



National Center for Benefits Outreach and Enrollment

Helping Seniors and Adults with Disabilities Access Benefits

Express Lane Eligibility

New Strategies for Increasing Enrollment

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www.CenterforBenefits.org

What is Express Lane Eligibility?

Having gained prominence recently as a result of its inclusion in the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Express Lane Eligibility refers broadly to the ability to help make eligibility determinations for public assistance programs based on information provided through other government programs or agencies. The term is used to describe a variety of activities, such as:

- **Identification**—the process of identifying people in one program who may be eligible for another;
- **Information sharing**—data submitted to determine eligibility for one program is used to determine or retain eligibility for another;
- **Deeming or auto-enrollment**—individuals enrolled in one program can be deemed eligible and enrolled in another program.

The term Express Lane Eligibility (ELE) is used most commonly in connection with efforts to help children enroll in public health insurance programs. In California, where the Express Lane activities have linked the National School Lunch Program (NSLP) with public health insurance programs for children since 2002, the term is particularly popular. With their parents’ consent, children eligible for free lunch qualify for two months of presumptive eligibility for public insurance (Medi-Cal or Healthy Families, the state’s Medicaid and State Children’s Health Insurance Program (SCHIP)) and then must complete the application process to retain coverage.

Express Lane Eligibility was included in the CHIPRA legislation as one of eight eligibility simplification measures that states can adopt to qualify for performance bonus payments if they enroll uninsured children who are already eligible for Medicaid. Louisiana is one of the first states to develop ELE procedures in response to CHIPRA with plans to

use data from the Supplemental Nutrition Assistance Program (SNAP)¹ and Child Care Assistance programs to identify and enroll children eligible for public health insurance. They, like other states, are waiting for further guidance from Centers for Medicare & Medicaid Services (CMS) on exactly how Express Lane activities can be implemented.

Other benefit programs also use Express Lane strategies to increase enrollment. Since 1989, agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) have been allowed to base eligibility for WIC benefits on applicants’ documented participation in the Medicaid, SNAP, or Temporary Aid for Needy Families (TANF) programs. In the WIC program this is called “adjunctive eligibility.”

Practical considerations for Express Lane Eligibility in programs for older adults

Although the term Express Lane Eligibility is rarely used to refer to programs for older adults and younger adults with disabilities, Express Lane activities do figure prominently in some programs, and there is great potential for even more activity. Strategies that have been used to expand health insurance coverage for children can be adapted and used to increase enrollment in benefit programs geared to the older populations and those with disabilities. Experience to date suggests that certain design features can help ensure that the efforts are effective, however.

Link programs with similar eligibility rules

Express Lane Eligibility is most likely to succeed when programs have similar financial eligibility thresholds and use similar methods to make eligibility determinations. Several strategies can be used to achieve this:

¹ *The name of the Food Stamp Program was changed to the Supplemental Nutrition Assistance Program (SNAP) when the program was reauthorized in 2008.*

- ***Linking programs that already have compatible rules:*** For example, it is logical to link the School Lunch Program with public health insurance for children because families that qualify for free lunches are also likely to qualify for the insurance programs. Similarly, older adults who qualify for SNAP benefits will likely be eligible for the benefits available to low-income Medicare beneficiaries.
- ***Aligning eligibility rules more closely:*** This poses a particular challenge in programs for older adults and younger people with disabilities that have resource as well as income limits and therefore more potential for differences in eligibility rules. In an effort to align the Medicare Savings Programs (MSP) and Medicare Part D Low-Income Subsidy (LIS) more closely, Congress passed legislation in 2008 to increase the resource limits for MSP to the level for those who receive the full LIS. Eight states already have modified MSP eligibility rules to effectively eliminate resource limits for some or all of the MSPs and others have disregarded certain sources of income or resources in making eligibility determinations. Maine and Vermont also use the same eligibility criteria for their MSP and State Pharmacy Assistance Programs.² These options are currently available to all states.
- ***Using eligibility for programs with rules that are similar, but not exactly the same as a basis for ELE:*** CHIPRA permits eligibility for children's health insurance to be granted based on determinations of other public agencies even if there are technical differences in the methodologies used to count income. This strategy is used already in some benefit programs for older adults and younger people with disabilities. Individuals who qualify for Supplemental Security Income (SSI) benefits automatically receive Medicaid coverage in

most states as well. Eligibility for the LIS is automatic for beneficiaries who already are enrolled in SSI, Medicaid, or MSP programs. This applies to MSP beneficiaries even if they reside in states with eligibility rules that are more generous than federal MSP rules. And the strict citizenship documentation requirements for Medicaid applicants are less onerous for Medicare beneficiaries than for other groups because citizenship is assumed by virtue of their participation in Medicare. Older adults and younger people with disabilities could benefit from closer links among other programs as well. The relationship between SNAP and Medicaid is well established in a number of states, particularly in states where the two programs share a common administrative system and the same agency makes eligibility determinations for both programs. Thus it is logical to consider how a computer search to identify all individuals over 65 enrolled in SNAP, but not receiving MSP benefits could be initiated; those who qualify will also automatically be eligible for the LIS.

Use a one-step process

Ideally, information available from one program will be sufficient to determine eligibility for others. If this is not the case and more information or activity is required, it will be important to be sure that applicants understand at the start exactly what is required to complete an application. One reason that Express Lane Eligibility enrollment rates are lower than anticipated in California is that families have to submit additional documents to retain coverage after a period of "presumptive eligibility." Many families that enroll initially do not take the second step to complete the application process.³

A provision in the Medicare Improvements for Patients and Providers Act (MIPPA) requires that beginning in January 2010 the Social Security Administration—with the consent of LIS appli-

² These states are: Alabama, Arizona, Connecticut, Delaware, Maine, Mississippi, New York and Vermont.

³ Victoria Wachino and Alice M. Weiss, *Maximizing Kids' Enrollment in Medicaid and SCHIP: What Works in Reaching, Enrolling and Retaining Eligible Children*, National Academy for State Health Policy, February 2009.

cants—share application information with states and that state Medicaid agencies treat the shared data as they would an application for MSP benefits submitted directly by an applicant. It will be important to monitor how states use the data they receive. Ideally, states will develop “one-step” procedures to notify and enroll individuals who qualify for MSP benefits. Also, with a system to transmit data from the LIS application to states newly established it is logical to think about how that information could be used to start the application process for other programs in addition to the MSP.

One other aspect of the enrollment process that sometimes involves an extra step is a requirement for signatures on application forms. Alternatives such as the use of electronic signatures or an option to provide confirmation by telephone can eliminate that step and the need for paper forms.

Invest in technology and training to support Express Lane Eligibility

Another lesson from the California ELE experience is that compatibility among electronic systems is essential. The computer systems in some California counties cannot match school lunch and health insurance records. Consequently, over a three-year period, 44 percent of the health insurance applications processed were for children already enrolled in Medi-Cal or Healthy Families.⁴ A similar experience was reported for Ohio, where one-third of applicants already had coverage.⁵

Initial investments to assure system compatibility can increase the efficiency and lower the cost of processing applications. The capacity to match records also can help states identify individuals participating in one program who may be eligible for others and facilitate their enrollment. This

approach is more efficient and likely more cost-effective than traditional outreach campaigns. Finally, if program records can be matched they can be used to verify information internally; this is a less costly alternative to having applicants submit verification documents. These examples suggest that making administrative program funds, additional federal funds, or grants available for technological improvements is an important element of efforts to increase enrollment and program efficiency.

Take steps to protect privacy and prevent errors

Maintaining confidentiality is of paramount importance in making program eligibility determinations. However, it should not be an impediment to using Express Lane Eligibility. Consent to share information can be obtained using an “opt-in” process, which gives individuals the opportunity to affirm that they would like to have information shared among programs. An alternative is a process that informs individuals that certain information is routinely shared for specific purposes such as eligibility determinations unless they “opt-out.” CHIPRA includes requirements related to notifying families about information that may be disclosed and giving them the option to prevent disclosure. With an estimated 95 percent of eligible beneficiaries participating, the Medicare Part B program is perhaps the most successful example of an opt-out approach to enrollment.⁶ The new LIS application form from the Social Security Administration informs applicants that information from the form will be sent to states to start the MSP application process unless they mark a box indicating that they do not want the information to be sent. There are opportunities to use similar approaches when people apply for other programs or file their tax forms.

⁴ Dawn Horner, *California's Express Enrollment Program, The Children's Partnership, July 2006.*

⁵ Dawn Horner, Wendy Lazarus, Beth Morrow, *Express Lane Eligibility, The Future of Children; Spring 2003; 13,1.*

⁶ Dablia K. Remler and Sherry A. Glied, *What Other Programs Can Teach Us: Increasing Participation in Health Insurance Programs, American Journal of Public Health, January 2003, Vol. 93, No. 1.*

Efforts to increase enrollment must be accompanied by efforts to protect program integrity. For example, CHIPRA includes specific instructions for states to evaluate error rates for a statistically valid sample of children enrolled using Express Lane Eligibility. It is important to note, also, that certain safeguards already exist. For example, federal law mandates that states operate Income, Eligibility, and Verification Systems (IEVS) as a means to ensure the accuracy of eligibility and benefit determinations for their public assistance programs. Medicaid, TANF, Unemployment Compensation, and other programs generally use computer matches to request information from other federal and state agencies to confirm applicants' or beneficiaries' financial circumstances. Thus, there is a solid foundation on which to build.

Conclusion

Express Lane Eligibility is a new term but a familiar concept for those who seek to increase enrollment in benefit programs for low-income older adults. Because of recent federal legislation, there are more opportunities now to use information from one program or agency to enroll older adults in one or more other programs. Links between the MSP and LIS programs have been strengthened somewhat. Activity in states and communities will help determine what impact those Federal legislative changes have in terms of increasing program enrollment. The implementation of new legislation, policies, and practices geared to promoting health insurance coverage for children also provides an opportunity to understand better how to achieve Express Lane Eligibility in benefit programs for people of all ages.

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The National Center for Benefits Outreach and Enrollment

The National Center for Benefits Outreach and Enrollment (www.CenterforBenefits.org) helps organizations enroll seniors and younger adults with disabilities with limited means into the benefits programs for which they are eligible so that they can remain healthy and improve the quality of their lives.

The Center accomplishes its mission by:

- providing **tools, resources and technology** (such as www.BenefitsCheckUp.org) that help local, state and regional organizations to find, counsel and assist seniors and younger adults with disabilities to apply for and enroll in the benefits for which they may be eligible;
- generating and disseminating new knowledge about **best practices and cost effective strategies** for benefits outreach and enrollment; and
- **funding and establishing** Benefits Enrollment Centers in 10 areas of the country. Using web-based tools and person-centered approaches, these Centers help seniors in need and people with disabilities find and enroll in all the benefit programs for which they are eligible.

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