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Reducing Paperwork to Improve Enrollment and Retention in Medicaid and CHIP: Case Studies

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Appendix Material: Case Studies

This section includes supplemental material for *Reducing Paperwork to Improve Enrollment in Medicaid and CHIP*, a report published in October 2009 and available on the website of the United Hospital Fund: www.uhfny.org/publications/880624.

The following case studies provide more detail on several states' experiences with data matching as a strategy to simplify the enrollment and retention of eligible people in Medicaid and CHIP. The descriptions here are based on interviews with experts from relevant agencies in Georgia, Iowa, Louisiana, Texas, Virginia, and Washington.

Iowa's HAWK-I Program Uses Tax Data for Outreach

In 2007, the Iowa Department of Human Services began discussions with the Iowa Department of Revenue to use income tax data to identify potentially eligible children and conduct outreach for HAWK-I, the State's CHIP program. The State undertook this project because HAWK-I enrollment had slowed, yet officials knew there were still eligible but unenrolled children who had not been reached through other outreach methods.¹

How It Works

The Department of Human Services (DHS), the agency that runs Iowa's Medicaid and CHIP, and the Department of Revenue (DOR) entered into a Memorandum of Understanding (MOU) to work towards using tax data for outreach. For the 2008 tax filing year, DOR has added a question to the tax form: "Do all of your dependents have health insurance coverage? Yes or No." The definition of health insurance is provided on the tax form and has been revised to include public health insurance, specifically naming Medicaid and HAWK-I. Every two weeks of the tax filing season, DOR will send a mailing to all households that provide a "No" response and are within an CHIP eligible income range (calculated by DHS²). The mailing will include a cover letter from DOR and an application/brochure for HAWK-I from DHS.

At the end of the year, DOR will report to DHS the number of applications/brochures sent out by school districts or by zip code. DHS plans to use this information for targeted outreach

¹ Interview with Brenda Freshour-Johnson, Outreach Coordinator, Iowa Department of Human Services.

² HAWK-I officials debated on about how to set an income limit for tax data. For the self-employed and farmers, gross income is significantly higher than net income. They ultimately decided to use the highest number on their income on the program's eligibility chart, not taking into account family size. As a note, Hawk-I has a 20 percent income allowance for earned income.

and marketing. DHS is paying for the application/brochures and 40 percent of postage. DOR is paying the remaining postage cost and for the cover letter and labor for the mailings.

Implementation

Though they are only a first step, Iowa's accomplishments are considerable. Prior to this effort, there had been no data sharing between the two agencies. Both agencies had privacy concerns related to sharing data with each other. Initial discussions took place to conduct blind matches between the two agencies and have DHS use the results to conduct the outreach mailings themselves. However, because of time constraints and a strong desire to get something up and running for the 2008 tax filing year, both agencies agreed upon the current approach. In future years, DHS plans to work with DOR to refine the question on the form to identify which children on the tax statement are uninsured. DHS hopes to develop a data sharing agreement with DOR so they can use this information to process a match against Medicaid and CHIP files to rule out those already enrolled.

Iowa officials highlighted the importance of gubernatorial and legislative leadership for this initiative. Legislation was passed requiring all agencies to cooperate with DHS for Medicaid and CHIP outreach efforts.

Impact

DHS estimates approximately 30,000 applications will be sent this year to families who appear to have children eligible for public insurance. They have not estimated the number of completed applications that they will receive. Although this is a CHIP-led initiative, DHS believes they will find significant numbers of Medicaid-eligible children. During an CHIP outreach drive last year, they enrolled 8,200 children, the vast majority of whom were Medicaid eligible.

Vital Records in Louisiana

Vital records have been part of Louisiana's eligibility process since 1998, as one component of a larger strategy to decrease the number of new LaCHIP/Medicaid applicants denied coverage for lack of citizenship documentation.³ Prior to the Deficit Reduction Act of 2005 (DRA), access to vital records data was limited, and the match was viewed as a "last resort" because the Vital Records and Statistics office charged Medicaid \$1 per inquiry. With DRA implementation, however, Louisiana viewed the match as critical to avoid an increase in

³ Interview with Ruth Kennedy, LaCHIP Director and Medicaid Deputy Director, Louisiana Department of Health and Hospitals.

denials for procedural reasons (i.e., inability to document citizenship) and to reduce the administrative burden of the new requirement on eligibility workers. Using vital records matching also fits with the State's other goals of generating administrative savings, improving administrative processes, and modernizing the eligibility process through the use of technology.

How It Works

Workers use the vital records match to verify citizenship for anyone born in the State who cannot produce valid documentation. While the Medicaid program is still charged \$1 per inquiry, they are able to draw down federal matching funds to offset a portion of the costs, and Louisiana is using the federal funds to pay for the automation of the State's birth records.

Implementation

A data-sharing agreement between LaCHIP/Medicaid and Vital Records (two divisions within the Department of Health and Hospitals) was originally executed in 1998 and then updated in 2006 to reflect the DRA requirement and include an agreement to use federal Medicaid funds to pay for automation of birth records. To update the data sharing agreement quickly (in advance of implementing the DRA requirement), departmental leadership played a key role, although the governor also established an expectation that all departments would cooperate with one another. The LaCHIP/Medicaid Director communicated directly with the Department of Health and Hospitals Deputy Secretary over Vital Records, who in turn established an expectation that the updated agreement be completed quickly. The ability to draw down federal Medicaid funds for each match also encouraged Vital Records to work collaboratively and expediently with LaCHIP/Medicaid.

All LaCHIP/Medicaid Eligibility Division employees have access to vital records data. Employees and their supervisor sign a confidentiality agreement prior to gaining access to eligibility systems. All Medicaid staff update these forms annually, and the signed forms are included in the employee's personnel file.

Impact

The State does not track metrics specifically related to vital records' impact on the eligibility process. However, Louisiana has the highest percentage of native-born residents of any state, making the match process very successful and a valuable resource for Medicaid staff.

Vital Records in Washington

Like Louisiana, Washington has used vital records for more than 15 years to verify applicants' citizenship information for both Medicaid and CHIP. While the DRA requirement did not add a new step to Washington's Medicaid eligibility process, the State did compare the entire Medicaid enrollment database against vital records data as part of DRA implementation.⁴ At the outset, Washington successfully matched about one-third of the existing Medicaid enrollees, substantially reducing the number of enrollees who had to fulfill this requirement.

Streamlining eligibility and enrollment processes has long been a priority for Washington and is a particular priority of the current governor and legislature. For Medicaid and CHIP, the vital records match is one component of the State's larger goal of verifying as much information as possible via third-party sources before reaching out to the applicant/enrollee for documentation and placing the case in "pending" status.

How It Works

Case workers have real-time access to vital records data. Before requesting information from the applicant/enrollee, they check the existing case file to determine whether a vital records match has already been completed. If not, they can access vital records data via a "look-up" feature while they work on the case to check results of an earlier match or to complete a new match. If the case worker is able to successfully match a case file or new application against Vital Records, no documentation is necessary.

For the retrospective DRA matching, the State ran a batch match comparing Medicaid eligibility data to vital records data. In both cases, the Vital Records Office stores the results of the match.

Implementation

When vital records access was established for case workers, the Health and Recovery Services Administration (HRSA)⁵ executed a data-sharing agreement with their sister agency, the Department of Health, to access the data. Because this capability has been in place for so long, however, the staff was not familiar with the operational details about how the agreement was negotiated or put into place.

⁴ Interview with Manning Pellanda, Division of Eligibility and Service Delivery, and Mary Wood, Eligibility and Policy Office Chief, Washington Health and Recovery Services Division.

⁵ The Health and Recovery Services Administration is part of the Washington Department of Social and Health Services.

For the DRA data match, HRSA was able to piggyback on an existing agreement with Vital Records and did not need to negotiate a new data sharing agreement related to DRA implementation.

The State has policies and procedures in place to ensure the data is used in an appropriate manner. They also provide training on issues related to data confidentiality. All case workers are employed by the State and must sign a confidentiality agreement as part of the hiring process. The State provides annual “refresher” training on confidentiality issues, and employees must sign a new confidentiality agreement each year. If any breaches occur or an employee does not abide by the confidentiality agreement, he or she can be disciplined or fired.

Impact

Overall, the State believes the vital records match reduces the amount of time the eligibility determination process can take and reduces the burden on applicants and enrollees.

Washington has not tried to measure the specific impact of the match on program enrollment and retention because implementation of the DRA requirement coincided with a statewide effort to increase the enrollment of children in Medicaid and CHIP, making it difficult to isolate the impact of the vital records look-up.

Vital Records in Iowa ⁶

Unlike Louisiana and Washington, Iowa does not have a long history of using a vital records match as part of the Medicaid eligibility process. The Iowa Department of Human Services (DHS) implemented the match recently in response to the DRA requirement.

How It Works

The eligibility worker sends the applicant’s name (including maiden name, if there is one) and birth date to the Department of Public Health to search the Vital Records database. This process takes three to five days, and Public Health sends back confirmation if a successful match occurs. A successful match alleviates the need for the applicant/enrollee to provide documentation of citizenship. Since the eligibility worker does not have direct access to birth certificates, and simply receives a “yes/no” response from vital records, no legal or privacy issues were raised.

⁶ Interview with Brenda Freshour-Johnson, Outreach Coordinator, Iowa Department of Human Services.

Implementation

To implement the vital records match, DHS executed a Memorandum of Understanding (MOU) with Public Health. The Medicaid program covered all costs to establish the match. They spent \$35,000 in the first year and \$17,000 in the following year. The costs are continuing to decrease since they do not need to request as many matches over time. DHS also covers the salary and equipment costs incurred by Public Health to perform these matching functions.

Impact

Prior to the implementation of the DRA requirement, the State did not require clients to provide citizenship documentation. As a result, the State has not been able to track the impact of the vital records match on eligibility. However, the majority of Iowa's Medicaid enrollees were born in-state, and approximately 90 percent of clients have successfully matched to date. Given the high match rate, the State is very satisfied with the arrangement.

Georgia's Use of EDS and Choicepoint ⁷

In 2007, the Georgia Department of Community Health (DCH), the single state agency for Medicaid, contracted with EDS and its subcontractor, Choicepoint, to improve the accuracy of eligibility determinations and simplify the income and resource verification process for Medicaid eligibility workers. The data broker provided new sources of income and asset information previously unavailable to Medicaid eligibility staff as well as consolidated existing information in one web-based, user-friendly location. These services cost \$3.6 million for implementation in the first year of operation and \$3 million per year in subsequent years. The State plans to build additional sources of information into the application in the future.

How It Works

Information is added to the Medicaid eligibility system from Choicepoint through an automated process. The Choicepoint system is batch matched against all new applications nightly, and, for renewals, a monthly query is run. The match results are automatically populated into the case record within the eligibility system and are available to eligibility workers prior to starting their eligibility interview and determination process. The data points have been customized by applying certain algorithms so that workers can automatically use the information without further manual calculations. Additionally, eligibility workers have

⁷ Interview with Brian Dowd, Director of Member Services and Policy, Georgia Department of Community Health.

the ability to run an immediate ad hoc search via the web application on a Medicaid applicant or enrollee at any point.

Georgia's data broker system combines data from many sources:

- Automobile, watercraft and aircraft search.
- Real property search.
- Possible roommate and relatives search.
- Federal employment identification number search.
- Bankruptcy, liens, and judgments search.
- Uniform Commercial Code search (business loans and leases).
- Business records search.
- Fictitious business name search.
- Professional license search.
- Death match search.
- Criminal record search.
- Department of Human Resources Vital Records interface.
- Department of Human Resources \$TARS (child support payment system) interface.

In addition to providing public record information previously inaccessible to eligibility workers, the data broker saves eligibility workers time by consolidating two databases, vital records and child support. These were previously in separate systems and required separate manual searches. This information is also automatically entered into the applicant case record on the eligibility system.

Implementation

DCH encountered several inter-agency coordination hurdles when they undertook this change. The Department of Human Resources (DHR), which is responsible for eligibility determination via their county Division of Family and Children's Services (DFCS) offices, expressed concern about the potential extra burden on workers. Further, the Child Support staff (also within DHR) had concerns about privacy and how the data broker would use their data. Finally, the Georgia Technology Authority (GTA), the agency responsible for approving

and monitoring all major information systems in the State, was somewhat reluctant to move as quickly as DCH, causing unanticipated delays in the release of the RFP.

These barriers were overcome through persistence and relationship building over time. With the child support and DHR staff, DCH agreed to read-only access to their data, and emphasized over the course of several meetings that the process was safe and appropriate. It took multiple face-to-face meetings to reach a comfort level between agencies. A former DHR staff person who moved to DCH also helped smooth the way by facilitating the technical-level conversation.

In conversations between DCH and Child Support staff, DCH agreed to share the benefits of the new system with its staff workers, giving them limited access to the data broker for their searches. Though Child Support conducts only about 50 searches a month, this additional data had real value to them.

DFCS was eventually bought in because they wanted to save workers time and realized a consolidated data verification system would be more efficient than manual searches in a variety of separate systems.

In addition, there was some concern within DCH and DHR over whether it was legal to search this information without specific permission. To resolve this issue, DCH added a statement to the Medicaid “rights and responsibilities” agreement declaring this information would be accessed as a part of the eligibility determination process.

Once permissions and concerns were addressed, DCH started the RFP process in November 2005, and they implemented a web access look-up functionality in July 2007. A nightly batch match was implemented in October 2007.

To address concerns about appropriate use of data, the State implemented strict usage policies and audit procedures. An audit log tracks all searches and is matched against the eligibility system to ensure all searches are appropriate. DCH will soon begin random checks on usage to assure appropriateness.

Workers are informed in training and refresher trainings about the criteria under which they can conduct a search and about legal action that will be taken if they access the database inappropriately. Every time they access the system, they have to check a box confirming they will not access data inappropriately.

Impact

In the first seven months of use, 73,755 total searches were performed, and 302 closures were reported based on data discovered from data broker (or 0.41 percent of total searches resulted in closures). Examples of closures include discovery of multiple unreported automobiles via public records searches and unreported income via credit report pulls.

The data broker also allows Georgia to track monthly utilization broken down by county and caseworker, as well as a confidence scoring engine based on audit data from eligibility reviews including common error elements

The State is currently looking into the feasibility of adding the Public Assistance Reporting Information System (PARIS) as an interface in their data broker system, which would allow them to look at dual state eligibility (individuals with concurrent Medicaid eligibility in two states).

Georgia has not sought to measure time saved by eligibility workers using the new system nor other outcomes measures besides closures, noted above. Georgia officials believe the system is effectively serving the purpose for which it was designed; to improve the integrity of the income and resource verification process.

TALX Added in Washington and Virginia

Washington and Virginia Medicaid programs use TALX, another income data vendor, to verify income and reduce the backlog of applications being held in pending status waiting for applicants to produce appropriate documentation.⁸

How It Works

TALX (the parent company of The Work Number) compiles wage and salary information from a national dataset of employers (primarily large employers), and matches are done in real-time. Medicaid eligibility workers use the look-up feature for TALX as a step in each case or application eligibility review. The TALX database also flags individuals that may have other insurance coverage through their employer, and workers use this information to follow-up with families to request details on possible other health coverage.

⁸ Interview with Steve Ford, Director of Policy and Research, and Cindy Olson, Eligibility Policy Manager, Virginia Department of Medical Assistance Services.

Implementation

Both Virginia and Washington had previously-existing contracts with TALX through sister agencies, and the Medicaid agencies were able to piggy-back on those contracts through data sharing agreements. The Washington Medicaid officials interviewed for this project credited a good working relationship with their sister agency as the reason they were able to move the data sharing agreement through quite easily. Both states implemented strict policies and procedures and provided training around the issues of data confidentiality.

In Washington, all eligibility workers are employed by the State and must sign a confidentiality agreement as part of their employment records. If any breaches occur, the employee can be disciplined or fired. Both states provide refresher training every year, and employees have to re-sign confidentiality agreements annually.

Impact

Specific data are not available, but Washington eligibility workers estimate that “less than half” of the applications successfully match against the TALX database. Nonetheless, the time savings for workers were significant.

Texas Uses a Unified Data Broker

Dallas Computer Services (DCS) in Plano, Texas, has been the data broker in Texas since 1998. Its current three-year contract (June 2007 through May 2010) is for \$16.5 million.⁹

DCS provides the following information¹⁰ to assist State staff in client eligibility determination:

- Credit history from credit reporting agencies.
- Texas vehicle registration information (including vehicle value records).
- Texas criminal history, Texas property records, and Social Security Number (SSN) death master file.

⁹ Phone conversations with Patricia Jackson, Databroker Implementation Manager, Texas Health and Human Services Commission.

¹⁰ Texas Health and Human Services Commission, Request for Proposals For Data Broker Services, RFP No. 529-07-0087. Date of release: June 11, 2007.

- Seamless data interface to the TIERS (Texas Integrated Eligibility Redesign System) eligibility determination application via an industry standard web service interface with data stored externally to State agency systems.
- Industry standard web service interface with Texas Workforce Commission (TWC) and Office of Attorney General (OAG).
- Single web-based portal for the SAVERR (System of Application, Verification, Eligibility, Referral and Reporting system) application to allow access to Data Broker, TALX Corporation (income verification, TWC and OAG data).

DCS aggregates the data from multiple sources and provides customized reports on each individual to Medicaid and CHIP eligibility staff. The data broker is used statewide at application and renewal. Eligibility workers have two options for accessing the data. Workers can access a stand-alone portal by individual case identification number, with responses provided within eight seconds. However, the most popular format used by workers is via the TIERS system (the State's eligibility determination system). DCS directly interfaces with TIERS and automatically provides customized reports to workers based on the applicant's social security number. If a match is provided, families do not have to provide paper documentation of income.

As part of implementing the data broker, Texas Medicaid officials implemented strong privacy protection measures. Regional directors and supervisors monitor the workers to make sure they are accessing data only for "permissible purposes." Additionally, DCS compiles a monthly file detailing what information has been accessed and by whom. This file is provided to the State for review to ensure that there is no inappropriate access to the data broker information.

Louisiana's Ex Parte Renewal Process

Since 2001, Louisiana's LaCHIP program has been using food stamps and TANF program data, as well as other state income data, to establish eligibility for renewal.

How It Works

The same case workers who determine Medicaid eligibility also determine eligibility for food stamps and TANF, and every LaCHIP/Medicaid Eligibility Division employee has real-time look-up access to the data.

For new applications, workers check the food stamps file to verify income. On a monthly basis, Medicaid and LaCHIP renewals are matched with the food stamps eligibility file to identify children also included in an active food stamps case. If the match is successful, the family does not have to document income, although it may be necessary to contact the family for other reasons (e.g., if the information about family members identified in the food stamps file does not match the information in the Medicaid file). While food stamps income data is provided at the individual level in Louisiana's system, the case workers may still need to manipulate the data to calculate family size and household income for LaCHIP/Medicaid purposes.

Implementation

Louisiana did not experience the type of barriers many other states may face. Case workers have had access to food stamps data since 1992. Accordingly, DHS did not have to broker any new agreements or enter into any new contracts to use the food stamps income data for ex parte renewals.

While the State acknowledges the potential for lag time issues related to data updates, no eligibility policy changes have been made to accommodate the lag. Overall, food stamps data is viewed as highly reliable because food stamps clients are required to provide documentation. Further, State statute requires that case workers determine eligibility with "reasonable certainty," which allows the workers to use their judgment about when to request additional income verification.

To ensure that data is used appropriately, all workers and supervisors must sign confidentiality agreements prior to receiving access to eligibility systems. These forms are kept in the employee's employment file.

Louisiana's renewal strategy includes telephone follow-up when third-party data does not suffice to establish continued eligibility. Parents are encouraged to renew by telephone, leaving necessary information on a toll-free telephone line available around the clock. The State also pursued intensive initiatives to change the culture of welfare offices, including recognition of local offices achieving outstanding results, holding managers accountable for renewal rates, incorporating caseworker feedback into ongoing re-engineering of eligibility procedures, and funding caseworkers to conduct outreach to the community, thus reinforcing the importance of providing eligible children with health coverage.

Impact

Officials believe the use of food stamps data has contributed to the dramatic reductions in the number of uninsured children in the State. Since the policy's implementation in children's uninsured rates have dropped from 20 percent to 5.4 percent, according to a recent estimate by Louisiana State University. Between 2001 and 2005, the percentage of children lost at reenrollment dropped from 28 percent to eight percent. By 2007, the percentage of renewing children losing coverage for procedural reasons fell from 20 percent to just one percent (Cohen et al. 2008). In 2005, the last year in which this measure was counted, 53 percent of renewals were done without any information from parents (Summer and Mann 2006; Dorn 2007). Finally, the State has documented that the ex parte process has generated "major" savings¹¹ in administrative costs, and reduced erroneous eligibility determinations. The error rate has been tested and is within the State's 3 percent tolerance range.

Virginia's Ex Parte Renewal Process

Virginia uses food stamps data, along with TANF data, wage information from Work Number, and child support data, to verify Medicaid enrollees' income at the time of renewal.¹²

How It Works

Food stamps data is one of the first sources that case workers check to verify income at renewal. If the information in the food stamps file matches other information provided by the client, the State sends a letter informing the client that eligibility has been renewed (i.e., the client does not even receive a renewal form). If the food stamps match is not successful, the case worker then checks the child support data, TANF data, and Work Number wage data. The client is contacted only if the data matches are unsuccessful or, similar to the process used by Louisiana, to resolve any discrepancies among the different data sources.

Workers have real-time access to the food stamps data. To access the data, case workers log into a central system that includes data from a number of sources (including the Social Security Administration, State Department of Motor Vehicles, child support) and input the client's name and Social Security Number. The worker requests the necessary information, which is then pulled by the system. Because the income requirements are different for different programs, case workers manually convert income data into Medicaid formats after they receive it.

¹¹ Regional savings reports. Department of Health and Hospital Services, November 2007.

¹² Interview with Steve Ford, Director of Policy and Research, and Cindy Olson, Eligibility Policy Manager, Virginia Department of Medical Assistance Services.

Implementation

To access food stamps data to complete ex parte renewals, the State did not need to execute any new agreements or contracts. The same case workers determine eligibility for food stamps and Medicaid, giving them access to relevant data. However, this process change has facilitated the ability to make better use of existing information.

Significantly, Virginia has made an important policy change to accommodate the use of income data. Income data in the various databases noted above can lag by about six months. To keep the administrative process simple, the State updated its eligibility rules to accommodate a six-month lag. Prior to the change, clients were required to provide their “most recent” income statements. State employees noted that this change was significant for the case workers who were used to asking clients to document their income using the “most recent” available information.

To address data confidentiality issues, case workers must adhere to the confidentiality rules in place for Medicaid and attend regular trainings. Access to income information also is tightly controlled. Because Virginia’s case workers are county staff, the local offices determine which case workers are granted system access based on their specific job requirements.

Impact

While the State has not quantified the impact of the ex parte process on renewal rates, ex parte renewals have reduced staff workloads and made the process more efficient. Overall, Virginia has found income matching to be less successful for TANF enrollees (i.e., families and children) than Aged, Blind and Disabled (ABD)/Supplemental Security Income (SSI) enrollees. The State successfully uses third-party data matching for approximately 30 percent of TANF-Medicaid enrollees and approximately 50-60 percent of ABD/SSI Medicaid enrollees. Because TANF enrollees tend to be more mobile and to change jobs more frequently, it is harder for the State to obtain accurate income data without contacting the client. The differing success rates also have led to a difference in the acceptance of the new process among case workers. Not surprisingly, the TANF staff has been slower to warm up to the process, but the ABD/SSI workers are very supportive of it.

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