



## Connecting Kids to Coverage: State Outreach, Enrollment and Retention Strategies

November 2021

### Introduction

Two out of three children from low-income families rely on Medicaid and the Children's Health Insurance Program (CHIP) for their health coverage.<sup>1,2</sup> Health coverage is critical for children to thrive at school and in life. Studies have shown that children with health coverage have better access to care,<sup>3</sup> which can help them stay healthy and in school, and that children with access to health coverage are more likely to complete high school and graduate college compared with their peers.<sup>4,5</sup>

Children's enrollment in Medicaid and CHIP increased steadily for many years, driven by changes required by the Children's Health Insurance Program Reauthorization Act of 2009 and the Affordable Care Act. By 2016, 93.7 percent of eligible children were enrolled in Medicaid or CHIP nationwide, the highest rate observed since researchers began tracking participation in 2008.<sup>6</sup> Thereafter, participation of eligible children declined, with the most recently available participation data showing that 92.8 percent of eligible children were

### About this brief

Through its Medicaid and CHIP Coverage Learning Collaborative, CMS developed this issue brief to highlight effective and practical strategies to improve state outreach, enrollment, and renewal activities. These strategies can help ensure eligible individuals are able to enroll in and retain Medicaid and CHIP coverage. Information in this brief comes from (1) interviews with 15 respondents from seven states between April 2020 and April 2021 on the topics of promising outreach, enrollment, or renewal activities; (2) interviews with two CMS communications and marketing experts in August 2020 about lessons learned from Medicaid, CHIP, and Marketplace outreach; and (3) a review of relevant academic literature, policy analysis reports, and news coverage of challenges, barriers, and operational strategies for states to reduce churn and retain children in Medicaid and CHIP. This brief was developed with support from state staff in Alabama, New Jersey, New York, North Carolina, Virginia, Washington, and Wisconsin. We thank these states for their willingness to participate in interviews and share the best practices highlighted in this brief.

enrolled in these programs in 2018.<sup>7</sup> After peaking at 35.9 million in February 2017, the number of children enrolled in Medicaid and CHIP declined to a low of 35.0 million in February 2020.<sup>8</sup> With the onset of the Coronavirus 2019 (COVID-19) public health emergency (PHE), Medicaid and CHIP enrollment began increasing again, and as of May 2021, 39.0 million children were enrolled in Medicaid and CHIP.<sup>9</sup> This increase appears to be driven by the PHE and the continuous enrollment requirement of the Families First Coronavirus Response Act (FFCRA).

In partnership with Centers for Medicare & Medicaid Services (CMS), state Medicaid and CHIP agencies are responsible for ensuring that eligible families are aware of and able to enroll and retain coverage in these important programs. The COVID-19 PHE has prompted states to reconsider their outreach approaches, as many traditional in-person outreach activities are not available. In addition, states need to plan ahead for

how they will process backlogs of eligibility and enrollment actions after the FFCRA's continuous enrollment requirements end and ensure that large numbers of individuals are not inappropriately terminated from coverage for procedural reasons.

CMS is committed to supporting states in their work to enroll the 2.1 million remaining eligible but uninsured children,<sup>10</sup> retain eligible children and reduce barriers to coverage, consistent with a 2021 [Executive Order](#) on Strengthening Medicaid and the Affordable Care Act. CMS developed this brief to highlight outreach and enrollment strategies that states can consider as they work to ensure that eligible children are enrolled and retained in health coverage during the COVID-19 PHE and beyond. The brief provides outreach and enrollment strategies states can consider implementing in six areas: (1) partnerships, (2) enrollment assistance, (3) communications, (4) technology, (5) data, and (6) policy and operations.



## Strategy 1: Form strategic partnerships

Developing a broad network of partners can help state Medicaid and CHIP agencies expand capacity, connections, and consumer assistance. Key partnerships that can support outreach, enrollment, and renewal activities include (1) state agencies that run other public benefit programs, (2) community organizations, including schools, (3) providers and health plans, and (4) the federally sponsored Connecting Kids to Coverage National Campaign.

### 1. State agencies

Developing partnerships with state agencies that run other public benefit programs can support state Medicaid and CHIP agencies' outreach and enrollment efforts by providing access to data about the individuals who use their services, hosting events that can help state Medicaid and CHIP agencies connect to uninsured families, and providing connections to other local groups that can support Medicaid and CHIP outreach.

**Virtual and in-person events.** State agencies often organize events for individuals who may need coverage. For example, in New York, the Department

### Spotlight: New York

New York's Department of Labor hosts events to share information on support services with groups of residents who have lost their jobs. Enrollment assisters attend these events and share information about all health coverage options available through New York's Marketplace, including Medicaid and CHIP, New York's basic health program, and qualified health plans.

of Labor hosts events to share information on various services with newly unemployed residents. Enrollment assisters attend these events and share information about family health coverage options, including Medicaid and CHIP. In Virginia, the Medicaid agency has shared information about Medicaid at virtual job fairs held during the PHE.<sup>11</sup>

**Local presence.** State agencies with a local presence—such as public health departments, which often have offices in each county—can share insights about

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and access to local communities. For example, in Washington, local public health departments help Medicaid staff understand the unique needs of local communities and provide connections with community groups. Medicaid officials cited this partnership as an important mechanism for identifying underserved populations and directing outreach to them.

**Data on eligible but unenrolled children.** Many states have integrated eligibility systems that simplify information sharing across benefit programs and enable residents to apply for several programs at once. A recent 50-state survey showed that 24 states have Medicaid eligibility systems that determine eligibility for at least one non-health program, such as the Supplemental Nutrition Assistance Program (SNAP).<sup>12</sup> For example, in Wisconsin, a resident can apply for child care, Medicaid, SNAP, and Temporary Assistance for Needy Families (TANF) at the same time. Enrollment assisters in Wisconsin are trained to promote the convenience of this “one-stop shopping” approach. States can also identify likely Medicaid-eligible individuals in SNAP data to focus on for outreach, a strategy that CMS has encouraged since 2013.<sup>13</sup> This strategy is available to any state, even those without integrated eligibility systems.

Creating memoranda of understanding (MOUs) with other state agencies facilitates information sharing that enables focused outreach. For example, the New Jersey Medicaid and CHIP agency has an MOU to obtain school records and data from the free and reduced-price lunch program administered by the state’s education and agriculture departments. Agency staff use contact information from the lunch program data to reach out to public school students likely to be eligible for Medicaid or CHIP. Through a federal grant, New Jersey is also developing a new data portal so that families who receive Medicaid and CHIP outreach letters will also get a family-specific code to use when applying; this will enable the state to track how many families that received letters actually applied for coverage and enrolled.

## 2. Community organizations

Community organizations are essential outreach partners for state Medicaid and CHIP agencies because they have credibility as trustworthy sources of information and help, particularly for immigrant families

and others fearful of government programs or those who assume they are not eligible for public coverage because they work. These partners—such as schools, food pantries, faith-based organizations, shelters, and cultural centers—provide critical services to millions of families and offer points of access to those who may be eligible for coverage.

**Adaptive strategies.** States can work with partners to adapt outreach to appeal to certain populations or reflect current events. For example, Kentucky and Virginia worked with schools to tailor outreach during the COVID-19 PHE. Kentucky shared outreach materials with families who took part in drive-through school events, such as picking up free and reduced-price school lunches.<sup>14</sup> In Virginia, the state created digital resources for schools, such as widgets that link parents directly to Medicaid and CHIP application information from schools’ websites, as well as outreach materials in English and Spanish.<sup>15</sup>

**Insights on communities.** Statewide coalitions and community advisory groups can share information about children’s coverage and community needs to support outreach. For example, in North Carolina, state staff brainstormed outreach and enrollment strategies with other groups in quarterly meetings of the North Carolina Coalition to Promote Children’s Health Insurance. In Washington, community stakeholders provide state leaders with valuable insights on outreach during regular meetings.

## 3. Providers and health plans

Health care providers and health plans maintain regular contact with families and are motivated to help families gain and maintain coverage, making them especially effective partners for state Medicaid and CHIP agencies.

**Connections with families.** Pediatricians and other health care providers have regular contact with children and can ask families about coverage status and share applications and brochures. Alabama’s current outreach strategy focuses on supplying these materials to providers and provider associations because this strategy is effective even when the state’s outreach budget is limited.

**Help with enrollment.** Presumptive eligibility (PE) is a state option that allows children to obtain access to coverage for Medicaid or CHIP services without having to wait for their applications to be fully processed.<sup>16</sup> PE enables timely coverage of care while a final eligibility determination is made and promotes enrollment in ongoing coverage.<sup>17</sup> Under PE, states can authorize “qualified entities,” which can include health care providers, community-based organizations, schools, and other entities, to screen for Medicaid and CHIP eligibility based on preliminary information provided by the family and then immediately enroll children who appear to be eligible. As of August 2021, 17 states have elected to provide PE for children in Medicaid and 12 states have elected to provide it in CHIP.<sup>18</sup> For example, New Jersey allows PE providers to view the full NJ FamilyCare application status and the state troubleshoots PE applications with the PE providers in real time. Participating PE providers are also offered refresher training as needed. The state recently added mental health and substance use disorder providers to this PE program and saw a corresponding increase in applications.



### Spotlight: New Jersey

New Jersey helps to ensure the effectiveness of its presumptive eligibility (PE) program by emphasizing training. All provider assisters receive an initial training and are offered refresher training as needed. The state recently added mental health and substance abuse providers as PE assisters and saw a corresponding increase in applications.

**Help with renewals.** States can ask their Medicaid and CHIP health plans to contact Medicaid and CHIP members who are due for renewal or did not successfully renew, as New Jersey, New York, Virginia, Washington, and Wisconsin do. This helps enrollees maintain continuous enrollment or shorten gaps in coverage. Some states have found ways to strengthen health plans’ involvement in this effort. For example, the Washington State Health Care Authority sends daily reports to its health plans listing enrollees who need to provide information to renew coverage; the plans then conduct outreach to help those individuals renew. In Virginia, the state sends health plans a monthly file of individuals whose renewals could not be completed through the state’s ex parte renewal process. The plans then call and/or send texts or post

cards to those individuals to remind them of the need to renew and offer assistance with the process.

In addition to assisting with outreach at renewal, providers and health plans can relay address changes they hear about to the state Medicaid/CHIP agency to help states maintain accurate mailing lists. This is critically important as states begin to plan for returning to normal operations when the PHE ends, when they will need to conduct renewals for all beneficiaries. Many families have not been renewed for several years as a result of the PHE and, as a result, states may not have current mailing addresses. Without updated addresses, some children and other beneficiaries will lose coverage for procedural reasons, even though they may still be eligible.

## 4. The Connecting Kids to Coverage National Campaign

[The Connecting Kids to Coverage \(CKC\) National Campaign](#) is a CMS initiative that promotes the enrollment and retention of eligible children in Medicaid and CHIP. It raises awareness about health coverage under these programs, motivates families to enroll and renew their children in coverage, and provides outreach guides and toolkits that can help states, community organizations, schools, health care providers and others organize and conduct successful outreach activities. CKC National Campaign activities and resources can also support states’ communications teams.

**Resources for states.** Although some states prefer homegrown communications materials because they feature local partners or state-specific eligibility information, CKC materials can save states time, effort, and resources—states can use them at no cost. States can also customize CKC materials for their own use, and CMS designers are available to help by customizing materials with state logos or a call to action. State communications staff—whether at the Medicaid agency or in other administrative offices that run state websites or social media feeds—can also partner with CKC staff to explore ways to support state-based communications. For example, CKC cross-promotes resources and outreach messages on platforms such as Twitter. CKC also develops resources to guide and support states’ efforts. Recent materials include toolkits on social media basics and how to run a paid digital campaign on a shoestring budget.<sup>19</sup> States can also leverage [InsureKidsNow.gov](#) by signing up for campaign updates or checking the page periodically for new resources.



## Strategy 2: Provide enrollment assistance

Direct, one-on-one enrollment assistance is a proven and effective strategy to help families enroll children into coverage for which they are eligible. Virtual assistance strategies are especially important during the COVID-19 PHE.

**Enrollment capacity and reach.** Diversified, multi-pronged consumer assistance strategies can extend states' outreach and enrollment capacity. Enrollment assisters, such as Navigators and certified application counselors, may also be health care providers or members of community groups with access to hard-to-reach populations. For example, some of New York's Navigator agencies have good working relationships with Native American tribes and regularly visit reservations. New York has 6,000 assisters working in 49 languages and sees this large network as essential to its overall outreach and enrollment strategies. To support enrollment, New York created an online search tool that enables residents to find local assistance using criteria like location and language spoken.<sup>20</sup>

**Stronger relationships.** Navigators and volunteer assisters can also strengthen states' relationships with partner organizations. For example, Washington has both Navigator contracts and a large network

### Spotlight: Wisconsin

To reduce the uninsured population in the Milwaukee area and respond to emerging needs during the PHE, assisters began providing enrollment help at COVID-19 testing sites.



of volunteer assisters from community groups and managed care organizations who work with schools in their communities to engage families at back-to-school time. Washington also assists families with enrollment by phone through a publicly funded consumer assistance center, called WithinReach.<sup>21</sup> The state, WithinReach, and community groups share information on populations that need outreach and enrollment help.

**Innovation.** Relationships between assisters and community groups can enable information sharing about creative approaches. For example, in Wisconsin, overlapping membership between assister organizations and assisters' active partnerships have led to innovations such as providing enrollment assistance at COVID-19 testing sites in Milwaukee to help families apply for Medicaid or CHIP.



## Strategy 3: Use smart messaging and layered communication approaches

State Medicaid and CHIP agencies have many options for strategic investments in communications, including (1) messages that encourage enrollment and renewal and (2) messaging modes that complement each other.

### 1. Effective outreach messages

Effective messages encourage families to enroll and stay enrolled in coverage and are accessible to different eligible populations.

**Motivational messages.** Messages can persuade consumers that enrollment is feasible. Phrases such as "join the millions who are covered" or "you can do it,"

accompanied by clear action steps can motivate enrollment. Motivational messages can also encourage renewals. For example, North Carolina incorporated "get enrolled, stay enrolled" messages as part of a transition to managed care. Information on key benefits—such as coverage for children's medical appointments, prescriptions, behavioral health care, dental care, and vaccinations—also can motivate parents to take action. Messaging emphasizing children's health and wellbeing can encourage enrollment by promoting the peace of mind that comes with knowing children have access to essential medical care should they get sick or injured.

**Accessibility.** Ensuring that marketing materials are easy to read and available in multiple languages and formats is critical. For example, Washington produces Medicaid and CHIP outreach materials in 15 languages to meet the needs of its diverse population.<sup>22</sup>

## 2. Multiple messaging modalities

Communications strategies that include multiple modalities can help state Medicaid and CHIP agencies reach more families who may be eligible but uninsured and encourage families to stay enrolled.

**Traditional media.** Radio and television campaigns remain important tools for reaching families. States can maximize their return on investment by strategically focusing media campaigns and building partnerships with media outlets, including newer outlets popular with key consumer groups, such as streaming platforms Hulu and Pandora. Spanish language outlets, such as Telemundo and Univision, can also be critical partners. Communications experts recommend that states share information on Medicaid and CHIP enrollment with media outlets to show this coverage is important to their audiences; in turn, those outlets may be willing to support live-read public service announcements or other inexpensive media strategies, such as promotion on their websites.

### Print materials and giveaway marketing items.

Tangible materials have traditionally been a key part of states' Medicaid and CHIP communications strategies. Some states have found ways to adapt print strategies for the COVID-19 PHE. For example, Kentucky distributed 200,000 protective face masks advertising the state's Medicaid and CHIP program, KCHIP, at school drive-through events.<sup>23</sup> States facing challenges with distributing printed materials during the PHE or with resource constraints can focus on items partners could display, such as posters, rather than giveaway items.

**Social media.** States can use social media to quickly disseminate new information at a low cost. Using different social media platforms in combination can help states reach different demographic audiences. During the COVID-19 PHE, social media (along with states' own websites) became a crucial avenue for reaching consumers, as traditional strategies such as billboards, pamphlets, flyers, and in-person events

### Sample posts from CKC

The CKC National Campaign's recent [Guide](#) on using social media to motivate families to enroll eligible children offered sample posts for states and other organizations to consider:



**Sample Facebook post:** "Medicaid and CHIP offer free or low-cost health coverage for eligible kids and teens. Enroll any day of the year, but why wait? Visit [InsureKidsNow.gov](#) to get started."



**Sample tweet:** "Kids and teens can #Enroll365 in Medicaid/CHIP to receive free or low-cost health coverage. Enroll now or renew their coverage today. Why wait? @IKNGov"

such as health fairs became less accessible. New York uses Facebook, Twitter, and Instagram as part of an integrated campaign that encourages enrollment in Medicaid, CHIP, or Marketplace coverage. Likewise, Washington uses Facebook Live and YouTube to post informational videos, and the state also analyzes metrics such as "likes" and "shares" to understand message consumption and which platforms work best with particular groups.

**Digital ad campaigns.** Digital ads are an increasingly important—and easy—way to reach consumers. They can be narrowly focused, such as by zip code and income strata. Although states must pay to run these ads, some sites, such as Google and YouTube, provide metrics such as ad clicks as part of the ad buy. These metrics help states manage costs because they allow states to tailor ads for certain areas or groups and then modify campaigns in real time in response to the metrics. To help manage costs, states can also set daily ad budgets for the duration of the campaign.

### Spotlight: Washington

The Washington State Health Care Authority tracks views and shares of messages on Facebook, Twitter, and YouTube. This helps the agency learn which communities prefer different platforms. For example, the agency has learned to emphasize Facebook to reach various Pacific Islander communities.





## Strategy 4: Use technology to make enrollment and renewal easier

State Medicaid and CHIP agencies can leverage technology to save time and reduce burden for both families and states.

**Mobile apps.** Smart phone apps enable applicants to apply for Medicaid and CHIP and securely upload photos of their documents.<sup>24</sup> Staff at the Washington State Health Care Authority found that the ease of sharing documents via mobile app means applicants are more likely to respond to requests for information, which has helped raise renewal rates.<sup>25</sup> Beneficiaries can also easily update their information through these apps, such as reporting changes in circumstances or providing updated documentation to support renewal. Wisconsin's mobile app provides real-time information on application status and renewal reminders for multiple public programs, helping beneficiaries understand their coverage status and maintain enrollment.<sup>26</sup>

**Digital communications.** Emailing and texting enrolled beneficiaries can minimize the challenges of communicating by mail and can be especially helpful for encouraging beneficiaries to complete the renewal process in a timely way. Although federal law requires some Medicaid and CHIP notices to be sent by mail, New Jersey, New York, and Washington all described efforts to increase the use of email to alert families to renewal and other notices. These states said that emails generate higher response rates and are worth the extra effort because they help reach a population that moves frequently and does not always remember to share updated mailing addresses with the state. Digital communication can also encourage enrollment. As part of its outreach to families during the COVID-19

### Spotlight: Wisconsin

Wisconsin is one of several states with a smart phone app that helps families apply for Medicaid and CHIP. Applicants can securely upload photos of their documents, update their information throughout the enrollment year, and see renewal reminders. The app is user-friendly and gives consumers real-time information on application status.



PHE, Virginia contracted with a digital engagement firm to text parents and families about Medicaid and CHIP enrollment.<sup>27</sup> Texting programs also have been shown to be an easy, efficient way to share important health promotion messages.<sup>28</sup>

**Other technology solutions.** New York and New Jersey verify mailing addresses in real time at the point of application, which helps to prevent returned mail. Barcode technology can streamline states processes and prevent inappropriate terminations. For example, as long as families in Washington respond to a renewal notice before the end of their eligibility period, the barcode on the mailing is scanned, and the enrollment system does not close the case. To ensure beneficiaries with health plan-issued cell phones are able to access assistance with their Medicaid coverage, Virginia allows members to call their managed care plans and the state-wide Medicaid call center without using up any of their allocated cell phone minutes.



## Strategy 5: Collect and analyze data

State Medicaid and CHIP agencies can enhance outreach and enrollment strategies by (1) monitoring and analyzing data to identify effective

activities and unmet needs, including data analysis to better target outreach efforts, and (2) investing in research.

## 1. Monitoring

Monitoring outreach, enrollment, and renewal activities clarifies which outreach activities have worked well and which should be refined.<sup>29</sup>

### **Outreach, enrollment, and renewal strategies.**

Regularly comparing enrollment rates and outreach activities in specific geographic areas can improve states' outreach and partnership strategies. In North Carolina, Department of Public Health staff conduct a monthly data review of (1) enrollment by county and by Medicaid and CHIP aid category,<sup>30</sup> (2) population data, and (3) a database of monthly outreach events and points of contact. This review helps the outreach team understand patterns and shifts in enrollment, and whether there is an upcoming event or key partnership to leverage in areas where more uninsured residents live or where enrollment has declined for several months in a row. State staff also assess the effectiveness of their outreach in specific communities and adjust accordingly, such as by engaging different local partners. Similarly, the Washington State Health Care Authority analyzes the uninsured rate in different geographic areas and among different populations and partners with community organizations to compare observations and tailor outreach.

**Enrollment assistance.** New York and Wisconsin created systems to track performance by enrollment assister and help assisters support renewal efforts. New York assisters have their own dashboards that record the families they have helped in the past, and that allow them to run reports on families due to renew, enabling them to follow up with those families to help with renewals. In Washington, Navigators and assisters can see the results of applications in real time, and the state can analyze enrollment data down to the individual level.

**Eligibility denials.** States can use eligibility data systems to capture and analyze the reason codes for eligibility denials. This helps states identify processing issues and direct follow-up to individuals who are denied for procedural rather than for eligibility-related reasons.<sup>31</sup>

## 2. Research

Investing in research complements monitoring activities by providing information on complex issues such as consumer behaviors around coverage that can help state Medicaid and CHIP agencies refine their outreach, enrollment, and retention strategies. Analysis of population data can help states better target pockets of uninsured individuals.

**Insights on churn.** Coverage disruptions, or churn, can lead to delays in needed care, unmet medical needs, and missed preventive services, among other negative outcomes.<sup>32</sup> State universities may be able to help state Medicaid and CHIP agencies generate new information on factors that lead to coverage loss and reasons that children churn in and out of coverage. In Alabama, CHIP staff are working with the University of Alabama at Birmingham to analyze data on enrollment status and health care utilization to focus retention efforts. The state hopes to understand whether those with little utilization are at risk of losing coverage because their families do not value it, or whether those with high utilization are at risk of losing coverage because their families are overwhelmed. In Wisconsin, the statewide Navigator has a data-sharing agreement with the University of Wisconsin-Madison, which supports various research on reasons that families churn between Medicaid and Marketplace coverage. The state has used findings from this research to educate community partners and certified application counselors on the need to explain to families that they may be asked to verify their application information or submit follow-up materials.

### **Spotlight: Alabama**

Alabama ALL Kids staff engaged state university researchers to create targeted evaluation evidence to support outreach, enrollment, and retention efforts. Researchers at the University of Alabama at Birmingham are looking at the correlation between utilization and renewal rates to support development of new strategies for reducing churn.







## Strategy 6: Actively look for opportunities to improve policy and operations

State Medicaid and CHIP agencies can make enhancements to (1) policies to promote enrollment and renewals, (2) procedures to streamline enrollment and renewal, (3) beneficiary notices and communication, and (4) call center operations. States can also obtain beneficiary input to inform potential changes to policies and operations.

### 1. Policy options to promote enrollment and renewal

States have many options to adopt policies to make enrollment and renewal easier for both state staff and consumers, as described in CMS guidance.<sup>33</sup> Presumptive eligibility is one of these options and is described earlier in Strategy 1. Other policy options include the following:

**Express Lane Eligibility (ELE).** States can enroll or renew children into Medicaid or CHIP by relying on an eligibility finding made by a designated Express Lane agency, even if that agency uses different methods to determine eligibility than the state, subject to certain rules.<sup>34</sup> Currently, seven states use ELE in Medicaid, and two states also use ELE in CHIP, commonly partnering with their state's SNAP and TANF programs.<sup>35</sup>

**Continuous eligibility.** States can guarantee a full year of Medicaid and CHIP coverage for children, which helps to eliminate churning on and off coverage due to slight fluctuations in income or household size. Continuous eligibility also reduces administrative burden for families and state staff related to terminations and re-enrollments. As of September 2021, 28 states offer 12-month continuous eligibility for Medicaid, as do 27 states for CHIP.<sup>36</sup> States may also pursue 12-month continuous eligibility for Medicaid for adults through a section 1115 waiver. Montana and New York use this approach for parents and expansion adults.

**Medicaid coverage for postpartum women.** For a five-year period beginning April 1, 2022, states will have the option to extend full Medicaid state plan coverage

for pregnant women beyond the required 60-day postpartum period through the end of the month in which a 12-month postpartum period ends, providing continuous eligibility during the twelve months. If adopted for Medicaid, the extended postpartum coverage election will apply automatically to pregnant women covered under a separate CHIP in the state. States currently must obtain section 1115 demonstration authority to extend postpartum coverage beyond the required 60-day period.

**Lawfully residing immigrant children and pregnant women.** Many immigrants must meet a five-year waiting period before they can enroll in Medicaid and CHIP, but states have the option to provide Medicaid and CHIP coverage to children (up to age 19 for CHIP or up to age 21 for Medicaid) and pregnant women who are lawfully residing in the United States. This state option, known as "CHIPRA 214 option," also lifts the five-year waiting period for those individuals who are subject to it. As of July 2021, 35 states, the District of Columbia, and three U.S. territories have adopted this option for children in Medicaid and 25 states, the District of Columbia, and three U.S. territories have adopted this option for pregnant women in Medicaid.<sup>37</sup>

**Expansion of CHIP to dependents of state employees.** States can extend CHIP eligibility to state employees' dependents who are otherwise eligible for CHIP as long as a state can demonstrate (1) it has maintained its contribution levels for dependent coverage in the state employee health plan since 1997, or (2) that the out-of-pocket costs of the state employee health plan pose a financial hardship for families.

**Medicaid coverage for parents.** States also have the option to cover more parents by expanding adult Medicaid eligibility. There is strong evidence on the relationship between parents' coverage status and the likelihood of children enrolling in and retaining coverage, as well as between parents' coverage status and the likelihood of children receiving needed care.<sup>38,39</sup>

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## 2. State procedures to streamline enrollment and renewals

States also have opportunities to optimize their procedures to make enrollment and renewal easier for both state staff and consumers as well as help increase the number of beneficiaries for whom the state can complete an ex parte renewal.

**Robust and strategic use of data.** States can draw on robust federal and state data sources and use a strategic hierarchy to verify applicant and beneficiary information against those sources. This helps states meet their obligation to verify eligibility by giving them flexibility to determine which sources are most useful and reduces burden on consumers and states. States commonly use data on quarterly wages, new hires, unemployment, and SNAP or TANF to augment information from the federal hub.<sup>40</sup> For example, to complement its use of the federal data hub, Arizona built a state data hub that draws on multiple state sources of residency and income data. Arizona's eligibility and enrollment system prioritizes the most recent data available for electronic verification, whether state or federal, to support eligibility determinations.<sup>41</sup>

**Flexible timelines.** States can give consumers more time to respond to requests for additional information needed to verify eligibility at application or redetermination based on changes in circumstances. Many states require responses within 10 or 15 business days, but states can extend these time frames. Re-evaluating response time frames may be particularly important amid reports of postal delays.<sup>42</sup>

**Self-attestation.** States can establish guidelines for allowing eligibility workers to use their discretion in accepting applicants' self-attestation when there are extenuating circumstances, instead of requiring documentation. As required under 42 C.F.R. 435.952(c), states must allow families to self-attest to all eligibility criteria when documentation does not exist or is not readily available. States can apply this policy on a case-by-case basis, such as for people who are homeless or have experienced domestic violence or a natural disaster.

## 3. Beneficiary notices and communications

Effective notices and reminders help beneficiaries better understand program rules and the information they need to apply for, use, and retain their health coverage.

**Continuous improvement.** States can go beyond meeting the requirement that notices use plain language and are provided in a manner that is accessible and timely to people with limited English proficiency or disabilities. An ongoing priority in CMS's Medicaid and CHIP [Coverage Learning Collaborative](#) has been to share best practices on content, language, and design to craft effective eligibility notices and [models](#) that states can use. These practices include ensuring that key messages are prominent; crafting meaningful and descriptive headers; using clear, simple words and active voice to describe what readers should do; and putting key words and dates in bold. States can also consult health literacy experts and consumer assisters to craft messages that work.

Testing notices with beneficiaries before using them can also ensure communications are as effective as possible. Virginia leveraged their Medicaid Member Advisory Committee to obtain beneficiary input on notice content and used the Committee's ideas to improve the readability and beneficiary understanding of their renewal notices.

**Reminder notifications.** Another strategy is to provide more than one notification when beneficiary action is required, using more than one method. Similar to outreach communications, states can use e-mail, text, and telephone to increase the chance of reaching beneficiaries and to mitigate issues with returned mail. Currently, 24 states use email, texts, and phone calls to follow up on returned mail.<sup>43</sup> States can also engage health plans to help with follow up (highlighted in more detail in Strategy 1 of this brief).

## 4. Call center operations

Call centers are an important frontline resource for consumers, particularly when in-person help is not feasible.

**Staff capacity.** Effective call centers have enough capability and capacity to support timely enrollment and retention. States can ensure that call center staff receive up-to-date training and have access to appropriate consumer-facing information (such as notices) to support consumers.

**Call center data.** States can evaluate wait times and dropped or abandoned calls. If these metrics

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show concerning trends, states may want to explore increasing call center staffing. States can also consider ways to enhance staffing during peak times, such as the back-to-school season. Call centers can also serve as a barometer for issues. States can review and analyze call information to flag emerging and potentially widespread problems. For example, analysis may reveal delays in application processing, recurring errors or inconsistencies in consumer notices and pre-populated renewal forms, and other operational challenges and systems glitches that states can then work to resolve.

## 5. Beneficiary input into potential changes to policy and operations

All states are required to have a Medical Care Advisory Committee, but having a beneficiary-driven committee can be a critical source of input, as beneficiaries can provide states with tangible suggestions for meaningful improvements to policy and operations that enhance the overall experience for all Medicaid applicants and enrollees.

**Beneficiary committees.** Virginia established a Medicaid Member Advisory Committee composed entirely of individuals enrolled in Medicaid or their authorized representatives.<sup>44</sup> This provides a formal method for Medicaid enrollees to participate in the agency's decision-making process and inform the agency's change management strategies. The Committee meets quarterly with the Medicaid director to provide feedback and recommendations

on the agency's programs, policies, services, and communications, including a variety of the agency's application and renewal processes, beneficiary notices, and websites.

For example, Virginia used input from the Committee to update renewal notices to emphasize that renewing online or telephonically is faster than using paper renewal forms and that beneficiaries without internet access can visit their local library to complete their application or renewal online. The state also began including a prepaid business reply envelope with each renewal form. In addition, Virginia updated its application to include clearer information related to mailing addresses for individuals who are homeless, and updated notices to include more prominent information on how beneficiaries can update their addresses, including through a Report My Changes portal on the state's website.

## Conclusion

State strategies for outreach, enrollment, and retention can include a mix of approaches described in the six areas in this brief, and states can adapt many of the ideas discussed here to suit their needs and context. To prioritize among various options, states can take stock of and build on current strengths, including partners' capacity to help. CMS remains committed to supporting states in their work to develop outreach and enrollment strategies, enroll and retain eligible children, and reduce barriers to coverage.

## Endnotes

- <sup>1</sup> U.S. Census Bureau. "2019 American Community Survey (ACS). Table HI05\_ACS: Health Insurance Coverage Status and Type of Coverage by State and Age for All Persons: 2019." 2020. Available at <https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.html>. Accessed May 18, 2021.
- <sup>2</sup> U.S. Census Bureau. "2019 American Community Survey (ACS). Table HI 11\_ACS: Number and Percent of Children Under 19, Below 200% of Poverty by Health Insurance Coverage Status and Type, by State: 2019." 2020. Available at <https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.html>. Accessed May 18, 2021.
- <sup>3</sup> Howell, Embry M., and Genevieve M. Kenney. "The Impact of the Medicaid/CHIP Expansions on Children: A Synthesis of the Evidence." *Medical Care Research and Review*, vol. 69, no. 4, 2012, pp. 372–396.
- <sup>4</sup> Cohodes, Sarah R., Daniel S. Grossman, Samuel A. Kleiner, and Michael F. Lovenheim. "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions." *Journal of Human Resources*, vol. 51, no. 3, summer 2016, pp. 727–759.
- <sup>5</sup> Groves, Lincoln H. "Still 'Saving Babies'? The Impact of Child Medicaid Expansions on High School Completion Rates." *Contemporary Economic Policy*, vol. 38, no. 1, January 2020, pp. 109–126.
- <sup>6</sup> Haley, Jennifer, Genevieve M. Kenney, Robin Wang, Clare Pan, Victoria Lynch, and Matthew Buettgens. "Uninsurance and Medicaid/CHIP Participation Among Children and Parents: Variation in 2016 and Recent Trends." Washington, DC: Urban Institute, September 2018. Available at [https://www.urban.org/sites/default/files/publication/99058/uninsurance\\_and\\_medicaidchip\\_participation\\_among\\_children\\_and\\_parents\\_updated\\_1.pdf](https://www.urban.org/sites/default/files/publication/99058/uninsurance_and_medicaidchip_participation_among_children_and_parents_updated_1.pdf). Accessed May 18, 2021.
- <sup>7</sup> Haley, Jennifer M., Genevieve M. Kenney, Clare Wang Pan, Robin Wang, Victoria Lynch, and Matthew Buettgens. "Progress in Children's Coverage Continued to Stall Out in 2018." October 2020 (corrected January 2021). Available at <https://www.urban.org/sites/default/files/publication/102983/progress-in-childrens-coverage-continued-to-stall-out-in-2018.pdf>. Accessed September 22, 2021.
- <sup>8</sup> As of February 2017, 35,857,119 children were enrolled in Medicaid and CHIP. This figure is from the Medicaid and CHIP Eligibility and Enrollment Performance Indicators, as of September 14, 2021. The analysis includes preliminary enrollment data from 48 states. Arizona, the District of Columbia, and Tennessee are excluded because they did not report data on child enrollment for one or more months between June 2016 and February 2020. As of February 2020, 35,025,981 children were enrolled in Medicaid and CHIP. This figure is from the Medicaid and CHIP Eligibility and Enrollment Performance Indicators, as of September 14, 2021. The analysis includes preliminary enrollment data from 49 states and the District of Columbia. Arizona is excluded because it did not report data on child enrollment in February 2020.
- <sup>9</sup> As of May 2021, 39,040,510 children were enrolled in Medicaid and CHIP. This figure is from the Medicaid and CHIP Eligibility and Enrollment Performance Indicators, as of September 14, 2021. The analysis includes preliminary enrollment data from 49 states and the District of Columbia. Arizona is excluded because it did not report the breakouts for adult and child enrollment in May 2021.
- <sup>10</sup> Haley, Jennifer, Genevieve M. Kenney, Clare Wang Pan, Robin Wang, Victoria Lynch, and Matthew Buettgens. "Progress in Children's Coverage Continued to Stall Out in 2018." Washington, DC: Urban Institute, October 2020. Available at [https://www.urban.org/sites/default/files/publication/102983/progress-in-childrens-coverage-continued-to-stall-out-in-2018\\_0.pdf](https://www.urban.org/sites/default/files/publication/102983/progress-in-childrens-coverage-continued-to-stall-out-in-2018_0.pdf). Accessed September 22, 2021.
- <sup>11</sup> National Academy for State Health Policy (NASHP). "Medicaid Agencies Implement Innovative Outreach Strategies: Lessons from Kentucky and Virginia." September 21, 2020. Available at <https://www.nashp.org/medicaid-agencies-implement-innovative-outreach-strategies-lessons-from-kentucky-and-virginia/>. Accessed October 29, 2020.
- <sup>12</sup> Brooks, Tricia, and Lauren Roygardner. "Medicaid and CHIP Eligibility, Enrollment, and Cost-Sharing Policies as of January 2020: Findings from a 50-State Survey." 2020. Available at <https://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-Enrollment-and-Cost-Sharing-Policies-as-of-January-2020.pdf>. Accessed April 8, 2021.
- <sup>13</sup> Mann, Cindy. "Facilitating Medicaid and CHIP Enrollment and Renewal in 2014." SHO#13-003, ACA #26. 2013. Available at <https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-13-003.pdf>. Accessed October 29, 2020.
- <sup>14</sup> National Academy for State Health Policy (NASHP). "Medicaid Agencies Implement Innovative Outreach Strategies: Lessons from Kentucky and Virginia." September 21, 2020. Available at <https://www.nashp.org/medicaid-agencies-implement-innovative-outreach-strategies-lessons-from-kentucky-and-virginia/>. Accessed October 29, 2020.
- <sup>15</sup> Ibid.
- <sup>16</sup> See <https://www.medicaid.gov/medicaid/enrollment-strategies/presumptive-eligibility/index.html>.
- <sup>17</sup> Resources to help states implement hospital presumptive eligibility are available on the Medicaid and CHIP Coverage Learning Collaborative website at <https://www.medicaid.gov/resources-for-states/mac-learning-collaboratives/expanding-coverage-under-medicaid-and-chip/index.html>.
- <sup>18</sup> See <https://www.medicaid.gov/medicaid/enrollment-strategies/presumptive-eligibility/index.html>.
- <sup>19</sup> Connecting Kids to Coverage toolkits are available at InsureKidsNow.gov: <https://www.insurekidsnow.gov/outreach-tool-library/toolkits/index.html>.
- <sup>20</sup> For more information, see [https://nystateofhealth.ny.gov/agent/hx\\_brokerSearch?fromPage=INDIVIDUAL](https://nystateofhealth.ny.gov/agent/hx_brokerSearch?fromPage=INDIVIDUAL).
- <sup>21</sup> For more information on WithinReach, see <https://withinreachwa.org/>.
- <sup>22</sup> See <https://www.hca.wa.gov/about-hca/language-access>.
- <sup>23</sup> NASHP. "Medicaid Agencies Implement Innovative Outreach Strategies: Lessons from Kentucky and Virginia." September 21, 2020. Available at <https://www.nashp.org/medicaid-agencies-implement-innovative-outreach-strategies-lessons-from-kentucky-and-virginia/>. Accessed October 29, 2020.
- <sup>24</sup> For a list of states that provide mobile access to applications, see the Kaiser Family Foundation's "State Health Facts: Mobile Access to Online Medicaid Applications and Accounts, as of January 1, 2020" at <https://www.kff.org/other/state-indicator/mobile-access-to-online-medicaid-applications-and-accounts/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

- <sup>25</sup> Washington Health Benefit Exchange. “Planfinder Mobile App.” n.d. Available at <https://www.wahbexchange.org/mobile/>. Accessed October 29, 2020.
- <sup>26</sup> Wisconsin Department of Health Services. “MyACCESS Mobile App.” Last revised October 26, 2020. Available at <https://www.dhs.wisconsin.gov/forwardhealth/myaccess.htm>. Accessed October 29, 2020.
- <sup>27</sup> NASHP. “Medicaid Agencies Implement Innovative Outreach Strategies: Lessons from Kentucky and Virginia.” September 21, 2020. Available at <https://www.nashp.org/medicaid-agencies-implement-innovative-outreach-strategies-lessons-from-kentucky-and-virginia/>. Accessed October 29, 2020.
- <sup>28</sup> Mathematica Policy Research and the Public Health Institute. “Promoting Maternal and Child Health Through Health Text Messaging: An Evaluation of the Text4baby Program.” February 2015. Available at <https://www.hrsa.gov/sites/default/files/archive/healthit/txt4tots/text4babyfinalreport.pdf>. Accessed October 29, 2020.
- <sup>29</sup> Hoag, Sheila, Katharine Bradley, Adam Swinburn, Cara Orfield, Adam Dunn, and Leslie Foster. “Connecting Kids to Coverage: An Assessment of the Medicare Access and CHIP Reauthorization Act Outreach and Enrollment Cycle IV Grantee Activities, 2016–17.” Princeton, NJ: Mathematica Policy Research, August 10, 2018.
- <sup>30</sup> See <https://medicaid.ncdhhs.gov/reports/dashboards#enroll>.
- <sup>31</sup> For a helpful explanation of how states can use denial codes to support retention, see [https://www.nashp.org/wp-content/uploads/sites/default/files/new.denial.disenrollment.coding.strategies\\_o.pdf](https://www.nashp.org/wp-content/uploads/sites/default/files/new.denial.disenrollment.coding.strategies_o.pdf).
- <sup>32</sup> Sugar, Sarah, Christie Peters, Nancy De Lew, and Benjamin D. Sommers. “Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic.” Issue brief no. HP-2021-10. Available at <https://aspe.hhs.gov/system/files/pdf/265366/medicaid-churning-ib.pdf>. Accessed May 18, 2021.
- <sup>33</sup> Wachino, V. “CMCS Informational Bulletin: Strategies to Enroll and Retain Eligible Children in Medicaid and CHIP.” June 13, 2016. Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib061316.pdf>. Accessed May 18, 2021.
- <sup>34</sup> According to section 1902(e)(13)(E) of the Social Security Act, states may rely on a finding from an Express Lane agency, notwithstanding any differences in budget, unit, disregard, deeming, or other methodology, as long as certain requirements are met. Only certain programs can be designated as Express Lane agencies, and only certain eligibility criteria from those agencies can be used. For more information about ELE requirements, see SHO 10-0003; <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SHO10003.PDF>.
- <sup>35</sup> See <https://www.medicaid.gov/medicaid/enrollment-strategies/express-lane-eligibility-medicaid-and-chip-coverage/index.html>.
- <sup>36</sup> See <https://www.medicaid.gov/medicaid/enrollment-strategies/continuous-eligibility-medicaid-and-chip-coverage/index.html>.
- <sup>37</sup> See <https://www.medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women>.
- <sup>38</sup> Sommers, B.D. “Insuring Children or Insuring Families: Do Parental and Sibling Coverage Lead to Improved Retention of Children in Medicaid and CHIP?” *Journal of Health Economics*, vol. 25, no. 6, 2006, pp. 1154–1169. Available at <https://www.sciencedirect.com/science/article/abs/pii/S0167629606000506?via%3Dihub>. Accessed May 18, 2021.
- <sup>39</sup> Center on Budget and Policy Priorities. “Coverage of Parents Helps Children, Too.” 2006. Available at <https://www.cbpp.org/research/coverage-of-parents-helps-children-too>. Accessed May 18, 2021.
- <sup>40</sup> For more information on using data for timely and accurate eligibility determinations, see <https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/timely-accurate-eligibility.pdf>
- <sup>41</sup> Ibid.
- <sup>42</sup> Frankel, T.C. “Postal Problems Could Continue Despite Suspension of Policies Blamed for Mail Delays.” *The Washington Post*, Wednesday, August 19, 2020. Available at <https://www.washingtonpost.com/business/2020/08/19/postal-problems-could-continue-despite-suspension-policies-blamed-mail-delays/>. Accessed May 18, 2021.
- <sup>43</sup> Brooks, Tricia, Lauren Roygardner, Samantha Artiga, Olivia Pham, and Rachel Dolan. “Medicaid and CHIP Eligibility, Enrollment, and Cost-Sharing Policies as of January 2020: Findings from a 50-State Survey.” March 2020. Available at <https://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-Enrollment-and-Cost-Sharing-Policies-as-of-January-2020.pdf>. Accessed May 18, 2021.
- <sup>44</sup> For more information on Virginia’s Medicaid Member Advisory Committee, see <https://www.dmas.virginia.gov/for-members/member-advisory-committee/>.