Health Plus (CHPlus), and is responsible for overseeing Medicaid although Medicaid eligibility determinations are made by county Department of Social Service offices. In November 2011, DOH raised Medicaid income eligibility for children, ages 6-19, from 100 percent of the federal poverty level (FPL) to 133 percent of the FPL. To ease the transition for these children from CHIP to Medicaid and to simplify the transition process overall, the state implemented Express Lane Eligibility (ELE) using the income information from the CHIP program to enroll the child in Medicaid effective with CHPlus renewals on or after May 1, 2012.

How it Works

Step 1. When the child is scheduled to renew CHIP coverage, the parent submits a CHPlus renewal form with either income documentation or an attestation of income and social security numbers of the wage earners to the managed care health plan.³ If the plan finds the child ineligible for CHIP because family income is too low, it will code the case as ELE and submit it to the appropriate Medicaid District office. (Transactions in New York City are electronic and paper based in the rest of the state.)

The Medicaid office accepts the CHIP attestation of income and other eligibility criteria. If necessary, the Medicaid office may request citizenship/immigration information for the child from the CHIP health plan.

Step 2. During data exchange between programs, the child is temporarily re-enrolled in CHIP until Medicaid coverage becomes effective. This keeps the child from losing coverage during the transition. Children are enrolled in their same managed care plan, unless that plan does not participate in Medicaid. In this case, the child is auto-enrolled in the plan with the closest or overlapping network of providers and allowed 90 days to switch plans.

Early Lessons Learned

- **Retention improved:** Using ELE to transition children between Medicaid and CHIP is expected to improve retention, minimizing the chance for a child to experience a gap in coverage at renewal.

NY's Medicaid and CHIP Eligibility Basics	
Eligibility Levels	Medicaid and separate CHIP covers children up to 400% of the FPL. Families with income between 160%– 400% of the FPL are charged premiums based on their income.
Delivery Model	Medicaid and CHIP services are delivered primarily by managed care plans.
Eligibility Processing	58 local Departments of Social Services manage Medicaid eligibility. Separate CHIP eligibility is administered by 18 managed care health plans throughout the state.

³ New York DOH uses its managed care plans to facilitate renewals in an effort to promote continuity of coverage.

Oregon: Express Lane Eligibility through SNAP

The Oregon Health Authority (OHA), which administers Medicaid and CHIP, partners with the Department of Human Services (DHS) Division of Children, Adults and Families to use the state's Supplemental Nutrition Assistance Program (SNAP) as an Express Lane Agency for enrolling eligible children in Medicaid and CHIP. ELE was implemented in August 2010.

How it Works

- Step 1.** In a monthly batch, the eligibility system identifies children enrolled in SNAP with income at or below 166 percent FPL that are not enrolled in Medicaid.
- Step 2.** A streamlined application, pre-populated with eligibility criteria drawn from SNAP, is sent to families the system identifies. The application asks about other health insurance and requires a signature to obtain consent to enroll the child in health coverage.
- Step 3.** The Medicaid agency determines citizenship, but accepts the SNAP eligibility determination and does not re-verify income or household composition.

Plans to Expand

After a year and a half of planning, in April 2012 Oregon began piloting ELE in five school districts using the National School Lunch Program (NSLP). OHA works with the districts to collect and analyze their NSLP data to identify children not enrolled in health coverage and sends them the streamlined application.

Lessons Learned

- **Time saved:** ELE saves field office staff time. Medicaid applications take longer to process than SNAP applications, so ELE saves time and resolves a barrier to enrollment.
- **Gaps in integrated systems:** Even with fairly integrated eligibility systems among human service programs, Oregon has enrolled approximately 8,000 children in health coverage. These children were already enrolled in SNAP and eligible, but not enrolled in public health coverage.
- **Sharing data:** The biggest challenge has been sharing data in a compatible format between different eligibility systems. This took much longer when partnering with NSLP than SNAP.
- **School district engagement:** Working with schools holds promise, but variability among different districts makes establishing and maintaining relationships very important.

OR's Medicaid and CHIP Eligibility Basics

Eligibility Levels	Medicaid and CHIP cover children up to 300% of the federal poverty level (FPL); those between 200% - 300% of FPL are charged premiums.
Delivery Model	Managed care organizations deliver Oregon's public health coverage services and the state is currently rolling out Regional Care Coordination Organizations.
Eligibility Processing	Medical only applications (about 1/3 of all applications submitted) are processed at an OHA center. DHS field offices process the combined human service applications (about 2/3 of all applications submitted).

South Carolina: Express Lane Eligibility through SNAP and TANF

The South Carolina Department of Health and Human Services (DHHS) administers Medicaid and the Medicaid expansion CHIP program. In April 2011, DHHS began using SNAP and TANF eligibility determinations made by the state's Department of Social Services (DSS) to automatically renew children's Medicaid and CHIP coverage.

How it Works

- Step 1.** On a monthly basis, DHHS and DSS run a data match of children receiving TANF or SNAP benefits and those children that are up for Medicaid renewal.
- Step 2.** The children with active TANF or SNAP cases that are up for Medicaid renewal are automatically renewed in Medicaid for the following 12 months.
- Step 3.** The children without active TANF or SNAP cases are sent to a caseworker for manual processing.

Using Data to Track Results

When evaluating whether to implement ELE, DHHS determined that 64 percent of the 140,000 children that became ineligible for a day or more as a result of not completing the renewal process were re-enrolled in Medicaid within the first year. Enrollment data indicate the average lapse in coverage was 1.4 months, with most children returning within the first month. Using ELE has increased retention by automatically renewing an average of 9,200 children per month. The state has not seen a rise in costs because most Medicaid claims are retroactively covered for 90 days regardless of ELE. In addition, South Carolina was awarded a \$2.3 million CHIPRA performance bonus.

Looking ahead

The state is interested in using ELE for initial enrollment to streamline the process for children eligible, but not enrolled. Administrators expect this will assist the state in responding to the increased enrollment likely to occur as a result of the Affordable Care Act in 2014.

Lessons Learned

- **Use data for decision-making and planning:** Understanding the extent to which children were losing and re-enrolling in Medicaid made the decision to implement ELE clearer and assisted in planning and design for the state's ELE strategy.
- **Saves time:** The state's automatic ELE renewal saves approximately 50,000 hours of staff time each year.

SC's Medicaid and CHIP Eligibility Basics

Eligibility Levels	Medicaid and CHIP cover children up to 200% of the federal poverty level (FPL)
Delivery Model	Managed care organizations deliver South Carolina's Medicaid and CHIP services.
Eligibility Processing	Applications are taken and eligibility for Medicaid and CHIP is determined by Department of Health and Human Services in local eligibility offices in each county of the state.